Formulary / Formulario

Molina Medicare Options Plus HMO SNP

California – Sacramento County

2017

Member Services / Departamento de Servicios para Miembros (888) 665-1328, TTY/TDD 711
7 days a week, 8 a.m. - 8 p.m. local time.
Los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora local.

MOLINA® HEALTHCARE

Y0050_17_1085_0001_LRFormulary	Accepted	HPMS Approved Formulary File
Y0050_17_1085_0001_LRFormulary es	Accepted	Submission 00017306, Version 17

MOLINA HEALTHCARE

Your Extended Family.

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

MOLINA HEALTHCARE
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English
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086（TTY：711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

Portugués

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-3086（TTY: 711）まで、お電話にてご連絡ください。

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-3086 (TTY: 711) تماس بگیرید.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-665-3086 (TTY (հեռատիպ)՝ 711):

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ ነ-800-665-3086 (መስማት ለተሳናቸው: 711).

Bengali
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-665-3086 (TTY: 711)।

Cushite (Oromo language)
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

Dutch
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

Greek
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

Gujarati
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru(Bassa language)
Dè ɖɛ nià kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓéìn m̀ gbo kpáa. Đá 1-800-665-3086 (TTY:711)

Ibo
Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

Yoruba
AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

Laotian
ໂປດຊາບ: ຖ້າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍ ລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍ ບໍ່ ເສັ ຽ ຄ່າ, ແມ່ ນ ມີ ພ້ ອມ ໃຫ້ ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

Navajo
Díí baa akó nínízin: Díí saad bee yáníltí'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-665-3086 (TTY: 711.)

Nepali
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।

Panjabi
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-665-3086 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Pennsylvania Dutch
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-665-3086 (TTY: 711).

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-665-3086 (TTY: 711).

Serbo-Croatian
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-665-3086 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac (Assyrian language)
ܙܘܗܪܐ: ܐܢ ܐܢܫܬܘܟ ܒܝܬ ܗܡܙܡܝܢܬܘܟ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܡܢ ܝܬܘܟ ܕܡܨܠܒܬܘܟ ܝܠܦܢܘܬܐ ܕܥܘܕܪܢܐ ܒܠܫܢܐ ܡܓܢܐܢܝܬ. ܩܪܘܟ ܥܠ ܡܢܝܢܐ 1-800-665-3086 (TTY: 711)

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-665-3086 (TTY: 711).

Tongan
FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-665-3086 (TTY: 711).

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-665-3086 (телетайп: 711).

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں
(TTY: 711) 3086-665-800-1

Molina Medicare Options Plus HMO SNP

2017 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.molinahealthcare.com/medicare.

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 Molina Healthcare. When it refers to "plan" or "our plan," it means Molina Medicare Options Plus.

This document includes list of the drugs (formulary) for our plan which is current as of 11/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Molina Medicare Options Plus Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will

not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2017. To get updated information about the drugs covered by Molina Medicare Options Plus, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 drugs". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. 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?

Molina Medicare Options Plus 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:** Molina Medicare Options Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare

Options Plus before you fill your prescriptions. If you don't get approval, Molina Medicare Options Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Molina Medicare Options Plus limits the amount of the drug that Molina Medicare Options Plus will cover. For example, Molina Medicare Options Plus provides 60 tablets per 30 days per prescription for Lyrica 300mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Molina Medicare Options Plus 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, Molina Medicare Options Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare Options Plus 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 1. 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 Molina Medicare Options Plus 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 Molina Medicare Options Plus's formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Molina Medicare Options Plus does not cover your drug, you have two options:

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

- You can ask Molina Medicare Options Plus 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 Molina Medicare Options Plus's Formulary?

You can ask Molina Medicare Options Plus 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, Molina Medicare Options Plus 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, Molina Medicare Options Plus 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 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your Molina Medicare Options Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Molina Medicare Options Plus, 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.

Molina Medicare Options Plus's Formulary

The comprehensive formulary below provides coverage information about all the drugs covered by Molina Medicare Options Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Molina Medicare Options Plus has any special requirements for coverage of your drug.

B/D stands for This drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (888) 665-1328, 7 days a week, 8 a.m. – 8 p.m., local time. TTY users should call 711.

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

You can find information on what the symbols and abbreviations on this table mean by going to the bottom of each page or the beginning of this table.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Molina Medicare Options Plus HMO SNP

Formulario de 2017

(Lista de medicamentos cubiertos)

FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 00017306, Version Number 17

Este formulario se actualizó en 11/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicio al Cliente, de Molina Medicare Options Plus al (888) 665-0898 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite www.molinahealthcare.com/medicare.

Aviso para miembros actuales: este formulario ha cambiado desde el año pasado. Por favor, repase este documento para asegurarse que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro", significa Molina Healthcare. Cuando se refiere al "plan" o "nuestro plan," significa Molina Medicare Options Plus.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está vigente a partir del 11/2017. Comuníquese con nosotros para recibir un formulario actualizado. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Generalmente, debe usar farmacias que participan en la red para usar su beneficio de medicamentos recetados. Los beneficios, formulario, red de farmacias y copagos / coseguro pueden cambiar el 1.º de enero de 2017 y de vez en cuando durante el año.

¿Qué es el formulario detallado de Molina Medicare Options Plus?

Un formulario es una lista de los medicamentos cubiertos y seleccionados por Molina Medicare Options Plus conforme al consejo de un grupo de proveedores médicos, los cuales representan las terapias de medicamentos recetados que se determinan necesarios como parte de un programa de tratamiento de calidad. Molina Medicare Options Plus generalmente cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando sean médicamente necesarios, las recetas se surtan en una farmacia que participa en la red de Molina Medicare Options Plus y se respeten las otras reglas del plan. Para más información sobre cómo surtir sus medicamentos recetados, por favor repase su Evidencia de cobertura.

¿El formulario (lista de medicamentos) podría cambiar?

Normalmente, si usted está tomando un medicamento que aparece en el formulario del 2017 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2017, salvo cuando un medicamento genérico y menos costoso está disponible o cuando se publica nueva información adversa acerca de la seguridad o eficacia del medicamento. Otros tipos de cambios al formulario, tal como quitar un medicamento de nuestro formulario, no afectarán a los miembros que están actualmente tomando el medicamento. Permanecerá disponible al mismo costo compartido para aquellos miembros que lo están tomando durante el resto del año de cobertura. Creemos que es importante que usted continúe teniendo acceso a los medicamentos del formulario durante el resto del año de cobertura que estaban disponibles cuando usted eligió nuestro plan, salvo en los casos cuando usted puede ahorrar dinero adicional o nosotros podemos garantizar su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, o añadimos una autorización previa, límites de cantidades o restricciones de terapia escalonada a un medicamento, o si movemos un medicamento a una categoría de costo compartido más alto, nosotros debemos notificarle a los miembros afectados acerca del cambio por lo menos 60 días antes de que el cambio entre en vigor; o en el momento en que el miembro solicite surtir su medicamento de nuevo y en dicho momento, el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que un medicamento en nuestro formulario es inseguro o el fabricante del medicamento quita el medicamento del mercado, nosotros inmediatamente quitaremos el medicamento de nuestro formulario y proporcionaremos un aviso a nuestros miembros que usan el medicamento. El formulario adjunto está actualizado a partir del 1.º de noviembre del 2017. Comuníquese con nosotros para obtener información actualizada acerca de los medicamentos cubiertos por Molina Medicare Options Plus. Nuestra información de contacto aparece en las páginas de la portada y la contraportada.

¿Cómo utilizo el formulario?

Puede encontrar su medicamento en el formulario en dos formas:

Condición médica

El formulario empieza en la página1. Los medicamentos en este formulario están agrupados en categorías según el tipo de condición médica que el medicamento trata. Por ejemplo, los medicamentos utilizados para el tratamiento de una condición del corazón se enumeran bajo la categoría, "medicamentos cardiovasculares". Si usted conoce el propósito de su medicamento, vea el nombre de la categoría en la lista que empieza más adelante. Después vea bajo el nombre de la categoría de su medicamento.

Lista alfabética

Si no está seguro de la categoría, busque su medicamento usando el índice que empieza en la página 99. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos. Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Molina Medicare Options Plus cubre tanto medicamentos genéricos como de marca registrada. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo como el medicamento de marca registrada. Usualmente, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requerimientos adicionales o límites en cobertura. Estos requerimientos y límites pueden incluir:

- **Autorización previa:** Molina Medicare Options Plus requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que usted necesitará recibir aprobación de Molina Medicare Options Plus antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Molina Medicare Options Plus no cubra su medicamento.

- **Límite de cantidades:** Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que Molina Medicare Options Plus cubre. Por ejemplo, Molina Medicare Options Plus proporciona 60 tabletas por 30 días por receta para Lyrica 300mg. Esto puede ser además de un suministro estándar de un mes o tres meses.

- **Terapia escalonada:** En algunos casos, Molina Medicare Options Plus requiere que primero pruebe determinados medicamentos para el tratamiento de su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B se usan como tratamiento para su condición médica, es posible que Molina Medicare Options Plus no cubra el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no le ayuda, entonces Molina Medicare Options Plus cubrirá el Medicamento B.

Usted puede enterarse si su medicamento tiene cualquier requerimiento o límite adicional repasando el formulario que empieza en la página1. También puede obtener más información acerca de las restricciones impuestas sobre determinados medicamentos recetados si visita nuestra página web. Se han publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedir que se le envíe una copia. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Puede pedirle a Molina Medicare Options Plus que permita una excepción a estas restricciones o límites; o bien, puede pedir una lista de otros medicamentos recetados comparables que pueden tratar su condición médica. Consulte la sección, "¿Cómo solicito una excepción del formulario de Molina Medicare Options Plus?" en la página ix para información sobre cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en el formulario (lista de medicamentos recetados cubiertos), usted primero debe ponerse en contacto con el Departamento de Servicios para Miembros para preguntar si su medicamento está cubierto.

Si se entera que Molina Medicare Options Plus no cubre su medicamento, usted tendrá dos opciones:

- Puede pedir al Departamento de Servicios para Miembros una lista de los medicamentos semejantes que están cubiertos por Molina Medicare Options Plus. Cuando usted reciba la lista, enséñesela a su médico y pida que le recete un medicamento semejante que esté cubierto por Molina Medicare Options Plus.

- Usted puede pedir a Molina Medicare Options Plus que permita una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción, a continuación.

¿Cómo solicito una excepción al formulario de Molina Medicare Options Plus?

Usted puede pedir a Molina Medicare Options Plus que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitar.

- Puede pedirnos que se cubra un medicamento aun si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel de costo compartido predeterminado y usted no podrá pedirnos que se le proporcione el medicamento a un nivel de costo compartido más bajo.

- Puede pedirnos que se cubra un medicamento del formulario a un nivel de costo compartido más bajo si este medicamento no se incluye en la categoría de especialidad. Si se aprueba, se reducirá la cantidad que debe pagar por este medicamento.

- Puede pedirnos que no se apliquen las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no se aplique el límite y que se cubra una cantidad mayor.

Generalmente, Molina Medicare Options Plus solamente aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con un costo compartido más bajo o las restricciones adicionales de utilización no son igual de eficaces para el tratamiento de su condición o si le causará efectos médicos adversos.

Usted debe comunicarse con nosotros para pedirnos una determinación inicial de cobertura para una excepción del formulario, categoría o restricción en utilización. **Cuando solicita una excepción del formulario, categoría o restricción en utilización, usted debe presentar una declaración de su proveedor recetador o su médico para apoyar su petición.** Usualmente, debemos tomar nuestra decisión dentro de 72 horas de haber recibido la declaración de apoyo de su proveedor recetador. Usted puede pedir una excepción acelerada (rápida) si usted o su médico creen que su salud podría estar gravemente perjudicada si espera hasta 72 horas por una decisión. Si su petición para acelerar la decisión se autoriza, debemos darle la determinación a más tardar en 24 horas después de recibir la declaración de apoyo de su médico u otro proveedor recetador.

¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mi medicamento o pedir una excepción?

Como un miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no se incluyen en nuestro formulario. O bien, puede ser que esté tomando un medicamento que está en nuestro formulario, pero que su capacidad para obtenerlo esté limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de surtir su receta médica. Debe hablar con su médico para decidir si debe cambiarse a un medicamento apropiado que nosotros cubrimos o si debe pedir una excepción de formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de ser miembro con nuestro plan.

Para cada uno de sus medicamentos que no están incluidos en nuestro formulario o si su capacidad para obtener su medicamento está limitada, nosotros cubriremos temporalmente un suministro de 30 días (a menos que tenga una receta médica escrita para menos días) cuando usted usa una farmacia que participa en la red. Después de su primer suministro de 30 días, nosotros no pagaremos por estos medicamentos, aun si ha sido un miembro del plan durante menos de los 90 días.

Si usted es un residente en un centro de cuidados a largo plazo, nosotros le permitiremos surtir de nuevo su receta médica hasta que le hayamos proporcionado un suministro de transición de 98 días, de acuerdo con el incremento de dispensación (a menos que usted tenga una receta médica escrita para menos días). Cubriremos más de una renovación de estos medicamentos durante los primeros 90 días de su membresía en nuestro plan. Si usted necesita un medicamento que no está incluido en nuestro formulario o si su capacidad para obtener su medicamento está limitada, pero ya han pasado los primeros 90 días de su membresía con el plan, nosotros cubriremos un suministro de emergencia de 30 días para ese medicamento (a menos que tenga una receta médica para menos días) mientras que usted solicita una excepción de formulario.

Para obtener más información

Para obtener más información detallada sobre su cobertura de medicamentos recetados de Molina Medicare Options Plus, por favor consulte su Evidencia de cobertura y otros materiales del plan.

Comuníquese con nosotros si tiene preguntas acerca de Molina Medicare Options Plus. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Si usted tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, por favor comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas al día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite http://www.medicare.gov.

Formulario de Molina Medicare Options Plus

El formulario detallado a continuación proporciona información de cobertura acerca de todos los medicamentos cubiertos por Molina Medicare Options Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 99.

La primera columna de la gráfica indica el nombre del medicamento. Los medicamentos de marca registrada están escritos en mayúsculas (p. ej.: CLEOCIN) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: *clindamycin*).

La información en la columna Requisitos / Límites le indica si Molina Medicare Options Plus tiene algún requisito especial para cubrir su medicamento.

B / D significa "Este medicamento puede ser cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias"

LA significa "Medicamento con acceso limitado"- Este medicamento recetado puede estar disponible solamente en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o comuníquese con el Departamento de Servicios para Miembros al (888) 665-1328, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY deben llamar al 711.

