



**QualityHealthPlans**  
of New York

# 2019 Drug Formulary All Plans

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**Advantage Silver NY (HMO), Advantage Health LI (HMO SNP)  
Advantage Premium LI (HMO), Advantage Silver NY City  
(HMO), Advantage Health NYC (HMO SNP), Advantage Value  
One NY – Dual (HMO SNP)**

**2019 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: 00019168, Version Number 5

This formulary was updated on 08/01/2018. For more recent information or other questions, please contact Quality Health Plans of New York at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to March 31, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from April 1 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 Silver NY, Advantage Health LI, 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 08/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, gratis, están a su disposición. Llame al 1-877-233-7058 (TTY: 711).

注意：如果您說中文，可以免費獲得語言協助服務。請致電1-877-233-7058（TTY：711）。

Quality Health Plans of New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Quality Health Plans of New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Quality Health Plans of New York (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Quality Health Plans of New York (HMO) depends on contract renewal.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Advantage Silver NY, Advantage Health LI, Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30

days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

The enclosed formulary is current as of 08/01/2018. 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.qhpnny.com](http://www.qhpnny.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 16. 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 16. 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 92. 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 tablets 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 16. 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 9 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. 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 cost of the OTC drugs does not count for the coverage gap).

Item #	Product Description	Size	Price
<b>First Aid and Medical Supplies</b>			
1	Alcohol Prep Pads	100 ct.	\$3.39
2	Fabric Bandage Strips 3/4”	30 ct.	\$3.29
3	Calamine Lotion	180 mL	\$3.59
4	Curity Gauze Pads Sterile 2” x 2”	200 ct.	\$3.99
5	Curity Gauze 4” x 4”	200 ct.	\$7.99
6	Hydrocortisone Cream 1%	28 g	\$3.89

<b>Item #</b>	<b>Product Description</b>	<b>Size</b>	<b>Price</b>
7	Muscle Rub Cream	85 g	\$4.79
8	Salicylic Acid Liq. 12.24% (Corn/Callus Remover)	9 mL	\$6.49
9	Fluoride Toothpaste/Brush	6.4 oz	\$3.99
10	POLI-GRIP ULT FRESH ZNC/F	1.4 oz	\$5.99
11	Triple Antibiotic Ointment	28.4 g	\$4.69
12	Zinc-Bacitracin Antibacterial Ointment	0.5 oz	\$3.49
13	Psoriasis Moisturizing Cream	1 oz	\$3.99
14	Deep Cleansing Skin Cream	12 oz	\$3.29
15	Vitamin E Skin Cream	4 oz	\$7.99
16	Vitamin E Lotion	20 oz	\$4.99
17	Aloe Vera Lotion	20 oz	\$4.99
18	Hand Sanitizer (2 Pack)	4 oz	\$2.99
19	Wet Cleansing Antibacterial Wipes	40 ct.	\$2.99
<b>Laxatives</b>			
20	Bisacodyl Tab 5mg EC	100 ct.	\$4.29
21	Bisacodyl 10mg Suppositories	12 ct.	\$3.29
22	Docqlace Cap 100mg (Docusate Sodium)	100 ct.	\$4.49
23	Dok Plus Tab 8.6-50mg (Sennosides-Docusate Sodium)	100 ct.	\$4.99
24	Glycerin Suppositories 2gm	12 ct.	\$3.89
25	ClearLax (Miralax)	4.1 oz	\$6.99
<b>Anti-Fungals</b>			
26	Clotrimazole Cream 1%	30 g	\$3.99

<b>Item #</b>	<b>Product Description</b>	<b>Size</b>	<b>Price</b>
27	Tolnaftate Cream 1%	15 g	\$3.29
28	Medicated Foot Powder	10 oz	\$3.99
29	Medicated Body Powder	10 oz	\$3.99
30	Foot Powder Spray	4.8 oz	\$3.99
<b>Digestive Aids</b>			
31	Gas Free Cap 125mg (Simethicone)	30 ct.	\$3.95
32	Loperamide Cap 2mg	24 ct.	\$4.79
33	Pink Bismuth Chewable Tab 262mg (Bismuth Subsalicylate)	30 ct.	\$4.09
<b>Eye Care</b>			
34	Artificial Tears Solution 1.4% (Polyvinyl Alcohol)	15 mL	\$4.49
35	Eye Drops Extra Solution (Tetrahydrozoline with Polyethylene Glycol 0.05-1%)	15 mL	\$3.29
<b>Cough/Cold/Allergy</b>			
36	Allergy Relief Tab 10mg (Loratadine)	30 ct.	\$4.69
37	Cetirizine Tab 10mg	30 ct.	\$9.99
38	DIAB/TUSS DM MAX/STR	118 mL	\$7.99
39	Halls Cough Drops Menthol Sugar Free Lozenge 5.8mg	25 ct.	\$3.49
40	Halls Cough Drops Menthol Black Cherry Sugar Free Lozenge 5.8mg	25 ct.	\$3.49
41	Digital Thermometer	1	\$5.59
42	Mucinex DM Tab 30-600mg ER (Dextromethorphan-Guaifenesin)	20 ct.	\$12.99

<b>Item #</b>	<b>Product Description</b>	<b>Size</b>	<b>Price</b>
43	Nasal Decongestant Spray 0.05% (Oxymetazalone)	30 mL	\$2.99
44	Phenol Liquid 1.4% (Sore Throat Spray)	177 mL	\$3.69
45	Q-Dryl Cap 25mg (Diphenhydramine)	24 ct.	\$3.09
46	Saline Nasal Spray 0.65%	45 mL	\$3.09
47	Tussin DM Syrup 10-100mg/5ml (Dextromethorphan-Guaifenesin)	237 mL	\$4.49
48	Medicated Chest Rub Ointment	100 g	\$3.89
<b>Anti-Hemorrhoidal</b>			
49	Preparation H Ointment 1%	28 g	\$7.69
50	Hemorrhoidal Suppository 0.25%	12 ct.	\$4.99
<b>Vitamins</b>			
51	B-Complex Cap (100% RDA)	100 ct.	\$5.99
52	Cerovite Senior Multivitamin Tab	60 ct.	\$5.09
53	Tab-A-Vite Daily Multivitamin Tab	100 ct.	\$4.69
54	Echinacea Cap 400mg	100 ct.	\$6.09
55	Ferrous Sulfate Tab 325mg (Iron)	100 ct.	\$4.19
56	Fish Oil Cap 1,000mg (Omega 3)	100 ct.	\$6.79
57	Folic Acid Tab 800mcg	100 ct.	\$3.59
58	S/D GARLIC ODORL SFTGEL	100 ct.	\$6.99
59	Glucosamine/Chondroitin/MSM Cap 500- 400mg	60 ct.	\$12.99
60	Multivitamin with Iron Chewable Tab 15mg	100 ct.	\$4.89
61	Niacin Tab 500mg	100 ct.	\$4.69
62	Oyster Shell Tab 500mg (calcium Carbonate)	60 ct.	\$3.29



<b>Item #</b>	<b>Product Description</b>	<b>Size</b>	<b>Price</b>
63	Oyster Shell + D Tab 250mg-125unit (Calcium Carbonate with Cholecalciferol)	100 ct.	\$3.89
64	Vitamin A Cap 10,000 unit	100 ct.	\$3.99
65	Vitamin B-12 Tab 100mcg	100 ct.	\$4.69
66	Vitamin C Tab 500mg (Ascorbic Acid)	100 ct.	\$4.49
67	Vitamin D 1000 IU Tab	100 ct.	\$4.89
68	Vitamin E Cap 400 unit	100 ct.	\$8.09
69	CoQ10 Softgel 100mg	30 ct.	\$6.99
<b>Pain Relievers</b>			
70	Aspirin Tab 325mg	100 ct.	\$2.69
71	Aspirin Tab 325mg EC	100 ct.	\$3.09
72	Aspirin Tab 81mg EC	120 ct.	\$3.59
73	Aspirin Chewable Tab 81mg	36 ct.	\$2.89
74	Ibuprofen Tab 200mg	100 ct.	\$3.79
75	Icy Hot Patch 5%	5 ct.	\$5.39
76	Capsaicin Heat Patch	1 ct.	\$2.49
77	MAPAP Tab 325mg (Acetaminophen)	100 ct.	\$3.19
78	MAPAP Tab 500mg (Acetaminophen)	100 ct.	\$3.89
79	Naproxen Sodium 220mg Tab	100 ct.	\$7.49
<b>Stomach/Acid Reflux</b>			
80	Esomeprazole 20mg Capsules	28 ct.	\$13.99
<b>Antacids</b>			
81	Calcium Antacid Chewable Tablet 500mg (Calcium Carbonate)	150 ct.	\$3.69

Item #	Product Description	Size	Price
82	Famotidine 10mg Tab	30 ct.	\$4.59
83	Lansoprazole Cap 15mg DR	14 ct.	\$9.99
84	Omeprazole Tab 20mg	14 ct.	\$10.99
85	Ranitidine Tab 75mg	60 ct.	\$7.99
<b>Motion Sickness</b>			
86	Meclizine Chewable Tab 25mg	100 ct.	\$5.29
<b>Ear Care</b>			
87	Carbamide Peroxide Otic Solution 6.5% (Ear Wax Drops)	15 mL	\$3.19

### **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 Advantage Silver NY, Advantage Health LI, Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual. 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 Silver NY or Advantage Health LI, 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.

- 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. 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 and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In the event of mid-year non-maintenance formulary changes, the changes are posted on our website, [www.qhpny.com](http://www.qhpny.com)

## Quality Health Plan's Transition Policy

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 Plan of New York's 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 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 92.

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.

**GC:** Gap Coverage. 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.

**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 March 31, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from April 1 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 at 877-233-7058 7-days a week, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to March 31, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from April 1 to September 30. TTY users should call 711.

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

**NDS:** Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

**PA:** Prior Authorization. Quality Health Plans 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 New York before you fill your prescriptions. If you don't get approval, Quality Health Plans New York may not cover the drug.

**QL:** Quantity Limit. For certain drugs, Quality Health Plans New York limits the amount of the drug that Quality Health Plans New York will cover. For example, Quality Health Plans 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 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 New York may not cover drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans New York will then cover Drug B.

