

Plan Year 2019



CCHP Senior Select Program (HMO SNP) 東華智選(HMO SNP)計劃

2019 Formulary (List of Covered Drugs) 藥物表(保障藥物一覽表)

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

HPMS Approved Formulary File Submission ID 0019536, Version Number 19

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Chinese Community Health Plan Member Services, at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.CCHPHealthPlan.com/medicare.

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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 Chinese Community Health Plan (CCHP). When it refers to “plan” or “our plan,” it means CCHP Senior Select Program (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/19. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the CCHP Senior Select Program (HMO SNP) Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 10/22/19. To get updated information about the drugs covered by CCHP Senior Select Program (HMO SNP), please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year non-maintenance changes to the formulary, we will send an errata sheet to you. You can also find the changes on our website at www.cchphealthplan.com/medicare.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents-Misc." If you know what your drug is used for, look for the category name in the list that begins on page number 3. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CCHP Senior Select Program (HMO SNP) 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 CCHP Senior Select Program (HMO SNP)'s formulary?" on page VI for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. CCHP Senior Select Program (HMO SNP) pays for certain OTC drugs.

FREESTYLE LITE METER	PRECISION XTRA TEST STRIPS
FREESTYLE FREEDOM LITE METER	MEDISENSE CONTROL SOLUTION
FREESTYLE LITE TEST STRIPS	LANCETS
FREESTYLE INSULINX METER	LANCET DEVICES
FREESTYLE INSULINX TEST STRIPS	LANCET KIT
FREESTYLE CONTROL SOLUTION	KETOTIFEN FUMARATE 0.025% EYE DROPS
PRECISION XTRA METER	ARTIFICIAL TEARS

CCHP Senior Select Program (HMO SNP) will provide these OTC drugs at no cost to you. The cost to CCHP Senior Select Program (HMO SNP) of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 Member Services and ask if your drug is covered.

If you learn that CCHP Senior Select Program (HMO SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCHP Senior Select Program (HMO SNP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCHP Senior Select Program (HMO SNP).
- You can ask CCHP Senior Program (HMO) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CCHP Senior Select Program (HMO SNP)'s Formulary?

You can ask CCHP Senior Select Program (HMO SNP) 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, CCHP Senior Select Program (HMO SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CCHP Senior Select Program (HMO SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

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

For more information

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

If you have questions about CCHP Senior Select Program (HMO SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CCHP Senior Select Program (HMO SNP)'s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CCHP Senior Select Program (HMO SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The second column of the chart lists the drug tier.

Note: For more information about the cost-sharing for your drugs, please review your Evidence of Coverage or call Member Services Center at 1-888-775-7888. TTY users should call 1-877-681-8898.

The information in the Requirements/Limits column tells you if CCHP Senior Select Program (HMO SNP) has any special requirements for coverage of your drug.

- **Limited Distribution (LD):** These drugs are restricted to certain pharmacies by the Food and Drug Administration. These drugs may only be available at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-888-775-7888, seven days a week from 8:00 a.m. to 8:00 p.m. TTY users should call 1-877-681-8898.
- **Non-Mail-Order Drug (NM):** These drugs are limited to a 30-day supply for both Retail and Mail Order Pharmacies.

