



# QualityHealthPlans

of New York

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2017

## Formulary

Advantage Silver NY City  
Advantage Health NYC  
Advantage Premium LI  
Advantage Value One Dual



**Advantage Premium LI**  
**Advantage Silver NY City**  
**Advantage Health NYC**  
**Advantage Value One NY -Dual**  
**2017 Formulary**  
**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00017034, Version Number 5

This formulary was updated on 09/07/2016. For more recent information or other questions, please contact us, Quality Health Plans of New York Member Services at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30, or visit <http://qhpny.com>.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Quality Health Plans of New York. When it refers to “plan” or “our plan,” it means Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual.

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

## **What is the Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual Formulary?**

A formulary is a list of covered drugs selected by Quality Health Plans of New York 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. Quality Health plans of New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Quality Health plans of New York 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 or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 01/01/2017. To get updated information about the drugs covered by Quality Health Plans of New York, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, the changes are posted on our website, [www.qualityhealthplansny.com](http://www.qualityhealthplansny.com).

### **How do I use the Formulary?**

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

#### **Medical Condition**

The formulary begins on page 15. 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 on page 15 below. 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 87. 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?**

Quality Health Plans of New York 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:** Quality Health Plans of New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans of New York before you fill your prescriptions. If you don't get approval, Quality Health Plans of New York may not cover the drug.
- **Quantity Limits:** For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 62 tabs per prescription for Celebrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Quality Health Plans of New York 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, Quality Health Plans of New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans of New York 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 15. 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 Quality Health Plans of New York 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 Quality Health Plans of New York formulary?" on page 7 for information about how to

request an exception.

### What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Quality Health Plans of New York pays for certain OTC drugs.

Item #	Product Description	Size	Price	NDC
<b>First Aid and Medical Supplies</b>				
1	Alcohol Prep Pads	100	\$3.39	49348-0896-10
2	Fabric Bandage Strips 3/4"	30	\$3.29	10939-0294-44
3	Calamine Lotion	180	\$3.59	62011-0114-01
4	Curity Gauze Pads Sterile 2" x 2"	200	\$3.99	08080-2146-00
5	Curity Gauze 4" x 4"	200	\$7.99	08080-2556-00
6	Hydrocortisone Cream 1%	28	\$3.89	00603-0535-50
7	Muscle Rub Cream	85	\$4.79	45802-0174-53
8	Salicylic Acid Liq. 12.24% (Corn/Callus Remover)	9	\$6.49	75137-0183-05
9	Fluoride Toothpaste/Brush	6.4 oz	\$3.99	48155-9081-92
10	Adult Diapers ATTENDS UNDRW SUP+ LGE	14	\$12.99	86679-0250-33
11	POLI-GRIP ULT FRESH ZNC/F	1.4 oz	\$5.99	31015-8054-60
12	Triple Antibiotic Ointment	28.4	\$4.69	62011-0098-01
<b>Laxatives</b>				
13	Bisacodyl Tab 5mg EC	100	\$4.29	00904-7927-60
14	Bisacodyl 10mg Suppositories	12	\$3.29	00713-0109-12
15	Docqlace Cap 100mg (Docusate Sodium)	100	\$4.49	00603-0150-21
16	Dok Plus Tab 8.6-50mg (Sennosides-Docusate Sodium)	100	\$4.99	00536-0355-01
17	Glycerin Suppositories 2gm	12	\$3.89	00132-0079-12
<b>Anti-Fungals</b>				
18	Clotrimazole Cream 1%	30	\$3.99	00904-7822-31
19	Tolnaftate Cream 1%	12	\$3.29	00904-0722-36
<b>Digestive Aids</b>				

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Item #	Product Description	Size	Price	NDC
20	Gas Free Cap 125mg (Simethicone)	30	\$3.95	00904-6460-46
21	Loperamide Cap 2mg	24	\$4.79	49348-0752-04
22	Pink Bismuth Chewable Tab 262mg (Bismuth Subsalicylate)	30	\$4.09	00904-1315-46
<b>Eye Care</b>				
23	Artificial Tears Solution 1.4% (Polyvinyl Alcohol)	15	\$4.49	00536-1084-94
24	Eye Drops Extra Solution (Tetrahydrozoline with Polyethylene Glycol 0.05-1%)	15	\$3.29	62011-0102-01
<b>Cough/Cold/Allergy</b>				
25	Allergy Relief Tab 10mg (Loratadine)	30	\$4.69	49348-0818-44
26	Cetirizine Tab 10mg	30	\$9.99	00904-5852-46
27	DIAB/TUSS DM MAX/STR	118	\$7.99	61787-0064-04
28	Halls Cough Drops Menthol Sugar Free Lozenge 5.8mg	25	\$3.49	12546-0625-44
29	Halls Cough Drops Menthol Black Cherry Sugar Free Lozenge 5.8mg	25	\$3.49	12546-0625-42
30	Digital Thermometer	1	\$5.59	38703-0000-70
31	Mucinex DM Tab 30-600mg ER (Dextromethorphan-Guaifenesin)	20	\$12.99	63824-0056-32
32	Nasal Decongestant Spray 0.05% (Oxymetazone)	30	\$2.99	00904-5711-30
33	Phenol Liquid 1.4% (Sore Throat Spray)	177	\$3.69	00904-6305-21
34	Q-Dryl Cap 25mg (Diphenhydramine)	24	\$3.09	00603-0241-18
35	Saline Nasal Spray 0.65%	45	\$3.09	00536-2506-76
36	Tussin DM Syrup 10-100mg/5ml (Dextromethorphan-Guaifenesin)	237	\$4.49	62011-0091-02
37	Medicated Chest Rub Ointment	100	\$3.89	62011-0075-01
<b>Anti-Hemorrhoidal</b>				
38	Preparation H Ointment 1%	28	\$7.69	00573-2871-10
39	Hemorrhoidal Suppository 0.25%	12	\$4.99	00536-1389-12
<b>Vitamins</b>				

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Item #	Product Description	Size	Price	NDC
40	B-Complex Cap (100% RDA)	100	\$5.99	00536-4787-01
41	Cerovite Senior Multivitamin Tab	60	\$5.09	00536-3445-08
42	Tab-A-Vite Daily Multivitamin Tab	100	\$4.69	00904-0530-60
43	Echinacea Cap 400mg	100	\$6.09	30768-0003-39
44	Ferrous Sulfate Tab 325mg (Iron)	100	\$4.19	00904-7590-60
45	Fish Oil Cap 1,000mg (Omega 3)	100	\$6.79	00904-4043-60
46	Folic Acid Tab 800mcg	100	\$3.59	00536-3843-01
47	S/D GARLIC ODORL SFTGEL	100	\$6.99	30768-0004-08
48	Glucosamine/Chondroitin/MSM Cap 500-400mg	60	\$12.99	00536-3111-08
49	Multivitamin with Iron Chewable Tab 15mg	100	\$4.89	00536-3449-01
50	Niacin Tab 500mg	100	\$4.69	00904-2272-60
51	Oyster Shell Tab 500mg (calcium Carbonate)	60	\$3.29	00904-1883-52
52	Oyster Shell + D Tab 250mg-125unit (Calcium Carbonate with Cholecalciferol)	100	\$3.89	00904-1882-60
53	Vitamin A Cap 10,000 unit	100	\$3.99	00904-2085-60
54	Vitamin B-12 Tab 100mcg	100	\$4.69	00536-3542-01
55	Vitamin C Tab 500mg (Ascorbic Acid)	100	\$4.49	00904-0523-60
56	Vitamin D 1000 IU Tab	100	\$4.89	00904-5824-60
57	Vitamin E Cap 400 unit	100	\$8.09	00904-0274-60
<b>Pain Relievers</b>				
58	Aspirin Tab 325mg	100	\$2.69	57896-0901-01
59	Aspirin Tab 325mg EC	100	\$3.09	00536-3313-01
60	Aspirin Tab 81mg EC	120	\$3.59	00603-0026-22
61	Aspirin Chewable Tab 81mg	36	\$2.89	00904-4040-73
62	Ibuprofen Tab 200mg	100	\$3.79	00904-7914-59
63	Icy Hot Patch 5%	5	\$5.39	41167-0008-41
64	MAPAP Tab 325mg (Acetaminophen)	100	\$3.19	00904-1982-60
65	MAPAP Tab 500mg (Acetaminophen)	100	\$3.89	00904-1988-60

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Item #	Product Description	Size	Price	NDC
66	Naproxen Sodium 220mg Tab	100	\$7.49	62011-0017-02
<b>Antacids</b>				
67	Calcium Antacid Chewable Tablet 500mg (Calcium Carbonate)	150	\$3.69	57896-0763-15
68	Famotidine 10mg Tab	30	\$4.59	00904-5529-87
69	Lansoprazole Cap 15mg DR	14	\$9.99	62011-0168-01
70	Omeprazole Tab 20mg	14	\$10.99	62011-0157-01
71	Ranitidine Tab 75mg	60	\$7.99	00904-6349-52
<b>Motion Sickness</b>				
72	Meclizine Chewable Tab 25mg	100	\$5.29	00536-1018-01
<b>Ear Care</b>				
73	Carbamide Peroxide Otic Solution 6.5% (Ear Wax Drops)	15	\$3.19	00904-3220-35

Quality Health Plans of New York will provide these OTC drugs at no cost to you. The cost to Quality Health Plans of New York of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

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

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

If you learn that Quality Health Plans of New York does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Quality Health Plans of New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Quality Health Plans of New York.
- You can ask Quality Health Plans of New York 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 Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual Formulary?

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



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

You should contact us to ask us for an initial coverage decision for a formulary, 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 up to a 98-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

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exception.

A current member may have a change in his/her treatment setting due to the level of care required. Such transitions include:

1. Members who are discharged from a hospital to a home;
2. Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to now use their Part D plan;
3. Members who give up Hospice Status and revert back to standard Medicare Part A and B coverage;
4. Members discharged from chronic psychiatric hospitals with highly individualized drug regimens;

For these unplanned transitions, members may need to request an exception or an appeal for continued coverage of their drug. In addition, Quality Health Plans of New York shall review requests for continuation of therapy on a case by case basis for members who have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

Quality Health Plans of New York may provide a transition fill up to a one-time thirty-one (31) day supply to allow the member time to transition to formulary alternative or to complete the coverage determination and exceptions process.

### **For more information**

For more detailed information about your Quality Health Plans of New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Quality Health Plans of New York, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **Quality Health Plans of New York's Formulary**

The formulary below provides coverage information about the drugs covered by Quality Health Plans of New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

The information in the Requirements/Limits column tells you if Quality Health Plans of New York has any special requirements for coverage of your drug.

**Abbreviations:**

**B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**CB:** This prescription drug has a capped benefit limit.

**EA:** Each.

**ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**HI:** Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at 877-233-7058 7-days a week, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30. TTY users should call 711.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services 877-233-7058 7-days a week, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30. TTY users should call 711.

**MO:** Mail Order Drug. This prescription drug is available through a mail-order service.

**PA:** Prior Authorization. Quality Health Plans of New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans of New York before you fill your prescriptions. If you don't get approval, Quality Health Plans of New York may not cover the drug.

**QL:** Quantity Limit. For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 60 per prescription for Amitiza. This may be in addition to a standard one month or three-month supply.

**ST:** Step Therapy. In some cases, Quality Health Plans of New York 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, Quality Health Plans of New York may not cover drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans of New York will then cover Drug B.

