



Network Health Medicare Advantage Plans

Network Platinum*Plus* Pharmacy (PPO)

Network Platinum*Premier* Pharmacy (PPO)

Network Platinum*Select* (PPO)

Network Health Medicare *Choice* (PPO)

Network Health Medicare Go (PPO)

Network Health Medicare Anywhere (PPO)

2020 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 20195, 28

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Network Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Network Health Medicare Advantage Plans Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Network Health Medicare Advantage Plans 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plans 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 30-day supply of the drug.

If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/01/2020 . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Network Health Medicare Advantage Plans will update the printed formulary document with mid-year, non-maintenance changes on a quarterly basis. However, these types of changes will be available on our website at www.networkhealth.com 60 days prior to the change. Additionally, if you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 12 . 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, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page 189. 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 189. 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?

Network Health Medicare Advantage Plans 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:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Network Health Medicare Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans' formulary?" on page 5 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 customer service and ask if your drug is covered.

If you learn that Network Health Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Network Health Medicare Advantage Plans' Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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, Network Health Medicare Advantage Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility 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.

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

For more detailed information about your Network Health Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Network Health Medicare Advantage Plans, 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>.

Network Health Medicare Advantage Plans' Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 189.

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

The information in the Requirements/Limits column tells you if Network Health Medicare Advantage Plans has any special requirements for coverage of your drug.

Legend

PA	Prior Authorization
STEP	Step Therapy
QL	Quantity Limit
B/D PA	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day/seven days a week. TTY users should call 800-899-2114.

**Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, and
Network Health Medicare *Choice***

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	28%	N/A	28%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$260.

Network PlatinumSelect

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	25%	N/A	25%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$395.

Network Health Medicare Go

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	27%	N/A	27%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$275.

Network Health Medicare *Anywhere*

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	28%	N/A	28%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$250.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	PA B vs D
AMBISOME	5	PA B vs D
<i>amphotericin b 50 mg vial</i>	4	PA B vs D
ANCOBON	5	
CANCIDAS	5	PA B vs D
<i>caspofungin acetate</i>	5	PA B vs D
<i>clotrimazole 10 mg troche</i>	2	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	5	
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
ERAXIS(WATER DIL) 100 MG VIAL	5	
ERAXIS(WATER DIL) 50 MG VIAL	4	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>fluconazole in dextrose, iso-osmotic</i>	2	
<i>fluconazole in nacl,iso-osm 100mg/50ml pggybk btl</i>	4	
<i>fluconazole in sodium chloride, iso-osmotic (200mg/0.1l pggybk btl, 200mg/0.1l piggyback, 400mg/0.2l pggybk btl, 400mg/0.2l piggyback)</i>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	
GRIS-PEG	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>itraconazole 100 mg capsule</i>	2	PA
<i>itraconazole 10 mg/ml solution</i>	5	PA
<i>ketoconazole 200 mg tablet</i>	2	
<i>micafungin sodium</i>	5	
MYCAMINE	5	
NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)
NOXAFIL 300 MG/16.7 ML VIAL	5	
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	2	
ORAVIG	4	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	5	
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	5	PA
<i>terbinafine hcl 250 mg tablet</i>	2	
TOLSURA	5	PA
VFEND (40 MG/ML SUSPENSION, 50 MG TABLET, 200 MG TABLET)	5	
VFEND IV	4	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	5	
<i>voriconazole 200 mg vial</i>	2	