- **Prior Authorization (PA):** Prior Authorization may apply for these drugs. This means that you (or your physician) will need to get approval from CCHP Senior Select Program (HMO SNP) before you fill your prescription. If you don't get approval, CCHP Senior Select Program (HMO SNP) may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD):** These drugs may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CCHP Senior Select Program (HMO SNP) to determine whether the drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCHP Senior Select Program (HMO SNP) may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA_NSO):** If this drug is new to the member, you (or your physician) are required to get prior authorization from CCHP Senior Select Program (HMO SNP) before you fill your prescription for this drug. Without prior approval, CCHP Senior Select Program (HMO SNP) may not cover this drug.
- **Quantity Limits (QL):** For certain drugs, CCHP Senior Select Program (HMO SNP) limits the amount of the drug that is covered. This could include a: per fill, daily, monthly, or yearly limitation.
- **Step Therapy (ST):** In some cases, CCHP Senior Select Program (HMO SNP) 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, CCHP Senior Select Program (HMO SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Select Program (HMO SNP) will then cover Drug B.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (4980 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	1	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg (Tylenol-Codeine #3)	1	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg (Tylenol-Codeine #4)	1	QL (390 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	1	QL (4 per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal spray, non-aerosol 10 mg/ml	1	QL (10 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	QL (240 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	1	PA BvD
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	1	QL (60 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	1	PA; QL (120 per 30 days)
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Fentora)	1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	1	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	1	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin HP) 10-300 mg	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet HD) 10-325 mg	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 2.5-325 mg	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5- (Vicodin) 300 mg	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5- (Lorcet (hydrocodone)) 325 mg	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin ES) 7.5-300 mg	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet Plus) 7.5-325 mg	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 (Ibudone) mg	1	QL (480 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 5-200 mg, 7.5-200 mg	1	QL (480 per 30 days)
<i>hydromorphone (pf) injection solution</i> 10 (mg/ml) (5 ml), 10 mg/ml	1	
<i>hydromorphone injection syringe</i> 2 mg/ml	1	
<i>hydromorphone oral liquid</i> 1 mg/ml (Dilaudid)	1	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i> 2 mg (Dilaudid)	1	QL (450 per 30 days)
<i>hydromorphone oral tablet</i> 4 mg (Dilaudid)	1	QL (240 per 30 days)
<i>hydromorphone oral tablet</i> 8 mg (Dilaudid)	1	QL (120 per 30 days)
<i>hydromorphone oral tablet extended</i> <i>release</i> 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	QL (30 per 30 days)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	1	QL (30 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i> 400-5 mg	1	QL (240 per 30 days)
<i>levorphanol tartrate oral tablet</i> 2 mg	1	QL (240 per 30 days)
<i>levorphanol tartrate oral tablet</i> 3 mg	1	QL (120 per 30 days)
<i>lorcet (hydrocodone) oral tablet</i> 5-325 mg	1	QL (360 per 30 days)
<i>lorcet hd oral tablet</i> 10-325 mg	1	QL (360 per 30 days)
<i>lorcet plus oral tablet</i> 7.5-325 mg	1	QL (360 per 30 days)
<i>meperidine oral tablet</i> 100 mg (Demerol)	1	QL (360 per 30 days)
<i>meperidine oral tablet</i> 50 mg	1	QL (720 per 30 days)
<i>methadone oral solution</i> 10 mg/5 ml	1	QL (1800 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
methadone oral solution 5 mg/5 ml	1	QL (3600 per 30 days)
methadone oral tablet 10 mg, 5 mg (Dolophine)	1	QL (360 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	QL (180 per 30 days)
morphine injection syringe 2 mg/ml	1	PA BvD
morphine intravenous syringe 2 mg/ml	1	PA BvD
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg (Kadian)	1	QL (60 per 30 days)
morphine oral solution 10 mg/5 ml	1	QL (1800 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (900 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)	1	QL (120 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	1	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	1	QL (180 per 30 days)
NUCYNTA ORAL TABLET 50 MG	1	QL (360 per 30 days)
oxycodone oral capsule 5 mg	1	QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	QL (270 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	QL (5400 per 30 days)
oxycodone oral tablet 10 mg, 20 mg	1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	1	QL (180 per 30 days)
oxycodone oral tablet 5 mg (Roxicodone)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	QL (1800 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	1	QL (360 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
oxymorphone oral tablet 10 mg, 5 mg (Opana)	1	QL (360 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	QL (60 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg	1	QL (360 per 30 days)
tramadol oral tablet 50 mg (Ultram)	1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	QL (60 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	QL (60 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg (Ultracet)	1	QL (360 per 30 days)
vicodin es oral tablet 7.5-300 mg	1	QL (390 per 30 days)
vicodin hp oral tablet 10-300 mg	1	QL (390 per 30 days)
vicodin oral tablet 5-300 mg	1	QL (390 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	1	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg (Voltaren-XR)	1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	
diclofenac sodium topical gel 1 % (Voltaren)	1	QL (1000 per 30 days)
diclofenac sodium topical gel 3 % (Solaraze)	1	PA NSO
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg (Arthrotec 50)	1	
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg (Arthrotec 75)	1	
diflunisal oral tablet 500 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg (Lodine)	1	
etodolac oral tablet 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml (Children's Advil)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (2 per 2 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	1	QL (90 per 30 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR 150 MG	1	ST
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	1	
DIASTAT RECTAL KIT 2.5 MG	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
ONFI ORAL SUSPENSION 2.5 MG/ML	1	PA NSO
ONFI ORAL TABLET 10 MG, 20 MG	1	PA NSO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	1	

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Drug Name	Drug Tier	Requirements/Limits
triazolam oral tablet 0.125 mg	1	
triazolam oral tablet 0.25 mg (Halcion)	1	
Antibacterials		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	
neomycin oral tablet 500 mg	1	
streptomycin intramuscular recon soln 1 gram	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	PA; NM; NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	1	PA; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml (Kitabis Pak)	1	PA; NM; NDS
Antibacterials, Miscellaneous		
baciim intramuscular recon soln 50,000 unit	1	
chloramphenicol sod succinate intravenous recon soln 1 gram	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml (Cleocin Pediatric)	1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	
clindamycin phosphate injection solution 150 mg/ml (Cleocin)	1	
clindamycin phosphate intravenous solution 600 mg/4 ml (Cleocin)	1	

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Drug Name	Drug Tier	Requirements/Limits
colistin (colistimethate na) injection recon soln 150 mg (Coly-Mycin M Parenteral)	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	1	NM; NDS
daptomycin intravenous recon soln 500 mg (Cubicin)	1	NM; NDS
lincomycin injection solution 300 mg/ml (Lincocin)	1	
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml	1	PA; NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)	1	PA; NM; NDS
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	1	PA; NM; NDS
linezolid oral tablet 600 mg (Zyvox)	1	PA; NM; NDS
methenamine hippurate oral tablet 1 gram (Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	1	
metronidazole oral capsule 375 mg (Flagyl)	1	
metronidazole oral tablet 250 mg, 500 mg (Flagyl)	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrochantin)	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	1	
nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)	1	
polymyxin b sulfate injection recon soln 500,000 unit	1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	1	PA; NM; NDS; QL (6 per 15 days)
SIVEXTRO ORAL TABLET 200 MG	1	PA; NM; NDS; QL (6 per 15 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	NM; NDS
trimethoprim oral tablet 100 mg	1	
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml	1	
vancomycin intravenous recon soln 10 gram, 5 gram	1	
vancomycin oral capsule 125 mg (Vancocin)	1	QL (56 per 10 days)
vancomycin oral capsule 250 mg (Vancocin)	1	NM; NDS
Cephalosporins		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	1	