## Plan Cost Sharing Information

### Advantage Premium LI

<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
<b>Tier 1</b> Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2</b> Generic	\$10	\$30	\$10	\$10	\$20	\$10
<b>Tier 3</b> Preferred Brand	\$25	\$75	\$25	\$25	\$75	\$25
<b>Tier 4</b> Non- Preferred Brand	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Not Available	33%	33%	Not Available	33%

### Advantage Silver NY City and Advantage Health NYC

<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
<b>Tier 1</b> Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2</b> Generic	\$10	\$30	\$10	\$10	\$20	\$10
<b>Tier 3</b> Preferred Brand	\$35	\$105	\$35	\$35	\$105	\$35

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<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
<b>Tier 4</b> Non-Preferred Brand	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Not Available	33%	33%	Not Available	33%

**Advantage Value One NY – Dual**

Depending on your income and institutional status, you pay the following:

<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
<b>Tier 1</b> Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2</b> Generic	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay

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<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
	A \$8.25 copay					
<b>Tier 3 Preferred Brand</b>	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
<b>Tier 4 Non-Preferred Brand</b>	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other

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<b>Drug Tier</b>	<b>Retail 31-day</b>	<b>Retail 90-day</b>	<b>Long Term Care 31-day</b>	<b>Mail Order 31-day</b>	<b>Mail Order 90-day</b>	<b>Out of Network 31-day</b>
	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
<b>Tier 5 Specialty Tier</b>	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	Not Available	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	Not Available	For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium dr</i>	4	
<i>diclofenac sodium er</i>	4	
<i>diclofenac sodium xr</i>	4	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal tabs</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
<i>fenoprofen calcium tabs</i>	4	
<i>flurbiprofen tabs</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	*1	
<i>indomethacin er</i>	4	PA
<i>indomethacin sr</i>	4	PA
INDOMETHACIN INJ	4	PA
<i>indomethacin caps</i>	4	PA
<i>ketoprofen er</i>	4	
<i>ketoprofen caps</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 300mg/10ml, 30mg/ml</i>	4	PA
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days) PA
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	*1	
<i>meloxicam susp</i>	2	
<i>nabumetone</i>	2	
<i>naproxen dr</i>	*1	
<i>naproxen sodium cr</i>	4	
<i>naproxen sodium er tb24 375mg</i>	4	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tabs</i>	*1	
<i>naproxen susp</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam caps</i>	2	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs</i>	4	
ZIPSOR	4	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
EMBEDA CPR 20MG; 0.8MG, 30MG; 1.2MG, 50MG; 2MG, 60MG; 2.4MG	3	
EMBEDA CPR 100MG; 4MG, 80MG; 3.2MG	5	
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	
<i>fentanyl pt72 87.5mcg/hr</i>	5	
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	4	
<i>hydromorphone hcl er t24a 16mg, 32mg</i>	5	
INFUMORPH 200	4	
INFUMORPH 500	4	
<i>levorphanol tartrate tabs</i>	4	
<i>methadone hcl intensol</i>	2	
<i>methadone hcl conc, oral soln, tabs</i>	2	
<i>methadone hcl inj</i>	4	
<i>methadose sugar-free</i>	2	
<i>methadose conc</i>	2	
<i>morphine sulfate cr tbc 60mg</i>	2	
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	
<i>morphine sulfate er cp24 100mg</i>	5	
<i>morphine sulfate er tbc</i>	2	
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 5MG, 7.5MG	3	
OPANA ER (CRUSH RESISTANT) T12A 30MG, 40MG	5	
<i>oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg</i>	4	
<i>oxycodone hcl er t12a 80mg</i>	5	
<i>oxymorphone hydrochloride er</i>	4	
<i>tramadol hcl er tb24</i>	2	
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL	5	PA
<i>acetaminophen/codeine #3</i>	2	
<i>acetaminophen/codeine soln</i>	*1	
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	
<i>ascomp/codeine</i>	4	PA
<i>aspirin-caffeine-dihydrocodeine</i>	2	
<i>butalbital compound/codeine</i>	4	PA
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA
<i>butorphanol tartrate nasal soln</i>	2	
<i>butorphanol tartrate inj</i>	4	B/D
<i>codeine sulfate tabs</i>	2	
<i>codeine/acetaminophen</i>	2	
<i>duramorph</i>	2	
<i>endocet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>endodan</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA
FENTANYL CITRATE INJ 1000MCG/20ML	4	B/D
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	4	B/D
FENTORA	5	PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	2	
<i>hydrocodone/acetaminophen soln</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 2 325mg; 7.5mg</i>	2	
<i>hydrocodone/ibuprofen</i>	2	
<i>hydromorphone hcl liqd, tabs</i>	2	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	2	
<i>ibudone tabs 5mg; 200mg</i>	2	
LAZANDA	5	PA
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	
<i>lortab tabs</i>	2	
<i>morphine sulfate oral soln, tabs</i>	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	2	B/D
<i>nalbuphine hcl inj</i>	4	B/D
<i>opium</i>	4	
<i>opium tincture</i>	4	
<i>oxycodone hcl caps, soln, tabs</i>	2	
<i>oxycodone hcl conc</i>	4	
<i>oxycodone/acetaminophen soln</i>	2	
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 2 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxycodone/aspirin</i>	2	
<i>oxycodone/ibuprofen</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/naloxone hcl</i>	4	PA
PRIMLEV	4	
<i>reprexain tabs 10mg; 200mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>roxicet</i>	2	
SUBSYS	5	PA
<i>tramadol hcl tabs</i>	*1	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>vicodin es tabs 300mg; 7.5mg</i>	2	
<i>vicodin hp tabs 300mg; 10mg</i>	2	
<i>vicodin tabs 300mg; 5mg</i>	2	
<i>xylon</i>	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	
<i>lidocaine and tetracaine cream</i>	4	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl/dextrose inj 7.5%; 5%</i>	4	
<i>lidocaine hcl gel 2%</i>	2	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hcl external soln 4%</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	*1	
<i>lidocaine viscous</i>	*1	
<i>lidocaine/epinephrine</i>	*1	
<i>lidocaine/prilocaine kit</i>	2	QL (30 EA per 30 days)
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days)
<i>lidocaine oint</i>	4	
<i>lidocaine ptch</i>	4	PA
<i>lidopril</i>	2	QL (30 EA per 30 days)
PLIAGLIS	4	
<i>relador pak</i>	2	QL (30 EA per 30 days)
<i>relador pak plus</i>	2	QL (30 EA per 30 days)
<i>xylocaine dental</i>	*1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	PA
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	4	QL (360 EA per 30 days) PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	4	QL (90 EA per 30 days) PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	PA
<i>naltrexone hcl tabs</i>	2	
SUBOXONE FILM 4MG; 1MG	4	QL (180 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG	4	QL (360 EA per 30 days) PA
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA
SUBOXONE FILM 8MG; 2MG	4	QL (90 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 2.9MG; 0.71MG	4	QL (180 EA per 30 days) PA
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) PA
ZUBSOLV SUBL 1.4MG; 0.36MG	4	QL (360 EA per 30 days) PA
ZUBSOLV SUBL 8.6MG; 2.1MG	4	QL (60 EA per 30 days) PA
ZUBSOLV SUBL 5.7MG; 1.4MG	4	QL (90 EA per 30 days) PA
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj</i>	2	
NARCAN	4	
<b>Smoking Cessation Agents</b>		
<i>buproban</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	4	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>diclofenac sodium gel 3%</i>	5	
<i>sulindac tabs</i>	*1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	*1	
<i>gentamicin sulfate crea, inj, external oint, ophthalmic oint</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate inj</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	*1	
<i>tobramycin sulfate inj</i>	2	
TOBEX OINT	4	
<b>Antibacterials, Other</b>		
ALCOHOL PREP PADS	3	
ALTABAX	4	
<i>baciim</i>	2	
<i>bacitracin inj, oint</i>	2	
BACTROBAN NASAL	4	
CENTANY AT	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN SUPP	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	2	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate add-vantage</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate pharmacy bulk package</i>	2	
<i>clindamycin phosphate crea, gel, inj, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate foam</i>	4	
CLINDESSE	4	
<i>colistimethate sodium</i>	4	
CUBICIN	5	
DALVANCE	5	
FLAGYL ER	4	
<i>lincomycin hcl inj</i>	2	
<i>linezolid susr</i>	4	QL (1800 ML per 30 days)
<i>linezolid tabs</i>	4	QL (28 EA per 30 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps, crea, gel, lotn, tabs</i>	2	
MONUROL	4	
<i>mupirocin calcium</i>	2	
<i>mupirocin crea, oint</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 100mg</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 50mg</i>	4	QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate</i>	4	QL (180 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	QL (180 EA per 365 days)
<i>nitrofurantoin caps</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin susp</i>	4	QL (7200 ML per 365 days)
NORITATE	5	
ORBACTIV	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate inj</i>	2	
PRIMSOL	4	
<i>rosadan</i>	2	
ROSADAN KIT	4	
<i>silver sulfadiazine crea</i>	2	
SIVEXTRO	5	QL (6 EA per 30 days)
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SYNERCID	5	
<i>trimethoprim tabs</i>	*1	
TYGACIL	5	
<i>vancomycin hcl in dextrose</i>	2	
<i>vancomycin hcl caps</i>	4	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	2	
<i>vandazole</i>	2	
VIBATIV INJ 250MG	4	
XIFAXAN	5	PA
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	5	
<i>cefaclor</i>	4	
<i>cefaclor er</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin</i>	2	
<i>cefazolin sodium</i>	2	
<i>cefazolin sodium/dextrose</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftazidime/dextrose</i>	2	
<i>ceftibuten caps</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin caps</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin susr, tabs</i>	2	
SUPRAX CAPS, CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	5	
<i>zinacef inj 1.5gm; 0, 750mg</i>	2	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	4	
<i>azactam in iso-osmotic dextrose inj 1gm; 0</i>	4	
<i>aztreonam</i>	4	
<i>cefotetan</i>	2	
DORIBAX	4	
<i>imipenem/cilastatin</i>	4	
INVANZ	4	
<i>meropenem</i>	2	
<i>meropenem/sodium chloride</i>	2	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	*1	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>ampicillin</i>	*1	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>naficillin sodium</i>	4	
<i>oxacillin sodium inj 1gm, 2gm</i>	4	
<i>oxacillin sodium inj 10gm</i>	5	
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	*1	
<i>pfizerpen-g inj 5000000unit</i>	2	
<i>piperacillin sodium/ tazobactam sodium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>piperacillin/tazobactam inj 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
<b>Macrolides</b>		
AZASITE	4	
<i>azithromycin tabs</i>	*1	
<i>azithromycin inj, pack, susr</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
E.E.S. GRANULES	4	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin lactobionate</i>	4	
ERYTHROCIN STEARATE	4	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate tabs</i>	4	
<i>erythromycin stearate tabs</i>	4	
<i>erythromycin oint</i>	*1	
<i>erythromycin gel, pads, soln</i>	2	
<i>erythromycin cpep</i>	4	
<i>ilotycin</i>	*1	
KETEK	4	
PCE	4	
ZMAX	4	
<b>Quinolones</b>		
BESIVANCE	3	
CILOXAN OINT	4	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl soln, tabs</i>	*1	
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin inj, otic soln, susr</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin ophthalmic soln, tabs</i>	2	
<i>levofloxacin inj, oral soln</i>	4	
MOXEZA	3	
MOXIFLOXACIN HCL INJ	4	
<i>moxifloxacin hcl tabs</i>	2	
<i>ofloxacin</i>	2	
VIGAMOX	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Sulfonamides</b>		
<i>sodium sulfacetamide soln</i>	2	
<i>sodium sulfacetamide lotn</i>	4	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>sulfacetamide sodium susp</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	*1	
<i>sulfamethoxazole/trimethoprim tabs</i>	*1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfatrim pediatric</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	2	
DORYX TBEC 200MG, 50MG	4	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	2	
<i>doxycycline hyclate dr tbec 200mg, 50mg</i>	4	
<i>doxycycline hyclate caps, inj, tabs</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline caps 75mg</i>	2	
<i>doxycycline caps 150mg</i>	4	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>minocycline hcl er</i>	2	
<i>minocycline hcl caps, tabs</i>	2	
<i>mondoxyne nl</i>	2	
MORGIDOX 1X100MG KIT	4	
<i>morgidox 1x100mg caps</i>	2	
MORGIDOX 2X100MG KIT	4	
<i>morgidox 2x100mg caps</i>	2	
OCUDOX	4	
TETRACYCLINE HCL CAPS	4	
VIBRAMYCIN SYRP	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM TABS 200MG	4	
APTIOM TABS 400MG, 600MG, 800MG	5	
BRIVIACT INJ	4	
BRIVIACT ORAL SOLN, TABS	5	
FYCOMPA	4	
<i>levetiracetam er</i>	2	
<i>levetiracetam tabs</i>	*1	
<i>levetiracetam oral soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
<i>magnesium sulfate in d5w</i>	2	
POTIGA	5	
<i>roweepra</i>	*1	
SPRITAM	4	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	4	
<i>ethosuximide</i>	2	
LYRICA SOLN	3	QL (900 ML per 30 days)
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 2mg</i>	2	QL (30 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs</i>	*1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps</i>	*1	
<i>gabapentin soln, tabs</i>	2	
GABITRIL TABS 12MG, 16MG	4	
ONFI SUSP	5	
ONFI TABS 10MG	4	
ONFI TABS 20MG	5	
<i>phenobarbital</i>	2	PA
<i>primidone tabs</i>	2	
SABRIL	5	PA
<i>tiagabine hydrochloride</i>	4	
<i>valproate sodium inj</i>	4	
<i>valproic acid caps, syrp</i>	2	
<b>Glutamate Reducing Agents</b>		
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	5	
LAMICTAL STARTER/TAKING VALPROATE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tabs</i>	*1	
<i>lamotrigine chew</i>	2	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	*1	
<i>topiramate cpsp</i>	2	
<b>Sodium Channel Agents</b>		
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
CARBATROL	4	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE	4	
PHENYTEK	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	*1	
<i>phenytoin chew, susp</i>	2	
TEGRETOL-XR	4	
TEGRETOL SUSP, TABS	4	
VIMPAT	4	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
ERGOLOID MESYLATES TABS	3	PA
NAMZARIC	3	QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tbdp</i>	*1	
<i>donepezil hcl tabs 10mg, 5mg</i>	*1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>galantamine hydrobromide cp24, tabs</i>	2	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl</i>	2	
<i>memantine hcl titration pak</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride soln</i>	2	
NAMENDA	4	
NAMENDA TITRATION PAK	4	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days)
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
APLENZIN	5	QL (30 EA per 30 days) ST
<i>bupropion hcl er</i>	*1	QL (90 EA per 30 days)
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	*1	QL (90 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl tabs</i>	2	
FORFIVO XL	3	QL (30 EA per 30 days)
<i>maprotiline hcl</i>	2	
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	2	
<i>nefazodone hcl</i>	4	
<i>trazodone hcl tabs</i>	2	
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
<b><i>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i></b>		
TRINTELLIX	4	QL (30 EA per 30 days)
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i></b>		
BRINTELLIX	4	QL (30 EA per 30 days)
<i>citalopram hydrobromide tabs</i>	*1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
DULOXETINE HCL CPEP 40MG	4	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	*1	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine</i>	2	
<i>fluoxetine dr</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl caps</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl soln, tabs</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
KHEDEZLA TB24 100MG	4	QL (120 EA per 30 days) ST
KHEDEZLA TB24 50MG	4	QL (30 EA per 30 days) ST
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>paroxetine hcl</i>	*1	
<i>paroxetine hcl er</i>	2	
PAXIL SUSP	4	
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days)
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days)
<i>sertraline hcl tabs</i>	*1	
<i>sertraline hcl conc</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
VIIBRYD KIT	4	QL (60 EA per 365 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	4	PA
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>clomipramine hcl caps</i>	4	PA
<i>desipramine hcl tabs</i>	2	
<i>doxepin hcl caps, conc</i>	4	PA
<i>imipramine hcl tabs</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps</i>	*1	
<i>nortriptyline hcl soln</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	4	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>droperidol inj</i>	2	
<i>meclizine hcl tabs</i>	*1	
<i>phenadoz</i>	4	PA
<i>phenergan supp</i>	4	PA
<i>promethazine hcl inj, supp, syrp, tabs</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>promethegan</i>	4	PA
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl caps</i>	4	PA
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI	4	
ANZEMET INJ	4	
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D
EMEND CAPS 125MG	4	QL (2 EA per 30 days) B/D
EMEND CAPS 0	4	QL (6 EA per 30 days) B/D
EMEND CAPS 80MG	4	QL (8 EA per 30 days) B/D
<i>granisetron hcl inj</i>	2	
<i>granisetron hcl tabs</i>	2	QL (30 EA per 30 days) B/D
<i>ondansetron hcl oral soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	QL (120 ML per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron odt</i>	*1	B/D
SANCUSO	5	QL (2 EA per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D
CANCIDAS	5	
<i>ciclodan crea</i>	2	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine crea</i>	2	
<i>clotrimazole crea</i>	*1	
<i>clotrimazole soln, troc</i>	2	
CRESEMBA	5	
<i>econazole nitrate crea</i>	4	
ERAXIS	5	
EXELDERM	4	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in nacl</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin microsize susp</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
GYNAZOLE-1	4	
<i>itraconazole caps</i>	4	PA
JUBLIA	4	
<i>ketoconazole sham</i>	*1	
<i>ketoconazole crea, tabs</i>	2	
<i>ketoconazole foam</i>	4	
<i>ketodan</i>	4	
LAMISIL PACK	4	
MENTAX	4	
<i>miconazole 3 supp</i>	2	
MYCAMINE INJ 50MG	4	
MYCAMINE INJ 100MG	5	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride</i>	4	
NAFTIN GEL	4	
NATACYN	4	
NOXAFIL INJ	4	
NOXAFIL SUSP, TBEC	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin susp</i>	*1	
<i>nystatin crea, oint, powd, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	PA
<i>oxiconazole nitrate</i>	2	
OXISTAT LOTN	4	
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	*1	QL (84 EA per 180 days)
<i>terconazole</i>	2	
<i>voriconazole inj, tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>zazole</i>	2	

