

SilverScript Employer PDP sponsored by HealthChoice (SilverScript)

2018 Abridged Formulary (Partial List of Covered Drugs)

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

This abridged formulary was updated on 08/23/2017. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact SilverScript Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.

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.

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

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

What is the SilverScript Abridged Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by SilverScript. For a complete listing of all prescription drugs covered by SilverScript, call SilverScript Customer Care. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount 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 quantity limits, prior authorization, 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, 2018. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear 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 by calling us.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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 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 requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript 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 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, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some Hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript 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?” 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 SilverScript Customer Care and ask if your drug is covered. This document includes only a partial list of covered drugs, so SilverScript may cover your drug. For more information, 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 learn that SilverScript does not cover your drug, you have two options:

- You can ask SilverScript 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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

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 High Cost 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.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the High Cost tier.

Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan’s formulary or if 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 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 90-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 90-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 long-term care to a home setting, and you 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 90 days (or 34 days if you move to a long-term care facility) 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.

SilverScript's Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

Remember: This is only a partial list of drugs covered by SilverScript. If your prescription drug is not in the partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 SilverScript has any special requirements for coverage of your drug.

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- 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 SilverScript Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS	1	
COLCRYS QL (120 tabs / 30 days)	2	QL
MITIGARE QL (60 caps / 30 days)	3	QL
ULORIC	2	ST
ZURAMPIC	3	PA
NSAIDS		
CELEBREX 50mg QL (240 caps / 30 days)	3	QL
CELEBREX 100mg QL (120 caps / 30 days)	3	QL
CELEBREX 200mg QL (60 caps / 30 days)	3	QL
CELEBREX 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
DAYPRO	2	
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
MOBIC	2	
<i>naproxen</i> (generic of NAPROSYN) SUSP	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> TABS 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>sulindac</i> TABS	1	
ZIPSOR QL (120 caps / 30 days)	4	NDS QL
ZORVOLEX QL (90 caps / 30 days)	3	QL
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> TABs QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABs QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABs QL (400 tabs / 30 days)	1	QL
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg QL (120 buccal films / 30 days)	2	QL PA
BELBUCA 600mcg, 750mcg, 900mcg QL (60 buccal films / 30 days)	2	QL PA
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	1	QL
BUTRANS 5mcg/hr QL (16 patches / 28 days)	2	QL
BUTRANS 7.5mcg/hr, 10mcg/hr QL (8 patches / 28 days)	2	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 **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL
CONZIP 100mg QL (90 caps / 30 days)	3	QL
CONZIP 200mg, 300mg QL (30 caps / 30 days)	3	QL
SYNALGOS-DC QL (330 caps / 30 days)	3	QL
<i>tramadol hcl</i> CP24 100mg QL (90 caps / 30 days)	1	QL
<i>tramadol hcl</i> CP24 200mg, 300mg QL (30 caps / 30 days)	1	QL
<i>tramadol hcl</i> TB24 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TB24 200mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trexix</i> QL (360 caps / 30 days)	1	QL
TYLENOL/CODEINE #3 QL (400 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (400 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	2	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	4	NDS QL PA
ACTIQ QL (120 lozenges / 30 days)	4	NDS QL PA
<i>codeine sulfate</i> 15mg QL (720 tabs / 30 days)	1	QL
<i>codeine sulfate</i> 30mg QL (360 tabs / 30 days)	1	QL
<i>codeine sulfate</i> 60mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID TABS QL (270 tabs / 30 days)	3	QL
DOLOPHINE QL (180 tabs / 30 days)	3	QL
DURAGESIC 12mcg/hr, 25mcg/hr QL (10 patches / 30 days)	3	QL
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	NDS QL PA
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	4	NDS QL
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
EXALGO 8mg, 12mg QL (60 tabs / 30 days)	3	QL
EXALGO 16mg, 32mg QL (60 tabs / 30 days)	4	NDS QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA

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 NDS - Non-Extended
Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
FENTORA QL (120 tabs / 30 days)	4	NDS QL PA
HYCET QL (5400 mL / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml (generic of HYCET) QL (5400 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 16mg, 32mg QL (60 tabs / 30 days)	4	NDS QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	1	QL
HYSINGLA ER 20mg, 30mg, 40mg, 60mg QL (60 tabs / 30 days)	2	QL
HYSINGLA ER 80mg, 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
<i>ibudone tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL
KADIAN 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
KADIAN 40mg, 50mg, 60mg, 80mg, 100mg, 200mg QL (60 caps / 30 days)	4	NDS QL
LAZANDA QL (30 bottles / 30 days)	4	NDS QL PA
<i>levorphanol tartrate</i> TABS QL (120 tabs / 30 days)	4	NDS QL
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	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 NDS - Non-Extended Days Supply

Drug Name		Drug Requirements/ Tier	Limits
METHADONE HCL SOLN 10mg/ml		3	
<i>methadone tab 5mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)		1	QL
<i>methadone tab 10mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)		1	QL
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg QL (60 caps / 30 days)		1	QL
<i>morphine sulfate</i> (generic of KADIAN) CP24 100mg QL (60 caps / 30 days)		4	NDS QL
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)		1	QL
<i>morphine sulfate beads</i> QL (30 caps / 30 days)		1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)		1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)		1	QL
<i>morphine sulfate oral soln</i>		1	
MS CONTIN 15mg, 30mg QL (90 tabs / 30 days)		3	QL
MS CONTIN 60mg, 100mg QL (90 tabs / 30 days)		4	NDS QL
MS CONTIN 200mg QL (60 tabs / 30 days)		4	NDS QL
NORCO QL (360 tabs / 30 days)		3	QL
NUCYNTA 50mg QL (360 tabs / 30 days)		2	QL
NUCYNTA 75mg QL (240 tabs / 30 days)		2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)		4	NDS QL
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)		2	QL

Drug Name		Drug Requirements/ Tier	Limits
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)		2	QL
OPANA TABS QL (180 tabs / 30 days)		3	QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)		1	QL
<i>oxycodone hcl</i> CONC		1	
<i>oxycodone hcl</i> SOLN		1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)		1	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)		1	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)		1	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)		1	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)		1	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)		1	QL
<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)		1	QL
<i>oxycodone-aspirin</i> QL (360 tabs / 30 days)		1	QL
<i>oxycodone-ibuprofen</i> QL (28 tabs / 30 days)		1	QL
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg QL (120 tabs / 30 days)		2	QL
OXYCONTIN 60mg, 80mg QL (120 tabs / 30 days)		4	NDS QL
<i>oxymorphone hcl</i> (generic of OPANA) TABS QL (180 tabs / 30 days)		1	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 NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
PERCOCET 2.5-325MG QL (360 tabs / 30 days)	3	QL
PERCOCET 5-325MG QL (360 tabs / 30 days)	4	NDS QL
PERCOCET 7.5-325MG QL (360 tabs / 30 days)	4	NDS QL
PERCOCET 10-325MG QL (360 tabs / 30 days)	4	NDS QL
ROXICODONE 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE 30mg QL (180 tabs / 30 days)	4	NDS QL
SUBSYS QL (120 sprays / 30 days)	4	NDS QL PA
<i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
XODOL QL (400 tabs / 30 days)	3	QL
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg QL (120 caps / 30 days)	3	QL
XTAMPZA ER 36mg QL (240 caps / 30 days)	3	QL
<i>zamicet</i> QL (5400 mL / 30 days)	1	QL
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg QL (120 caps / 30 days)	3	QL
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	1	B/D

ANTI-INFECTIVES

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-BACTERIALS - MISCELLANEOUS		
BETHKIS	4	NDS NM PA
<i>neomycin sulfate</i> TABS	1	
TOBI NEB	4	NDS NM PA
TOBI PODHALER	4	NDS NM LA PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	4	NDS NM PA
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	2	
CAYSTON	4	NDS NM LA PA
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOLN 75MG/5ML	2	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	
FURADANTIN PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS PA
<i>linezolid</i> (generic of ZYVOX)	4	NDS
MACROBID PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
MACRODANTIN PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS; TABS	1	
<i>metronidazole inj</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year	3	PA
SIVEXTRO	4	NDS
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	1	
<i>sulfamethoxazole-trimethopri m inj</i>	1	
<i>trimethoprim</i> TABS	1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	4	NDS
XIFAXAN TAB 200MG QL (9 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
<i>fluconazole</i> (generic of DIFLUCAN) SUSP; TABS	1	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	PA
<i>ketoconazole</i> TABS	1	PA
LAMISIL QL (90 tabs / 365 days)	3	QL
NOXAFIL SUSP QL (630 mL / 30 days)	4	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ONMEL	4	NDS PA
SPORANOX CAPS	4	NDS PA
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
COARTEM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	NM
EMTRIVA	2	NM
INTELENCE 25mg	2	NM
INTELENCE 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	2	NM
ISENTRESS CHEW 100mg	4	NDS NM
ISENTRESS PACK	4	NDS NM
ISENTRESS TABS	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR)	1	NM
<i>nevirapine</i> (generic of VIRAMUNE) TABS	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	1	NM
NORVIR	2	NM
PREZISTA SUSP QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	2	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM

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Drug Name	Drug Requirements/ Tier	Limits
RETROVIR CAPS	2	NM
RETROVIR SYRP	2	NM
REYATAZ	4	NDS NM
SUSTIVA CAPS 50mg	2	NM
SUSTIVA CAPS 200mg	4	NDS NM
SUSTIVA TABS	4	NDS NM
TIVICAY 10mg	2	NM
TIVICAY 25mg, 50mg	4	NDS NM
TYBOST	2	NM
VIDEX EC	2	NM
VIRAMUNE SUSP	2	NM
VIRAMUNE TABS	4	NDS NM
VIRAMUNE XR 100mg	2	NM
VIRAMUNE XR 400mg	4	NDS NM
VIREAD	4	NDS NM
ZERIT CAPS	2	NM
ZERIT SOLR	4	NDS NM
ZIAGEN SOLN	2	NM
ZIAGEN TAB	3	NM
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	1	NM
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	1	NM
<i>zidovudine tab 300mg</i>	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	4	NDS NM
ATRIPLA	4	NDS NM
EVOTAZ	4	NDS NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	1	NM
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	4	NDS QL NM
ANTITUBERCULAR AGENTS		
<i>isoniazid SOLN; SYRP</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	2	

Drug Name	Drug Requirements/ Tier	Limits
RIFADIN CAP 150MG	2	
<i>rifampin</i> (generic of RIFADIN) CAPS	1	
SIRTURO	4	NDS LA PA
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
DAKLINZA	4	NDS NM PA
<i>entecavir</i> (generic of BARACLUDE)	4	NDS NM
EPIVIR HBV	2	NM
<i>lamivudine (hcv)</i> (generic of EPIVIR HBV)	1	NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU)	1	
PEGASYS	4	NDS NM PA
PEGASYS PROCLICK	4	NDS NM PA
REBETOL SOLN	4	NDS NM
RELENZA DISKHALER	2	
RIBAPAK MIS 600/DAY	4	NDS NM
<i>ribasphere</i> (generic of REBETOL) CAPS	1	NM
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	4	NDS NM
RIBASPHERE RIBAPAK 800	4	NDS NM
RIBASPHERE RIBAPAK 1000	4	NDS NM
RIBASPHERE RIBAPAK 1200	4	NDS NM
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM
SOVALDI	4	NDS NM PA
TAMIFLU CAPS	2	
TAMIFLU SUSR	2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
CEPHALOSPORINS		
<i>cefactor</i>	1	
CEFACTOR ER TAB 500MG	3	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cefixime</i> (generic of SUPRAX)	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
SUPRAX	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR; TABS	1	
<i>clarithromycin</i> SUSR	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
DIFICID	4	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	1	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> SOLN	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1	
<i>moxifloxacin hcl</i> (generic of AVELOX) TABS	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i> CHEW	1	
<i>amoxicillin & pot clavulanate</i> SUSR	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1	
<i>amoxicillin & pot clavulanate</i> TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>penicillin v potassium</i>	1	
TETRACYCLINES		
<i>doxycycline (monohydrate)</i> CAPS 50mg	1	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 200mg	4	NDS
<i>doxycycline hyclate tab 75 mg dr</i>	1	
<i>doxycycline hyclate tab 100 mg dr</i>	1	
<i>doxycycline hyclate tab 150 mg dr</i>	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	1	
<i>minocycline hcl</i> CAPS 75mg	1	
SOLODYN	4	NDS PA
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		

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Drug Name	Drug Requirements/ Tier	Limits
CYCLOPHOSPHAMIDE CAPS	2	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
LEUKERAN	2	
ANTHRACYCLINES		
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml (generic of DOXIL)</i>	4	NDS B/D
<i>doxorubicin hcl soln 2mg/ml</i>	1	B/D
<i>epirubicin inj 200mg (generic of ELLENCE)</i>	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
<i>mitomycin SOLR</i>	4	NDS B/D
ANTIMETABOLITES		
FOLOTYN	4	NDS NM PA
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
TABLOID	2	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 80mg/4ml	4	NDS B/D
DOCETAXEL SOLN	4	NDS B/D
JEVTANA	4	NDS NM PA
<i>paclitaxel</i>	1	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate (generic of NAVELBINE)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	NDS NM LA PA
BAVENCIO	4	NDS NM LA PA
BELEODAQ	4	NDS NM PA
CYRAMZA	4	NDS NM LA PA
DARZALEX	4	NDS NM LA PA
EMPLICITI	4	NDS NM LA PA
ERIVEDGE	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
FARYDAK	4	NDS NM LA PA
HERCEPTIN	4	NDS NM PA
IBRANCE	4	NDS NM LA PA
IMFINZI	4	NDS NM LA PA
KEYTRUDA	4	NDS NM PA
KISQALI	4	NDS NM PA
KISQALI FEMARA 200 DOSE	4	NDS NM PA
KISQALI FEMARA 400 DOSE	4	NDS NM PA
KISQALI FEMARA 600 DOSE	4	NDS NM PA
LARTRUVO	4	NDS NM LA PA
LYNPARZA CAPS	4	NDS NM LA PA
NINLARO	4	NDS NM PA
ODOMZO	4	NDS NM LA PA
OPDIVO	4	NDS NM LA PA
PERJETA	4	NDS NM PA
RITUXAN	4	NDS NM LA PA
RUBRACA	4	NDS NM LA PA
TECENTRIQ	4	NDS NM LA PA
VELCADE	4	NDS NM PA
VENCLEXTA 10mg, 50mg	3	NM LA PA
VENCLEXTA 100mg	4	NDS NM LA PA
VENCLEXTA STARTING PACK	4	NDS NM LA PA
YERVOY	4	NDS NM PA
ZALTRAP	4	NDS NM LA PA
ZEJULA	4	NDS NM LA PA
ZOLINZA	4	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole (generic of ARIMIDEX) TABS</i>	1	
ARIMIDEX	2	
<i>exemestane (generic of AROMASIN)</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide inj 1mg/0.2</i>	1	NM PA
LUPRON DEPOT (1-MONTH)	4	NDS NM PA
LUPRON DEPOT (6-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	4	NDS NM PA
LUPRON DEPOT INJ 30MG (4-MONTH)	4	NDS NM PA
LYSODREN	2	
MEGACE ES	4	NDS PA
MEGACE ORAL PA if 65 years and older	3	PA
<i>megestrol ac sus 40mg/ml</i> PA if 65 years and older	3	PA
<i>megestrol ac tab 20mg</i> PA if 65 years and older	3	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older	3	PA
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	3	PA
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	4	NDS NM PA
XTANDI	4	NDS NM LA PA
ZYTIGA	4	NDS NM LA PA
IMMUNOMODULATORS		
POMALYST	4	NDS NM LA PA
REVLIMID	4	NDS NM LA PA
THALOMID	4	NDS NM PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALECENSA	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG	4	NDS NM LA PA
BOSULIF	4	NDS NM PA
CABOMETYX QL (30 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA	4	NDS NM LA PA
COMETRIQ	4	NDS NM LA PA
COTELLIC	4	NDS NM LA PA
GILOTRIF TAB 20MG	4	NDS NM LA PA
GILOTRIF TAB 30MG	4	NDS NM LA PA
GILOTRIF TAB 40MG	4	NDS NM LA PA
GLEEVEC 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ICLUSIG	4	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAP 140MG	4	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
IRESSA	4	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 20 MG DAILY DOSE	4	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	4	NDS NM LA PA
MEKINIST	4	NDS NM LA PA
NEXAVAR	4	NDS NM LA PA
RYDAPT	4	NDS NM PA
SPRYCEL	4	NDS NM PA
STIVARGA	4	NDS NM LA PA
SUTENT	4	NDS NM PA
TAFINLAR	4	NDS NM LA PA
TAGRISSO	4	NDS NM LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TASIGNA	4	NDS NM PA
TYKERB	4	NDS NM LA PA
VOTRIENT	4	NDS NM LA PA
XALKORI	4	NDS NM LA PA
ZELBORAF	4	NDS NM LA PA
ZYDELIG	4	NDS NM LA PA
ZYKADIA	4	NDS NM LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	4	NDS NM PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ERWINAZE	4	NDS NM LA PA
HYDREA	2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
LONSURF	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>mitoxantrone hcl</i>	1	B/D NM
SYLATRON KIT 200MCG	4	NDS NM PA
SYLATRON KIT 300MCG	4	NDS NM PA
SYLATRON KIT 600MCG	4	NDS NM PA
SYLVANT	4	NDS NM LA PA
SYNRIBO	4	NDS NM PA
TARGRETIN CAPS	4	NDS NM PA
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>mesna</i> (generic of MESNEX)	1	B/D
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	1	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR)	1	B/D
<i>toposar</i>	1	B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i>	1	
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril-hydrochlorothiazide tab 10/12.5mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20/12.5mg</i>	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	