NM significa "Medicamento no disponible para servicio por correo"

PA significa "Autorización previa"

QL significa "Límite de cantidades"

ST significa "Criterio de terapia escalonada"

Puede encontrar información sobre lo que significan los símbolos y abreviaturas en esta tabla bajo en la parte inferior de cada página o al principio de cada tabla.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

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MOLINA_CY17_GEN_STRAT_NDS_PRINT eff 11/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab 100 mg	2	
allopurinol tab 300 mg	2	
colchicine w/ probenecid tab 0.5-500 mg	3	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
probenecid tab 500 mg	3	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST
NSAIDS		
celecoxib cap 50 mg	4	QL (240 caps / 30 days)
celecoxib cap 100 mg	4	QL (120 caps / 30 days)
celecoxib cap 200 mg	4	QL (60 caps / 30 days)
celecoxib cap 400 mg	4	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	3	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg	2	
diclofenac sodium tab delayed release 75 mg	2	
diclofenac sodium tab er 24hr 100 mg	2	
diflunisal tab 500 mg	4	
etodolac cap 200 mg	4	
etodolac cap 300 mg	4	
etodolac tab 400 mg	4	
etodolac tab 500 mg	4	
etodolac tab er 24hr 400 mg	4	
etodolac tab er 24hr 500 mg	4	
etodolac tab er 24hr 600 mg	4	
flurbiprofen tab 50 mg	3	
flurbiprofen tab 100 mg	3	
ibuprofen susp 100 mg/5ml	3	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ketoprofen cap 50 mg	3	
ketoprofen cap 75 mg	3	
MELOXICAM SUSP 7.5 MG/5ML	4	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	2	
nabumetone tab 750 mg	2	
naproxen dr tab 375mg	2	
naproxen dr tab 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium tab 275 mg	4	
naproxen sodium tab 550 mg	4	
naproxen susp 125 mg/5ml	3	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
piroxicam cap 10 mg	4	
piroxicam cap 20 mg	4	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (5000 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (400 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	4	
butorphanol tartrate inj 2 mg/ml	4	
BUTRANS DIS 5MCG/HR	3	QL (16 ea / 28 days)
BUTRANS DIS 7.5/HR	3	QL (8 ea / 28 days)
BUTRANS DIS 10MCG/HR	3	QL (8 ea / 28 days)
BUTRANS DIS 15MCG/HR	3	QL (4 ea / 28 days)
BUTRANS DIS 20MCG/HR	3	QL (4 ea / 28 days)
nalbuphine hcl inj 10 mg/ml	4	
nalbuphine hcl inj 20 mg/ml	4	
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
DURAMORPH INJ 0.5MG/ML	3	B/D
DURAMORPH INJ 1MG/ML	3	B/D
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325	3	QL (360 tabs / 30 days)
endocet tab 10-325mg	3	QL (360 tabs / 30 days)
fentanyl citrate lozenge on a handle 200 mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	5	NDS, QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 12 mcg/hr	4	QL (10 patches / 30 days)
fentanyl td patch 72hr 25 mcg/hr	4	QL (10 patches / 30 days)
fentanyl td patch 72hr 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	4	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	NDS, QL (120 tabs / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (5400 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (360 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	3	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	4	B/D
hydromorphone hcl tab 2 mg	3	QL (270 tabs / 30 days)
hydromorphone hcl tab 4 mg	3	QL (270 tabs / 30 days)
hydromorphone hcl tab 8 mg	3	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
methadone con 10mg/ml	3	QL (120 mL / 30 days)
methadone hcl soln 5 mg/5ml	3	QL (600 mL / 30 days)
methadone hcl soln 10 mg/5ml	3	QL (600 mL / 30 days)
methadone hcl tab 5 mg	3	QL (240 tabs / 30 days)
methadone hcl tab 10 mg	3	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SUL INJ 8MG/ML	3	B/D
MORPHINE SUL INJ 150/30ML	3	B/D
morphine sulfate inj pf 0.5 mg/ml	3	B/D
morphine sulfate inj pf 1 mg/ml	3	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	3	B/D
morphine sulfate iv soln pf 4 mg/ml	3	B/D
morphine sulfate iv soln pf 8 mg/ml	3	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	3	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	3	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	3	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	3	
MORPHINE SULFATE TAB 15 MG	3	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	3	QL (180 tabs / 30 days)
morphine sulfate tab er 15 mg	3	QL (90 tabs / 30 days)
morphine sulfate tab er 30 mg	3	QL (90 tabs / 30 days)
morphine sulfate tab er 60 mg	3	QL (90 tabs / 30 days)
morphine sulfate tab er 100 mg	3	QL (90 tabs / 30 days)
morphine sulfate tab er 200 mg	3	QL (60 tabs / 30 days)
oxycodone hcl cap 5 mg	4	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	
OXYCODONE HCL SOLN 5 MG/5ML	4	
oxycodone hcl tab 5 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	3	QL (1800 mL / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	3	QL (120 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl local inj 0.5%	2	B/D
lidocaine hcl local inj 1%	2	B/D
lidocaine hcl local inj 2%	2	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	2	B/D
lidocaine hcl local preservative free (pf) inj 1%	2	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	3	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	3	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate inj 10 mg/ml	2	
gentamicin sulfate inj 40 mg/ml	2	
gentamicin sulfate iv soln 10 mg/ml	2	
neomycin sulfate tab 500 mg	3	
paromomycin sulfate cap 250 mg	4	
streptomycin sulfate for inj 1 gm	4	
sulfadiazine tab 500mg	4	
tobramycin nebu soln 300 mg/5ml	5	NDS, NM, PA
tobramycin sulfate for inj 1.2 gm	5	NDS
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 10 mg/ml (base equivalent)	3	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	5	NDS
ALINIA SUS 100/5ML	4	
ALINIA TAB 500MG	4	
atovaquone susp 750 mg/5ml	5	NDS
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
aztreonam for inj 1 gm	3	
aztreonam for inj 2 gm	3	

Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	NDS, NM, LA, PA
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate in d5w iv soln 300 mg/50ml	3	
clindamycin phosphate in d5w iv soln 600 mg/50ml	3	
clindamycin phosphate in d5w iv soln 900 mg/50ml	3	
clindamycin phosphate inj 9 gm/60ml	2	
clindamycin phosphate inj 300 mg/2ml	2	
clindamycin phosphate inj 600 mg/4ml	2	
clindamycin phosphate inj 900 mg/6ml	2	
clindamycin phosphate iv soln 300 mg/2ml	2	
clindamycin phosphate iv soln 900 mg/6ml	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium for inj 150 mg	4	
CUBICIN SOL 500MG	5	NDS
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	
daptomycin for iv soln 500 mg	5	NDS
emverm chw 100mg	4	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
INVANZ INJ 1GM	4	
ivermectin tab 3 mg	3	
LINEZOLID FOR SUSP 100 MG/5ML	5	NDS
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	5	NDS
linezolid iv soln 600 mg/300ml (2 mg/ml)	5	NDS
LINEZOLID TAB 600 MG	5	NDS
meropenem iv for soln 1 gm	4	
meropenem iv for soln 500 mg	4	
methenamine hippurate tab 1 gm	4	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	2	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INH 300MG	4	B/D
nitrofurantoin macrocrystalline cap 50 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TAB 200MG	5	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	4	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SYNERCID INJ 500MG	5	NDS
TIGECYCLINE INJ 50MG	5	NDS
trimethoprim tab 100 mg	2	
TYGACIL INJ 50MG	5	NDS
vancomycin hcl cap 125 mg	5	NDS
vancomycin hcl cap 250 mg	5	NDS
vancomycin hcl for inj 10 gm	3	
vancomycin hcl for inj 500 mg	3	
vancomycin hcl for inj 750 mg	3	
vancomycin hcl for inj 1000 mg	3	
vancomycin hcl for inj 5000 mg	3	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	5	NDS, B/D
AMBISOME INJ 50MG	4	B/D
amphotericin b for inj 50 mg	4	B/D
CANCIDAS INJ 50MG	5	NDS
CANCIDAS INJ 70MG	5	NDS
CASPOFUNGIN INJ 50MG	5	NDS
CASPOFUNGIN INJ 70MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in dextrose inj 200 mg/100ml	3	
fluconazole in dextrose inj 400 mg/200ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
fluconazole/ inj nacl 100	3	
flucytosine cap 250 mg	5	NDS
flucytosine cap 500 mg	5	NDS
griseofulvin microsize susp 125 mg/5ml	3	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg	4	
griseofulvin ultramicrosize tab 250 mg	4	
itraconazole cap 100 mg	4	PA
ketoconazole tab 200 mg	4	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS
NOXAFIL TAB 100MG	5	NDS
nystatin tab 500000 unit	3	
terbinafine hcl tab 250 mg	2	QL (90 tabs / 365 days)
voriconazole for inj 200 mg	4	
voriconazole for susp 40 mg/ml	5	NDS
voriconazole tab 50 mg	5	NDS
voriconazole tab 200 mg	5	NDS
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate tab 250 mg	3	
chloroquine phosphate tab 500 mg	3	
COARTEM TAB 20-120MG	4	
mefloquine hcl tab 250 mg	3	
PRIMAQUINE TAB 26.3MG	3	
quinine sulfate cap 324 mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate tab 300 mg (base equiv)	3	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
didanosine delayed release capsule 125 mg	4	