**Antigout Agents**

**Antigout Agents**

<i>allopurinol tabs</i>	*1	
<i>colchicine tabs</i>	4	
COLCRYS	4	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	3	ST

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Drug Name	Drug Tier	Requirements/Limits
<b>Antimigraine Agents</b>		
<i>Ergot Alkaloids</i>		
CAFERGOT	4	
<i>dihydroergotamine mesylate inj</i>	5	
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days)
ERGOMAR	3	
MIGERGOT	4	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan malate</i>	4	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	4	QL (9 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	*1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLN	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
MESTINON SYRP	5	
<i>pyridostigmine bromide tabs</i>	2	
<i>pyridostigmine bromide tbcr</i>	4	
REGONOL	4	
<b>Antimycobacterials</b>		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>ethambutol hcl</i>	2	
<i>isoniazid tabs</i>	*1	
<i>isoniazid inj, syrp</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIFATER	4	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastic</b>		
<i>Antineoplastics other</i>		
<i>hydroxyprogesterone caproate</i>	5	PA
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
BENDEKA	5	
BICNU	5	
BUSULFEX	5	
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide inj</i>	5	
<i>dacarbazine</i>	2	
EVOMELA	5	
GLEOSTINE	4	
HEXALEN	5	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	4	
<i>lomustine</i>	4	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	
MUSTARGEN	5	
TEMODAR INJ	4	PA
<i>thiotepa</i>	5	
TREANDA	5	
VALCHLOR	5	PA
YONDELIS	5	
ZANOSAR	5	
<i>Antiandrogens</i>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	5	
<i>nilutamide</i>	5	
XTANDI	5	PA
ZYTIGA	5	PA
<i>Antiangiogenic Agents</i>		
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	

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Drug Name	Drug Tier	Requirements/Limits
FARESTON	5	
FASLODEX	5	
SOLTAMOX	4	
<i>tamoxifen citrate tabs</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	2	B/D
ALIMTA	5	
ARRANON	4	
<i>cladribine</i>	5	B/D
CLOLAR	5	
<i>cytarabine aqueous</i>	2	B/D
DEPOCYT	5	B/D
DROXIA	4	
ELITEK	5	
<i>floxuridine</i>	4	B/D
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	PA
<i>gemcitabine</i>	4	
<i>gemcitabine hcl</i>	4	
<i>hydroxyurea caps</i>	2	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	2	
NIPENT	5	
PURIXAN	5	
TABLOID	4	
<b>Antineoplastics, Other</b>		
ABRAXANE	5	
<i>amifostine</i>	5	
<i>azacitidine</i>	5	
BELEODAQ	5	PA
<i>bleomycin sulfate</i>	2	B/D
<i>carboplatin</i>	2	
<i>cisplatin</i>	2	
COSMEGEN	5	
COTELLIC	5	QL (90 EA per 30 days) PA
<i>daunorubicin hcl</i>	4	
DAUNOXOME	5	
<i>decitabine</i>	5	PA
<i>dexrazoxane</i>	5	
DOCEFREZ INJ 20MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposome</i>	5	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	2	
ERWINAZE	5	
FARYDAK	5	QL (6 EA per 21 days) PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	4	
<i>fludarabine phosphate inj 50mg</i>	4	
FUSILEV	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
HALAVEN	5	PA
IBRANCE	5	PA
<i>idarubicin hcl</i>	5	
<i>irinotecan</i>	2	B/D
ISTODAX	5	PA
IXEMPRA KIT	5	
JEVTANA	5	PA
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin</i>	5	
<i>levoleucovorin calcium</i>	5	
<i>lipodox</i>	5	B/D
<i>lipodox 50</i>	5	B/D
LYNPARZA	5	PA
<i>mesna</i>	2	
MESNEX TABS	5	
<i>mitomycin</i>	5	
<i>mitoxantrone hcl</i>	2	PA
NINLARO	5	PA
ODOMZO	5	PA
ONCASPASPAR	5	
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg, 50mg</i>	5	B/D
<i>paclitaxel</i>	2	
PORTRAZZA	5	QL (2 ML per 21 days) PA
PROLEUKIN	5	
SYLATRON	5	PA
SYNRIBO	5	PA
TAGRISSE	5	QL (30 EA per 30 days) PA
THERACYS	5	
TICE BCG	4	
TRISENOX	4	

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Drug Name	Drug Tier	Requirements/Limits
VALSTAR	5	
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG, 50MG	4	PA
VENCLEXTA TABS 100MG	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	
ZALTRAP	5	PA
ZOLINZA	5	PA
ZYKADIA	5	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	*1	
<i>exemestane</i>	4	
<i>letrozole</i>	*1	
<b>Enzyme Inhibitors</b>		
ETOPOPHOS	5	
<i>etoposide inj</i>	2	
<i>toposar</i>	2	
<i>topotecan hcl</i>	5	
ZYDELIG	5	PA
<b>Molecular Target Inhibitors</b>		
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	QL (240 EA per 30 days) PA
BOSULIF	5	PA
CABOMETYX	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
ICLUSIG TABS 45MG	5	PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
IRESSA	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA
TASIGNA	5	PA
TYKERB	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
<b>Monoclonal Antibodies</b>		
ARZERRA	5	PA
AVASTIN	5	B/D
BLINCYTO	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
OPDIVO	5	PA
PERJETA	5	PA
RITUXAN	5	PA
SYLVANT	5	PA
TECENTRIQ	5	PA
UNITUXIN	5	
VECTIBIX	5	B/D
YERVOY	5	PA
ZEVALIN Y-90	5	
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		

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Drug Name	Drug Tier	Requirements/Limits
ALBENZA	5	
BILTRICIDE	3	
<i>ivermectin tabs</i>	2	
<b>Antiprotozoals</b>		
ALINIA	4	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D
PENTAM 300	4	
<i>primaquine phosphate tabs</i>	2	
<i>quinine sulfate</i>	2	PA
<i>tinidazole tabs</i>	2	
<b>Pediculicides/Scabicides</b>		
EURAX	4	
<i>lindane lotn, sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	2	
SKLICE	4	
ULESFIA	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	4	PA
<i>trihexyphenidyl hcl</i>	4	PA
<b>Antiparkinson Agents, Other</b>		
<i>entacapone</i>	2	
<i>tolcapone</i>	5	
<b>Dopamine Agonists</b>		
APOKYN	5	QL (60 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 4.5mg</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	*1	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	5	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	3	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl inj</i>	2	
<i>chlorpromazine hcl tabs</i>	4	
<i>compro</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl tabs</i>	*1	
<i>fluphenazine hcl conc, elix, inj</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc</i>	*1	
<i>haloperidol tabs</i>	2	
<i>loxapine succinate</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate inj</i>	4	
<i>prochlorperazine maleate tabs</i>	*1	
<i>thioridazine hcl tabs</i>	4	PA
<i>thiothixene</i>	2	
<i>trifluoperazine hcl tabs</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	
ABILIFY INJ	4	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg, 5mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA	5	
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID	5	QL (60 EA per 30 days) PA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	*1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>paliperidone er tb24 1.5mg, 3mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
<i>risperidone odt</i>	2	QL (60 EA per 30 days)
<i>risperidone tabs</i>	*1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SAPHRIS	4	QL (60 EA per 30 days) ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)