## Plan Cost Sharing:

### Advantage Silver NY (019)

<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	\$15	\$45	\$15	\$15	\$30	\$15
<b>Tier 3</b> Preferred Brand	\$35	\$105	\$35	\$35	\$105	\$35
<b>Tier 4</b> Non-Preferred Drugs	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Unavailable	33%	33%	Unavailable	33%

### Advantage Health LI (003)

<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	\$30	\$90	\$30	\$30	\$90	\$30
<b>Tier 4</b> Non-Preferred Drugs	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Unavailable	33%	33%	Unavailable	33%

## Advantage Premium LI (022)

<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 Drugs	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Unavailable	33%	33%	Unavailable	33%

## Advantage Silver NY City (020) and Advantage Health NYC (017)

<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
<b>Tier 4</b> Non-Preferred Drugs	25%	25%	25%	25%	25%	25%
<b>Tier 5</b> Specialty Tier	33%	Unavailable	33%	33%	Unavailable	33%

## Advantage Value One NY – Dual (018)

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
<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: <ul style="list-style-type: none"> <li>• A \$0 copay, or</li> <li>• A \$1.25 copay, or</li> <li>• A \$3.40 copay.</li> </ul>					
<b>Tier 3</b> Preferred Brand						
<b>Tier 4</b> Non-Preferred Drugs						
<b>Tier 5</b> Specialty Tier	A \$0 copay or A \$3.80 copay, or A \$8.50 copay.	Not Available	A \$0 copay or A \$3.80 copay, or A \$8.50 copay.	A \$0 copay or A \$3.80 copay, or A \$8.50 copay.	Not Available	A \$0 copay or A \$3.80 copay, or A \$8.50 copay.



Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	4	QL (360 EA per 30 days) PA
<i>butalbital/acetaminophen tabs 300mg; 50mg</i>	4	PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	QL (360 EA per 30 days) PA
<i>capacet</i>	4	QL (360 EA per 30 days) PA
<i>cephadyn</i>	4	PA
<i>esgic</i>	4	QL (360 EA per 30 days) PA
<i>margesic</i>	4	QL (360 EA per 30 days) PA
<i>marten-tab</i>	4	QL (360 EA per 30 days) PA
<i>phrenilin forte caps 300mg; 50mg; 40mg</i>	4	PA
<i>tencon tabs 325mg; 50mg</i>	4	QL (360 EA per 30 days) PA
<i>zebital caps 325mg; 50mg; 40mg</i>	4	QL (360 EA per 30 days) PA
<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>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	5	
<i>diflunisal tabs 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</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>ibu tabs 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 cp24 200mg</i>	4	
<i>ketoprofen caps 50mg, 75mg</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 tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen dr</i>	2	
<i>naproxen sodium cr</i>	2	
<i>naproxen sodium er tb24 375mg</i>	2	
<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>profeno</i>	4	
SPRIX	5	QL (5 EA per 30 days)
<i>sulindac tabs</i>	1	
<i>tolmetin sodium</i>	4	
<b>Opioid Analgesics, Long-acting</b>		
ARYMO ER TBEA 15MG	4	ST NDS
ARYMO ER TBEA 30MG, 60MG	5	ST NDS
BUPRENORPHINE	3	QL (4 EA per 28 days) NDS
<i>buprenorphine hcl inj 0.3mg/ml</i>	5	
BUTRANS	3	QL (4 EA per 28 days) NDS
EMBEDA	3	NDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	NDS
<i>fentanyl pt72 87.5mcg/hr</i>	5	NDS
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	4	NDS
<i>hydromorphone hcl er t24a 16mg, 32mg</i>	5	NDS
<i>hydromorphone hydrochloride er</i>	5	NDS
INFUMORPH 200	4	NDS
INFUMORPH 500	4	NDS
<i>levorphanol tartrate tabs</i>	5	NDS
<i>methadone hcl intensol</i>	2	NDS
<i>methadone hcl conc, oral soln, tabs</i>	2	NDS
<i>methadone hcl inj</i>	4	NDS
<i>methadose sugar-free</i>	2	NDS
<i>methadose conc 10mg/ml</i>	2	NDS
<i>mitigo</i>	2	NDS
<i>morphine sulfate cr tbcr 60mg</i>	2	NDS
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	NDS
<i>morphine sulfate er cp24 100mg</i>	5	NDS
<i>morphine sulfate er tbcr</i>	2	NDS
<i>oxymorphone hydrochloride er</i>	4	NDS
<i>tramadol hcl er tb24</i>	2	NDS
XTAMPZA ER	3	ST NDS
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL	5	PA NDS
<i>acetaminophen/codeine soln</i>	1*	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs</i>	2	NDS
<i>ascomp/codeine</i>	4	PA NDS
<i>aspirin-caffeine-dihydrocodeine</i>	2	
<i>butalbital compound/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	PA NDS
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA NDS
<i>butorphanol tartrate nasal soln</i>	2	NDS
<i>butorphanol tartrate inj</i>	4	NDS
<i>codeine sulfate tabs</i>	2	NDS
<i>codeine/acetaminophen</i>	2	NDS
<i>duramorph</i>	2	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>endodan tabs 325mg; 4.835mg</i>	2	NDS
<i>fentanyl citrate oral transmucosal</i>	5	PA NDS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml</i>	4	B/D NDS
<b>FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG</b>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg</i>	2	NDS
<i>hydrocodone/acetaminophen soln</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>hydrocodone/ibuprofen tabs 2.5mg; 200mg</i>	2	
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	NDS
<i>hydromorphone hcl dosette</i>	2	NDS
<i>hydromorphone hcl liqd, tabs</i>	2	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	2	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml</i>	2	
<i>ibudone tabs 5mg; 200mg</i>	2	NDS
<b>LAZANDA</b>	5	PA NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral soln, tabs</i>	2	NDS
<i>morphine sulfate inj 15mg/ml</i>	2	
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	2	B/D NDS
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	4	NDS
OXAYDO	5	NDS
<i>oxycodone hcl caps, soln, tabs</i>	2	NDS
<i>oxycodone hcl conc</i>	4	NDS
<i>oxycodone/acetaminophen soln</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	NDS
<i>oxycodone/ibuprofen</i>	2	NDS
<i>oxymorphone hydrochloride</i>	2	NDS
<i>pentazocine/naloxone hcl</i>	4	PA NDS
PRIMLEV TABS 300MG; 5MG, 300MG; 7.5MG	4	NDS
PRIMLEV TABS 300MG; 10MG	5	NDS
<i>reprexain tabs 10mg; 200mg</i>	2	NDS
<i>roxicet soln</i>	2	NDS
ROXYBOND	5	NDS
<i>tramadol hcl tabs</i>	1*	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>verdrocet</i>	2	NDS
<i>vicodin es tabs 300mg; 7.5mg</i>	2	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	2	NDS
<i>vicodin tabs 300mg; 5mg</i>	2	NDS
<i>xylon</i>	2	NDS

## Anesthetics

### Local Anesthetics

<i>7t lido gel</i>	2	
<i>chloroprocaine hydrochloride</i>	4	
<i>glydo</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine and tetracaine cream</i>	4	QL (30 GM per 30 days) PA
<i>lidocaine hcl jelly</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl/dextrose intraspinal soln 7.5%; 5%</i>	4	
<i>lidocaine hcl gel 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hcl external soln 4%</i>	2	QL (50 ML per 30 days) PA
<i>lidocaine-prilocaine-cream base crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/epinephrine</i>	1*	
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine ptch</i>	4	PA
<i>lidocaine oint</i>	4	QL (150 GM per 30 days) PA
PLIAGLIS	4	QL (30 GM per 30 days) PA
<i>polocaine-mpf</i>	4	
<i>polocaine inj 1%, 2%</i>	4	
<i>xylocaine dental inj</i>	1*	

## Anti-Addiction/Substance Abuse Treatment Agents

### Alcohol Deterrents/Anti-craving

\* 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 12.

