

# Basic Blue<sup>®</sup> Rx (PDP)

A Medicare Prescription Drug Plan

## Basic Blue<sup>®</sup> Rx Value (PDP) 2019 Formulary

(List of covered drugs)  
Effective January 1, 2019

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

Formulary ID: 00019288 Version 10

This formulary was updated on 4/01/2019. For more recent information or other questions, please contact Basic Blue Rx Customer Service.



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



Visit **BasicBlueRx.com**



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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **What is the Basic Blue Rx Value formulary?**

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

### **Can the formulary (drug list) change?**

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are

currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug.

**New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Basic Blue Rx Value Formulary?”

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

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier,

we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

### How do I use the formulary?

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

#### *Medical Condition*

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

#### *Alphabetical Listing*

If you are not sure what category to look under, you should look for your drug in the Index at the back of this booklet. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### What are generic drugs?

Basic Blue Rx Value covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

### Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

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

You can ask Basic Blue Rx Value to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Basic Blue Rx Value formulary?” below for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Basic Blue Rx Value does not cover your drug, you have two options:

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

## How do I request an exception to the Basic Blue Rx Value formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Basic Blue Rx Value limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Basic Blue Rx Value will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

## For more information

For more detailed information about your Basic Blue Rx Value prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

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

**Basic Blue Rx Value (PDP)**    **\$0 annual deductible on Tier 1 (Preferred Generic) and Tier 2 (Generic) drugs**  
**\$415 annual deductible on Tier 3 (Preferred Brand), Tier 4 (Non-preferred drug) and Tier 5 (Specialty) drugs**

#### 30-day supplies cost sharing

Drug Tiers and Tier Names	30-day supply – preferred retail cost sharing	30-day supply – standard retail cost sharing
Tier 1: Preferred Generic drugs	\$0 copay	\$10 copay
Tier 2: Generic drugs	\$1 copay	\$15 copay
Tier 3: Preferred Brand drugs	15% coinsurance	24% coinsurance
Tier 4: Non-Preferred Drugs	35% coinsurance	44% coinsurance
Tier 5: Specialty drugs	25% coinsurance	25% coinsurance

#### 90-day supplies cost sharing

Drug Tiers and Tier Names	90-day supply – preferred retail, mail order or extended day supply cost sharing	90-day supply – standard retail, mail order or extended day supply cost sharing
Tier 1: Preferred Generic drugs	\$0 copay	\$30 copay
Tier 2: Generic drugs	\$3 copay	\$45 copay
Tier 3: Preferred Brand drugs	15% coinsurance	24% coinsurance
Tier 4: Non-Preferred Drugs	35% coinsurance	44% coinsurance
Tier 5: Specialty drugs	Not available	Not available

#### Cost Sharing Tier 1: Preferred Generic

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

#### Cost Sharing Tier 2: Generic

This Tier contains generics.

#### Cost Sharing Tier 3: Preferred Brand

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

#### Cost Sharing Tier 4: Non-Preferred Drugs

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

#### Cost Sharing Tier 5: Specialty Tier

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



## Basic Blue Rx Value formulary

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

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower case italics (e.g., *glipizide*). The information in the Requirements/Limits column tells you if Basic Blue Rx Value has any special requirements for coverage of your drug.

The key below can assist you as you look for the information for your drug.

### KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic drugs

2 = Tier 2: Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Non-Preferred Drugs

5 = Tier 5: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited Access

NM = Not available by mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
<b>NSAIDS</b>		
<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	2	
<i>ibu tab 800mg</i>	2	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	2	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>sulindac TABS</i>	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> TABS 15mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> TABS 30mg	3	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl</i> SOLN	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i>	4	B/D
<i>lidocaine inj 0.5%</i>	4	B/D
<i>lidocaine inj 1%</i>	4	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	4	B/D

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

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

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i> TABS	5	
ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
<i>aztreonam</i>	4	
BILTRICIDE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	4	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
DAPTOMYCIN 350mg	5	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	4	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel TABS</i>	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	2	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	2	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl</i> CAPS 250mg	5	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN	4	
<i>abacavir sulfate</i> TABS	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	4	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	3	
<i>isoniazid TABS</i>	2	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS; TABS</i>	2	
<i>acyclovir SUSP</i>	4	
<i>acyclovir sodium</i>	4	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