**Antispasticity Agents****Antispasticity Agents**

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs</i>	2	
<i>dantrolene sodium caps</i>	2	
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML, 40MG/20ML	5	B/D
<i>tizanidine hcl caps, tabs</i>	2	
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
<i>cidofovir</i>	5	
<i>ganciclovir inj</i>	2	B/D
VALCYTE SOLR	5	
<i>valganciclovir</i>	5	
ZIRGAN	4	
<b><i>Anti-hepatitis B (HBV) Agents</i></b>		
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	4	QL (600 ML per 30 days)
<i>entecavir</i>	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	PA
<i>lamivudine tabs 100mg</i>	2	
TYZEKA	5	
<b><i>Anti-hepatitis C (HCV) Agents</i></b>		
DAKLINZA TABS 60MG, 90MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 30MG	5	QL (504 EA per 365 days) PA
HARVONI	5	QL (168 EA per 365 days) PA
MODERIBA 1200 DOSE PACK	4	
MODERIBA 800 DOSE PACK	4	
<i>moderiba tabs</i>	4	
MODERIBA MISC 0	4	
MODERIBA MISC 0	5	
OLYSIO	5	QL (168 EA per 365 days) PA
PEG-INTRON REDIPEN	5	PA
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
PEGINTRON	5	PA
REBETOL SOLN	4	
RIBASPHERE RIBAPAK TABS 0, 400MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere ribapak tabs 600mg</i>	4	
<i>ribasphere ribapak tabs 0</i>	5	
<i>ribasphere caps</i>	2	
RIBASPHERE TABS 400MG	4	
<i>ribasphere tabs 200mg, 600mg</i>	4	
RIBATAB MISC	4	
<i>ribatab tabs 400mg</i>	4	
<i>ribavirin caps</i>	2	
<i>ribavirin tabs</i>	4	
SOVALDI	5	QL (336 EA per 365 days) PA
TECHNIVIE	5	QL (168 EA per 365 days) PA
VIEKIRA PAK	5	QL (672 EA per 365 days) PA
ZEPATIER	5	QL (112 EA per 365 days) PA
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
ATRIPLA	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VITEKTA	5	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	2	
<i>nevirapine susp</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	4	
STRIBILD	5	QL (30 EA per 30 days)
SUSTIVA TABS	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA CAPS 200MG	5	
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA	4	
EPZICOM	5	QL (30 EA per 30 days)
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	4	
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	
TRIUMEQ	5	QL (30 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days)
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG	4	
VIREAD TABS 200MG, 250MG, 300MG	5	
ZIAGEN SOLN	4	
<i>zidovudine</i>	2	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	QL (60 EA per 30 days)
SELZENTRY	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	5	
CRIXIVAN	3	
EVOTAZ	5	QL (30 EA per 30 days)
INVIRASE	5	
KALETRA SOLN	4	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NORVIR	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	4	
REYATAZ CAPS	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl syrp</i>	*1	
<i>amantadine hcl caps, tabs</i>	2	
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	2	
TAMIFLU SUSR	4	QL (720 ML per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (60 EA per 365 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium</i>	4	B/D
<i>acyclovir caps, tabs</i>	*1	
<i>acyclovir oint, susp</i>	4	
DENAVIR	5	
<i>famciclovir tabs</i>	2	
<i>trifluridine soln</i>	2	
<i>valacyclovir hcl</i>	2	QL (120 EA per 30 days)
ZOVIRAX CREA	4	

**Anxiolytics****Anxiolytics, Other***bupirone hcl tabs*

\*1

**Benzodiazepines***alprazolam er tb24 2mg*

2

QL (150 EA per 30 days) PA

*alprazolam er tb24 1mg*

2

QL (30 EA per 30 days) PA

*alprazolam er tb24 3mg*

2

QL (90 EA per 30 days) PA

*alprazolam intensol*

2

PA

*alprazolam odt tbdp 0.25mg, 0.5mg, 1mg*

2

QL (120 EA per 30 days) PA

*alprazolam odt tbdp 2mg*

2

QL (150 EA per 30 days) PA

*alprazolam xr tb24 2mg*

2

QL (150 EA per 30 days) PA

*alprazolam xr tb24 0.5mg, 1mg*

2

QL (30 EA per 30 days) PA

*alprazolam xr tb24 3mg*

2

QL (90 EA per 30 days) PA

*alprazolam tabs 0.25mg, 0.5mg, 1mg*

\*1

QL (120 EA per 30 days) PA

*alprazolam tabs 2mg*

\*1

QL (150 EA per 30 days) PA

*chlordiazepoxide hcl caps 5mg*

\*1

QL (120 EA per 30 days) PA

*chlordiazepoxide hcl caps 25mg*

\*1

QL (360 EA per 30 days) PA

*chlordiazepoxide hcl caps 10mg*

\*1

QL (900 EA per 30 days) PA

*clorazepate dipotassium tabs 15mg*

2

QL (180 EA per 30 days)

*clorazepate dipotassium tabs 7.5mg*

2

QL (360 EA per 30 days)

*clorazepate dipotassium tabs 3.75mg*

2

QL (720 EA per 30 days)

*diazepam intensol*

2

*diazepam inj 5mg/ml*

2

*diazepam oral soln 1mg/ml*

2

*diazepam tabs 10mg, 2mg, 5mg*

\*1

*estazolam*

2

QL (30 EA per 30 days) PA

*lorazepam intensol*

2

PA

*lorazepam inj 2mg/ml, 4mg/ml*

\*1

PA

*lorazepam tabs 2mg*

\*1

QL (150 EA per 30 days) PA

*lorazepam tabs 0.5mg, 1mg*

\*1

QL (90 EA per 30 days) PA

*midazolam hcl syrp*

2

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml,*1</i>		
<i>50mg/10ml, 5mg/5ml, 5mg/ml</i>		
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	*1	
<i>lithium carbonate caps, tabs</i>	*1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	2	
BYDUREON	3	QL (4 EA per 28 days) ST
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 28 days) ST
BYETTA INJ 5MCG/0.02ML	4	QL (4.8 ML per 28 days) ST
CYCLOSET	4	
<i>glimepiride tabs 2mg</i>	*1	QL (120 EA per 30 days)
<i>glimepiride tabs 1mg</i>	*1	QL (240 EA per 30 days)
<i>glimepiride tabs 4mg</i>	*1	QL (60 EA per 30 days)
<i>glipizide er tb24 5mg</i>	*1	QL (120 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	*1	QL (240 EA per 30 days)
<i>glipizide er tb24 10mg</i>	*1	QL (60 EA per 30 days)
<i>glipizide xl tb24 5mg</i>	*1	QL (120 EA per 30 days)
<i>glipizide xl tb24 2.5mg</i>	*1	QL (240 EA per 30 days)
<i>glipizide xl tb24 10mg</i>	*1	QL (60 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	*1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	*1	QL (240 EA per 30 days)
<i>glipizide tabs 10mg</i>	*1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	*1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 3mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 1.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	2	QL (480 EA per 30 days) PA
GLYSET	4	ST
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) ST

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Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	QL (60 EA per 30 days) ST
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST
JANUVIA	3	ST
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) ST
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) ST
JENTADUETO	4	QL (60 EA per 30 days) ST
JENTADUETO XR TB24 5MG; 1000MG	4	QL (30 EA per 30 days) ST
JENTADUETO XR TB24 2.5MG; 1000MG	4	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST
<i>metformin hcl er tb24 500mg</i>	*1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	*1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	*1	QL (150 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	*1	QL (60 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	*1	QL (90 EA per 30 days)
<i>miglitol</i>	4	
<i>nateglinide</i>	*1	
ONGLYZA	3	ST
<i>pioglitazone hcl-glimepiride</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	*1	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 30mg</i>	*1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	*1	QL (60 EA per 30 days)
<i>repaglinide</i>	*1	
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days)
RIOMET	4	QL (765 ML per 30 days)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY TABS 12.5MG; 500MG, 5MG; 500MG	3	QL (120 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
<i>tolazamide tabs 500mg</i>	*1	QL (120 EA per 30 days)
<i>tolazamide tabs 250mg</i>	*1	QL (240 EA per 30 days)
<i>tolbutamide</i>	*1	QL (180 EA per 30 days)
TRADJENTA	4	ST
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	5	
<b>Insulins</b>		
HUMALOG	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO SOLOSTAR	3	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<i>Anticoagulants</i>		
ARGATROBAN INJ 250MG/2.5ML	4	
<i>argatroban inj 125mg/125ml; 0.9%, 250mg/250ml; 0.9%, 50mg/50ml</i>	4	
COUMADIN	4	
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium inj 150mg/ml</i>	5	QL (35 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>jantoven</i>	*1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs</i>	*1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	5	PA
GRANIX	5	PA
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL (38.4 ML per 365 days) PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	PA
NPLATE	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA	5	PA
ZARXIO	5	PA
<b>Coagulants</b>		
<i>aminocaproic acid</i>	4	
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	4	
<b>Platelet Modifying Agents</b>		
AGGRENEX	4	
<i>aspirin/dipyridamole</i>	4	
BRILINTA	3	
<i>cilostazol</i>	*1	
<i>clopidogrel</i>	*1	
<i>dipyridamole tabs</i>	4	PA
EFFIENT	3	
<i>ticlopidine hcl</i>	4	PA
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl tabs</i>	*1	
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hcl inj</i>	4	
CLORPRES	4	
<i>guanfacine hcl</i>	4	PA
<i>methyldopa</i>	4	PA
<i>methyldopa/hydrochlorothiazide</i>	4	PA
<i>methyldopate hcl</i>	4	PA
<i>midodrine hcl</i>	2	
<i>phenylephrine hcl inj 10mg/ml</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	3	
BENICAR HCT	3	
<i>candesartan cilexetil</i>	*1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	*1	
EDARBI	4	
EDARBYCLOR	4	
ENTRESTO	4	QL (60 EA per 30 days) PA
<i>eprosartan mesylate</i>	*1	
<i>irbesartan</i>	*1	
<i>irbesartan/hydrochlorothiazide</i>	*1	
<i>losartan potassium</i>	*1	
<i>losartan potassium/hydrochlorothiazide</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	*1	
<i>telmisartan/amlodipine</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	*1	
<i>valsartan</i>	*1	
<i>valsartan/hydrochlorothiazide</i>	*1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl/hydrochlorothiazide</i>	*1	
<i>benazepril hcl tabs</i>	*1	
<i>captopril/hydrochlorothiazide</i>	*1	
<i>captopril tabs</i>	*1	
<i>enalapril maleate/hydrochlorothiazide</i>	*1	
<i>enalapril maleate tabs</i>	*1	
<i>enalaprilat</i>	2	
EPANED	4	
<i>fosinopril sodium</i>	*1	
<i>fosinopril sodium/hydrochlorothiazide</i>	*1	
<i>lisinopril</i>	*1	
<i>lisinopril/hydrochlorothiazide</i>	*1	
<i>moexipril hcl</i>	*1	
<i>moexipril/hydrochlorothiazide</i>	*1	
<i>perindopril erbumine</i>	*1	
<i>quinapril hcl</i>	*1	
<i>quinapril/hydrochlorothiazide</i>	*1	
<i>ramipril</i>	*1	
<i>trandolapril</i>	*1	
<i>trandolapril/verapamil hcl</i>	*1	
<i>trandolapril/verapamil hcl er</i>	*1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	*1	
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>disopyramide phosphate</i>	4	PA
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	4	
<i>lidocaine hcl in d5w</i>	*1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	*1	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	PA
<i>pacerone tabs 200mg</i>	*1	
<i>procainamide hcl inj</i>	2	
<i>propafenone hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine gluconate inj</i>	2	
<i>quinidine sulfate</i>	2	
<i>quinidine sulfate er</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hydrochloride</i>	5	
TIKOSYN	4	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps</i>	*1	
<i>atenolol/chlorthalidone</i>	*1	
<i>atenolol tabs</i>	*1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	*1	
BREVIBLOC INJ 10MG/ML; 5.9MG/ML, 20MG/ML; 4.1MG/ML	4	
BYSTOLIC	3	
<i>carvedilol</i>	*1	
DUTOPROL	4	
<i>esmolol hcl</i>	4	
INNOPRAN XL	4	
<i>labetalol hcl inj</i>	*1	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate inj</i>	*1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	*1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nadolol tabs</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl inj, oral soln, tabs</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	*1	
<i>amlodipine besylate/valsartan</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tabs</i>	*1	
<i>amlodipine/valsartan/hctz</i>	2	
CARDIZEM LA TB24 120MG	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl tabs</i>	*1	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps, inj</i>	4	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	4	PA
<i>nimodipine caps</i>	5	
<i>nisoldipine</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl cr</i>	*1	
<i>verapamil hcl er tbc</i>	*1	
<i>verapamil hcl er cp24</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl sr tbc 240mg</i>	*1	
<i>verapamil hcl tabs</i>	*1	
<i>verapamil hcl inj</i>	2	
<b>Cardiovascular Agents, Other</b>		
DEMSER	5	
<i>digitek tabs 0.125mg</i>	2	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	4	PA
<i>digoxin oral soln</i>	2	PA
<i>digoxin inj</i>	4	PA
<i>digoxin tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	4	PA
<i>digox tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	4	PA
<i>dobutamine hcl</i>	2	B/D
<i>dobutamine hcl/d5w</i>	2	B/D
<i>dobutamine/dextrose 5%</i>	2	B/D
<i>dopamine hcl</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine hcl-dextrose 5% inj 5%; 0.8mg/ml</i>	2	B/D
<i>dopamine hcl/dextrose 5%</i>	2	B/D
<i>dopamine/d5w</i>	2	B/D
LANOXIN TABS 250MCG	4	PA
LANOXIN TABS 125MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	4	QL (30 EA per 30 days) PA
LANOXIN TABS 62.5MCG	4	QL (60 EA per 30 days)
<i>mannitol</i>	2	
<i>milrinone in dextrose</i>	4	B/D
<i>milrinone lactate</i>	4	B/D
<i>norepinephrine bitartrate</i>	2	
NORTHERA	5	PA
<i>osmitrol viaflex</i>	2	
<i>pentoxifylline cr</i>	4	
<i>pentoxifylline er</i>	4	
PRALUENT	5	QL (2 ML per 28 days) PA
RANEXA	3	
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium</i>	2	
<i>acetazolamide tabs</i>	2	
<b>Diuretics, Loop</b>		
<i>bumetanide tabs</i>	*1	
<i>bumetanide inj</i>	2	
EDECRIN	5	
<i>ethacrynic acid tabs</i>	5	
<i>furosemide tabs</i>	*1	
<i>furosemide inj, oral soln</i>	2	
<i>toremide tabs</i>	*1	
<i>toremide inj</i>	2	
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE TABS 50MG; 50MG	4	
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	*1	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	*1	
<i>triamterene/hydrochlorothiazide tabs</i>	*1	
<i>triamterene/hydrochlorothiazide caps</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL	4	
<i>hydrochlorothiazide caps, tabs</i>	*1	
<i>indapamide</i>	*1	
<i>methyclothiazide tabs</i>	2	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized</i>	2	
<i>fenofibrate caps</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	*1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV	4	ST
<i>atorvastatin calcium</i>	*1	
<i>fluvastatin</i>	*1	
<i>fluvastatin sodium er</i>	2	
LIVALO	4	ST
<i>lovastatin</i>	*1	
<i>pravastatin sodium</i>	*1	
<i>rosuvastatin calcium</i>	*1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	*1	
<i>simvastatin tabs 80mg</i>	*1	PA
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colestipol hcl</i>	2	
JUXTAPID	5	QL (30 EA per 30 days) PA
KYNAMRO	5	QL (4 ML per 28 days) PA
<i>niacin er</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	
<i>prevalite</i>	2	
VASCEPA	4	
WELCHOL	3	
ZETIA	3	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	3	
DILATRATE SR	4	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	*1	
<i>isosorbide mononitrate er</i>	*1	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in 5% dextrose</i>	2	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin inj</i>	2	
NITROMIST	4	
NITROSTAT	3	
RECTIV	4	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs</i>	*1	
<i>hydralazine hcl inj</i>	4	
<i>minoxidil tabs</i>	4	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
DEXEDRINE TABS 5MG	4	QL (90 EA per 30 days) PA
<i>dexedrine tabs 10mg</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days) PA
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA
ZENZEDI TABS 15MG, 2.5MG, 20MG, 5MG, 7.5MG	4	QL (90 EA per 30 days) PA
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>clonidine hcl er</i>	4	
<i>dexmethylphenidate hcl</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 20mg</i>	4	QL (60 EA per 30 days) PA
FOCALIN XR CP24 25MG, 35MG	4	QL (30 EA per 30 days) PA
<i>guanfacine er</i>	4	PA
<i>metadate er</i>	4	QL (90 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cd</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er cp24</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbcr 10mg</i>	4	QL (180 EA per 30 days) PA
<i>methylphenidate hcl er tbcr 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tbcr 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbcr 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl sr</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl chew 10mg</i>	2	QL (180 EA per 30 days) PA
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hcl tabs</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride</i>	4	PA
RITALIN LA CP24 10MG, 60MG	4	QL (30 EA per 30 days) PA
STRATTERA CAPS 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	4	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG	4	QL (60 EA per 30 days) ST
<b>Central Nervous System, Other</b>		
<i>butalbital/acetaminophen</i>	4	PA
<i>butalbital/acetaminophen/caffeine</i>	4	PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	PA
<i>butalbital/aspirin/caffeine</i>	4	PA
<i>caffeine citrate</i>	4	
<i>capacet</i>	4	PA
<i>cephadyn</i>	4	PA
HETLIOZ	5	QL (30 EA per 30 days) PA
<i>margesic</i>	4	PA
<i>marten-tab</i>	4	PA
NUEDEXTA	4	
<i>riluzole</i>	2	PA
<i>tencon</i>	4	PA
<i>tetrabenazine</i>	5	PA
<i>vanatol lq</i>	4	PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	PA
<b>Fibromyalgia Agents</b>		
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	QL (60 EA per 30 days) PA
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (15 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
EXTAVIA	5	QL (15 EA per 30 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatopa</i>	5	QL (30 ML per 30 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK	5	QL (2 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
TYSABRI	5	PA

