Geisinger Gold Standard Rx

2017 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on March 1, 2017. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March – Sept.), or visit www.GeisingerGold.com

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

When this drug list (formulary) refers to "we," "us", or "our," it means Geisinger Health Plan. When it refers to "plan" or "our plan," it means Geisinger Gold Standard Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of September 2, 2016. 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, 2017, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. The formulary may change at any time. You will receive notice when necessary.

What is the Geisinger Gold Standard Rx Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of March 1, 2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, we will communicate these changes in the member newsletter and within the monthly explanation of benefits (EOB).

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 one. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Geisinger Gold Standard Rx formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

- You can ask our plan 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 Geisinger Gold Standard Rx Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For members being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.

For more information

For more detailed information about your Geisinger Gold Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Geisinger Gold Standard Rx Formulary

The formulary that begins on page one provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
General		
	Generic (BRAND)	The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
QL	Quantity Limit Restriction	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 988-4861, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March- Sept.). TTY/TDD users should call 711.
NM	Non-Mail Order Drug	Drugs not available via your mail order benefit are noted with "NM" in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days Supply	Drugs not available for an extended days supply (i.e. more than a one month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.

Every medication on the Geisinger Gold Standard Rx formulary is in a single cost-sharing tier, which is associated with a 25% coinsurance. Please note: what you pay for your medication depends on which "drug payment stage" you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

If you also receive Pennsylvania Medical Assistance (Medicaid) benefits, some drugs that are not covered by our plan may be covered by your Pennsylvania Medical Assistance (Medicaid) coverage. To find out which drugs are covered by Pennsylvania Medical Assistance, please contact your local Human Services/County Assistance Office, or call the Pennsylvania Medical Assistance Benefit Helpline at 1-800-692-7462 for more information.

If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amount.

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml	(Acetaminophen with Codeine)	1	QL (2700 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	(Acetaminophen with Codeine)	1	QL (2700 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	(Tylenol-Codeine No.3)	1	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	(Tylenol-Codeine No.3)	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	(Tylenol-Codeine No.3)	1	QL (180 per 30 days)
aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg	(Synalgos-Dc)	1	QL (360 per 30 days)
astramorph-pf injection solution 1 mg/ml	(Morphine Sulfate/PF)	1	
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenorphine HCl)	1	
buprenorphine hcl injection syringe 0.3 mg/ml	(Buprenorphine HCl)	1	
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	(Esgic)	1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	(Fiorinal)	1	QL (180 per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	(Butorphanol Tartrate)	1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	(Butorphanol Tartrate)	1	QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR		1	PA; QL (4 per 28 days)
capacet oral capsule 50-325-40 mg	(Esgic)	1	QL (180 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	(Codeine Sulfate)	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Xolox)	1	QL (360 per 30 days)
endodan oral tablet 4.8355-325 mg	(Oxycodone HCl/Aspirin)	1	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; NM; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	(Duragesic)	1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	(Hycet)	1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	(Norco)	1	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Norco)	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	(Ibudone)	1	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	(Dilaudid-HP)	1	
hydromorphone 10 mg/ml vial p/f,sdv,latex-f 10 mg/ml	(Hydromorphone HCl/PF)	1	
hydromorphone injection solution 2 mg/ml, 4 mg/ml	(Hydromorphone HCl)	1	
hydromorphone injection syringe 2 mg/ml	(Hydromorphone HCl)	1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	QL (180 per 30 days)
ibuprofen-oxycodone oral tablet 400-5 mg	(Ibuprofen/Oxycodone HCl)	1	QL (28 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		1	PA; NM; NDS; QL (30 per 30 days)
levorphanol tartrate oral tablet 2 mg	(Levorphanol Tartrate)	1	QL (180 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
margesic oral capsule 50-325-40 mg	(Esgic)	1	QL (180 per 30 days)
marten-tab oral tablet 50-325 mg	(Tencon)	1	QL (180 per 30 days)
methadone injection solution 10 mg/ml	(Methadone HCl)	1	
methadone intensol oral concentrate 10 mg/ml	(Methadose)	1	QL (180 per 30 days)
methadone oral solution 10 mg/5 ml	(Methadone HCl)	1	QL (900 per 30 days)
methadone oral solution 5 mg/5 ml	(Methadone HCl)	1	QL (1800 per 30 days)
methadone oral tablet 10 mg	(Diskets)	1	QL (180 per 30 days)
methadone oral tablet 5 mg	(Diskets)	1	QL (360 per 30 days)
methadose oral tablet,soluble 40 mg	(Diskets)	1	QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	(Morphine Sulfate/PF)	1	
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml	(Morphine Sulfate/PF)	1	
morphine 10 mg/ml carpuject outer, p/f, l/f, suv 10 mg/ml	(Morphine Sulfate)	1	
morphine 2 mg/ml carpuject outer, latex-f, p/f 2 mg/ml	(Morphine Sulfate)	1	
morphine 4 mg/ml syringe p/f, latex-free 4 mg/ml	(Morphine Sulfate)	1	
morphine 8 mg/ml syringe 8 mg/ml	(Morphine Sulfate)	1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	(Morphine Sulfate)	1	QL (200 per 30 days)
morphine in 0.9 % nacl intravenous solution 1 mg/ml	(Morphine Sulfate In 0.9 % NaCl)	1	
morphine injection solution 15 mg/ml, 8 mg/ml	(Morphine Sulfate)	1	
morphine injection syringe 10 mg/ml, 5 mg/ml	(Morphine Sulfate)	1	
morphine intramuscular pen injector 10 mg/0.7 ml	(Morphine Sulfate)	1	
morphine intravenous cartridge 15 mg/ml	(Morphine Sulfate)	1	
morphine intravenous solution 25 mg/ml, 50 mg/ml	(Morphine Sulfate)	1	

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

Drug Name		Drug Tier	Requirements/Limits
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	(Morphine Sulfate)	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg	(Morphine Sulfate)	1	QL (30 per 30 days)
morphine oral capsule, er multiphase 24 hr 75 mg, 90 mg	(Morphine Sulfate)	1	QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	(Kadian)	1	QL (60 per 30 days)
morphine oral solution 10 mg/5 ml	(Morphine Sulfate)	1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	(Morphine Sulfate)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG		1	QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	1	QL (90 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	(Morphine Sulfate)	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	(Nalbuphine HCl)	1	
oxycodone oral capsule 5 mg	(Oxycodone HCl)	1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	(Oxycodone HCl)	1	QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	(Oxycodone HCl)	1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	(Roxicodone)	1	QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Oxycontin)	1	ST; QL (90 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	(Oxycodone HCl/Acetaminophen)	1	QL (1830 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Xolox)	1	QL (360 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	(Oxycodone HCl/Aspirin)	1	QL (360 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		1	ST; QL (90 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg	(Opana)	1	QL (180 per 30 days)
reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg	(Ibudone)	1	QL (150 per 30 days)
tencon oral tablet 50-325 mg	(Tencon)	1	QL (180 per 30 days)
tramadol hcl er 300 mg tablet 300 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol oral capsule,er biphase 24 hr 17-83 300 mg	(Conzip)	1	QL (30 per 30 days)
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 150 mg, 200 mg	(Conzip)	1	QL (60 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg	(Ultram ER)	1	QL (90 per 30 days)
tramadol oral tablet extended release 24 hr 200 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	QL (240 per 30 days)
xylon 10 oral tablet 10-200 mg	(Ibudone)	1	QL (150 per 30 days)
zebutal oral capsule 50-325-40 mg	(Esgic)	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	
choline,magnesium salicylate oral liquid 500 mg/5 ml	(Choline Salicyl/Mag Salicylate)	1	
diclofenac potassium oral tablet 50 mg	(Diclofenac Potassium)	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	(Diclofenac Sodium)	1	
diclofenac sodium topical gel 1 %	(Voltaren)	1	

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

Drug Name		Drug Tier	Requirements/Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	(Arthrotec 50)	1	
diflunisal oral tablet 500 mg	(Diflunisal)	1	
etodolac oral capsule 200 mg, 300 mg	(Etodolac)	1	
etodolac oral tablet 400 mg, 500 mg	(Lodine)	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	(Etodolac)	1	
fenoprofen oral tablet 600 mg	(Fenoprofen Calcium)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		1	PA; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg, 50 mg	(Flurbiprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Ibuprofen)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(Ibuprofen)	1	
ketoprofen oral capsule 50 mg, 75 mg	(Ketoprofen)	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	(Ketoprofen)	1	
meclofenamate oral capsule 100 mg, 50 mg	(Meclofenamate Sodium)	1	
mefenamic acid oral capsule 250 mg	(Ponstel)	1	
meloxicam oral suspension 7.5 mg/5 ml	(Mobic)	1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg	(Nabumetone)	1	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(Ec-Naprosyn)	1	
naproxen sodium oral tablet 275 mg, 550 mg	(Anaprox Ds)	1	
oxaprozin oral tablet 600 mg	(Daypro)	1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	1	
sulindac oral tablet 150 mg, 200 mg	(Sulindac)	1	
tolmetin oral capsule 400 mg	(Tolmetin Sodium)	1	
tolmetin oral tablet 200 mg, 600 mg	(Tolmetin Sodium)	1	

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

Drug Name		Drug Tier	Requirements/Limits
Anesthetics			
Local Anesthetics			
cocaine topical solution 4 %	(Cocaine HCl)	1	
glydo mucous membrane jelly in applicator 2 %	(Lidocaine HCl)	1	
lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	PA BvD; (PA for ESRD only)
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)	(Lidocaine HCl/PF)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	PA BvD; (PA for ESRD only)
lidocaine hcl mucous membrane jelly 2 %	(Lidocaine HCl)	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	(Pre-Attached Lta Kit)	1	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	PA
lidocaine topical ointment 5 %	(Lidocaine)	1	PA BvD; (PA for ESRD only)
lidocaine viscous mucous membrane solution 2 %	(Pre-Attached Lta Kit)	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	(EMLA)	1	PA BvD; (PA for ESRD only)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg	(Acamprosate Calcium)	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	(Buprenorphine HCl)	1	PA; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	(Buprenorphine HCl/Naloxone HCl)	1	PA; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	(Buprenorphine HCl/Naloxone HCl)	1	PA; QL (90 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
buproban oral tablet extended release 150 mg	(Zyban)	1	QL (60 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 150 mg	(Zyban)	1	QL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		1	QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		1	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		1	
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	1	
naloxone injection solution 0.4 mg/ml	(Naloxone HCl)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	(Naloxone HCl)	1	
naltrexone oral tablet 50 mg	(Revia)	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		1	QL (4 per 28 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		1	
SUBOXONE SUBLINGUAL FILM 12-3 MG		1	PA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG		1	PA; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG		1	PA; QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG		1	PA; QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		1	NM; NDS
Antianxiety Agents			
Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		1	QL (300 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg	(Xanax XR)	1	QL (30 per 30 days)
alprazolam oral tablet extended release 24 hr 2 mg	(Xanax XR)	1	QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg	(Xanax XR)	1	QL (90 per 30 days)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	(Alprazolam)	1	QL (120 per 30 days)
alprazolam oral tablet,disintegrating 2 mg	(Alprazolam)	1	QL (150 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (120 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	(Clonazepam)	1	QL (120 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	(Clonazepam)	1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg	(Tranxene T-Tab)	1	QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	(Tranxene T-Tab)	1	QL (120 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	(Diazepam)	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	(Diazepam)	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	(Diastat)	1	
estazolam oral tablet 1 mg, 2 mg	(Estazolam)	1	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent 2 mg/ml	(Lorazepam)	1	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (120 per 30 days)
lorazepam injection syringe 2 mg/ml	(Lorazepam)	1	QL (120 per 30 days)
lorazepam injection syringe 4 mg/ml	(Lorazepam)	1	QL (90 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(Lorazepam)	1	QL (150 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	1	
ONFI ORAL SUSPENSION 2.5 MG/ML		1	PA NSO
ONFI ORAL TABLET 10 MG, 20 MG		1	PA NSO
oxazepam oral capsule 10 mg, 15 mg, 30 mg	(Oxazepam)	1	QL (120 per 30 days)
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	(Restoril)	1	QL (30 per 30 days)
Antibacterials			
Aminoglycosides			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	(Amikacin Sulfate)	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML		1	PA; NM; NDS; QL (224 per 56 days)
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	(Gentamicin In Nacl, Iso-Osm)	1	
gentamicin injection solution 40 mg/ml	(Gentamicin Sulfate)	1	
gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml	(Gentamicin Sulfate/PF)	1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	(Gentamicin Sulfate/PF)	1	
neomycin oral tablet 500 mg	(Neomycin Sulfate)	1	
streptomycin intramuscular recon soln 1 gram	(Streptomycin Sulfate)	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	PA; NM; NDS; QL (224 per 56 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA; NM; NDS; QL (280 per 56 days)
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	(Tobramycin/Sodium Chloride)	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	(Tobramycin Sulfate)	1	

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Drug Name		Drug Tier	Requirements/Limits
Antibacterials, Miscellaneous			
baciim intramuscular recon soln 50,000 unit	(Bacitracin)	1	
bacitracin intramuscular recon soln 50,000 unit	(Bacitracin)	1	
chloramphenicol sod succinate intravenous recon soln 1 gram	(Chloramphenicol Sod Succinate)	1	
clindamycin 75 mg/5 ml soln 75 mg/5 ml	(Cleocin Palmitate)	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	(Cleocin Phosphate In D5w)	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	(Cleocin Palmitate)	1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml	(Cleocin Phosphate)	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	(Cleocin Phosphate)	1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	
CUBICIN INTRAVENOUS RECON SOLN 500 MG		1	NM; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	
lincomycin injection solution 300 mg/ml	(Lincocin)	1	
linezolid intravenous parenteral solution 600 mg/300 ml	(Zyvox)	1	PA; NM; NDS
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	PA; NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	1	PA; NM; NDS
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metronidazole/Sodium Chloride)	1	
metronidazole oral capsule 375 mg	(Flagyl)	1	

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Drug Name		Drug Tier	Requirements/Limits
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	1	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml	(Moxifloxacin/Sod.Ace ,Sul/Water)	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	
polymyxin b sulfate injection recon soln 500,000 unit	(Polymyxin B Sulfate)	1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		1	PA; NM; NDS; QL (6 per 30 days)
SIVEXTRO ORAL TABLET 200 MG		1	PA; NM; NDS; QL (6 per 30 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG		1	PA; NM; NDS
trimethoprim oral tablet 100 mg	(Trimethoprim)	1	
vancomycin hcl 1g/200 ml bag 1 gram/200 ml	(Vancomycin Hcl In Dextrose 5 %)	1	
vancomycin in 0.9% sodium cl intravenous solution 1.5 gram/500 ml	(Vancomycin/0.9 % Sod Chloride)	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg	(Vancomycin HCl)	1	
vancomycin intravenous recon soln 500 mg	(Vancomycin Hcl In Dextrose 5 %)	1	
vancomycin oral capsule 125 mg, 250 mg	(Vancocin HCl)	1	
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg	(Cefaclor)	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	(Cefaclor)	1	
cefaclor oral tablet extended release 12 hr 500 mg	(Cefaclor)	1	
cefadroxil oral capsule 500 mg	(Cefadroxil)	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	(Cefadroxil)	1	
cefadroxil oral tablet 1 gram	(Cefadroxil)	1	