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Drug Name	Drug Requirements/ Tier	Limits
LOTREL	2	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	2	
<i>trandolapril-verapamil hcl</i> (generic of TARKA)	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i> 2mg	1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	2	
<i>eplerenone</i> (generic of INSPRA)	1	
INSPRA	2	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine</i>	1	
<i>besylate-olmesartan</i>		
<i>medoxomil</i> (generic of AZOR)		
<i>amlodipine besylate-valsartan</i> (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochl</i> <i>orothiazide</i> (generic of EXFORGE HCT)	1	
AZOR	3	
<i>candesartan</i>	1	
<i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)		
ENTRESTO	2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1	
<i>losartan-hydrochlorothiazide</i> <i>tab 100-12.5mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazide</i> <i>tab 100-25mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazideta</i> <i>b 50-12.5mg</i> (generic of HYZAAR)	1	
<i>olmesartan</i>	1	
<i>medoxomil-amlodipine-hydroc</i> <i>lorothiazide</i> (generic of TRIBENZOR)		
<i>olmesartan</i>	1	
<i>medoxomil-hydrochlorothiazid</i> <i>e</i> (generic of BENICAR HCT)		
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1	
<i>telmisartan-hydrochlorothiazid</i> <i>e</i> (generic of MICARDIS HCT)	1	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND)	1	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i> (generic of AVAPRO)	1	
<i>losartan potassium</i> (generic of COZAAR)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	1	
<i>telmisartan</i> (generic of MICARDIS)	1	
<i>valsartan</i> (generic of DIOVAN)	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	3	PA
<i>dofetilide</i> (generic of TIKOSYN)	1	NM
<i>flecainide acetate</i> MULTAQ	1	
NORPACE PA if 65 years and older	3	PA
NORPACE CR PA if 65 years and older	3	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1	
<i>propafenone hcl</i> TABS RYTHMOL SR 225mg	1	
RYTHMOL SR 325mg, 425mg	4	NDS
<i>sotalol af tab 120mg</i> (generic of BETAPACE AF)	1	
<i>sotalol hcl tab 80mg</i> (generic of BETAPACE)	1	
<i>sotalol hcl tab 160mg</i> (generic of BETAPACE)	1	
<i>sotalol hcl tab 240mg</i> TIKOSYN	1	
	2	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	
<i>fluvastatin sodium</i> (generic of LESCOL) CAPS 20mg	1	
<i>fluvastatin sodium</i> CAPS 40mg	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24	1	
LIVALO	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lovastatin</i> 10mg, 20mg	1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	1	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR)	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>choline fenofibrate</i> (generic of TRILIPIX)	1	
<i>ezetimibe</i> (generic of ZETIA)	1	
<i>ezetimibe-simvastatin</i> (generic of VYTORIN)	1	
<i>fenofibrate</i> CAPS	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 120mg	4	NDS
<i>fenofibrate</i> TABS 160mg	1	
<i>fenofibrate micronized</i> 43mg, 130mg	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
JUXTAPID	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
KYNAMRO	4	NDS NM PA
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN)	1	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	1	
PRALUENT	4	NDS NM PA
VASCEPA	2	
VYTORIN	2	
WELCHOL	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
LOPRESSOR HCT	2	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
TENORETIC 50	2	
TENORETIC 100	2	
ZIAC	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	
<i>atenolol</i> TABS 50mg, 100mg	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	2	
<i>labetalol hcl</i> SOLN	1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>propranolol cap er</i> (generic of INDERAL LA)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol oral sol</i>	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i>		
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i> (generic of CADUET)		
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	1	
<i>cartia xt</i> 300mg	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i> (generic of CARDIZEM CD)	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> TABS 90mg	1	
<i>diltiazem hcl cap er/12hr</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD)	1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 180mg, 360mg, 420mg	1	
<i>diltiazem hcl extended release beads cap sr</i> 300mg	1	
<i>diltiazem inj</i>	1	
DILTIAZEM INJ 100MG	3	
<i>felodipine</i>	1	
<i>nifedipine</i> (generic of ADALAT CC) TB24 30mg, 60mg, 90mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>taztia xt</i> (generic of TIAZAC)	1	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older	1	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	1	QL
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	1	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 65 years and older	1	PA
<i>digoxin inj 0.25 mg/ml</i> (generic of LANOXIN)	1	
<i>digoxin sol 50mcg/ml</i> PA if 65 years and older	1	PA
LANOXIN 62.5mcg QL (60 tabs / 30 days)	2	QL
LANOXIN 125mcg QL (30 tabs / 30 days)	3	QL
LANOXIN 187.5mcg PA if 65 years and older	2	PA
LANOXIN 250mcg PA if 65 years and older	3	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	2	