### Dental and Oral Agents

#### Dental and Oral Agents

ARESTIN	5	
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate oral rinse</i>	*1	
KEPIVANCE	5	
<i>oralone</i>	2	
<i>paroex</i>	*1	
<i>periogard</i>	*1	
<i>pilocarpine hcl tabs 7.5mg</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide pste 0.1%</i>	2	
<i>triamcinolone in orabase</i>	2	

### Dermatological Agents

#### Dermatological Agents

<i>acitretin caps 10mg, 25mg</i>	4	
<i>acitretin caps 17.5mg</i>	5	
<i>adapalene</i>	2	PA
<i>adapalene pump</i>	2	PA
<i>ammonium lactate crea, lotn</i>	2	
<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 28 days)
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
CALCITRIOL OINT 3MCG/GM	4	
CARAC	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate/tretinoin</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin/benzoyl peroxide</i>	4	
CLODAN KIT	4	
<i>clotrimazole/betamethasone dipropionate</i>	2	
CONDYLOX GEL	4	
CORTISPORIN	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
CURITY GAUZE PADS 2"X2"	3	
<i>desonate</i>	2	
<i>diclofenac sodium gel 1%</i>	4	QL (1000 GM per 30 days)
<i>diclofenac sodium transdermal soln 1.5%</i>	4	PA
<i>doxepin hydrochloride</i>	4	
<i>doxycycline cpdr 40mg</i>	4	
ELIDEL	4	
EPIDUO	4	PA
EPIDUO FORTE	4	PA
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>imiquimod crea</i>	2	
<i>methoxsalen caps</i>	5	
<i>myorisan</i>	4	PA
<i>neuac</i>	4	
NEUAC KIT	4	
ORACEA	4	
OXSORALEN	5	
PENNSAID SOLN 2%	4	PA
PICATO	5	
<i>podofilox soln</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>selenium sulfide lotn</i>	*1	
STELARA	5	PA
SYNALAR CREAM KIT	4	
SYNALAR OINTMENT KIT	4	
TACLONEX SUSP	5	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
TALTZ	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC	4	QL (100 GM per 30 days) PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
UVADEX	4	
VELTIN	4	PA
VEREGEN	5	
VOLTAREN	4	QL (1000 GM per 30 days)
<i>zenatane</i>	4	PA
ZYCLARA	5	
ZYCLARA PUMP	5	
<b>Enzyme Replacement/Modifiers</b>		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL TABS	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON	3	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	PA
FABRAZYME	5	PA
KANUMA	5	PA
KUVAN	5	PA
LUMIZYME	5	PA
MYOZYME	5	PA
NAGLAZYME	5	PA
ORFADIN SUSP 4MG/ML	5	
RAVICTI	5	PA
<i>sodium phenylbutyrate powd</i>	5	
STRENSIQ	5	PA
SUCRAID	5	
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
ZAVESCA	5	PA
ZENPEP	3	
<b>Gastrointestinal Agents</b>		
<i>Antispasmodics, Gastrointestinal</i>		
CUVPOSA	4	
<i>dicyclomine hcl caps, tabs</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl inj, oral soln</i>	2	
ENTYVIO	5	PA
<i>glycopyrrolate tabs</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>methscopolamine bromide</i>	4	
<i>propantheline bromide</i>	4	
<b>Gastrointestinal Agents, Other</b>		
CHENODAL	5	
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenatol</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA
<i>gavilyte-h</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl oral soln, tabs</i>	*1	
<i>metoclopramide hcl inj</i>	2	
<i>metoclopramide odt</i>	4	
OCALIVA	5	PA
PYLERA	4	
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
<i>ursodiol tabs</i>	4	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	*1	
<i>famotidine inj, susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	*1	
<i>nizatidine caps</i>	*1	
<i>nizatidine soln</i>	4	
<i>ranitidine hcl syrp</i>	*1	
<i>ranitidine hcl caps</i>	2	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	2	
<i>ranitidine hcl tabs 150mg, 300mg</i>	*1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride</i>	5	PA
AMITIZA	3	QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
<b>Laxatives</b>		
<i>constulose</i>	2	
<i>enulose</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	*1	
<i>gavilyte-g</i>	*1	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	*1	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	
KRISTALOSE	4	
<i>lactulose soln 10gm/15ml</i>	*1	
<i>lactulose soln 10gm/15ml</i>	2	
MOVIPREP	3	
<i>peg 3350/electrolytes</i>	*1	
<i>peg-3350/electrolytes</i>	*1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>polyethylene glycol 3350 pack, powd</i>	2	
PREPOPIK	4	
SUPREP BOWEL PREP	3	
<i>trilyte</i>	2	
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
SUCRALFATE SUSP	4	
<i>sucralfate tabs</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	2	QL (30 EA per 30 days)
NEXIUM PACK	3	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	4	QL (30 EA per 30 days)
<i>omeprazole cpdr</i>	*1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec</i>	*1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj</i>	2	
PRILOSEC PACK	4	
<i>rabeprazole sodium</i>	2	QL (30 EA per 30 days)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin er</i>	4	
<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	2	
GELNIQUE GEL 10%	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syr</i>	*1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	*1	
CARDURA XL	4	
<i>doxazosin</i>	2	
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	
<i>dutasteride</i>	4	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>finasteride tabs 5mg</i>	*1	
RAPAFLO	3	
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl</i>	*1	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25%</i>	*1	
<i>bethanechol chloride</i>	2	
CIALIS TABS 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
ELMIRON	4	
LEVITRA TAB 2.5MG, 5MG, 10MG, 20MG	4	QL (6 EA per 30 days) ED
VIAGRA TAB 25MG, 50MG, 100MG	4	QL (6 EA per 30 days) ED
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>eliphos</i>	2	
FOSRENOL	5	
RENAGEL TABS 400MG	3	
RENAGEL TABS 800MG	5	
RENVELA	5	
VELPHORO	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
A-HYDROCORT	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	4	
<i>apexicon e</i>	4	
ARISTOSPAN INTRA-ARTICULAR	4	
<i>augmented betamethasone dipropionate</i>	2	
<i>baycadron</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>budesonide cpep 3mg</i>	4	
CAPEX	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	4	
<i>clocortolone pivalate</i>	4	
<i>clocortolone pivalate pump</i>	4	
<i>clodan</i>	4	
<i>colocort</i>	2	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	4	
CORTIFOAM	4	
<i>cortisone acetate tabs</i>	2	
<i>deltasone</i>	*1	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide crea, lotn, oint</i>	2	
<i>desoximetasone crea, gel</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	*1	
<i>dexamethasone soln, tabs</i>	*1	
<i>dexamethasone elix</i>	2	
<i>diflorasone diacetate</i>	4	
<i>fludrocortisone acetate tabs</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluocinonide crea, gel, oint, soln</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate crea, oint, soln</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone crea 2.5%</i>	*1	
<i>hydrocortisone enem, tabs</i>	2	
<i>hydrocortisone lotn 2.5%</i>	*1	
<i>hydrocortisone oint 2.5%</i>	*1	
KENALOG-10	4	
KENALOG-40	4	
lokara	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED	4	
MILLIPRED DP	4	
<i>mometasone furoate crea 0.1%</i>	*1	
<i>mometasone furoate oint 0.1%</i>	*1	
<i>mometasone furoate soln 0.1%</i>	*1	
PANDEL	4	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, syrp</i>	*1	
<i>prednisone intensol</i>	2	
<i>prednisone tabs</i>	*1	
<i>prednisone soln, tbpk</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
PSORCON	4	
RAYOS	5	
SOLU-CORTEF	4	
SOLU-MEDROL INJ 2GM	4	
<i>triamcinolone acetate aers 0.147mg/gm</i>	4	
<i>triamcinolone acetate crea 0.025%, 0.1%, 0.5%</i>	*1	
<i>triamcinolone acetate lotn 0.025%, 0.1%</i>	*1	
<i>triamcinolone acetate oint 0.025%, 0.1%, 0.5%</i>	*1	
<i>triderm</i>	*1	
UCERIS FOAM	4	
UCERIS TB24	5	
VERIPRED 20	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	4	PA
<i>desmopressin acetate nasal soln, tabs</i>	2	
<i>desmopressin acetate inj</i>	4	
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
H.P. ACTHAR	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
NOVAREL	4	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
NUTROPIN AQ PEN	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
SEROSTIM	5	PA
STIMATE	4	
ZORBTIVE	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Anabolic Steroids</i>		
ANADROL-50	3	PA
<i>oxandrolone tabs 2.5mg</i>	4	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA
ANDROXY	4	PA
<i>danazol caps</i>	2	
<i>methitest</i>	4	PA
<i>methyltestosterone caps</i>	5	PA
STRIANT	4	PA
<i>testosterone cypionate inj</i>	2	PA
<i>testosterone enanthate inj</i>	2	PA
<b>Estrogens</b>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	QL (91 EA per 91 days)
<i>amethia lo</i>	2	QL (91 EA per 91 days)
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL (91 EA per 91 days)
<i>camrese lo</i>	2	QL (91 EA per 91 days)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA
COMBIPATCH	4	PA
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	QL (91 EA per 91 days)
<i>delyla</i>	2	
DEPO-ESTRADIOL	4	
<i>desogestrel/ethinyl estradiol</i>	2	