### **CEPHALOSPORINS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK; SUSR	3	
<i>azithromycin</i> SOLR	4	
<i>azithromycin</i> TABS	2	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	2	
<i>ciprofloxacin in d5w</i>	4	
<i>levofloxacin</i> TABS	2	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i> 25mg/ml	4	
<i>levofloxacin oral soln</i> 25 mg/ml	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	4	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin cap</i> 500mg	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
AUGMENTIN SUSR	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nafcillin sodium 10gm</i>	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>mondoxylene nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM
<i>cyclophosphamide CAPS</i>	4	B/D
<i>dacarbazine 100mg</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
LEUKERAN	5	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin SOLR</i>	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	4	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>fluorouracil SOLN</i>	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mercaptopurine</i> TABS	4	
<i>methotrexate sodium inj</i>	4	B/D
PURIXAN	5	NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ 1200mg/20ml	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

### **MISCELLANEOUS**

<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	

### **PLATINUM-BASED AGENTS**

<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D

### **PROTECTIVE AGENTS**

<i>dexrazoxane</i> 500mg	5	B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
MESNEX TABS	5	

### **TOPOISOMERASE INHIBITORS**

<i>etoposide</i> SOLN	3	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap</i> 2.5- 10 mg		
<i>amlodipine besylate-benazepril hcl cap</i> 5- 10 mg	2	
<i>amlodipine besylate-benazepril hcl cap</i> 5- 20 mg	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril &amp; hydrochlorothiazide</i>	2	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	2	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS</i>	1	
<i>enalapril maleate TABS</i>	2	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	3	
<i>spironolactone TABS 25mg</i>	1	
<i>spironolactone TABS 50mg, 100mg</i>	2	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>ENTRESTO</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium &amp; hctz tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hctz tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hctz tab 100-25 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	2	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	2	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	4	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	2	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	2	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	2	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ezetimibe-simvastatin</i>	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
PRALUENT	5	PA
<i>prevalite</i>	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL PAK	3	
WELCHOL TAB 625MG	3	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	

### **BETA-BLOCKERS**

<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	4	
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	4	
<i>felodipine</i>	2	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	3	
<i>verapamil cap er 360mg</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	

#### ***DIGITALIS GLYCOSIDES***

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

#### ***DIRECT RENIN INHIBITORS/COMBINATIONS***

TEKTURNA	4	
TEKTURNA HCT	4	

#### ***DIURETICS***

<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide SOLN</i>	4	
<i>bumetanide TABS</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	4	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i>	3	
<i>torsemide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl TABS</i>	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl SOLN</i>	4	
<i>hydralazine hcl TABS</i>	2	
<i>midodrine hcl</i>	3	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
RANEXA	4	
<b>NITRATES</b>		
ISORDIL TITRADOSE 40mg	5	
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	4	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

### **ANTI-CONVULSANTS**

APTiom 200mg	4	QL (180 tabs / 30 days)
APTiom 400mg	4	QL (90 tabs / 30 days)
APTiom 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clobazam</i>	3	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASSTAT ACUDIAL	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	4	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHEW TAB 50MG	4	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg, 4mg, 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam sol 100mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	4	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj</i> 50mg/ml	4	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	4	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin powd pack</i> 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXELON	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide SOLN</i>	4	
<i>galantamine hydrobromide TABS</i>	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate 1.5mg, 3mg</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate 4.5mg, 6mg</i>	4	QL (60 caps / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl TABS</i>	3	
<i>amoxapine</i>	3	
<i>bupropion hcl TABS</i>	3	
<i>bupropion hcl TB12</i>	2	
<i>bupropion hcl TB24 150mg, 300mg</i>	3	
<i>citalopram hydrobromide SOLN</i>	3	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA
<i>desipramine hcl TABS</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS; CONC</i>	3	
<i>duloxetine hcl CPEP 20mg</i>	3	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	3	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN</i>	4	
<i>escitalopram oxalate TABS</i>	2	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl SOLN</i>	2	
<i>imipramine hcl TABS</i>	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine TABS</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl</i> TABS	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg	2	
<i>trazodone tab</i> 150mg	2	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

#### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab</i> 0.5mg	3	PA; PA if 70 years and older
<i>benztropine mesylate tab</i> 1mg	3	PA; PA if 70 years and older
<i>benztropine mesylate tab</i> 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab</i> 0.5mg	2	
<i>pramipexole tab</i> 0.25mg	2	
<i>pramipexole tab</i> 0.75mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl</i> CAPS; TABS	3	
STALEVO 50	4	
STALEVO 75	5	
STALEVO 100	5	
STALEVO 125	5	
STALEVO 150	5	
STALEVO 200	5	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	4	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	4	QL (1 injection / 56 days)
ARISTADA INITIO	4	
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	4	PA
<i>clozapine odt</i> 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj 5mg/ml</i>	4	
INVEGA SUST INJ 39MG/0.25ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78MG/0.5ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 117MG/0.75ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 234MG/1.5ML	4	QL (1 injection / 28 days)
INVEGA TRINZA	4	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
REXULTI 1mg	4	QL (90 tabs / 30 days)
REXULTI 2mg	4	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	4	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REXULTI .5mg	4	QL (180 tabs / 30 days)
REXULTI .25mg	4	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	4	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	4	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV 210MG	4	QL (2 vials / 28 days), PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	4	QL (30 caps / 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

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

### **MISCELLANEOUS**

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

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

### **NARCOLEPSY/CATAPLEXY**

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

### **PSYCHOTHERAPEUTIC-MISC**

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

### **ENDOCRINE AND METABOLIC**

#### **ANDROGENS**

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

#### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metformin</i> tab 2.5-250mg	2	QL (240 tabs / 30 days)
<i>glip/metformin</i> tab 2.5-500mg	2	QL (120 tabs / 30 days)
<i>glip/metformin</i> tab 5-500mg	2	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	2	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	2	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	2	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	2	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	2	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	2	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	2	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	2	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	2	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
ACTONEL	4	
<i>alendronate sodium</i> TABS	1	
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	4	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	4	B/D
<i>pamidronate inj</i> 30mg	4	B/D
<i>pamidronate inj</i> 90mg	4	B/D
<i>risedronate sodium</i> TABS	4	
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps</i>	3	
<i>trientine hcl</i>	5	PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	3	
<i>alyacen</i> 1/35	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>aubra</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camila</i>	3	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>cyred tab</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i>	3	
<i>delyla</i>	3	
<i>desogestrel &amp; ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</i>	4	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>errin</i>	3	
<i>estarylla tab 0.25-35</i>	3	
<i>ethynodiol diacet &amp; eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	3	
<i>femynor</i>	3	
<i>gianvi</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jolessa</i>	3	
<i>jolivette</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia tab</i>	3	
<i>leena</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonor/ethi tab</i>	3	
<i>levonorgestrel &amp; eth estradiol</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	3	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive)</i>	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mono-lynyah tab 0.25-35</i>	3	
<i>mononessa</i>	3	
<i>myzilra</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>nikki</i>	3	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acet &amp; eth estra</i>	3	
<i>norgest/ethi tab 0.25/35</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<b>NUVARING</b>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ocella</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>previfem</i>	3	
<i>quasense</i>	3	
<i>reclipsen</i>	3	
<i>setlakin tab</i>	3	
<i>sharobel</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-lo- tab marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trinessa</i>	3	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	3	
<i>tulana</i>	3	
<i>velivet</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>xulane</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	4	
<i>SYNAREL</i>	5	
<b>ENZYME REPLACEMENTS</b>		
<i>ADAGEN</i>	5	NM, LA, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE POW	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i> TABS	5	NM, PA

### **ESTROGENS**

DELESTROGEN 10mg/ml	4	
ESTRACE CREA	3	
<i>estradiol</i> PTWK	3	
<i>estradiol</i> TABS	2	
<i>estradiol vaginal tab</i>	3	
<i>estradiol valerate inj</i>	4	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	3	

### **GLUCOCORTICOIDS**

<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ss inj</i>	4	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>methylprednisolone acetate</i>	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQWICK .2mg	3	NM, PA
GENOTROPIN MINIQWICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
NATPARA	5	NM, PA
<i>octreotide acetate 50mcg/ml, 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
<i>octreotide inj 100mcg/ml</i>	4	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	4	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) CAPS</i>	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packs / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packs / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)

### **PROGESTINS**

<i>medroxyprogesterone acetate tab</i>	2	
<i>norethindrone acetate</i> TABS	3	

### **THYROID AGENTS**

<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	

### **VASOPRESSINS**

<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NM

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 70 years and older

### **ANTISPASMODICS**

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine in nacl</i>	4	
<i>famotidine inj</i>	4	
<i>famotidine tab</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	4	
<i>ranitidine inj</i>	4	
<i>ranitidine syrup</i>	3	

### **INFLAMMATORY BOWEL DISEASE**

APRISO	3	QL (120 caps / 30 days)
ASACOL HD	5	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	