Drug Name	Drug Requirements/ Tier	Limits
TEKTURNA HCT	2	
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	1	
<i>acetazolamide</i> TABS	1	
<i>bumetanide</i> SOLN	1	
<i>bumetanide</i> (generic of BUMEX) TABS	1	
<i>chlorthalidone</i>	1	
DIAMOX	2	
<i>furosemide</i> SOLN	1	
<i>furosemide</i> TABS 20mg, 40mg	1	
<i>furosemide</i> (generic of LASIX) TABS 80mg	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>toremide</i> 5mg, 100mg	1	
<i>toremide</i> (generic of DEMADEx) 10mg, 20mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25mg</i> (generic of DYZIDE)	1	
<i>triamterene & hydrochlorothiazide cap 50-25mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene & hydrochlorothiazide tab 75-50mg</i> (generic of MAXZIDE)	1	
MISCELLANEOUS		
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
CORLANOR	2	
<i>hydralazine hcl</i> SOLN; TABS	1	
KEVEYIS	4	NDS NM PA
NORTHERA	4	NDS NM LA PA
RANEXA	2	
NITRATES		
ISORDIL TITRADOSE 5mg	2	
ISORDIL TITRADOSE 40mg	4	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i> (generic of NITRO-DUR)	1	
NITRO-BID	3	
NITRO-DUR	2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	1	
<i>nitroglycerin td patch</i> .1mg/hr	1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NDS NM PA
ADEMPAS	4	NDS NM LA PA
LETAIRIS	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
OPSUMIT	4	NDS NM LA PA
ORENITRAM .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM .125mg	2	NM LA PA
REMODULIN	4	NDS NM LA PA
REVATIO	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS	1	NM PA
TRACLEER	4	NDS NM LA PA
UPTRAVI	4	NDS NM LA PA
VENTAVIS	4	NDS NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
ALPRAZOLAM INTENSOL QL (300 mL / 30 days)	3	QL
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	1	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	1	QL
<i>alprazolam tab 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	1	QL
ATIVAN TABS QL (150 tabs / 30 days)	4	NDS QL
<i>fluvoxamine cap er 100mg</i> QL (90 caps / 30 days)	1	QL
<i>fluvoxamine cap er 150mg</i> QL (60 caps / 30 days)	1	QL
<i>fluvoxamine tab 25mg</i> QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine tab 50mg</i> QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine tab 100mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	1	QL
XANAX 1mg QL (120 tabs / 30 days)	2	QL
XANAX 2mg QL (150 tabs / 30 days)	2	QL
XANAX .5mg QL (240 tabs / 30 days)	2	QL
XANAX .25mg QL (480 tabs / 30 days)	2	QL
ANTICONVULSANTS		
APTIOM	4	NDS
BANZEL	4	NDS PA
BRIVIACT SOLN 10mg/ml	4	NDS PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS	4	NDS PA
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	1	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	1	
<i>carbamazepine</i> TB12 100mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 200mg, 400mg	1	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam intensol</i> 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam oral soln</i> 1 mg/ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
DILANTIN	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
FYCOMPA SUSP	4	NDS PA
FYCOMPA TABS 2mg	2	PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
KLONOPIN 1mg QL (120 tabs / 30 days)	3	QL
KLONOPIN 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN .5mg QL (240 tabs / 30 days)	3	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	1	
<i>levetiracetam</i> (generic of KEPPRA) TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL
LYRICA SOLN QL (946 mL / 30 days)	2	QL
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI	4	NDS PA
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR 150mg, 300mg	2	
OXTELLAR XR 600mg	4	NDS
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	3	PA
PHENYTEK	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS	1	
SABRIL PACK QL (180 packets / 30 days)	4	NDS QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TROKENDI XR 25mg, 50mg, 100mg	2	
TROKENDI XR 200mg	4	NDS
VALIUM QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>valproate sodium</i> (generic of DEPAKENE) SOLN	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT SOLN	4	NDS
VIMPAT TABS 50mg	2	
VIMPAT TABS 100mg, 150mg, 200mg	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
ANTIDEMENTIA		
<i>donepezil 5mg odt</i>	1	
<i>donepezil 10mg odt</i>	1	
<i>donepezil hydrochloride</i> (generic of ARICEPT)	1	
EXELON PATCHES	3	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	1	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	1	
<i>memantine hcl</i> SOLN PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	1	PA
NAMENDA PA if < 30 yrs	3	PA
NAMENDA XR PA if < 30 yrs	2	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	2	PA
NAMZARIC	2	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine td patch 24hr</i> 4.6mg/24hr (generic of EXELON)	1	
<i>rivastigmine td patch 24hr</i> 9.5mg/24hr (generic of EXELON)	1	
<i>rivastigmine td patch 24hr</i> 13.3mg/24hr (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	3	PA
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	3	PA
ANAFRANIL PA if 65 years and older	4	NDS PA
<i>bupropion hcl</i> TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	1	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	3	PA
CYMBALTA 20mg QL (180 caps / 30 days)	3	QL
CYMBALTA 30mg QL (120 caps / 30 days)	3	QL
CYMBALTA 60mg QL (60 caps / 30 days)	3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ)	1	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	3	PA
<i>duloxetine cap 20mg</i> (generic of CYMBALTA) QL (180 caps / 30 days)	1	QL
<i>duloxetine cap 30mg</i> (generic of CYMBALTA) QL (120 caps / 30 days)	1	QL
<i>duloxetine cap 60mg</i> (generic of CYMBALTA) QL (60 caps / 30 days)	1	QL
EMSAM	4	NDS PA
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> CPDR	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	3	PA
<i>imipramine pamoate</i> PA if 65 years and older	3	PA
MARPLAN TAB 10MG	3	
<i>mirtazapine tab 15mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 30mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 45mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tabs</i> (generic of REMERON) 15mg, 30mg, 45mg	1	
NARDIL	2	
NORPRAMIN	2	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	1	
PAXIL	3	
PRISTIQ	2	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
SURMONTIL PA if 65 years and older	3	PA
TOFRANIL PA if 65 years and older	3	PA
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg PA if 65 years and older	3	PA
TRINTELLIX	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>venlafaxine tab</i>	1	
VIIBRYD STARTER PACK	2	
VIIBRYD TAB	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SYRP; TABS	1	
APOKYN	4	NDS NM LA PA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS PA if 65 years and older	3	PA
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> TBDP	1	
MIRAPEX ER	2	
NEUPRO	2	
PARLODEL	2	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole tab 4mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	1	
<i>trihexyphenidyl hcl</i> PA if 65 years and older	1	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	4	NDS QL
ABILIFY TABS QL (30 tabs / 30 days)	4	NDS QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	4	NDS QL
<i>aripiprazole tabs</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole tabs</i> (generic of ABILIFY) 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4	NDS QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	4	NDS QL
<i>clozapine odt</i> 12.5mg	1	PA
<i>clozapine odt</i> (generic of FAZACLO) 25mg	1	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	4	NDS QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 50mg</i>	1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	1	QL
CLOZARIL 25mg	3	
CLOZARIL 100mg QL (270 tabs / 30 days)	4	NDS QL
FANAPT QL (60 tabs / 30 days)	3	QL
FANAPT TITRATION PACK	3	
FAZACLO 12.5mg, 25mg	3	PA
FAZACLO 100mg QL (270 tabs / 30 days)	4	NDS QL PA
FAZACLO 150mg QL (180 tabs / 30 days)	4	NDS QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	4	NDS QL PA
GEODON QL (60 caps / 30 days)	4	NDS QL
GEODON INJ QL (6 mL / 3 days)	3	QL
<i>haloperidol</i> TABS	1	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	NDS QL
INVEGA 6mg QL (60 tabs / 30 days)	4	NDS QL
INVEGA SUSTENNA 39mg/0.25ml QL (1 injection / 28 days)	3	QL
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 injection / 28 days)	4	NDS QL
INVEGA TRINZA QL (1 injection / 90 days)	4	NDS QL
LATUDA 20mg QL (240 tabs / 30 days)	2	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	2	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	2	QL
NUPLAZID QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	NDS QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	4	NDS QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg QL (120 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 300mg, 400mg QL (60 tabs / 30 days)	1	QL
REXULTI 1mg QL (90 tabs / 30 days)	4	NDS QL
REXULTI 2mg QL (60 tabs / 30 days)	4	NDS QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
REXULTI .5mg QL (180 tabs / 30 days)	4	NDS QL
REXULTI .25mg QL (360 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN QL (240 mL / 30 days)	3	QL
RISPERDAL TABS 1mg QL (60 tabs / 30 days)	3	QL
RISPERDAL TABS 2mg, 3mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL TABS 4mg QL (120 tabs / 30 days)	4	NDS QL
RISPERDAL TABS .25mg, .5mg QL (90 tabs / 30 days)	3	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	NDS QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	NDS QL
RISPERDAL M-TAB 1mg QL (60 tabs / 30 days)	3	QL
RISPERDAL M-TAB 2mg, 3mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL M-TAB 4mg QL (120 tabs / 30 days)	4	NDS QL
RISPERDAL M-TAB .5mg QL (90 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERSDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERSDAL M-TAB) 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERSDAL M-TAB) 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERSDAL M-TAB) .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> .25mg QL (90 tabs / 30 days)	1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	3	QL
SEROQUEL 25mg, 50mg, 100mg QL (90 tabs / 30 days)	3	QL
SEROQUEL 200mg, 300mg, 400mg QL (90 tabs / 30 days)	4	NDS QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	3	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	3	QL
SEROQUEL XR 300mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR 400mg QL (60 tabs / 30 days)	4	NDS QL
<i>thioridazine hcl</i> TABS PA if 65 years and older	3	PA
VERSACLOZ QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR 1.5mg QL (120 caps / 30 days)	4	NDS QL PA
VRAYLAR 3mg QL (60 caps / 30 days)	4	NDS QL PA
VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
VRAYLAR THERAPY PACK	2	PA
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	1	QL
ZYPREXA SOLR QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg QL (240 tabs / 30 days)	3	QL
ZYPREXA TABS 5mg QL (120 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (60 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	3	QL PA
ZYPREXA ZYDIS 5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 15mg, 20mg QL (60 tabs / 30 days)	4	NDS QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (360 tabs / 30 days)	3	QL
ADDERALL TAB 7.5MG QL (240 tabs / 30 days)	3	QL
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL
ADDERALL XR CAP 5MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 10MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL
APTENSIO XR 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
APTENSIO XR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
CONCERTA 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL
CONCERTA 54mg QL (30 tabs / 30 days)	3	QL
DAYTRANA QL (30 patches / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	3	PA
INTUNIV PA if 65 years and older	3	PA
METADATE CD 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
METADATE CD 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL
<i>metadate er</i> QL (90 tabs / 30 days)	1	QL
METHYLIN 5mg/5ml QL (1800 mL / 30 days)	3	QL
METHYLIN 10mg/5ml QL (900 mL / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> CHEW QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	1	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	1	QL
QUILLICHEW ER 20mg QL (90 tabs / 30 days)	3	QL
QUILLICHEW ER 30mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
QUILLICHEW ER 40mg QL (30 tabs / 30 days)	3	QL
QUILLIVANT XR QL (360 mL / 30 days)	2	QL
RITALIN 5mg, 10mg QL (180 tabs / 30 days)	3	QL
RITALIN 20mg QL (90 tabs / 30 days)	3	QL
RITALIN LA 10mg QL (180 caps / 30 days)	3	QL
RITALIN LA 20mg, 30mg QL (60 caps / 30 days)	3	QL
RITALIN LA 40mg QL (30 caps / 30 days)	3	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	2	QL
STRATTERA 40mg QL (60 caps / 30 days)	2	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	2	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL
HYPNOTICS		
AMBIEN QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ	4	NDS NM LA PA
RESTORIL 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
RESTORIL 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
SILENOR 3mg QL (60 tabs / 30 days)	2	QL
SILENOR 6mg QL (30 tabs / 30 days)	2	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	1	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	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
MIGRAINE		
<i>almotriptan malate</i> (generic of AXERT) QL (12 tabs / 30 days)	1	QL
AMERGE QL (12 tabs / 30 days)	3	QL
AXERT QL (12 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	4	NDS QL
FROVA QL (18 tabs / 30 days)	4	NDS QL
<i>frovatriptan succinate</i> (generic of FROVA) QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
IMITREX SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX SOLN 20mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX TABS QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT QL (18 tabs / 30 days)	3	QL
MAXALT-MLT QL (18 tabs / 30 days)	3	QL
MIGRANAL QL (8 mL / 30 days)	4	NDS QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	1	QL
ONZETRA XSAIL QL (16 nosepieces / 30 days)	2	QL
RELPAK QL (12 tabs / 30 days)	2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
<i>sumatriptan inj</i> 4mg/0.5ml QL (18 injections / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	1	QL
<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	1	QL
SUMAVEL DOSEPRO 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
SUMAVEL DOSEPRO 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
TREXIMET 10-60MG QL (9 tabs / 30 days)	2	QL
TREXIMET 85-500MG QL (9 tabs / 30 days)	4	NDS QL
ZEMBRACE SYMTOUCH QL (24 pens / 30 days)	4	NDS QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP QL (12 tabs / 30 days)	1	QL
ZOMIG NASAL SPRAY QL (12 inhalers / 30 days)	2	QL
ZOMIG TABS QL (12 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ZOMIG ZMT QL (12 tabs / 30 days)	3	QL
MISCELLANEOUS		
BRISDELLE	2	
GRALISE 300mg QL (180 tabs / 30 days)	2	QL
GRALISE 600mg QL (90 tabs / 30 days)	2	QL
GRALISE STARTER	2	
<i>lithium carb tab 300mg</i>	1	
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	2	
NUEDEXTA	2	PA
SAVELLA 12.5mg QL (480 tabs / 30 days)	2	QL
SAVELLA 25mg QL (240 tabs / 30 days)	2	QL
SAVELLA 50mg QL (120 tabs / 30 days)	2	QL
SAVELLA 100mg QL (60 tabs / 30 days)	2	QL
SAVELLA TITRATION PACK	2	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
XENAZINE 12.5mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	NDS NM LA PA
AUBAGIO QL (30 tabs / 30 days)	4	NDS QL NM LA PA
AVONEX QL (4 injections / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
AVONEX PEN QL (4 injections / 28 days)	4	NDS QL NM PA
BETASERON QL (14 syringes / 28 days)	4	NDS QL NM PA
COPAXONE 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	4	NDS QL NM PA
PLEGRIDY SOPN QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY SOSY QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY STARTER PACK QL (2 pens / 28 days)	4	NDS QL NM PA
REBIF QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE TITRATION QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF TITRATION PACK QL (12 injections / 28 days)	4	NDS QL NM PA
TECFIDERA 120mg QL (14 caps / 7 days)	4	NDS QL NM LA PA
TECFIDERA 240mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
TECFIDERA STARTER PACK	4	NDS NM LA PA
TYSABRI	4	NDS NM LA PA