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2017 Part D Comprehensive Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE CREA	4	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol pttw, ptwk, tabs</i>	4	PA
ESTRING	4	QL (1 EA per 90 days)
<i>estropipate tabs</i>	4	PA
<i>falmina</i>	2	
FEMRING	4	QL (1 EA per 90 days)
FYAVOLV	4	PA
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30</i>	2	
<i>gildess 1/20</i>	2	
<i>gildess 24 fe</i>	2	
<i>gildess fe 1.5/30</i>	2	
<i>gildess fe 1/20</i>	2	
<i>introvale</i>	2	QL (91 EA per 91 days)
JEVANTIQUE LO	4	PA
<i>jinteli</i>	4	PA
<i>jolessa</i>	2	QL (91 EA per 91 days)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	

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2017 Part D Comprehensive Formulary

Drug Name	Drug Tier	Requirements/Limits
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	
<i>lopreeza</i>	4	PA
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura</i>	2	
<i>marlissa</i>	2	
MENEST	4	PA
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mimvey</i>	4	PA
<i>mimvey lo</i>	4	PA
MINASTRIN 24 FE	4	
<i>mono-linyah</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	PA
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NUVARING	4	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN TABS	4	PA
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL (91 EA per 91 days)
<i>reclipsen</i>	2	
<i>setlakin</i>	2	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
VAGIFEM	4	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>zarah</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zenchent</i>	2	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	3	
<b>Progestins</b>		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-PROVERA	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>levonorgestrel</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate tabs</i>	*1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate susp, tabs</i>	4	PA
<i>my way</i>	2	
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	2	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>liothyronine sodium inj</i>	4	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT	4	
<i>unithroid</i>	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABS 30MG	3	
SENSIPAR TABS 60MG, 90MG	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
ELIGARD INJ 45MG	5	QL (1 EA per 168 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	4	PA
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED INJ 11.25MG, 30MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT INJ 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT INJ 3.75MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 11.25MG, 22.5MG	5	QL (1 EA per 84 days) PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	5	QL (1 EA per 84 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
ZOLADEX INJ 10.8MG	4	QL (1 EA per 84 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs</i>	*1	
<i>propylthiouracil tabs</i>	2	
<b>Immunological Agents</b>		
<b><i>Angioedema (HAE) Agents</i></b>		
BERINERT	5	PA
CINRYZE	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
<b><i>Immune Suppressants</i></b>		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN	4	B/D
<i>azathioprine inj, tabs</i>	2	B/D
BENLYSTA	5	PA
CELLCEPT INTRAVENOUS	4	B/D
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps, inj</i>	2	B/D
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR	4	B/D
<i>engraf</i>	2	B/D
<i>hecoria</i>	2	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
KINERET	5	PA
<i>methotrexate sodium inj 100mg/4ml, 1gm/40ml, 200mg/8ml, 250mg/10ml, 50mg/2ml</i>	*1	
<i>methotrexate sodium inj 1gm</i>	2	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
NULOJIX	5	PA
ORENCIA	5	PA
PROGRAF INJ	4	B/D
RAPAMUNE SOLN	5	B/D
REMICADE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RHEUMATREX	4	B/D
SANDIMMUNE SOLN	4	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
SIROLIMUS TABS 2MG	5	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TORISEL	5	
TREXALL	4	
ZORTRESS TABS 0.25MG	4	PA
ZORTRESS TABS 0.5MG, 0.75MG	5	PA
<b>Immunizing Agents, Passive</b>		
ATGAM	5	B/D
BIVIGAM	5	PA
CARIMUNE NANOFILTERED	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	B/D
HIZENTRA	5	PA
HYPERHEP B S/D	5	B/D
HYPERRAB S/D	3	B/D
HYPERRHO S/D	4	
HYPERRHO S/D MINI-DOSE	4	
IMOGAM RABIES-HT	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	B/D
OCTAGAM	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
THYMOGLOBULIN	5	B/D
<b>Immunomodulators</b>		
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTIMMUNE	5	
ARCALYST	5	PA
ILARIS	5	PA
<i>leflunomide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
SIMULECT	5	B/D
SYNAGIS	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
HYQVIA	5	PA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	4	
PEDVAX HIB	3	
PENTACEL	4	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
TENIVAC	3	

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Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	B/D
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	PA
YF-VAX	3	
ZOSTAVAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
APRISO	3	
<i>balsalazide disodium</i>	2	
CANASA	5	
DIPENTUM	5	
LIALDA	3	
<i>mesalamine enem, kit</i>	4	
PENTASA	4	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs, tbec</i>	2	
<i>sulfazine</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	*1	
<i>alendronate sodium tabs 70mg</i>	*1	QL (4 EA per 28 days)
BINOSTO	4	QL (4 EA per 28 days)
<i>calcitonin-salmon</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	*1	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	4	
<i>etidronate disodium</i>	2	
FORTEO	5	PA
FORTICAL	4	QL (3.7 ML per 30 days)
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium inj</i>	2	
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ	5	
<i>pamidronate disodium</i>	2	
PARICALCITOL INJ	4	
<i>paricalcitol caps</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	QL (2 ML per 365 days) PA
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
XGEVA	5	PA
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
<i>zoledronic acid inj 4mg</i>	5	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
AMMONUL	5	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	QL (200 EA per 30 days)
BOTOX	4	PA
<i>deferoxamine mesylate</i>	2	B/D
INTRALIPID INJ 20GM/100ML	4	B/D
KALBITOR	5	PA
KEVEYIS	5	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine inj, oral soln, tabs</i>	2	
<i>methergine tabs</i>	5	
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
NUTRILIPID	4	B/D
ORFADIN CAPS 10MG, 2MG, 5MG	5	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>ringers irrigation</i>	*1	
<i>sodium phenylacetate/sodium benzoate</i>	5	
SOLIRIS	5	PA
<i>sterile water irrigation</i>	*1	
<i>tis-u-sol</i>	*1	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
XEOMIN	4	PA
XURIDEN	5	QL (120 EA per 30 days) PA

**Ophthalmic Agents**

\*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
COMBIGAN	3	
<i>latanoprost</i>	*1	QL (2.5 ML per 25 days)
LUMIGAN	3	QL (2.5 ML per 25 days)
TRAVATAN Z	3	QL (2.5 ML per 25 days)
<i>travoprost</i>	2	QL (2.5 ML per 25 days)
<b>Ophthalmic Agents, Other</b>		
<i>ak-poly-bac</i>	2	
<i>atropine sulfate soln</i>	2	
<i>bacitracin/neomycin/polymyxin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>cyclopentolate hcl</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
CYSTARAN	5	QL (60 ML per 28 days) PA
EYLEA	5	PA
LACRISERT	4	
<i>naphazoline hcl</i>	*1	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	*1	
PROCYSBI	5	PA
<i>proparacaine hcl</i>	*1	
RESTASIS	3	
<i>trimethoprim/polymyxin b</i>	*1	
<i>triple antibiotic</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	*1	
EMADINE	4	
<i>epinastine hcl</i>	2	
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	
PATADAY	3	
PATANOL	4	
PAZEO	3	
<b>Ophthalmic Anti-inflammatories</b>		
ALOMIDE	4	
ALREX	3	

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Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	*1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	*1	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	
LOTEMAX SUSP	4	
LOTEMAX OINT	4	QL (14 GM per 365 days)
LOTEMAX GEL	4	QL (20 GM per 365 days)
MAXIDEX	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEVANAC	3	QL (6 ML per 30 days)
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
VEXOL	3	
ZYLET	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	4	
BETOPTIC-S	4	
<i>brimonidine tartrate</i>	*1	
<i>carteolol hcl</i>	*1	
COSOPT PF	4	
<i>orzolamide hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl/timolol maleate</i>	2	
IOPIDINE SOLN 1%	4	
<i>levobunolol hcl</i>	2	
<i>methazolamide tabs</i>	2	
<i>metipranolol</i>	2	
MIRVASO	4	PA
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
SIMBRINZA	4	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	*1	

**Otic Agents****Otic Agents**

<i>acetic acid</i>	2	
<i>acetic acid/aluminum acetate</i>	2	
<i>antibiotic ear</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	

**Respiratory Tract/Pulmonary Agents****Anti-inflammatories, Inhaled Corticosteroids**

ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
AEROSPAN	4	QL (17.8 GM per 30 days)
ASMANEX HFA	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BECONASE AQ	4	QL (50 GM per 25 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>budesonide nasal susp 32mcg/act</i>	2	QL (17.2 GM per 30 days)
DULERA	4	QL (17.6 GM per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	*1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NASONEX	4	QL (34 GM per 30 days) ST
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hcl syrup 1mg/ml</i>	*1	
<i>cyproheptadine hcl syrup, tabs</i>	4	PA
<i>desloratadine</i>	2	
<i>dexchlorpheniramine maleate syrup</i>	4	PA
<i>diphenhydramine hcl inj</i>	2	
DYMISTA	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl syrup</i>	2	PA
<i>hydroxyzine hcl inj, tabs</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days)
SEMPREX-D	4	
<b>Antileukotrienes</b>		
<i>montelukast sodium chew, tabs</i>	*1	
<i>montelukast sodium pack</i>	4	
<i>zafirlukast</i>	2	
ZYFLO	5	ST
ZYFLO CR	5	ST
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
<i>ipratropium bromide inhalation soln</i>	*1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR	4	QL (60 EA per 30 days) ST
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALIN INJ	4	ST
ADRENALIN INJ	4	
<i>albuterol sulfate er</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrp, tabs</i>	4	
<i>albuterol sulfate nebu 0.5%</i>	2	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)
BROVANA	4	QL (120 ML per 30 days) B/D
<i>epinephrine inj</i>	4	
EIPEN 2-PAK	3	
EIPEN-JR 2-PAK	3	
FORADIL AEROLIZER	4	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol nebu</i>	2	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrp, tabs</i>	4	
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	4	
<i>terbutaline sulfate inj</i>	5	
XOPENEX HFA	4	QL (30 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
BETHKIS	5	B/D
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin</i>	5	B/D
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	2	
DALIRESP	4	PA
LUFYLLIN TABS 200MG	4	
<i>theophylline</i>	2	
<i>theophylline anhydrous cr</i>	2	
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er</i>	2	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<b>Pulmonary Antihypertensives</b>		

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Drug Name	Drug Tier	Requirements/Limits
ADCIRCA	5	QL (60 EA per 30 days) PA
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>epoprostenol sodium</i>	5	PA
LETAIRIS	5	QL (30 EA per 30 days) PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG	5	PA
REMODULIN	5	PA
REVATIO SUSR	5	PA
<i>sildenafil tabs</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	PA
TYVASO	5	QL (87 ML per 30 days) PA
TYVASO REFILL	5	QL (87 ML per 30 days) PA
TYVASO STARTER	5	QL (87 ML per 30 days) PA
UPTRAVI TBPK	5	QL (400 EA per 365 days) PA
UPTRAVI TABS	5	QL (60 EA per 30 days) PA
VELETRI	5	PA
VENTAVIS	5	QL (270 ML per 30 days) PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln</i>	2	B/D
ARALAST NP	5	PA
ESBRIET	5	PA
GLASSIA	5	PA
OFEV	5	PA
PROLASTIN-C	5	PA
<i>promethazine vc</i>	4	PA
<i>promethazine vc plain</i>	4	PA
<i>promethazine/phenylephrine</i>	4	PA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS	3	
VIRAZOLE	5	
XOLAIR	5	PA
ZEMAIRA	5	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone</i>	4	PA
<i>cyclobenzaprine hcl tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>orphenadrine citrate er</i>	2	PA
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam</i>	2	QL (30 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>zolpidem tartrate</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days) PA
<b>Sleep Disorders, Other</b>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA
<i>modafinil</i>	4	QL (30 EA per 30 days) PA
<i>phenobarbital sodium inj</i>	2	PA
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	3	QL (30 EA per 30 days)
XYREM	5	QL (540 ML per 30 days) PA
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
CARBAGLU	5	
CUPRIMINE	5	
DEPEN TITRATABS	5	
EXJADE	5	PA
FERRIPROX	5	PA
JADENU	5	PA
<i>kionex</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 60 days)
SAMSCA TABS 30MG	5	QL (60 EA per 30 days)
<i>sodium acetate</i>	2	
<i>sodium lactate inj 5meq/ml</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps</i>	2	
SYPRINE	5	
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 44.4MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX <i>dextrose 10%</i>	4 *1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 20%</i>	*1	
<i>dextrose 25%</i>	*1	
<i>dextrose 30%</i>	*1	
<i>dextrose 40%</i>	*1	
<i>dextrose 5%</i>	*1	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/potassium chloride 0.15%</i>	2	
<i>dextrose 50%</i>	*1	
<i>dextrose 70%</i>	*1	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE	4	B/D
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
<i>k-sol</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	2	
<i>kcl 0.15%/d5w/lr</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>lactated ringers dextrose 5% viaflex</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>magnesium sulfate inj</i>	2	
NEPHRAMINE	4	B/D
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
<i>normosol-r in d5w</i>	*1	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
PLASMA-LYTE-56/D5W	4	
<i>plenamine</i>	4	B/D
<i>potassium acetate inj 2meq/ml</i>	2	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.15%/nacl 0.9%</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride sr</i>	2	
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	*1	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection</i>	2	
<i>sodium chloride 0.45% viaflex</i>	*1	
<i>sodium chloride 0.9%</i>	*1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	*1	
<i>sodium fluoride tabs 1mg</i>	2	
<i>sodium phosphate</i>	*1	
<i>tpn electrolytes</i>	2	
TRAVASOL	4	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<b>Vitamins</b>		
<i>vp-pnv-dha</i>	2	