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	3	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	2	QL (90 EA per 30 days)
LUCEMYRA	5	QL (480 EA per 30 days)
<i>naltrexone hcl tabs</i>	2	
SUBOXONE FILM 4MG; 1MG	4	QL (180 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	4	QL (360 EA per 30 days)
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	4	QL (90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
NARCAN LIQD	3	
<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	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	3	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>Glucocorticoids</b>		
<i>hydrocortisone rectal crea 1%, 2.5%</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>triamcinolone acetone aers 0.147mg/gm</i>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%, 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	1*	
<i>gentamicin sulfate crea, external oint, ophthalmic oint</i>	2	
<i>gentamicin sulfate inj 10mg/ml, 40mg/ml</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	1*	
<i>tobramycin sulfate inj</i>	2	
TOBREX OINT	4	
<b>Antibacterials, Other</b>		
ALTABAX	4	
<i>baciim</i>	2	
<i>bacitracin inj, oint</i>	2	
BACTROBAN NASAL	4	
<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 crea, gel, inj, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate foam</i>	4	
<i>clindamycin/sodium chloride</i>	2	
CLINDESSE	4	
<i>colistimethate sodium</i>	4	
CORTISPORIN CREA, OINT	4	
DALVANCE	5	
<i>daptomycin inj 500mg</i>	5	
FLAGYL ER	4	
IMPAVIDO	5	
<i>lincomycin hcl inj</i>	2	
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid tabs</i>	5	QL (56 EA per 28 days)
<i>linezolid inj 600mg/300ml</i>	5	
<i>mafenide acetate pack</i>	5	
<i>methenamine hippurate</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	2	
METRONIDAZOLE INJ 500MG/100ML; 0.74%	4	
<i>metronidazole inj 5mg/ml</i>	2	
<i>metronidazole tabs 250mg</i>	1*	
<i>metronidazole tabs 500mg</i>	2	
MONUROL	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium</i>	2	
<i>mupirocin crea, oint</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>	2	QL (180 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	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)
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
PRIMSOL	4	
<i>silver sulfadiazine crea</i>	2	
SIVEXTRO	5	QL (6 EA per 30 days)
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline</i>	5	
<i>trimethoprim tabs</i>	1*	
TRIMPEX SOLN	4	
<i>vancomycin hcl in dextrose</i>	2	
<i>vancomycin hcl caps 125mg</i>	4	
<i>vancomycin hcl caps 250mg</i>	5	
<i>vancomycin hcl inj 1000mg, 100gm, 10gm, 5000mg, 500mg, 750mg</i>	2	
<i>vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml</i>	2	
<i>vandazole</i>	2	
VIBATIV	4	
XIFAXAN	5	PA
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	4	
<i>cefaclor caps</i>	4	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 20gm, 300gm, 500mg</i>	2	
<i>cefazolin inj 2gm/100ml; 4%</i>	2	
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	4	
<i>cefepime</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftibuten</i>	2	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj</i>	2	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin caps</i>	1*	
<i>cephalexin susr, tabs</i>	2	
SUPRAX CAPS, CHEW	3	
SUPRAX SUSR 500MG/5ML	5	
<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/50ML; 0	4	
<i>azactam in iso-osmotic dextrose inj 1gm/50ml; 0</i>	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
DORIBAX	4	
DORIPENEM	4	
<i>ertapenem</i>	2	
<i>ertapenem sodium</i>	2	
<i>imipenem/cilastatin</i>	2	
INVANZ	4	
<i>meropenem</i>	2	
<i>meropenem/sodium chloride inj 500mg/50ml; 0.9%</i>	2	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	5	
VABOMERE	4	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin/clavulanate potassium chew, susr</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	1*	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1*	
<i>amoxicillin caps, susr, tabs</i>	1*	
<i>ampicillin</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin</i>	5	
<i>nafcillin sodium inj 1gm, 2gm</i>	4	
<i>nafcillin sodium inj 10gm, 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>oxacillin inj 1gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1*	
<i>pfizerpen inj 5000000unit</i>	2	
<i>piperacillin sodium/ tazobactam sodium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>piperacillin/tazobactam inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	2	
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 pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 400	5	
<i>erythrocin lactobionate inj 500mg</i>	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin stearate tabs 250mg</i>	4	
<i>erythromycin oint</i>	1*	
<i>erythromycin gel, pads</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin cpep</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>ilotycin oint</i>	1*	
KETEK	4	
PCE	4	
ZMAX	4	
<b>Quinolones</b>		
BAXDELA	5	
BESIVANCE	4	
CILOXAN OINT	4	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl soln</i>	1*	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 750mg</i>	1*	
<i>ciprofloxacin hydrochloride 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	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
MOXIFLOXACIN HCL INJ	4	
<i>moxifloxacin hcl tabs</i>	2	
<i>moxifloxacin hydrochloride soln</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
<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 lotn</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1*	
<i>sulfamethoxazole/trimethoprim tabs</i>	1*	
<i>sulfamethoxazole/trimethoprim inj, susp</i>	2	
<i>sulfatrim pediatric</i>	2	
<b>Tetracyclines</b>		
<i>coremino</i>	2	
<i>demeclocycline hcl tabs</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
DORYX MPC	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr</i>	4	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate inj</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tabs 100mg, 20mg, 75mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>minocycline hcl er</i>	2	
<i>minocycline hcl caps, tabs</i>	2	
<i>minocycline hydrochloride</i>	5	
<i>mondoxyne nl</i>	2	
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 1x50mg</i>	2	
<i>morgidox 2x100mg caps</i>	2	
<i>okebo</i>	2	
<i>soloxide</i>	4	
<i>tetracycline hcl caps 250mg, 500mg</i>	2	
<i>tetracycline hydrochloride</i>	2	
VIBRAMYCIN SYRP	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM	5	
BRIVIACT	5	
FYCOMPA	4	
<i>levetiracetam er</i>	2	
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam tabs</i>	1*	
<i>levetiracetam oral soln</i>	2	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
POTIGA	5	
<i>roweepra</i>	1*	
<i>roweepra xr</i>	2	
SPRITAM	4	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPS 300MG	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 (300 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 2mg</i>	1*	QL (300 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs 0.5mg, 1mg</i>	1*	QL (90 EA per 30 days)
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
<i>diazepam rectal gel</i>	4	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 400mg</i>	1*	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1*	QL (360 EA per 30 days)
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
GABITRIL TABS 12MG, 16MG	4	
ONFI SUSP	5	
ONFI TABS 10MG, 20MG	5	
<i>phenobarbital sodium inj</i>	4	PA
<i>phenobarbital elix</i>	4	PA
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	PA
<i>primidone tabs</i>	2	
SABRIL TABS	5	PA
<i>tiagabine hydrochloride</i>	4	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
<b>Glutamate Reducing Agents</b>		
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine tabs</i>	1*	
<i>lamotrigine chew</i>	2	
<i>subvenite</i>	1*	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cpsp</i>	2	
<b>Sodium Channel Agents</b>		
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew</i>	1*	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
DILANTIN CAPS	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	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 INJ, ORAL SOLN	4	
VIMPAT TABS 50MG	4	
VIMPAT TABS 100MG, 150MG, 200MG	5	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
ERGOLOID MESYLATES TABS	4	PA
<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>donepezil hydrochloride</i>	1*	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide 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	
<i>memantine hydrochloride er</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln</i>	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	5	QL (30 EA per 30 days) ST

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Drug Name	Drug Tier	Requirements/Limits
<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 100mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs 15mg</i>	1*	
<i>mirtazapine tabs 30mg, 45mg, 7.5mg</i>	2	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
<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
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride 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*	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
<i>maprotiline hcl</i>	2	
<i>nefazodone hcl tabs 100mg, 150mg, 250mg, 50mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg</i>	4	
<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</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl</i>	4	PA
<i>paroxetine hcl er</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PAXIL SUSP	4	PA
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) PA
<i>sertraline hcl tabs</i>	1*	
<i>sertraline hcl conc</i>	2	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
<i>venlafaxine hydrochloride er tb24 37.5mg, 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	4	PA
<i>amoxapine</i>	4	PA
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>clomipramine hcl caps</i>	4	PA
<i>desipramine hcl tabs</i>	4	PA
<i>doxepin hcl caps, conc</i>	4	PA
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA
<i>imipramine hydrochloride tabs 10mg</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps, soln</i>	2	PA
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	PA
<i>trimipramine maleate caps</i>	4	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
AKYNZEO	4	QL (2 EA per 30 days) B/D
<i>compro</i>	2	
<i>droperidol inj</i>	2	
<i>meclizine hcl tabs</i>	4	PA
<i>phenadoz</i>	4	PA
<i>phenergan supp</i>	4	PA
<i>prochlorperazine edisylate inj</i>	4	
<i>prochlorperazine maleate tabs</i>	1*	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl plain</i>	3	PA
<i>promethazine hcl syrp</i>	3	PA
<i>promethazine hcl inj, supp</i>	4	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	4	PA
<i>promethazine hydrochloride inj</i>	4	PA
<i>promethazine hydrochloride tabs 50mg</i>	4	PA
<i>promethegan</i>	4	PA
<i>scopolamine</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl caps 300mg</i>	4	B/D
<b>Emetogenic Therapy Adjuncts</b>		
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>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
CINVANTI	4	
DRONABINOL CAPS 10MG	5	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
EMEND SUSR	4	QL (6 EA per 30 days) B/D
<i>granisetron hcl tabs</i>	2	QL (30 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	2	
<i>granisetron hydrochloride</i>	2	
<i>ondansetron hcl oral soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 40mg/20ml</i>	2	QL (120 ML per 30 days)
<i>ondansetron hcl inj 4mg/2ml</i>	2	QL (240 ML per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1*	B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron odt</i>	1*	B/D
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
SANCUSO	5	QL (2 EA per 30 days)
SYNDROS	5	QL (120 ML per 30 days) PA

## Antifungals

### Antifungals

ABELCET	5	B/D
AMBISOME	5	B/D
AMPHOTEC	5	B/D
<i>amphotericin b inj</i>	4	B/D
<i>casposfungin acetate</i>	5	
<i>ciclodan crea</i>	2	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	1*	
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	
<i>clotrimazole crea</i>	1*	
<i>clotrimazole lozg, soln</i>	2	
CRESEMBA	5	
<i>econazole nitrate crea</i>	2	
ERAXIS	5	
EXELDERM	4	

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Drug Name	Drug Tier	Requirements/Limits
<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 caps</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
GYZAZOLE-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	5	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride</i>	4	
NAFTIN GEL	4	
NATACYN	4	
NOXAFIL	5	
<i>nyamyc</i>	2	
<i>nyata powd</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin crea, susp</i>	1*	
<i>nystatin oint, powd, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	PA
<i>oxiconazole nitrate</i>	4	
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, susr, tabs</i>	5	
<i>zazole</i>	2	

### Antigout Agents

#### Antigout Agents

<i>allopurinol sodium</i>	4	
<i>allopurinol tabs</i>	1*	
COLCHICINE CAPS	3	
COLCHICINE TABS 0.6MG	3	
COLCRYS	3	
KRYSTEXXA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	3	ST
<b>Antimigraine Agents</b>		
<b><i>Ergot Alkaloids</i></b>		
<i>dihydroergotamine mesylate inj</i>	5	
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days)
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	2	
MIGERGOT	5	
<b><i>Serotonin (5-HT) 1b/1d Receptor Agonists</i></b>		
<i>almotriptan</i>	4	QL (12 EA per 30 days)
<i>almotriptan malate</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	4	QL (12 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 INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1*	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA 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>		
<b><i>Parasympathomimetics</i></b>		
GUANIDINE HCL	4	
MESTINON SYRP	5	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs</i>	2	
REGONOL INJ 10MG/2ML	4	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tabs 100mg, 25mg</i>	2	
<i>rifabutin</i>	4	
<b><i>Antituberculars</i></b>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>ethambutol hcl tabs</i>	2	
<i>isoniazid tabs</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrp</i>	2	
<i>isoniazid inj</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	4	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
<i>bendamustine hydrochloride</i>	5	
BENDEKA	5	
BICNU	5	
<i>busulfan</i>	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	2	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide inj</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	2	
EVOMELA	5	
GLEOSTINE	4	
HEXALEN	5	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
KISQALI FEMARA 200 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	5	QL (91 EA per 28 days) PA
LEUKERAN	5	
<i>lomustine</i>	4	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	
MUSTARGEN	5	
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	
<i>oxaliplatin inj 100mg, 50mg</i>	5	
TEMODAR INJ	4	
TEPADINA INJ 100MG	5	
<i>thiotepa inj 15mg</i>	5	
TREANDA	5	
VALCHLOR	5	PA
YONDELIS	5	
ZANOSAR	5	
<b><i>Antiandrogens</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i>	2	
ERLEADA	5	QL (120 EA per 30 days) PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
XTANDI	5	PA
YONSA	5	PA
ZYTIGA	5	PA
<b>Antiangiogenic Agents</b>		
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	
FARESTON	5	
FASLODEX INJ 250MG/5ML	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	2	
<b>Antimetabolites</b>		
<i>adrucil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
ALIMTA	5	
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	2	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	2	B/D
DEPOCYT	5	
DROXIA	4	
<i>floxuridine inj</i>	5	B/D
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	PA
<i>gemcitabine</i>	5	
<i>gemcitabine hcl</i>	4	
<i>gemcitabine hydrochloride inj 1gm</i>	4	
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/20ml, 2gm/52.6ml</i>	5	
<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	