MUSCULOSKELETAL THERAPY AGENTS

Drug Name	Drug Requirements/ Tier	Limits
<i>baclofen</i> TABS	1	
BOTOX	4	NDS NM PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 65 years and older	3	PA
DANTRIUM	2	
DYSPORT	3	NM PA
<i>tizanidine tabs</i> 2mg	1	
<i>tizanidine tabs</i> (generic of ZANAFLEX) 4mg	1	
XEOMIN INJ 50 UNITS	3	NM PA
ZANAFLEX CAPS	3	
ZANAFLEX TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (150 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) 200mg QL (60 tabs / 30 days)	1	QL PA
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
PROVIGIL 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL 200mg QL (60 tabs / 30 days)	4	NDS QL PA
XYREM QL (540 mL / 30 days)	4	NDS QL LA PA
PSYCHOTHERAPEUTIC-MISC		
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG QL (120 buccal films / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
BUNAVAIL MIS 4.2-0.7MG QL (120 buccal films / 30 days)	3	QL PA
BUNAVAIL MIS 6.3-1MG QL (60 buccal films / 30 days)	3	QL PA
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> QL (120 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	1	QL PA
CHANTIX CONTINUING MONTH	2	PA
CHANTIX STARTER PACK	2	PA
CHANTIX TABS	2	PA
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	2	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	2	QL PA
ZUBSOLV SUB 1.4-0.36MG QL (120 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 2.9-0.71MG QL (120 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 5.7-1.4MG QL (120 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 8.6-2.1MG QL (60 tabs / 30 days)	2	QL PA
ZUBSOLV SUB 11.4-2.9MG QL (60 tabs / 30 days)	2	QL PA
ZYBAN	2	

ENDOCRINE AND METABOLIC ANDROGENS

Drug Name	Drug Requirements/ Tier	Limits
ANADROL-50	4	NDS PA
ANDRODERM QL (30 patches / 30 days)	2	QL PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 grams / 30 days)	2	QL PA
ANDROGEL 25mg/2.5gm QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1% QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1.62% QL (150 grams / 30 days)	2	QL PA
AVEED	3	NM LA PA
AXIRON QL (440 mL / 30 days)	2	QL PA
DEPO-TESTOSTERONE	3	PA
FORTESTA QL (120 grams / 30 days)	3	QL PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	1	PA
STRIANT QL (60 buccal systems / 30 days)	3	QL PA
TESTIM QL (300 grams / 30 days)	3	QL PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	1	QL PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act QL (120 grams / 30 days)	1	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	1	PA
<i>testosterone enanthate</i> SOLN	1	PA
VOGELXO QL (300 grams / 30 days)	3	QL PA
VOGELXO PUMP QL (300 grams / 30 days)	3	QL PA
ANTIDIABETICS, INJECTABLE		
ADLYXIN QL (2 pens / 28 days)	3	QL
ADLYXIN STARTER PACK QL (2 pens / 28 days)	3	QL
ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BYDUREON INJ QL (4 vials / 28 days)	2	QL
BYDUREON PEN QL (4 pens / 28 days)	2	QL
BYETTA QL (1 pen / 30 days)	3	QL
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTRATE)	4	NDS B/D
HUMULIN R U-500 KWIKPEN	4	NDS
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	4	NDS PA
SYMLINPEN 120	4	NDS PA
TRESIBA FLEXTOUCH	2	