Drug Name	Drug Tier	Requirements/Limits
didanosine delayed release capsule 200 mg	4	
didanosine delayed release capsule 250 mg	4	
didanosine delayed release capsule 400 mg	4	
EDURANT TAB 25MG	5	NDS
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG	5	NDS
INTELENCE TAB 200MG	5	NDS
INVIRASE CAP 200MG	5	NDS
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	5	NDS
ISENTRESS TAB 400MG	5	NDS
lamivudine oral soln 10 mg/ml	3	
lamivudine tab 150 mg	3	
lamivudine tab 300 mg	3	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	NDS
NEVIRAPINE SUSP 50 MG/5ML	4	
nevirapine tab 200 mg	3	
nevirapine tab er 24hr 100 mg	4	
nevirapine tab er 24hr 400 mg	4	
NORVIR CAP 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	NDS
PREZISTA TAB 75MG	3	
PREZISTA TAB 150MG	3	
PREZISTA TAB 600MG	5	NDS
PREZISTA TAB 800MG	5	NDS
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	4	
REYATAZ CAP 150MG	5	NDS
REYATAZ CAP 200MG	5	NDS
REYATAZ CAP 300MG	5	NDS
REYATAZ POW 50MG	5	NDS
SELZENTRY SOL 20MG/ML	5	NDS
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	NDS
SELZENTRY TAB 150MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 300MG	5	NDS
stavudine cap 15 mg	4	
stavudine cap 20 mg	4	
stavudine cap 30 mg	4	
stavudine cap 40 mg	4	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	5	NDS
SUSTIVA TAB 600MG	5	NDS
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	NDS
TIVICAY TAB 50MG	5	NDS
TYBOST TAB 150MG	3	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	NDS
VIRACEPT TAB 625MG	5	NDS
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	NDS
VIREAD TAB 150MG	5	NDS
VIREAD TAB 200MG	5	NDS
VIREAD TAB 250MG	5	NDS
VIREAD TAB 300MG	5	NDS
ZERIT SOL 1MG/ML	5	NDS
ZIAGEN SOL 20MG/ML	3	
zidovudine cap 100 mg	4	
zidovudine syrup 10 mg/ml	4	
zidovudine tab 300 mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	5	NDS
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	NDS
ATRIPLA TAB	5	NDS
COMPLERA TAB	5	NDS
DESCOVY TAB 200/25	5	NDS
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
KALETRA SOL	5	NDS
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	NDS
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	NDS
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	5	NDS
TRUVADA TAB 100-150	5	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	4	
cycloserine cap 250 mg	5	NDS
ethambutol hcl tab 100 mg	4	
ethambutol hcl tab 400 mg	4	
isoniazid inj 100 mg/ml	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
paser gra 4gm	3	
PRIFTIN TAB 150MG	4	
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg	3	
rifampin cap 300 mg	3	
rifampin for inj 600 mg	4	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	NDS, LA, PA
TRECATOR TAB 250MG	4	
ANTIVIRALS		
acyclovir cap 200 mg	2	
acyclovir sodium for inj 500 mg	4	B/D
acyclovir sodium iv soln 50 mg/ml	4	B/D
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
adefovir dipivoxil tab 10 mg	5	NDS
BARACLUDE SOL .05MG/ML	5	NDS
DAKLINZA TAB 30MG	5	NDS, NM, PA
DAKLINZA TAB 60MG	5	NDS, NM, PA
DAKLINZA TAB 90MG	5	NDS, NM, PA
entecavir tab 0.5 mg	5	NDS
entecavir tab 1 mg	5	NDS
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	4	
famciclovir tab 125 mg	3	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 250 mg	3	
famciclovir tab 500 mg	3	
ganciclovir sodium for inj 500 mg	3	B/D
HARVONI TAB 90-400MG	5	NDS, NM, PA
lamivudine tab 100 mg (hbv)	4	
MAVYRET TAB 100-40MG	5	NDS, NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	3	
oseltamivir phosphate cap 45 mg (base equiv)	3	
oseltamivir phosphate cap 75 mg (base equiv)	3	
PEGASYS INJ	5	NDS, NM, PA
PEGASYS INJ 180MCG/M	5	NDS, NM, PA
PEGASYS INJ PROCLICK	5	NDS, NM, PA
REBETOL SOL 40MG/ML	5	NDS, NM
RELENZA MIS DISKHALE	3	
ribasphere cap 200mg	3	NM
ribasphere tab 200mg	4	NM
ribasphere tab 400mg	5	NDS, NM
ribasphere tab 600mg	5	NDS, NM
ribavirin cap 200 mg	3	NM
ribavirin tab 200 mg	4	NM
rimantadine hydrochloride tab 100 mg	4	
SOVALDI TAB 400MG	5	NDS, NM, PA
TAMIFLU SUS 6MG/ML	3	
TYZEKA TAB 600MG	5	NDS
valacyclovir hcl tab 1 gm	3	
valacyclovir hcl tab 500 mg	3	
VALCYTE SOL 50MG/ML	5	NDS
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	NDS
valganciclovir hcl tab 450 mg (base equivalent)	5	NDS
VEMLIDY TAB 25MG	5	NDS
VOSEVI TAB	5	NDS, NM, PA
ZEPATIER TAB 50-100MG	5	NDS, NM, PA
CEPHALOSPORINS		
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefaclor er tab 500mg	4	
cefaclor for susp 125 mg/5ml	4	
cefaclor for susp 250 mg/5ml	4	
cefaclor for susp 375 mg/5ml	4	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
cefadroxil for susp 500 mg/5ml	3	
cefadroxil tab 1 gm	4	
cefazolin inj 1gm/50ml	3	
cefazolin sodium for inj 1 gm	3	
cefazolin sodium for inj 10 gm	3	
cefazolin sodium for inj 20 gm	3	
cefazolin sodium for inj 500 mg	3	
cefazolin sodium for iv soln 1 gm	3	
CEFAZOLIN SOL	3	
cefdinir cap 300 mg	3	
cefdinir for susp 125 mg/5ml	4	
cefdinir for susp 250 mg/5ml	4	
cefepime hcl for inj 1 gm	4	
cefepime hcl for inj 2 gm	4	
cefixime for susp 100 mg/5ml	4	
cefixime for susp 200 mg/5ml	4	
cefotaxime sodium for inj 1 gm	4	
cefotaxime sodium for inj 2 gm	4	
cefotaxime sodium for inj 500 mg	4	
cefoxitin sodium for inj 10 gm	4	
cefoxitin sodium for iv soln 1 gm	4	
cefoxitin sodium for iv soln 2 gm	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil tab 100 mg	4	
cefpodoxime proxetil tab 200 mg	4	
cefprozil for susp 125 mg/5ml	4	
cefprozil for susp 250 mg/5ml	4	
cefprozil tab 250 mg	3	
cefprozil tab 500 mg	3	
ceftazidime for inj 1 gm	4	
ceftazidime for inj 2 gm	4	
ceftazidime for inj 6 gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
ceftriaxone sodium for inj 1 gm	3	
ceftriaxone sodium for inj 2 gm	3	
ceftriaxone sodium for inj 10 gm	3	
ceftriaxone sodium for inj 250 mg	3	
ceftriaxone sodium for inj 500 mg	3	
ceftriaxone sodium for iv soln 1 gm	3	
ceftriaxone sodium for iv soln 2 gm	3	
cefuroxime axetil tab 250 mg	3	
cefuroxime axetil tab 500 mg	3	
cefuroxime sodium for inj 1.5 gm	3	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium for inj 7.5 gm	3	
cefuroxime sodium for inj 750 mg	3	
cefuroxime sodium for iv soln 1.5 gm	3	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin for susp 125 mg/5ml	3	
cephalexin for susp 250 mg/5ml	3	
SUPRAX CAP 400MG	3	
suprax chw 100mg	4	
suprax chw 200mg	4	
SUPRAX SUS 500/5ML	3	
tazicef inj 1gm	4	
tazicef inj 2gm	4	
tazicef inj 6gm	4	
TEFLARO INJ 400MG	5	NDS
TEFLARO INJ 600MG	5	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	3	
azithromycin for susp 200 mg/5ml	3	
azithromycin iv for soln 500 mg	3	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	3	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
clarithromycin for susp 125 mg/5ml	4	
clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	3	
clarithromycin tab 500 mg	3	
clarithromycin tab er 24hr 500 mg	4	
DIFICID TAB 200MG	5	NDS
ery-tab tab 250mg ec	4	
ery-tab tab 333mg ec	4	
ery-tab tab 500mg ec	4	
erythrocin inj 500mg	4	
erythrocin tab 250mg	4	
erythromycin ethylsuccinate tab 400 mg	4	
erythromycin tab 250 mg	4	
erythromycin tab 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	4	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	4	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin iv soln 200 mg/20ml (1%)	4	
ciprofloxacin iv soln 400 mg/40ml (1%)	4	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	4	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	4	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
levofloxacin iv soln 25 mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	4	
PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	3	
amoxicillin & k clavulanate chew tab 400-57 mg	3	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for inj 15 (10-5) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	3	
ampicillin for susp 250 mg/5ml	3	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for inj 2 gm	4	
ampicillin sodium for inj 10 gm	4	
ampicillin sodium for inj 125 mg	4	
ampicillin sodium for inj 250 mg	4	
ampicillin sodium for inj 500 mg	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 2 gm	4	
ampicillin sodium for iv soln 10 gm	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for inj 10 gm	4	
nafcillin sodium for iv soln 1 gm	4	
nafcillin sodium for iv soln 2 gm	4	
oxacillin sodium for inj 1 gm (base equivalent)	4	
oxacillin sodium for inj 2 gm (base equivalent)	4	
oxacillin sodium for inj 10 gm (base equivalent)	5	NDS
pen g proc inj 600000	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium for inj 5000000 unit	4	
penicillin g potassium for inj 20000000 unit	4	
penicillin g sodium for inj 5000000 unit	4	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
piper/tazoba inj 12-1.5gm	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 inj 100mg	4	
doxycycline hyclate cap 50 mg	3	
doxycycline hyclate cap 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	4	
doxycycline hyclate tab 100 mg	4	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	
doxycycline monohydrate tab 100 mg	3	
doxycycline monohydrate tab 150 mg	3	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	NDS, B/D, NM
BICNU INJ 100MG	5	NDS, B/D
busulfan inj 6 mg/ml	5	NDS, B/D
BUSULFEX INJ 6MG/ML	5	NDS, B/D
CYCLOPHOSPH CAP 25MG	4	B/D
CYCLOPHOSPH CAP 50MG	4	B/D
cyclophosphamide for inj 1 gm	5	NDS, B/D
cyclophosphamide for inj 2 gm	5	NDS, B/D
cyclophosphamide for inj 500 mg	5	NDS, B/D
dacarbazine for inj 100 mg	3	B/D
dacarbazine for inj 200 mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	NDS
IFEX INJ 3GM	4	B/D
ifosfamide for inj 1 gm	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	3	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	3	B/D
LEUKERAN TAB 2MG	4	
melphalan hcl for inj 50 mg (base equiv)	5	NDS, B/D
MUSTARGEN INJ 10MG	5	NDS, B/D
TREANDA INJ 25MG	5	NDS, B/D, NM
TREANDA INJ 100MG	5	NDS, B/D, NM
ANTHRACYCLINES		
adriamycin inj 20mg	3	B/D
daunorubicin hcl inj 5 mg/ml (base equiv)	3	B/D
doxorubicin hcl for inj 10 mg	3	B/D
doxorubicin hcl for inj 50 mg	3	B/D
doxorubicin hcl inj 2 mg/ml	3	B/D
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	NDS, B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	4	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	4	B/D
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	5	NDS, B/D
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	5	NDS, B/D
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	5	NDS, B/D
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	3	B/D
bleomycin sulfate for inj 30 unit	3	B/D
mitomycin for iv soln 5 mg	5	NDS, B/D
mitomycin for iv soln 20 mg	5	NDS, B/D
mitomycin for iv soln 40 mg	5	NDS, B/D
ANTIMETABOLITES		
adrucil inj 500/10ml	3	B/D
ALIMTA INJ 100MG	5	NDS, B/D
ALIMTA INJ 500MG	5	NDS, B/D
azacitidine for inj 100 mg	5	NDS, B/D, NM
cladribine iv soln 10 mg/10ml (1 mg/ml)	5	NDS, B/D
cytarabine inj 20 mg/ml	3	B/D
fludarabine phosphate for inj 50 mg	4	B/D
fludarabine phosphate inj 25 mg/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
fluorouracil inj 1 gm/20ml (50 mg/ml)	3	B/D
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	3	B/D
fluorouracil inj 5 gm/100ml (50 mg/ml)	3	B/D
fluorouracil inj 500 mg/10ml (50 mg/ml)	3	B/D
gemcitabine hcl for inj 1 gm	5	NDS, B/D
gemcitabine hcl for inj 2 gm	5	NDS, B/D
gemcitabine hcl for inj 200 mg	5	NDS, B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	5	NDS, B/D
mercaptopurine tab 50 mg	4	
methotrexate sodium for inj 1 gm	2	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	2	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	B/D
NIPENT INJ 10MG	5	NDS, B/D
PURIXAN SUS 20MG/ML	5	NDS, NM
TABLOID TAB 40MG	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	5	NDS, B/D
DOCEFREZ INJ 20MG	5	NDS, B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	5	NDS, B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	NDS, B/D
DOCETAXEL INJ 20MG/2ML	5	NDS, B/D
DOCETAXEL INJ 80MG/4ML	5	NDS, B/D
DOCETAXEL INJ 80MG/8ML	5	NDS, B/D
DOCETAXEL INJ 160/8ML	5	NDS, B/D
DOCETAXEL INJ 160/16ML	5	NDS, B/D
docetaxel inj 200/10	5	NDS, B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	4	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	4	B/D

Drug Name	Drug Tier	Requirements/Limits
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	4	B/D
TAXOTERE INJ 80MG/4ML	5	NDS, B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	3	B/D
vincasar pfs inj 1mg/ml	2	B/D
vincristine sulfate iv soln 1 mg/ml	2	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	3	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	5	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	5	NDS, NM, LA, PA
BELEODAQ INJ 500MG	5	NDS, NM, PA
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	5	NDS, NM, LA, PA
FARYDAK CAP 15MG	5	NDS, NM, LA, PA
FARYDAK CAP 20MG	5	NDS, NM, LA, PA
HERCEPTIN INJ 150MG	5	NDS, NM, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, NM, LA, PA
IBRANCE CAP 100MG	5	NDS, NM, LA, PA
IBRANCE CAP 125MG	5	NDS, NM, LA, PA
IDHIFA TAB 50MG	5	NDS, NM, LA, PA
IDHIFA TAB 100MG	5	NDS, NM, LA, PA
ISTODAX OVR INJ 10MG	5	NDS, B/D, NM
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, NM, PA
KEYTRUDA SOL 50MG	5	NDS, NM, PA
KISQALI 200 PAK FEMARA	5	NDS, NM, PA
KISQALI 400 PAK FEMARA	5	NDS, NM, PA
KISQALI 600 PAK FEMARA	5	NDS, NM, PA
KISQALI TAB 200DOSE	5	NDS, NM, PA
KISQALI TAB 400DOSE	5	NDS, NM, PA
KISQALI TAB 600DOSE	5	NDS, NM, PA
LYNPARZA CAP 50MG	5	NDS, NM, LA, PA
NINLARO CAP 2.3MG	5	NDS, NM, PA
NINLARO CAP 3MG	5	NDS, NM, PA
NINLARO CAP 4MG	5	NDS, NM, PA
PROLEUKIN INJ 22MU	5	NDS, B/D, NM
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
RUBRACA TAB 200MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 250MG	5	NDS, NM, LA, PA
RUBRACA TAB 300MG	5	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, NM, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	NM, LA, PA
VENCLEXTA TAB 50MG	4	NM, LA, PA
VENCLEXTA TAB 100MG	5	NDS, NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, NM, LA, PA
YERVOY INJ 50MG	5	NDS, NM, PA
YERVOY INJ 200MG	5	NDS, NM, PA
ZEJULA CAP 100MG	5	NDS, NM, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole tab 1 mg	2	
bicalutamide tab 50 mg	3	
DEPO-PROVERA INJ 400/ML	4	B/D
exemestane tab 25 mg	4	
FARESTON TAB 60MG	5	NDS
FASLODEX INJ 250MG	5	NDS, B/D
flutamide cap 125 mg	4	
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	4	B/D
letrozole tab 2.5 mg	3	
leuprolide acetate inj kit 5 mg/ml	3	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	5	NDS, NM, PA
LYSODREN TAB 500MG	3	
megestrol acetate susp 40 mg/ml	4	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	4	PA
megestrol acetate tab 20 mg	4	PA; PA if 65 years and older
megestrol acetate tab 40 mg	4	PA; PA if 65 years and older
nilutamide tab 150 mg	5	NDS
SOLTAMOX SOL 10MG/5ML	4	
tamoxifen citrate tab 10 mg (base equivalent)	1	
tamoxifen citrate tab 20 mg (base equivalent)	1	
TRELSTAR MIX INJ 3.75MG	5	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	5	NDS, NM, PA
XTANDI CAP 40MG	5	NDS, NM, LA, PA
ZYTIGA TAB 250MG	5	NDS, NM, LA, PA
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
KINASE INHIBITORS		

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DIS TAB 2MG	5	NDS, NM, PA
AFINITOR DIS TAB 3MG	5	NDS, NM, PA
AFINITOR DIS TAB 5MG	5	NDS, NM, PA
AFINITOR TAB 2.5MG	5	NDS, NM, PA
AFINITOR TAB 5MG	5	NDS, NM, PA
AFINITOR TAB 7.5MG	5	NDS, NM, PA
AFINITOR TAB 10MG	5	NDS, NM, PA
ALECENSA CAP 150MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
CABOMETYX TAB 20MG	5	NDS, NM, LA, PA
CABOMETYX TAB 40MG	5	NDS, NM, LA, PA
CABOMETYX TAB 60MG	5	NDS, NM, LA, PA
CAPRELSA TAB 100MG	5	NDS, NM, LA, PA
CAPRELSA TAB 300MG	5	NDS, NM, LA, PA
COMETRIQ KIT 60MG	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COTELLIC TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 30MG	5	NDS, NM, LA, PA
GILOTRIF TAB 40MG	5	NDS, NM, LA, PA
ICLUSIG TAB 15MG	5	NDS, NM, LA, PA
ICLUSIG TAB 45MG	5	NDS, NM, LA, PA
imatinib mesylate tab 100 mg (base equivalent)	5	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate tab 400 mg (base equivalent)	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NDS, NM, LA, PA
INLYTA TAB 1MG	5	NDS, NM, LA, PA
INLYTA TAB 5MG	5	NDS, NM, LA, PA
IRESSA TAB 250MG	5	NDS, NM, LA, PA
JAKAFI TAB 5MG	5	NDS, NM, LA, PA
JAKAFI TAB 10MG	5	NDS, NM, LA, PA
JAKAFI TAB 15MG	5	NDS, NM, LA, PA
JAKAFI TAB 20MG	5	NDS, NM, LA, PA
JAKAFI TAB 25MG	5	NDS, NM, LA, PA
LENVIMA CAP 8 MG	5	NDS, NM, LA, PA
LENVIMA CAP 10 MG	5	NDS, NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, NM, LA, PA
LENVIMA CAP 20 MG	5	NDS, NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
RYDAPT CAP 25MG	5	NDS, NM, PA
SPRYCEL TAB 20MG	5	NDS, NM, PA
SPRYCEL TAB 50MG	5	NDS, NM, PA
SPRYCEL TAB 70MG	5	NDS, NM, PA
SPRYCEL TAB 80MG	5	NDS, NM, PA
SPRYCEL TAB 100MG	5	NDS, NM, PA
SPRYCEL TAB 140MG	5	NDS, NM, PA
STIVARGA TAB 40MG	5	NDS, NM, LA, PA
SUTENT CAP 12.5MG	5	NDS, NM, PA
SUTENT CAP 25MG	5	NDS, NM, PA
SUTENT CAP 37.5MG	5	NDS, NM, PA
SUTENT CAP 50MG	5	NDS, NM, PA
TAFINLAR CAP 50MG	5	NDS, NM, LA, PA
TAFINLAR CAP 75MG	5	NDS, NM, LA, PA
TAGRISSO TAB 40MG	5	NDS, NM, LA, PA
TAGRISSO TAB 80MG	5	NDS, NM, LA, PA
TARCEVA TAB 25MG	5	NDS, NM, LA, PA
TARCEVA TAB 100MG	5	NDS, NM, LA, PA
TARCEVA TAB 150MG	5	NDS, NM, LA, PA
TASIGNA CAP 150MG	5	NDS, NM, PA
TASIGNA CAP 200MG	5	NDS, NM, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VOTRIENT TAB 200MG	5	NDS, NM, LA, PA
XALKORI CAP 200MG	5	NDS, NM, LA, PA
XALKORI CAP 250MG	5	NDS, NM, LA, PA
ZELBORAF TAB 240MG	5	NDS, NM, LA, PA
ZYDELIG TAB 100MG	5	NDS, NM, LA, PA
ZYDELIG TAB 150MG	5	NDS, NM, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	5	NDS, NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
hydroxyurea cap 500 mg	3	
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAP 50MG	5	NDS, LA
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	3	B/D, NM
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	3	B/D, NM
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	3	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAP 200MG	5	NDS, NM, LA, PA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO INJ 3.5MG	5	NDS, NM, PA
tretinoin cap 10 mg	5	NDS
TRISENOX SOL 10MG/10M	5	NDS, B/D
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	4	B/D
carboplatin iv soln 150 mg/15ml	4	B/D
carboplatin iv soln 450 mg/45ml	4	B/D
carboplatin iv soln 600 mg/60ml	4	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	3	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	3	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	3	B/D
oxaliplatin for iv inj 50 mg	4	B/D
oxaliplatin for iv inj 100 mg	4	B/D
oxaliplatin iv soln 50 mg/10ml	4	B/D
oxaliplatin iv soln 100 mg/20ml	4	B/D
PROTECTIVE AGENTS		
AMIFOSTINE FOR INJ 500 MG	5	NDS, B/D
dexrazoxane for inj 250 mg	5	NDS, B/D
dexrazoxane for inj 500 mg	5	NDS, B/D
ELITEK INJ 1.5MG	5	NDS, B/D
ELITEK INJ 7.5MG	5	NDS, B/D
FUSILEV INJ 50MG	5	NDS, B/D, NM
leucovorin calcium for inj 50 mg	4	B/D
leucovorin calcium for inj 100 mg	4	B/D
leucovorin calcium for inj 200 mg	4	B/D
leucovorin calcium for inj 350 mg	4	B/D
leucovorin calcium for inj 500 mg	4	B/D
leucovorin calcium tab 5 mg	3	
leucovorin calcium tab 10 mg	3	
leucovorin calcium tab 15 mg	3	
leucovorin calcium tab 25 mg	3	
LEVOLEUCOVOR INJ 175MG	5	NDS, B/D, NM
levoleucovor sol 250mg/25	5	NDS, B/D, NM
levoleucovorin calcium for iv inj 50 mg (base equiv)	5	NDS, B/D, NM
levoleucovorin calcium inj 175 mg/17.5ml (base equiv)	5	NDS, B/D, NM
mesna inj 100 mg/ml	4	B/D
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	3	B/D