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Drug Name	Drug Tier	Requirements/Limits
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefepime injection recon soln 1 gram, 2 (Maxipime) gram	1	
cefixime oral capsule 400 mg (Suprax)	1	
cefixime oral suspension for reconstitution (Suprax) 100 mg/5 ml, 200 mg/5 ml	1	
cefotaxime injection recon soln 1 gram, 500 mg	1	
cefotetan injection recon soln 1 gram, 2 (Cefotan) gram	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftazidime injection recon soln 1 gram, 2 (Tazicef) gram, 6 gram	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg (Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL CAPSULE 400 MG	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	NM; NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	1	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 500 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 500 mg</i>	1	
Miscellaneous B-Lactam Antibiotics		

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Drug Name	Drug Tier	Requirements/Limits
AZACTAM INJECTION RECON SOLN 2 GRAM	1	
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; NM; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
INVANZ INJECTION RECON SOLN 1 GRAM	1	
<i>meropenem intravenous recon soln 500 mg</i> (Merrem)	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln</i> (Unasyn) 1.5 gram, 3 gram	1	
<i>ampicillin-sulbactam injection recon soln</i> (Unasyn) 15 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule</i> 250 mg, 500 mg	1	
<i>nafcillin 1 gm/ 50 ml inj</i> 1 gram/50 ml	1	
<i>nafcillin injection recon soln</i> 1 gram	1	
<i>nafcillin injection recon soln</i> 10 gram, 2 gram	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i> 1 gram/50 ml, 2 gram/50 ml	1	
<i>oxacillin injection recon soln</i> 10 gram	1	
<i>penicillin g pot in dextrose intravenous piggyback</i> 2 million unit/50 ml, 3 million unit/50 ml	1	
<i>penicillin g potassium injection recon soln</i> (Pfizerpen-G) 20 million unit	1	
<i>penicillin g procaine intramuscular syringe</i> 1.2 million unit/2 ml	1	
<i>penicillin g sodium injection recon soln</i> 5 million unit	1	
<i>penicillin v potassium oral recon soln</i> 125 mg/5 ml, 250 mg/5 ml	1	
<i>penicillin v potassium oral tablet</i> 250 mg, 500 mg	1	
<i>piperacillin-tazobactam intravenous recon</i> (Zosyn) <i>soln</i> 3.375 gram, 4.5 gram, 40.5 gram	1	
ZOSYN 2.25 GRAM VIAL P/F,LTX- FR,INNER,SUV 2.25 GRAM	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin 400 mg/250 ml bag 400 mg/250 ml</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso- osmotic))	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 75 mg</i>	1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>okebo oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	NM; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	1	PA NSO; NM; NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	NM; NDS
<i>adriamycin intravenous solution 20 mg/10 ml</i>	1	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG	1	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	1	PA NSO; NM; NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	1	NM; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM; NDS
BALVERSA ORAL TABLET 3 MG, 5 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	1	NM; NDS
<i>bleomycin injection recon soln 30 unit</i>	1	PA BvD
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	NM; NDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	1	PA NSO; NM; NDS
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA NSO; NM; NDS
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA NSO; NM; NDS
<i>carboplatin intravenous solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	1	NM; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	1	NM; NDS
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	1	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	1	NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
<i>daunorubicin intravenous recon soln 20 mg</i>	1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA NSO; NM; NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	NM; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	1	NM; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	1	NM; NDS
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	1	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	1	NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	
EMCYT ORAL CAPSULE 140 MG	1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	PA NSO; NM; NDS
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml</i> (Ellence)	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NM; NDS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	1	PA NSO; NM; NDS
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	1	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
FARESTON ORAL TABLET 60 MG	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	1	NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	1	PA NSO
<i>fludarabine intravenous recon soln 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Atracil)	1	PA BvD
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	PA NSO; NM; NDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	1	NM; NDS
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	1	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	1	NM; NDS
HEXALEN ORAL CAPSULE 50 MG	1	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	1	PA NSO; NM; NDS
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	1	PA NSO; NM; NDS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
INLYTA ORAL TABLET 1 MG, 5 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; NDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	PA NSO; NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NM; NDS; QL (90 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS
LYSODREN ORAL TABLET 500 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA NSO; NM; NDS
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	1	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MUSTARGEN INJECTION RECON SOLN 10 MG	1	
<i>mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	PA NSO; NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NM; NDS; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	NM; NDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	1	PA NSO; NM; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	1	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	1	PA NSO; NM; NDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	1	PA NSO; NM; NDS
TARGRETIN TOPICAL GEL 1 %	1	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	1	NM; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	1	
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	1	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	
<i>toremifene oral tablet 60 mg</i> (Fareston)	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	1	NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	1	NM; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	1	
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA NSO
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	1	PA NSO; NM; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	1	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	1	

