Formulary / Formulario

Molina Medicare Options Plus HMO SNP

2019

This formulary was updated on 03/01/2019. For more recent information or other questions, please contact Molina Medicare Options Plus Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare

Este formulario se actualizó el 03/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Molina Medicare Options Plus Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local., o visite MolinaHealthcare.com/Medicare

MolinaHealthcare.com/Medicare

MOLINA HEALTHCARE

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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
Your Extended Family.

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 ເຫຼ ືອ ດ້ານ ພາສາ, ໂດຍ ບໍ ່ ເສັ ຽ ຄ່ າ, ແມ ່ ນ ມ ີ ພ້ ອມ ໃຫ ້ ທ ່ ານ. 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)
ܐܫܘܪܐ: ܐܢ ܥܠ ܡܠܬܐ ܐܬܘܪܝܬܐ ܐܘ ܣܘܪܝܬܐ ܐܢܬ، ܐܝܬ ܠܟ ܥܠ ܕܝܫܟ ܫܝܪܘܬ ܕܥܙܪܐ ܒܠܫܢܐ ܕܠܐ ܥܠܘܬ ܟܣܦܐ. ܩܪܝ ܠ 1-800-665-3086 (TTY: 711) ܠܟ.

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
1-800-665-3086 (TTY: 711)

Molina Medicare Options Plus HMO SNP

2019 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00019328, Version Number 9

This formulary was updated on 03/01/2019. For more recent information or other questions, please contact Molina Medicare Options Plus Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit 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 03/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Molina Medicare Options Plus's Formulary?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a *31*-day supply of the drug.

The enclosed formulary is current as of 03/01/2019. 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 100. 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 300 mg. 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 a document 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 v 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 90 day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For long-term care residents, the dispensing pharmacy may override transition fill eligible rejects and Refill Too Soon rejects for new admissions. Level of Care Transition Fills are allowed up to a 31 days supply except for oral brand solids which are limited to 14 day fills with exceptions as required by CMS guidance. These drug claims would otherwise reject for being Non-formulary or formulary with utilization management edits.

Level of Care Transition Fills are allowed per calendar day, per Beneficiary, per drug, per pharmacy, per plan for a cumulative days supply.

For all Beneficiaries who experience a Level of Care Change, if a dose change results in an "early refill" or Refill Too Soon reject, the pharmacy may call the Pharmacy Help Desk to obtain an override.

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 formulary below provides coverage information about 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 100.

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

NM stands for Non Mail Order Drug

PA stands for Prior Authorization

QL stands for Quality Limits

ST stands for Step Therapy criteria

GC stands for this drug we provider coverage in the coverage gap.

Molina Medicare Options Plus HMO SNP

Formulario para 2019

(Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 00019328, Version Number 9

Este formulario se actualizó el 03/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con, Molina Medicare Options Plus Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local., o visite MolinaHealthcare.com/Medicare.

Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona "nosotros", "nos" o "nuestro", hace referencia a Molina Healthcare. Cuando dice "plan" o "nuestro plan", hace referencia a Molina Medicare Options Plus.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 03/01/2019. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2019 y periódicamente durante el año.

¿Qué es el Formulario de Molina Medicare Options Plus?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Molina Medicare Options Plus con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, Molina Medicare Options Plus cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Molina Medicare Options Plus y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

En general, si usted toma un medicamento de nuestro Formulario para 2019 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2019, excepto cuando esté disponible un nuevo medicamento genérico de menor costo, cuando se dé a conocer nueva información acerca de la seguridad o eficacia del medicamento, o el medicamento sea retirado del mercado. (Consulte los puntos a continuación para obtener más información sobre cambios que afectan a los miembros que actualmente toman el medicamento). Otros tipos de cambios en el Formulario, por ejemplo, la eliminación de un medicamento, no afectarán a los miembros que estén actualmente tomando el medicamento. Por el resto del año de cobertura, continuará disponible al mismo costo compartido para aquellos miembros que estén tomándolo. A continuación se incluyen cambios en la Lista de medicamentos que también afectarán a los miembros que actualmente toman un medicamento:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
    - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso

que le proporcionaremos también incluirá información sobre los pasos que puede tomar para solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Options Plus's?".

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, [o] agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para *31* días.

El Formulario adjunto está vigente a partir del 03/01/2019. Para recibir información actualizada sobre los medicamentos cubiertos por Molina Medicare Options Plus, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría "medicamentos cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza a continuación. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 100. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura 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 los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Molina Medicare Options Plus exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Molina Medicare Options Plus antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Molina Medicare Options Plus no cubra el medicamento.

- **Límites de cantidad:** para ciertos medicamentos, Molina Medicare Options Plus limita la cantidad del medicamento que cubrirá. Por ejemplo, Molina Medicare Options Plus proporciona 60 tabletas por 30 días por receta para Lyrica 300 mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- **Tratamiento escalonado:** en algunos casos, Molina Medicare Options Plus requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Molina Medicare Options Plus no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Molina Medicare Options Plus cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explica(n) nuestra(s) restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a Molina Medicare Options Plus que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo solicito una excepción al Formulario de Molina Medicare Options Plus?" en la página xi para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que Molina Medicare Options Plus no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por Molina Medicare Options Plus. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Molina Medicare Options Plus.

- Puede solicitar que Molina Medicare Options Plus haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Molina Medicare Options Plus's?

Puede solicitarle a Molina Medicare Options Plus que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor si este medicamento no está incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Molina Medicare Options Plus limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Molina Medicare Options Plus solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, o a la restricción de uso. **Cuando solicita una excepción al Formulario, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no están incluidos en el Formulario o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 90 días del medicamento. Después del primer suministro para 31 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Los surtidos por Transición en Nivel de Cuidado se permiten por un día natural, por beneficiario, por droga, por farmacia, por plan para un suministro de días acumulativos.

Para todo beneficiario que pase por un Cambio en Nivel de Cuidado, si el cambio en dosis causa un "surtido temprano" o un rechazo por Surtido Muy Pronto, la farmacia puede llamar a la Línea de Ayuda Técnica Farmacéutica para obtener una anulación.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Molina Medicare Options Plus, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Molina Medicare Options Plus, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de Molina Medicare Options Plus

El formulario abajo proporciona información acerca de la cobertura de los medicamentos cubiertos por Molina Medicare Options Plus. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 100.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, CLEOCIN), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *clindamycin*).