Drug Name	Drug Tier	Requirements/Limits
etoposide inj 500 mg/25ml (20 mg/ml)	3	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	4	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	4	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	B/D
toposar inj 1gm/50ml	3	B/D
toposar inj 100/5ml	3	B/D
topotecan hcl for inj 4 mg	5	NDS, B/D
TOPOTECAN INJ 4MG/4ML	5	NDS, B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	4	
eplerenone tab 50 mg	4	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
ALPHA BLOCKERS		
doxazosin mesylate tab 1 mg	3	QL (30 tabs / 30 days)
doxazosin mesylate tab 2 mg	3	QL (30 tabs / 30 days)
doxazosin mesylate tab 4 mg	3	QL (30 tabs / 30 days)
doxazosin mesylate tab 8 mg	3	
prazosin hcl cap 1 mg	3	
prazosin hcl cap 2 mg	3	
prazosin hcl cap 5 mg	3	
terazosin hcl cap 1 mg	1	
terazosin hcl cap 2 mg	1	
terazosin hcl cap 5 mg	1	
terazosin hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	2	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	2	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	4	
disopyramide phosphate cap 100 mg	4	PA; PA if 65 years and older
disopyramide phosphate cap 150 mg	4	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	4	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	4	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	4	NM

Drug Name	Drug Tier	Requirements/Limits
flecainide acetate tab 50 mg	3	
flecainide acetate tab 100 mg	3	
flecainide acetate tab 150 mg	3	
mexiletine hcl cap 150 mg	4	
mexiletine hcl cap 200 mg	4	
mexiletine hcl cap 250 mg	4	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	PA; PA if 65 years and older
NORPACE CAP 150MG CR	4	PA; PA if 65 years and older
pacerone tab 100mg	4	
pacerone tab 200mg	1	
pacerone tab 400mg	4	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	3	
propafenone hcl tab 225 mg	3	
propafenone hcl tab 300 mg	3	
quinidine gluconate tab er 324 mg	4	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
sorine tab 80mg	2	
sorine tab 120mg	2	
sorine tab 160mg	2	
sorine tab 240mg	2	
sotalol hcl (afib/afl) tab 80 mg	3	
sotalol hcl (afib/afl) tab 120 mg	3	
sotalol hcl (afib/afl) tab 160 mg	3	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	
atorvastatin calcium tab 20 mg (base equivalent)	1	
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
lovastatin tab 10 mg	1	
lovastatin tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lovastatin tab 40 mg	1	
pravastatin sodium tab 10 mg	1	
pravastatin sodium tab 20 mg	1	
pravastatin sodium tab 40 mg	1	
pravastatin sodium tab 80 mg	1	
rosuvastatin calcium tab 5 mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	1	QL (30 tabs / 30 days)
simvastatin tab 5 mg	1	
simvastatin tab 10 mg	1	
simvastatin tab 20 mg	1	
simvastatin tab 40 mg	1	
simvastatin tab 80 mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light powder 4 gm/dose	4	
cholestyramine light powder packets 4 gm	4	
cholestyramine powder 4 gm/dose	4	
cholestyramine powder packets 4 gm	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	4	
ezetimibe tab 10 mg	3	
fenofibrate micronized cap 67 mg	3	
fenofibrate micronized cap 134 mg	3	
fenofibrate micronized cap 200 mg	3	
fenofibrate tab 48 mg	4	
fenofibrate tab 54 mg	4	
fenofibrate tab 145 mg	4	
fenofibrate tab 160 mg	4	
gemfibrozil tab 600 mg	2	
JUXTAPID CAP 5MG	5	NDS, NM, LA, PA
JUXTAPID CAP 10MG	5	NDS, NM, LA, PA
JUXTAPID CAP 20MG	5	NDS, NM, LA, PA
JUXTAPID CAP 30MG	5	NDS, NM, LA, PA
JUXTAPID CAP 40MG	5	NDS, NM, LA, PA
JUXTAPID CAP 60MG	5	NDS, NM, LA, PA
KYNAMRO INJ 200MG/ML	5	NDS, NM, PA
niacin tab er 500 mg (antihyperlipidemic)	4	QL (90 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	4	
niacin tab er 1000 mg (antihyperlipidemic)	4	
niacor tab 500mg	3	
omega-3-acid ethyl esters cap 1 gm	4	
PRALUENT INJ 75MG/ML	5	NDS, NM, PA
PRALUENT INJ 150MG/ML	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
prevalite pow 4gm	4	
prevalite pow 4gm pk	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	3	
atenolol & chlorthalidone tab 100-25 mg	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
propranolol & hydrochlorothiazide tab 40-25 mg	3	
propranolol & hydrochlorothiazide tab 80-25 mg	3	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl tab 100 mg	3	
labetalol hcl tab 200 mg	3	
labetalol hcl tab 300 mg	3	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	3	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	3	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	3	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	3	
metoprolol tartrate iv soln 5 mg/5ml	3	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	3	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	4	
nadolol tab 40 mg	4	
nadolol tab 80 mg	4	
pindolol tab 5 mg	4	
pindolol tab 10 mg	4	
propranolol hcl cap er 24hr 60 mg	4	
propranolol hcl cap er 24hr 80 mg	4	
propranolol hcl cap er 24hr 120 mg	4	
propranolol hcl cap er 24hr 160 mg	4	
propranolol hcl inj 1 mg/ml	3	
propranolol hcl oral soln 20 mg/5ml	3	
propranolol hcl oral soln 40 mg/5ml	3	
propranolol hcl tab 10 mg	3	
propranolol hcl tab 20 mg	3	
propranolol hcl tab 40 mg	3	
propranolol hcl tab 60 mg	3	
propranolol hcl tab 80 mg	3	
timolol maleate tab 5 mg	4	
timolol maleate tab 10 mg	4	
timolol maleate tab 20 mg	4	
CALCIUM CHANNEL BLOCKERS		
afeditab tab 30mg cr	3	
afeditab tab 60mg cr	3	
amlodipine besylate tab 2.5 mg	1	
amlodipine besylate tab 5 mg	1	
amlodipine besylate tab 10 mg	1	
diltiazem hcl cap er 12hr 60 mg	4	
diltiazem hcl cap er 12hr 90 mg	4	
diltiazem hcl cap er 12hr 120 mg	4	
diltiazem hcl cap er 24hr 120 mg	3	
diltiazem hcl cap er 24hr 180 mg	3	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cap er 24hr 240 mg	3	
diltiazem hcl coated beads cap er 24hr 120 mg	3	
diltiazem hcl coated beads cap er 24hr 180 mg	3	
diltiazem hcl coated beads cap er 24hr 240 mg	3	
diltiazem hcl coated beads cap er 24hr 300 mg	3	
diltiazem hcl coated beads cap er 24hr 360 mg	3	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	3	
diltiazem hcl extended release beads cap er 24hr 120 mg	3	
diltiazem hcl extended release beads cap er 24hr 180 mg	3	
diltiazem hcl extended release beads cap er 24hr 240 mg	3	
diltiazem hcl extended release beads cap er 24hr 300 mg	3	
diltiazem hcl extended release beads cap er 24hr 360 mg	3	
diltiazem hcl extended release beads cap er 24hr 420 mg	3	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	2	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	2	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
felodipine tab er 24hr 2.5 mg	3	
felodipine tab er 24hr 5 mg	3	
felodipine tab er 24hr 10 mg	3	
isradipine cap 2.5 mg	4	
isradipine cap 5 mg	4	
nicardipine hcl cap 20 mg	4	
nicardipine hcl cap 30 mg	4	
nifedipine tab er 24hr 30 mg	3	
nifedipine tab er 24hr 60 mg	3	
nifedipine tab er 24hr 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg	3	
nifedipine tab er 24hr osmotic release 60 mg	3	
nifedipine tab er 24hr osmotic release 90 mg	3	
nimodipine cap 30 mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
NYMALIZE SOL 60/20ML	5	NDS
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 120 mg	4	
verapamil hcl cap er 24hr 180 mg	4	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 240 mg	4	
verapamil hcl cap er 24hr 300 mg	4	
VERAPAMIL HCL CAP ER 24HR 360 MG	4	
verapamil hcl iv soln 2.5 mg/ml	4	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
DIGITALIS GLYCOSIDES		
digitek tab 0.25mg	3	PA; PA if 65 years and older
digitek tab 0.125mg	3	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	3	
DIGOXIN ORAL SOLN 0.05 MG/ML	3	PA; PA if 65 years and older
digoxin tab 125 mcg (0.125 mg)	3	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	3	PA; PA if 65 years and older
DIURETICS		
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg	3	
acetazolamide tab 250 mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	3	
bumetanide inj 0.25 mg/ml	3	
bumetanide tab 0.5 mg	3	
bumetanide tab 1 mg	3	
bumetanide tab 2 mg	3	
chlorothiazide tab 250 mg	3	
chlorothiazide tab 500 mg	3	
chlorthalidone tab 25 mg	3	
chlorthalidone tab 50 mg	3	
furosemide inj 10 mg/ml	2	
FUROSEMIDE INJ 10 MG/ML	2	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	2	
indapamide tab 2.5 mg	2	
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
methyclothiazide tab 5 mg	3	
metolazone tab 2.5 mg	3	
metolazone tab 5 mg	3	
metolazone tab 10 mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide tab 5 mg	2	
torsemide tab 10 mg	2	
torsemide tab 20 mg	2	
torsemide tab 100 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine hcl td patch weekly 0.1 mg/24hr	4	
clonidine hcl td patch weekly 0.2 mg/24hr	4	
clonidine hcl td patch weekly 0.3 mg/24hr	4	
DEMSER CAP 250MG	5	NDS
hydralazine hcl inj 20 mg/ml	3	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
midodrine hcl tab 2.5 mg	4	
midodrine hcl tab 5 mg	4	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
NORTHERA CAP 100MG	5	NDS, NM, LA, PA
NORTHERA CAP 200MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	NDS, NM, LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
NITRATES		
isosorbide dinitrate tab 5 mg	3	
isosorbide dinitrate tab 10 mg	3	
isosorbide dinitrate tab 20 mg	3	
isosorbide dinitrate tab 30 mg	3	
isosorbide dinitrate tab er 40 mg	4	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
minitran dis 0.1mg/hr	3	
minitran dis 0.2mg/hr	3	
minitran dis 0.4mg/hr	3	
minitran dis 0.6mg/hr	3	
nitro-bid oin 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
nitroglycerin sl tab 0.3 mg	3	
nitroglycerin sl tab 0.4 mg	3	
nitroglycerin sl tab 0.6 mg	3	
nitroglycerin td patch 24hr 0.1 mg/hr	3	
nitroglycerin td patch 24hr 0.2 mg/hr	3	
nitroglycerin td patch 24hr 0.4 mg/hr	3	
nitroglycerin td patch 24hr 0.6 mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TAB 20MG	5	NDS, NM, PA
ADEMPAS TAB 0.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 1MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	5	NDS, NM, LA, PA
REVATIO SUS 10MG/ML	5	NDS, QL (224 mL / 30 days), NM, PA
sildenafil citrate tab 20 mg	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	5	NDS, NM, LA, PA
UPTRAVI TAB 200MCG	5	NDS, QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	5	NDS, QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	5	NDS, QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	5	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5 mg	1	QL (240 tabs / 30 days)
alprazolam tab 0.25 mg	1	QL (480 tabs / 30 days)
alprazolam tab 1 mg	1	QL (120 tabs / 30 days)
alprazolam tab 2 mg	1	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
fluvoxamine maleate tab 25 mg	3	QL (45 tabs / 30 days)
fluvoxamine maleate tab 50 mg	3	QL (45 tabs / 30 days)
fluvoxamine maleate tab 100 mg	3	
lorazepam con 2mg/ml	3	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam inj 2 mg/ml	2	
lorazepam inj 4 mg/ml	2	
lorazepam tab 0.5 mg	1	QL (150 tabs / 30 days)
lorazepam tab 1 mg	1	QL (150 tabs / 30 days)
lorazepam tab 2 mg	1	QL (150 tabs / 30 days)
ANTICONVULSANTS		
APTIOM TAB 200MG	4	QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
carbamazepine cap er 12hr 100 mg	4	
carbamazepine cap er 12hr 200 mg	4	
carbamazepine cap er 12hr 300 mg	4	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab 200 mg	4	
carbamazepine tab er 12hr 100 mg	4	
carbamazepine tab er 12hr 200 mg	4	
carbamazepine tab er 12hr 400 mg	4	
CELONTIN CAP 300MG	4	
clonazepam orally disintegrating tab 0.5 mg	3	QL (240 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	3	QL (480 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	3	QL (960 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	3	QL (120 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	3	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	1	QL (240 tabs / 30 days)
clonazepam tab 1 mg	1	QL (120 tabs / 30 days)
clonazepam tab 2 mg	1	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 7.5 mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
diazepam con 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	3	
diazepam oral soln 1 mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	4	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	4	
diazepam tab 2 mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
dilantin cap 30mg	3	
dilantin cap 100mg	3	
dilantin chw 50mg	3	
DILANTIN-125 SUS 125/5ML	3	
divalproex sodium cap delayed release sprinkle 125 mg	4	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	4	
divalproex sodium tab er 24 hr 500 mg	4	
epitol tab 200mg	4	
ethosuximide cap 250 mg	4	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	5	NDS
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FYCOMPA SUS 0.5MG/ML	4	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	4	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	4	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	4	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	2	QL (1080 caps / 30 days)
gabapentin cap 300 mg	2	QL (360 caps / 30 days)
gabapentin cap 400 mg	2	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	4	QL (2160 mL / 30 days)
gabapentin tab 600 mg	3	QL (180 tabs / 30 days)
gabapentin tab 800 mg	3	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	4	
GABITRIL TAB 16MG	4	
lamotrigine tab 25 mg	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
lamotrigine tab chewable dispersible 5 mg	3	
lamotrigine tab chewable dispersible 25 mg	3	
lamotrigine tab er 24hr 25 mg	4	
lamotrigine tab er 24hr 50 mg	4	
lamotrigine tab er 24hr 100 mg	4	
lamotrigine tab er 24hr 200 mg	4	
lamotrigine tab er 24hr 250 mg	4	
lamotrigine tab er 24hr 300 mg	4	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	4	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	4	

Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	4	
levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab 250 mg	3	
levetiracetam tab 500 mg	3	
levetiracetam tab 750 mg	3	
levetiracetam tab 1000 mg	3	
levetiracetam tab er 24hr 500 mg	3	
levetiracetam tab er 24hr 750 mg	3	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	5	NDS, PA
ONFI TAB 10MG	4	PA
ONFI TAB 20MG	5	NDS, PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	3	
oxcarbazepine tab 300 mg	3	
oxcarbazepine tab 600 mg	3	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 65 years and older
phenobarbital elixir 20 mg/5ml	4	PA; PA if 65 years and older
phenobarbital sodium inj 130 mg/ml	4	PA; PA if 65 years and older
phenobarbital tab 15 mg	4	PA; PA if 65 years and older
phenobarbital tab 16.2 mg	4	PA; PA if 65 years and older
phenobarbital tab 30 mg	4	PA; PA if 65 years and older
phenobarbital tab 32.4 mg	4	PA; PA if 65 years and older
phenobarbital tab 60 mg	4	PA; PA if 65 years and older
phenobarbital tab 64.8 mg	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 97.2 mg	4	PA; PA if 65 years and older
phenobarbital tab 100 mg	4	PA; PA if 65 years and older
phenytek cap 200mg	3	
phenytek cap 300mg	3	
phenytoin chew tab 50 mg	3	
phenytoin sodium extended cap 100 mg	3	
phenytoin sodium extended cap 200 mg	3	
phenytoin sodium extended cap 300 mg	3	
phenytoin sodium inj 50 mg/ml	3	
phenytoin susp 125 mg/5ml	3	
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	5	NDS, QL (180 tabs / 30 days)
POTIGA TAB 300MG	5	NDS, QL (90 tabs / 30 days)
POTIGA TAB 400MG	5	NDS, QL (90 tabs / 30 days)
primidone tab 50 mg	2	
primidone tab 250 mg	2	
roweepra tab 500mg	3	
roweepra tab 750mg	3	
roweepra tab 1000mg	3	
SABRIL POW 500MG	5	NDS, QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
TEGRETOL SUS 100/5ML	4	
TEGRETOL TAB 200MG	4	
TEGRETOL-XR TAB 100MG	4	
TEGRETOL-XR TAB 200MG	4	
TEGRETOL-XR TAB 400MG	4	
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
topiramate sprinkle cap 15 mg	4	
topiramate sprinkle cap 25 mg	4	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	

Drug Name	Drug Tier	Requirements/Limits
valproate sodium inj 100 mg/ml	4	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	3	
vigabatrin powd pack 500 mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	4	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	4	QL (60 tabs / 30 days)
zonisamide cap 25 mg	3	
zonisamide cap 50 mg	3	
zonisamide cap 100 mg	3	
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	3	QL (60 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	3	
donepezil hydrochloride tab 5 mg	2	QL (60 tabs / 30 days)
donepezil hydrochloride tab 10 mg	2	
donepezil hydrochloride tab 23 mg	4	
galantamine hydrobromide cap er 24hr 8 mg	4	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	4	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	4	
galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide tab 4 mg	4	QL (180 tabs / 30 days)
galantamine hydrobromide tab 8 mg	4	QL (90 tabs / 30 days)
galantamine hydrobromide tab 12 mg	4	
memantine hcl oral solution 2 mg/ml	3	PA; PA if < 30 yrs
memantine hcl tab 5 mg	4	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	4	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	4	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate cap 1.5 mg	4	
rivastigmine tartrate cap 3 mg	4	
rivastigmine tartrate cap 4.5 mg	4	
rivastigmine tartrate cap 6 mg	4	
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg	4	PA; PA if 65 years and older
amitriptyline hcl tab 25 mg	4	PA; PA if 65 years and older
amitriptyline hcl tab 50 mg	4	PA; PA if 65 years and older
amitriptyline hcl tab 75 mg	4	PA; PA if 65 years and older
amitriptyline hcl tab 100 mg	4	PA; PA if 65 years and older
amitriptyline hcl tab 150 mg	4	PA; PA if 65 years and older
amoxapine tab 25 mg	3	
amoxapine tab 50 mg	3	
amoxapine tab 100 mg	3	
amoxapine tab 150 mg	3	
bupropion hcl tab 75 mg	3	
bupropion hcl tab 100 mg	3	
bupropion hcl tab er 12hr 100 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	3	QL (90 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	3	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	4	
citalopram hydrobromide tab 10 mg (base equiv)	1	QL (45 tabs / 30 days)
citalopram hydrobromide tab 20 mg (base equiv)	1	QL (45 tabs / 30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tabs / 30 days)
clomipramine hcl cap 25 mg	4	PA; PA if 65 years and older
clomipramine hcl cap 50 mg	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
clomipramine hcl cap 75 mg	4	PA; PA if 65 years and older
desipramine hcl tab 10 mg	4	
desipramine hcl tab 25 mg	4	
desipramine hcl tab 50 mg	4	
desipramine hcl tab 75 mg	4	
desipramine hcl tab 100 mg	4	
desipramine hcl tab 150 mg	4	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	3	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	3	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	3	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	4	PA; PA if 65 years and older
doxepin hcl cap 25 mg	4	PA; PA if 65 years and older
doxepin hcl cap 50 mg	4	PA; PA if 65 years and older
doxepin hcl cap 75 mg	4	PA; PA if 65 years and older
doxepin hcl cap 100 mg	4	PA; PA if 65 years and older
doxepin hcl cap 150 mg	4	PA; PA if 65 years and older
doxepin hcl conc 10 mg/ml	4	PA; PA if 65 years and older
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	4	QL (180 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	4	QL (120 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	4	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 mL / 30 days)
escitalopram oxalate tab 5 mg (base equiv)	2	QL (45 tabs / 30 days)
escitalopram oxalate tab 10 mg (base equiv)	2	QL (45 tabs / 30 days)
escitalopram oxalate tab 20 mg (base equiv)	2	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 80MG	4	QL (30 caps / 30 days)
FETZIMA CAP 120MG	4	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	4	
fluoxetine hcl cap 10 mg	1	QL (30 caps / 30 days)
fluoxetine hcl cap 20 mg	1	QL (120 caps / 30 days)
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl solution 20 mg/5ml	3	
fluoxetine hcl tab 10 mg	4	QL (45 tabs / 30 days)
fluoxetine hcl tab 20 mg	4	
imipramine hcl tab 10 mg	4	PA; PA if 65 years and older
imipramine hcl tab 25 mg	4	PA; PA if 65 years and older
imipramine hcl tab 50 mg	4	PA; PA if 65 years and older
maprotiline hcl tab 25 mg	4	
maprotiline hcl tab 50 mg	4	
maprotiline hcl tab 75 mg	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	3	QL (30 tabs / 30 days)
mirtazapine orally disintegrating tab 30 mg	3	
mirtazapine orally disintegrating tab 45 mg	3	
mirtazapine tab 7.5 mg	2	QL (45 tabs / 30 days)
mirtazapine tab 15 mg	2	QL (45 tabs / 30 days)
mirtazapine tab 30 mg	2	
mirtazapine tab 45 mg	2	
nefazodone hcl tab 50 mg	4	
nefazodone hcl tab 100 mg	4	
nefazodone hcl tab 150 mg	4	
nefazodone hcl tab 200 mg	4	
nefazodone hcl tab 250 mg	4	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	4	
paroxetine hcl tab 10 mg	1	QL (45 tabs / 30 days)
paroxetine hcl tab 20 mg	1	QL (45 tabs / 30 days)
paroxetine hcl tab 30 mg	1	QL (60 tabs / 30 days)
paroxetine hcl tab 40 mg	1	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	3	
PRISTIQ TAB 25MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	3	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tab 5 mg	4	
protriptyline hcl tab 10 mg	4	
sertraline hcl oral conc 20 mg/ml	4	
sertraline hcl tab 25 mg	1	QL (45 tabs / 30 days)
sertraline hcl tab 50 mg	1	QL (45 tabs / 30 days)
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trimipramine maleate cap 25 mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 50 mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 100 mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (30 caps / 30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (30 caps / 30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (60 caps / 30 days)
venlafaxine hcl tab 25 mg	3	
venlafaxine hcl tab 37.5 mg	3	
venlafaxine hcl tab 50 mg	3	
venlafaxine hcl tab 75 mg	3	
venlafaxine hcl tab 100 mg	3	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	4	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	2	
amantadine hcl tab 100 mg	4	
APOKYN INJ 10MG/ML	5	NDS, NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	3	
benztropine mesylate tab 0.5 mg	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tab 1 mg	4	PA; PA if 65 years and older
benztropine mesylate tab 2 mg	4	PA; PA if 65 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	4	
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	4	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	4	
ENTACAPONE TAB 200 MG	4	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv)	3	
rasagiline mesylate tab 1 mg (base equiv)	3	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	4	
selegiline hcl tab 5 mg	4	
trihexyphenidyl hcl elixir 0.4 mg/ml	4	PA; PA if 65 years and older
trihexyphenidyl hcl tab 2 mg	4	PA; PA if 65 years and older
trihexyphenidyl hcl tab 5 mg	4	PA; PA if 65 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 vial / 28 days)
aripiprazole oral solution 1 mg/ml	5	NDS, QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	5	NDS, QL (60 tabs / 30 days)
aripiprazole orally disintegrating tab 15 mg	5	NDS, QL (60 tabs / 30 days)
aripiprazole tab 2 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	5	NDS, QL (30 tabs / 30 days)
aripiprazole tab 30 mg	5	NDS, QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	NDS, QL (1 syringe / 56 days)