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	1	PA NSO; NM; NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NM; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	1	
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NM; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	1	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	1	PA NSO; NM; NDS; QL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	1	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	1	PA NSO; NM; NDS; QL (16 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	1	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS
ZYKADIA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET 250 MG, 500 MG	1	PA NSO; NM; NDS
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>propantheline oral tablet 15 mg</i>	1	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	1	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML	1	NM; NDS
BANZEL ORAL TABLET 200 MG	1	
BANZEL ORAL TABLET 400 MG	1	NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA NSO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Eptitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO; NM; NDS; QL (400 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA NSO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA NSO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	1	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	1	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	1	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	1	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	1	

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Drug Name		Drug Tier	Requirements/Limits
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml		1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		1	
LYRICA ORAL SOLUTION 20 MG/ML		1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		1	
PEGANONE ORAL TABLET 250 MG		1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	
pregabalin oral solution 20 mg/ml	(Lyrica)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
ROWEEPRAL ORAL TABLET 1,000 MG, 500 MG, 750 MG	1	
SABRIL ORAL POWDER IN PACKET 500 MG	1	PA NSO; NM; NDS
SABRIL ORAL TABLET 500 MG	1	PA NSO; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	PA NSO
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	PA NSO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	1	PA NSO
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	1	PA NSO; NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	1	
VIMPAT ORAL SOLUTION 10 MG/ML	1	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	ST; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	1	

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Drug Name	Drug Tier	Requirements/Limits
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg (Namenda)	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	1	ST
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	1	ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	1	ST
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	1	QL (60 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	1	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	ST
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	ST; QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NM; NDS
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	1	QL (30 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	
<i>repaglinide oral tablet 0.5 mg</i>	1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	1	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
<i>tolbutamide oral tablet 500 mg</i>	1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	1	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	1	
ERTACZO TOPICAL CREAM 2 %	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Extina)	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	1	
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical cream 2 %</i> (Naftin)	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	1	PA; NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	1	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral powder 150 million unit</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension 200 mg/5 ml (Noxafil)</i> (40 mg/ml)	1	PA; NM; NDS
<i>posaconazole oral tablet, delayed release (Noxafil)</i> (dr/ec) 100 mg	1	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	PA; NM; NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	1	ST
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet 5 mg</i>	(24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>		1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	(Promethazine VC)	1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
<i>AVC VAGINAL VAGINAL CREAM 15 %</i>		1	
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	1	
<i>metronidazole vaginal gel 0.75 %</i>	(Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		1	
<i>terconazole vaginal suppository 80 mg</i>		1	
Antimigraine Agents			
Antimigraine Agents			
<i>dihydroergotamine injection solution 1 mg/ml</i>	(D.H.E.45)	1	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	(Migranal)	1	QL (16 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	(Amerge)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg</i>	(Maxalt)	1	QL (36 per 60 days)
<i>rizatriptan oral tablet 5 mg</i>		1	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i>	(Maxalt-MLT)	1	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>		1	QL (36 per 60 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	(Imitrex)	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	(Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Refill)	1	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	1	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	1	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>		1	QL (5 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	(Zomig)	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	(Zomig ZMT)	1	QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	1	QL (16 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	1	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	1	
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol oral tablet 100 mg	1	
ethambutol oral tablet 400 mg (Myambutol)	1	
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	1	
PRIFTIN ORAL TABLET 150 MG	1	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg (Mycobutin)	1	
RIFAMATE ORAL CAPSULE 300-150 MG	1	
rifampin intravenous recon soln 600 mg (Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg (Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG	1	
SIRTURO ORAL TABLET 100 MG	1	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	1	PA BvD; QL (1 per 7 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg (Emend)	1	PA BvD; QL (3 per 2 days)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)	1	PA BvD; QL (3 per 2 days)
CESAMET ORAL CAPSULE 1 MG	1	PA
compro rectal suppository 25 mg	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	1	PA
granisetron (pf) intravenous solution 100 mcg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	1	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	PA BvD
<i>phenadoz rectal suppository 12.5 mg</i>	1	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	1	
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	1	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	1	PA
VARUBI ORAL TABLET 90 MG	1	PA BvD
Antiparasite Agents		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	1	NM; NDS
ALBENZA ORAL TABLET 200 MG	1	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	
ALINIA ORAL TABLET 500 MG	1	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
DARAPRIM ORAL TABLET 25 MG	1	NM; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	1	PA BvD
<i>paromomycin oral capsule 250 mg</i>	1	
PENTAM INJECTION RECON SOLN 300 MG	1	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	1	PA BvD
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	NM; NDS
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	

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Drug Name		Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	(Sinemet CR)	1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	1	
entacapone oral tablet 200 mg	(Comtan)	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		1	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	1	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	1	
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	(Requip XL)	1	
selegiline hcl oral capsule 5 mg		1	
selegiline hcl oral tablet 5 mg		1	
tolcapone oral tablet 100 mg	(Tasmar)	1	
trihexyphenidyl oral elixir 0.4 mg/ml		1	
trihexyphenidyl oral tablet 2 mg, 5 mg		1	