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN	5	
TABLOID	4	
VYXEOS	5	PA
<b>Antineoplastics, Other</b>		
ABRAXANE	5	
<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	2	B/D
<i>amifostine</i>	5	
<i>azacitidine</i>	5	
BELEODAQ	5	PA
<i>bleomycin</i>	2	B/D
<i>bleomycin sulfate</i>	2	B/D
BORTEZOMIB	5	PA
BRAFTOVI	5	PA
COTELLIC	5	QL (90 EA per 30 days) PA
<i>dactinomycin</i>	5	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
<i>daunorubicin hydrochloride inj 50mg/10ml</i>	2	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
DAUNOXOME	5	
<i>decitabine</i>	5	PA
DOCEFREZ INJ 20MG	5	
DOCETAXEL INJ 200MG/10ML	5	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl liposome</i>	5	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	2	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	2	
ERWINAZE	5	
FARYDAK	5	PA
<i>fludarabine phosphate inj 50mg</i>	4	
HALAVEN	5	PA
IBRANCE	5	PA
<i>idarubicin hcl</i>	5	
<i>idarubicin hydrochloride</i>	5	
ISTODAX	5	PA
ISTODAX (OVERFILL)	5	PA
IXEMPRA KIT	5	
JEVTANA	5	PA
KISQALI	5	QL (63 EA per 28 days) PA
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 50mg</i>	2	
<i>leucovorin calcium inj 500mg</i>	4	
<i>levoleucovorin calcium</i>	5	
LEVOLEUCOVORIN INJ 175MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
<i>lipodox</i>	5	
<i>lipodox 50</i>	5	
LYNPARZA	5	PA
MARQIBO	5	
MEKTOVI	5	PA
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
<i>mutamycin</i>	5	
NERLYNX	5	QL (180 EA per 30 days) PA
NINLARO	5	PA
ONCASPAS	5	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
PROLEUKIN	5	
<i>romidepsin</i>	5	PA
RYDAPT	5	QL (240 EA per 30 days) PA
SYLATRON	5	PA
SYNRIBO	5	PA
TENIPOSIDE	5	
THERACYS INJ 81MG/VIAL	5	
TICE BCG	4	
TRISENOX INJ 10MG/10ML	4	
TRISENOX INJ 12MG/6ML	5	
VALSTAR	5	
VELCADE	5	PA
VERZENIO	5	QL (60 EA per 30 days) 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
<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 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan</i>	2	
<i>irinotecan hcl</i>	2	
<i>irinotecan hydrochloride</i>	2	
KYPROLIS INJ 30MG, 60MG	5	PA
ONIVYDE	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>topotecan hcl</i>	5	
<i>topotecan hydrochloride</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
ALIQOPA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
BOSULIF	5	PA
CABOMETYX	5	PA
CALQUENCE	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 45MG	5	PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
IDHIFA	5	QL (30 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
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
ODOMZO	5	PA
RUBRACA	5	QL (120 EA per 30 days) PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISSE	5	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA	5	PA
<i>temsirolimus</i>	5	
TORISEL	5	
TYKERB	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG, 50MG	4	PA
VENCLEXTA TABS 100MG	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZEJULA	5	QL (90 EA per 30 days) PA
ZELBORAF	5	PA
ZYKADIA	5	PA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ARZERRA	5	PA
AVASTIN	5	
BAVENCIO	5	PA
BESPOUSA	5	PA
BLINCYTO	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN	5	PA
IMFINZI	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
LARTRUVO	5	PA
MYLOTARG	5	PA
OPDIVO	5	PA
PERJETA	5	PA
PORTRAZZA	5	QL (100 ML per 21 days) PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
TECENTRIQ	5	PA
UNITUXIN	5	
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	
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>Treatment Adjuncts</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane</i>	5	
ELITEK	5	
<i>mesna</i>	2	
MESNEX TABS	5	
<b>Antiparasitics</b>		
<b><i>Anthelmintics</i></b>		
ALBENZA	5	
BENZNIDAZOLE	3	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	4	
<b><i>Antiprotozoals</i></b>		
ALINIA	5	
<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 caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
<b><i>Pediculicides/Scabicides</i></b>		
<i>crotan</i>	2	
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><i>Anticholinergics</i></b>		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl elix</i>	2	PA
<i>trihexyphenidyl hcl tabs</i>	4	PA
<b><i>Antiparkinson Agents, Other</i></b>		
<i>entacapone</i>	2	
GOCOVRI	5	PA
<i>tolcapone</i>	5	
<b><i>Dopamine Agonists</i></b>		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	5	
RYTARY	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	4	
<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>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl tabs</i>	1*	
<i>fluphenazine hcl conc, elix, inj</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>		
<i>haloperidol conc</i>	1*	
<i>haloperidol tabs</i>	2	
<i>loxapine succinate caps</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	4	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</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)
ARISTADA	5	
ARISTADA INITIO	5	
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST

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Drug Name	Drug Tier	Requirements/Limits
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	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	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 TABS 17MG	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 er tb24 150mg, 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 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	5	QL (60 EA per 30 days)
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)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>baclofen tabs 5mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
BOTOX	4	PA
<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, 500MCG/ML	4	B/D
LIORESAL INTRATHECAL INJ 2000MCG/ML, 40MG/20ML	5	B/D
<i>tizanidine hcl caps, tabs</i>	2	
<i>tizanidine hydrochloride tabs</i>	2	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA

## Antivirals

### Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
PREVYMIS	5	
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	

### Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	QL (600 ML per 30 days)
<i>entecavir</i>	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
INTRON A	5	PA
INTRON A W/DILUENT INJ 10MU	5	PA
<i>lamivudine tabs 100mg</i>	2	
TYZEKA	5	
VEMLIDY	5	

### Anti-hepatitis C (HCV) Agents, Direct Acting Agents

DAKLINZA	5	QL (168 EA per 365 days) PA
EPCLUSA	5	QL (84 EA per 365 days) PA
HARVONI	5	QL (168 EA per 365 days) PA
MAVYRET	5	QL (336 EA per 365 days) PA
OLYSIO	5	QL (168 EA per 365 days) PA
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
VIEKIRA XR	5	QL (504 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
ZEPATIER	5	QL (112 EA per 365 days) PA

### Anti-hepatitis C (HCV) Agents, Other

MODERIBA 1200 DOSE PACK	5	
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Drug Name	Drug Tier	Requirements/Limits
MODERIBA 800 DOSE PACK	5	
MODERIBA TBPK	5	
<i>moderiba tabs</i>	4	
PEG-INTRON REDIPEN	5	PA
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	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	5	
RIBASPHERE RIBAPAK TABS 400MG	5	
<i>ribasphere ribapak tabs 600mg</i>	5	
RIBASPHERE RIBAPAK TBPK 0	5	
<i>ribasphere ribapak tbpk 0</i>	5	
<i>ribasphere caps</i>	2	
RIBASPHERE TABS 400MG	5	
<i>ribasphere tabs 200mg</i>	4	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin caps 200mg</i>	2	
<i>ribavirin tabs 200mg</i>	4	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
ISENTRESS PACK 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
TRIUMEQ	5	QL (30 EA per 30 days)
VITEKTA	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	4	
SUSTIVA TABS	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA CAPS 200MG	5	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	QL (30 EA per 30 days)
VIRAMUNE SUSP	4	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
<i>abacavir/lamivudine</i>	5	QL (30 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine</i>	2	
EMTRIVA	4	
<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	
<i>tenofovir disoproxil fumarate</i>	5	
TRUVADA	5	QL (30 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
ZERIT SOLR	4	
<i>zidovudine</i>	2	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	QL (60 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS TABS 400MG	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 150MG, 300MG, 75MG	5	
TROGARZO	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	5	
<i>atazanavir</i>	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN CAPS 200MG, 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	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	5	
<i>ritonavir</i>	2	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl syrp</i>	1*	
<i>amantadine hcl caps, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	2	
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium inj 1000mg, 500mg, 50mg/ml</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</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride</i>	2	QL (120 EA per 30 days)
ZOVIRAX CREA	5	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs</i>	1*	
<i>meprobamate</i>	4	PA
<b>Benzodiazepines</b>		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam intensol</i>	2	PA
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam xr tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1*	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1*	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1*	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 25mg</i>	1*	QL (360 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1*	QL (900 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam oral soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	1*	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1*	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1*	QL (300 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days) PA
<i>lorazepam intensol</i>	2	PA
<i>lorazepam conc</i>	2	PA
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1*	PA
<i>lorazepam tabs 2mg</i>	1*	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1*	QL (90 EA per 30 days) PA
<i>midazolam hcl syrp</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 1* 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1*	
<i>midazolam hydrochloride</i>	1*	
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) PA
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>EQUETRO</i>	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	
<i>BYDUREON</i>	3	QL (4 EA per 28 days) ST
<i>BYDUREON BCISE</i>	3	QL (3.4 ML per 28 days) ST
<i>BYDUREON PEN</i>	3	QL (4 EA per 28 days) ST
<i>CYCLOSET</i>	4	
<i>glimepiride</i>	1*	
<i>glipizide er</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl</i>	1*	
<i>glipizide/metformin hcl</i>	1*	
<i>glipizide tabs</i>	1*	
<i>glyburide micronized</i>	2	PA
<i>glyburide/metformin hcl</i>	2	PA
<i>glyburide tabs</i>	2	PA
GLYXAMBI	3	ST
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	ST
JENTADUETO	3	ST
JENTADUETO XR	3	ST
KOMBIGLYZE XR	4	ST
<i>metformin hcl er tb24 500mg, 750mg</i>	1*	
<i>metformin hcl tabs 1000mg, 850mg</i>	1*	
<i>metformin hydrochloride soln</i>	2	
<i>metformin hydrochloride tabs 500mg</i>	1*	
<i>miglitol</i>	2	
<i>nateglinide</i>	1*	
ONGLYZA	4	ST
<i>pioglitazone hcl</i>	1*	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1*	
<i>repaglinide</i>	1*	
<i>repaglinide/metformin hydrochloride</i>	2	
RIOMET	4	
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	ST
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	3	QL (30 EA per 30 days) ST
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
<i>tolazamide tabs 250mg, 500mg</i>	1*	
<i>tolbutamide</i>	1*	
TRADJENTA	3	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>		