La información incluida en la columna de Requisitos/límites indica si Molina Medicare Options Plus tiene algún requisito especial para la cobertura del 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"

NM significa "Medicamento no disponible para servicio por correo"

PA significa "autorización previa"

QL significa "Límite de cantidades"

ST significa "criterio de terapia escalonada"

GC es la cobertura de este medicamento que proveemos nosotros en la brecha de cobertura

MOLINA_CY19_5T_SNP eff 03/01/2019

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)
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
probenecid tab 500 mg	3	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST
NSAIDS		
celecoxib cap 50 mg	3	QL (240 caps / 30 days)
celecoxib cap 100 mg	3	QL (120 caps / 30 days)
celecoxib cap 200 mg	3	QL (60 caps / 30 days)
celecoxib cap 400 mg	3	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	3	
etodolac cap 200 mg	3	
etodolac cap 300 mg	3	
etodolac tab 400 mg	3	
etodolac tab 500 mg	3	
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	
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	
naproxen sodium tab 275 mg	4	
naproxen sodium tab 550 mg	4	

Drug Name	Drug Tier	Requirements/Limits
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
piroxicam cap 10 mg	3	
piroxicam cap 20 mg	3	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 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 (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	4	
butorphanol tartrate inj 2 mg/ml	4	
BUTRANS DIS 5MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 15MCG/HR	3	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	3	QL (4 patches / 28 days), PA
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		
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
fentanyl td patch 72hr 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	4	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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 (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	4	B/D
hydromorphone hcl tab 2 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
methadone con 10mg/ml	3	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	3	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 10 mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	3	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	3	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 150/30ML	4	B/D
morphine sulfate inj 8 mg/ml	4	B/D
morphine sulfate inj 10 mg/ml	4	B/D
morphine sulfate iv soln 1 mg/ml	4	B/D
morphine sulfate iv soln pf 4 mg/ml	4	B/D
morphine sulfate iv soln pf 8 mg/ml	4	B/D
morphine sulfate iv soln pf 10 mg/ml	4	B/D
morphine sulfate oral soln 10 mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	3	QL (750 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	3	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	3	QL (90 tabs / 30 days)
morphine sulfate tab er 15 mg	3	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	3	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	3	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	3	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	3	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	3	QL (60 tabs / 30 days), PA
oxycodone hcl cap 5 mg	4	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	QL (180 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl soln 5 mg/5ml	4	QL (900 mL / 30 days)
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 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 (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	3	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	3	QL (60 tabs / 30 days), PA
ANESTHETICS		
LOCAL ANESTHETICS		
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)	4	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	4	
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	3	
gentamicin sulfate inj 40 mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate tab 500 mg	3	
paromomycin sulfate cap 250 mg	4	
streptomycin sulfate for inj 1 gm	5	NDS
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		
albendazole tab 200 mg	5	NDS
ALBENZA TAB 200MG	5	NDS
ALINIA SUS 100/5ML	5	NDS
ALINIA TAB 500MG	5	NDS
atovaquone susp 750 mg/5ml	5	NDS
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
aztreonam for inj 1 gm	4	
aztreonam for inj 2 gm	4	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	NDS, LA, PA
clindamycin hcl cap 75 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
clindamycin phosphate inj 9 gm/60ml	3	
clindamycin phosphate inj 300 mg/2ml	3	
clindamycin phosphate inj 600 mg/4ml	3	
clindamycin phosphate inj 900 mg/6ml	3	
clindamycin phosphate iv soln 300 mg/2ml	3	
clindamycin phosphate iv soln 900 mg/6ml	3	

Drug Name	Drug Tier	Requirements/Limits
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sod for inj 150 mg (colistin base activity)	4	
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	
daptomycin for iv soln 500 mg	5	NDS
DAPTOMYCIN SOL 350MG	5	NDS
EMVERM CHW 100MG	5	NDS
ertapenem sodium for inj 1 gm (base equivalent)	4	
imipenem-cilastatin intravenous for soln 250 mg	3	
imipenem-cilastatin intravenous for soln 500 mg	3	
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%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
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	3	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	2	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
NEBUPENT INH 300MG	4	B/D
nitrofurantoin macrocrystalline cap 50 mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
praziquantel tab 600 mg	3	
SIVEXTRO INJ 200MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
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 for iv soln 50 mg	5	NDS
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	
vancomycin hcl cap 250 mg (base equivalent)	5	NDS
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
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	5	NDS, B/D
amphotericin b for inj 50 mg	3	B/D
caspofungin acetate for iv soln 50 mg	5	NDS
caspofungin acetate for iv soln 70 mg	5	NDS
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in dextrose inj 200 mg/100ml	4	
fluconazole in dextrose inj 400 mg/200ml	4	
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	
flucytosine cap 250 mg	5	NDS
flucytosine cap 500 mg	5	NDS
griseofulvin microsize susp 125 mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
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	3	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	NDS, QL (93 tabs / 30 days)
nystatin tab 500000 unit	3	
terbinafine hcl tab 250 mg	2	QL (90 tabs / year)
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	4	
chloroquine phosphate tab 500 mg	4	
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 soln 20 mg/ml (base equiv)	4	
abacavir sulfate tab 300 mg (base equiv)	3	
APTIVUS CAP 250MG	5	NDS
APTIVUS SOL	5	NDS
atazanavir sulfate cap 150 mg (base equiv)	5	NDS
atazanavir sulfate cap 200 mg (base equiv)	5	NDS
atazanavir sulfate cap 300 mg (base equiv)	5	NDS
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
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
efavirenz cap 50 mg	4	
efavirenz cap 200 mg	5	NDS
efavirenz tab 600 mg	5	NDS
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
fosamprenavir calcium tab 700 mg (base equiv)	5	NDS
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NDS, NM
INTELENCE TAB 200MG	5	NDS, NM
INVIRASE TAB 500MG	5	NDS
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	NDS
ISENTRESS HD TAB 600MG	5	NDS
ISENTRESS POW 100MG	3	
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	
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 POW 100MG	4	
NORVIR SOL 80MG/ML	4	
PIFELTRO TAB 100MG	5	NDS
PREZISTA SUS 100MG/ML	5	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	3	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	5	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	5	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	5	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
REYATAZ POW 50MG	5	NDS
ritonavir tab 100 mg	3	
SELZENTRY SOL 20MG/ML	5	NDS
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	NDS
SELZENTRY TAB 150MG	5	NDS
SELZENTRY TAB 300MG	5	NDS
stavudine cap 15 mg	3	
stavudine cap 20 mg	3	
stavudine cap 30 mg	3	
stavudine cap 40 mg	3	

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg	5	NDS
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	NDS
TIVICAY TAB 50MG	5	NDS
TROGARZO INJ 150MG/ML	5	NDS, LA
TYBOST TAB 150MG	4	
VIDEX EC CAP 125MG	4	
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
zidovudine cap 100 mg	4	
zidovudine syrup 10 mg/ml	4	
zidovudine tab 300 mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	NDS
ATRIPLA TAB	5	NDS
BIKTARVY TAB	5	NDS
CIMDUO TAB 300-300	5	NDS
COMPLERA TAB	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 200/25	5	NDS
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMFI LO TAB	5	NDS
SYMFI TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ TAB	5	NDS

Drug Name	Drug Tier	Requirements/Limits
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		
cycloserine cap 250 mg	5	NDS
ethambutol hcl tab 100 mg	3	
ethambutol hcl tab 400 mg	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PASER GRA 4GM	4	
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 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
entecavir tab 0.5 mg	5	NDS
entecavir tab 1 mg	5	NDS
EPCLUSA TAB 400-100	5	NDS, PA
EPIVIR HBV SOL 5MG/ML	4	
famciclovir tab 125 mg	3	
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, PA
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 caps / year)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 45 mg (base equiv)	3	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	3	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mL / year)
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	QL (6 inhalers / year)
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	3	
valacyclovir hcl tab 1 gm	3	
valacyclovir hcl tab 500 mg	3	
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, PA
ZEPATIER TAB 50-100MG	5	NDS, 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 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	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml	3	
cefprozil for susp 250 mg/5ml	3	
cefprozil tab 250 mg	3	
cefprozil tab 500 mg	3	
ceftazidime for inj 1 gm	3	
ceftazidime for inj 2 gm	3	
ceftazidime for inj 6 gm	3	
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 7.5 gm	4	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
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	3	
tazicef inj 2gm	3	
tazicef inj 6gm	3	