Drug Name	Drug Requirements/ Tier	Limits
TRULICITY QL (4 pens / 28 days)	2	QL
VICTOZA QL (3 pens / 30 days)	2	QL
ANTIDIABETICS, ORAL		
ACTOPLUS MET TAB 15-500MG QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET XR 15-1000MG QL (60 tabs / 30 days)	3	QL
ACTOPLUS MET XR 30-1000MG QL (30 tabs / 30 days)	3	QL
ACTOS QL (30 tabs / 30 days)	3	QL
AMARYL 1mg QL (240 tabs / 30 days)	3	QL
AMARYL 2mg QL (120 tabs / 30 days)	3	QL
AMARYL 4mg QL (60 tabs / 30 days)	3	QL
DUETACT QL (30 tabs / 30 days)	3	QL
FARXIGA 5mg QL (60 tabs / 30 days)	2	QL
FARXIGA 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide er</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide er</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	1	QL
<i>glipizide er</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin 2.5-250 mg</i> QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin 2.5-500 mg</i> QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin 5-500mg</i> QL (120 tabs / 30 days)	1	QL
GLUCOPHAGE 500mg QL (150 tabs / 30 days)	3	QL
GLUCOPHAGE 850mg QL (90 tabs / 30 days)	3	QL
GLUCOPHAGE 1000mg QL (75 tabs / 30 days)	3	QL
GLUCOPHAGE XR 500mg QL (120 tabs / 30 days)	3	QL
GLUCOPHAGE XR 750mg QL (60 tabs / 30 days)	3	QL
GLUCOTROL 5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL 10mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 2.5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL XL 5mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 10mg QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	2	QL
INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 150-500MG QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	2	QL
INVOKAMET XR TAB 50-1000MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 150-500MG QL (60 tabs / 30 days)	2	QL
INVOKAMET XR TAB 150-1000MG QL (60 tabs / 30 days)	2	QL
INVOKANA TAB 100MG QL (90 tabs / 30 days)	2	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	2	QL
JANUMET QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA QL (30 tabs / 30 days)	2	QL
JENTADUETO QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
PRANDIN 1mg QL (120 tabs / 30 days)	3	QL
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL
PRECOSE	2	
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	1	QL
<i>repaglinide-metformin hcl</i> QL (150 tabs / 30 days)	1	QL
RIOMET QL (946 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
STARLIX QL (90 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	2	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> SOLN	1	
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA	3	
BONIVA SOLN QL (1 injection / 90 days)	3	B/D QL
BONIVA TABS	3	B/D
FOSAMAX PLUS D	3	
<i>ibandronate sodium</i> (generic of BONIVA) QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate tab 150mg</i> (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
<i>risedronate sodium</i> (generic of ACTONEL) TABS	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC	1	
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	4	NDS NM
SENSIPAR TAB 60MG	4	NDS NM
SENSIPAR TAB 90MG	4	NDS NM
CHELATING AGENTS		
EXJADE	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
FERRIPROX	4	NDS NM LA PA
JADENU	4	NDS NM LA PA
JADENU SPRINKLE	4	NDS NM LA PA
<i>kionex powder</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
VELTASSA	2	LA
CONTRACEPTIVES		
<i>cryselle-28</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	1	
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	1	
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	1	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	1	
LUPANETA PACK	4	NDS NM PA
SYNAREL	4	NDS
ENZYME REPLACEMENTS		
ADAGEN	4	NDS NM LA PA
ALDURAZYME	4	NDS NM LA PA
BUPHENYL POWD	4	NDS NM PA
BUPHENYL TABS	4	NDS NM LA PA
CARBAGLU	4	NDS NM LA PA
CERDELGA	4	NDS NM PA
CEREZYME	4	NDS NM LA PA
CYSTAGON	3	NM LA PA
ELAPRASE	4	NDS NM LA PA
ELELYSO	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
FABRAZYME	4	NDS NM LA PA
KANUMA	4	NDS NM LA PA
KUVAN	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1	B/D
LUMIZYME	4	NDS NM LA PA
NAGLAZYME	4	NDS NM LA PA
ORFADIN	4	NDS NM LA PA
PROCYSBI	4	NDS NM LA PA
RAVICTI	4	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	4	NDS NM PA
STRENSIQ	4	NDS NM LA PA
VPRIV	4	NDS NM PA
ZAVESCA	4	NDS NM LA PA
ESTROGENS		
ALORA PA if 65 years and older	3	PA
CLIMARA PA if 65 years and older	3	PA
ESTRACE CREA	2	
ESTRACE TABS PA if 65 years and older	3	PA
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW PA if 65 years and older	3	PA
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older	3	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older	3	PA
<i>fyavolv tab 1-5mg</i> PA if 65 years and older	3	PA
<i>jinteli</i> PA if 65 years and older	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
MENOSTAR PA if 65 years and older	3	PA
MINIVELLE PA if 65 years and older	3	PA
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> PA if 65 years and older	3	PA
PREMARIN CREAM	2	
VAGIFEM	3	
VIVELLE-DOT PA if 65 years and older	3	PA
<i>yuvafem vaginal tablet 10 mcg (generic of VAGIFEM)</i>	1	
GLUCOCORTICOIDS		
DEXAMETHASONE CONC	3	
<i>dexamethasone ELIX; TABS</i>	1	
<i>fludrocortisone acetate TABS</i>	1	
<i>methylpred pak 4mg (generic of MEDROL DOSEPAK)</i>	1	
<i>methylpred tab 4mg (generic of MEDROL)</i>	1	B/D
<i>methylpred tab 8mg (generic of MEDROL)</i>	1	B/D
<i>methylpred tab 16mg (generic of MEDROL)</i>	1	B/D
<i>methylpred tab 32mg (generic of MEDROL)</i>	1	B/D
ORAPRED ODT TAB 10MG	2	B/D
ORAPRED ODT TAB 15MG	2	B/D
ORAPRED ODT TAB 30MG	2	B/D
<i>pred sod pho sol 5mg/5ml (generic of PEDIAPRED)</i>	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
PREDNISON CON 5MG/ML	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D

GLUCOSE ELEVATING AGENTS

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Drug Name	Drug Requirements/ Tier	Limits
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	4	NDS NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE	4	NDS NM PA
HUMATROPE COMBO PACK	4	NDS NM PA
NORDITROPIN FLEXPOR	4	NDS NM PA
NUTROPIN AQ NUSPIN 5	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20	4	NDS NM LA PA
OMNITROPE 5.8MG	4	NDS NM LA PA
OMNITROPE 5MG	4	NDS NM LA PA
OMNITROPE 10MG	4	NDS NM LA PA
SAIZEN	4	NDS NM LA PA
SAIZEN CLICK.EASY	4	NDS NM LA PA
SEROSTIM	4	NDS NM LA PA
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	4	NDS NM PA
ZORBTIVE	4	NDS NM PA
MISCELLANEOUS		
<i>calcitonin (salmon) nasal spray (generic of MIACALCIN)</i>	1	B/D
<i>chorionic gonadotropin SOLR</i>	1	NM PA
EGRIFTA 1mg	4	NDS NM LA PA
FORTEO	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
INCRELEX	4	NDS NM LA PA
KORLYM	4	NDS NM LA PA
LUPRON DEP-PED INJ 11.25MG	4	NDS NM PA
LUPRON DEP-PED INJ 15MG	4	NDS NM PA
MYALEPT	4	NDS NM LA PA
NATPARA	4	NDS NM PA
<i>novarel inj 10000unt</i>	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 200mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	4	NDS NM PA
<i>octreotide inj 100mcg/ml</i> (generic of SANDOSTATIN)	1	NM PA
<i>pregnyl w/diluent benzyl</i>	1	NM PA
PROLIA QL (1 injection / 180 days)	2	QL NM
<i>raloxifene hcl</i> (generic of EVISTA)	1	
SAMSCA	4	NDS NM PA
SANDOSTATIN	4	NDS NM PA
SANDOSTATIN LAR DEPOT	4	NDS NM PA
SIGNIFOR	4	NDS NM LA PA
SIGNIFOR LAR	4	NDS NM LA PA
SOMATULINE DEPOT	4	NDS NM PA
SOMAVERT	4	NDS NM LA PA
XGEVA	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	NDS
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	1	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	1	
PHOSLYRA	2	
RENVELA PAK	2	

Drug Name	Drug Requirements/ Tier	Limits
RENVELA TAB 800MG	2	
PROGESTINS		
CRINONE	2	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	1	
THYROID AGENTS		
CYTOMEL	2	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
SYNTHROID	2	
TAPAZOLE	2	
VASOPRESSINS		
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) SOLN; TABS	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i>	1	
GASTROINTESTINAL ANTIEMETICS		
CESAMET QL (60 caps / 30 days)	4	NDS B/D QL
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	1	B/D QL
MARINOL QL (60 caps / 30 days)	4	NDS B/D QL
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	1	B/D
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	1	B/D
<i>phenadoz</i> PA if 65 years and older	3	PA
PHENERGAN INJ PA if 65 years and older	3	PA
<i>phenergan supp</i> PA if 65 years and older	3	PA
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	3	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older	3	PA
<i>promethegan</i> PA if 65 years and older	3	PA
SANCUSO QL (4 patches / 30 days)	4	NDS QL
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	3	QL PA
VARUBI	2	B/D
ANTISPASMODICS		
BENTYL CAPS	2	
BENTYL SOLN	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>ranitidine hcl</i> CAPS	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ranitidine hcl</i> SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP	4	NDS
CANASA	2	
DELZICOL	3	
LIALDA	2	
PENTASA 250mg	2	
PENTASA 500mg	4	NDS
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
LAXATIVES		
<i>constulose</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-h</i>	1	
GOLYTELY	3	
<i>lactulose</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	1	
<i>polyethylene glycol 3350</i> POWD	1	
SUPREP BOWEL PREP KIT	2	
MISCELLANEOUS		
ACTIGALL	2	
<i>alosetron hcl</i> (generic of LOTRONEX)	4	NDS PA
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
CARAFATE	2	
CHOLBAM	4	NDS NM LA PA
CYTOTEC	2	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL)	1	