Antipsychotic Agents

Antipsychotic Agents

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	PA NSO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	PA NSO
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	PA NSO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	PA NSO; NM; NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	1	PA NSO; NM; NDS
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	1	
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (FazaClo)	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	1	PA NSO; QL (60 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	1	
<i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	1	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; NDS
NUPLAZID ORAL TABLET 10 MG, 17 MG	1	PA NSO; NM; NDS
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	1	PA NSO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	1	PA NSO; NM; NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	PA NSO
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	PA NSO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	1	
Antivirals (Systemic)		
Antiretrovirals		

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	NM; NDS
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	
APTIVUS ORAL CAPSULE 250 MG	1	NM; NDS
APTIVUS ORAL SOLUTION 100 MG/ML	1	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	1	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	1	NM; NDS
BIKTARVY ORAL TABLET 50-200-25 MG	1	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	1	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	1	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NM; NDS
DESCOVY ORAL TABLET 200-25 MG	1	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	1	
DOVATO ORAL TABLET 50-300 MG	1	NM; NDS
EDURANT ORAL TABLET 25 MG	1	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	
EMTRIVA ORAL CAPSULE 200 MG	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	1	NM; NDS
INTELENCE ORAL TABLET 25 MG	1	
INVIRASE ORAL CAPSULE 200 MG	1	
INVIRASE ORAL TABLET 500 MG	1	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	NM; NDS
KALETRA ORAL TABLET 100-25 MG	1	
KALETRA ORAL TABLET 200-50 MG	1	NM; NDS
lamivudine oral solution 10 mg/ml (Epivir)	1	
lamivudine oral tablet 100 mg (Epivir HBV)	1	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg (Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
LEXIVA ORAL TABLET 700 MG	1	NM; NDS
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	1	NM; NDS
nevirapine oral suspension 50 mg/5 ml (Viramune)	1	
nevirapine oral tablet 200 mg (Viramune)	1	
nevirapine oral tablet extended release 24 hr 100 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg (Viramune XR)	1	
NORVIR ORAL CAPSULE 100 MG	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS
PIFELTRO ORAL TABLET 100 MG	1	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1	NM; NDS
RESCRIPTOR ORAL TABLET 200 MG	1	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	1	NM; NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	NM
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>stavudine oral recon soln 1 mg/ml</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	1	
SUSTIVA ORAL TABLET 600 MG	1	
SYMFI LO ORAL TABLET 400-300-300 MG	1	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	1	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG	1	
TIVICAY ORAL TABLET 50 MG	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	1	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NM; NDS
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM; NDS
ZERIT ORAL RECON SOLN 1 MG/ML	1	
ZIAGEN ORAL SOLUTION 20 MG/ML	1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (56 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	1	PA; NM; NDS
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	1	PA; NM; NDS; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG	1	PA; NM; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; NM; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI ORAL TABLET 400 MG	1	PA; NM; NDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	1	
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	1	NM; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA NSO; NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	PA; NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA; NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	1	PA BvD
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)-400 MG (7), 600 MG (7)- 600 MG (7)	1	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
MODERIBA ORAL TABLET 200 MG	1	
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	
<i>ribasphere oral tablet 600 mg</i>	1	NM; NDS
<i>ribasphere ribapak 600-600 mg 600 mg (7)- 600 mg (7)</i>	1	NM; NDS
<i>ribasphere ribapak oral tablets,dose pack 400 mg (7)- 400 mg (7), 600-600 mg (28)- mg (28)</i>	1	NM; NDS
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	NM; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	1	NM; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (51 per 17 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (34 per 17 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (28 per 17 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (11 per 17 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	QL (14 per 17 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	QL (21 per 17 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	1	PA; NM; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI- XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	PA BvD
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	PA BvD
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	PA BvD
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	PA BvD
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	PA BvD
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA BvD
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	1	PA BvD
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	1	PA; NM; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA BvD
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	1	NM; NDS
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	1	PA BvD
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NM; NDS
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	1	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	

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Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA; NM; NDS
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzylamine)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	1	
<i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	1	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	1	
Antiarrhythmic Agents		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	1	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>procainamide intravenous syringe 100 mg/ml</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
propranolol oral capsule,extended release (Inderal LA) 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Betapace)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl intravenous recon soln 100 mg	1	
diltiazem hcl intravenous solution 5 mg/ml	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)	1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiazac)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem CD)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	1	
diltiazem hcl oral tablet 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil intravenous solution 2.5 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	1	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg (Verelan)	1	
verapamil oral tablet 120 mg (Calan)	1	
verapamil oral tablet 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA
DEMSER ORAL CAPSULE 250 MG	1	NM; NDS
digitek oral tablet 125 mcg (0.125 mg)	1	QL (30 per 30 days)
digitek oral tablet 250 mcg (0.25 mg)	1	
digox oral tablet 125 mcg (0.125 mg)	1	QL (30 per 30 days)
digox oral tablet 250 mcg (0.25 mg)	1	
digoxin 125 mcg tablet 125 mcg (0.125 mg) (Digitek)	1	QL (30 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	1	
digoxin oral tablet 125 mcg (0.125 mg) (Digitek)	1	QL (30 per 30 days)
digoxin oral tablet 250 mcg (0.25 mg) (Digitek)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	1	QL (2 per 15 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml (Auvi-Q)	1	QL (2 per 15 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	QL (2 per 15 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	1	QL (2 per 15 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	1	PA; NM; NDS
hydralazine injection solution 20 mg/ml	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg (Ranexa)	1	
Dihydropyridines		