Drug Name	Drug Tier	Requirements/Limits
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	3	
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	3	
ciprofloxacin 400 mg/200ml in d5w	3	
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)	4	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
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	

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl tab 400 mg (base equiv)	4	
PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
amoxicillin & k clavulanate chew tab 400-57 mg	4	
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	
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 500 mg	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	3	
dicloxacillin sodium cap 500 mg	3	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 1 gm	4	
nafcillin sodium for iv soln 2 gm	4	
nafcillin sodium for iv soln 10 gm	5	NDS
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	
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	2	
penicillin v potassium for soln 250 mg/5ml	2	
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	3	
doxycycline hyclate tab 100 mg	3	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate tab 50 mg	3	
doxycycline monohydrate tab 75 mg	3	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate tab 100 mg	3	
doxycycline monohydrate tab 150 mg	3	
minocycline hcl cap 50 mg	3	
minocycline hcl cap 75 mg	3	
minocycline hcl cap 100 mg	3	
tetracycline hcl cap 250 mg	4	
tetracycline hcl cap 500 mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	5	NDS, B/D
cyclophosphamide cap 25 mg	4	B/D
cyclophosphamide cap 50 mg	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
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
IFEX INJ 3GM	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	4	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	4	B/D
LEUKERAN TAB 2MG	5	NDS
ANTHRACYCLINES		
adriamycin inj 20mg	4	B/D
doxorubicin hcl for inj 10 mg	4	B/D
doxorubicin hcl for inj 50 mg	4	B/D
doxorubicin hcl inj 2 mg/ml	4	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
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

Drug Name	Drug Tier	Requirements/Limits
azacitidine for inj 100 mg	5	NDS, B/D, NM
cytarabine inj 20 mg/ml	3	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	3	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	3	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	3	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	3	B/D
gemcitabine hcl for inj 1 gm	4	B/D
gemcitabine hcl for inj 2 gm	4	B/D
gemcitabine hcl for inj 200 mg	4	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	4	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	4	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	4	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 250 mg/10ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	B/D
PURIXAN SUS 20MG/ML	5	NDS
TABLOID TAB 40MG	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	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
docetaxel soln for iv infusion 20 mg/2ml	5	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	5	NDS, B/D
docetaxel soln for iv infusion 160 mg/16ml	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
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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
BORTEZOMIB INJ 3.5MG	5	NDS, PA
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	5	NDS, LA, PA
FARYDAK CAP 15MG	5	NDS, LA, PA
FARYDAK CAP 20MG	5	NDS, LA, PA
HERCEPTIN INJ 150MG	5	NDS, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, LA, PA
IBRANCE CAP 100MG	5	NDS, LA, PA
IBRANCE CAP 125MG	5	NDS, LA, PA
IDHIFA TAB 50MG	5	NDS, LA, PA
IDHIFA TAB 100MG	5	NDS, LA, PA
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, PA
KEYTRUDA SOL 50MG	5	NDS, PA
KISQALI 200 PAK FEMARA	5	NDS, PA
KISQALI 400 PAK FEMARA	5	NDS, PA
KISQALI 600 PAK FEMARA	5	NDS, PA
KISQALI TAB 200DOSE	5	NDS, PA
KISQALI TAB 400DOSE	5	NDS, PA
KISQALI TAB 600DOSE	5	NDS, PA
LYNPARZA TAB 100MG	5	NDS, LA, PA
LYNPARZA TAB 150MG	5	NDS, LA, PA
MYLOTARG INJ 4.5MG	5	NDS, LA, PA
NINLARO CAP 2.3MG	5	NDS, PA
NINLARO CAP 3MG	5	NDS, PA
NINLARO CAP 4MG	5	NDS, PA
ODOMZO CAP 200MG	5	NDS, LA, PA
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, LA, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 200MG	5	NDS, LA, PA
RUBRACA TAB 250MG	5	NDS, LA, PA
RUBRACA TAB 300MG	5	NDS, LA, PA
TALZENNA CAP 0.25MG	5	NDS, LA, PA
TALZENNA CAP 1MG	5	NDS, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, LA, PA
TIBSOVO TAB 250MG	5	NDS, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	4	LA, PA
VENCLEXTA TAB 100MG	5	NDS, LA, PA
VENCLEXTA TAB START PK	5	NDS, LA, PA
VERZENIO TAB 50MG	5	NDS, LA, PA
VERZENIO TAB 100MG	5	NDS, LA, PA
VERZENIO TAB 150MG	5	NDS, LA, PA
VERZENIO TAB 200MG	5	NDS, LA, PA
ZEJULA CAP 100MG	5	NDS, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	5	NDS, NM, PA
anastrozole tab 1 mg	2	
bicalutamide tab 50 mg	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	NDS, LA, PA
exemestane tab 25 mg	4	
FARESTON TAB 60MG	5	NDS
FASLODEX INJ 250/5ML	5	NDS, B/D
flutamide cap 125 mg	3	
letrozole tab 2.5 mg	2	
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	
megestrol acetate susp 625 mg/5ml	4	PA
megestrol acetate tab 20 mg	3	
megestrol acetate tab 40 mg	3	
nilutamide tab 150 mg	5	NDS
SOLTAMOX SOL 10MG/5ML	5	NDS
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

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 250MG	5	NDS, NM, LA, PA
ZYTIGA TAB 500MG	5	NDS, LA, PA
IMMUNOMODULATORS		
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, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	5	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	5	NDS, QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NDS, LA, PA
ALUNBRIG PAK	5	NDS, LA, PA
ALUNBRIG TAB 30MG	5	NDS, LA, PA
ALUNBRIG TAB 90MG	5	NDS, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TAB 180MG	5	NDS, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 400MG	5	NDS, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
BRAFTOVI CAP 50MG	5	NDS, LA, PA
BRAFTOVI CAP 75MG	5	NDS, LA, PA
CABOMETYX TAB 20MG	5	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 40MG	5	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	5	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	5	NDS, LA, PA
CAPRELSA TAB 100MG	5	NDS, LA, PA
CAPRELSA TAB 300MG	5	NDS, LA, PA
COMETRIQ KIT 60MG	5	NDS, LA, PA
COMETRIQ KIT 100MG	5	NDS, LA, PA
COMETRIQ KIT 140MG	5	NDS, LA, PA
COPIKTRA CAP 15MG	5	NDS, LA, PA
COPIKTRA CAP 25MG	5	NDS, LA, PA
COTELLIC TAB 20MG	5	NDS, LA, PA
GILOTRIF TAB 20MG	5	NDS, LA, PA
GILOTRIF TAB 30MG	5	NDS, LA, PA
GILOTRIF TAB 40MG	5	NDS, LA, PA
ICLUSIG TAB 15MG	5	NDS, LA, PA
ICLUSIG TAB 45MG	5	NDS, 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 70MG	5	NDS, LA, PA
IMBRUVICA CAP 140MG	5	NDS, LA, PA
IMBRUVICA TAB 140MG	5	NDS, LA, PA
IMBRUVICA TAB 280MG	5	NDS, LA, PA
IMBRUVICA TAB 420MG	5	NDS, LA, PA
IMBRUVICA TAB 560MG	5	NDS, LA, PA
INLYTA TAB 1MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	5	NDS, LA, PA
JAKAFI TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	NDS, LA, PA
LENVIMA CAP 8 MG	5	NDS, LA, PA
LENVIMA CAP 10 MG	5	NDS, LA, PA
LENVIMA CAP 12MG	5	NDS, LA, PA
LENVIMA CAP 14 MG	5	NDS, LA, PA
LENVIMA CAP 18 MG	5	NDS, LA, PA
LENVIMA CAP 20 MG	5	NDS, LA, PA
LENVIMA CAP 24 MG	5	NDS, LA, PA
LORBRENA TAB 25MG	5	NDS, LA, PA
LORBRENA TAB 100MG	5	NDS, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA
MEKTOVI TAB 15MG	5	NDS, LA, PA
NERLYNX TAB 40MG	5	NDS, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
RYDAPT CAP 25MG	5	NDS, 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, LA, PA
TAGRISSO TAB 80MG	5	NDS, LA, PA
TARCEVA TAB 25MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NDS, PA
TASIGNA CAP 150MG	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAP 200MG	5	NDS, NM, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VITRAKVI CAP 25MG	5	NDS, LA, PA
VITRAKVI CAP 100MG	5	NDS, LA, PA
VITRAKVI SOL 20MG/ML	5	NDS, LA, PA
VIZIMPRO TAB 15MG	5	NDS, LA, PA
VIZIMPRO TAB 30MG	5	NDS, LA, PA
VIZIMPRO TAB 45MG	5	NDS, 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, LA, PA
ZYDELIG TAB 150MG	5	NDS, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	5	NDS, NM, PA
hydroxyurea cap 500 mg	2	
LONSURF TAB 15-6.14	5	NDS, PA
LONSURF TAB 20-8.19	5	NDS, PA
MATULANE CAP 50MG	5	NDS, LA
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
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	3	B/D
carboplatin iv soln 150 mg/15ml	3	B/D
carboplatin iv soln 450 mg/45ml	3	B/D
carboplatin iv soln 600 mg/60ml	3	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	5	NDS, B/D
oxaliplatin for iv inj 100 mg	5	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	4	B/D
oxaliplatin iv soln 100 mg/20ml	4	B/D
PROTECTIVE AGENTS		
dexrazoxane for inj 500 mg	5	NDS, B/D
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