ANTIVIRALS

<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir sodium 50 mg/ml vial</i>	2	PA B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>adefovir dipivoxil</i>	5	
<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	2	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
<i>atazanavir sulfate</i>	5	
ATRIPLA	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
BIKTARVY	5	
<i>cidofovir 75 mg/ml vial</i>	5	
CIMDUO	5	
COMBIVIR	5	
COMPLERA	5	
CRIXIVAN	3	
CYTOVENE	4	
DAKLINZA	5	PA, QL (28 PER 28 DAYS)
DELSTRIGO	5	
DESCOVY	5	
<i>didanosine</i>	2	
DOVATO	5	
EDURANT	5	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	2	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
<i>entecavir</i>	4	
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL (28 PER 28 DAYS)
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	4	
EPIVIR HBV 25 MG/5 ML SOLN	3	
EPIVIR HBV 100 MG TABLET	4	
EPZICOM	5	
EVOTAZ	5	
<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5 DAYS)
<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10 DAYS)
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
FUZEON 90 MG VIAL	5	
<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	2	
GENVOYA	5	
HARVONI (33.75-150 MG PELLETT PK, 90-400 MG TABLET)	5	PA, QL (28 PER 28 DAYS)
HARVONI (45-200 MG TABLET, 45-200 MG PELLETT PACKET)	5	PA, QL (56 PER 28 DAYS)
HEPSERA	5	
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
INTELENCE 25 MG TABLET	3	
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	5	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS HD	5	
JULUCA	5	
KALETRA (80 MG-20 MG/ML SOLN, 200-50 MG TABLET)	5	
KALETRA 100-25 MG TABLET	4	
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>lamivudine/zidovudine</i>	2	
<i>ledipasvir/sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
LEXIVA 700 MG TABLET	5	QL (180 PER 30 DAYS)
<i>lopinavir/ritonavir</i>	5	
MAVYRET	5	PA, QL (84 PER 28 DAYS)
MODERIBA (200-400 MG, 600-400 MG)	4	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tablet 24h, 200 mg tablet)</i>	2	
<i>nevirapine 400 mg tablet 24h</i>	4	
NORVIR (80 MG/ML SOLUTION, 100 MG TABLET, 100 MG POWDER PACKET)	4	
ODEFSEY	5	
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	2	
PIFELTRO	5	
PREVYMIS (240 MG/12 ML VIAL, 240 MG TABLET, 480 MG TABLET, 480 MG/24 ML VIAL)	5	
PREZCOBIX	5	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELENZA	4	
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	4	
RETROVIR 200 MG/20 ML VIAL	3	
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	5	
RIBASPHERE	4	
RIBASPHERE RIBAPAK	5	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
<i>ribavirin 6 g vial-neb</i>	5	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	
SELZENTRY 25 MG TABLET	4	
<i>sofosbuvir/velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI (150 MG PELLET PACKET, 400 MG TABLET)	5	PA, QL (28 PER 28 DAYS)
SOVALDI (200 MG PELLET PACKET, 200 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
STRIBILD	5	
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	4	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNAGIS	5	LA
TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	4	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	
TIVICAY 10 MG TABLET	4	
TIVICAY PD	5	
TRIUMEQ	5	
TRIZIVIR	5	
TROGARZO	5	
TRUVADA	5	
TYBOST	3	
<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION	5	QL (1080 PER 30 DAYS)
VALCYTE 450 MG TABLET	5	QL (120 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)
<i>valganciclovir hcl 450 mg tablet</i>	5	QL (120 PER 30 DAYS)
VALTREX 1 GM CAPLET	4	QL (120 PER 30 DAYS)
VALTREX 500 MG CAPLET	4	QL (60 PER 30 DAYS)
VEMLIDY	5	QL (30 PER 30 DAYS)
VIEKIRA PAK	5	PA
VIEKIRA XR	5	
VIRACEPT	5	
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	4	
VIRAMUNE XR 400 MG TABLET	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	5	
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
ZERIT (1 MG/ML SOLUTION, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	4	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	2	
ZOVIRAX (200 MG/5 ML SUSP, 400 MG TABLET)	4	