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	1	
<i>nifedipine oral capsule 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg</i> (Adalat CC)	1	
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i> (Adalat CC)	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	1	
<i>furosemide injection solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	1	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	1	PA; NM; NDS
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	1	
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	
<i>pravastatin oral tablet 10 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; NM; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; NM; NDS; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; NM; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	1	
simvastatin oral tablet 5 mg	1	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg (Inspra)	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	1	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	1	
isosorbide dinitrate oral tablet 5 mg (Isordil Titrados)	1	
isosorbide dinitrate oral tablet extended release 40 mg (ISOCHRON)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Minitran)	1	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	1	PA; NM; NDS; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	1	QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA; NM; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	1	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NM; NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	1	PA; NM; NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; NM; NDS; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; NDS
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	1	PA; NM; NDS; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	1	PA; NM; NDS; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS; QL (20 per 336 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; NM; NDS; QL (118 per 28 days)
MAYZENT ORAL TABLET 2 MG	1	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA; NM; NDS
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i> (Ritalin LA)	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	1	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate la 20 mg cap 20 mg</i> (Ritalin LA)	1	
<i>methylphenidate la 40 mg cap 40 mg</i> (Ritalin LA)	1	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; NM; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; NM; NDS
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	
Contraceptives		
Contraceptives		
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	1	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i> (Amethyst (28))	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	1	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Generess Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	
ocella oral tablet 3-0.03 mg	1	
orsythia oral tablet 0.1-20 mg-mcg	1	
pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
pirmella oral tablet 1-35 mg-mcg	1	
portia 28 oral tablet 0.15-0.03 mg	1	
previfem oral tablet 0.25-35 mg-mcg	1	
quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
sharobel oral tablet 0.35 mg	1	
sprintec (28) oral tablet 0.25-35 mg-mcg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
tulana oral tablet 0.35 mg	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
vestura (28) oral tablet 3-0.02 mg	1	
vienva oral tablet 0.1-20 mg-mcg	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	

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Drug Name	Drug Tier	Requirements/Limits
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zarah oral tablet 3-0.03 mg	1	
zenchent (28) oral tablet 0.4-35 mg-mcg	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline oral capsule 30 mg (Evoxac)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	1	
triamcinolone acetonide dental paste 0.1 % (Oralene)	1	
Dermatological Agents		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 25 mg (Soriatane)	1	NM; NDS
acitretin oral capsule 17.5 mg	1	NM; NDS
acyclovir topical ointment 5 % (Zovirax)	1	ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ammonium lactate topical cream 12 % (Geri-Hydrolac)	1	
ammonium lactate topical lotion 12 % (AmLactin)	1	
azelaic acid topical gel 15 % (Finacea)	1	
calcipotriene scalp solution 0.005 %	1	
calcipotriene topical cream 0.005 % (Dovonex)	1	
calcipotriene topical ointment 0.005 % (Calcitrene)	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 % (Taclonex)	1	
calcitriol topical ointment 3 mcg/gram (Vectical)	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
DENAVIR TOPICAL CREAM 1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin topical cream 5 %</i> (Prudoxin)	1	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; NM; NDS; QL (6 per 28 days)
FINACEA TOPICAL FOAM 15 %	1	
FINACEA TOPICAL GEL 15 %	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	1	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	1	
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	1	NM; NDS
PICATO TOPICAL GEL 0.015 %	1	NM; NDS; QL (3 per 10 days)
PICATO TOPICAL GEL 0.05 %	1	NM; NDS; QL (2 per 10 days)
<i>podofilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	1	NM; NDS; QL (30 per 15 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	1	
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NM; NDS; QL (240 per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	1	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	