Drug Name	Drug Tier	Requirements/Limits
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	
MESNEX TAB 400MG	5	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	3	B/D
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 (base equiv)	5	NDS, B/D, NM
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	3	
eplerenone tab 50 mg	3	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
ALPHA BLOCKERS		
doxazosin mesylate tab 1 mg	2	
doxazosin mesylate tab 2 mg	2	
doxazosin mesylate tab 4 mg	2	
doxazosin mesylate tab 8 mg	2	
prazosin hcl cap 1 mg	3	
prazosin hcl cap 2 mg	3	
prazosin hcl cap 5 mg	3	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	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	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
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	
eprosartan mesylate tab 600 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	
disopyramide phosphate cap 150 mg	4	
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
flecainide acetate tab 50 mg	3	
flecainide acetate tab 100 mg	3	
flecainide acetate tab 150 mg	3	
mexiletine hcl cap 150 mg	4	

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl cap 200 mg	4	
mexiletine hcl cap 250 mg	4	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
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	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
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	
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)

Drug Name	Drug Tier	Requirements/Limits
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	
colesevelam hcl packet for susp 3.75 gm	3	
colesevelam hcl tab 625 mg	3	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
ezetimibe tab 10 mg	4	
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
fenofibrate micronized cap 67 mg	3	
fenofibrate micronized cap 134 mg	3	
fenofibrate micronized cap 200 mg	3	
fenofibrate tab 48 mg	3	
fenofibrate tab 54 mg	3	
fenofibrate tab 145 mg	3	
fenofibrate tab 160 mg	3	
gemfibrozil tab 600 mg	2	
JUXTAPID CAP 5MG	5	NDS, LA, PA
JUXTAPID CAP 10MG	5	NDS, LA, PA
JUXTAPID CAP 20MG	5	NDS, LA, PA
JUXTAPID CAP 30MG	5	NDS, LA, PA
JUXTAPID CAP 40MG	5	NDS, LA, PA
JUXTAPID CAP 60MG	5	NDS, 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	
PRALUENT INJ 75MG/ML	5	NDS, PA
PRALUENT INJ 150MG/ML	5	NDS, 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	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
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	
betaxolol hcl tab 10 mg	3	
betaxolol hcl tab 20 mg	3	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
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	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	2	
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	3	
pindolol tab 10 mg	3	
propranolol hcl cap er 24hr 60 mg	3	
propranolol hcl cap er 24hr 80 mg	3	
propranolol hcl cap er 24hr 120 mg	3	
propranolol hcl cap er 24hr 160 mg	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	3	
timolol maleate tab 10 mg	3	
timolol maleate tab 20 mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	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	
diltiazem hcl cap er 24hr 240 mg	3	
diltiazem hcl coated beads cap er 24hr 120 mg	3	

Drug Name	Drug Tier	Requirements/Limits
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 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	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
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
NYMALIZE SOL 30/10ML	5	NDS
verapamil hcl cap er 24hr 100 mg	3	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 180 mg	3	
verapamil hcl cap er 24hr 200 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 300 mg	3	
verapamil hcl cap er 24hr 360 mg	4	

Drug Name	Drug Tier	Requirements/Limits
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 70 years and older
digitek tab 0.125mg	3	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	4	
digoxin oral soln 0.05 mg/ml	4	PA; PA if 70 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 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA HCT TAB 150-12.5	4	
TEKTURNA HCT TAB 150-25MG	4	
TEKTURNA HCT TAB 300-12.5	4	
TEKTURNA HCT TAB 300-25MG	4	
TEKTURNA TAB 150MG	4	
TEKTURNA TAB 300MG	4	
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 oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 td patch weekly 0.1 mg/24hr	4	
clonidine td patch weekly 0.2 mg/24hr	4	
clonidine td patch weekly 0.3 mg/24hr	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	NDS, PA
hydralazine hcl inj 20 mg/ml	4	
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	3	
midodrine hcl tab 5 mg	3	
midodrine hcl tab 10 mg	3	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
NORTHERA CAP 100MG	5	NDS, LA, PA
NORTHERA CAP 200MG	5	NDS, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	NDS, 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	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
PULMONARY ARTERIAL HYPERTENSION		
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

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
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
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
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	2	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	2	QL (150 tabs / 30 days)
alprazolam tab 1 mg	2	QL (150 tabs / 30 days)
alprazolam tab 2 mg	2	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	4	
fluvoxamine maleate tab 25 mg	2	
fluvoxamine maleate tab 50 mg	2	
fluvoxamine maleate tab 100 mg	2	
lorazepam conc 2 mg/ml	3	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	2	
lorazepam inj 4 mg/ml	2	
lorazepam tab 0.5 mg	2	QL (150 tabs / 30 days)
lorazepam tab 1 mg	2	QL (150 tabs / 30 days)
lorazepam tab 2 mg	2	QL (150 tabs / 30 days)
ANTICONVULSANTS		
APTIOM TAB 200MG	5	NDS, 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

Drug Name	Drug Tier	Requirements/Limits
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	3	
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	
clobazam suspension 2.5 mg/ml	3	PA
clobazam tab 10 mg	3	PA
clobazam tab 20 mg	3	PA
clonazepam orally disintegrating tab 0.5 mg	3	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	3	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	3	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	3	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	3	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	2	QL (90 tabs / 30 days)
clonazepam tab 1 mg	2	QL (90 tabs / 30 days)
clonazepam tab 2 mg	2	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 7.5 mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	4	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	