CEPHALOSPORINS

AVYCAZ	5	
<i>cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg tab er 12h, 500 mg capsule)</i>	2	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	2	
<i>cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)</i>	3	
<i>cefazolin sodium/dextrose,iso 2 g/100 ml froz.piggy</i>	4	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml froz.piggy, sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)</i>	3	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	2	
<i>cefepime hcl 100 g bulkbaginj</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepime hcl (1 g vial, 2 g vial)</i>	2	
<i>cefepime hcl in dextrose 5 % in water</i>	2	
<i>cefepime hcl in iso-osmotic dextrose</i>	2	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	2	
CEFOTAN	4	
<i>cefotaxime sodium</i>	3	
<i>cefotetan disodium</i>	2	
<i>cefotetan disodium in iso-osmotic dextrose</i>	2	
<i>cefoxitin sodium</i>	3	
<i>cefoxitin sodium/dextrose, iso-osmotic</i>	3	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	2	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	3	
<i>ceftazidime in dextrose 5% and water</i>	3	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	3	
<i>ceftriaxone sodium in iso-osmotic dextrose (1 g/50 ml piggyback, 1 g/50 ml froz.piggy, 2 g/50 ml piggyback, 2 g/50 ml froz.piggy)</i>	3	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	3	
<i>cephalexin (125 mg/5ml susp recon, 250 mg tablet, 250 mg capsule, 250 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 750 mg capsule)</i>	2	
CLAFORAN 10 GM VIAL	4	
DAXBIA	4	
FETROJA	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUPRAX (100 MG/5 ML SUSPENSION, 100 MG TABLET CHEWABLE, 200 MG/5 ML SUSPENSION, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	4	
TAZICEF (1 GRAM VIAL, 1 GM ADD-VANTAGE VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	4	
TEFLARO	5	
ZERBAXA	5	