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Drug Name	Drug Tier	Requirements/Limits
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Duac)	1	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	1	
clindamycin-tretinoin topical gel 1.2-0.025 % (Veltin)	1	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 % (Erygel)	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 % (Aktipak)	1	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
metronidazole topical cream 0.75 % (MetroCream)	1	
metronidazole topical gel 0.75 % (Rosadan)	1	
metronidazole topical gel 1 % (Metrogel)	1	
metronidazole topical lotion 0.75 % (MetroLotion)	1	
mupirocin calcium topical cream 2 %	1	
mupirocin topical ointment 2 % (Centany)	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
selenium sulfide topical lotion 2.5 %	1	
silver sulfadiazine topical cream 1 % (Silvadene)	1	
ssd topical cream 1 %	1	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %, 2.5 %	1	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	PA
amcinonide topical ointment 0.1 %	1	PA
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	1	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	1	PA
<i>clobetasol topical cream 0.05 %</i> (Temovate)	1	PA
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	PA
<i>clobetasol topical gel 0.05 %</i>	1	PA
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	PA
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	1	PA
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	PA
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	1	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	1	PA
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	PA
CLODAN TOPICAL SHAMPOO 0.05 %	1	PA
<i>cormax scalp solution 0.05 %</i>	1	PA
DESONATE TOPICAL GEL 0.05 %	1	PA
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	PA
<i>desonide topical lotion 0.05 %</i> (DesOwen)	1	PA
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
ELIDEL TOPICAL CREAM 1 %	1	
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	1	
<i>fluocinolone topical cream 0.01 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	1	PA
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocort buty 0.1% lipo cream 0.1 %</i> (Locoid Lipocream)	1	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	1	PA
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i> (Elocon)	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	1	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON TOPICAL CREAM 0.05 %	1	PA
Dermatological Retinoids		
<i>adapalene 0.3% gel pump 0.3 %</i> (Differin)	1	PA
<i>adapalene topical cream 0.1 %</i> (Differin)	1	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	1	PA
<i>avita topical cream 0.025 %</i>	1	PA
<i>avita topical gel 0.025 %</i>	1	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	1	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	1	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	1	
EURAX TOPICAL LOTION 10 %	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Devices		
Devices		

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Drug Name		Drug Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"		1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"		1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	1	
NEEDLES, INSULIN DISP., SAFETY		1	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		1	PA; NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		1	NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		1	NM; NDS
CHENODAL ORAL TABLET 250 MG		1	NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		1	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		1	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	1	NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	1	PA; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	1	PA; NM; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	1	PA; NM; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	1	PA; NM; NDS
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	1	ST
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	1	PA; NM; NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	NM; NDS
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NM; NDS; QL (60 per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	1	ST
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	1	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	1	ST; QL (2.5 per 30 days)
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	QL (2.5 per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	ST; QL (5 per 30 days)
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	1	ST
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name		Drug Tier	Requirements/Limits
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram		1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	
trifluridine ophthalmic (eye) drops 1 %		1	

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	1	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	1	QL (10 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 15 days)
<i>fluocinolone acetonide oil otic (ear) drops</i> (DermOtic Oil) 0.01 %	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (32 per 15 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	QL (3 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	PA; ST
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	1	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Heartburn Treatment 24 Hour)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	PA
PYLERA ORAL CAPSULE 140-125-125 MG	1	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NM; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	1	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps 15 gm/60 ml suspension 15 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	QL (30 per 30 days)
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
OSMOPREP ORAL TABLET 1.5 GRAM	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Phosphate Binders		
calcium acetate oral capsule 667 mg	1	
calcium acetate oral tablet 667 mg (Calphron)	1	
RENAGEL ORAL TABLET 800 MG	1	
REVELA ORAL TABLET 800 MG	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	1	
sevelamer carbonate oral tablet 800 mg (Renvela)	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg (Renagel)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg (Ditropan XL)	1	
oxybutynin chloride oral tablet extended release 24hr 15 mg	1	
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg (Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg (Detrol)	1	
tropium oral capsule,extended release 24hr 60 mg	1	
tropium oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG	1	
Genitourinary Agents, Miscellaneous		
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	1	
dutasteride oral capsule 0.5 mg (Avodart)	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg (Jalyn)	1	
finasteride oral tablet 5 mg (Proscar)	1	
tamsulosin oral capsule 0.4 mg (Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	1	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	1	NM; NDS
DEPEN TITRATABS ORAL TABLET 250 MG	1	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	1	NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG	1	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	1	NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	1	NM; NDS
SYPRINE ORAL CAPSULE 250 MG	1	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; NM; NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	1	NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	1	PA; QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	1	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	1	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	1	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	1	PA; QL (150 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	1	

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Drug Name		Drug Tier	Requirements/Limits
testosterone cypionate intramuscular oil 200 mg/ml	(Depo-Testosterone)	1	
testosterone enanthate intramuscular oil 200 mg/ml		1	
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg		1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Alora)	1	
estradiol transdermal patch semiweekly 0.0375 mg/24 hr	(Dotti)	1	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Vagifem)	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Activella)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		1	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg		1	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg		1	
jinteli oral tablet 1-5 mg-mcg		1	
mimvey lo oral tablet 0.5-0.1 mg		1	
mimvey oral tablet 1-0.5 mg		1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	(Femhrt Low Dose)	1	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	(Fyavolv)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		1	