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Drug Name		Drug Tier	Requirements/Limits
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	(Cefazolin Sodium/Dextrose, Iso)	1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	(Cefazolin Sodium)	1	
cefdinir oral capsule 300 mg	(Cefdinir)	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefdinir)	1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	(Spectracef)	1	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML		1	
cefepime hcl 1 gm vial 10's, sdv 1 gram	(Cefepime HCl)	1	
cefepime hcl 2 gram vial latex/f, sdv, outer 2 gram	(Cefepime HCl)	1	
CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM		1	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML		1	
cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg	(Claforan)	1	
cefotetan injection recon soln 1 gram, 2 gram	(Cefotetan Disod/Isosm Dextrose)	1	
cefotetan intravenous recon soln 10 gram	(Cefotan)	1	
cefotetan-dextr 1 g duplex bag 1 gram/50 ml	(Cefotetan Disod/Isosm Dextrose)	1	
cefotetan-dextr 2 g duplex bag 2 gram/50 ml	(Cefotetan Disod/Isosm Dextrose)	1	
cefoxitin 2 gm piggyback bag 2 gram/50 ml	(Cefoxitin Sodium/Dextrose, Iso)	1	
cefoxitin 2 gm vial latex/f, outer 2 gram	(Cefoxitin Sodium)	1	
cefoxitin intravenous recon soln 1 gram, 10 gram	(Cefoxitin Sodium)	1	
cefoxitin intravenous recon soln 2 gram	(Cefoxitin Sodium/Dextrose, Iso)	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	(Cefpodoxime Proxetil)	1	

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Drug Name		Drug Tier	Requirements/Limits
cefpodoxime oral tablet 100 mg, 200 mg	(Cefpodoxime Proxetil)	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefprozil)	1	
cefprozil oral tablet 250 mg, 500 mg	(Cefprozil)	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML		1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Fortaz)	1	
ceftibuten oral capsule 400 mg	(Cedax)	1	
ceftibuten oral suspension for reconstitution 180 mg/5 ml	(Cedax)	1	
ceftriaxone 1 gm piggyback latex-free 1 gram/50 ml	(Ceftriaxone In Is-Osm Dextrose)	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg	(Ceftriaxone Sodium)	1	
ceftriaxone intravenous recon soln 1 gram	(Ceftriaxone In Is-Osm Dextrose)	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	(Ceftin)	1	
cefuroxime sodium injection recon soln 750 mg	(Zinacef)	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	(Zinacef)	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	(Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cephalexin)	1	
cephalexin oral tablet 250 mg, 500 mg	(Cephalexin)	1	
SUPRAX ORAL CAPSULE 400 MG		1	
tazicef injection recon soln 1 gram, 6 gram	(Fortaz)	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM		1	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	
azithromycin oral packet 1 gram	(Zithromax)	1	PA; (PA only w/ digoxin)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	PA; (PA only w/ digoxin)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	(Zithromax)	1	PA; (PA only w/ digoxin)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Biaxin)	1	PA; (PA only w/ digoxin)
clarithromycin oral tablet 250 mg, 500 mg	(Biaxin)	1	PA; (PA only w/ digoxin)
clarithromycin oral tablet extended release 24 hr 500 mg	(Clarithromycin)	1	PA; (PA only w/ digoxin)
e.e.s. 400 oral tablet 400 mg	(Erythromycin Ethylsuccinate)	1	PA; (PA only w/ digoxin)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg	(Erythromycin Base)	1	PA; (PA only w/ digoxin)
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG		1	PA; (PA only w/ digoxin)
erythrocin (as stearate) oral tablet 250 mg	(Erythromycin Stearate)	1	PA; (PA only w/ digoxin)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG		1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(Eryped 200)	1	PA
erythromycin ethylsuccinate oral tablet 400 mg	(Erythromycin Ethylsuccinate)	1	PA; (PA only w/ digoxin)
erythromycin oral capsule,delayed release(dr/ec) 250 mg	(Erythromycin Base)	1	PA; (PA only w/ digoxin)
erythromycin oral tablet 250 mg, 500 mg	(Erythromycin Base)	1	PA; (PA only w/ digoxin)
KETEK ORAL TABLET 300 MG, 400 MG		1	PA

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Drug Name		Drug Tier	Requirements/Limits
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG		1	PA; (PA only w/ digoxin)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		1	PA; NM; NDS; QL (84 per 28 days)
doripenem intravenous recon soln 250 mg, 500 mg	(Doribax)	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	(Primaxin)	1	
INVANZ INJECTION RECON SOLN 1 GRAM		1	
meropenem intravenous recon soln 1 gram, 500 mg	(Merrem)	1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg	(Amoxicillin)	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	(Amoxicillin)	1	
amoxicillin oral tablet 500 mg, 875 mg	(Amoxicillin)	1	
amoxicillin oral tablet, er multiphase 24 hr 775 mg	(Moxatag)	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	(Amoxicillin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	

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Drug Name		Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	(Amoxicillin/Potassium Clav)	1	
ampicillin oral capsule 250 mg, 500 mg	(Ampicillin Trihydrate)	1	
ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Ampicillin Trihydrate)	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	(Ampicillin Sodium)	1	
ampicillin sodium intravenous recon soln 2 gram	(Ampicillin Sodium)	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	
dicloxacillin oral capsule 250 mg, 500 mg	(Dicloxacillin Sodium)	1	
nafcillin 2 gm vial 10's, latex-free 2 gram	(Nafcillin Sodium)	1	
nafcillin injection recon soln 1 gram, 10 gram	(Nafcillin Sodium)	1	
nafcillin intravenous recon soln 2 gram	(Nafcillin Sodium)	1	
oxacillin 2 gm vial 10's,outer 2 gram	(Oxacillin Sodium)	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	(Oxacillin Sodium/Dextrose, Iso)	1	
oxacillin injection recon soln 10 gram	(Oxacillin Sodium)	1	
oxacillin intravenous recon soln 2 gram	(Oxacillin Sodium)	1	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	(Pen G Pot/Dextrose-Water)	1	
penicillin g potassium injection recon soln 5 million unit	(Penicillin G Potassium)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	(Penicillin G Procaine)	1	
penicillin gk 20 million unit 20 million unit	(Penicillin G Potassium)	1	

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Drug Name		Drug Tier	Requirements/Limits
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	(Penicillin V Potassium)	1	
penicillin v potassium oral tablet 250 mg, 500 mg	(Penicillin V Potassium)	1	
pfizerpen-g injection recon soln 20 million unit	(Penicillin G Potassium)	1	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	(Zosyn)	1	
Quinolones			
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	(Cipro XR)	1	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	(Cipro)	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	(Cipro I.V.)	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	(Levofloxacin/D5W)	1	
levofloxacin intravenous solution 25 mg/ml	(Levofloxacin)	1	
levofloxacin oral solution 250 mg/10 ml	(Levofloxacin)	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	(Levaquin)	1	
moxifloxacin oral tablet 400 mg	(Avelox)	1	
ofloxacin oral tablet 300 mg, 400 mg	(Ofloxacin)	1	
Sulfonamides			
sulfadiazine oral tablet 500 mg	(Sulfadiazine)	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	(Bactrim)	1	

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Drug Name		Drug Tier	Requirements/Limits
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine)	1	
sulfatrim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg	(Demeclocycline HCl)	1	
doxy-100 intravenous recon soln 100 mg	(Doxycycline Hyclate)	1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxycycline Hyclate)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	(Doryx)	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	(Doryx)	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	(Adoxa)	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	(Avidoxy)	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	(Minocin)	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	(Minocycline HCl)	1	
minocycline oral tablet extended release 24 hr 135 mg	(Minocycline HCl)	1	
minocycline oral tablet extended release 24 hr 45 mg, 90 mg	(Minocycline HCl)	1	QL (30 per 30 days)
tetracycline oral capsule 250 mg, 500 mg	(Tetracycline HCl)	1	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	
TYGACIL INTRAVENOUS RECON SOLN 50 MG		1	

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Drug Name	Drug Tier	Requirements/Limits
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NM; NDS
adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml (Fluorouracil)	1	PA BvD
adrucil intravenous solution 500 mg/10 ml (Fluorouracil)	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	NM; NDS
anastrozole oral tablet 1 mg (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	1	PA NSO; NM; NDS
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	1	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	1	NM; NDS
azacitidine injection recon soln 100 mg (Vidaza)	1	NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	NM; NDS
bexarotene oral capsule 75 mg (Targretin)	1	NM; NDS
bicalutamide oral tablet 50 mg (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
bleomycin injection recon soln 15 unit, 30 unit (Bleomycin Sulfate)	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	1	
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA NSO; NM; LA; NDS
carboplatin intravenous solution 10 mg/ml (Carboplatin)	1	
cisplatin intravenous solution 1 mg/ml (Cisplatin)	1	
cladribine intravenous solution 10 mg/10 ml (Cladribine)	1	PA BvD
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	1	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM; NDS
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	1	
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg (Cyclophosphamide)	1	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)		1	PA NSO; NM; NDS
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	(Cytarabine/PF)	1	PA BvD
cytarabine 100 mg/5 ml vial p/f,sdv,latex-free 100 mg/5 ml (20 mg/ml)	(Cytarabine/PF)	1	PA BvD
cytarabine injection solution 20 mg/ml	(Cytarabine/PF)	1	PA BvD
dacarbazine intravenous recon soln 100 mg, 200 mg	(Dacarbazine)	1	
DARZALEX 400 MG/20 ML VIAL 20 MG/ML		1	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		1	PA NSO; NM; LA; NDS
daunorubicin intravenous solution 5 mg/ml	(Daunorubicin HCl)	1	
decitabine intravenous recon soln 50 mg	(Dacogen)	1	PA NSO; NM; NDS
DEPOCYT (PF) INTRATHECAL SUSPENSION 50 MG/5 ML (10 MG/ML)		1	PA BvD
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG		1	NM; NDS
docetaxel 160 mg/16 ml vial mdv, sterile,l/f 160 mg/16 ml (10 mg/ml)	(Taxotere)	1	NM; NDS
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	(Taxotere)	1	NM; NDS
doxorubicin 200 mg/100 ml vial latex-free 2 mg/ml	(Doxorubicin HCl)	1	PA BvD
doxorubicin intravenous recon soln 10 mg, 50 mg	(Doxorubicin HCl)	1	PA BvD
doxorubicin intravenous solution 50 mg/25 ml	(Doxorubicin HCl)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		1	

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Drug Name		Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		1	
EMCYT ORAL CAPSULE 140 MG		1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		1	PA NSO; NM; NDS
epirubicin intravenous recon soln 50 mg	(Ellence)	1	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	(Ellence)	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		1	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT		1	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		1	
etoposide intravenous solution 20 mg/ml	(Etoposide)	1	
exemestane oral tablet 25 mg	(Aromasin)	1	
FARESTON ORAL TABLET 60 MG		1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		1	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML		1	NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG		1	
floxuridine injection recon soln 0.5 gram	(Floxuridine)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
fludarabine 50 mg/2 ml vial suv 50 mg/2 ml	(Fludarabine Phosphate)	1	
fludarabine intravenous recon soln 50 mg	(Fludarabine Phosphate)	1	
fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml	(Fluorouracil)	1	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml	(Fluorouracil)	1	PA BvD
flutamide oral capsule 125 mg	(Flutamide)	1	
FOLOTYN 20 MG/ML VIAL 20 MG/ML (1 ML)		1	NM; NDS
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)		1	NM; NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		1	PA NSO; NM; NDS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	(Gemzar)	1	NM; NDS
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	(Gemzar)	1	NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 5 MG		1	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)		1	PA NSO; NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG		1	PA BvD; NM; NDS
HEXALEN ORAL CAPSULE 50 MG		1	NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		1	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG		1	PA NSO; NM; NDS
idarubicin intravenous solution 1 mg/ml	(Idamycin Pfs)	1	

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Drug Name	Drug Tier	Requirements/Limits
ifosfamide 1 gm/20 ml vial sdv,p/f,latex-free 1 gram/20 ml (Ifex)	1	PA BvD
ifosfamide intravenous recon soln 1 gram (Ifex)	1	PA BvD
ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg (Ifosfamide/Mesna)	1	PA BvD
imatinib oral tablet 100 mg, 400 mg (Gleevec)	1	
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (4 per 180 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG, 5 MG	1	PA NSO; NM; LA; NDS
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml (Camptosar)	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	PA NSO; NM; NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	PA NSO; NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	PA NSO; NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	1	PA NSO; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG		1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML		1	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)		1	PA NSO; NM; NDS; QL (90 per 30 days)
letrozole oral tablet 2.5 mg	(Femara)	1	
LEUKERAN ORAL TABLET 2 MG		1	
leuprolide subcutaneous kit 1 mg/0.2 ml	(Leuprolide Acetate)	1	
lipodox 50 intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
lipodox intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		1	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		1	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG		1	PA NSO; NM; NDS; QL (448 per 28 days)
LYSODREN ORAL TABLET 500 MG		1	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL		1	PA NSO; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG		1	NM; LA; NDS
megestrol oral tablet 20 mg, 40 mg	(Megestrol Acetate)	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG		1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
melphalan hcl intravenous recon soln 50 mg	(Alkeran)	1	
mercaptopurine oral tablet 50 mg	(Mercaptopurine)	1	
methotrexate sodium (pf) injection recon soln 1 gram	(Methotrexate Sodium/PF)	1	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	(Methotrexate Sodium/PF)	1	
methotrexate sodium injection solution 25 mg/ml	(Methotrexate Sodium)	1	
methotrexate sodium oral tablet 2.5 mg	(Methotrexate Sodium)	1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	(Mitomycin)	1	PA BvD
mitoxantrone intravenous concentrate 2 mg/ml	(Mitoxantrone HCl)	1	
MUSTARGEN INJECTION RECON SOLN 10 MG		1	
NEXAVAR ORAL TABLET 200 MG		1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG		1	
nilutamide oral tablet 150 mg	(Nilandron)	1	QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		1	PA NSO; NM; NDS; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG		1	
ODOMZO ORAL CAPSULE 200 MG		1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	PA NSO; NM; NDS
onxol intravenous concentrate 6 mg/ml (Paclitaxel)	1	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg (Oxaliplatin)	1	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) (Oxaliplatin)	1	
paclitaxel intravenous concentrate 6 mg/ml (Paclitaxel)	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; LA; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NM; LA; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM; NDS
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg (Tamoxifen Citrate)	1	
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	1	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	1	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	
teniposide intravenous solution 50 mg/5 ml (Teniposide)	1	
thiotepa injection recon soln 15 mg (Thiotepa)	1	
toposar intravenous solution 20 mg/ml (Etoposide)	1	
topotecan hcl 4 mg/4 ml vial p/f, suv, latex-free 4 mg/4 ml (1 mg/ml) (Hycamtin)	1	
topotecan intravenous recon soln 4 mg (Hycamtin)	1	

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Drug Name	Drug Tier	Requirements/Limits
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	1	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG	1	NM; NDS
TRELSTAR 22.5 MG SYRINGE OUTER, L/F, SDV 22.5 MG/2 ML	1	NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	NM; NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	1	NM; NDS
tretinoin (chemotherapy) oral capsule 10 mg (Tretinoin)	1	NM; NDS
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	1	
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NM; NDS; QL (40 per 30 days)
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	1	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	PA NSO; NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		1	PA NSO; NM; NDS; QL (42 per 180 days)
vinblastine intravenous solution 1 mg/ml	(Vinblastine Sulfate)	1	PA BvD
vincasar pfs 2 mg/2 ml vial 2 mg/2 ml	(Vincristine Sulfate)	1	PA BvD
vincasar pfs intravenous solution 1 mg/ml	(Vincristine Sulfate)	1	PA BvD
vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml	(Vincristine Sulfate)	1	PA BvD
vincristine intravenous solution 1 mg/ml	(Vincristine Sulfate)	1	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	(Navelbine)	1	
VOTRIENT ORAL TABLET 200 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG		1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		1	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG		1	PA NSO; NM; NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)		1	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM		1	
ZELBORAF ORAL TABLET 240 MG		1	PA NSO; NM; LA; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		1	
ZOLINZA ORAL CAPSULE 100 MG		1	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ZYKADIA ORAL CAPSULE 150 MG		1	PA NSO; NM; NDS; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG		1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
atropine injection solution 0.4 mg/ml, 1 mg/ml	(Atropine Sulfate)	1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	(Atropine Sulfate)	1	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	(Atropine Sulfate)	1	
propantheline oral tablet 15 mg	(Propantheline Bromide)	1	
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG		1	PA NSO; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		1	PA NSO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML		1	PA NSO
BANZEL ORAL TABLET 200 MG, 400 MG		1	PA NSO
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		1	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML		1	PA NSO; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	PA NSO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Tegretol)	1	