Drug Name	Drug Tier	Requirements/Limits
chlorpromaz inj 25mg/ml	4	
chlorpromaz inj 50mg/2ml	4	
chlorpromazine hcl tab 10 mg	4	
chlorpromazine hcl tab 25 mg	4	
chlorpromazine hcl tab 50 mg	4	
chlorpromazine hcl tab 100 mg	4	
chlorpromazine hcl tab 200 mg	4	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	4	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	4	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	4	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	5	NDS, QL (135 tabs / 30 days), PA
clozapine tab 25 mg	3	
clozapine tab 50 mg	3	
clozapine tab 100 mg	4	QL (270 tabs / 30 days)
clozapine tab 200 mg	4	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 8MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 10MG	5	NDS, QL (60 tabs / 30 days)
FANAPT TAB 12MG	5	NDS, QL (60 tabs / 30 days)
fluphenazine decanoate inj 25 mg/ml	4	
fluphenazine hcl elixir 2.5 mg/5ml	4	
fluphenazine hcl inj 2.5 mg/ml	4	
fluphenazine hcl oral conc 5 mg/ml	4	
fluphenazine hcl tab 1 mg	2	
fluphenazine hcl tab 2.5 mg	2	
fluphenazine hcl tab 5 mg	2	
fluphenazine hcl tab 10 mg	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	3	
haloperidol decanoate im soln 100 mg/ml	3	
haloperidol lactate inj 5 mg/ml	3	
haloperidol lactate oral conc 2 mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 0.5 mg	3	
haloperidol tab 1 mg	3	
haloperidol tab 2 mg	3	
haloperidol tab 5 mg	3	
haloperidol tab 10 mg	3	
haloperidol tab 20 mg	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 syringe / 90 days)
LATUDA TAB 20MG	4	QL (240 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	3	
loxapine succinate cap 10 mg	3	
loxapine succinate cap 25 mg	3	
loxapine succinate cap 50 mg	3	
molindone hcl tab 10 mg	4	
molindone hcl tab 25 mg	4	
NUPLAZID TAB 17MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	4	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	4	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	4	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	4	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	4	QL (60 tabs / 30 days)
olanzapine tab 2.5 mg	3	QL (240 tabs / 30 days)
olanzapine tab 5 mg	3	QL (120 tabs / 30 days)
olanzapine tab 7.5 mg	3	QL (30 tabs / 30 days)
olanzapine tab 10 mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 15 mg	3	QL (60 tabs / 30 days)
olanzapine tab 20 mg	3	QL (60 tabs / 30 days)
paliperidone tab er 24hr 1.5 mg	5	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	5	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	5	NDS, QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	5	NDS, QL (30 tabs / 30 days)
perphenazine tab 2 mg	4	
perphenazine tab 4 mg	4	
perphenazine tab 8 mg	4	
perphenazine tab 16 mg	4	
pimozide tab 1 mg	4	
pimozide tab 2 mg	4	
quetiapine fumarate tab 25 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab 50 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab 400 mg	3	QL (90 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	4	QL (120 tabs / 30 days)
quetiapine fumarate tab er 24hr 150 mg	4	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 200 mg	4	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 300 mg	4	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 400 mg	4	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 0.5 mg	4	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	4	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	4	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	4	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	4	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	4	QL (120 tabs / 30 days)
risperidone soln 1 mg/ml	4	QL (240 mL / 30 days)
risperidone tab 0.5 mg	2	QL (90 tabs / 30 days)
risperidone tab 0.25 mg	2	QL (90 tabs / 30 days)
risperidone tab 1 mg	2	QL (60 tabs / 30 days)
risperidone tab 2 mg	2	QL (60 tabs / 30 days)
risperidone tab 3 mg	2	QL (60 tabs / 30 days)
risperidone tab 4 mg	2	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
thioridazine hcl tab 10 mg	4	PA; PA if 65 years and older
thioridazine hcl tab 25 mg	4	PA; PA if 65 years and older
thioridazine hcl tab 50 mg	4	PA; PA if 65 years and older
thioridazine hcl tab 100 mg	4	PA; PA if 65 years and older
thiothixene cap 1 mg	4	
thiothixene cap 2 mg	4	
thiothixene cap 5 mg	4	
thiothixene cap 10 mg	4	
trifluoperazine hcl tab 1 mg (base equivalent)	4	
trifluoperazine hcl tab 2 mg (base equivalent)	4	
trifluoperazine hcl tab 5 mg (base equivalent)	4	
trifluoperazine hcl tab 10 mg (base equivalent)	4	
VERSACLOZ SUS 50MG/ML	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	
VRAYLAR CAP 1.5MG	5	NDS, QL (120 caps / 30 days)
VRAYLAR CAP 3MG	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	5	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	NDS, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 20 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	4	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	4	QL (90 caps / 30 days)
ziprasidone hcl cap 80 mg	4	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	4	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	4	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	4	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	4	QL (30 caps / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	4	PA; PA if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 3 mg (base equiv)	4	PA; PA if 65 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	4	PA; PA if 65 years and older
methylphenidate hcl soln 5 mg/5ml	4	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	4	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	3	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	3	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	3	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	4	QL (90 tabs / 30 days)
methylphenidate hcl tab er 20 mg	4	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	4	QL (120 caps / 30 days)
STRATTERA CAP 18MG	4	QL (120 caps / 30 days)
STRATTERA CAP 25MG	4	QL (120 caps / 30 days)
STRATTERA CAP 40MG	4	QL (60 caps / 30 days)
STRATTERA CAP 60MG	4	QL (30 caps / 30 days)
STRATTERA CAP 80MG	4	QL (30 caps / 30 days)
STRATTERA CAP 100MG	4	QL (30 caps / 30 days)
HYPNOTICS		
eszopiclone tab 1 mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NDS, NM, LA, PA
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
temazepam cap 7.5 mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tab 5 mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
dihydroergotamine mesylate inj 1 mg/ml	3	
eletriptan hydrobromide tab 20 mg (base equivalent)	3	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	3	QL (12 tabs / 30 days)
ergotamine w/ caffeine tab 1-100 mg	4	
migergot sup 2/100	5	NDS
naratriptan hcl tab 1 mg (base equiv)	3	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	3	QL (12 tabs / 30 days)
RELPAX TAB 20MG	3	QL (12 tabs / 30 days)
RELPAX TAB 40MG	3	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	3	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	3	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	4	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	4	QL (12 inhalers / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	4	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	4	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	2	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tab 50 mg	2	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	2	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	4	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	4	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	4	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	2	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	4	PA
pyridostigmine bromide tab 60 mg	3	
riluzole tab 50 mg	3	
TETRABENAZINE TAB 12.5 MG	5	NDS, QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	NDS, NM, LA, PA
BETASERON INJ 0.3MG	5	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	NDS, QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
glatopa inj 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	5	NDS, NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
carisoprodol tab 350 mg	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
cyclobenzaprine hcl tab 5 mg	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl tab 10 mg	4	PA; PA if 65 years and older
dantrolene sodium cap 25 mg	4	
dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 100 mg	4	
methocarbamol tab 500 mg	4	PA; PA if 65 years and older
methocarbamol tab 750 mg	4	PA; PA if 65 years and older
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	4	QL (150 tabs / 30 days), PA
armodafinil tab 150 mg	4	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	4	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	4	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	3	PA
buprenorphine hcl sl tab 8 mg (base equiv)	3	PA
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	3	QL (120 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	3	QL (120 tabs / 30 days), PA
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
disulfiram tab 250 mg	4	
disulfiram tab 500 mg	4	
naloxone hcl inj 0.4 mg/ml	3	
naloxone hcl inj 4 mg/10ml	3	
naloxone hcl soln cartridge 0.4 mg/ml	3	
naloxone hcl soln prefilled syringe 2 mg/2ml	3	
naltrexone hcl tab 50 mg	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TAB 50MG	5	NDS, PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	3	QL (440 mL / 30 days), PA
oxandrolone tab 2.5 mg	3	PA
oxandrolone tab 10 mg	3	PA
testosterone cypionate im inj in oil 100 mg/ml	3	PA
testosterone cypionate im inj in oil 200 mg/ml	3	PA
testosterone enanthate im inj in oil 200 mg/ml	3	PA
testosterone td soln 30 mg/act	3	QL (440 mL / 30 days), PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS; KwikPen
HUMULIN R INJ U-500	5	NDS, B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LANTUS INJ 100/ML	3	
LANTUS INJ SOLOSTAR	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
SYMLINPEN 60 INJ 1000MCG	5	NDS, QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	5	NDS, QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	4	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	4	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose tab 25 mg	3	
acarbose tab 50 mg	3	
acarbose tab 100 mg	3	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
glimepiride tab 1 mg	1	QL (240 tabs / 30 days)
glimepiride tab 2 mg	1	QL (120 tabs / 30 days)
glimepiride tab 4 mg	1	QL (60 tabs / 30 days)
glipizide tab 5 mg	1	QL (240 tabs / 30 days)
glipizide tab 10 mg	1	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	1	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	1	QL (240 tabs / 30 days)
glipizide tab er 24hr 5 mg	1	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
glyburide micronized tab 1.5 mg	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
glyburide micronized tab 3 mg	4	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized tab 6 mg	4	QL (60 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 1.25 mg	4	QL (480 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 2.5 mg	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 5 mg	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
metformin hcl tab 500 mg	1	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	1	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	1	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide tab 60 mg	1	QL (90 tabs / 30 days)
nateglinide tab 120 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl tab 30 mg (base equiv)	1	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	1	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	1	QL (120 tabs / 30 days)
repaglinide tab 1 mg	1	QL (120 tabs / 30 days)
repaglinide tab 2 mg	1	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	QL (4 tabs / 28 days)
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	QL (4 tabs / 28 days)
pamidronate disodium for inj 30 mg	3	B/D
pamidronate disodium for inj 90 mg	3	B/D
pamidronate disodium iv soln 3 mg/ml	3	B/D
pamidronate disodium iv soln 9 mg/ml	3	B/D
pamidronate inj 6mg/ml	3	B/D
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	B/D, NM
zoledronic acid iv soln 5 mg/100ml	4	B/D, NM
zoledronic inj 4mg	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	3	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	NDS, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	NDS, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS
EXJADE TAB 125MG	5	NDS, NM, LA, PA
EXJADE TAB 250MG	5	NDS, NM, LA, PA
EXJADE TAB 500MG	5	NDS, NM, LA, PA
FERRIPROX SOL 100MG/ML	5	NDS, NM, LA, PA
FERRIPROX TAB 500MG	5	NDS, NM, LA, PA
kionex pow	4	
kionex sus 15gm/60	3	
sodium polystyrene sulfonate oral susp 15 gm/60ml	3	
sodium polystyrene sulfonate powder	4	
SYPRINE CAP 250MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
alyacen tab 1/35	3	
apri tab	2	
aranelle tab	2	
aubra tab 0.1-0.02	2	
aviane tab	2	
balziva tab	3	
bekyree tab	3	
blisovi fe tab 1.5/30	2	
blisovi fe tab 1/20	2	
briellyn tab	3	
camila tab 0.35mg	2	
cryselle-28 tab 28 tabs	2	
cyclafem tab 1/35	3	
cyclafem tab 7/7/7	2	
deblitane tab 0.35mg	2	
delyla tab 0.1-0.02	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	3	
ELLA TAB 30MG	4	
emoquette tab	2	
enpresse-28 tab	2	
errin tab 0.35mg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
falmina tab	2	
femynor tab 0.25-35	2	
gildagia tab 0.4-35	3	
introvale tab	3	
isibloom tab 0.15-30	2	
JOLIVETTE TAB 0.35MG	2	
juleber tab	2	
junel 1.5/30 tab	2	
junel 1/20 tab	2	
junel fe tab 1.5/30	2	

Drug Name	Drug Tier	Requirements/Limits
junel fe tab 1/20	2	
kariva tab 28 day	3	
kelnor tab 1/35	3	
kimidess tab	3	
larin fe tab 1.5/30	2	
larin fe tab 1/20	2	
larin tab 1.5/30	2	
larin tab 1/20	2	
lessina tab	2	
levonest tab	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
levonorgestrel tab 1.5 mg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora-28 tab 0.15/30	2	
loryna tab 3-0.02mg	3	
lutera tab	2	
lyza tab 0.35mg	2	
marlissa tab 0.15/30	2	
medroxyprogesterone acetate im susp 150 mg/ml	2	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	2	
MONONESSA TAB	2	
myzilra tab	2	
necon tab 0.5/35	3	
NECON TAB 1/50-28	3	
NECON TAB 7/7/7	2	
necon tab 10/11-28	3	
nikki tab 3-0.02mg	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	4	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	3	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	2	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	2	
norethindrone tab 0.35 mg	2	
NORETHINDRONE TAB 0.35 MG	2	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
norlyroc tab 0.35mg	2	
nortrel tab 0.5/35	3	
nortrel tab 1/35	3	
nortrel tab 7/7/7	2	
NUVARING MIS	4	
orsythia tab	2	
philith tab 0.4-35	3	
pimtrea tab	3	
pirmella tab 1/35	3	
portia-28 tab	2	
previfem tab	2	
quasense tab	3	
reclipsen tab	2	
sharobel tab 0.35mg	2	
sprintec 28 tab 28 day	2	
tarina fe tab 1/20	2	
tri-legest tab fe	3	
tri-lo- tab sprintec	3	
tri-previfem tab	2	
tri-sprintec tab	2	
TRINESSA LO TAB	3	
TRINESSA TAB	2	
trivora-28 tab	2	
velivet pak	3	

Drug Name	Drug Tier	Requirements/Limits
vienva tab 0.1-20	2	
viorele tab	3	
vyfemla tab 0.4-35	3	
zenchent tab	3	
zovia 1/35e tab	3	
zovia 1/50e tab	3	
ENDOMETRIOSIS		
danazol cap 50 mg	4	
danazol cap 100 mg	4	
danazol cap 200 mg	4	
SYNAREL SOL 2MG/ML	5	NDS
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	5	NDS, NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NDS, NM, LA, PA
BUPHENYL TAB 500MG	5	NDS, NM, LA, PA
CARBAGLU TAB 200MG	5	NDS, NM, LA, PA
CERDELGA CAP 84MG	5	NDS, NM, PA
CEREZYME INJ 400UNIT	5	NDS, NM, LA, PA
CYSTADANE POW	5	NDS, NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NDS, NM, LA, PA
FABRAZYME INJ 35MG	5	NDS, NM, LA, PA
KUVAN POW 100MG	5	NDS, NM, LA, PA
KUVAN POW 500MG	5	NDS, NM, LA, PA
KUVAN TAB 100MG	5	NDS, NM, LA, PA
levocarnitine inj 200 mg/ml	3	B/D
levocarnitine oral soln 1 gm/10ml (10%)	4	B/D
levocarnitine tab 330 mg	4	B/D
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
ORFADIN CAP 2MG	5	NDS, NM, LA, PA
ORFADIN CAP 5MG	5	NDS, NM, LA, PA
ORFADIN CAP 10MG	5	NDS, NM, LA, PA
ORFADIN CAP 20MG	5	NDS, NM, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, NM, LA, PA
RAVICTI LIQ 1.1GM/ML	5	NDS, NM, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	5	NDS, NM, PA
ZAVESCA CAP 100MG	5	NDS, NM, LA, PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	4	
estrace vag cre 0.1mg/gm	4	

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 0.5 mg	4	PA; PA if 65 years and older
estradiol tab 1 mg	4	PA; PA if 65 years and older
estradiol tab 2 mg	4	PA; PA if 65 years and older
estradiol td patch weekly 0.1 mg/24hr	4	PA; PA if 65 years and older
estradiol td patch weekly 0.05 mg/24hr	4	PA; PA if 65 years and older
estradiol td patch weekly 0.06 mg/24hr	4	PA; PA if 65 years and older
estradiol td patch weekly 0.025 mg/24hr	4	PA; PA if 65 years and older
estradiol td patch weekly 0.075 mg/24hr	4	PA; PA if 65 years and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	4	PA; PA if 65 years and older
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 20 mg/ml	3	
estradiol valerate im in oil 40 mg/ml	3	
jinteli tab 1mg-5mcg	4	PA; PA if 65 years and older
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	4	PA; PA if 65 years and older
GLUCOCORTICOIDS		
cortisone acetate tab 25 mg	4	
dexamethason con 1mg/ml	3	
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone sod phosphate preservative free inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 4 mg/ml	2	
dexamethasone sodium phosphate inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 20 mg/5ml	2	
dexamethasone sodium phosphate inj 100 mg/10ml	2	
dexamethasone sodium phosphate inj 120 mg/30ml	2	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	3	
hydrocortisone tab 10 mg	3	
hydrocortisone tab 20 mg	3	
methylprednisolone acetate inj susp 40 mg/ml	2	B/D
methylprednisolone acetate inj susp 80 mg/ml	2	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	3	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	3	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	3	B/D
methylprednisolone tab 4 mg	3	B/D
methylprednisolone tab 8 mg	3	B/D
methylprednisolone tab 16 mg	3	B/D
methylprednisolone tab 32 mg	3	B/D
methylprednisolone tab therapy pack 4 mg (21)	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	3	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	2	B/D
prednisone con 5mg/ml	3	B/D
prednisone oral soln 5 mg/5ml	3	B/D
prednisone tab 1 mg	1	B/D
prednisone tab 2.5 mg	1	B/D
prednisone tab 5 mg	1	B/D
prednisone tab 10 mg	1	B/D
prednisone tab 20 mg	1	B/D
prednisone tab 50 mg	1	B/D
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
SOLU-CORTEF INJ 250MG	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 10/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 15/1.5ML	5	NDS, NM, PA
NORDITROPIN INJ 30/3ML	5	NDS, NM, PA
MISCELLANEOUS		
cabergoline tab 0.5 mg	4	
calcitonin (salmon) nasal soln 200 unit/act	3	B/D
FORTICAL SPR 200/ACT	3	B/D
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	5	NDS, NM, PA
LUPR DEP-PED INJ 15MG	5	NDS, NM, PA
methergine tab 0.2mg	4	
methylergonovine maleate tab 0.2 mg	4	
MIACALCIN INJ 200/ML	5	NDS, B/D
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	NDS, NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	NDS, NM, PA
PROLIA SOL 60MG/ML	4	QL (1 syringe / 180 days), NM
raloxifene hcl tab 60 mg	3	
SANDOSTATIN KIT LAR 10MG	5	NDS, NM, PA
SANDOSTATIN KIT LAR 20MG	5	NDS, NM, PA
SANDOSTATIN KIT LAR 30MG	5	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NDS, NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NDS, NM, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	5	NDS, NM, PA
SOMATULINE INJ 120/.5ML	5	NDS, NM, PA
SOMAVERT INJ 10MG	5	NDS, NM, LA, PA
SOMAVERT INJ 15MG	5	NDS, NM, LA, PA
SOMAVERT INJ 20MG	5	NDS, NM, LA, PA
SOMAVERT INJ 25MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
XGEVA INJ	5	NDS, NM, PA
PARATHYROID HORMONES		
FORTEO SOL 600/2.4	5	NDS, QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	5	NDS, NM, PA
NATPARA INJ 50MCG	5	NDS, NM, PA
NATPARA INJ 75MCG	5	NDS, NM, PA
NATPARA INJ 100MCG	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3	
calcium acetate (phosphate binder) tab 667 mg	3	
RENVELA PAK 0.8GM	3	
RENVELA PAK 2.4GM	3	
RENVELA TAB 800MG	3	
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	3	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
LEVOTHYROXINE SODIUM TAB 75 MCG	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
LEVOTHYROXINE SODIUM TAB 300 MCG	2	
LEVOXYL TAB 25MCG	2	
LEVOXYL TAB 50MCG	2	
LEVOXYL TAB 75MCG	2	
LEVOXYL TAB 88MCG	2	
LEVOXYL TAB 100MCG	2	
LEVOXYL TAB 112MCG	2	
LEVOXYL TAB 125MCG	2	
LEVOXYL TAB 137MCG	2	
LEVOXYL TAB 150MCG	2	