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Drug Name	Drug Requirements/ Tier	Limits
GATTEX	4	NDS NM LA PA
LINZESS	2	
LOMOTIL	2	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	4	NDS PA
MOVANTI	2	
OCALIVA	4	NDS NM LA PA
RELISTOR	4	NDS PA
<i>sucrafate</i> (generic of CARAFATE) TABS	1	
URSO 250	2	
URSO FORTE	2	
VIBERZI	4	NDS PA
XERMELO	4	NDS NM LA PA
XIFAXAN TAB 550MG	4	NDS PA
PANCREATIC ENZYMES		
CREON	2	
VIOKACE 10	2	
VIOKACE 20	4	NDS
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 tabs / 30 days)	3	QL
ACIPHEX SPRINKLE 5mg	3	
ACIPHEX SPRINKLE 10mg QL (60 caps / 30 days)	3	QL
DEXILANT QL (30 caps / 30 days)	2	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	1	QL
NEXIUM CAP 20MG QL (30 caps / 30 days)	3	QL
NEXIUM CAP 40MG QL (30 caps / 30 days)	3	QL
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	

Drug Name	Drug Requirements/ Tier	Limits
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> QL (30 caps / 30 days)	1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	1	QL
<i>omeprazole cap 40mg</i> QL (30 caps / 30 days)	1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	1	QL
PREVACID QL (30 caps / 30 days)	3	QL
PREVACID SOLUTAB QL (30 tabs / 30 days)	3	QL
PRILOSEC	3	
PROTONIX PACK QL (30 packets / 30 days)	3	QL
PROTONIX TBEC QL (30 tabs / 30 days)	3	QL
<i>rabeprazole sodium</i> (generic of ACIPHEX) QL (30 tabs / 30 days)	1	QL
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
<i>dutasteride</i> (generic of AVODART)	1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
MISCELLANEOUS		

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Drug Name	Drug Requirements/ Tier Limits
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	1
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	1
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	1
URECHOLINE	2
UROCIT-K 5	2
UROCIT-K 10	2
UROCIT-K 15	2
URINARY ANTISPASMODICS	
MYRBETRIQ	2
<i>oxybutynin chloride</i> SYRP; TABS	1
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1
<i>tolterodine er</i> (generic of DETROL LA)	1
<i>tolterodine tartrate</i> (generic of DETROL)	1
TOVIAZ	2
<i>tropium chloride</i>	1
VESICARE	2
VAGINAL ANTI-INFECTIVES	
CLEOCIN CREA	2
CLEOCIN SUPP	3
METROGEL-VAGINAL	2
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1
TERAZOL 7	2
<i>terconazole vaginal</i> (generic of TERAZOL 7) .4%	1
<i>terconazole vaginal</i> .8%	1
<i>zazole cream</i> 0.8%	1
HEMATOLOGIC ANTICOAGULANTS	
ELIQUIS	2
<i>enoxaparin sodium</i> (generic of LOVENOX)	1

Drug Name	Drug Requirements/ Tier Limits
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	4 NDS
<i>heparin (porcine) in sodium chloride</i> 100u/ml	1
<i>heparin sod (porcine) in d5w</i>	1
<i>heparin sod (porcine) in d5w</i> (generic of HEPARIN SODIUM/D5W)	1
<i>heparin sodium (porcine)</i> 1000 u/ml	1 B/D
<i>heparin sodium (porcine)</i> 5000 u/ml	1 B/D
<i>heparin sodium (porcine)</i> 10000 u/ml	1 B/D
<i>heparin sodium (porcine)</i> 20000 u/ml	1 B/D
<i>jantoven</i> (generic of COUMADIN)	1
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	2
LOVENOX 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4 NDS
PRADAXA	3
<i>warfarin sodium</i> (generic of COUMADIN)	1
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml	2 NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	4 NDS NM PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2 NM PA
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4 NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN 20000unit/ml	4	NDS NM PA
GRANIX	4	NDS NM PA
LEUKINE	4	NDS NM PA
MOZOBIL	4	NDS NM PA
NEULASTA	4	NDS NM PA
NEUPOGEN	4	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NDS NM PA
ZARXIO	4	NDS NM PA
MISCELLANEOUS		
AGRYLIN	2	
BERINERT QL (24 boxes / 30 days)	4	NDS QL NM LA PA
<i>cilostazol</i>	1	
CINRYZE QL (20 vials / 30 days)	4	NDS QL NM LA PA
FIRAZYR QL (9 syringes / 30 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
RUCONEST	4	NDS NM PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	1	
EFFIENT	2	
ZONTIVITY	3	
IMMUNOLOGIC AGENTS		

Drug Name	Drug Requirements/ Tier	Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
DUPIXENT	4	NDS NM PA
ENBREL	4	NDS NM PA
ENBREL SURECLICK	4	NDS NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	4	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CROHNS DISEASE	4	NDS NM PA
HUMIRA PEN-PSORIASIS <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	4	NDS NM PA 1
<i>leflunomide</i> (generic of ARAVA) TABS	1	
<i>methotrexate sodium tabs</i>	1	
PLAQUENIL	2	
REMICADE	4	NDS NM PA
TREXALL	2	B/D
XELJANZ QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	4	NDS QL NM PA
IMMUNOGLOBULINS		
BIVIGAM	4	NDS NM PA
CARIMUNE NANOFILTERED	4	NDS NM PA
FLEBOGAMMA DIF	4	NDS NM PA
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NDS NM PA
GAMMAGARD S/D	4	NDS NM PA
GAMMAKED	4	NDS NM PA
GAMMAPLEX 5gm/50ml, 10gm/200ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX 10GM/100ML	4	NDS NM PA
GAMUNEX-C	4	NDS NM PA

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OCTAGAM 1gm/20ml, 2gm/20ml	4	NDS NM PA
PRIVIGEN	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NDS NM LA PA
ARCALYST	4	NDS NM PA
GRASSTK	2	PA
ILARIS	4	NDS NM LA PA
INTRON-A INJ 10MU	4	NDS B/D NM
INTRON-A INJ 18MU	4	NDS B/D NM
INTRON-A INJ 50MU	4	NDS B/D NM
ORALAIR	2	NM PA
RAGWITEK	2	PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
<i>azathioprine</i> (generic of IMURAN) TABS	1	B/D
BENLYSTA SOLR	4	NDS NM PA
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> 50mg	1	B/D NM
IMURAN	2	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC)	1	B/D NM
MYFORTIC 180mg	2	B/D NM
MYFORTIC 360mg	4	NDS B/D NM
NEORAL	2	B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	2	B/D NM
PROGRAF SOLN	3	B/D NM
RAPAMUNE 1mg, 2mg	4	NDS B/D NM
RAPAMUNE .5mg	2	B/D NM
SANDIMMUNE CAP 25MG	2	B/D NM
SANDIMMUNE CAP 100MG	4	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
SANDIMMUNE SOLN 100MG/ML	2	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS	1	B/D NM
VACCINES		
HAVRIX	3	
TWINRIX INJ	3	
VAQTA	3	
ZOSTAVAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
K-TAB 8meq, 20meq	3	
K-TAB 10meq	2	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>magnesium sulfate</i> SOLN 50%	1	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	1	
<i>potassium chloride</i> SOLN; TBCR	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
<i>clinisol sf 15%</i>	1	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	1	B/D
<i>premasol 6%</i>	1	B/D
PREMASOL 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 5%</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
DEXTROSE W/ SODIUM CHLORIDE	3	
<i>lactated ringer's</i>	1	
<i>sodium chloride</i> SOLN .9%	1	
<i>sodium chloride 0.45%</i>	1	
VITAMINS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS; SOLN	1	B/D
HECTOROL CAPS 1mcg, 2.5mcg	4	NDS B/D
HECTOROL CAPS .5mcg	2	B/D

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Drug Name	Drug Requirements/ Tier	Limits
HECTOROL SOLN	3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> 4mcg	1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic)	1	
ROCALTROL	2	B/D
ZEMPLAR 1mcg	2	B/D
ZEMPLAR 2mcg	4	NDS B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		
BESIVANCE	2	
CILOXAN OINT	2	
CILOXAN SOLN	3	
<i>ciprofloxacin hcl</i> (ophth) (generic of CILOXAN)	1	
<i>erythromycin</i> (ophth)	1	
<i>gentak</i>	1	
<i>gentamicin sulfate soln</i> (ophth)	1	
MOXEZA	2	
<i>ofloxacin</i> (ophth) (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
<i>tobramycin</i> (ophth) (generic of TOBEX)	1	
VIGAMOX	2	
VIROPTIC	2	
ZIRGAN	3	
ANTI-INFLAMMATORIES		
ACUVAIL	2	
ALREX	3	
DUREZOL	2	
FLAREX	2	