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	2	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	4	
divalproex sodium cap delayed release sprinkle 125 mg	4	
divalproex sodium tab delayed release 125 mg	3	
divalproex sodium tab delayed release 250 mg	3	
divalproex sodium tab delayed release 500 mg	3	
divalproex sodium tab er 24 hr 250 mg	4	
divalproex sodium tab er 24 hr 500 mg	4	
EPIDIOLEX SOL 100MG/ML	5	NDS, QL (600 mL / 30 days), LA, PA
epitol tab 200mg	3	
ethosuximide cap 250 mg	4	
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	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 12MG	5	NDS, 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	3	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)
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	
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
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

Drug Name	Drug Tier	Requirements/Limits
ONFI TAB 10MG	5	NDS, 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 70 years and older
phenobarbital elixir 20 mg/5ml	4	PA; PA if 70 years and older
phenobarbital sodium inj 130 mg/ml	4	PA; PA if 70 years and older
phenobarbital tab 15 mg	3	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	3	PA; PA if 70 years and older
phenobarbital tab 30 mg	3	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	3	PA; PA if 70 years and older
phenobarbital tab 60 mg	3	PA; PA if 70 years and older
phenobarbital tab 64.8 mg	3	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	3	PA; PA if 70 years and older
phenobarbital tab 100 mg	3	PA; PA if 70 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	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
roweepra tab 500mg	3	
roweepra tab 750mg	3	
roweepra tab 1000mg	3	
roweepra xr tab 500mg xr	3	
roweepra xr tab 750mg xr	3	
SABRIL TAB 500MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	
topiramate sprinkle cap 15 mg	3	
topiramate sprinkle cap 25 mg	3	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
valproate sodium inj 100 mg/ml	4	
valproate sodium oral soln 250 mg/5ml (base equiv)	3	
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	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	NDS, 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	2	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	2	
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	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide tab 4 mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide tab 8 mg	4	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	4	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl tab 5 mg	3	PA; PA if < 30 yrs
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	4	PA; PA if < 30 yrs
memantine hcl tab 10 mg	3	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	
rivastigmine tartrate cap 1.5 mg (base equivalent)	4	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	4	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	4	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	4	QL (60 caps / 30 days)
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	3	
amitriptyline hcl tab 25 mg	3	
amitriptyline hcl tab 50 mg	3	
amitriptyline hcl tab 75 mg	3	
amitriptyline hcl tab 100 mg	3	
amitriptyline hcl tab 150 mg	3	
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	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	3	
bupropion hcl tab er 24hr 300 mg	3	
citalopram hydrobromide oral soln 10 mg/5ml	3	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
clomipramine hcl cap 25 mg	4	PA
clomipramine hcl cap 50 mg	4	PA
clomipramine hcl cap 75 mg	4	PA
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)	4	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	4	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	3	
doxepin hcl cap 25 mg	3	
doxepin hcl cap 50 mg	3	
doxepin hcl cap 75 mg	3	
doxepin hcl cap 100 mg	3	
doxepin hcl cap 150 mg	3	
doxepin hcl conc 10 mg/ml	3	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	3	QL (180 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	3	QL (120 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	3	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	

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
FETZIMA CAP 20MG	4	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl solution 20 mg/5ml	2	
imipramine hcl tab 10 mg	3	
imipramine hcl tab 25 mg	3	
imipramine hcl tab 50 mg	3	
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	
mirtazapine orally disintegrating tab 30 mg	3	
mirtazapine orally disintegrating tab 45 mg	3	
mirtazapine tab 7.5 mg	2	
mirtazapine tab 15 mg	2	
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	2	
nortriptyline hcl cap 25 mg	2	
nortriptyline hcl cap 50 mg	2	
nortriptyline hcl cap 75 mg	2	
nortriptyline hcl soln 10 mg/5ml	4	
paroxetine hcl tab 10 mg	2	
paroxetine hcl tab 20 mg	2	
paroxetine hcl tab 30 mg	2	
paroxetine hcl tab 40 mg	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg	4	
protriptyline hcl tab 10 mg	4	
sertraline hcl oral concentrate for solution 20 mg/ml	4	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
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)
trimipramine maleate cap 50 mg	4	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	4	QL (60 caps / 30 days)
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	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	
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	3	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	2	
amantadine hcl tab 100 mg	3	
APOKYN INJ 10MG/ML	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj 1 mg/ml	4	
benztropine mesylate tab 0.5 mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1 mg	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tab 2 mg	3	PA; PA if 70 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)	4	
rasagiline mesylate tab 1 mg (base equiv)	4	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
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	3	
selegiline hcl tab 5 mg	3	
trihexyphenidyl hcl elixir 0.4 mg/ml	3	PA; PA if 70 years and older
trihexyphenidyl hcl tab 2 mg	3	PA; PA if 70 years and older
trihexyphenidyl hcl tab 5 mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAIN INJ 300MG	5	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 injection / 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	4	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	4	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	NDS
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	QL (60 tabs / 30 days)
FANAPT TAB 8MG	4	QL (60 tabs / 30 days)
FANAPT TAB 10MG	4	QL (60 tabs / 30 days)
FANAPT TAB 12MG	4	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	4	
fluphenazine hcl tab 2.5 mg	4	
fluphenazine hcl tab 5 mg	4	
fluphenazine hcl tab 10 mg	4	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	4	
haloperidol decanoate im soln 100 mg/ml	4	
haloperidol lactate inj 5 mg/ml	3	
haloperidol lactate oral conc 2 mg/ml	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (60 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 5 mg	4	
molindone hcl tab 10 mg	4	
molindone hcl tab 25 mg	4	
NUPLAZID CAP 34MG	5	NDS, QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	5	NDS, QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	5	NDS, QL (60 tabs / 30 days), 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 (30 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	4	QL (30 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)
olanzapine tab 15 mg	3	QL (30 tabs / 30 days)
olanzapine tab 20 mg	3	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
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	2	
quetiapine fumarate tab 50 mg	2	
quetiapine fumarate tab 100 mg	2	
quetiapine fumarate tab 200 mg	2	
quetiapine fumarate tab 300 mg	2	
quetiapine fumarate tab 400 mg	2	
quetiapine fumarate tab er 24hr 50 mg	4	QL (60 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)
risperidone orally disintegrating tab 0.5 mg	4	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	4	QL (60 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)

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 4 mg	4	QL (60 tabs / 30 days)
risperidone soln 1 mg/ml	3	QL (240 mL / 30 days)
risperidone tab 0.5 mg	2	
risperidone tab 0.25 mg	2	
risperidone tab 1 mg	2	
risperidone tab 2 mg	2	
risperidone tab 3 mg	2	
risperidone tab 4 mg	2	
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	3	
thioridazine hcl tab 25 mg	3	
thioridazine hcl tab 50 mg	3	
thioridazine hcl tab 100 mg	3	
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)	3	
trifluoperazine hcl tab 2 mg (base equivalent)	3	
trifluoperazine hcl tab 5 mg (base equivalent)	3	
trifluoperazine hcl tab 10 mg (base equivalent)	3	
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	NDS, QL (30 caps / 30 days), PA
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 (60 caps / 30 days)
ziprasidone hcl cap 80 mg	4	QL (60 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)

Drug Name	Drug Tier	Requirements/Limits
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 (90 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)
dexmethylphenidate hcl tab 2.5 mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	3	QL (60 tabs / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	3	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	3	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	3	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	3	PA; PA if 70 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)