### **LAXATIVES**

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose SOLN</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	

### **MISCELLANEOUS**

<i>alosetron hcl</i>	5	PA
AMITIZA 8mcg	3	QL (180 caps / 30 days)
AMITIZA 24mcg	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	3	
SYMPROIC	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA

### **PANCREATIC ENZYMES**

CREON	3	
ZENPEP	4	

### **PROTON PUMP INHIBITORS**

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

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	2	

### **MISCELLANEOUS**

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

### **URINARY ANTISPASMODICS**

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

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

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

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

### **IMMUNOGLOBULINS**

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA

### **IMMUNOMODULATORS**

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

### **IMMUNOSUPPRESSANTS**

<i>azathioprine TABS</i>	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine CAPS</i>	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
ZORTRESS TAB 1MG	5	B/D

### **VACCINES**

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGRIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	4	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

### **IV NUTRITION**

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5% /ELECTROLYTE	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/potassium chl</i>	4	
<i>dextrose 10% flex contain</i>	4	
DEXTROSE 10%/NACL 0.2%	4	
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose in lactated ringers</i>	4	
<i>dextrose inj 70%</i>	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl/d5w inj 0.3%</i>	4	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	4	
<i>kcl/d5w/nacl inj .15/.33%</i>	4	
<i>kcl/d5w/nacl inj .15/.45%</i>	4	
<i>kcl/nacl inj 0.3-0.9</i>	4	
<i>kcl/nacl inj 0.15%-0.9%</i>	4	
<i>lactated ringer's</i>	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	4	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride in nacl</i>	4	
<i>sod chloride inj 0.9%</i>	4	
<i>sodium chloride SOLN 3%, 5%</i>	4	
<i>sodium chloride 0.45%</i>	4	

## **VITAMINS**

<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>doxercalciferol CAPS</i>	4	B/D
M-NATAL PLUS	3	
NIVA-PLUS	3	
O-CAL FA	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PNV PRENATAL PLUS	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
PREPLUS	3	
RAYALDEE	5	
TRICARE	3	
VOL-PLUS	3	

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-poly-neomycin-hc</i>	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i>	3	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	2	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	

### **ANTIGLAUCOMA**

ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	2	
<i>timolol maleate gel</i>	4	
TRAVATAN Z	3	