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<i>ciclopirox olamine</i>	29	CLINIMIX E 4.25%/DEXTROSE 5%	83
<i>cidofovir</i>	40	CLINIMIX E 5%/DEXTROSE 15%	83
<i>cilostazol</i>	48	CLINIMIX E 5%/DEXTROSE 20%	83
CILOXAN	23	CLINIMIX E 5%/DEXTROSE 25%	83
<i>cimetidine</i>	59	<i>clobetasol propionate</i>	62
<i>cimetidine hcl</i>	59	<i>clobetasol propionate e</i>	62
CIMZIA	71	<i>clobetasol propionate emollient</i>	62
CIMZIA STARTER KIT	71	<i>clocortolone pivalate</i>	62
CINRYZE	71	<i>clocortolone pivalate pump</i>	62
CIPRO HC	78	<i>clodan</i>	62
CIPRODEX	78	CLODAN KIT	57
<i>ciprofloxacin</i>	23	CLOLAR	33
<i>ciprofloxacin er</i>	23	<i>clomipramine hcl</i>	28
<i>ciprofloxacin hcl</i>	23	<i>clonazepam</i>	25
<i>ciprofloxacin i.v.-in d5w</i>	23	<i>clonazepam odt</i>	25
<i>cisplatin</i>	33	<i>clonidine hcl</i>	48
<i>citalopram hydrobromide</i>	27	<i>clonidine hcl er</i>	54
<i>cladribine</i>	33	<i>clopidogrel</i>	48
<i>claravis</i>	56	<i>clorazepate dipotassium</i>	43
<i>clarithromycin</i>	23	CLORPRES	48
<i>clarithromycin er</i>	23	<i>clotrimazole</i>	29
CLEOCIN	20	<i>clotrimazole/betamethasone dipropionate</i>	57

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<i>clozapine</i>	39	<i>cyclopentolate hcl</i>	76
<i>clozapine odt</i>	39	<i>cyclopentolate hydrochloride</i>	76
COARTEM	37	CYCLOPHOSPHAMIDE	32
<i>codeine sulfate</i>	16	<i>cycloserine</i>	31
<i>codeine/acetaminophen</i>	16	CYCLOSET	44
<i>colchicine</i>	30	<i>cyclosporine</i>	71
COLCRYS	30	<i>cyclosporine modified</i>	71
<i>colestipol hcl</i>	53	<i>cyproheptadine hcl</i>	79
<i>colistimethate sodium</i>	20	CYRAMZA	36
<i>colocort</i>	62	<i>cyred</i>	65
COLY-MYCIN S	78	CYSTADANE	58
COMBIGAN	76	CYSTAGON	58
COMBIPATCH	65	CYSTARAN	76
COMBIVENT RESPIMAT	79	<i>cytarabine aqueous</i>	33
COMETRIQ	35	<i>dacarbazine</i>	32
COMPLERA	41	DAKLINZA	40
<i>compro</i>	38	DALIRESP	80
COMVAX	73	DALVANCE	20
CONDYLOX	57	<i>danazol</i>	65
<i>constulose</i>	59	<i>dantrolene sodium</i>	40
COPAXONE	56	<i>dapsone</i>	31
CORDRAN TAPE	62	DAPTACEL	73
<i>cormax scalp application</i>	62	DARAPRIM	37
CORTIFOAM	62	<i>darifenacin er</i>	60
<i>cortisone acetate</i>	62	<i>darifenacin hydrobromide er</i>	60
CORTISPORIN	57	DARZALEX	36
CORTISPORIN-TC	78	<i>dasetta 1/35</i>	65
COSENTYX	57	<i>dasetta 7/7/7</i>	65
COSENTYX SENSOREADY PEN	57	<i>daunorubicin hcl</i>	33
COSMEGEN	33	DAUNOXOME	33
COSOPT PF	77	<i>daysee</i>	65
COTELLIC	33	<i>deblitane</i>	69
COUMADIN	46	<i>decitabine</i>	33
CREON	58	<i>deferoxamine mesylate</i>	75
CRESEMBA	29	<i>deltasone</i>	62
CRINONE	69	<i>delyla</i>	65
CRIXIVAN	42	<i>demeclocycline hcl</i>	24
<i>cromolyn sodium</i>	59	DEMSEER	51
<i>cromolyn sodium</i>	76	DENAVIR	43
<i>cromolyn sodium</i>	80	DEPEN TITRATABS	82
<i>cryselle-28</i>	65	DEPOCYT	33
CUBICIN	20	DEPO-ESTRADIOL	65
CUPRIMINE	82	DEPO-MEDROL	62
CURITY GAUZE PADS 2"X2"	57	DEPO-PROVERA	69
CUVPOSA	58	DEPO-SUBQ PROVERA 104	69
<i>cyclafem 1/35</i>	65	DESCOVY	41
<i>cyclafem 7/7/7</i>	65	<i>desipramine hcl</i>	28
<i>cyclobenzaprine hcl</i>	81	<i>desloratadine</i>	79

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<i>desogestrel/ethinyl estradiol</i>	65	<i>dicloxacillin sodium</i>	22
<i>desonate</i>	57	<i>dicyclomine hcl</i>	58
<i>desonide</i>	62	<i>didanosine</i>	41
<i>desoximetasone</i>	62	DIFICID	23
DESVENLAFAXINE ER	27	<i>diflorasone diacetate</i>	62
<i>dexamethasone</i>	62	<i>diflunisal</i>	15
<i>dexamethasone intensol</i>	62	<i>digitek</i>	51
<i>dexamethasone sodium phosphate</i>	62	<i>digox</i>	51
<i>dexamethasone sodium phosphate</i>	77	<i>digoxin</i>	51
<i>dexchlorpheniramine maleate</i>	79	<i>dihydroergotamine mesylate</i>	31
DEXEDRINE	54	DILANTIN	26
DEXILANT	60	DILANTIN INFATABS	26
<i>dexmethylphenidate hcl</i>	54	DILANTIN-125	26
<i>dexmethylphenidate hcl er</i>	54	DILATRATE SR	53
<i>dexrazoxane</i>	33	<i>diltiazem cd</i>	51
<i>dextroamphetamine sulfate</i>	54	<i>diltiazem hcl</i>	51
<i>dextroamphetamine sulfate er</i>	54	<i>diltiazem hcl cd</i>	51
<i>dextrose 10%/nacl 0.45%</i>	83	<i>diltiazem hcl er</i>	51
DEXTROSE 5% /ELECTROLYTE #48	83	<i>dilt-xr</i>	51
VIAFLEX		DIPENTUM	74
<i>dextrose 10%</i>	83	<i>diphenatol</i>	59
<i>dextrose 10%/nacl 0.2%</i>	84	<i>diphenhydramine hcl</i>	79
<i>dextrose 2.5%/sodium chloride 0.45%</i>	84	<i>diphenoxylate/atropine</i>	59
<i>dextrose 20%</i>	84	<i>diphtheria/tetanus toxoids adsorbed</i>	73
<i>dextrose 25%</i>	84	<i>pediatric</i>	
<i>dextrose 30%</i>	84	<i>dipyridamole</i>	48
<i>dextrose 40%</i>	84	<i>disopyramide phosphate</i>	49
<i>dextrose 5%</i>	84	<i>disulfiram</i>	18
<i>dextrose 5%/nacl 0.2%</i>	84	DIURIL	53
<i>dextrose 5%/nacl 0.225%</i>	84	<i>divalproex sodium</i>	25
<i>dextrose 5%/nacl 0.3%</i>	84	<i>divalproex sodium dr</i>	25
<i>dextrose 5%/nacl 0.33%</i>	84	<i>divalproex sodium er</i>	25
<i>dextrose 5%/nacl 0.45%</i>	84	<i>dobutamine hcl</i>	51
<i>dextrose 5%/nacl 0.9%</i>	84	<i>dobutamine hcl/d5w</i>	51
<i>dextrose 5%/potassium chloride 0.15%</i>	84	<i>dobutamine/dextrose 5%</i>	51
<i>dextrose 50%</i>	84	DOCEFREZ	33
<i>dextrose 70%</i>	84	<i>docetaxel</i>	34
<i>diazepam</i>	25	<i>dofetilide</i>	49
<i>diazepam</i>	43	<i>donepezil hcl</i>	26
<i>diazepam intensol</i>	43	<i>dopamine hcl</i>	51
<i>diclofenac potassium</i>	15	<i>dopamine hcl/dextrose 5%</i>	52
<i>diclofenac sodium</i>	19	<i>dopamine hcl-dextrose 5%</i>	52
<i>diclofenac sodium</i>	57	<i>dopamine/d5w</i>	52
<i>diclofenac sodium</i>	77	DORIBAX	22
<i>diclofenac sodium dr</i>	15	DORYX	24
<i>diclofenac sodium er</i>	15	<i>dorzolamide hcl</i>	77
<i>diclofenac sodium xr</i>	15	<i>dorzolamide hcl/timolol maleate</i>	78

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<i>doxazosin mesylate</i>	61	EMSAM	27
<i>doxepin hcl</i>	28	EMTRIVA	42
<i>doxepin hydrochloride</i>	57	<i>enalapril maleate</i>	49
<i>doxercalciferol</i>	74	<i>enalapril maleate/hydrochlorothiazide</i>	49
<i>doxorubicin hcl</i>	34	<i>enalaprilat</i>	49
<i>doxorubicin hcl liposome</i>	34	ENBREL	71
<i>doxy 100</i>	24	ENBREL SURECLICK	71
<i>doxycycline</i>	24	<i>endocet</i>	16
<i>doxycycline</i>	57	<i>endodan</i>	17
<i>doxycycline hyclate</i>	24	ENGERIX-B	73
<i>doxycycline hyclate dr</i>	24	<i>enoxaparin sodium</i>	46
<i>doxycycline monohydrate</i>	24	<i>enpresse-28</i>	66
<i>dronabinol</i>	29	<i>enskyce</i>	66
<i>droperidol</i>	28	<i>entacapone</i>	37
<i>drospirenone/ethinyl estradiol</i>	66	<i>entecavir</i>	40
DROXIA	33	ENTRESTO	48
DULERA	78	ENTYVIO	59
DULOXETINE HCL	27	<i>enulose</i>	59
<i>duramorph</i>	16	ENVARBUS XR	71
DUREZOL	77	EPANED	49
<i>dutasteride</i>	61	EPIDUO	57
<i>dutasteride/tamsulosin hydrochloride</i>	61	EPIDUO FORTE	57
DUTOPROL	50	<i>epinastine hcl</i>	76
DYMISTA	79	<i>epinephrine</i>	80
DYRENIUM	52	EPIPEN 2-PAK	80
E.E.S. GRANULES	23	EPIPEN-JR 2-PAK	80
<i>econazole nitrate</i>	29	<i>epirubicin hcl</i>	34
EDARBI	48	<i>epitol</i>	26
EDARBYCLOR	48	EPIVIR HBV	40
EDECIN	52	<i>eplerenone</i>	52
EDURANT	41	<i>epoprostenol sodium</i>	81
EFFIENT	48	<i>eprosartan mesylate</i>	48
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<i>elinest</i>	66	ERGOLOID MESYLATES	26
<i>eliphos</i>	61	ERGOMAR	31
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ELLA	69	ERWINAZE	34
ELMIRON	61	<i>ery</i>	23
EMADINE	76	ERYPED 200	23
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EMEND	29	<i>erythrocine lactobionate</i>	23
<i>emoquette</i>	66	ERYTHROCIN STEARATE	23