Drug Name	Drug Requirements/ Tier	Limits
FML	2	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR)	1	
LOTEMAX	3	
MAXIDEX	2	
PRED MILD	2	
<i>prednisolone acetate</i> (ophth) (generic of OMNIPRED)	1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine hcl</i> (ophth)	1	
BEPREVE	3	
<i>cromolyn sodium</i> (ophth)	1	
LASTACFT	2	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	1	
PATADAY	2	
PAZEO	2	
ANTIGLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	2	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	1	
COMBIGAN	2	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1	
ISTALOL	3	
<i>latanoprost</i> (generic of XALATAN) SOLN	1	
LUMIGAN	2	
SIMBRINZA	2	
<i>timolol maleate</i> (ophth) soln (generic of TIMOPTIC)	1	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	1	
TRAVATAN Z	2	
MISCELLANEOUS		

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Drug Name	Drug Requirements/ Tier	Limits
CYSTARAN	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1	
RESTASIS	2	
XIIDRA	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	2	QL
<i>ipratropium-albuterol</i>	1	B/D
STIOLTO RESPIMAT QL (1 inhaler / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL
SPIRIVA RESPIMAT QL (1 inhaler / 30 days)	2	QL
ANTI-HISTAMINE COMBINATIONS		
CLARINEX-D 12 HOUR	3	
DYMISTA QL (1 bottle / 30 days)	2	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>azelastine hcl</i> (generic of ASTEPRO) SOLN .15%	1	
<i>cetirizine hcl</i> SYRP	1	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 65 years and older	3	PA
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS PA if 65 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 65 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 65 years and older	3	PA
<i>levocetirizine oral soln</i> (generic of XYZAL)	1	
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE)	1	
VISTARIL	3	PA
XYZAL SOLN	3	
XYZAL TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS	1	
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	1	
ARCAPTA NEOHALER QL (30 caps / 30 days)	3	QL
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	1	QL
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROAIR RESPICLICK QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT QL (1 inhaler / 30 days)	2	QL
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; PACK; TABS	1	
<i>zafirlukast</i> (generic of ACCOLATE)	1	

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Drug Name	Drug Requirements/ Tier	Limits
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	1	B/D
ARALAST NP	4	NDS NM LA PA
DALIRESP	2	
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)</i>	1	
ESBRIET	4	NDS NM PA
GLASSIA	4	NDS NM LA PA
KALYDECO	4	NDS NM PA
NUCALA	4	NDS NM LA PA
OFEV	4	NDS NM PA
ORKAMBI	4	NDS NM PA
PROLASTIN-C	4	NDS NM LA PA
PULMOZYME	4	NDS NM PA
XOLAIR	4	NDS NM LA PA
ZEMAIRA	4	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
<i>budesonide (nasal) (generic of RHINOCORT AQUA)</i> QL (2 bottles / 30 days)	1	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal) (generic of FLONASE)</i> QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal) (generic of NASONEX)</i> QL (2 inhalers / 30 days)	1	QL
NASONEX QL (2 inhalers / 30 days)	3	QL
OMNARIS QL (1 inhaler / 30 days)	3	QL
QNASL QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
QNASL CHILDRENS QL (1 inhaler / 30 days)	3	QL
ZETONNA QL (1 inhaler / 30 days)	3	QL
STEROID INHALANTS		
AEROSPAN QL (2 inhalers / 30 days)	3	QL
ALVESCO QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
ASMANEX HFA 100mcg/act QL (2 inhalers / 30 days)	2	QL
ASMANEX HFA 200mcg/act QL (1 inhaler / 30 days)	2	QL
ASMANEX TWISTHALER 30 MET QL (2 inhalers / 30 days)	2	QL
ASMANEX TWISTHALER 60 MET QL (2 inhalers / 30 days)	2	QL
ASMANEX TWISTHALER 120 ME QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation) (generic of PULMICORT)</i>	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	2	QL
QVAR 40mcg/act QL (1 inhaler / 30 days)	2	QL
QVAR 80mcg/act QL (2 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		

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Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKUS QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	2	QL
XANTHINES		
<i>aminophylline inj</i>	1	
<i>theophylline</i>	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	4	NDS PA
ACANYA	2	
ATRALIN	2	PA
<i>avita</i> (generic of RETIN-A) CREA	1	PA
<i>avita</i> GEL	1	PA
BENZACLIN	2	
<i>claravis</i>	1	PA
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T)	1	
DIFFERIN	2	
EPIDUO	2	
EPIDUO FORTE	2	
<i>myorisan</i>	1	PA
RETIN-A	3	PA
RETIN-A MICRO	4	NDS PA
RETIN-A MICRO PUMP	4	NDS PA
<i>tretinoin</i> (generic of RETIN-A) CREA	1	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	1	PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO)	1	PA
<i>zenatane</i>	1	PA
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN	2	
BACTROBAN NASAL	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> (generic of BACTROBAN) OINT	1	
<i>mupirocin calcium (topical)</i> (generic of BACTROBAN)	1	
SILVADENE	2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	4	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	1	
<i>ciclopirox</i> (generic of LOPROX SHAMPOO) SHAM	1	
<i>clotrimazole (topical)</i>	1	
<i>ketoconazole cream</i>	1	
LUZU	2	
NAFTIN	2	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	4	NDS PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	
<i>calcipotriene</i> SOLN	1	
SORIATANE	4	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA	1	PA
TAZORAC CREAM 0.1%	3	PA
TAZORAC CREAM 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate</i> (<i>topical</i>)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
CAPEX	2	
CLOBEX LIQD	4	NDS
CLOBEX LOTN; SHAM	2	
DESOWEN	2	
DIPROLENE OINT	2	
ELOCON CREA	3	
ELOCON OINT	2	
<i>fluocinonide</i> GEL; OINT; SOLN	1	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
<i>hydrocortisone (topical)</i>	1	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT	1	
<i>mometasone furoate</i> SOLN	1	
TOPICORT CREA; LIQD	3	
TOPICORT GEL; OINT	2	
<i>triamcinolone acetonide (topical)</i>	1	
TRIDESILON	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH	1	PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine</i> QL (30 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
LIDODERM	2	PA
XYLOCAINE 4% QL (50 mL / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
ANUSOL-HC CREA	2	
CONDYLOX	2	
<i>diclofenac sodium (topical) 1% gel</i> (generic of VOLTAREN)	1	PA
<i>diclofenac sodium (topical) 3% gel</i> (generic of SOLARAZE)	4	NDS PA
ELIDEL	2	PA
EUCRISA	3	PA
FINACEA	2	
<i>fluorouracil (topical) cream</i> (generic of EFUDEX) 5%	1	
<i>fluorouracil (topical) cream</i> (generic of CARAC) .5%	4	NDS
<i>fluorouracil (topical) soln</i>	1	
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1	
ORACEA	2	
PICATO	2	
SOLARAZE	4	NDS PA
SOOLANTRA	2	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	1	
TARGETIN GEL	4	NDS NM PA
VALCHLOR	4	NDS NM LA PA
VOLTAREN GEL 1%	2	PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
ELIMITE	2	
<i>malathion</i> (generic of OVIDE)	1	
OVIDE	2	
<i>permethrin cre</i> 5% (generic of ELIMITE)	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	NDS PA

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Drug Name	Drug Requirements/ Tier Limits
SANTYL	3
sodium chloride 0.9% irrigation	1
MOUTH/THROAT/DENTAL AGENTS	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	1
EVOXAC	2
lidocaine hcl (mouth-throat)	1
nystatin (mouth-throat)	1
periogard (generic of PERIDEX)	1
SALAGEN	2
triamcinolone acetonide (mouth)	1
OTIC	
CIPRODEX	2
fluocinolone acetonide (otic) (generic of DERMOTIC)	1
neomycin-polymyxin-hc (otic) (generic of CORTISPORIN) SOLN	1
neomycin-polymyxin-hc (otic) SUSP	1
ofloxacin (otic) (generic of FLOXIN OTIC)	1

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<i>telmisartan</i>	13	<i>tobramycin inj 10mg/ml</i>	5	<i>hydrochlorothiazide cap</i>	
<i>telmisartan-amlodipine</i>	12	<i>tobramycin inj 80mg/2ml</i>	5	37.5-25mg	15
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<i>de</i>	12	41	<i>hydrochlorothiazide cap</i>	
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P.O. Box 52424, Phoenix, AZ 85072-2424



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The Formulary may change at any time. You will receive notice when necessary.

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