### **MISCELLANEOUS**

CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

### **RESPIRATORY**

#### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

#### **ANTICHOLINERGICS**

ATROVENT HFA	4	QL (2 inhalers / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
<b>ANTI-HISTAMINES</b>		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	4	
<i>hydroxyzine hcl</i> SYRP	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> TABS	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX HFA	4	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine</i> ( <i>anaphylaxis</i> ) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	4	QL (2 inhalers / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)
<b>STERIOD INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide</i> ( <i>inhalation</i> ) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<b>STERIOD/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>amnesteem</i>	4	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>avita</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical)</i> GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> SOLN	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
<i>SULFAMYLON</i> CREA	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>clotrimazole (topical)</i> CREA	3	
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketoconazole cream</i>	3	
<i>naftifine hcl</i> 2%	4	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	3	PA
<i>TAZORAC</i> CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>desonide</i> CREA; LOTN; OINT	4	
ENSTILAR	4	PA
<i>fluocinolone acetonide</i> SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	
<i>hydrocortisone (topical)</i> CREA	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> CREA; LOTN	3	
CARAC	5	
<i>diclofenac sodium (topical)</i> SOLN	4	PA
<i>fluorouracil (topical)</i> CREA 5%	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorouracil (topical)</i> CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA 5%	4	
<i>metronidazole (topical)</i> CREA	4	
<i>metronidazole gel</i> 0.75%	4	
PANRETIN	5	
PENNSAID	5	PA
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre</i> 2.5%	3	
<i>proctozone-hc</i>	3	
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
VOLTAREN	3	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid</i> .25%	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol</i> 0.9% irr	2	
<i>water for irrigation, sterile</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol</i> 0.12%	2	
<i>periogard</i>	2	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
CIPRODEX	3	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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<i>ampicillin sodium</i> .....	15	<i>atovaquone</i> .....	9
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		<i>azelastine spr 0.1%</i> .....	57
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<i>cefadroxil</i> .....	14	<i>clarithromycin for susp</i> .....	15
CEFAZOLIN IN DEXTROSE 2GM/100ML-4% .....	14	<i>clindamycin cap 300mg</i> .....	10
<i>cefazolin inj</i> .....	14	<i>clindamycin cap 75mg</i> .....	10
<i>cefazolin sodium</i> .....	14	<i>clindamycin hcl cap 150 mg</i> .....	10
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<i>cefdinir</i> .....	14	<i>clindamycin phosphate in d5w</i> .....	10
<i>cefepime hcl</i> .....	14	<i>clindamycin phosphate inj</i> .....	10
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<i>cefuroxime sodium</i> .....	15	CLINIMIX 5%/DEXTROSE 20% .....	53
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<i>chlorhexidine gluconate (mouth-throat)</i> .....	61	<i>clotrimazole w/ betamethasone</i> .....	59
<i>chloroquine phosphate</i> .....	11	<i>clozapine odt</i> .....	31
<i>chlorothiazide tabs</i> .....	25	<i>clozapine tab 100mg</i> .....	31
<i>chlorpromazine hcl</i> .....	31	<i>clozapine tab 200mg</i> .....	31
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COTELLIC .....	19	<i>desogestrel &amp; ethinyl estradiol</i> .....	40
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<i>cyclafem 7/7/7</i> .....	40	<i>dexrazoxane</i> .....	20
<i>cyclobenzaprine hcl</i> .....	36	DEXTROSE 10%/NACL 0.2% .....	53
<i>cyclophosphamide</i> .....	16	<i>dextrose 10%/nacl 0.45%</i> .....	53
<i>cycloserine</i> .....	13	<i>dextrose 10% flex contain</i> .....	53
<i>cyclosporine</i> .....	50	<i>dextrose 2.5%/nacl 0.45%</i> .....	53
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<i>dasetta 7/7/7</i> .....	40	<i>diazepam intensol</i> .....	27
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<i>diclofenac sodium</i> .....	7	<i>doxy 100</i> .....	16
<i>diclofenac sodium (ophth)</i> .....	55	<i>doxycycline (monohydrate)</i> .....	16
<i>diclofenac sodium (topical)</i> .....	60	<i>doxycycline hyclate</i> .....	16
<i>dicloxacillin sodium</i> .....	15	<i>dronabinol</i> .....	45
<i>dicyclomine hcl cap 10mg</i> .....	46	<i>drospirenone-ethinyl estradiol</i> .....	40
<i>dicyclomine hcl soln 10mg/5ml</i> .....	46	DROXIA.....	49
<i>dicyclomine hcl tab 20mg</i> .....	46	<i>duloxetine hcl</i> .....	29
<i>didanosine</i> .....	11	DUREZOL .....	55
<i>diflunisal</i> .....	7	<i>dutasteride</i> .....	48
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<i>digoxin sol 50mcg/ml</i> .....	24	ELIQUIS .....	48
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<i>diltiazem cap 120mg cd</i> .....	23	EMVERM.....	10
<i>diltiazem cap 180mg cd</i> .....	23	<i>enalapril maleate</i> .....	21
<i>diltiazem cap 240mg cd</i> .....	24	<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	21
<i>diltiazem cap 360mg cd</i> .....	24	ENDARI.....	49
<i>diltiazem cap er/12hr</i> .....	24	<i>endocet 10-325mg</i> .....	7
<i>diltiazem hcl</i> .....	24	<i>endocet 2.5-325mg</i> .....	7
<i>diltiazem hcl cap sr 24hr</i> .....	24	<i>endocet 5-325mg</i> .....	7
<i>diltiazem hcl coated beads cap sr 24hr</i> 24		<i>endocet 7.5-325mg</i> .....	7
<i>diltiazem hcl extended release beads cap</i> <i>sr</i> .....	24	ENGERIX-B .....	51
<i>diltiazem inj</i> .....	24	<i>enoxaparin sodium</i> .....	48
<i>diphenhydramine hcl inj 50mg/ml</i> .....	57	<i>enpresse-28</i> .....	40
<i>diphenoxylate w/ atropine</i> .....	47	<i>enskyce</i> .....	40
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<i>disulfiram</i> .....	36	<i>entecavir</i> .....	14
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<i>dorzolamide hcl-timolol maleate</i> .....	56	EPIVIR HBV .....	14
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<i>doxepin hcl</i> .....	29	<i>ergotamine w/ caffeine</i> .....	35
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<i>errin</i> .....	40	<i>fentanyl citrate</i> .....	7
<i>ertapenem sodium</i> .....	10	<i>fentanyl patch 100 mcg/hr</i> .....	8
<i>ery-tab</i> .....	15	<i>fentanyl patch 12 mcg/hr</i> .....	7
ERYTHROCIN LACTOBIONATE.....	15	<i>fentanyl patch 25 mcg/hr</i> .....	8
<i>erythrocin stearate</i> .....	15	<i>fentanyl patch 50 mcg/hr</i> .....	8
<i>erythromycin (acne aid)</i> .....	59	<i>fentanyl patch 75 mcg/hr</i> .....	8
<i>erythromycin (ophth)</i> .....	55	FENTORA .....	8
<i>erythromycin base</i> .....	15	FETZIMA .....	29
<i>erythromycin cap 250mg ec</i> .....	15	FETZIMA TITRATION PACK.....	29
<i>erythromycin ethylsuccinate</i> .....	15	FIASP .....	37
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<i>esomeprazole sodium inj</i> .....	47	FLEBOGAMMA DIF .....	50
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<i>estradiol vaginal tab</i> .....	43	<i>fluconazole</i> .....	11
<i>estradiol valerate inj</i> .....	43	<i>fluconazole in dextrose</i> .....	11
<i>ethambutol hcl</i> .....	13	<i>fluconazole inj nacl 200</i> .....	11
<i>ethosuximide</i> .....	27	<i>fluconazole inj nacl 400</i> .....	11
<i>ethynodiol diacet &amp; eth estrad</i> .....	40	<i>flucytosine</i> .....	11
<i>ethynodiol tab 1-50</i> .....	40	<i>fludrocortisone acetate</i> .....	43
<i>etoposide</i> .....	20	<i>flunisolide (nasal)</i> .....	58
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<i>exemestane</i> .....	18	<i>fluocinonide emulsified base</i> .....	60
EXJADE .....	39	<i>fluorometholone</i> .....	55
<i>ezetimibe</i> .....	22	<i>fluorouracil</i> .....	16
<i>ezetimibe-simvastatin</i> .....	23	<i>fluorouracil (topical)</i> .....	60, 61
F		<i>fluoxetine cap 10mg</i> .....	29
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<i>falmina</i> .....	40	<i>fluoxetine cap 40mg</i> .....	29
<i>famciclovir</i> .....	14	<i>fluoxetine hcl</i> .....	29
<i>famotidine inj</i> .....	46	<i>fluphenazine decanoate</i> .....	32
<i>famotidine in nacl</i> .....	46	<i>fluphenazine hcl</i> .....	32
<i>famotidine tab</i> .....	46	<i>flurbiprofen</i> .....	7
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FARESTON.....	18	<i>fluticasone propionate</i> .....	60
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<i>felbamate</i> .....	27	FORTEO .....	44
<i>felodipine</i> .....	24	<i>fosamprenavir tab 700 mg</i> .....	12
<i>femynor</i> .....	40	<i>fosinopril sodium</i> .....	21
<i>fenofibrate</i> .....	23	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	