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TAB 175MCG	2	
LEVOXYL TAB 200MCG	2	
liothyronine sodium tab 5 mcg	3	
liothyronine sodium tab 25 mcg	3	
liothyronine sodium tab 50 mcg	3	
methimazole tab 5 mg	2	
methimazole tab 10 mg	2	
propylthiouracil tab 50 mg	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
UNITHROID TAB 25MCG	2	
UNITHROID TAB 50MCG	2	
UNITHROID TAB 75MCG	2	
UNITHROID TAB 88MCG	2	
UNITHROID TAB 100MCG	2	
UNITHROID TAB 112MCG	2	
UNITHROID TAB 125MCG	2	
UNITHROID TAB 150MCG	2	
UNITHROID TAB 175MCG	2	
UNITHROID TAB 200MCG	2	
UNITHROID TAB 300MCG	2	
VASOPRESSINS		
desmopressin acetate inj 4 mcg/ml	4	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	4	
desmopressin acetate nasal spray soln 0.01%	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	
desmopressin acetate tab 0.1 mg	3	
desmopressin acetate tab 0.2 mg	3	
STIMATE SOL 1.5MG/ML	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant capsule 40 mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 80 mg	4	B/D
aprepitant capsule 125 mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
dronabinol cap 2.5 mg	4	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	4	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	4	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND SUS 125MG	4	B/D
EMEND TRIPAC PAK 80 & 125	4	B/D
granisetron hcl inj 0.1 mg/ml	3	
granisetron hcl inj 1 mg/ml	3	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	3	
granisetron hcl tab 1 mg	4	B/D
meclizine hcl tab 12.5 mg	2	
meclizine hcl tab 25 mg	2	
metoclopramide hcl inj 5 mg/ml	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	1	
metoclopramide hcl tab 5 mg	1	
metoclopramide hcl tab 10 mg	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	3	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	3	
ondansetron hcl oral soln 4 mg/5ml	3	B/D
ondansetron hcl tab 4 mg	3	B/D
ondansetron hcl tab 8 mg	3	B/D
ondansetron hcl tab 24 mg	3	B/D
ondansetron orally disintegrating tab 4 mg	2	B/D
ondansetron orally disintegrating tab 8 mg	2	B/D
phenadoz sup 12.5mg	4	PA; PA if 65 years and older
phenergan sup 12.5mg	4	PA; PA if 65 years and older
phenergan sup 25mg	4	PA; PA if 65 years and older
phenergan sup 50mg	4	PA; PA if 65 years and older
prochlorperazine edisylate inj 5 mg/ml	3	
prochlorperazine maleate tab 5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	4	
promethazine hcl inj 25 mg/ml	4	PA; PA if 65 years and older
promethazine hcl inj 50 mg/ml	4	PA; PA if 65 years and older
promethazine hcl suppos 12.5 mg	4	PA; PA if 65 years and older
promethazine hcl suppos 25 mg	4	PA; PA if 65 years and older
promethazine hcl suppos 50 mg	4	PA; PA if 65 years and older
promethazine hcl syrup 6.25 mg/5ml	4	PA; PA if 65 years and older
promethazine hcl tab 12.5 mg	4	PA; PA if 65 years and older
promethazine hcl tab 25 mg	4	PA; PA if 65 years and older
promethazine hcl tab 50 mg	4	PA; PA if 65 years and older
promethegan sup 25mg	4	PA; PA if 65 years and older
promethegan sup 50mg	4	PA; PA if 65 years and older
scopolamine td patch 72hr 1 mg/3days	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ANTISPASMODICS		
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	4	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	4	
glycopyrrolate tab 1 mg	3	
glycopyrrolate tab 2 mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine for susp 40 mg/5ml	4	
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
famotidine inj 20 mg/2ml	2	
famotidine inj 40 mg/4ml	2	
famotidine inj 200 mg/20ml	2	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	2	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	3	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	3	
ranitidine hcl tab 150 mg	1	
ranitidine hcl tab 300 mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	3	
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	5	NDS
CANASA SUP 1000MG	5	NDS
DELZICOL CAP 400MG	4	
DIPENTUM CAP 250MG	5	NDS
hydrocortisone enema 100 mg/60ml	4	
HYDROCORTISONE ENEMA 100 MG/60ML	4	
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
MESALAMINE TAB DELAYED RELEASE 800 MG	4	
sulfasalazine tab 500 mg	3	
sulfasalazine tab delayed release 500 mg	3	
LAXATIVES		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3	
constulose sol 10gm/15	2	
enulose sol 10gm/15	2	
gavilyte-c sol	2	
gavilyte-g sol	2	
gavilyte-n sol flav pk	2	
generlac sol 10gm/15	2	
GOLYTELY SOL	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	2	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
polyethylene glycol 3350 oral packet	2	
polyethylene glycol 3350 oral powder	2	

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL SOL PREP KIT	4	
trilyte sol	2	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	5	NDS, PA
alosetron hcl tab 1 mg (base equiv)	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	5	NDS
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (60 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	2	
misoprostol tab 100 mcg	3	
misoprostol tab 200 mcg	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	NDS, PA
RELISTOR INJ 12/0.6ML	5	NDS, PA
SUCRAID SOL 8500/ML	5	NDS, LA
sucralfate tab 1 gm	3	
ursodiol cap 300 mg	4	
ursodiol tab 250 mg	4	
ursodiol tab 500 mg	4	
XIFAXAN TAB 550MG	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	3	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium cap delayed release 20 mg (base eq)	4	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	4	QL (30 caps / 30 days)
esomeprazole sodium for intravenous soln 20 mg (base equiv)	4	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	4	
lansoprazole cap delayed release 15 mg	3	QL (30 ea / 30 days)
lansoprazole cap delayed release 30 mg	3	QL (30 ea / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
omeprazole cap delayed release 10 mg	1	QL (30 caps / 30 days)
omeprazole cap delayed release 20 mg	1	QL (60 caps / 30 days)
omeprazole cap delayed release 40 mg	1	QL (30 caps / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	2	QL (30 tabs / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	2	QL (30 tabs / 30 days)
rabeprazole sodium ec tab 20 mg	4	QL (30 ea / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	4	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 caps / 30 days)
finasteride tab 5 mg	2	
tamsulosin hcl cap 0.4 mg	3	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	3	
bethanechol chloride tab 10 mg	3	
bethanechol chloride tab 25 mg	3	
bethanechol chloride tab 50 mg	3	
ELMIRON CAP 100MG	4	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	4	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	4	
potassium citrate tab er 15 meq (1620 mg)	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	3	
oxybutynin chloride tab er 24hr 5 mg	3	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	3	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	3	QL (60 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	4	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	4	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	4	
tolterodine tartrate tab 2 mg	4	
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	4	QL (60 tabs / 30 days)
VESICARE TAB 5MG	4	QL (30 tabs / 30 days)
VESICARE TAB 10MG	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	4	
metronidazole vaginal gel 0.75%	4	
terconazole vaginal cream 0.4%	3	
terconazole vaginal cream 0.8%	3	
terconazole vaginal suppos 80 mg	4	
VANDAZOLE GEL 0.75%	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
ELIQUIS TAB 2.5MG	4	PA
ELIQUIS TAB 5MG	4	PA
enoxaparin sodium inj 30 mg/0.3ml	4	
enoxaparin sodium inj 40 mg/0.4ml	4	
enoxaparin sodium inj 60 mg/0.6ml	4	
enoxaparin sodium inj 80 mg/0.8ml	4	
enoxaparin sodium inj 100 mg/ml	4	
enoxaparin sodium inj 120 mg/0.8ml	4	
enoxaparin sodium inj 150 mg/ml	4	
ENOXAPARIN SODIUM INJ 300 MG/3ML	4	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	3	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	3	
heparin sodium (porcine) 100 unit/ml in d5w	3	
heparin sodium (porcine) inj 1000 unit/ml	3	B/D
heparin sodium (porcine) inj 5000 unit/ml	3	B/D
heparin sodium (porcine) inj 10000 unit/ml	3	B/D
heparin sodium (porcine) inj 20000 unit/ml	3	B/D
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	5	NDS, NM, PA
GRANIX INJ 480/0.8	5	NDS, NM, PA
LEUKINE INJ 250MCG	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL INJ	5	NDS, NM, PA
NEUPOGEN INJ 300/0.5	5	NDS, NM, PA
NEUPOGEN INJ 300MCG	5	NDS, NM, PA
NEUPOGEN INJ 480/0.8	5	NDS, NM, PA
NEUPOGEN INJ 480MCG	5	NDS, NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NDS, NM, PA
PROCRIT INJ 40000/ML	5	NDS, NM, PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	4	
anagrelide hcl cap 1 mg	4	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
CINRYZE SOL 500 UNIT	5	NDS, NM, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, NM, LA, PA
pentoxifylline tab er 400 mg	3	
PROMACTA TAB 12.5MG	5	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	3	
tranexamic acid tab 650 mg	4	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	4	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
EFFIENT TAB 5MG	4	
EFFIENT TAB 10MG	4	
prasugrel hcl tab 5 mg (base equiv)	4	
prasugrel hcl tab 10 mg (base equiv)	4	
ZONTIVITY TAB 2.08MG	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.2	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ 40MG/0.8	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ PSORIASI	5	NDS, NM, PA
hydroxychloroquine sulfate tab 200 mg	4	
leflunomide tab 10 mg	3	
leflunomide tab 20 mg	3	
methotrexate sodium tab 2.5 mg (base equiv)	4	
REMICADE INJ 100MG	5	NDS, NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	5	NDS, NM, PA
CARIMUNE NF INJ 6GM	5	NDS, NM, PA
CARIMUNE NF INJ 12GM	5	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	5	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	5	NDS, NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	5	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	5	NDS, NM, PA
GAMMAGARD INJ 10GM/100	5	NDS, NM, PA
GAMMAGARD INJ 20GM/200	5	NDS, NM, PA
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	5	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	5	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	5	NDS, NM, PA
GAMMAKED INJ 10GM/100	5	NDS, NM, PA
GAMMAKED INJ 20GM/200	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJ 5%	5	NDS, NM, PA
GAMMAPLEX INJ 10%	5	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	5	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	5	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	5	NDS, NM, PA
OCTAGAM INJ 1GM	5	NDS, NM, PA
OCTAGAM INJ 2.5GM	5	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	5	NDS, NM, PA
OCTAGAM INJ 5GM	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA
ARCALYST INJ 220MG	5	NDS, NM, PA
INTRON A INJ 10MU	5	NDS, B/D, NM
INTRON A INJ 18MU	5	NDS, B/D, NM
INTRON A INJ 25MU	5	NDS, B/D, NM
INTRON A INJ 50MU	5	NDS, B/D, NM
POMALYST CAP 1MG	5	NDS, NM, LA, PA
POMALYST CAP 2MG	5	NDS, NM, LA, PA
POMALYST CAP 3MG	5	NDS, NM, LA, PA
POMALYST CAP 4MG	5	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	5	NDS, NM, LA, PA
REVLIMID CAP 5MG	5	NDS, NM, LA, PA
REVLIMID CAP 10MG	5	NDS, NM, LA, PA
REVLIMID CAP 15MG	5	NDS, NM, LA, PA
REVLIMID CAP 20MG	5	NDS, NM, LA, PA
REVLIMID CAP 25MG	5	NDS, NM, LA, PA
THALOMID CAP 50MG	5	NDS, NM, PA
THALOMID CAP 100MG	5	NDS, NM, PA
THALOMID CAP 150MG	5	NDS, NM, PA
THALOMID CAP 200MG	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
azathioprine inj 100mg	4	B/D
azathioprine tab 50 mg	3	B/D
BENLYSTA INJ 120MG	5	NDS, NM, PA
BENLYSTA INJ 400MG	5	NDS, NM, PA
cyclosporine cap 25 mg	4	B/D
cyclosporine cap 100 mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
cyclosporine iv soln 50 mg/ml	4	B/D
cyclosporine modified cap 25 mg	4	B/D
cyclosporine modified cap 50 mg	4	B/D
cyclosporine modified cap 100 mg	4	B/D
cyclosporine modified oral soln 100 mg/ml	4	B/D
gengraf cap 25mg	4	B/D
gengraf cap 50mg	4	B/D
gengraf cap 100mg	4	B/D
gengraf sol 100mg/ml	4	B/D
mycophenolate mofetil cap 250 mg	4	B/D
mycophenolate mofetil for oral susp 200 mg/ml	5	NDS, B/D
mycophenolate mofetil tab 500 mg	4	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	B/D
NEORAL CAP 25MG	3	B/D
NEORAL CAP 100MG	3	B/D
NEORAL SOL 100MG/ML	3	B/D
NULOJIX INJ 250MG	5	NDS, B/D
PROGRAF CAP 0.5MG	4	B/D
PROGRAF CAP 1MG	4	B/D
PROGRAF CAP 5MG	5	NDS, B/D
RAPAMUNE SOL 1MG/ML	5	NDS, B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
sirolimus tab 0.5 mg	4	B/D
sirolimus tab 1 mg	4	B/D
sirolimus tab 2 mg	5	NDS, B/D
tacrolimus cap 0.5 mg	4	B/D
tacrolimus cap 1 mg	4	B/D
tacrolimus cap 5 mg	4	B/D
ZORTRESS TAB 0.5MG	5	NDS, B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	NDS, B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	