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Drug Name		Drug Tier	Requirements/Limits
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg	(Carbamazepine)	1	
CELONTIN ORAL CAPSULE 300 MG		1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG		1	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG		1	
DILANTIN ORAL CAPSULE 30 MG		1	
divalproex oral capsule, sprinkle 125 mg	(Depakote Sprinkle)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
epitol oral tablet 200 mg	(Tegretol)	1	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	PA NSO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		1	PA NSO; QL (30 per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
GABITRIL ORAL TABLET 12 MG, 16 MG		1	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)		1	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	1	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	1	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	1	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	1	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) (Lamictal Odt (Blue))	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)	1	

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

Drug Name		Drug Tier	Requirements/Limits
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal Odt)	1	
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal (Blue))	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	(Levetiracetam In Nacl (Iso-Os))	1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		1	
LYRICA ORAL SOLUTION 20 MG/ML		1	
oxcarbazepine oral suspension 300 mg/5 ml	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		1	
PEGANONE ORAL TABLET 250 MG		1	
phenobarbital in 0.9 % sod chl intravenous solution 10 mg/ml (1 ml)	(Phenobarbital/0.9 % Sod Chlor)	1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	(Phenobarbital)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	(Phenobarbital)	1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	(Phenobarbital Sodium)	1	

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Drug Name		Drug Tier	Requirements/Limits
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	(Dilantin)	1	
phenytoin sodium intravenous solution 50 mg/ml	(Phenytoin Sodium)	1	
phenytoin sodium intravenous syringe 50 mg/ml	(Phenytoin Sodium)	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG		1	PA NSO
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
SABRIL ORAL POWDER IN PACKET 500 MG		1	PA NSO; NM; LA; NDS
SABRIL ORAL TABLET 500 MG		1	PA NSO; NM; LA; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG		1	ST
tiagabine oral tablet 2 mg, 4 mg	(Gabitril)	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	1	PA NSO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG		1	PA NSO
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	(Depacon)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	(Depakene)	1	
valproic acid oral capsule 250 mg	(Depakene)	1	

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Drug Name		Drug Tier	Requirements/Limits
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		1	PA NSO
VIMPAT ORAL SOLUTION 10 MG/ML		1	PA NSO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		1	PA NSO
zonisamide oral capsule 100 mg, 25 mg, 50 mg	(Zonegran)	1	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	(Donepezil HCl)	1	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	(Galantamine Hbr)	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	1	
memantine oral solution 2 mg/ml	(Namenda)	1	
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	
memantine oral tablets,dose pack 5-10 mg	(Namenda)	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	(Exelon)	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	1	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Amitriptyline HCl)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	(Amitriptyline/Chlordiazepoxide)	1	

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Drug Name		Drug Tier	Requirements/Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	(Amoxapine)	1	(PA Req for Ages 65 and Older; High Risk Med)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG		1	QL (30 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	(Wellbutrin)	1	QL (180 per 30 days)
bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml	(Citalopram Hydrobromide)	1	QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg	(Celexa)	1	QL (45 per 30 days)
citalopram oral tablet 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Norpramin)	1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		1	ST; QL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG		1	ST; QL (30 per 30 days)
desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg	(Khedezla)	1	ST; QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Doxepin HCl)	1	
doxepin oral concentrate 10 mg/ml	(Doxepin HCl)	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Irenka)	1	(Cymbalta); QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	(Irenka)	1	(Irenka); QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		1	NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	(Lexapro)	1	QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg, 5 mg	(Lexapro)	1	QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	(Lexapro)	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)		1	PA NSO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		1	PA NSO; QL (30 per 30 days)
fluoxetine oral capsule 10 mg	(Prozac)	1	QL (90 per 30 days)
fluoxetine oral capsule 20 mg	(Prozac)	1	QL (120 per 30 days)
fluoxetine oral capsule 40 mg	(Prozac)	1	QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	(Prozac Weekly)	1	QL (4 per 28 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	(Fluoxetine HCl)	1	QL (600 per 30 days)
fluoxetine oral tablet 10 mg	(Fluoxetine HCl)	1	QL (90 per 30 days)
fluoxetine oral tablet 20 mg	(Fluoxetine HCl)	1	QL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG		1	QL (30 per 30 days)
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	(Fluvoxamine Maleate)	1	QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	(Fluvoxamine Maleate)	1	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	(Fluvoxamine Maleate)	1	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	(Fluvoxamine Maleate)	1	QL (45 per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG		1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	(Tofranil)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	(Imipramine Pamoate)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
maprotiline oral tablet 25 mg, 50 mg, 75 mg	(Maprotiline HCl)	1	
MARPLAN ORAL TABLET 10 MG		1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	(Remeron)	1	QL (30 per 30 days)
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron)	1	QL (30 per 30 days)
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	(Nefazodone HCl)	1	QL (60 per 30 days)
nefazodone oral tablet 200 mg	(Nefazodone HCl)	1	QL (90 per 30 days)
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml	(Nortriptyline HCl)	1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	1	QL (30 per 30 days)
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		1	PA NSO; QL (30 per 30 days)
paroxetine hcl oral tablet 10 mg, 40 mg	(Paxil)	1	QL (45 per 30 days)
paroxetine hcl oral tablet 20 mg	(Paxil)	1	QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	(Paxil)	1	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	(Paxil CR)	1	QL (30 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	(Paxil CR)	1	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML		1	

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Drug Name		Drug Tier	Requirements/Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	(Perphenazine/Amitriptyline HCl)	1	
PEXEVA ORAL TABLET 10 MG, 40 MG		1	QL (45 per 30 days)
PEXEVA ORAL TABLET 20 MG		1	QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG		1	QL (60 per 30 days)
phenelzine oral tablet 15 mg	(Nardil)	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG		1	ST; QL (30 per 30 days)
protriptyline oral tablet 10 mg, 5 mg	(Protriptyline HCl)	1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	QL (300 per 30 days)
sertraline oral tablet 100 mg	(Zoloft)	1	QL (60 per 30 days)
sertraline oral tablet 25 mg, 50 mg	(Zoloft)	1	QL (45 per 30 days)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG		1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
tranylcypromine oral tablet 10 mg	(Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	(Trazodone HCl)	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	(Trimipramine Maleate)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	PA NSO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	(Venlafaxine HCl)	1	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	(Venlafaxine HCl)	1	QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA NSO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	PA NSO; QL (30 per 180 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	1	QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	1	QL (30 per 30 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	1	ST; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	1	ST; QL (4 per 28 days)
CYCLOSET ORAL TABLET 0.8 MG	1	PA; QL (180 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	PA; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	1	ST; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG		1	PA; NM; LA; NDS; QL (120 per 30 days)
metformin oral tablet 1,000 mg	(Glucophage)	1	QL (75 per 30 days)
metformin oral tablet 500 mg	(Glucophage)	1	QL (150 per 30 days)
metformin oral tablet 850 mg	(Glucophage)	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	(Glucophage XR)	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	(Glucophage XR)	1	QL (60 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	(Glyset)	1	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	1	QL (90 per 30 days)
pioglitazone oral tablet 15 mg	(Actos)	1	QL (90 per 30 days)
pioglitazone oral tablet 30 mg, 45 mg	(Actos)	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	(Actoplus Met)	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	(Prandin)	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	(Prandin)	1	QL (240 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		1	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		1	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		1	ST; QL (60 per 30 days)
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML		1	ST

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	PA
VICTOZA	1	ST
Insulins		
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	

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Drug Name		Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		1	
Sulfonylureas			
chlorpropamide oral tablet 100 mg	(Chlorpropamide)	1	PA; QL (225 per 30 days); AGE (Max 64 Years)
chlorpropamide oral tablet 250 mg	(Chlorpropamide)	1	PA; QL (90 per 30 days); AGE (Max 64 Years)
glimepiride oral tablet 1 mg	(Amaryl)	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	(Amaryl)	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	(Glucotrol)	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	(Glucotrol XL)	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	(Glucotrol XL)	1	QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	(Glipizide/Metformin HCl)	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	(Glipizide/Metformin HCl)	1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg	(Glynase)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 3 mg	(Glynase)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 6 mg	(Glynase)	1	PA; QL (60 per 30 days); AGE (Max 64 Years)
glyburide oral tablet 1.25 mg	(Glyburide)	1	PA; QL (480 per 30 days); AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
glyburide oral tablet 2.5 mg	(Glyburide)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
glyburide oral tablet 5 mg	(Glyburide)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg	(Glucovance)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	(Glucovance)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
tolazamide oral tablet 250 mg	(Tolazamide)	1	QL (120 per 30 days)
tolazamide oral tablet 500 mg	(Tolazamide)	1	QL (60 per 30 days)
tolbutamide oral tablet 500 mg	(Tolbutamide)	1	QL (180 per 30 days)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD; NM; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		1	PA BvD; NM; NDS
amphotericin b injection recon soln 50 mg	(Amphotericin B)	1	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG		1	NM; NDS
ciclopirox topical cream 0.77 %	(Loprox)	1	
ciclopirox topical gel 0.77 %	(Ciclopirox)	1	
ciclopirox topical shampoo 1 %	(Loprox)	1	
ciclopirox topical solution 8 %	(Penlac)	1	
ciclopirox topical suspension 0.77 %	(Loprox)	1	
clotrimazole mucous membrane troche 10 mg	(Clotrimazole)	1	
clotrimazole topical cream 1 %	(Clotrimazole)	1	
clotrimazole topical solution 1 %	(Clotrimazole)	1	
clotrimazole-betamethasone topical cream 1-0.05 %	(Lotrisone)	1	

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Drug Name		Drug Tier	Requirements/Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	(Clotrimazole/Betamethasone Dip)	1	
econazole topical cream 1 %	(Econazole Nitrate)	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG		1	PA; NM; NDS
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	(Fluconazole In Nacl,Iso-Osm)	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml	(Griseofulvin, Microsize)	1	
griseofulvin microsize oral tablet 500 mg	(Griseofulvin, Microsize)	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	(Gris-Peg)	1	
itraconazole oral capsule 100 mg	(Sporanox)	1	PA
ketoconazole oral tablet 200 mg	(Ketoconazole)	1	
ketoconazole topical cream 2 %	(Ketoconazole)	1	
ketoconazole topical foam 2 %	(Ketoconazole)	1	
ketoconazole topical shampoo 2 %	(Nizoral)	1	
miconazole-3 vaginal suppository 200 mg	(Miconazole Nitrate)	1	
naftifine topical cream 1 %, 2 %	(Naftin)	1	
NAFTIN TOPICAL GEL 1 %, 2 %		1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		1	PA; NM; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		1	PA; NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		1	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
nyamyc topical powder 100,000 unit/gram	(Nystatin)	1	
nystatin oral suspension 100,000 unit/ml	(Nystatin)	1	
nystatin oral tablet 500,000 unit	(Nystatin)	1	
nystatin topical cream 100,000 unit/gram	(Nystatin)	1	
nystatin topical ointment 100,000 unit/gram	(Nystatin)	1	
nystatin topical powder 100,000 unit/gram	(Nystatin)	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	(Nystatin/Triamcin)	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	(Nystatin/Triamcin)	1	
nystop topical powder 100,000 unit/gram	(Nystatin)	1	
terbinafine hcl oral tablet 250 mg	(Lamisil)	1	
voriconazole intravenous solution 200 mg	(Vfend IV)	1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	NM; NDS
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	1	
colchicine oral capsule 0.6 mg	(Mitigare)	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	1	QL (60 per 30 days)
probenecid oral tablet 500 mg	(Probenecid)	1	
probenecid-colchicine oral tablet 500-0.5 mg	(Probenecid/Colchicine)	1	
ULORIC ORAL TABLET 40 MG, 80 MG		1	ST; QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG		1	PA; QL (30 per 30 days)
Antihistamines			
Antihistamines			
cetirizine oral solution 1 mg/ml	(Cetirizine HCl)	1	(Rx product only)
cyproheptadine oral syrup 2 mg/5 ml	(Cyproheptadine HCl)	1	PA; AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
cyproheptadine oral tablet 4 mg	(Cyproheptadine HCl)	1	PA; AGE (Max 64 Years)
desloratadine oral tablet 5 mg	(Clarinex)	1	QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	(Diphenhydramine HCl)	1	
hydroxyzine hcl oral solution 10 mg/5 ml	(Hydroxyzine HCl)	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	(Hydroxyzine HCl)	1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(Xyzal)	1	
promethazine oral syrup 6.25 mg/5 ml	(Promethazine HCl)	1	PA; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		1	
metronidazole vaginal gel 0.75 %	(Metrogel-Vaginal)	1	
terconazole vaginal cream 0.4 %, 0.8 %	(Terazol 7)	1	
terconazole vaginal suppository 80 mg	(Terconazole)	1	
Antimigraine Agents			
Antimigraine Agents			
almotriptan malate oral tablet 12.5 mg, 6.25 mg	(Axert)	1	QL (16 per 28 days)
CAFERGOT ORAL TABLET 1-100 MG		1	
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	1	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	1	
ergotamine-caffeine oral tablet 1-100 mg	(Cafergot)	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		1	
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	1	QL (16 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
rizatriptan oral tablet 10 mg, 5 mg	(Maxalt)	1	QL (16 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	(Maxalt Mlt)	1	QL (16 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	1	QL (16 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	1	QL (16 per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex)	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex)	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	(Sumatriptan Succinate)	1	QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	QL (16 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig Zmt)	1	QL (16 per 28 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		1	
cycloserine oral capsule 250 mg	(Cycloserine)	1	
dapsone oral tablet 100 mg, 25 mg	(Dapsone)	1	
ethambutol oral tablet 100 mg, 400 mg	(Myambutol)	1	
isoniazid injection solution 100 mg/ml	(Isoniazid)	1	
isoniazid oral solution 50 mg/5 ml	(Isoniazid)	1	
isoniazid oral tablet 100 mg, 300 mg	(Isoniazid)	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		1	
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg	(Pyrazinamide)	1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	1	

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Drug Name		Drug Tier	Requirements/Limits
RIFATER ORAL TABLET 50-120-300 MG		1	
SIRTURO ORAL TABLET 100 MG		1	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		1	
Antinausea Agents			
Antinausea Agents			
AKYNZEO ORAL CAPSULE 300-0.5 MG		1	PA; QL (2 per 28 days)
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML		1	PA
ANZEMET ORAL TABLET 100 MG, 50 MG		1	PA BvD
aprepitant oral capsule 125 mg, 40 mg, 80 mg	(Emend)	1	PA
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA
compro rectal suppository 25 mg	(Compazine)	1	
dimenhydrinate injection solution 50 mg/ml	(Dimenhydrinate)	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA; QL (60 per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG		1	PA
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)		1	PA
granisetron (pf) intravenous solution 100 mcg/ml	(Granisetron HCl/PF)	1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	(Granisetron HCl)	1	
granisetron hcl oral tablet 1 mg	(Granisetron HCl)	1	PA BvD
meclizine oral tablet 12.5 mg, 25 mg	(Meclizine HCl)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml	(Ondansetron HCl/PF)	1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	(Ondansetron HCl/PF)	1	
ondansetron hcl oral solution 4 mg/5 ml	(Zofran)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	(Zofran)	1	PA BvD
ondansetron in 0.9 % sod chlor intravenous piggyback 8 mg/50 ml	(Ondansetron Hcl In 0.9 % NaCl)	1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	(Zofran Odt)	1	PA BvD
phenadoz rectal suppository 12.5 mg, 25 mg	(Phenergan)	1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	(Prochlorperazine Edisylate)	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compazine)	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	(Promethazine HCl)	1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)		1	
VARUBI ORAL TABLET 90 MG		1	PA; QL (4 per 28 days)
Antiparasite Agents			
Antiparasite Agents			
ALBENZA ORAL TABLET 200 MG		1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		1	PA
ALINIA ORAL TABLET 500 MG		1	PA
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	NM; NDS
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	1	
BILTRICIDE ORAL TABLET 600 MG		1	