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
eszopiclone tab 1 mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	NDS, 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
zaleplon cap 5 mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tab 10 mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
dihydroergotamine mesylate inj 1 mg/ml	5	NDS
dihydroergotamine mesylate nasal spray 4 mg/ml	5	NDS, QL (8 mL / 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	4	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	4	QL (12 tabs / 30 days)
ergotamine w/ caffeine tab 1-100 mg	4	
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)
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 tab 25 mg	2	QL (12 tabs / 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), 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	4	
LYRICA CR TAB 82.5MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), 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
dalfampridine tab er 12hr 10 mg	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
glatopa inj 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatopa inj 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carisoprodol tab 350 mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl tab 5 mg	3	PA; PA if 70 years and older
cyclobenzaprine hcl tab 10 mg	3	PA; PA if 70 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	3	PA; PA if 70 years and older
methocarbamol tab 750 mg	3	PA; PA if 70 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 (90 tabs / 30 days), PA
armodafinil tab 150 mg	4	QL (30 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	QL (90 tabs / 30 days), PA
buprenorphine hcl sl tab 8 mg (base equiv)	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
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	3	
disulfiram tab 500 mg	3	

Drug Name	Drug Tier	Requirements/Limits
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	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL INJ 380MG	5	NDS, NM
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
oxandrolone tab 2.5 mg	3	PA
oxandrolone tab 10 mg	4	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 gel 12.5 mg/act (1%)	4	QL (300 grams / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	4	QL (300 grams / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	4	QL (300 grams / 30 days), PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR INJ 100UNIT	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
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)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	5	NDS, B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	3	(brand RELION not covered)
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	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 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 5 mg	1	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	1	QL (240 tabs / 30 days)
glipizide xl tab 5mg	1	QL (120 tabs / 30 days)
glipizide xl tab 10mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 3 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 6 mg	2	QL (60 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 1.25 mg	2	QL (480 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 2.5 mg	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 5 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 1.25-250 mg	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500 mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
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)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	4	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	
ibandronate sodium tab 150 mg (base equivalent)	3	B/D
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
risedronate sodium tab 5 mg	4	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 35 mg	4	
risedronate sodium tab 150 mg	4	
risedronate sodium tab delayed release 35 mg	4	
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
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	5	NDS, B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	5	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 30MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS
JADENU SPRKL GRA 90MG	5	NDS, LA, PA
JADENU SPRKL GRA 180MG	5	NDS, LA, PA
JADENU SPRKL GRA 360MG	5	NDS, LA, PA
JADENU TAB 90MG	5	NDS, LA, PA
JADENU TAB 180MG	5	NDS, LA, PA
JADENU TAB 360MG	5	NDS, LA, PA
sodium polystyrene sulfonate oral susp 15 gm/60ml	3	
sodium polystyrene sulfonate powder	3	
trientine hcl cap 250 mg	5	NDS, PA
CONTRACEPTIVES		
alyacen tab 1/35	2	
amethia lo tab	4	
amethia tab	4	
apri tab	2	
aranelle tab	3	
ashlyna tab	4	
aubra tab 0.1-0.02	2	
aviane tab	2	
balziva tab	3	
bekyree tab	3	
blisovi 24 tab fe 1/20	4	
blisovi fe tab 1.5/30	2	

Drug Name	Drug Tier	Requirements/Limits
blisovi fe tab 1/20	2	
briellyn tab	3	
camila tab 0.35mg	2	
camrese lo tab	4	
cryselle-28 tab 28 tabs	2	
cyclafem tab 1/35	2	
cyclafem tab 7/7/7	2	
dasetta tab 1/35	2	
dasetta 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 estrad-levomefolate tab 3-0.02-0.451 mg	4	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	4	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
ELLA TAB 30MG	4	
emoquette tab	2	
enpresse-28 tab	2	
enskyce tab	2	
errin tab 0.35mg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
falmina tab	2	
fayosim tab	4	
femynor tab 0.25-35	2	
hailey 24 tab fe	4	
incassia tab 0.35mg	2	
introvale tab	3	
isibloom tab	2	
jolivette tab 0.35mg	2	
juleber tab	2	
junel 1.5/30 tab	2	
junel 1/20 tab	2	
junel fe 24 tab 1/20	4	
junel fe tab 1.5/30	2	

Drug Name	Drug Tier	Requirements/Limits
junel fe tab 1/20	2	
kaitlib fe chw	4	
kariva tab 28 day	3	
kelnor 1/50 tab	3	
kelnor tab 1/35	3	
kurvelo tab 0.15/30	2	
larin fe tab 1.5/30	2	
larin fe tab 1/20	2	
larin tab 1.5/30	2	
larin tab 1/20	2	
layolis fe chw	4	
lessina tab	2	
levonest tab	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	4	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	4	
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-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora-28 tab 0.15/30	2	
lomedia 24 tab fe	4	
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	
melodetta chw 24 fe	4	
mibelas 24 chw fe	4	
mili tab 0.25/35	2	
mononessa tab	2	
myzilra tab	2	
necon tab 0.5/35	3	
necon tab 7/7/7	2	
nikki tab 3-0.02mg	3	

Drug Name	Drug Tier	Requirements/Limits
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	4	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	4	
norethindrone & mestranol tab 1 mg-50 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	
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 ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	4	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
norethindrone tab 0.35 mg	2	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
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	2	
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	2	
portia-28 tab	2	
previfem tab	2	
quasense tab	3	
reclipsen tab	2	
rivelsa tab	4	

Drug Name	Drug Tier	Requirements/Limits
sharobel tab 0.35mg	2	
sprintec 28 tab 28 day	2	
tarina fe tab 1/20	2	
tri-estaryll tab	2	
tri-legest tab fe	3	
tri-lo- tab sprintec	3	
tri-mili tab	2	
tri-previfem tab	2	
tri-sprintec tab	2	
tri-vylibra tab	2	
trinessa lo tab	3	
trinessa tab	2	
trivora-28 tab	2	
tulana tab 0.35mg	2	
tydemy tab	4	
velivet pak	3	
vienva tab 0.1-20	2	
viorele tab	3	
vyfemla tab 0.4-35	3	
vylibra tab 0.25-35	2	
wymzya fe chw 0.4mg-35	4	
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, NM
ENZYME REPLACEMENTS		
ADAGEN INJ 250/ML	5	NDS, LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NDS, NM, LA, PA
CARBAGLU TAB 200MG	5	NDS, LA, PA
CERDELGA CAP 84MG	5	NDS, NM, PA
CEREZYME INJ 400UNIT	5	NDS, NM, LA, PA
CYSTADANE POW	5	NDS, 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 oral soln 1 gm/10ml (10%)	4	B/D
levocarnitine tab 330 mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
miglustat cap 100 mg	5	NDS, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
ORFADIN CAP 2MG	5	NDS, LA, PA
ORFADIN CAP 5MG	5	NDS, LA, PA
ORFADIN CAP 10MG	5	NDS, LA, PA
ORFADIN CAP 20MG	5	NDS, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	5	NDS, NM, PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	4	
estradiol tab 0.5 mg	2	
estradiol tab 1 mg	2	
estradiol tab 2 mg	2	
estradiol td patch weekly 0.1 mg/24hr	3	
estradiol td patch weekly 0.05 mg/24hr	3	
estradiol td patch weekly 0.06 mg/24hr	3	
estradiol td patch weekly 0.025 mg/24hr	3	
estradiol td patch weekly 0.075 mg/24hr	3	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3	
estradiol vaginal cream 0.1 mg/gm	4	
estradiol vaginal tab 10 mcg	3	
estradiol valerate im in oil 20 mg/ml	3	
estradiol valerate im in oil 40 mg/ml	3	
fyavolv tab 0.5-2.5	3	
jinteli tab 1mg-5mcg	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
GLUCOCORTICOIDS		
cortisone acetate tab 25 mg	4	
DEXAMETHASON CON 1MG/ML	4	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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)	4	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	2	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	4	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone oral soln 5 mg/5ml	4	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