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
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 MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	

**Blood Products/Modifiers/Volume Expanders**

**Anticoagulants**

<i>argatroban inj 125mg/125ml; 0.9%, 250mg/2.5ml, 250mg/250ml; 0.9%, 50mg/50ml</i>	5	
COUMADIN TABS	4	
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<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 18000UNIT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1*	
PRADAXA	4	QL (60 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>	4	
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
FULPHILA	5	PA
GRANIX	5	ST
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	ST
NPLATE	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
ZARXIO	5	
<b>Blood Products/Modifiers/Volume Expanders</b>		
SOLIRIS	5	PA
<b>Hemostasis Agents</b>		
<i>aminocaproic acid</i>	4	
TAVALISSE	5	QL (60 EA per 30 days) PA
<i>tranexamic acid inj, tabs</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	4	
BRILINTA	3	
<i>cilostazol</i>	1*	
<i>clopidogrel</i>	1*	
<i>dipyridamole tabs</i>	4	PA
<i>prasugrel</i>	4	
<i>ticlopidine hcl</i>	4	PA
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i>	1*	
CLORPRES	4	
<i>guanfacine hcl</i>	4	PA
<i>methyldopa/hydrochlorothiazide</i>	4	PA
<i>methyldopa tabs 250mg, 500mg</i>	4	PA
<i>methyldopate hcl</i>	4	PA
<i>midodrine hcl</i>	2	
<i>phenylephrine hcl</i>	2	
PHENYLEPHRINE HYDROCHLORIDE INJ 10MG/ML	4	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1*	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1*	
EDARBI	4	
EDARBYCLOR	4	
<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*	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
<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 SOLR	4	
EPANED SOLN	5	
<i>fosinopril sodium</i>	1*	
<i>fosinopril sodium/hydrochlorothiazide</i>	1*	
<i>lisinopril/hydrochlorothiazide</i>	1*	
<i>lisinopril tabs</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 er</i>	1*	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hcl tabs 200mg</i>	1*	
<i>amiodarone hcl tabs 100mg, 400mg</i>	2	
<i>amiodarone hydrochloride inj</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>disopyramide phosphate caps</i>	4	PA
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</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>pacerone tabs 400mg</i>	2	
<i>procainamide hcl inj</i>	2	
<i>procainamide hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	2	
<i>propafenone hcl er cp12 225mg, 325mg</i>	4	
<i>propafenone hydrochloride er cp12 425mg</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine gluconate inj</i>	2	
<i>quinidine sulfate er</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride inj</i>	5	
<i>sotalol hydrochloride tabs 120mg</i>	2	
<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 PREMIXED	4	
BREVIBLOC PREMIXED DOUBLESTRENGTH	4	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML, 2500MG/250ML; 5.9MG/ML	4	
BYSTOLIC	3	
<i>carvedilol</i>	1*	
<i>carvedilol phosphate</i>	4	
DUTOPROL	4	
<i>esmolol hcl inj 100mg/10ml</i>	4	
ESMOLOL HYDROCHLORIDE IN WATER	4	
ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	4	
INNOPRAN XL	4	
<i>labetalol hcl inj</i>	1*	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5MG; 25MG	4	
<i>metoprolol tartrate inj 5mg/5ml</i>	1*	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1*	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>pindolol tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er</i>	2	
<i>propranolol hcl inj, oral soln</i>	2	
<i>propranolol hcl tabs 10mg</i>	1*	
<i>propranolol hcl tabs 20mg, 40mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 60mg</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*	
<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 er</i>	4	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	2	
<i>verapamil hcl cr</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl sr tbc 240mg</i>	2	
<i>verapamil hcl tabs</i>	1*	
<i>verapamil hcl inj</i>	2	
<i>verapamil hydrochloride inj</i>	2	
<b>Cardiovascular Agents, Other</b>		
ADRENALIN INJ	4	
<i>atropine sulfate inj 8mg/20ml</i>	2	PA
CORLANOR	4	QL (60 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
DEMSE	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 0.25mg/ml</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/d5w inj 5%; 1mg/ml</i>	2	B/D
<i>dobutamine hcl inj 250mg/20ml, 500mg/40ml</i>	2	B/D
<i>dobutamine hydrochloride/dextrose</i>	2	B/D
<i>dobutamine/dextrose 5% inj 5%; 2mg/ml, 5%; 4mg/ml</i>	2	B/D
<i>dopamine hcl</i>	2	B/D
<i>dopamine hydrochloride/dextrose</i>	2	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	2	B/D
ENTRESTO	3	QL (60 EA per 30 days)
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 inj 5%; 20mg/100ml, 5%; 40mg/200ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml, 50mg/50ml</i>	4	B/D
<i>milrinone lactate inj 20mg/20ml</i>	5	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 PUSHTRONEX SYSTEM	5	QL (3.5 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>	5	
<b>Diuretics, Loop</b>		
<i>bumetanide tabs</i>	1*	
<i>bumetanide inj</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE TABS 50MG; 50MG	4	
amiloride hcl tabs	2	
amiloride/hydrochlorothiazide	1*	
DYRENIUM	4	
eplerenone	2	
spironolactone/hydrochlorothiazide	2	
spironolactone tabs	1*	
triamterene/hydrochlorothiazide tabs	1*	
triamterene/hydrochlorothiazide caps	2	
<b>Diuretics, Thiazide</b>		
chlorothiazide	2	
chlorothiazide sodium	4	
chlorthalidone tabs 25mg, 50mg	2	
DIURIL SUSP	4	
hydrochlorothiazide caps, tabs	1*	
indapamide tabs	1*	
methyclothiazide tabs	2	
metolazone	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized	2	
fenofibrate caps 130mg, 150mg, 43mg, 50mg	2	
fenofibrate tabs 54mg	1*	
fenofibrate tabs 120mg, 145mg, 160mg, 40mg, 48mg	2	
fenofibric acid	2	
fenofibric acid dr	2	
gemfibrozil tabs	1*	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
atorvastatin calcium	1*	
fluvastatin	1*	
fluvastatin sodium er	2	
LIVALO	3	ST
lovastatin	1*	
pravastatin sodium	1*	
rosuvastatin calcium	1*	
simvastatin tabs 10mg, 20mg, 40mg, 5mg	1*	
simvastatin tabs 80mg	1*	PA
<b>Dyslipidemics, Other</b>		
cholestyramine light	2	
cholestyramine pack, powd	2	
colesevelam hydrochloride tabs	2	
colestipol hcl	2	
ezetimibe	2	
ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	2	PA
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	
<i>triklo</i>	4	
VASCEPA	4	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	3	
DILATRATE SR	4	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</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 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<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) PA
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 5mg</i>	2	QL (90 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 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

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Drug Name	Drug Tier	Requirements/Limits
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>clonidine hcl er</i>	4	
<i>dexmethylphenidate hcl</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days) PA
<i>guanfacine er</i>	4	
<i>metadate er tbc 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 hydrochloride cd</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er (la)</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 10mg</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 20mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc 72mg</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc 10mg</i>	4	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride soln</i>	4	PA
<i>relexxii</i>	2	QL (30 EA per 30 days) PA
<b>Central Nervous System, Other</b>		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	PA
<i>butalbital/aspirin/caffeine caps</i>	4	PA
<i>caffeine citrate</i>	4	
<i>clonidine hcl inj 100mcg/ml, 500mcg/ml</i>	4	B/D
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	4	PA
RADICAVA	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	5	PA
<i>vanatol lq</i>	5	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

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Drug Name	Drug Tier	Requirements/Limits
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
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>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
OCREVUS	5	QL (40 ML per 365 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*
<i>chlorhexidine gluconate soln</i>	1*
KEPIVANCE	5
<i>lidocaine hcl mouth/throat soln 4%</i>	1*
<i>lidocaine viscous</i>	1*
<i>oralone dental paste</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 dental paste</i>	2

### Dermatological Agents

#### Dermatological Agents

<i>acitretin</i>	5
<i>adapalene and benzoyl peroxide</i>	4
<i>adapalene pump</i>	4
<i>adapalene lotn</i>	2
<i>adapalene crea, gel</i>	4
<i>ammonium lactate crea, lotn</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>amnestem</i>	4	PA
<i>avita</i>	4	PA
<i>calcipotriene/betamethasone dipropionate</i>	5	QL (400 GM per 30 days)
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
CALCITRIOL OINT 3MCG/GM	4	
<i>claravis caps 10mg, 20mg, 40mg</i>	4	PA
<i>claravis caps 30mg</i>	5	PA
<i>clindacin etz</i>	2	
<i>clindacin pac</i>	2	
<i>clindamycin phosphate/tretinoin</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
CONDYLOX GEL	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
<i>dapsone gel 5%</i>	4	
<i>diclofenac sodium transdermal soln 1.5%</i>	4	PA
<i>doxepin hydrochloride</i>	4	QL (90 GM per 30 days) PA
<i>doxycycline cpdr 40mg</i>	4	
DUPIXENT	5	QL (8 ML per 28 days) PA
ELIDEL	4	
EPIDUO FORTE	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA	3	
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	4	
<i>imiquimod pump</i>	5	
<i>imiquimod crea</i>	2	
<i>isotretinoin caps 10mg, 20mg, 40mg</i>	4	PA
<i>isotretinoin caps 30mg</i>	5	PA
<i>methoxsalen caps</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
MIRVASO	4	PA
<i>myorisan</i>	4	PA
<i>neuac</i>	2	
NORITATE	5	
OXSORALEN	5	
PENNSAID SOLN 2%	5	PA
PICATO	5	
<i>podofilox soln</i>	2	
<i>pramcort</i>	4	
RECTIV	4	