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Drug Name		Drug Tier	Requirements/Limits
chloroquine phosphate oral tablet 250 mg, 500 mg	(Chloroquine Phosphate)	1	
COARTEM ORAL TABLET 20-120 MG		1	
DARAPRIM ORAL TABLET 25 MG		1	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	
ivermectin oral tablet 3 mg	(Stromectol)	1	
mefloquine oral tablet 250 mg	(Mefloquine HCl)	1	
NEBUPENT INHALATION RECON SOLN 300 MG		1	PA BvD
paromomycin oral capsule 250 mg	(Paromomycin Sulfate)	1	
PENTAM INJECTION RECON SOLN 300 MG		1	
PRIMAQUINE ORAL TABLET 26.3 MG		1	
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	PA
tinidazole oral tablet 250 mg, 500 mg	(Tindamax)	1	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg	(Amantadine HCl)	1	
amantadine hcl oral solution 50 mg/5 ml	(Amantadine HCl)	1	
amantadine hcl oral tablet 100 mg	(Amantadine HCl)	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		1	NM; LA; NDS
AZILECT ORAL TABLET 0.5 MG, 1 MG		1	QL (30 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	(Benztropine Mesylate)	1	
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg	(Cabergoline)	1	
carbidopa oral tablet 25 mg	(Lodosyn)	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet CR)	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	(Sinemet CR)	1	

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Drug Name		Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	(Carbidopa/Levodopa)	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	(Stalevo 50)	1	
entacapone oral tablet 200 mg	(Comtan)	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		1	ST
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	1	QL (30 per 30 days)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	(Requip)	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	(Requip XL)	1	
selegiline hcl oral capsule 5 mg	(Eldepryl)	1	
selegiline hcl oral tablet 5 mg	(Selegiline HCl)	1	
tolcapone oral tablet 100 mg	(Tasmar)	1	
trihexyphenidyl oral elixir 0.4 mg/ml	(Trihexyphenidyl HCl)	1	PA; AGE (Max 64 Years)
trihexyphenidyl oral tablet 2 mg, 5 mg	(Trihexyphenidyl HCl)	1	PA; AGE (Max 64 Years)
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG		1	PA NSO; NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		1	PA NSO; NM; NDS; QL (1 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG		1	PA NSO; QL (1 per 7 days)
aripiprazole oral solution 1 mg/ml	(Aripiprazole)	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	(Aripiprazole)	1	NM; NDS; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		1	PA NSO; NM; NDS; (1 syringe); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		1	PA NSO; NM; NDS; (1 syringe); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		1	PA NSO; NM; NDS; (1 syringe); QL (3.2 per 28 days)
chlorpromazine injection solution 25 mg/ml	(Chlorpromazine HCl)	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	(Chlorpromazine HCl)	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	(Fazaclo)	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		1	QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		1	QL (8 per 28 days)
fluphenazine decanoate injection solution 25 mg/ml	(Fluphenazine Decanoate)	1	
fluphenazine hcl injection solution 2.5 mg/ml	(Fluphenazine HCl)	1	
fluphenazine hcl oral concentrate 5 mg/ml	(Fluphenazine HCl)	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	(Fluphenazine HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	(Fluphenazine HCl)	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)		1	QL (60 per 30 days)
haloperidol dec 50 mg/ml vial 50 mg/ml	(Haloperidol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml	(Haloperidol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml	(Haldol Decanoate 50)	1	
haloperidol lactate injection solution 5 mg/ml	(Haloperidol Lactate)	1	
haloperidol lactate oral concentrate 2 mg/ml	(Haloperidol Lactate)	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	(Haloperidol)	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		1	PA NSO; NM; NDS; (1 syringe); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		1	PA NSO; NM; NDS; (1 syringe); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		1	PA NSO; NM; NDS; (1 syringe); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		1	PA NSO; (1 syringe); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		1	PA NSO; NM; NDS; (1 syringe); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML		1	PA NSO; NM; NDS; (1 syringe); QL (0.88 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML		1	PA NSO; NM; NDS; (1 syringe); QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		1	PA NSO; NM; NDS; (1 syringe); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML		1	PA NSO; NM; NDS; (1 syringe); QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG		1	PA NSO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG		1	PA NSO; QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	(Loxapine Succinate)	1	
molindone oral tablet 10 mg, 25 mg, 5 mg	(Molindone HCl)	1	
NUPLAZID ORAL TABLET 17 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	1	QL (120 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	(Perphenazine)	1	
pimozide oral tablet 1 mg, 2 mg	(Orap)	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Seroquel)	1	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	(Seroquel)	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	1	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
quetiapine oral tablet extended release 24 hr 200 mg	(Seroquel XR)	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML		1	PA NSO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML		1	PA NSO; NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	(Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet 4 mg	(Risperdal)	1	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	(Risperdal M-Tab)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	(Risperdal M-Tab)	1	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG		1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	(Thioridazine HCl)	1	PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	(Thiothixene)	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	(Trifluoperazine HCl)	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		1	PA NSO; QL (7 per 180 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		1	PA NSO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG		1	PA NSO; NM; NDS; QL (2 per 28 days)
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral tablet 300 mg	(Ziagen)	1	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	1	QL (30 per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	1	NM; NDS; QL (60 per 30 days)
APTIVUS ORAL CAPSULE 250 MG		1	QL (120 per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML		1	QL (380 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG		1	NM; NDS; QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG		1	NM; NDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG		1	QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG		1	QL (180 per 30 days)
DESCOVY ORAL TABLET 200-25 MG		1	NM; NDS; QL (30 per 30 days)
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg	(Videx EC)	1	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG		1	NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL CAPSULE 200 MG	1	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	QL (850 per 30 days)
EPZICOM ORAL TABLET 600-300 MG	1	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS; QL (30 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM; NDS; QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	1	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	1	QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	1	NM; NDS; QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	QL (120 per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	NM; NDS; QL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	NM; NDS; QL (120 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	1	QL (960 per 30 days)
lamivudine oral tablet 100 mg (Epivir)	1	

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

Drug Name		Drug Tier	Requirements/Limits
lamivudine oral tablet 150 mg	(Epivir)	1	QL (60 per 30 days)
lamivudine oral tablet 300 mg	(Epivir)	1	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML		1	QL (1800 per 30 days)
LEXIVA ORAL TABLET 700 MG		1	QL (120 per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	QL (480 per 30 days)
nevirapine oral suspension 50 mg/5 ml	(Viramune)	1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	(Viramune)	1	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	(Viramune XR)	1	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	1	QL (30 per 30 days)
NORVIR ORAL CAPSULE 100 MG		1	QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML		1	QL (480 per 30 days)
NORVIR ORAL TABLET 100 MG		1	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		1	NM; NDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG		1	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML		1	NM; NDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG		1	NM; NDS
PREZISTA ORAL TABLET 400 MG, 600 MG		1	NM; NDS; QL (60 per 30 days)
PREZISTA ORAL TABLET 800 MG		1	NM; NDS; QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG		1	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG		1	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL CAPSULE 150 MG, 200 MG	1	QL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	1	QL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	1	QL (180 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	1	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	NM; NDS; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	1	NM; NDS; QL (120 per 30 days)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg (Zerit)	1	QL (60 per 30 days)
stavudine oral recon soln 1 mg/ml (Zerit)	1	QL (2400 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS; QL (30 per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	1	QL (90 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	1	QL (180 per 30 days)
SUSTIVA ORAL TABLET 600 MG	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS; QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS; QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	NM; NDS; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	NM; NDS; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		1	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG		1	QL (30 per 30 days)
VITEKTA ORAL TABLET 150 MG, 85 MG		1	NM; NDS; QL (30 per 30 days)
ZERIT ORAL RECON SOLN 1 MG/ML		1	QL (2400 per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML		1	QL (960 per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	1	QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	QL (1920 per 30 days)
zidovudine oral tablet 300 mg	(Zidovudine)	1	QL (60 per 30 days)
Antivirals, Miscellaneous			
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	PA BvD
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	(Tamiflu)	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		1	
rimantadine oral tablet 100 mg	(Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG		1	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML		1	
Hcv Antivirals			
HARVONI ORAL TABLET 90-400 MG		1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG		1	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG		1	PA; NM; NDS; QL (28 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
Interferons			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		1	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML		1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML		1	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		1	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		1	NM; NDS
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML		1	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML		1	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		1	PA NSO; NM; NDS
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg	(Zovirax)	1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	(Zovirax)	1	
acyclovir sodium intravenous recon soln 500 mg	(Acyclovir Sodium)	1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	(Acyclovir Sodium)	1	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML		1	NM; NDS
cidofovir intravenous solution 75 mg/ml	(Vistide)	1	

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Drug Name		Drug Tier	Requirements/Limits
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	NM; NDS; QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	(Famvir)	1	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD
REBETOL ORAL SOLUTION 40 MG/ML		1	
ribasphere oral capsule 200 mg	(Ribavirin)	1	
ribasphere oral tablet 200 mg, 400 mg, 600 mg	(Copegus)	1	
ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)	(Ribatab)	1	
ribavirin inhalation recon soln 6 gram	(Virazole)	1	PA; NM; NDS
ribavirin oral capsule 200 mg	(Ribavirin)	1	
ribavirin oral tablet 200 mg	(Copegus)	1	
TYZEKA ORAL TABLET 600 MG		1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	1	NM; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM		1	PA; NM; NDS
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		1	
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	QL (28 per 14 days)
enoxaparin subcutaneous syringe 100 mg/ml	(Lovenox)	1	(28 syringes); QL (28 per 14 days)

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Drug Name		Drug Tier	Requirements/Limits
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	(28 syringes); QL (22.4 per 14 days)
enoxaparin subcutaneous syringe 150 mg/ml	(Lovenox)	1	NM; NDS; (28 syringes); QL (28 per 14 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	(28 syringes); QL (8.4 per 14 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	(28 syringes); QL (11.2 per 14 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	(28 syringes); QL (16.8 per 14 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	1	NM; NDS; QL (11.2 per 14 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	QL (7 per 14 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	1	NM; NDS; QL (5.6 per 14 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	1	NM; NDS; QL (8.4 per 14 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	(Heparin Sodium,Porcine/D5W)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)	(Heparin Sod,Pork In 0.45% NaCl)	1	
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/500 ML (50 UNIT/ML)		1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	(Heparin Sodium,Porcine/Ns/PF)	1	
heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	(Heparin Sodium,Porcine)	1	PA BvD; (PA for ESRD only)
heparin (porcine) injection solution 10,000 unit/ml	(Heparin Sodium,Porcine)	1	

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Drug Name		Drug Tier	Requirements/Limits
heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag latex-free, inner 25,000 unit/250 ml	(Heparin Sod,Pork In 0.45% NaCl)	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML		1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	(Heparin Sodium,Porcine/PF)	1	PA BvD; (PA for ESRD only)
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	(Heparin Sodium,Porcine/PF)	1	PA BvD; (PA for ESRD only)
HEPARIN-0.45% NACL 25,000 UNITS/500 ML (50 UNITS/ML) BAG LATEX-FREE, OUTER 25,000 UNIT/500 ML		1	
heparin-d5w 25,000 units/250 ml (100 units/ml) bag excel container 25,000 unit/250 ml(100 unit/ml)	(Heparin Sodium,Porcine/D5W)	1	
heparin-d5w 25,000 units/500 ml (50 units/ml) bag excel container 25,000 unit/500 ml (50 unit/ml)	(Heparin Sodium,Porcine/D5W)	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Coumadin)	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Coumadin)	1	
XARELTO ORAL TABLET 10 MG		1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG		1	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		1	

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Drug Name	Drug Tier	Requirements/Limits
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; LA; NDS
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	1	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	1	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		1	PA; NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		1	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML		1	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		1	PA; NM; NDS
Hematologic Agents, Miscellaneous			
aminocaproic acid intravenous solution 250 mg/ml	(Aminocaproic Acid)	1	
anagrelide oral capsule 0.5 mg, 1 mg	(Agrylin)	1	
protamine intravenous solution 10 mg/ml	(Protamine Sulfate)	1	PA BvD; (PA for ESRD only)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	(Tranexamic Acid)	1	
tranexamic acid oral tablet 650 mg	(Lysteda)	1	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG		1	
cilostazol oral tablet 100 mg, 50 mg	(Cilostazol)	1	
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	(Dipyridamole)	1	
EFFIENT ORAL TABLET 10 MG, 5 MG		1	QL (30 per 30 days)
pentoxifylline oral tablet extended release 400 mg	(Pentoxifylline)	1	
ticlopidine oral tablet 250 mg	(Ticlopidine HCl)	1	
ZONTIVITY ORAL TABLET 2.08 MG		1	PA

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Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %		1	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %		1	PA BvD
cysteine (l-cysteine) intravenous solution 50 mg/ml	(Cysteine HCl)	1	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	(Dextrose 10 % in Water)	1	PA BvD
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	(Dextrose 20 % in Water)	1	PA BvD
dextrose 25 % in water (d25w) intravenous syringe	(Dextrose 25 % in Water)	1	PA BvD
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	(Dextrose 40 % in Water)	1	PA BvD
dextrose 5 % in ringers intravenous parenteral solution 5 %	(Dextrose 5 % In Ringers)	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	(Dextrose 5 % in Water)	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	(Dextrose 50 % in Water)	1	PA BvD
dextrose 50 % in water (d50w) intravenous syringe	(Dextrose 50 % in Water)	1	PA BvD
dextrose 70 % in water (d70w) intravenous parenteral solution	(Dextrose 70 % in Water)	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %		1	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %		1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD
Cardiovascular Agents			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	(Catapres-Tts 1)	1	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg	(Clonidine HCl/Chlorthalidone)	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	(Midodrine HCl)	1	
NORTHERA ORAL CAPSULE 100 MG		1	PA; NM; NDS; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG		1	PA; NM; NDS; QL (180 per 30 days)
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	1	
Angiotensin Ii Receptor Antagonists			
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		1	QL (30 per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG		1	QL (30 per 30 days)
BENICAR ORAL TABLET 5 MG		1	QL (60 per 30 days)
candesartan oral tablet 16 mg, 4 mg, 8 mg	(Atacand)	1	QL (60 per 30 days)
candesartan oral tablet 32 mg	(Atacand)	1	QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	(Atacand HCT)	1	QL (60 per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
EDARBI ORAL TABLET 40 MG, 80 MG		1	QL (30 per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		1	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		1	PA; QL (60 per 30 days)
eprosartan oral tablet 600 mg	(Eprosartan Mesylate)	1	QL (45 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	QL (30 per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	QL (30 per 30 days)
losartan oral tablet 100 mg	(Cozaar)	1	QL (45 per 30 days)
losartan oral tablet 25 mg, 50 mg	(Cozaar)	1	QL (60 per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	QL (30 per 30 days)
olmesartan oral tablet 20 mg, 40 mg	(Benicar)	1	QL (30 per 30 days)
olmesartan oral tablet 5 mg	(Benicar)	1	QL (60 per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	QL (30 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	QL (30 per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	1	QL (30 per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	QL (30 per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	(Diovan)	1	QL (60 per 30 days)
valsartan oral tablet 320 mg	(Diovan)	1	QL (30 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	(Diovan HCT)	1	QL (60 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	(Diovan HCT)	1	QL (30 per 30 days)
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Lotensin)	1	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	(Lotensin HCT)	1	QL (60 per 30 days)
captopril oral tablet 100 mg, 12.5 mg	(Captopril)	1	QL (120 per 30 days)
captopril oral tablet 25 mg, 50 mg	(Captopril)	1	QL (90 per 30 days)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg	(Captopril/Hydrochlorothiazide)	1	QL (90 per 30 days)
captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg	(Captopril/Hydrochlorothiazide)	1	QL (60 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	QL (60 per 30 days)
enalaprilat intravenous solution 1.25 mg/ml	(Enalaprilat Dihydrate)	1	QL (120 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	(Vaseretic)	1	QL (60 per 30 days)
fosinopril oral tablet 10 mg, 20 mg, 40 mg	(Fosinopril Sodium)	1	QL (60 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Fosinopril/Hydrochlorothiazide)	1	QL (120 per 30 days)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	QL (60 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	QL (60 per 30 days)
moexipril oral tablet 15 mg, 7.5 mg	(Moexipril HCl)	1	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	(Moexipril/Hydrochlorothiazide)	1	QL (60 per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	(Aceon)	1	QL (60 per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	QL (60 per 30 days)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	QL (60 per 30 days)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	QL (60 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	(Mavik)	1	QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
Antiarrhythmic Agents			
amiodarone intravenous solution 50 mg/ml	(Amiodarone HCl)	1	
amiodarone intravenous syringe 150 mg/3 ml	(Amiodarone HCl)	1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Cordarone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	(Tambocor)	1	
lidocaine (pf) in d7.5w intrathecal solution 50 mg/ml (5 %)	(Lidocaine HCl/Dextrose 7.5%/PF)	1	
lidocaine (pf) intravenous syringe 50 mg/5 ml (1 %)	(Lidocaine HCl/PF)	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	(Lidocaine HCl/Dextrose 5 %/PF)	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	(Mexiletine HCl)	1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(Cordarone)	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	(Procainamide HCl)	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	(Rythmol)	1	
quinidine gluconate injection solution 80 mg/ml	(Quinidine Gluconate)	1	
quinidine gluconate oral tablet extended release 324 mg	(Quinidine Gluconate)	1	