Drug Name	Drug Tier	Requirements/Limits
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 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
cabergoline tab 0.5 mg	4	
calcitonin (salmon) nasal soln 200 unit/act	3	B/D
FORTEO SOL 600/2.4	5	NDS, NM, PA
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NDS, NM, PA
GENOTROPIN INJ 0.6MG	5	NDS, NM, PA
GENOTROPIN INJ 0.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1.2MG	5	NDS, NM, PA
GENOTROPIN INJ 1.4MG	5	NDS, NM, PA
GENOTROPIN INJ 1.6MG	5	NDS, NM, PA
GENOTROPIN INJ 1.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1MG	5	NDS, NM, PA
GENOTROPIN INJ 2MG	5	NDS, NM, PA
GENOTROPIN INJ 5MG	5	NDS, NM, PA
GENOTROPIN INJ 12MG	5	NDS, NM, PA
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, 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
NATPARA INJ 25MCG	5	NDS, PA
NATPARA INJ 50MCG	5	NDS, PA
NATPARA INJ 75MCG	5	NDS, PA
NATPARA INJ 100MCG	5	NDS, PA
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

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
raloxifene hcl tab 60 mg	3	
SIGNIFOR INJ 0.3MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, PA
SOMATULINE INJ 90/0.3ML	5	NDS, 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
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
TYMLOS INJ	5	NDS, PA
XGEVA INJ	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	4	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	3	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	4	QL (540 tabs / 30 days)
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		
levo-t tab 25mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
levo-t tab 300 mcg	2	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	NM
desmopressin acetate nasal spray soln 0.01%	4	NM
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	NM
desmopressin acetate tab 0.1 mg	3	NM
desmopressin acetate tab 0.2 mg	3	NM
STIMATE SOL 1.5MG/ML	5	NDS, NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant capsule 40 mg	4	B/D
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 SUS 125MG	4	B/D
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 (base equivalent)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2	
ondansetron hcl oral soln 4 mg/5ml	4	B/D
ondansetron hcl tab 4 mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
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
prochlorperazine edisylate inj 5 mg/ml	4	
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	4	
promethazine hcl inj 25 mg/ml	4	PA; PA if 70 years and older
promethazine hcl inj 50 mg/ml	4	PA; PA if 70 years and older
promethazine hcl syrup 6.25 mg/5ml	2	PA; PA if 70 years and older
promethazine hcl tab 12.5 mg	2	PA; PA if 70 years and older
promethazine hcl tab 25 mg	2	PA; PA if 70 years and older
promethazine hcl tab 50 mg	2	PA; PA if 70 years and older
scopolamine td patch 72hr 1 mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl cap 10 mg	3	
dicyclomine hcl oral soln 10 mg/5ml	4	
dicyclomine hcl tab 20 mg	3	
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	
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	3	
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	

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl tab 300 mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	3	QL (120 caps / 30 days)
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	5	NDS
CANASA SUP 1000MG	4	
DELZICOL CAP 400MG	4	
hydrocortisone enema 100 mg/60ml	4	
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	3	
LAXATIVES		
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	
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 (180 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	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (30 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
sucralfate tab 1 gm	3	
SYMPROIC TAB 0.2MG	3	
ursodiol cap 300 mg	3	
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 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
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 caps / 30 days)
lansoprazole cap delayed release 30 mg	3	QL (30 caps / 30 days)
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium ec tab 20 mg (base equiv)	2	
pantoprazole sodium ec tab 40 mg (base equiv)	2	
pantoprazole sodium for iv soln 40 mg (base equiv)	4	
rabeprazole sodium ec tab 20 mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	3	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	2	
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	
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)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	3	
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), ST
tolterodine tartrate cap er 24hr 4 mg	4	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	4	ST
tolterodine tartrate tab 2 mg	4	ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	3	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%	3	
metronidazole vaginal gel 0.75%	4	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal cream 0.4%	3	
terconazole vaginal cream 0.8%	3	
terconazole vaginal suppos 80 mg	3	
vandazole gel 0.75%	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
enoxaparin sodium inj 30 mg/0.3ml	4	NM
enoxaparin sodium inj 40 mg/0.4ml	4	NM
enoxaparin sodium inj 60 mg/0.6ml	4	NM
enoxaparin sodium inj 80 mg/0.8ml	4	NM
enoxaparin sodium inj 100 mg/ml	4	NM
enoxaparin sodium inj 120 mg/0.8ml	4	NM
enoxaparin sodium inj 150 mg/ml	4	NM
enoxaparin sodium inj 300 mg/3ml	4	NM
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	NM
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	NDS, NM
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	NDS, NM
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	NDS, NM
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
HEPARIN/NACL INJ 25000UNT	3	
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
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 2.5MG	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 300/1ML	5	NDS, PA
GRANIX INJ 480/0.8	5	NDS, NM, PA
GRANIX INJ 480/1.6	5	NDS, 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	
BERINERT INJ 500UNIT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, QL (20 vials / 30 days), LA, PA
pentoxifylline tab er 400 mg	2	
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	3	
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	
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)		
HUMIRA INJ 10/0.1ML	5	NDS, QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	NDS, QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	5	NDS, QL (6 injections / 28 days), 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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	5	NDS, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	5	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NDS, NM, PA
HUMIRA PEN INJ PS/UV	5	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NDS, PA
HUMIRA PEN KIT PS/UV	5	NDS, PA
hydroxychloroquine sulfate tab 200 mg	3	
leflunomide tab 10 mg	3	
leflunomide tab 20 mg	3	
methotrexate sodium tab 2.5 mg (base equiv)	3	
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 TAB 10MG	5	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	5	NDS, QL (30 tabs / 30 days), 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

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJ 20GM/200	5	NDS, NM, PA
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 5GM/50ML	5	NDS, NM, PA
OCTAGAM INJ 10/100ML	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 20/200ML	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
PANZYGA SOL 1GM/10ML	5	NDS, PA
PANZYGA SOL 2.5GM/25	5	NDS, PA
PANZYGA SOL 5GM/50ML	5	NDS, PA
PANZYGA SOL 10GM/100	5	NDS, PA
PANZYGA SOL 20GM/200	5	NDS, PA
PANZYGA SOL 30GM/300	5	NDS, 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
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	3	B/D
BENLYSTA INJ 120MG	5	NDS, NM, PA
BENLYSTA INJ 200MG/ML	5	NDS, PA
BENLYSTA INJ 400MG	5	NDS, NM, PA
cyclosporine cap 25 mg	4	B/D
cyclosporine cap 100 mg	4	B/D
cyclosporine iv soln 50 mg/ml	4	B/D
cyclosporine modified cap 25 mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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 100mg	4	B/D
gengraf sol 100mg/ml	4	B/D
mycophenolate mofetil cap 250 mg	3	B/D
mycophenolate mofetil for oral susp 200 mg/ml	5	NDS, B/D
mycophenolate mofetil tab 500 mg	3	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
NULOJIX INJ 250MG	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	5	NDS, B/D
ZORTRESS TAB 0.75MG	5	NDS, B/D
ZORTRESS TAB 1MG	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	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJ	3	
MENACTRA INJ	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	B/D
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	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	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	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
magnesium sulfate inj 50%	3	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	3	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	3	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	3	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	3	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	3	
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 15 meq	3	
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%	4	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 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	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

Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine sol 8%	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%	4	
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-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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
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	
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
M-NATAL PLUS TAB	3	
NIVA-PLUS TAB	3	
O-CAL FA TAB	3	
paricalcitol cap 1 mcg	4	B/D
paricalcitol cap 2 mcg	4	B/D
paricalcitol cap 4 mcg	4	B/D
PNV FOLIC AC TAB + IRON	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
PREPLUS TAB 27-1MG	3	
RAYALDEE CAP 30MCG	5	NDS
TRICARE TAB PRENATAL	3	
VOL-PLUS TAB	3	

Drug Name	Drug Tier	Requirements/Limits
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		
AZASITE SOL 1%	4	
bacitracin ophth oint 500 unit/gm	3	
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 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	
trifluridine ophth soln 1%	3	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	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%	3	
flurbiprofen sodium ophth soln 0.03%	2	
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	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	3	
PROLENSA SOL 0.07%	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)	4	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
betaxolol hcl ophth soln 0.5%	3	
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	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	3	
latanoprost ophth soln 0.005%	2	
levobunolol hcl ophth soln 0.5%	2	
LUMIGAN SOL 0.01%	3	
PHOSPHOLINE SOL 0.125%OP	4	
pilocarpine hcl ophth soln 1%	3	
pilocarpine hcl ophth soln 2%	3	
pilocarpine hcl ophth soln 4%	3	

Drug Name	Drug Tier	Requirements/Limits
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 0.5% (once-daily)	4	
timolol maleate ophth soln 0.25%	1	
TRAVATAN Z DRO 0.004%	3	
MISCELLANEOUS		
CYSTARAN SOL 0.44%	5	NDS, LA, PA
proparacaine hcl ophth soln 0.5%	3	
RESTASIS EMU 0.05%	3	QL (60 single use 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
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 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	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	4	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	2	
cyproheptadine hcl syrup 2 mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl tab 4 mg	3	PA; PA if 70 years and older
diphenhydramine hcl inj 50 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl im soln 25 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	2	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	2	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	2	PA; PA if 70 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 inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
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	3	
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 0.31 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	4	B/D
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)	2	
montelukast sodium chew tab 5 mg (base equiv)	2	
montelukast sodium oral granules packet 4 mg (base equiv)	4	
montelukast sodium tab 10 mg (base equiv)	2	
zafirlukast tab 10 mg	3	
zafirlukast tab 20 mg	3	
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 250MCG	4	
DALIRESP TAB 500MCG	4	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	(generic of Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	NDS, PA
ESBRIET TAB 267MG	5	NDS, PA
ESBRIET TAB 801MG	5	NDS, PA
KALYDECO PAK 50MG	5	NDS, PA
KALYDECO PAK 75MG	5	NDS, PA
KALYDECO TAB 150MG	5	NDS, PA
OFEV CAP 100MG	5	NDS, PA
OFEV CAP 150MG	5	NDS, PA
ORKAMBI GRA 100-125	5	NDS, PA
ORKAMBI GRA 150-188	5	NDS, PA
ORKAMBI TAB 100-125	5	NDS, PA
ORKAMBI TAB 200-125	5	NDS, PA
PROLASTIN-C INJ 1000MG	5	NDS, LA, PA
PROLASTIN-C INJ 1000MG	5	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NDS, NM, PA
SYMDEKO TAB 100-150	5	NDS, LA, PA
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
XOLAIR INJ 75/0.5	5	NDS, LA, PA
XOLAIR INJ 150MG/ML	5	NDS, LA, 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 (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
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	4	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	4	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)

Drug Name	Drug Tier	Requirements/Limits
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)
TOPICAL		
DERMATOLOGY, ACNE		
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
clindacin-p pad 1%	3	
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%	3	
erythromycin soln 2%	3	
isotretinoin cap 10 mg	4	PA
isotretinoin cap 20 mg	4	PA
isotretinoin cap 30 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

Drug Name	Drug Tier	Requirements/Limits
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	
SULFAMYLON CRE 85MG/GM	4	
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	
clotrimazole w/ betamethasone cream 1-0.05%	3	
ketoconazole cream 2%	3	
nyamyc 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, 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	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	4	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	4	QL (120 mL / 30 days), PA
tazarotene cream 0.1%	3	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%	2	
alclometasone dipropionate cream 0.05%	3	
alclometasone dipropionate oint 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented cream 0.05%	3	
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%	3	
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	
ENSTILAR AER	4	PA
fluocinolone acetonide cream 0.01%	4	
fluocinolone acetonide cream 0.025%	4	
fluocinolone acetonide oil 0.01% (body oil)	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%	3	
fluticasone propionate cream 0.05%	3	
fluticasone propionate oint 0.005%	3	
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 cream 1%	1	
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	3	
hydrocortisone oint 2.5%	2	
hydrocortisone valerate cream 0.2%	4	
hydrocortisone valerate oint 0.2%	4	
mometasone furoate cream 0.1%	2	
mometasone furoate oint 0.1%	3	
mometasone furoate solution 0.1% (lotion)	3	
TEXACORT SOL 2.5%	4	
triamcinolone acetonide cream 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
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	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo gel 2%	3	QL (30 mL / 30 days), PA
lidocaine hcl gel 2%	3	QL (30 mL / 30 days), PA
lidocaine hcl soln 4%	2	QL (50 mL / 30 days), PA
lidocaine oint 5%	4	QL (50 grams / 30 days), PA
lidocaine patch 5%	4	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	3	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
diclofenac sodium gel 1%	3	PA
fluorouracil cream 5%	4	
fluorouracil soln 2%	3	
fluorouracil soln 5%	3	
hydrocortisone rectal cream 2.5%	3	
imiquimod cream 5%	4	
lactic acid (ammonium lactate) cream 12%	3	
lactic acid (ammonium lactate) lotion 12%	3	
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	QL (2 tubes / 30 days)
PICATO GEL 0.015%	3	QL (3 tubes / 30 days)
podofilox soln 0.5%	3	
procto-med cre hc 2.5%	3	
procto-pak cre 1%	3	
proctozone cre -hc 2.5%	3	
tacrolimus oint 0.1%	4	
tacrolimus oint 0.03%	4	
TARGRETIN GEL 1%	5	NDS, NM, PA
VALCHLOR GEL 0.016%	5	NDS, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	4	

Drug Name	Drug Tier	Requirements/Limits
permethrin cream 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
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%	2	
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%	2	
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 otic soln 2%	3	
CIPRODEX SUS 0.3-0.1%	3	
flac oil 0.01%	4	
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		
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

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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.

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, como braille, letra grande y audio.

This formulary was updated on 03/01/2019. For more recent information or other questions, please contact Molina Medicare Options Plus Member Services, at (800) 665-3086 or, for TTY users, 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

Este formulario se actualizó 03/01/2019. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Molina Medicare Options Plus Servicios para los miembros, al (800) 665-3086. Los usuarios de TTY deben llamar al 711, 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre, de lunes a viernes de 8 a. m. a 8 p. m., hora local., o visite MolinaHealthcare.com/Medicare.

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