.....	21	<i>glipizide</i> .....	38
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<i>furosemide</i> .....	25	GLUCAGON EMERGENCY KIT .....	44
<i>furosemide inj</i> .....	25	<i>glycopyrrolate tab 1mg</i> .....	46
FUZEON .....	12	<i>glycopyrrolate tab 2mg</i> .....	46
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<i>glip/metform tab 5-500mg</i> .....	38	<i>hydroco/apap tab 10-325mg</i> .....	8

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<i>hydroco/apap tab 7.5-325mg</i> .....	8	INVANZ .....	10
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<i>hydrocortisone</i> .....	43	INVEGA SUST INJ 39MG/0.25ML .....	32
<i>hydrocortisone (enema)</i> .....	46	INVEGA SUST INJ 78MG/0.5ML .....	32
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<i>klor-con m15</i> .....	52	<i>levetiracetam sol 100mg/ml</i> .....	27
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<i>levofloxacin oral soln 25 mg/ml</i> .....	15	<i>lovastatin</i> .....	22
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<i>lorazepam</i> .....	26	<i>megestrol ac tab 20mg</i> .....	18
<i>lorazepam intensol</i> .....	26	<i>megestrol ac tab 40mg</i> .....	18
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<i>methadone hcl 5mg</i> .....	8	<i>mometasone furoate</i> .....	60
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# Basic Blue® Rx (PDP)

A Medicare Prescription Drug Plan

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

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This formulary was updated on 4/01/2019. For more recent information or other questions, please contact Basic Blue Rx Customer Service.



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