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Drug Name		Drug Tier	Requirements/Limits
quinidine sulfate oral tablet 200 mg, 300 mg	(Quinidine Sulfate)	1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg	(Sectral)	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg	(Betaxolol HCl)	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	(Zebeta)	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	(Brevibloc)	1	PA BvD
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG		1	
labetalol intravenous solution 5 mg/ml	(Labetalol HCl)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	(Trandate)	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	(Lopressor HCT)	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	(Metoprolol Tartrate)	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml	(Metoprolol Tartrate)	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	(Lopressor)	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	(Corzide)	1	

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Drug Name		Drug Tier	Requirements/Limits
pindolol oral tablet 10 mg, 5 mg	(Pindolol)	1	
propranolol intravenous solution 1 mg/ml	(Propranolol HCl)	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	(Propranolol HCl)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	(Propranolol HCl)	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	(Propranolol/Hydrochlorothiazid)	1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Betapace)	1	
sotalol 120 mg tablet 120 mg	(Betapace)	1	
sotalol af oral tablet 120 mg	(Betapace)	1	
sotalol oral tablet 160 mg, 240 mg, 80 mg	(Betapace)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	(Timolol Maleate)	1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cardizem CD)	1	
diltiazem 24hr er 180 mg cap 180 mg	(Cardizem CD)	1	
diltiazem 24hr er 360 mg cap 360 mg	(Cardizem CD)	1	
diltiazem hcl intravenous recon soln 100 mg	(Diltiazem HCl)	1	
diltiazem hcl intravenous solution 5 mg/ml	(Diltiazem HCl)	1	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg	(Cardizem CD)	1	
diltiazem hcl oral capsule, extended release 420 mg	(Tiazac)	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	(Diltiazem HCl)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	(Cardizem CD)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	(Cardizem)	1	

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Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem LA)	1	
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg, 240 mg	(Diltiazem HCl)	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem LA)	1	
taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Tiazac)	1	
verapamil intravenous solution 2.5 mg/ml	(Verapamil HCl)	1	
verapamil intravenous syringe 2.5 mg/ml	(Verapamil HCl)	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan Pm)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	(Calan)	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	PA; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG		1	PA; NM; NDS
digitek oral tablet 125 mcg, 250 mcg	(Lanoxin)	1	
digoxin 0.25 mg/ml syringe 250 mcg/ml	(Digoxin)	1	
digoxin injection solution 250 mcg/ml	(Digoxin)	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML		1	
digoxin oral tablet 125 mcg, 250 mcg	(Lanoxin)	1	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	(Dobutamine Hcl In Dextrose 5 %)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)	(Dobutamine HCl)	1	PA BvD
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)	(Dopamine Hcl In Dextrose 5 %)	1	PA BvD
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	(Dopamine HCl)	1	PA BvD
ephedrine sulfate injection solution 50 mg/ml	(Ephedrine Sulfate)	1	
epinephrine 0.3 mg auto-inject outer 0.3 mg/0.3 ml	(Epipen 2-Pak)	1	QL (2 per 30 days)
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	(Epinephrine HCl/PF)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	(Epipen 2-Pak)	1	QL (2 per 30 days)
epinephrine injection solution 1 mg/ml (1 ml)	(Epinephrine)	1	
epinephrine injection syringe 0.1 mg/ml	(Epinephrine)	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		1	QL (2 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		1	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		1	QL (2 per 30 days)
ethamolin intravenous solution 5 %	(Ethanolamine Oleate)	1	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML		1	PA; NM; LA; NDS; QL (18 per 30 days)
hydralazine injection solution 20 mg/ml	(Hydralazine HCl)	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	(Hydralazine HCl)	1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG		1	

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Drug Name		Drug Tier	Requirements/Limits
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	(Milrinone Lactate/D5W)	1	PA BvD
milrinone intravenous solution 1 mg/ml	(Milrinone Lactate)	1	PA BvD
norepinephrine bitartrate intravenous solution 1 mg/ml	(Levophed Bitartrate)	1	PA BvD
papaverine injection solution 30 mg/ml	(Papaverine HCl)	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG		1	
Dihydropyridines			
afeditab cr oral tablet extended release 30 mg, 60 mg	(Adalat CC)	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	(Felodipine)	1	
isradipine oral capsule 2.5 mg, 5 mg	(Isradipine)	1	
nicardipine intravenous solution 25 mg/10 ml	(Nicardipine HCl)	1	
nicardipine oral capsule 20 mg, 30 mg	(Nicardipine HCl)	1	
nifedical xl oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	
nimodipine oral capsule 30 mg	(Nimodipine)	1	

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Drug Name		Drug Tier	Requirements/Limits
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	(Sular)	1	
Diuretics			
ALDACTAZIDE ORAL TABLET 50-50 MG		1	
amiloride oral tablet 5 mg	(Amiloride HCl)	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	(Amiloride/Hydrochlorothiazide)	1	
bumetanide injection solution 0.25 mg/ml	(Bumetanide)	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	(Bumetanide)	1	
chlorothiazide oral tablet 250 mg, 500 mg	(Chlorothiazide)	1	
chlorothiazide sodium intravenous recon soln 500 mg	(Sodium Diuril)	1	
chlorthalidone oral tablet 25 mg, 50 mg	(Chlorthalidone)	1	
furosemide injection solution 10 mg/ml	(Furosemide)	1	
furosemide injection syringe 10 mg/ml	(Furosemide)	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	(Furosemide)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	(Microzide)	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	(Hydrochlorothiazide)	1	
indapamide oral tablet 1.25 mg, 2.5 mg	(Indapamide)	1	
methyclothiazide oral tablet 5 mg	(Methyclothiazide)	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	(Zaroxolyn)	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	(Demadex)	1	

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Drug Name		Drug Tier	Requirements/Limits
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg	(Dyazide)	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	(Maxzide)	1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg	(Lipitor)	1	QL (45 per 30 days)
atorvastatin oral tablet 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine light oral powder 4 gram	(Cholestyramine/Aspartame)	1	
cholestyramine light oral powder in packet 4 gram	(Questran)	1	
cholestyramine packet outer 4 gram	(Questran)	1	
colestipol hcl granules packet 5 gram	(Colestid)	1	
colestipol oral granules 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	(Lofibra)	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	1	
fenofibrate oral tablet 160 mg, 54 mg	(Lofibra)	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	1	
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	1	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG		1	PA; NM; NDS; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML		1	PA; NM; LA; NDS; QL (4 per 28 days)
lovastatin oral tablet 10 mg, 20 mg	(Lovastatin)	1	QL (45 per 30 days)
lovastatin oral tablet 40 mg	(Lovastatin)	1	QL (60 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan)	1	
niacor oral tablet 500 mg	(Niacin)	1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG		1	ST; QL (60 per 30 days)
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		1	PA; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML		1	PA; QL (2 per 28 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg	(Pravachol)	1	QL (45 per 30 days)
pravastatin oral tablet 80 mg	(Pravachol)	1	QL (30 per 30 days)
prevalite oral powder 4 gram	(Cholestyramine/Aspartame)	1	
prevalite packet outer 4 gram	(Cholestyramine/Aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		1	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		1	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		1	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	(Crestor)	1	QL (45 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
rosuvastatin oral tablet 40 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	(Zocor)	1	QL (45 per 30 days)
simvastatin oral tablet 40 mg	(Zocor)	1	PA; (PA only w/ amiodarone); QL (45 per 30 days)
simvastatin oral tablet 80 mg	(Zocor)	1	PA; (PA only w/ amiodarone); QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM		1	QL (120 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG		1	ST; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG		1	ST; QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG		1	ST; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG		1	ST; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM		1	
WELCHOL ORAL TABLET 625 MG		1	
ZETIA ORAL TABLET 10 MG		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		1	
TEKTURNA ORAL TABLET 150 MG, 300 MG		1	QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	(Isochron)	1	
isosorbide dinitrate oral tablet extended release 40 mg	(Isochron)	1	

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

Drug Name		Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	(Isosorbide Mononitrate)	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	(Imdur)	1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
minoxidil oral tablet 10 mg, 2.5 mg	(Minoxidil)	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		1	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	(Nitroglycerin/D5W)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	(Nitroglycerin)	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitromist)	1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG		1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML		1	
Central Nervous System Agents			
Central Nervous System Agents			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG		1	PA; NM; LA; NDS; QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG		1	NM; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG		1	NM; NDS

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

Drug Name		Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		1	NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		1	NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	NM; NDS
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	(Caffeine Citrate)	1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	(Caffeine/Sodium Benzoate)	1	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML		1	NM; NDS
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	(Dexedrine)	1	
dextroamphetamine oral solution 5 mg/5 ml	(Procentra)	1	
dextroamphetamine oral tablet 10 mg, 5 mg	(Dexedrine)	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	(Adderall XR)	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		1	NM; NDS; QL (14 per 28 days)
flumazenil intravenous solution 0.1 mg/ml	(Flumazenil)	1	
GILENYA ORAL CAPSULE 0.5 MG		1	NM; NDS
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	PA

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Drug Name		Drug Tier	Requirements/Limits
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	(Lithium Carbonate)	1	
lithium carbonate oral tablet 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	(Lithobid)	1	
lithium citrate oral solution 8 meq/5 ml	(Lithium Citrate)	1	
methamphetamine oral tablet 5 mg	(Desoxyn)	1	PA
methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Metadate Cd)	1	
methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg	(Ritalin LA)	1	
methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	
methylphenidate oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	
methylphenidate oral tablet extended release 10 mg, 20 mg	(Methylphenidate HCl)	1	
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	(Concerta)	1	
methylphenidate oral tablet,chewable 10 mg, 2.5 mg, 5 mg	(Methylin)	1	
NUEDEXTA ORAL CAPSULE 20-10 MG		1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		1	NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		1	NM; NDS; QL (1 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		1	NM; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)		1	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		1	NM; NDS
riluzole oral tablet 50 mg	(Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		1	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		1	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		1	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG		1	NM; LA; NDS
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	NM; NDS
Contraceptives			
Contraceptives			
altavera (28) oral tablet 0.15-0.03 mg	(Amethyst)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	1	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
apri oral tablet 0.15-0.03 mg	(Desogen)	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	(Modicon)	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
aubra oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
aviane oral tablet 0.1-20 mg-mcg	(Amethyst)	1	

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Drug Name		Drug Tier	Requirements/Limits
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
balziva (28) oral tablet 0.4-35 mg-mcg	(Modicon)	1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
briellyn oral tablet 0.4-35 mg-mcg	(Modicon)	1	
camila oral tablet 0.35 mg	(Nor-Q-D)	1	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	1	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	1	
cyred oral tablet 0.15-0.03 mg	(Desogen)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
deblitane oral tablet 0.35 mg	(Nor-Q-D)	1	
delyla (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	

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Drug Name		Drug Tier	Requirements/Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Desogen)	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	(Yaz)	1	
elinest oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
ELLA ORAL TABLET 30 MG		1	
emoquette oral tablet 0.15-0.03 mg	(Desogen)	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
enskyce oral tablet 0.15-0.03 mg	(Desogen)	1	
errin oral tablet 0.35 mg	(Nor-Q-D)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Demulen 1-50-21)	1	
falmina (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
femynor oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
gianvi (28) oral tablet 3-0.02 mg	(Yaz)	1	
gildagia oral tablet 0.4-35 mg-mcg	(Modicon)	1	
gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
gildess 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
heather oral tablet 0.35 mg	(Nor-Q-D)	1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg	(Levonorgestrel-Ethin Estradiol)	1	
jencycla oral tablet 0.35 mg	(Nor-Q-D)	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg	(Levonorgestrel-Ethin Estradiol)	1	

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Drug Name		Drug Tier	Requirements/Limits
jolivette oral tablet 0.35 mg	(Nor-Q-D)	1	
juleber oral tablet 0.15-0.03 mg	(Desogen)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Femcon Fe)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	1	
kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
kurvelo oral tablet 0.15-0.03 mg	(Amethyst)	1	
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
larissia oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Femcon Fe)	1	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	(Modicon)	1	

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Drug Name		Drug Tier	Requirements/Limits
lessina oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg	(Amethyst)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	(Amethyst)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg	(Amethyst)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
levora-28 oral tablet 0.15-0.03 mg	(Amethyst)	1	
lomedia 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
loryna (28) oral tablet 3-0.02 mg	(Yaz)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
lyza oral tablet 0.35 mg	(Nor-Q-D)	1	
marlissa oral tablet 0.15-0.03 mg	(Amethyst)	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
mono-linyah oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
mononessa (28) oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Modicon)	1	

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Drug Name		Drug Tier	Requirements/Limits
necon 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	1	
necon 1/50 (28) oral tablet 1-50 mg-mcg	(Norinyl 1+50)	1	
necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg	(Modicon)	1	
necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	1	
nikki (28) oral tablet 3-0.02 mg	(Yaz)	1	
nora-be oral tablet 0.35 mg	(Nor-Q-D)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Nor-Q-D)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
norlyroc oral tablet 0.35 mg	(Nor-Q-D)	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Modicon)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Modicon)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR		1	
ocella oral tablet 3-0.03 mg	(Yaz)	1	
ogestrel (28) oral tablet 0.5-50 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
orsythia oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
philith oral tablet 0.4-35 mg-mcg	(Modicon)	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	

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Drug Name		Drug Tier	Requirements/Limits
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	(Modicon)	1	
portia oral tablet 0.15-0.03 mg	(Amethyst)	1	
previfem oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg	(Levonorgestrel-Ethin Estradiol)	1	
rajani oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(Desogen)	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg	(Levonorgestrel-Ethin Estradiol)	1	
sharobel oral tablet 0.35 mg	(Nor-Q-D)	1	
sprintec (28) oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
syeda oral tablet 3-0.03 mg	(Yaz)	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	1	
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	1	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho-Cyclen)	1	