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Drug Name	Drug Tier	Requirements/Limits
REGRANEX	5	PA
<i>rosadan</i>	2	
SANTYL	4	
<i>selenium sulfide lotn</i>	1*	
SILIQ	5	PA
STELARA	5	PA
SYNALAR CREAM KIT	4	
TACLONEX SUSP	5	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
TALTZ	5	PA
<i>tazarotene crea</i>	4	
TAZORAC GEL	4	
TAZORAC CREA 0.05%	4	
TREMFYA	5	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	
VEREGEN	5	
<i>zenatane caps 10mg, 20mg, 40mg</i>	4	PA
<i>zenatane caps 30mg</i>	5	PA
ZYCLARA	5	
ZYCLARA PUMP	5	

### Electrolytes/Minerals/Metals/Vitamins

#### Electrolyte/Mineral Replacement

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
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D
<i>calcium gluconate inj 10%</i>	2	
CARBAGLU	5	
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

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Drug Name	Drug Tier	Requirements/Limits
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
CLINIMIX N14G30E	4	B/D
CLINIMIX N9G15E	4	B/D
CLINIMIX N9G20E	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
<i>dextrose 10%</i>	1*	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 20%</i>	1*	
<i>dextrose 25% inj 250mg/ml</i>	1*	
<i>dextrose 30%</i>	1*	
<i>dextrose 40%</i>	1*	
<i>dextrose 5%</i>	1*	
<i>dextrose 5%/lactated ringers</i>	2	
<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 50%</i>	1*	
<i>dextrose 70%</i>	1*	
<i>dextrose inj</i>	1*	
<i>glucose 5%</i>	1*	
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 soln</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 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/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<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 viaflex</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate in d5w inj 5%; 10gm/500ml, 5%; 1gm/100ml</i>	2	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	2	
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
PLASMA-LYTE-56/D5W	4	
<i>potassium acetate inj 2meq/ml</i>	2	
<i>potassium chloride cr tbc 10meq, 20meq</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride sr tbc 8meq</i>	2	
<i>potassium chloride/dextrose/lactated ringers</i>	2	
<i>potassium chloride/dextrose/sodium chloride</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l, 5%; 40meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</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	
PROCALAMINE	4	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium acetate inj 2meq/ml</i>	2	
<i>sodium chloride 0.45% inj</i>	1*	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1*	
<i>sodium fluoride tabs 1mg</i>	2	
<i>sodium lactate inj 5meq/ml</i>	2	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	1*	
<i>tpn electrolytes</i>	2	

**Electrolyte/Mineral/Metal Modifiers**

\* 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 12.



Drug Name	Drug Tier	Requirements/Limits
DEPEN TITRATABS	5	
EXJADE	5	PA
FERRIPROX	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
JYNARQUE	5	QL (56 EA per 28 days)
<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 polystyrene sulfonate</i>	2	
<i>sps</i>	2	
<i>trientine hydrochloride</i>	5	
<b>Phosphate Binders</b>		
AURYXIA	5	
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>lanthanum carbonate</i>	5	
RENAGEL TABS	3	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	
VELPHORO	5	
<b>Vitamins</b>		
RAYALDEE	5	
<i>vp-pnv-dha</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
CUVPOSA	4	
<i>dicyclomine hcl caps, oral soln</i>	2	PA
<i>dicyclomine hcl inj</i>	4	PA
<i>dicyclomine hydrochloride tabs</i>	2	PA
<i>glycopyrrolate inj 1mg/5ml</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>glycopyrrolate tabs 1.5mg</i>	5	
<i>methscopolamine bromide tabs</i>	2	
<i>propantheline bromide tabs</i>	4	PA
<b>Gastrointestinal Agents, Other</b>		
CHENODAL	5	
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenatol</i>	4	PA
<i>diphenoxylate/atropine</i>	4	PA
GATTEX	5	PA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	
<i>loperamide hcl caps</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral soln, tabs</i>	1*	
<i>metoclopramide hcl inj</i>	2	
<i>metoclopramide odt</i>	4	
OICALIVA	5	QL (30 EA per 30 days) PA
<i>opium</i>	4	
<i>opium tincture tinc 1%</i>	4	
RELISTOR TABS	5	QL (90 EA per 30 days) PA
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>	2	
XERMELO	5	QL (90 EA per 30 days) PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml, 500mg/50ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	1*	
<i>nizatidine caps</i>	2	
<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*	
<i>ranitidine hydrochloride inj 150mg/6ml</i>	2	
<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*	
<i>gavilyte-c</i>	1*	
<i>gavilyte-g</i>	1*	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	1*	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-prep</i>	2	
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 pack, powd</i>	2	
SUPREP BOWEL PREP KIT	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>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium dr</i>	4	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	2	QL (30 EA per 30 days)
<i>lansoprazole tbdp</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	5	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack</i>	5	QL (60 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	
<i>rabeprazole sodium</i>	2	QL (30 EA per 30 days)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN	5	PA
ALDURAZYME	5	PA
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	PA
EXONDYS 51	5	PA
FABRAZYME	5	PA
KANUMA	5	PA
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
MYOZYME	5	PA
NAGLAZYME	5	PA
NITYR	5	

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Drug Name	Drug Tier	Requirements/Limits
ORFADIN	5	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sodium phenylbutyrate tabs</i>	4	
<i>sodium phenylbutyrate powd</i>	5	
STRENSIQ	5	PA
SUCRAID	5	
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL (120 EA per 30 days) PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	

### Genitourinary Agents

#### Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	2	
GELNIQUE PUMP	4	
GELNIQUE GEL 10%	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup</i>	1*	
<i>oxybutynin chloride tabs</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	3	

#### Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2	
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	4	
<i>finasteride tabs 5mg</i>	1*	
RAPAFLO	3	
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl caps</i>	1*	

#### Genitourinary Agents, Other

<i>acetic acid 0.25%</i>	1*	
<i>bethanechol chloride tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON	4	
LEVITRA TAB 2.5MG, 5MG, 10MG, 20MG	4	QL (6 EA per 30 days) ED
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	4	QL (6 EA per 30 days) ED
VIAGRA TAB 25MG, 50MG, 100MG	4	QL (6 EA per 30 days) ED
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
A-HYDROCORT INJ 100MG	4	
<i>ala-cort crea 2.5%</i>	1*	
<i>alclometasone dipropionate</i>	2	
<i>alphatrex gel</i>	2	
<i>amcinonide</i>	4	
<i>apexicon e</i>	5	
ARISTOSPAN INTRA-ARTICULAR	4	
<i>augmented betamethasone dipropionate</i>	2	
<i>baycadron</i>	2	
<i>betamethasone combo inj 3mg/ml; 3mg/ml</i>	2	
<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	
CAPEX	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate soln</i>	2	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham</i>	4	
<i>clocortolone pivalate</i>	4	
<i>clocortolone pivalate pump</i>	4	
<i>clodan</i>	4	
CORDRAN TAPE	4	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	2	
CORTIFOAM FOAM 10%	4	
<i>cortisone acetate tabs 25mg</i>	2	
<i>deltasone tabs 20mg</i>	1*	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	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</i>	1*	
<i>dexamethasone elix</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1*	
<i>diflorasone diacetate</i>	4	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	5	
<i>fluocinonide gel, oint, soln</i>	2	
<i>flurandrenolide crea, oint</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	
<i>hydrocortisone butyrate crea, lotn, oint, soln</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone external crea 2.5%</i>	1*	
<i>hydrocortisone lotn 2.5%</i>	1*	
<i>hydrocortisone oint 2.5%</i>	1*	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
KENALOG-10	4	
<i>lokara</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>methylprednisolone inj 80mg/ml</i>	2	
MILLIPRED DP	4	
MILLIPRED TABS	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*	
<i>nolix crea</i>	4	
PANDEL	5	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln</i>	1*	
<i>prednisone intensol</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1*	
RAYOS	5	
SOLU-CORTEF	4	
SOLU-MEDROL INJ 2GM	4	
SYNALAR CREA	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1*	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1*	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1*	
<i>triderm</i>	1*	
UCERIS	4	

### Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

#### *Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)*

CHORIONIC GONADOTROPIN	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj, nasal soln</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 INJ 30MG/3ML	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
SAIZENPREP RECONSTITUTIONKIT	5	PA
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA
STIMATE SOLN	5	
ZORBTIVE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<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	5	PA
<i>oxandrolone tabs 2.5mg</i>	4	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
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
TESTOSTERONE PUMP	3	PA
<i>testosterone topical solution</i>	4	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone soln</i>	4	PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz</i>	4	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL GEL 0.5MG/0.5GM, 1MG/GM	4	PA
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
ELESTRIN	4	PA
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol crea</i>	2	
<i>estradiol vaginal tabs</i>	4	
<i>estradiol pttw, pttw</i>	4	PA
<i>estradiol oral tabs 0.5mg</i>	2	PA
<i>estradiol oral tabs 1mg, 2mg</i>	4	PA
ESTRING	4	QL (1 EA per 90 days)
<i>estropipate tabs</i>	4	PA
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	2	
FYAVOLV	4	PA
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30</i>	2	
<i>gildess 1/20</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>isibloom</i>	2	
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>kelnor 1/50</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>larissia</i>	2	
<i>layolis fe</i>	2	
<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>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>mibelas 24 fe</i>	2	
<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>mili</i>	2	
<i>mimvey</i>	4	PA
<i>mimvey lo</i>	4	PA
<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 chew</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>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<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	
<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	4	
PREMARIN TABS 0.3MG	3	PA
PREMARIN TABS 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	PA
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL (91 EA per 91 days)
<i>rajani</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL (91 EA per 91 days)
<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-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zarah</i>	2	
<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	
MAKENA	5	PA
<b>Progestins</b>		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
HYDROXYPROGESTERONE CAPROATE INJ 250MG/ML	5	PA
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>levonorgestrel</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tabs</i>	1*	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate tabs</i>	4	PA
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate susp 625mg/5ml</i>	5	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>		
OSPHENA	4	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levo-t</i>	2	
<i>levothyroxine sodium tabs</i>	2	
<i>levothyroxine sodium inj</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>liothyronine sodium inj</i>	4	
SYNTHROID TABS	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
<i>unithroid</i>	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 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
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>	5	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 (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR INJ 20MG, 40MG, 60MG	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	QL (1 EA per 365 days) 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
TRIPTODUR	5	QL (1 EA per 168 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>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs 10mg, 5mg</i>	1*	
<i>propylthiouracil tabs</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
<b>Immune Suppressants</b>		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN	4	B/D
<i>azathioprine inj, tabs</i>	2	B/D
BENLYSTA	5	PA
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine inj</i>	2	
<i>cyclosporine caps</i>	2	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>engraf</i>	2	B/D
<i>hecoria caps 0.5mg, 1mg</i>	2	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
INFLECTRA	5	PA
KINERET	5	PA
<i>methotrexate sodium inj 100mg/4ml, 1gm/40ml, 1gm, 200mg/8ml, 250mg/10ml, 50mg/2ml</i>	1*	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps, inj, 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
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
PROGRAF INJ	4	
RAPAMUNE SOLN	5	B/D
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 27.5MG/0.55ML	4	QL (2.2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
RENFLEXIS	5	PA
SANDIMMUNE SOLN	4	B/D
SIMPONI	5	PA
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tabs 2mg</i>	5	B/D
<i>tacrolimus caps 0.5mg, 1mg</i>	2	B/D
<i>tacrolimus caps 5mg</i>	4	B/D
TREXALL	4	
XATMEP	5	
ZORTRESS	5	PA
<b>Immunizing Agents, Passive</b>		
ATGAM	5	
BIVIGAM	5	PA
<i>carimune nanofiltered inj 12gm, 6gm</i>	5	PA
CUVITRU	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
<i>gammagard liquid inj 10gm/100ml, 1gm/10ml, 2.5gm/25ml, 20gm/200ml, 5gm/50ml</i>	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	3	B/D
HYPERRAB S/D INJ 1500UNIT/10ML, 300UNIT/2ML	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	PA
IMOGAM RABIES-HT INJ 300UNIT/2ML	4	B/D
KEDRAB	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
<i>nabi-hb</i>	5	B/D
OCTAGAM	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
<b>Immunomodulators</b>		

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Drug Name	Drug Tier	Requirements/Limits
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	PA
ARCALYST	5	PA
ENTYVIO	5	PA
ILARIS INJ 150MG	5	QL (2 EA per 28 days) PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
KEVZARA	5	PA
<i>leflunomide tabs</i>	4	
LEMTRADA	5	PA
OLUMIANT	5	PA
OTEZLA	5	PA
RHEUMATREX	4	
RIDAURA	5	
SIMPONI ARIA	5	PA
SIMULECT	5	
SYLVANT	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
<b>Vaccines</b>		
ACTHIB INJ 0	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
STAMARIL	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG	3	PA
YF-VAX	3	
ZOSTAVAX	3	

### Inflammatory Bowel Disease Agents

#### *Aminosalicylates*

APRISO	3	
<i>balsalazide disodium</i>	4	
CANASA SUPP 1000MG	5	
DIPENTUM	5	
MESALAMINE DR TBEC 800MG	3	
<i>mesalamine dr tbec 1.2gm</i>	3	
<i>mesalamine enem, kit</i>	4	

#### *Glucocorticoids*

<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	5	
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	

#### *Sulfonamides*

<i>sulfasalazine tabs, tbec</i>	2	
<i>sulfazine</i>	2	

### Metabolic Bone Disease Agents

#### *Metabolic Bone Disease Agents*

<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 soln</i>	2	QL (3.7 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	4	
<i>doxercalciferol caps 1mcg, 2.5mcg</i>	5	
<i>doxercalciferol inj</i>	2	
<i>etidronate disodium</i>	2	
FORTEO INJ 600MCG/2.4ML	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	
NATPARA	5	QL (2 EA per 28 days) PA
<i>pamidronate disodium</i>	2	
PARICALCITOL INJ	4	
<i>paricalcitol caps</i>	2	
PROLIA	4	QL (2 ML per 365 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
SENSIPAR TABS 30MG	4	
SENSIPAR TABS 60MG, 90MG	5	
TYMLOS	5	PA
XGEVA	5	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
<i>zoledronic acid inj 4mg</i>	5	

### Miscellaneous Therapeutic Agents

#### Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	3	
AMINO ACID	4	B/D
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; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	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
<i>argyle sterile saline 100ml</i>	1*	
<i>argyle sterile water 100ml</i>	1*	
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE U-100/0.3ML/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 INSULIN SYRINGE/U-500/0.5ML/31G X 15/64"	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRAFINE/U- 100/0.3ML/31G X 15/64"	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRAFINE/U- 100/0.5ML/31G X 15/64"	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRAFINE/U- 100/1ML/31G X 15/64"	3	QL (200 EA per 30 days)
CINRYZE	5	PA
<i>clinisol sf 15%</i>	4	B/D
CURITY GAUZE PADS 2"X2"	3	
<i>curity sterile saline</i>	1*	
<i>deferoxamine mesylate</i>	4	B/D
ENDARI	5	PA
FREAMINE HBC 6.9%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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
HAEGARDA	5	PA
HEPATAMINE	4	B/D
<i>intralipid inj 20gm/100ml</i>	2	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>	2	
<i>methylergonovine maleate tabs</i>	2	
MYALEPT	5	PA
NEPHRAMINE	4	B/D
<i>nutrilipid</i>	2	B/D
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>plenamine</i>	4	B/D
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
<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
PROSOL	4	B/D
<i>ringers irrigation</i>	1*	
<i>sodium chloride 0.9%</i>	1*	
<i>sodium chloride 0.9%</i>	1*	
<i>sodium phenylacetate/sodium benzoate</i>	5	
SPINRAZA	5	PA
<i>sterile water for irrigation</i>	1*	
<i>sterile water irrigation</i>	1*	
<i>sterile water irrigation plastic bottle</i>	1*	
<i>sterile water irrigation w/hanger</i>	1*	
SYNTHAMIN 17	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>tis-u-sol</i>	1*	
TRAVASOL 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
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
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	

## Ophthalmic Agents

### Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost</i>	2	QL (5 ML per 30 days)
COMBIGAN	3	
<i>latanoprost soln</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	

### Ophthalmic Agents, Other

<i>ak-poly-bac</i>	2	
<i>atropine sulfate ophthalmic soln 1%</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
<i>isopto atropine soln 1%</i>	2	
LACRISERT	4	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1*	
<i>proparacaine hcl</i>	1*	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	
<i>trimethoprim/polymyxin b</i>	1*	
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
<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	
<i>naphazoline hcl</i>	1*	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	
<i>olopatadine hydrochloride</i>	2	
PAZEO	3	
<b>Ophthalmic Anti-inflammatories</b>		
ALOMIDE	4	
ALREX	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>bromfenac</i>	2	
<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 SUSP	3	
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
TRIESENCE	4	
VEXOL	3	
ZYLET	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	2	
<i>acetazolamide tabs</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>	2	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
IOPIDINE SOLN 1%	4	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>methazolamide tabs</i>	4	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1*	
<i>timolol maleate soln 0.5%</i>	2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>acetic acid/aluminum acetate soln 2%; 0</i>	2	
<i>antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
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)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>budesonide nasal spray</i>	2	QL (17.2 GM per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
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)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1*	
<i>момetasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NUCALA	5	QL (3 EA per 28 days) PA
QVAR REDHALER	3	QL (21.2 GM per 30 days)
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
<i>triamcinolone acetamide 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 soln 1mg/ml</i>	1*	
<i>cyproheptadine hcl syrpf, tabs</i>	4	PA
<i>desloratadine</i>	2	
<i>dexchlorpheniramine maleate syrpf</i>	4	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
DYMISTA	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl inj, syrpf</i>	4	PA
<i>hydroxyzine hcl tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 50mg</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	ST
ZYFLO	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)
INCRUSE ELLIPTA	3	QL (30 EA 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>		
<i>albuterol sulfate er</i>	4	
<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
EPINEPHRINE INJ 0.15MG/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
EPINEPHRINE INJ 0.15MG/0.15ML	4	ST
EPINEPHRINE INJ 0.3MG/0.3ML	4	ST; Applies to products manufactured by Impax or Lineage Therapeutics
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
FORADIL AEROLIZER	4	QL (60 EA per 30 days)
<i>isoproterenol hydrochloride</i>	4	
<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 tartrate hfa</i>	2	QL (30 GM per 30 days)
<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	
<b>Cystic Fibrosis Agents</b>		
BETHKIS	5	B/D
CAYSTON	5	PA

\* 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 12.