Drug Name	Drug Tier	Requirements/Limits
GARDASIL INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SYNAGIS INJ 50MG	5	NDS, NM
SYNAGIS INJ 100MG/ML	5	NDS, NM
TENIVAC INJ 5-2LF	3	B/D
TET/DIP TOX INJ 2-2 LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8 TAB 8MEQ ER	2	
KLOR-CON 10 TAB 10MEQ ER	2	
klor-con m15 tab 15meq er	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SU INJ 80MG/ML	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
magnesium sulfate inj 50%	2	
MAGNESIUM SULFATE INJ 50%	2	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	2	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
potassium chloride cap er 8 meq	3	
potassium chloride cap er 10 meq	3	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	4	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	4	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	4	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TPN ELECTROL INJ	4	B/D
IV NUTRITION		
amino acid infusion 6%	2	B/D
AMINOSYN 7% INJ /LYTES	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 8.5/LYTE	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF INJ 5.2%	4	B/D
CLINIMIX INJ 2.75/D5W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D20	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
fat emulsion iv soln 20%	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
HEPATAMINE SOL 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
premasol sol 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% IN LACTATED RINGERS	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	2	
DEXTROSE INJ 5%	2	
DEXTROSE INJ 10%	2	
DEXTROSE INJ 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/ INJ D5W	4	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	2	

Drug Name	Drug Tier	Requirements/Limits
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	2	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
KCL/D5W/NACL INJ 0.3/0.9%	2	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RINGER'S SOLUTION	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	2	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	2	
potassium chloride inj 2 meq/ml	2	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	2	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	2	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	2	
RINGER'S SOLUTION	2	
SODIUM CHLORIDE INJ 0.45%	2	
SODIUM CHLORIDE INJ 3%	2	
SODIUM CHLORIDE INJ 5%	2	
SODIUM CHLORIDE IV SOLN 0.9%	2	
VITAMINS		
calcitriol cap 0.5 mcg	3	B/D
calcitriol cap 0.25 mcg	3	B/D
calcitriol inj 1 mcg/ml	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
paricalcitol cap 1 mcg	4	B/D
paricalcitol cap 2 mcg	4	B/D
paricalcitol cap 4 mcg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
prenatal vitamin/folic acid > 0.8 mg (generic)	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
blephamide oin s.o.p.	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	4	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3%	2	
erythromycin ophth oint 5 mg/gm	2	
gatifloxacin ophth soln 0.5%	4	
gentak oin 0.3% op	2	
gentamicin sulfate ophth oint 0.3%	2	
gentamicin sulfate ophth soln 0.3%	2	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base equiv)	3	
NATACYN SUS 5% OP	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
sulfacetamide sodium ophth oint 10%	3	
sulfacetamide sodium ophth soln 10%	3	
tobramycin ophth soln 0.3%	2	
TOBREX OIN 0.3% OP	4	

Drug Name	Drug Tier	Requirements/Limits
trifluridine ophth soln 1%	4	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	4	
bromfenac sodium ophth soln 0.09% (base equivalent)	4	
BROMSITE DRO 0.075%	4	
dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	3	
DUREZOL EMU 0.05%	3	
FLUOROMETHOLONE OPHTH SUSP 0.1%	4	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	3	
ketorolac tromethamine ophth soln 0.4%	3	
ketorolac tromethamine ophth soln 0.5%	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	3	
pred sod pho sol 1% op	3	
PREDNISOLONE ACETATE OPHTH SUSP 1%	3	
ANTIALLERGICS		
azelastine hcl ophth soln 0.05%	3	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	1	
LASTACAFT SOL 0.25%	4	
olopatadine hcl ophth soln 0.2% (base equivalent)	3	
PATADAY SOL 0.2%	3	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
betaxolol hcl ophth soln 0.5%	4	
BETOPTIC-S SUS 0.25% OP	3	
brimonidine tartrate ophth soln 0.2%	2	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	4	
carteolol hcl ophth soln 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl ophth soln 2%	3	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	3	
ISTALOL SOL 0.5% OP	3	
latanoprost ophth soln 0.005%	2	
levobunolol hcl ophth soln 0.5%	2	
LUMIGAN SOL 0.01%	3	
metipranolol ophth soln 0.3%	3	
PHOSPHOLINE SOL 0.125%OP	4	
PILOCARPINE HCL OPHTH SOLN 1%	4	
PILOCARPINE HCL OPHTH SOLN 2%	4	
PILOCARPINE HCL OPHTH SOLN 4%	4	
SIMBRINZA SUS 1-0.2%	3	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	4	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	4	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.25%	1	
TRAVATAN Z DRO 0.004%	3	
MISCELLANEOUS		
CYSTARAN SOL 0.44%	5	NDS, NM, LA, PA
naphazoline hcl ophth soln 0.1%	1	
PROLENSA SOL 0.07%	3	
proparacaine hcl ophth soln 0.5%	2	
RESTASIS EMU 0.05%	3	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (1 inhaler / 30 days)
ipratropium bromide inhal soln 0.02%	2	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	3	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	3	
ANTIHISTAMINES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3	

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	3	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	3	
cyproheptadine hcl syrup 2 mg/5ml	4	PA; PA if 65 years and older
cyproheptadine hcl tab 4 mg	4	PA; PA if 65 years and older
diphenhydramine hcl inj 50 mg/ml	2	
hydroxyzine hcl im soln 25 mg/ml	4	PA; PA if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	4	PA; PA if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	4	PA; PA if 65 years and older
hydroxyzine hcl tab 10 mg	4	PA; PA if 65 years and older
hydroxyzine hcl tab 25 mg	4	PA; PA if 65 years and older
hydroxyzine hcl tab 50 mg	4	PA; PA if 65 years and older
hydroxyzine pamoate cap 25 mg	4	PA; PA if 65 years and older
hydroxyzine pamoate cap 50 mg	4	PA; PA if 65 years and older
hydroxyzine pamoate cap 100 mg	4	PA; PA if 65 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	4	
levocetirizine dihydrochloride tab 5 mg	2	
BETA AGONISTS		
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2	B/D
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	4	
albuterol sulfate tab 4 mg	4	
albuterol sulfate tab er 12hr 4 mg	4	
albuterol sulfate tab er 12hr 8 mg	4	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	4	B/D

Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
terbutaline sulfate inj 1 mg/ml	5	NDS
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	3	
montelukast sodium chew tab 5 mg (base equiv)	3	
montelukast sodium oral granules packet 4 mg (base equiv)	4	
montelukast sodium tab 10 mg (base equiv)	3	
zafirlukast tab 10 mg	4	
zafirlukast tab 20 mg	4	
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	3	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	3	B/D
acetylcysteine inhal soln 20%	3	B/D
ARALAST NP INJ 500MG	5	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	5	NDS, NM, LA, PA
DALIRESP TAB 500MCG	4	
EPIPEN 2-PAK INJ 0.3MG	3	
EPIPEN-JR INJ 2-PAK	3	
ESBRIET CAP 267MG	5	NDS, NM, PA
ESBRIET TAB 267MG	5	NDS, NM, PA
ESBRIET TAB 801MG	5	NDS, NM, PA
KALYDECO PAK 50MG	5	NDS, NM, PA
KALYDECO PAK 75MG	5	NDS, NM, PA
KALYDECO TAB 150MG	5	NDS, NM, PA
OFEV CAP 100MG	5	NDS, NM, PA
OFEV CAP 150MG	5	NDS, NM, PA
ORKAMBI TAB 100-125	5	NDS, NM, PA
ORKAMBI TAB 200-125	5	NDS, NM, PA
PROLASTIN-C INJ 1000MG	5	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NDS, NM, PA
XOLAIR SOL 150MG	5	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	5	NDS, NM, LA, PA
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (2 bottles / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	4	B/D
budesonide inhalation susp 0.25 mg/2ml	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
XANTHINES		
aminophylline inj 25 mg/ml	3	
elixophyllin elx 80/15ml	4	
theo-24 cap 100mg cr	4	
theo-24 cap 200mg cr	4	
theo-24 cap 300mg cr	4	
theo-24 cap 400mg er	4	
theophylline soln 80 mg/15ml	4	
theophylline tab er 12hr 100 mg	3	
theophylline tab er 12hr 200 mg	3	

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 300 mg	3	
theophylline tab er 12hr 450 mg	3	
theophylline tab er 24hr 400 mg	3	
theophylline tab er 24hr 600 mg	3	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	4	
adapalene gel 0.1%	4	
amnesteem cap 10mg	4	PA
amnesteem cap 20mg	4	PA
amnesteem cap 40mg	4	PA
AVITA CRE 0.025%	4	PA
AVITA GEL 0.025%	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	
claravis cap 10mg	4	PA
claravis cap 20mg	4	PA
claravis cap 30mg	4	PA
claravis cap 40mg	4	PA
clindamycin phosphate gel 1%	4	
clindamycin phosphate lotion 1%	4	
clindamycin phosphate soln 1%	3	
clindamycin phosphate swab 1%	3	
erythromycin gel 2%	4	
erythromycin pads 2%	4	
erythromycin soln 2%	3	
isotretinoin cap 10 mg	4	PA
isotretinoin cap 20 mg	4	PA
isotretinoin cap 40 mg	4	PA
myorisan cap 10mg	4	PA
myorisan cap 20mg	4	PA
myorisan cap 30mg	4	PA
myorisan cap 40mg	4	PA
sulfacetamide sodium lotion 10% (acne)	4	
tretinoin cream 0.1%	4	PA
tretinoin cream 0.05%	4	PA
tretinoin cream 0.025%	4	PA
TRETINOIN GEL 0.01%	4	PA
tretinoin gel 0.025%	4	PA
zenatane cap 30mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
mupirocin oint 2%	2	
SILVER SULFADIAZINE CREAM 1%	2	
SSD CRE 1%	2	

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	NDS
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	4	
ciclopirox olamine cream 0.77% (base equiv)	3	
ciclopirox olamine susp 0.77% (base equiv)	3	
ciclopirox shampoo 1%	4	
clotrimazole cream 1%	3	
clotrimazole soln 1%	3	
ketoconazole cream 2%	3	
nyamyc pow 100000	3	
nyata pow 100000	3	
nystatin cream 100000 unit/gm	3	
nystatin oint 100000 unit/gm	3	
nystatin topical powder 100000 unit/gm	3	
nystop pow 100000	3	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	4	
hydrocortisone rectal cream 2.5%	4	
procto-med cre hc 2.5%	4	
procto-pak cre 1%	4	
proctozone cre -hc 2.5%	4	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	5	NDS, PA
acitretin cap 17.5 mg	5	NDS, PA
acitretin cap 25 mg	5	NDS, PA
calcipotriene cream 0.005%	4	
calcipotriene soln 0.005% (50 mcg/ml)	4	
8-MOP CAP 10MG	4	
tazarotene cream 0.1%	4	PA
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	2	
selenium sulfide lotion 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	1	
ala-cort cre 2.5%	1	
alclometasone dipropionate cream 0.05%	4	
alclometasone dipropionate oint 0.05%	3	
betamethasone dipropionate augmented cream 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	4	
betamethasone dipropionate cream 0.05%	4	
betamethasone dipropionate lotion 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate cream 0.1% (base equivalent)	3	
betamethasone valerate lotion 0.1% (base equivalent)	3	
betamethasone valerate oint 0.1% (base equivalent)	3	
desoximetasone cream 0.05%	4	
desoximetasone cream 0.25%	4	
desoximetasone gel 0.05%	4	
DESOXIMETASONE OINT 0.05%	4	
desoximetasone oint 0.25%	4	
fluocin acet oil body	4	
fluocinolone acetonide cream 0.01%	4	
fluocinolone acetonide cream 0.025%	4	
fluocinolone acetonide oil 0.01% (scalp oil)	4	
fluocinolone acetonide oint 0.025%	4	
fluocinolone acetonide soln 0.01%	4	
fluocinonide cream 0.05%	4	
fluocinonide emulsified base cream 0.05%	4	
fluocinonide gel 0.05%	4	
fluocinonide soln 0.05%	4	
fluticasone propionate cream 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate cream 0.05%	4	
halobetasol propionate oint 0.05%	4	
hydrocortisone butyrate cream 0.1%	4	
hydrocortisone butyrate oint 0.1%	4	
hydrocortisone butyrate soln 0.1%	4	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	3	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	4	
hydrocortisone valerate oint 0.2%	4	
mometasone furoate cream 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate oint 0.1%	3	
mometasone furoate solution 0.1% (lotion)	3	
texacort sol 2.5%	4	
triamcinolone acetonide cream 0.1%	2	
triamcinolone acetonide cream 0.5%	2	
triamcinolone acetonide cream 0.025%	2	
triamcinolone acetonide lotion 0.1%	3	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
triamcinolone acetonide oint 0.025%	2	
triderm cre 0.1%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl gel 2%	3	PA
lidocaine hcl soln 4%	1	PA
lidocaine oint 5%	4	PA
lidocaine patch 5%	4	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
diclofenac sodium gel 1%	3	PA
fluorouracil cream 5%	4	
fluorouracil soln 2%	4	
fluorouracil soln 5%	4	
imiquimod cream 5%	4	
lactic acid (ammonium lactate) cream 12%	3	
lactic acid (ammonium lactate) lotion 12%	2	
metronidazole cream 0.75%	4	
metronidazole gel 0.75%	4	
metronidazole lotion 0.75%	4	
PANRETIN GEL 0.1%	5	NDS
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
podofilox soln 0.5%	3	
tacrolimus oint 0.1%	4	
tacrolimus oint 0.03%	4	
TARGRETIN GEL 1%	5	NDS, NM, PA
VALCHLOR GEL 0.016%	5	NDS, NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	4	
EURAX LOT 10%	4	
malathion lotion 0.5%	4	
permethrin cream 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ACETIC ACID IRRIGATION SOLN 0.25%	2	
REGRANEX GEL 0.01%	5	NDS, PA
SANTYL OIN 250/GM	4	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	4	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	3	
periogard sol 0.12%	1	
PILOCARPINE HCL TAB 5 MG	4	
pilocarpine hcl tab 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
OTIC		
acetic acid 2% in aluminum acetate otic soln	3	
ACETIC ACID OTIC SOLN 2%	3	
CIPRODEX SUS 0.3-0.1%	3	
fluocinolone acetonide (otic) oil 0.01%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	4	

_PART B

DIABETIC METERS AND TEST STRIPS		
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Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This information is available in other formats such as Braille, large print and audio.

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Molina Medicare Options Plus HMO SNP es un plan de salud con un contrato con Medicare y un contrato con el programa estatal de Medicaid. La inscripción en Molina Medicare Options Plus depende de la renovación del contrato.

Esta información está disponible en otros formatos, que incluyen Braille, letra grande y audio.

El formulario, red de farmacias o red de proveedores puede cambiar en cualquier momento. Usted recibirá una notificación cuando sea necesario.

This formulary was updated on 11/2017. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (888) 665-1328 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit www.molinahealthcare.com/medicare.

Este formulario se actualizó en 11/2017. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicios para Miembros, de Molina Medicare Options Plus al (888) 665-1328 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite www.molinahealthcare.com/medicare.

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