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Drug Name		Drug Tier	Requirements/Limits
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	1	
vestura (28) oral tablet 3-0.02 mg	(Yaz)	1	
vienva oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	(Modicon)	1	
wera (28) oral tablet 0.5-35 mg-mcg	(Modicon)	1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	(Norelgestromin/Ethin. Estradiol)	1	
zarah oral tablet 3-0.03 mg	(Yaz)	1	
zenchent (28) oral tablet 0.4-35 mg-mcg	(Modicon)	1	
zenchent fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	1	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	(Demulen 1-50-21)	1	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Peridex)	1	
denta 5000 plus dental cream 1.1 %	(Sodium Fluoride)	1	
dentagel dental gel 1.1 %	(Phos-Flur)	1	
fluoridex daily defense dental gel 1.1 %	(Phos-Flur)	1	
oralone dental paste 0.1 %	(Triamcinolone Acetonide)	1	
periogard mucous membrane mouthwash 0.12 %	(Peridex)	1	

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Drug Name		Drug Tier	Requirements/Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	
sf 5000 plus dental cream 1.1 %	(Sodium Fluoride)	1	
sodium fluoride dental solution 0.2 %	(Prevident)	1	
triamcinolone acetonide dental paste 0.1 %	(Triamcinolone Acetonide)	1	
Dermatological Agents			
Dermatological Agents, Other			
8-MOP ORAL CAPSULE 10 MG		1	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG		1	
acitretin oral capsule 10 mg, 17.5 mg	(Soriatane)	1	PA; NM; NDS; QL (60 per 30 days)
acitretin oral capsule 25 mg	(Soriatane)	1	PA; NM; NDS
acyclovir topical ointment 5 %	(Zovirax)	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	
ALCOHOL PREP PADS		1	
ammonium lactate topical cream 12 %	(Ammonium Lactate)	1	
ammonium lactate topical lotion 12 %	(Ammonium Lactate)	1	
calcipotriene scalp solution 0.005 %	(Calcipotriene)	1	
calcipotriene topical cream 0.005 %	(Dovonex)	1	
calcipotriene topical ointment 0.005 %	(Calcipotriene)	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	1	
calcitrene topical ointment 0.005 %	(Calcipotriene)	1	
calcitriol topical ointment 3 mcg/gram	(Vectical)	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	1	
CONDYLOX TOPICAL GEL 0.5 %		1	
DENAVIR TOPICAL CREAM 1 %		1	QL (5 per 30 days)
diclofenac sodium topical gel 3 %	(Solaraze)	1	NM; NDS
fluorouracil topical cream 0.5 %, 5 %	(Carac)	1	
fluorouracil topical solution 2 %, 5 %	(Fluorouracil)	1	
imiquimod topical cream in packet 5 %	(Aldara)	1	

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Drug Name		Drug Tier	Requirements/Limits
LEVULAN TOPICAL SOLUTION 20 %		1	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen-Ultra)	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	1	
OXSORALEN TOPICAL LOTION 1 %		1	
PANRETIN TOPICAL GEL 0.1 %		1	NM; NDS
PICATO TOPICAL GEL 0.015 %		1	PA NSO; QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %		1	PA NSO; QL (2 per 30 days)
podocon topical liquid 25 %	(Podophyllum Resin)	1	
podofilox topical solution 0.5 %	(Condylox)	1	
potassium hydroxide topical solution 5 %	(Potassium Hydroxide)	1	
REGRANEX TOPICAL GEL 0.01 %		1	NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		1	
TOLAK TOPICAL CREAM 4 %		1	
UVADEX INJECTION SOLUTION 20 MCG/ML		1	
VALCHLOR TOPICAL GEL 0.016 %		1	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	1	
ZOVIRAX TOPICAL CREAM 5 %		1	QL (5 per 30 days)
ZYCLARA 3.75% CREAM PUMP 3.75 %		1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %		1	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %		1	
Dermatological Antibacterials			
clindamycin phosphate topical foam 1 %	(Evoclin)	1	
clindamycin phosphate topical gel 1 %	(Cleocin T)	1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	1	

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Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	
clindamycin phosphate topical swab 1 %	(Cleocin T)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	(Duac)	1	
ery pads topical swab 2 %	(Erythromycin Base/Ethanol)	1	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	
erythromycin with ethanol topical solution 2 %	(Erythromycin Base/Ethanol)	1	
erythromycin with ethanol topical swab 2 %	(Erythromycin Base/Ethanol)	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	
gentamicin topical cream 0.1 %	(Gentamicin Sulfate)	1	
gentamicin topical ointment 0.1 %	(Gentamicin Sulfate)	1	
metronidazole topical cream 0.75 %	(Metrocream)	1	
metronidazole topical gel 0.75 %, 1 %	(Rosadan)	1	
metronidazole topical lotion 0.75 %	(Metrolotion)	1	
mupirocin calcium topical cream 2 %	(Bactroban)	1	
mupirocin topical ointment 2 %	(Centany)	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	(Neosporin G.U. Irrigant)	1	
rosadan topical cream 0.75 %	(Metrocream)	1	
selenium sulfide topical lotion 2.5 %	(Selenium Sulfide)	1	
selenium sulfide topical shampoo 2.25 %	(Selenium Sulfide)	1	
silver nitrate topical ointment 10 %	(Silver Nitrate)	1	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	(Silver Nitrate)	1	
silver sulfadiazine topical cream 1 %	(Silvadene)	1	
ssd topical cream 1 %	(Silvadene)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %, 2.5 %	(Anusol-HC)	1	

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Drug Name		Drug Tier	Requirements/Limits
ala-scalp topical lotion 2 %	(Scalacort)	1	
alclometasone topical cream 0.05 %	(Alclometasone Dipropionate)	1	
alclometasone topical ointment 0.05 %	(Alclometasone Dipropionate)	1	
amcinonide topical cream 0.1 %	(Amcinonide)	1	
amcinonide topical lotion 0.1 %	(Amcinonide)	1	
amcinonide topical ointment 0.1 %	(Amcinonide)	1	
betamethasone dipropionate topical cream 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone dipropionate topical lotion 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone dipropionate topical ointment 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone valerate topical cream 0.1 %	(Betamethasone Valerate)	1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	1	
betamethasone valerate topical lotion 0.1 %	(Betamethasone Valerate)	1	
betamethasone valerate topical ointment 0.1 %	(Betamethasone Valerate)	1	
betamethasone, augmented topical cream 0.05 %	(Diprolene AF)	1	
betamethasone, augmented topical gel 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone, augmented topical lotion 0.05 %	(Diprolene)	1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	1	
clobetasol 0.05% cream 0.05 %	(Temovate)	1	
clobetasol scalp solution 0.05 %	(Clobetasol Propionate)	1	
clobetasol topical foam 0.05 %	(Olux)	1	
clobetasol topical gel 0.05 %	(Clobetasol Propionate)	1	

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Drug Name		Drug Tier	Requirements/Limits
clobetasol topical lotion 0.05 %	(Clobex)	1	
clobetasol topical ointment 0.05 %	(Temovate)	1	
clobetasol topical shampoo 0.05 %	(Clobex)	1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	1	
clobetasol-emollient topical cream 0.05 %	(Temovate)	1	
clocortolone pivalate topical cream 0.1 %	(Cloderm)	1	
cormax scalp solution 0.05 %	(Clobetasol Propionate)	1	
desonide topical cream 0.05 %	(Desowen)	1	
desonide topical lotion 0.05 %	(Desowen)	1	
desonide topical ointment 0.05 %	(Desonide)	1	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	
desoximetasone topical gel 0.05 %	(Topicort)	1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	
diflorasone topical cream 0.05 %	(Psorcon)	1	
diflorasone topical ointment 0.05 %	(Diflorasone Diacetate)	1	
ELIDEL TOPICAL CREAM 1 %		1	PA
fluocinolone topical cream 0.01 %, 0.025 %	(Synalar)	1	
fluocinolone topical oil 0.01 %	(Fluocinolone Acetonide)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinolone topical solution 0.01 %	(Synalar)	1	
fluocinonide topical cream 0.05 %	(Vanos)	1	
fluocinonide topical gel 0.05 %	(Fluocinonide)	1	
fluocinonide topical ointment 0.05 %	(Fluocinonide)	1	
fluocinonide topical solution 0.05 %	(Fluocinonide)	1	
fluocinonide-e topical cream 0.05 %	(Fluocinonide/Emollient Base)	1	
fluticasone topical cream 0.05 %	(Cutivate)	1	
fluticasone topical lotion 0.05 %	(Cutivate)	1	
fluticasone topical ointment 0.005 %	(Fluticasone Propionate)	1	

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Drug Name		Drug Tier	Requirements/Limits
halobetasol propionate topical cream 0.05 %	(Ultravate)	1	
halobetasol propionate topical ointment 0.05 %	(Ultravate)	1	
hydrocortisone buty 0.1% cream 0.1 %	(Locoid)	1	
hydrocortisone butyrate topical ointment 0.1 %	(Locoid)	1	
hydrocortisone butyrate topical solution 0.1 %	(Locoid)	1	
hydrocortisone butyr-emollient topical cream 0.1 %	(Locoid)	1	
hydrocortisone topical cream 1 %, 2.5 %	(Anusol-HC)	1	
hydrocortisone topical lotion 2.5 %	(Scalacort)	1	
hydrocortisone topical ointment 1 %, 2.5 %	(Hydrocortisone)	1	
hydrocortisone valerate topical cream 0.2 %	(Hydrocortisone Valerate)	1	
hydrocortisone valerate topical ointment 0.2 %	(Hydrocortisone Valerate)	1	
mometasone topical cream 0.1 %	(Elocon)	1	
mometasone topical ointment 0.1 %	(Elocon)	1	
mometasone topical solution 0.1 %	(Elocon)	1	
prednicarbate topical cream 0.1 %	(Dermatop)	1	
prednicarbate topical ointment 0.1 %	(Dermatop)	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %		1	
procto-med hc topical cream with perineal applicator 2.5 %	(Hydrocortisone)	1	
procto-pak topical cream with perineal applicator 1 %	(Hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(Hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(Hydrocortisone)	1	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	PA

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Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	(Triamcinolone Acetonide)	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	1	
trianex topical ointment 0.05 %	(Triamcinolone Acetonide)	1	
triderm topical cream 0.1 %	(Triamcinolone Acetonide)	1	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	
adapalene topical gel 0.1 %, 0.3 %	(Differin)	1	
avita topical cream 0.025 %	(Retin-A)	1	PA
avita topical gel 0.025 %	(Retin-A)	1	PA
FABIOR TOPICAL FOAM 0.1 %		1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %		1	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %		1	PA
tretinoin gel micro 0.04% tube 0.04 %	(Retin-A Micro)	1	PA
tretinoin gel micro 0.1% tube 0.1 %	(Retin-A Micro)	1	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro)	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	(Retin-A)	1	PA
Scabicides And Pediculicides			
lindane topical lotion 1 %	(Lindane)	1	
lindane topical shampoo 1 %	(Lindane)	1	
malathion topical lotion 0.5 %	(Ovide)	1	
permethrin topical cream 5 %	(Elimite)	1	
spinosad topical suspension 0.9 %	(Natroba)	1	

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Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 GAUGE X 5/16	1	
BD INSULIN SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16	1	
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
GAUZE PADS, STERILE 2"X2" 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	
VGO 40 DISPOSABLE DEVICE	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	1	NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	LA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; NM; NDS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	1	PA; NM; LA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	PA; NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	1	PA; NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG	1	PA; NM; LA; NDS
KUVAN ORAL POWDER IN PACKET 500 MG	1	PA; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	1	PA; NM; LA; NDS
MYOZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; NM; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	1	PA; NM; LA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NM; NDS
ZAVESCA ORAL CAPSULE 100 MG	1	PA; NM; LA; NDS

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Drug Name		Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 -27,000 UNIT		1	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
AKTEN (PF) OPHTHALMIC GEL 3.5 %		1	
alcaine ophthalmic drops 0.5 %	(Proparacaine HCl)	1	
ALOMIDE OPHTHALMIC DROPS 0.1 %		1	
altacaine ophthalmic drops 0.5 %	(Tetcaine)	1	
apraclonidine ophthalmic drops 0.5 %	(Iopidine)	1	
atropine ophthalmic drops 1 %	(Isopto Atropine)	1	
atropine ophthalmic ointment 1 %	(Atropine Sulfate)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	(Astepro)	1	
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	(Astepro)	1	
azelastine ophthalmic drops 0.05 %	(Azelastine HCl)	1	
carteolol ophthalmic drops 1 %	(Carteolol HCl)	1	
cromolyn ophthalmic drops 4 %	(Cromolyn Sodium)	1	
cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %	(Cyclogyl)	1	
CYSTARAN OPHTHALMIC DROPS 0.44 %		1	NM; NDS
epinastine ophthalmic drops 0.05 %	(Elestat)	1	
flucaine ophthalmic drops 0.25-0.5 %	(Proparacaine/Fluorescein Sod)	1	
homatropaire ophthalmic drops 5 %	(Isopto Homatropine)	1	

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Drug Name		Drug Tier	Requirements/Limits
homatropine hbr ophthalmic drops 5 %	(Isopto Homatropine)	1	
ipratropium bromide nasal spray,non-aerosol 0.03 %, 0.06 %	(Atrovent)	1	
naphazoline ophthalmic drops 0.1 %	(Naphazoline HCl)	1	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	1	
olopatadine ophthalmic drops 0.1 %	(Patanol)	1	
PATADAY OPHTHALMIC DROPS 0.2 %		1	
phenylephrine hcl ophthalmic drops 10 %, 2.5 %	(Mydfrin)	1	
proparacaine ophthalmic drops 0.5 %	(Proparacaine HCl)	1	
TETCAINE OPHTHALMIC DROPS 0.5 %		1	
tetracaine hcl ophthalmic drops 0.5 %	(Tetcaine)	1	
tropicamide ophthalmic drops 0.5 %, 1 %	(Mydriacyl)	1	
TYZINE NASAL DROPS 0.1 %		1	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %		1	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetasol hc otic drops 1-2 %	(Vosol HC)	1	
acetic acid otic solution 2 %	(Acetic Acid)	1	
AZASITE OPHTHALMIC DROPS 1 %		1	
bacitracin ophthalmic ointment 500 unit/gram	(Bacitracin)	1	
bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram	(Bacitracin/Polymyxin B Sulfate)	1	
BESIVANCE OPHTHALMIC DROPS,SUSPENSION 0.6 %		1	
bleph-10 ophthalmic drops 10 %	(Sulfacetamide Sodium)	1	
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %		1	

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Drug Name		Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		1	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		1	
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %		1	
ciprofloxacin hcl ophthalmic drops 0.3 %	(Ciloxan)	1	
ciprofloxacin hcl otic dropperette 0.2 %	(Cetraxal)	1	
erythromycin ophthalmic ointment 5 mg/gram (0.5 %)	(Ilotycin)	1	
gatifloxacin ophthalmic drops 0.5 %	(Zymaxid)	1	
gentak ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	1	
gentamicin ophthalmic drops 0.3 %	(Garamycin)	1	
gentamicin ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	1	
hydrocortisone-acetic acid otic drops 1-2 %	(Vosol HC)	1	
levofloxacin ophthalmic drops 0.5 %	(Levofloxacin)	1	
neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	1	
neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	1	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml	(Neosporin)	1	
neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml	(Neomycin/Polymyxin B Sulf/HC)	1	