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
Glucocorticoids/Mineralocorticoids		
<i>cortisone oral tablet 25 mg</i>	1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	1	
MEDROL ORAL TABLET 2 MG	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	1	PA BvD
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	PA BvD
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet 10 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF (PF) INJECTION RECON SOLN 250 MG/2 ML	1	
<i>triamcinolone acetanide injection suspension 40 mg/ml</i> (Kenalog)	1	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	1	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	1	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NM; NDS
STIMATE NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	1	
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	1	NM; NDS
Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	1	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	PA NSO; NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	1	
THYROLAR-1/2 ORAL TABLET 6.25- 25 MCG	1	
THYROLAR-1/4 ORAL TABLET 3.1- 12.5 MCG	1	
THYROLAR-2 ORAL TABLET 25-100 MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
THYROLAR-3 ORAL TABLET 37.5-150 MCG	1	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	1	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	1	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	1	PA; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; NM; NDS; QL (6 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; NM; NDS
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %)	1	PA; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 20 GRAM/200 ML (10 %)	1	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	1	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; NM; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	PA BvD
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	PA BvD
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	1	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	1	PA BvD; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	PA; AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	PA; AGE (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	PA BvD
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	1	ST
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	1	NM; NDS
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	1	PA; NM; NDS; QL (30 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	1	
<i>colocort rectal enema 100 mg/60 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	1	ST
DIPENTUM ORAL CAPSULE 250 MG	1	NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	1	ST
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	1	ST
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	1	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	1	PA
Irrigating Solutions		
Irrigating Solutions		
LACTATED RINGERS IRRIGATION SOLUTION	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	1	
<i>ringer's irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	1	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	PA BvD
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	1	PA BvD
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	PA BvD
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	1	PA; NM; NDS
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA BvD
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	1	PA BvD
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	1	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NM; NDS; QL (30 per 30 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	PA BvD
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	1	PA BvD
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	1	PA BvD
<i>paricalcitol oral capsule 4 mcg</i>	1	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	1	PA BvD
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	NM; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	NM; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	NM; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i> (Zinecard (as HCl))	1	
ELMIRON ORAL CAPSULE 100 MG	1	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
FUSILEV INTRAVENOUS RECON SOLN 50 MG	1	
<i>guanidine oral tablet 125 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	1	NM; NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	PA BvD
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	PA BvD
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	1	NM; NDS
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	NM; NDS
LITHOSTAT ORAL TABLET 250 MG	1	
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	PA; QL (30 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	NM; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS
THIOLA ORAL TABLET 100 MG	1	
TYBOST ORAL TABLET 150 MG	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	ST
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL (5 per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	

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Drug Name	Drug Tier	Requirements/Limits
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	1	QL (5 per 30 days)
levobunolol ophthalmic (eye) drops 0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
metipranolol ophthalmic (eye) drops 0.3 %	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 % (Istalol)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 % (Timoptic-XE)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.5 % (Timoptic-XE)	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	1	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 5 %-lactated ringers intravenous parenteral solution	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %	1	

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Drug Name	Drug Tier	Requirements/Limits
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
NORMOSOL-R IV SOLUTION L/F, SINGLE-USE	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride 3 % intravenous parenteral solution 3 %	1	
sodium chloride 5 % intravenous parenteral solution 5 %	1	
sodium lactate intravenous solution 5 meq/ml	1	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE	1	QL (60 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 500-50 MCG/DOSE	1	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD; QL (120 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	QL (13 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION	1	QL (60 per 30 days)

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pages of this document

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	1	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	1	QL (1 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	1	QL (30 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1	QL (30 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	
<i>ipratropium bromide inhalation solution</i> 0.02 %	1	PA BvD
<i>ipratropium-albuterol inhalation solution</i> for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD
<i>levalbuterol hcl inhalation solution for</i> (Xopenex) <i>nebulization 0.31 mg/3 ml, 0.63 mg/3 ml,</i> <i>1.25 mg/3 ml</i>	1	PA BvD
<i>levalbuterol hcl inhalation solution for</i> (Xopenex Concentrate) <i>nebulization 1.25 mg/0.5 ml</i>	1	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	1	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release</i> (Theochron) <i>12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral tablet extended release</i> <i>12 hr 450 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release</i> 24 hr 400 mg, 600 mg	1	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %),</i> <i>200 mg/ml (20 %)</i>	1	PA BvD
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	1	NM; NDS
<i>cromolyn inhalation solution for</i> <i>nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; NDS
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	1	NM; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	1	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; NM; NDS; QL (120 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	1	NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i> (Soma)	1	
<i>carisoprodol-asa-codeine oral tablet 200- 325-16 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	
<i>dantrolene oral capsule 100 mg</i>	1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
<i>metaxall oral tablet 800 mg</i>	1	
<i>metaxalone oral tablet 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	1	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; QL (30 per 30 days)
BUTISOL ORAL TABLET 30 MG	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; NM; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG	1	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; NM; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet 5 mg</i> (Ambien)	1	QL (60 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	1	PA; NM; NDS
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; NDS
<i>alyq oral tablet 20 mg</i>	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	1	PA; NM; NDS; QL (30 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; NDS; QL (30 per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	1	PA BvD; NM; NDS
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	1	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	1	PA BvD; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS; QL (200 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	1	PA; NM; NDS

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Discrimination is Against the Law

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

華人保健計劃 (CCHP) 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃 (CCHP) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 (CCHP) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊 (大號字體、音訊、無障礙電子格式、其他格式)
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃 (CCHP)

如果您認為華人保健計劃 (CCHP) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-889
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (رقم هاتف الصم والبكم: 1-877-681-8898).

Hindi: ध्यान दः यद आप हद बोलते ह तो आपके िए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775-7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական օգնություններ: Ձանգահարեք 1-888-775-7888 (TTY (հեռախոս)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-775 7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: 注意: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.



445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | www.cchphealthplan.com/medicare

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Chinese Community Health Plan Member Services, at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.CCHPHealthPlan.com/medicare.

The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our SNP. Enrollment in CCHP depends on contract renewal.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。