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<i>erythromycin base</i>	23	<i>fenofibrate micronized</i>	53
<i>erythromycin ethylsuccinate</i>	23	<i>fenofibric acid</i>	53
<i>erythromycin stearate</i>	23	<i>fenofibric acid dr</i>	53
<i>erythromycin/benzoyl peroxide</i>	57	FENOPROFEN CALCIUM	15
ESBRIET	81	<i>fentanyl</i>	16
<i>escitalopram oxalate</i>	27	FENTANYL CITRATE	17
<i>esmolol hcl</i>	50	<i>fentanyl citrate oral transmucosal</i>	17
<i>esomeprazole magnesium</i>	60	FENTORA	17
<i>esomeprazole sodium</i>	60	FERRIPROX	82
<i>estarylla</i>	66	FETZIMA	27
<i>estazolam</i>	43	FETZIMA TITRATION PACK	27
ESTRACE	66	FINACEA	57
<i>estradiol</i>	66	<i>finasteride</i>	61
<i>estradiol valerate</i>	66	FIRAZYR	71
<i>estradiol/norethindrone acetate</i>	66	FIRMAGON	70
ESTRING	66	FLAGYL ER	20
<i>estropipate</i>	66	FLAREX	77
<i>eszopiclone</i>	81	<i>flavoxate hcl</i>	60
<i>ethacrynic acid</i>	52	FLEBOGAMMA DIF	72
<i>ethambutol hcl</i>	31	<i>flecainide acetate</i>	49
<i>ethosuximide</i>	25	FLOVENT DISKUS	78
<i>etidronate disodium</i>	74	FLOVENT HFA	78
<i>etodolac</i>	15	<i>floxuridine</i>	33
<i>etodolac er</i>	15	<i>fluconazole</i>	29
ETOPOPHOS	35	<i>fluconazole in dextrose</i>	29
<i>etoposide</i>	35	<i>fluconazole in nacl</i>	29
EURAX	37	<i>flucytosine</i>	29
EVOMELA	32	FLUDARABINE PHOSPHATE	34
EVOTAZ	42	<i>fludrocortisone acetate</i>	62
EXELDERM	29	<i>flunisolide</i>	79
<i>exemestane</i>	35	<i>fluocinolone acetonide</i>	57
EXJADE	82	<i>fluocinolone acetonide</i>	62
EXTAVIA	56	<i>fluocinolone acetonide body</i>	57
EYLEA	76	<i>fluocinolone acetonide ear drops</i>	62
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<i>falmina</i>	66	<i>fluocinonide</i>	62
<i>famciclovir</i>	43	<i>fluocinonide-e</i>	62
<i>famotidine</i>	59	<i>fluorometholone</i>	77
<i>famotidine premixed</i>	59	<i>fluorouracil</i>	33
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FANAPT TITRATION PACK	39	<i>fluoxetine</i>	27
FARESTON	33	<i>fluoxetine dr</i>	27
FARYDAK	34	<i>fluoxetine hcl</i>	27
FASLODEX	33	<i>fluphenazine decanoate</i>	38
<i>felbamate</i>	25	<i>fluphenazine hcl</i>	38
<i>felodipine er</i>	51	<i>flurandrenolide</i>	62
FEMRING	66	<i>flurbiprofen</i>	15



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<i>flutamide</i>	32	<i>gavilyte-h</i>	59
<i>fluticasone propionate</i>	62	<i>gavilyte-n/fluor pack</i>	60
<i>fluticasone propionate</i>	79	GAZYVA	36
<i>fluvastatin</i>	53	GELNIQUE	60
<i>fluvastatin sodium er</i>	53	<i>gemcitabine</i>	33
<i>fluvoxamine maleate</i>	28	<i>gemcitabine hcl</i>	33
<i>fluvoxamine maleate er</i>	28	<i>gemfibrozil</i>	53
FML	77	<i>generlac</i>	60
FML FORTE	77	<i>gengraf</i>	71
FOCALIN XR	54	GENOTROPIN	64
FOLOTYN	33	GENOTROPIN MINIQUICK	64
<i>fondaparinux sodium</i>	47	<i>gentak</i>	19
FORADIL AEROLIZER	80	<i>gentamicin sulfate</i>	19
FORFIVO XL	27	<i>gentamicin sulfate pediatric</i>	19
FORTEO	74	<i>gentamicin sulfate/0.9% sodium chloride</i>	19
FORTICAL	74	GENVOYA	41
FOSAMAX PLUS D	74	GEODON	39
<i>fosinopril sodium</i>	49	<i>gianvi</i>	66
<i>fosinopril sodium/hydrochlorothiazide</i>	49	<i>gildagia</i>	66
<i>fosphenytoin sodium</i>	26	<i>gildess 1.5/30</i>	66
FOSRENOL	61	<i>gildess 1/20</i>	66
FRAGMIN	47	<i>gildess 24 fe</i>	66
FREAMINE HBC 6.9%	84	<i>gildess fe 1.5/30</i>	66
FREAMINE III	84	<i>gildess fe 1/20</i>	66
<i>frovatriptan succinate</i>	31	GILENYA	56
<i>furosemide</i>	52	GILOTRIF	34
FUSILEV	34	GLASSIA	81
FUZEON	42	<i>glatopa</i>	56
FYAVOLV	66	GLEOSTINE	32
FYCOMPA	24	<i>glimepiride</i>	44
<i>gabapentin</i>	25	<i>glipizide</i>	44
GABITRIL	25	<i>glipizide er</i>	44
GABLOFEN	40	<i>glipizide xl</i>	44
<i>galantamine hydrobromide</i>	26	<i>glipizide/metformin hcl</i>	44
GAMASTAN S/D	72	GLUCAGEN HYPOKIT	45
GAMMAGARD LIQUID	72	GLUCAGON EMERGENCY KIT	45
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	72	<i>glyburide</i>	44
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GAMMAPLEX	72	<i>glyburide/metformin hcl</i>	44
GAMUNEX-C	72	<i>glycopyrrolate</i>	59
<i>ganciclovir</i>	40	<i>glydo</i>	18
GARDASIL	73	GLYSET	44
GARDASIL 9	73	GOLYTELY	60
<i>gatifloxacin</i>	23	<i>granisetron hcl</i>	29
GATTEX	59	GRANIX	47
<i>gavilyte-c</i>	60	<i>griseofulvin microsize</i>	29
		<i>griseofulvin ultramicrosize</i>	30

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<i>guanfacine hcl</i>	48	HUMULIN R U-500 KWIKPEN	46
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H.P. ACTHAR	64	<i>hydrocodone bitartrate/acetaminophen</i>	17
HALAVEN	34	<i>hydrocodone/acetaminophen</i>	17
<i>halobetasol propionate</i>	62	<i>hydrocodone/ibuprofen</i>	17
<i>haloperidol</i>	38	<i>hydrocortisone</i>	63
<i>haloperidol decanoate</i>	38	<i>hydrocortisone butyrate</i>	63
<i>haloperidol lactate</i>	38	<i>hydrocortisone butyrate (lipophilic)</i>	62
HARVONI	40	<i>hydrocortisone valerate</i>	63
HAVRIX	73	<i>hydrocortisone/acetic acid</i>	78
<i>heather</i>	69	<i>hydromorphone hcl</i>	17
<i>hecoria</i>	71	<i>hydromorphone hcl er</i>	16
HEPAGAM B	72	<i>hydroxychloroquine sulfate</i>	37
<i>heparin sodium</i>	47	<i>hydroxyprogesterone caproate</i>	32
<i>heparin sodium/d5w</i>	47	<i>hydroxyurea</i>	33
<i>heparin sodium/nacl 0.45%</i>	47	<i>hydroxyzine hcl</i>	79
<i>heparin sodium/nacl 0.9%</i>	47	<i>hydroxyzine pamoate</i>	79
<i>heparin sodium/sodium chloride 0.9%</i>	47	HYPERHEP B S/D	72
<i>heparin sodium/sodium chloride 0.9% premix</i>	47	HYPERRAB S/D	72
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HIBERIX	73	IBRANCE	34
HIZENTRA	72	<i>ibudone</i>	17
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INTELENCE	41	JEVANTIQUE LO	66
INTRALIPID	75	JEVTANA	34
INTRON A	40	<i>jinteli</i>	66
INTRON A W/DILUENT	40	<i>jolessa</i>	66
<i>introvale</i>	66	<i>jolivette</i>	69
INVANZ	22	JUBLIA	30
INVEGA SUSTENNA	39	<i>juleber</i>	66
INVEGA TRINZA	39	<i>junel 1.5/30</i>	66
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<i>pimozide</i>	38	<i>prazosin hcl</i>	48
<i>pimtrea</i>	68	PRED MILD	77
<i>pindolol</i>	50	PRED-G	77
<i>pioglitazone hcl</i>	45	PRED-G S.O.P.	77
<i>pioglitazone hcl/metformin hcl</i>	45	<i>prednicarbate</i>	63
<i>pioglitazone hcl-glimepiride</i>	45	<i>prednisolone</i>	63
<i>piperacillin sodium/ tazobactam sodium</i>	22	<i>prednisolone acetate</i>	77
<i>piperacillin sodium/tazobactam sodium</i>	22	<i>prednisolone sodium phosphate</i>	63
<i>piperacillin/tazobactam</i>	22	<i>prednisolone sodium phosphate</i>	77
<i>pirmella 1/35</i>	68	<i>prednisone</i>	63
<i>pirmella 7/7/7</i>	68	<i>prednisone intensol</i>	63
<i>piroxicam</i>	15	PREGNYL W/DILUENT BENZYL	64
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<i>plenamine</i>	85	PREPOPIK	60
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<i>polycin</i>	76	PREZCOBIX	42
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<i>polymyxin b sulfate/trimethoprim sulfate</i>	76	PRIOSEC	60
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<i>potassium chloride</i>	85	PRISTIQ	28
<i>potassium chloride 0.15% /nacl 0.45%</i>	85	PRIVIGEN	72
<i>viaflex</i>		PROAIR HFA	80
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<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	85	<i>probenecid</i>	30
<i>potassium chloride 0.15%/nacl 0.9%</i>	85	<i>probenecid/colchicine</i>	30
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	85	<i>procainamide hcl</i>	49
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	85	PROCALAMINE	86
<i>potassium chloride 0.3%/ nacl 0.9%</i>	85	<i>prochlorperazine</i>	38
<i>potassium chloride 0.3%/d5w</i>	85	<i>prochlorperazine edisylate</i>	38
<i>potassium chloride cr</i>	85	<i>prochlorperazine maleate</i>	38
<i>potassium chloride er</i>	85	PROCRIT	47
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PSORCON	63	REPATHA	52
PULMOZYME	80	REPATHA SURECLICK	52
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<i>quinidine gluconate cr</i>	50	RHOPHYLAC	72
<i>quinidine gluconate er</i>	50	<i>ribasphere</i>	41
<i>quinidine sulfate</i>	50	RIBASPHERE RIBAPAK	40
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<i>quinine sulfate</i>	37	<i>ribavirin</i>	41
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<i>rivastigmine transdermal system</i>	26	SIVEXTRO	21
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<i>ropinirole er</i>	37	<i>sodium chloride</i>	86
<i>ropinirole hcl</i>	37	<i>sodium chloride 0.45% viaflex</i>	86
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<i>selenium sulfide</i>	57	<i>spironolactone/hydrochlorothiazide</i>	52
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<i>sulfatrim pediatric</i>	24	TEGRETOL-XR	26
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<i>thiotepa</i>	32	<i>trandolapril/verapamil hcl</i>	49
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<i>ticlopidine hcl</i>	48	TRECATOR	32
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<i>timolol maleate</i>	78	<i>tretinoin</i>	58
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<i>tizanidine hcl</i>	40	<i>triamcinolone acetonide</i>	79
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<i>tolbutamide</i>	45	<i>tri-linyah</i>	68
<i>tolcapone</i>	37	<i>tri-lo-estarylla</i>	68
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<i>topiramate er</i>	26	<i>trimethoprim</i>	21
<i>toposar</i>	35	<i>trimethoprim/polymyxin b</i>	76
<i>topotecan hcl</i>	35	<i>trimipramine maleate</i>	28
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<i>zebutal</i>	55		
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**Advantage Premium LI**  
**Advantage Silver NY City**  
**Advantage Health NYC**  
**Advantage Value One NY -Dual**  
**2017 Formulary**  
**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00017034, Version Number 5

This formulary was updated on 09/07/2016. For more recent information or other questions, please contact us, Quality Health Plans of New York Member Services at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30, or visit <http://qhpny.com>.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Quality Health Plans of New York. When it refers to “plan” or “our plan,” it means Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual.

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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