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Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	1	
neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	1	
neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	1	
ofloxacin ophthalmic drops 0.3 %	(Floxin)	1	
ofloxacin otic drops 0.3 %	(Floxin)	1	
polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
PRED-G OPHTHALMIC DROPS,SUSPENSION 0.3-1 %		1	
sulfacetamide sodium ophthalmic drops 10 %	(Sulfacetamide Sodium)	1	
sulfacetamide sodium ophthalmic ointment 10 %	(Sulfacetamide Sodium)	1	
sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)	(Sulfacetamide/Prednisolone Sp)	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		1	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %		1	
tobramycin ophthalmic drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %	(Tobradex)	1	
trifluridine ophthalmic drops 1 %	(Viroptic)	1	
VIGAMOX OPHTHALMIC DROPS 0.5 %		1	
ZIRGAN OPHTHALMIC GEL 0.15 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALOCRIL OPHTHALMIC DROPS 2 %		1	
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %		1	

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Drug Name		Drug Tier	Requirements/Limits
bromfenac ophthalmic drops 0.09 %	(Bromfenac Sodium)	1	
budesonide nasal spray,non-aerosol 32 mcg/actuation	(Rhinocort Aqua)	1	
dexamethasone sodium phosphate ophthalmic drops 0.1 %	(Dexamethasone Sod Phosphate)	1	
diclofenac sodium ophthalmic drops 0.1 %	(Diclofenac Sodium)	1	
DUREZOL OPHTHALMIC DROPS 0.05 %		1	
FLAREX OPHTHALMIC DROPS,SUSPENSION 0.1 %		1	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	(Flunisolide)	1	
fluocinolone acetonide oil otic drops 0.01 %	(Dermotic)	1	
fluorometholone ophthalmic drops,suspension 0.1 %	(FML)	1	
flurbiprofen sodium ophthalmic drops 0.03 %	(Ocufen)	1	
fluticasone nasal spray,suspension 50 mcg/actuation	(Fluticasone Propionate)	1	
FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 %		1	
FML S.O.P. OPHTHALMIC OINTMENT 0.1 %		1	
ketorolac ophthalmic drops 0.4 %, 0.5 %	(Acular)	1	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %		1	
MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 %		1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	
prednisolone acetate ophthalmic drops,suspension 1 %	(Omnipred)	1	
prednisolone sodium phosphate ophthalmic drops 1 %	(Prednisolone Sod Phosphate)	1	

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Drug Name		Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE OPHTHALMIC DROPS 0.05 %		1	
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %		1	
triamcinolone acetonide nasal aerosol,spray 55 mcg	(Triamcinolone Acetonide)	1	
XIIDRA OPHTHALMIC DROPPERETTE 5 %		1	
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	(Prevpac)	1	
CARAFATE ORAL SUSPENSION 100 MG/ML		1	
cimetidine hcl oral solution 300 mg/5 ml	(Cimetidine HCl)	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	(Cimetidine)	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	1	ST
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	(Nexium I.V.)	1	PA
famotidine (pf) intravenous solution 20 mg/2 ml	(Famotidine)	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	(Famotidine In Nacl,Iso-Osm/PF)	1	
famotidine 20 mg/2 ml vial latex-free, p/f, sdv 20 mg/2 ml	(Famotidine/PF)	1	
famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml	(Famotidine)	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	(Pepcid)	1	
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	(Prevacid)	1	

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Drug Name		Drug Tier	Requirements/Limits
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 20 MG, 40 MG		1	ST
nizatidine oral capsule 150 mg, 300 mg	(Nizatidine)	1	
nizatidine oral solution 150 mg/10 ml	(Nizatidine)	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	(Omeprazole)	1	
pantoprazole intravenous recon soln 40 mg	(Protonix IV)	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
PROTONIX INTRAVENOUS RECON SOLN 40 MG		1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(Aciphex)	1	
ranitidine hcl oral syrup 15 mg/ml	(Ranitidine HCl)	1	
ranitidine hcl oral tablet 150 mg, 300 mg	(Zantac)	1	
sucralfate oral tablet 1 gram	(Carafate)	1	
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		1	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG		1	NM; NDS
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		1	PA; NM; NDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		1	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(Lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
dicyclomine oral capsule 10 mg	(Bentyl)	1	
dicyclomine oral solution 10 mg/5 ml	(Dicyclomine HCl)	1	
dicyclomine oral tablet 20 mg	(Bentyl)	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	(Diphenoxylate HCl/Atropine)	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	

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Drug Name		Drug Tier	Requirements/Limits
enulose oral solution 10 gram/15 ml	(Lactulose)	1	
GATTEX 5 MG 30-VIAL KIT 5 MG		1	PA; NM; LA; NDS; QL (30 per 30 days)
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		1	PA; NM; LA; NDS; QL (30 per 30 days)
generlac oral solution 10 gram/15 ml	(Lactulose)	1	
glycopyrrolate injection solution 0.2 mg/ml	(Robinul)	1	
glycopyrrolate oral tablet 1 mg, 2 mg	(Robinul)	1	
kionex 15 gm/60 ml suspension 15-19.3 gram/60 ml	(Sodium Polystyrene Sulfon/Sorb)	1	
kionex oral powder	(Sodium Polystyrene Sulfon/Sorb)	1	
lactulose oral solution 10 gram/15 ml	(Lactulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
loperamide oral capsule 2 mg	(Loperamide HCl)	1	
methscopolamine oral tablet 2.5 mg, 5 mg	(Methscopolamine Bromide)	1	
metoclopramide hcl injection solution 5 mg/ml	(Metoclopramide HCl)	1	
metoclopramide hcl oral solution 5 mg/5 ml	(Metoclopramide HCl)	1	QL (1800 per 30 days)
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML		1	PA; NM; NDS; QL (525 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		1	PA; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		1	PA; (1 per day); QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		1	PA; (1 per day); QL (12 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	1	NM; NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	(Sodium Polystyrene Sulfonate)	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	(Sodium Polystyrene Sulfon/Sorb)	1	
ursodiol oral capsule 300 mg	(Actigall)	1	
ursodiol oral tablet 250 mg, 500 mg	(Urso)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		1	PA; QL (30 per 30 days)
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(Golytely)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(Golytely)	1	
gavilyte-h and bisacodyl oral kit 5-210 mg-gram	(Peg-Prep)	1	
gavilyte-n oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		1	
OSMOPREP ORAL TABLET 1.5 GRAM		1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	(Golytely)	1	
peg-electrolyte soln oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
polyethylene glycol 3350 oral powder 17 gram/dose	(Polyethylene Glycol 3350)	1	
polyethylene glycol 3350 oral powder in packet 17 gram	(Polyethylene Glycol 3350)	1	

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Drug Name		Drug Tier	Requirements/Limits
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		1	
trilyte with flavor packets oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
Phosphate Binders			
calcium acetate oral capsule 667 mg	(Phoslo)	1	
calcium acetate oral tablet 667 mg	(Calcium Acetate)	1	
eliphos oral tablet 667 mg	(Calcium Acetate)	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		1	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG		1	
magnebind 400 oral tablet 400-200-1 mg	(Calcium Carb/Mag Carb/Folic Ac)	1	
RENAGEL ORAL TABLET 400 MG, 800 MG		1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM		1	
RENVELA ORAL TABLET 800 MG		1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		1	NM; NDS
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	(Urecholine)	1	
flavoxate oral tablet 100 mg	(Flavoxate HCl)	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		1	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	(Oxybutynin Chloride)	1	
oxybutynin chloride oral tablet 5 mg	(Oxybutynin Chloride)	1	

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Drug Name		Drug Tier	Requirements/Limits
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	(Ditropan XL)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	
trospium oral capsule,extended release 24hr 60 mg	(Trospium Chloride)	1	
trospium oral tablet 20 mg	(Trospium Chloride)	1	
VESICARE ORAL TABLET 10 MG, 5 MG		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule,extended release 24hr 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	(Terazosin HCl)	1	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	1	PA BvD; (PA for ESRD only)
DEPEN TITRATABS ORAL TABLET 250 MG		1	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG		1	PA; NM; LA; NDS
FERRIPROX ORAL TABLET 500 MG		1	PA; NM; LA; NDS
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	(Sodium Thiosulfate)	1	
SYPRINE ORAL CAPSULE 250 MG		1	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		1	
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)		1	
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)		1	
androxy oral tablet 10 mg	(Fluoxymesterone)	1	
danazol oral capsule 100 mg, 200 mg, 50 mg	(Danazol)	1	
METHITEST ORAL TABLET 10 MG		1	
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	
testosterone enanthate intramuscular oil 200 mg/ml	(Testosterone Enanthate)	1	
testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %), 10 mg/0.5 gram /actuation	(Vogelxo)	1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(Androgel)	1	
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(Activella)	1	
DUAVEE ORAL TABLET 0.45-20 MG		1	PA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)		1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Vagifem)	1	

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Drug Name		Drug Tier	Requirements/Limits
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Vivelle-Dot)	1	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Activella)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		1	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	(Estropipate)	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		1	QL (1 per 90 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Femhrt)	1	
jinteli oral tablet 1-5 mg-mcg	(Femhrt)	1	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	(Activella)	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		1	
mimvey lo oral tablet 0.5-0.1 mg	(Activella)	1	
mimvey oral tablet 1-0.5 mg	(Activella)	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Femhrt)	1	
PREMARIN INJECTION RECON SOLN 25 MG		1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		1	

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Drug Name		Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	
raloxifene oral tablet 60 mg	(Evista)	1	
VAGIFEM VAGINAL TABLET 10 MCG		1	
yuvafem vaginal tablet 10 mcg	(Vagifem)	1	
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg	(Hydrocortisone Sod Succinate)	1	PA BvD
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone)	1	PA BvD
cortisone oral tablet 25 mg	(Cortisone Acetate)	1	PA BvD
deltasone oral tablet 20 mg	(Prednisone)	1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		1	
dexamethasone oral elixir 0.5 mg/5 ml	(Dexamethasone)	1	PA BvD
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	(Dexamethasone)	1	PA BvD
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	(Dexamethasone Sod Phosphate)	1	PA BvD
fludrocortisone oral tablet 0.1 mg	(Fludrocortisone Acetate)	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML		1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	PA BvD
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	PA BvD
methylprednisolone oral tablets,dose pack 4 mg	(Medrol)	1	PA BvD
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	(Solu-Medrol)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
methylprednisolone ss 1 gm vl mdv,latex-free 1,000 mg	(Solu-Medrol)	1	PA BvD
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	PA BvD
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred Odt)	1	PA BvD
prednisone oral solution 5 mg/5 ml	(Prednisone)	1	PA BvD
prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	(Prednisone)	1	PA BvD
prednisone oral tablet 10 mg	(Prednisone)	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	(Prednisone)	1	
SOLU-MEDROL (PF) INJECTION RECON SOLN 40 MG/ML		1	PA BvD
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Triamcinolone Acetonide)	1	
Pituitary			
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT		1	PA
desmopressin injection solution 4 mcg/ml	(DDAVP)	1	
desmopressin nasal solution 0.1 mg/ml (refrigerate)	(Desmopressin Acetate)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	(Desmopressin Acetate)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML		1	PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	1	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	1	PA; NM; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	1	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	1	PA

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Drug Name		Drug Tier	Requirements/Limits
octreotide acet 50 mcg/ml syr outer,single-dose,10 50 mcg/ml (1 ml)	(Octreotide Acetate)	1	
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	(Sandostatin)	1	NM; NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml	(Sandostatin)	1	
octreotide acetate injection solution 50 mcg/ml	(Octreotide Acetate)	1	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		1	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG		1	PA; NM; NDS
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)		1	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG		1	PA; NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		1	PA; NM; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML		1	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	NM; LA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)		1	PA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)		1	
vasopressin injection solution 20 unit/ml	(Pitressin)	1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML		1	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG		1	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG		1	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		1	PA; NM; NDS
Progestins			
CRINONE VAGINAL GEL 4 %		1	PA
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML		1	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	(Hydroxyprogesterone Caproate)	1	NM; NDS
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	(Megace)	1	
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone in oil intramuscular oil 50 mg/ml	(Progesterone)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	(Levothyroxine Sodium)	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		1	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	1	

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Drug Name		Drug Tier	Requirements/Limits
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	1	
propylthiouracil oral tablet 50 mg	(Propylthiouracil)	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		1	
Immunological Agents			
Immunological Agents			
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		1	PA; NM; NDS; QL (40 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		1	PA; NM; NDS; QL (3.6 per 28 days)
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN 6,000 UNIT		1	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN		1	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		1	NM; LA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		1	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML		1	
AZASAN ORAL TABLET 100 MG, 75 MG		1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
azathioprine oral tablet 50 mg	(Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg	(Azathioprine Sodium)	1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %		1	PA; NM; NDS
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM		1	PA; NM; NDS
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG		1	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		1	PA; NM; NDS; (3 vials/syringes); QL (6 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		1	PA; NM; NDS; (3 vials/syringes); QL (6 per 28 days)
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)		1	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	(Neoral)	1	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	1	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		1	PA; NM; NDS; (8 vials); QL (4 per 14 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)		1	PA; NM; NDS; (8 syringes); QL (4 per 14 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)		1	PA; NM; NDS; (4 syringes); QL (4 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	1	PA; NM; NDS; (4 syringes); QL (4 per 14 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; NM; NDS
GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV,OUTER 20 GRAM/200 ML (10 %)	1	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA; NM; NDS
gengraf oral capsule 100 mg, 25 mg, 50 mg (Neoral)	1	PA BvD
gengraf oral solution 100 mg/ml (Neoral)	1	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	PA; NM; NDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; (Starter Kit); QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; NM; NDS; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	1	PA; NM; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA; NM; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	1	PA; NM; LA; NDS; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	
mycophenolate mofetil hcl intravenous recon soln 500 mg (Cellcept)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg (Cellcept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (Cellcept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg (Cellcept)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA NSO; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
OTEZLA ORAL TABLET 30 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; NM; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; LA; NDS; QL (60 per 30 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	PA BvD
RIDAURA ORAL CAPSULE 3 MG	1	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; NM; NDS; (1 syringe); QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; NM; NDS; QL (0.5 per 28 days)
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	1	PA BvD
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Hecoria)	1	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	1	NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; LA; NDS
VARIZIG INTRAMUSCULAR RECON SOLN 125 UNIT	1	
XELJANZ ORAL TABLET 5 MG	1	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	1	PA NSO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	1	PA NSO; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	1	
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	1	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	1	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	1	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	1	

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SUSPENSION 2 ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION 81 MG	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	

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Drug Name		Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	QL (60 per 30 days)
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG		1	
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	NM; NDS
CANASA RECTAL SUPPOSITORY 1,000 MG		1	
colocort rectal enema 100 mg/60 ml	(Cortenema)	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG		1	
DIPENTUM ORAL CAPSULE 250 MG		1	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
mesalamine 4 gm/60 ml enema u-d,7x60ml, outer 4 gram/60 ml	(Sfrowasa)	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol Hd)	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Sfrowasa)	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG		1	
Irrigating Solutions			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %	(Acetic Acid)	1	
LACTATED RINGERS IRRIGATION SOLUTION		1	
ringers irrigation solution	(Ringers Solution)	1	
sodium chloride irrigation solution 0.9 %	(Sodium Chloride Irrig Solution)	1	

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Drug Name		Drug Tier	Requirements/Limits
sorbitol irrigation solution 3 %, 3.3 %	(Sorbitol Solution)	1	
sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml	(Mannitol/Sorbitol Solution)	1	
water for irrigation, sterile irrigation solution	(Water For Irrigation,Sterile)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml	(Alendronate Sodium)	1	
alendronate oral tablet 10 mg, 5 mg	(Fosamax)	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	(Fosamax)	1	QL (4 per 28 days)
alendronate oral tablet 40 mg	(Fosamax)	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	(Miacalcin)	1	
calcitriol intravenous solution 1 mcg/ml	(Calcitriol)	1	PA BvD; (PA for ESRD only)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	PA BvD; (PA for ESRD only)
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	PA BvD; (PA for ESRD only)
doxercalciferol intravenous solution 4 mcg/2 ml	(Doxercalciferol)	1	PA BvD; (PA for ESRD only)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	(Hectorol)	1	PA BvD; (PA for ESRD only)
etidronate disodium oral tablet 200 mg, 400 mg	(Etidronate Disodium)	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		1	PA; NM; NDS
FORTICAL NASAL SPRAY,NON-AEROSOL 200 UNIT/ACTUATION		1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		1	
ibandronate intravenous solution 3 mg/3 ml	(Boniva)	1	PA