Drug Name	Drug Tier	Requirements/Limits
KALYDECO	5	PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO	5	QL (56 EA per 28 days) 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>	4	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline inj</i>	2	
DALIRESP	4	PA
LUFYLLIN TABS 200MG	4	
<i>theophylline anhydrous cr tb12 300mg</i>	2	
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<i>theophylline soln</i>	2	
<b>Pulmonary Antihypertensives</b>		
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, 5MG	5	PA
REMODULIN	5	PA
REVATIO SUSR	5	PA
<i>sildenafil tabs 20mg</i>	4	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil</i>	5	QL (60 EA 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>Pulmonary Fibrosis Agents</b>		
ESBRIET TABS 267MG, 801MG	5	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln</i>	2	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARALAST NP	5	PA
DULERA	4	QL (17.6 GM per 30 days)
ESBRIET CAPS 267MG	5	PA
FASENRA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GLASSIA	5	PA
OFEV	5	PA
PROLASTIN-C INJ 1000MG	5	PA
<i>promethazine vc</i>	4	PA
<i>promethazine vc plain</i>	4	PA
<i>promethazine/phenylephrine</i>	4	PA
<i>ribavirin solr 6gm</i>	5	
STIOLTO RESPIMAT	3	QL (4 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)
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>chlorzoxazone tabs 250mg</i>	5	PA
<i>cyclobenzaprine hcl tabs</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>orphenadrine citrate er</i>	4	PA
<b>Sleep Disorder Agents</b>		
<i>GABA Receptor Modulators</i>		
<i>eszopiclone</i>	4	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 er</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs</i>	3	QL (30 EA per 30 days) PA
<i>zolpidem tartrate subl</i>	4	QL (30 EA per 30 days) PA
<i>Sleep Disorders, Other</i>		
<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
BELSOMRA	3	QL (30 EA per 30 days)
HETLIOZ	5	QL (30 EA per 30 days) PA
<i>modafinil</i>	4	QL (30 EA per 30 days) PA
<i>pentobarbital sodium inj</i>	4	PA
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)
XYREM	5	QL (540 ML per 30 days) PA

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<i>tetracycline hydrochloride</i>	26	<i>topotecan hcl</i>	38
THALOMID	35	<i>topotecan hydrochloride</i>	38
<i>theophylline</i>	90	TORISEL	39
<i>theophylline anhydrous cr</i>	90	<i>torseamide</i>	55
<i>theophylline cr</i>	90	TOUJEO MAX SOLOSTAR	49
<i>theophylline er</i>	90	TOUJEO SOLOSTAR	49
<i>theophylline/d5w</i>	90	<i>tpn electrolytes</i>	63
THERACYS	37	TRADJENTA	48
<i>thioridazine hcl</i>	41	<i>tramadol hcl</i>	19
<i>thiotepa</i>	34	<i>tramadol hcl er</i>	17
<i>thiothixene</i>	41	<i>tramadol hydrochloride/acetaminophen</i>	19
THYMOGLOBULIN	79	<i>trandolapril</i>	52
		<i>trandolapril/verapamil hcl er</i>	52

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<i>tranexamic acid</i>	51
<i>tranylcypromine sulfate</i>	29
TRAVASOL	85
TRAVATAN Z	85
<i>travoprost</i>	85
<i>trazodone hydrochloride</i>	30
TREANDA	34
TRECTOR	34
TRELSTAR	77
TRELSTAR MIXJECT	77
TREMFYA	61
TRESIBA FLEXTOUCH	49
<i>tretinoin</i>	39
<i>tretinoin</i>	61
<i>tretinoin microsphere</i>	61
<i>tretinoin microsphere pump</i>	61
TREXALL	79
<i>triamcinolone acetonide</i>	20
<i>triamcinolone acetonide</i>	70
<i>triamcinolone acetonide</i>	88
<i>triamcinolone acetonide dental paste</i>	59
<i>triamterene/hydrochlorothiazide</i>	56
<i>triderm</i>	70
<i>trientine hydrochloride</i>	64
TRIESENCE	87
<i>tri-estarylla</i>	75
<i>trifluoperazine hcl</i>	41
<i>trifluridine</i>	46
<i>trihexyphenidyl hcl</i>	40
<i>triklo</i>	57
<i>tri-legest fe</i>	75
<i>tri-linyah</i>	75
<i>tri-lo-estarylla</i>	75
<i>tri-lo-marzia</i>	75
<i>tri-lo-sprintec</i>	75
<i>trilyte</i>	66
<i>trimethobenzamide hcl</i>	31
<i>trimethoprim</i>	22
<i>trimethoprim/polymyxin b</i>	86
<i>tri-mili</i>	75
<i>trimipramine maleate</i>	30
TRIMPEX	22
<i>trinessa</i>	75
<i>trinessa lo</i>	75
TRINTELLIX	30
<i>triple antibiotic</i>	86
<i>tri-previfem</i>	75
TRIPTODUR	77

Drug Name	Page #
TRISENOX	37
<i>tri-sprintec</i>	75
TRIUMEQ	44
<i>trivora-28</i>	75
<i>tri-vylibra</i>	75
TROGARZO	45
TROPHAMINE	85
<i>tropium chloride</i>	67
<i>tropium chloride er</i>	67
TRULICITY	48
TRUMENBA	81
TRUVADA	45
TUDORZA PRESSAIR	89
TWINRIX	81
TYBOST	45
<i>tydemy</i>	75
TYKERB	39
TYMLOS	82
TYPHIM VI	81
TYSABRI	59
TYZEKA	43
TYZINE PEDIATRIC NASAL DROPS	91
UCERIS	70
ULESFIA	40
ULORIC	33
<i>unithroid</i>	76
UNITUXIN	39
UPTRAVI	90
<i>ursodiol</i>	65
UVADEX	61
VABOMERE	23
<i>valacyclovir hcl</i>	46
<i>valacyclovir hydrochloride</i>	46
VALCHLOR	34
<i>valganciclovir</i>	43
<i>valganciclovir hydrochloride</i>	43
<i>valproate sodium</i>	27
<i>valproic acid</i>	27
<i>valsartan</i>	52
<i>valsartan/hydrochlorothiazide</i>	52
VALSTAR	37
<i>vanatol lq</i>	58
<i>vancomycin hcl</i>	22
<i>vancomycin hcl in dextrose</i>	22
<i>vancomycin hydrochloride/dextrose</i>	22
<i>vandazole</i>	22
VAQTA	81
VARIVAX	81

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VARIZIG	81
VASCEPA	57
VECTIBIX	39
VELCADE	37
VELETRI	90
<i>velivet</i>	75
VELPHORO	64
VEMLIDY	43
VENCLEXTA	39
VENCLEXTA STARTING PACK	39
<i>venlafaxine hcl</i>	30
<i>venlafaxine hcl er</i>	30
<i>venlafaxine hydrochloride er</i>	30
VENTAVIS	90
<i>verapamil hcl</i>	54
<i>verapamil hcl cr</i>	54
<i>verapamil hcl er</i>	54
<i>verapamil hcl sr</i>	54
<i>verapamil hydrochloride</i>	54
<i>verdrocet</i>	19
VEREGEN	61
VERSACLOZ	42
VERZENIO	37
VESICARE	67
<i>vestura</i>	75
VEXOL	87
V-GO 20	85
V-GO 30	85
V-GO 40	85
VIAGRA	68
VIBATIV	22
VIBRAMYCIN	26
<i>vicodin</i>	19
<i>vicodin es</i>	19
<i>vicodin hp</i>	19
VICTOZA	48
VIDEX EC	45
VIDEX PEDIATRIC	45
VIEKIRA PAK	43
VIEKIRA XR	43
<i>vienva</i>	75
<i>vigabatrin</i>	27
<i>vigadrone</i>	27
VIIBRYD	30
VIIBRYD STARTER PACK	30
VIMIZIM	67
VIMPAT	28
<i>vinblastine sulfate</i>	37

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<i>vincasar pfs</i>	37
<i>vincristine sulfate</i>	37
<i>vinorelbine tartrate</i>	37
<i>viorele</i>	75
VIRACEPT	46
VIRAMUNE	45
VIREAD	45
VISTOGARD	85
VITEKTA	44
VIVITROL	20
<i>voriconazole</i>	32
VOSEVI	43
VOTRIENT	39
<i>vp-pnv-dha</i>	64
VPRIV	67
VRAYLAR	42
<i>vyfemla</i>	75
<i>vylibra</i>	75
VYXEOS	36
<i>warfarin sodium</i>	50
<i>wera</i>	75
<i>wymzya fe</i>	75
XALKORI	39
XARELTO	50
XARELTO STARTER PACK	50
XATMEP	79
XELJANZ	80
XELJANZ XR	80
XEOMIN	43
XERMELO	65
XGEVA	82
XIAFLEX	67
XIFAXAN	22
XIIDRA	86
XOLAIR	91
XTAMPZA ER	17
XTANDI	35
<i>xulane</i>	75
XURIDEN	67
<i>xylocaine dental</i>	19
<i>xylon</i>	19
XYREM	91
YERVOY	39
YF-VAX	81
YONDELIS	34
YONSA	35
<i>yuvafem</i>	75
<i>zafirlukast</i>	89

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<i>zaleplon</i>	91
ZALTRAP	37
ZANOSAR	34
<i>zarah</i>	75
ZARXIO	51
<i>zazole</i>	32
<i>zebutal</i>	16
ZEJULA	39
ZELAPAR	41
ZELBORAF	39
ZEMAIRA	91
<i>zenatane</i>	61
<i>zenchent</i>	75
<i>zenchent fe</i>	75
ZENPEP	67
ZENZEDI	57
ZEPATIER	43
ZERIT	45
ZEVALIN Y-90	39
<i>zidovudine</i>	45
<i>zileuton er</i>	89
<i>zinacef</i>	23
<i>ziprasidone hcl</i>	42
ZIRGAN	43
ZMAX	25

Drug Name	Page #
ZOLADEX	77
<i>zoledronic acid</i>	82
ZOLINZA	37
<i>zolmitriptan</i>	33
<i>zolmitriptan odt</i>	33
<i>zolpidem tartrate</i>	91
<i>zolpidem tartrate er</i>	91
<i>zonisamide</i>	26
ZORBTIVE	70
ZORTRESS	79
ZOSTAVAX	81
ZOSYN	24
<i>zovia 1/35e</i>	75
<i>zovia 1/50e</i>	75
ZOVIRAX	46
ZYCLARA	61
ZYCLARA PUMP	61
ZYDELIG	38
ZYFLO	89
ZYKADIA	39
ZYLET	87
ZYPREXA RELPREVV	42
ZYTIGA	35



**Advantage Silver NY (HMO), Advantage Health LI (HMO SNP)  
Advantage Premium LI (HMO), Advantage Silver NY City  
(HMO), Advantage Health NYC (HMO SNP), Advantage Value  
One NY – Dual (HMO SNP)**

**2019 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: 00019168, Version Number 5

This formulary was updated on 08/01/2018. For more recent information or other questions, please contact Quality Health Plans of New York at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to March 31, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from April 1 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 Silver NY, Advantage Health LI, 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 08/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, gratis, están a su disposición. Llame al 1-877-233-7058 (TTY: 711).

注意：如果您說中文，可以免費獲得語言協助服務。請致電1-877-233-7058（TTY：711）。

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