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Drug Name		Drug Tier	Requirements/Limits
ibandronate intravenous syringe 3 mg/3 ml	(Boniva)	1	PA
ibandronate oral tablet 150 mg	(Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		1	PA BvD; (PA for ESRD only)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		1	PA; NM; NDS; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	(Pamidronate Disodium)	1	PA BvD; (PA for ESRD only)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	(Pamidronate Disodium)	1	PA BvD; (PA for ESRD only)
paricalcitol hemodialysis port injection solution 2 mcg/ml	(Zemplar)	1	PA BvD; (PA for ESRD only)
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML		1	PA BvD; (PA for ESRD only)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	(Zemplar)	1	PA BvD; (PA for ESRD only)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		1	PA
risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	(Actonel)	1	
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	QL (4 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		1	PA NSO; NM; NDS
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		1	PA BvD; (PA for ESRD only)
zoledronic acid intravenous solution 4 mg/5 ml	(Zometa)	1	
zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml	(Reclast)	1	

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Drug Name		Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		1	NM; LA; NDS
amifostine crystalline intravenous recon soln 500 mg	(Amifostine Crystalline)	1	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	(Citrate Phosphate Dextros Soln)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		1	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	(Buspirone HCl)	1	
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	(Zinecard)	1	
droperidol injection solution 2.5 mg/ml	(Droperidol)	1	
ELMIRON ORAL CAPSULE 100 MG		1	
ergoloid oral tablet 1 mg	(Ergoloid Mesylates)	1	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)		1	PA; NM; NDS
fomepizole intravenous solution 1 gram/ml	(Fomepizole)	1	NM; NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG		1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG		1	
guanidine oral tablet 125 mg	(Guanidine HCl)	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	(Vistaril)	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG		1	NM; NDS
leucovorin calcium 200 mg vial sdv, plf, latex-free 200 mg	(Leucovorin Calcium)	1	

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Drug Name		Drug Tier	Requirements/Limits
leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg	(Leucovorin Calcium)	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	(Leucovorin Calcium)	1	
levocarnitine (with sugar) oral solution 100 mg/ml	(Levocarnitine (With Sugar))	1	PA BvD; (PA for ESRD only)
levocarnitine 200 mg/ml vial 5's 200 mg/ml	(Carnitor)	1	PA BvD; (PA for ESRD only)
levocarnitine intravenous solution 200 mg/ml	(Carnitor)	1	PA BvD
levocarnitine oral tablet 330 mg	(Carnitor)	1	PA BvD; (PA for ESRD only)
levoleucovorin intravenous recon soln 50 mg	(Fusilev)	1	
levoleucovorin intravenous solution 10 mg/ml	(Fusilev)	1	NM; NDS
LUPRON DEPOT 11.25 MG (LUPANETA) INNER, LATEX-FREE 11.25 MG		1	NM; NDS
LUPRON DEPOT 3.75 MG (LUPANETA) INNER, LATEX-FREE 3.75 MG		1	NM; NDS
meprobamate oral tablet 200 mg, 400 mg	(Meprobamate)	1	PA; AGE (Max 64 Years)
mesna intravenous solution 100 mg/ml	(Mesnex)	1	
MESNEX ORAL TABLET 400 MG		1	
methylene blue (antidote) intravenous solution 1 % (10 mg/ml)	(Methylene Blue)	1	
methylergonovine injection solution 0.2 mg/ml (1 ml)	(Methylergonovine Maleate)	1	
methylergonovine oral tablet 0.2 mg	(Methylergonovine Maleate)	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML		1	
norethindrn 5 mg tb (lupaneta) inner 5 mg	(Norethindrone Acetate)	1	

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Drug Name		Drug Tier	Requirements/Limits
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG		1	PA; NM; LA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		1	PA; NM; NDS; QL (4 per 28 days)
physostigmine salicylate injection solution 1 mg/ml	(Physostigmine Salicylate)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		1	PA; NM; LA; NDS
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
REMICADE INTRAVENOUS RECON SOLN 100 MG		1	PA; NM; NDS
SENSIPAR ORAL TABLET 30 MG		1	QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG, 90 MG		1	NM; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG		1	PA; NM; NDS; QL (1 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		1	PA; NM; NDS; QL (60 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG		1	PA BvD; NM; NDS
sotradecol intravenous solution 3 % (30 mg/ml)	(Sodium Tetradecyl Sulfate)	1	
sterile talc intrapleural suspension for reconstitution 5 gram	(Talc)	1	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		1	NM; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		1	NM; NDS
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg	(Diamox Sequels)	1	
acetazolamide oral tablet 125 mg, 250 mg	(Acetazolamide)	1	
acetazolamide sodium injection recon soln 500 mg	(Acetazolamide Sodium)	1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %		1	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %		1	
betaxolol ophthalmic drops 0.5 %	(Betaxolol HCl)	1	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %		1	
bimatoprost ophthalmic drops 0.03 %	(Bimatoprost)	1	
brimonidine ophthalmic drops 0.15 %, 0.2 %	(Alphagan P)	1	
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %		1	
dorzolamide ophthalmic drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic drops 0.005 %	(Xalatan)	1	
levobunolol ophthalmic drops 0.5 %	(Betagan)	1	
LUMIGAN OPHTHALMIC DROPS 0.01 %		1	ST
methazolamide oral tablet 25 mg, 50 mg	(Neptazane)	1	
metipranolol ophthalmic drops 0.3 %	(Metipranolol)	1	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %		1	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	(Isopto Carpine)	1	
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %		1	
timolol maleate ophthalmic drops 0.25 %, 0.5 %	(Timolol Maleate)	1	

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Drug Name		Drug Tier	Requirements/Limits
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	(Timoptic-Xe)	1	
TRAVATAN Z OPHTHALMIC DROPS 0.004 %		1	
travoprost (benzalkonium) ophthalmic drops 0.004 %	(Travoprost (Benzalkonium))	1	
Replacement Preparations			
Replacement Preparations			
calcium chloride intravenous solution 100 mg/ml (10 %)	(Calcium Chloride)	1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	(Calcium Chloride)	1	
calcium gluconate intravenous solution 100 mg/ml (10%)	(Calcium Gluconate)	1	PA BvD
d10 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 10 % and 0.45 % NaCl)	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 2.5 % and 0.45 % NaCl)	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(Dextrose 5 % and 0.9 % NaCl)	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 5 %-0.45 % Sod Chlord)	1	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	(Dextrose 10 % and 0.2 % NaCl)	1	
dextrose 5 %-lactated ringers intravenous parenteral solution	(Dextrose 5%-Lactated Ringers)	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	(Dextrose 5 %-0.2 % Sod Chlorid)	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	(Dextrose 5 % and 0.3 % NaCl)	1	
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %	(Dextrose 5 %-0.2 % Sod Chlorid)	1	
dextrose-kcl-nacl intravenous solution 5-0.224-0.225 %	(Potassium Chloride/D5-0.2%NaCl)	1	
effer-k oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	

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Drug Name		Drug Tier	Requirements/Limits
electrolyte-48 in d5w intravenous parenteral solution	(Electrolyte-48 Solution/D5W)	1	
k-effervescent oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ		1	
klor-con m10 oral tablet,er particles/crystals 10 meq	(Potassium Chloride)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	(Potassium Chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	1	
KLOR-CON ORAL PACKET 20 MEQ		1	
klor-con sprinkle oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	1	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ		1	
magnesium chloride injection solution 200 mg/ml (20 %)	(Magnesium Chloride)	1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 2 gram/100 ml	(Magnesium Sulfate/D5W)	1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	(Magnesium Sulfate in Water)	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	(Magnesium Sulfate in Water)	1	
magnesium sulfate injection solution 4 meq/ml (50 %)	(Magnesium Sulfate)	1	
magnesium sulfate injection syringe 4 meq/ml	(Magnesium Sulfate)	1	
phospha 250 neutral oral tablet 250 mg	(K-Phos Neutral)	1	
potassium acetate intravenous solution 2 meq/ml	(Potassium Acetate)	1	

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Drug Name		Drug Tier	Requirements/Limits
potassium bicarb and chloride oral tablet, effervescent 25 meq	(Pot Chloride/Pot Bicarb/Cit Ac)	1	
potassium bicarb-citric acid oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.45nacl)	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride In 0.9%NaCl)	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride In D5w)	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	(Potassium Chloride In Lr-D5)	1	
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml	(Potassium Chloride)	1	
potassium chloride intravenous solution 2 meq/ml	(Potassium Chloride)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	(Potassium Chloride)	1	
potassium chloride oral packet 20 meq	(Klor-Con)	1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 10)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con 10)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride-0.45% NaCl)	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.2%NaCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride/D5-0.3%NaCl)	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride/D5-0.9%NaCl)	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	(Urocit-K)	1	
potassium citrate-citric acid oral packet 3,300-1,002 mg	(Potassium Citrate/Citric Acid)	1	
potassium cl 10 meq/50 ml sol 10 meq/50 ml	(Potassium Chloride)	1	
potassium cl 20 meq/50 ml sol 20 meq/50 ml	(Potassium Chloride)	1	
potassium cl er 10 meq tablet 10 meq	(Potassium Chloride)	1	
potassium cl er 10 meq tablet f/c 10 meq	(Klor-Con 10)	1	
potassium cl er 20 meq tablet 20 meq	(Potassium Chloride)	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	(Potassium Phos,M-Basic-D-Basic)	1	
ringers intravenous parenteral solution	(Ringers Solution)	1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	(Sodium Acetate)	1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	(Sodium Bicarbonate)	1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	(Sodium Bicarbonate)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	(Sodium Chloride 0.45 %)	1	
sodium chloride 0.9 % intravenous parenteral solution 0.9 %	(0.9 % Sodium Chloride)	1	
sodium chloride 3 % intravenous parenteral solution 3 %	(Sodium Chloride 3 %)	1	
sodium chloride 5 % intravenous parenteral solution 5 %	(Sodium Chloride 5 %)	1	

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Drug Name		Drug Tier	Requirements/Limits
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	(Sodium Chloride)	1	
sodium lactate intravenous solution 5 meq/ml	(Sodium Lactate)	1	
sodium phosphate intravenous solution 3 mmol/ml	(Sodium Phos,M-Basic-D-Basic)	1	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML		1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		1	
virt-phos 250 neutral oral tablet 250 mg	(K-Phos Neutral)	1	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		1	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION		1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION		1	

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	ST
Antileukotrienes		
montelukast oral granules in packet 4 mg (Singulair)	1	

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Drug Name		Drug Tier	Requirements/Limits
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR 600 MG		1	
Bronchodilators			
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	(Albuterol Sulfate)	1	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	(Albuterol Sulfate)	1	
albuterol sulfate oral tablet 2 mg, 4 mg	(Albuterol Sulfate)	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	(Vospire ER)	1	
aminophylline intravenous solution 250 mg/10 ml	(Aminophylline)	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		1	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML		1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		1	
elixophyllin oral elixir 80 mg/15 ml	(Theophylline Anhydrous)	1	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG		1	
ipratropium bromide inhalation solution 0.02 %	(Ipratropium Bromide)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	(Ipratropium/Albuterol Sulfate)	1	PA BvD
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml (2.5 mg/ml), 1.25 mg/3 ml	(Xopenex)	1	PA BvD; ST
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	(Xopenex)	1	PA BvD; ST
metaproterenol oral syrup 10 mg/5 ml	(Metaproterenol Sulfate)	1	
metaproterenol oral tablet 10 mg, 20 mg	(Metaproterenol Sulfate)	1	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML		1	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG		1	
terbutaline oral tablet 2.5 mg, 5 mg	(Terbutaline Sulfate)	1	
terbutaline subcutaneous solution 1 mg/ml	(Terbutaline Sulfate)	1	
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	(Theophylline Anhydrous)	1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	(Theophylline/D5W)	1	
theophylline oral solution 80 mg/15 ml	(Theophylline Anhydrous)	1	

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Drug Name		Drug Tier	Requirements/Limits
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	(Theophylline Anhydrous)	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	(Theophylline Anhydrous)	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)		1	ST
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		1	
Respiratory Tract Agents, Other			
acetylcysteine intravenous solution 200 mg/ml (20 %)	(Acetadote)	1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	(Acetadote)	1	PA BvD
ARALAST NP 1,000 MG VIAL L/F,P/F,PRICE PER MG 1,000 MG		1	PA; NM; NDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG		1	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	(Cromolyn Sodium)	1	PA BvD
DALIRESP ORAL TABLET 500 MCG		1	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG		1	PA; NM; NDS; QL (270 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG		1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG		1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		1	PA; NM; LA; NDS; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		1	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		1	PA; NM; NDS; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		1	PA; NM; LA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		1	PA; NM; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg	(Baclofen)	1	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	1	
carisoprodol-asa-codeine oral tablet 200-325-16 mg	(Carisoprodol/Aspirin/ Codeine)	1	
carisoprodol-aspirin oral tablet 200-325 mg	(Carisoprodol/Aspirin)	1	
chlorzoxazone oral tablet 500 mg	(Parafon Forte DSC)	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	(Fexmid)	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	(Dantrium)	1	
metaxalone oral tablet 400 mg, 800 mg	(Skelaxin)	1	
methocarbamol injection solution 100 mg/ml	(Robaxin)	1	
methocarbamol oral tablet 500 mg, 750 mg	(Robaxin)	1	
orphenadrine citrate injection solution 30 mg/ml	(Orphenadrine Citrate)	1	
orphenadrine citrate oral tablet extended release 100 mg	(Orphenadrine Citrate)	1	
revonto intravenous recon soln 20 mg	(Dantrium)	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	1	
tizanidine oral tablet 2 mg, 4 mg	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA
HETLIOZ ORAL CAPSULE 20 MG		1	PA; NM; NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	1	PA
ROZEREM ORAL TABLET 8 MG		1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
SILENOR ORAL TABLET 3 MG, 6 MG		1	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		1	NM; LA; NDS
zaleplon oral capsule 10 mg, 5 mg	(Sonata)	1	PA; QL (90 per 365 days); AGE (Max 64 Years)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	PA; QL (90 per 365 days); AGE (Max 64 Years)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	1	PA; QL (90 per 365 days); AGE (Max 64 Years)
Vasodilating Agents			
Vasodilating Agents			
ADCIRCA ORAL TABLET 20 MG		1	PA; NM; NDS
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; NM; NDS; QL (90 per 30 days)
alprostadil injection solution 500 mcg/ml	(Alprostadil)	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	(Flolan)	1	PA BvD
LETAIRIS ORAL TABLET 10 MG, 5 MG		1	PA; NM; LA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG		1	PA; NM; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG		1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG		1	PA; NM; NDS
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		1	PA; NM; NDS
sildenafil intravenous solution 10 mg/12.5 ml	(Revatio)	1	PA
sildenafil oral tablet 20 mg	(Revatio)	1	PA

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Drug Name		Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG		1	PA; NM; LA; NDS; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		1	PA; NM; LA; NDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		1	PA; NM; LA; NDS
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		1	PA; NM; LA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; NM; NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		1	PA; NM; NDS
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		1	PA; NM; LA; NDS
Vitamins And Minerals			
Vitamins And Minerals			
multivit-fluor 0.25 mg/ml drop 0.25 mg/ml	(Pedi Mvi No.82 with Fluoride)	1	
pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	1	
sodium fluoride oral tablet 1 mg fluoride (2.2 mg)	(Pedi Mvi No.82 with Fluoride)	1	

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