ERYTHROMYCINS / OTHER MACROLIDES

<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	2	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	3	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	2	
DIFICID	5	PA, QL (20 PER 10 DAYS)
E.E.S. 200	4	
ERY-TAB DR 250 MG TABLET	4	
ERY-TAB DR 333 MG TABLET	2	
ERY-TAB DR 500 MG TABLET	3	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
ERYTHROCIN STEARATE	2	
<i>erythromycin base 250 mg tablet</i>	4	
<i>erythromycin base (250 mg capsule dr, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZITHROMAX (1 GM POWDER PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG Z-PAK TABLET, 250 MG TABLET, 500 MG TABLET, 600 MG TABLET, I.V. 500 MG VIAL)	4	
ZITHROMAX TRI-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	
<i>albendazole 200 mg tablet</i>	5	QL (120 PER 30 DAYS)
ALBENZA	5	
ALINIA 100 MG/5 ML SUSPENSION	3	
ALINIA 500 MG TABLET	5	
<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	3	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
AZACTAM	4	
AZACTAM-ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam</i>	3	
BACIIM	2	
<i>bacitracin 50000 unit vial</i>	2	
<i>benznidazole</i>	3	
BETHKIS	5	PA B vs D, QL (224 PER 28 DAYS)
BILTRICIDE	4	
CAPASTAT SULFATE	4	
CAYSTON	5	LA
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	2	
CLEOCIN HCL	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLEOCIN PEDIATRIC	4	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 300 MG/2ML ADDVAN, 600 MG/4ML ADDVAN, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	3	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	3	
<i>clindamycin phosphate/dextrose 5 % in water</i>	3	
COARTEM	3	
<i>colistin (colistimethate na) 150 mg vial</i>	2	
COLY-MYCIN M PARENTERAL	4	
CUBICIN	5	
CUBICIN RF	5	
<i>cycloserine 250 mg capsule</i>	4	
DALVANCE	5	
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>daptomycin</i>	5	
DARAPRIM	5	
EMVERM	5	
<i>ertapenem sodium</i>	3	
<i>ethambutol hcl</i>	2	
FLAGYL (375 CAPSULE, 500 MG TABLET)	4	
<i>gentamicin sulfate 40 mg/ml vial</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin sulfate in sodium chloride, iso-osmotic (60 mg/50ml piggyback, 80 mg/50ml piggyback, 80mg/100ml piggyback, 100mg/0.1l piggyback, 100mg/50ml piggyback, 120mg/0.1l piggyback)</i>	3	
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	3	
<i>hydroxychloroquine sulfate 200 mg tablet</i>	2	
<i>imipenem/cilastatin sodium</i>	3	
INVANZ 1 GM VIAL	4	
<i>isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)</i>	2	
<i>ivermectin 3 mg tablet</i>	2	
KITABIS PAK	5	
KRINTAFEL	4	
LAMPIT 120 MG TABLET	4	QL (270 PER 30 DAYS)
LAMPIT 30 MG TABLET	4	QL (360 PER 30 DAYS)
LINCOCIN	4	
<i>lincomycin hcl 300 mg/ml vial</i>	2	
<i>linezolid 100 mg/5ml susp recon</i>	5	
<i>linezolid 600 mg tablet</i>	4	
<i>linezolid in 0.9 % sodium chloride</i>	5	
<i>linezolid in dextrose 5 % in water</i>	5	
MALARONE	4	
<i>mefloquine hcl</i>	2	
MEPRON	5	
<i>meropenem</i>	4	
<i>meropenem in 0.9 % sodium chloride</i>	4	
MERREM	4	
METRO IV	4	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole in sodium chloride</i>	4	
MYAMBUTOL 400 MG TABLET	4	
MYCOBUTIN	3	
NEBUPENT	4	PA B vs D
<i>neomycin sulfate 500 mg tablet</i>	2	
ORBACTIV	5	
<i>paromomycin sulfate 250 mg capsule</i>	4	
PASER	4	
PENTAM 300	4	
<i>pentamidine isethionate 300 mg vial</i>	3	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	PA B vs D
PLAQUENIL	4	
<i>polymyxin b sulfate</i>	2	
<i>praziquantel 600 mg tablet</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine phosphate</i>	4	
PRIMAXIN 500 MG VIAL	4	
<i>pyrazinamide 500 mg tablet</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	
QUALAQUIN	4	
<i>quinine sulfate 324 mg capsule</i>	2	
RECARBRIO	5	
<i>rifabutin</i>	4	
RIFADIN (300 MG CAPSULE, IV 600 MG VIAL)	4	
<i>rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)</i>	2	
RIMSO-50	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIRTURO	5	LA
SIVEXTRO (200 MG VIAL, 200 MG TABLET)	5	
SOLOSEC	4	
<i>streptomycin sulfate 1 g vial</i>	4	
STROMECTOL	4	
SYNERCID	5	
<i>tigecycline</i>	5	
TINDAMAX	4	
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	2	
TOBI	5	PA B vs D, QL (280 PER 28 DAYS)
TOBI PODHALER	5	QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/4ml ampul-neb</i>	5	PA B vs D, QL (224 PER 28 DAYS)
<i>tobramycin in 0.225 % sodium chloride</i>	5	PA B vs D, QL (280 PER 28 DAYS)
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4	
TRECTOR	4	
TYGACIL	5	
VABOMERE	4	
XENLETA 600 MG TABLET	5	
XIFAXAN 200 MG TABLET	3	QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)
ZEMDRI	5	
ZYVOX (100 MG/5 ML SUSPENSION, 200 MG/100 ML-D5W, 600 MG/300 ML-D5W)	5	
ZYVOX 600 MG TABLET	5	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	2	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	2	
<i>ampicillin sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	3	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial port, sodium/sulbactam 1.5 g vial, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)</i>	3	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	2	
AUGMENTIN (500-125 TABLET, 875-125 TABLET)	4	
AUGMENTIN ES-600	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin in dextrose, iso-osmotic</i>	4	
<i>nafcillin sodium 10 g vial</i>	5	
<i>nafcillin sodium (1 g vial port, 1 g vial, 2 g vial, 2 g vial port)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxacillin sodium (1 g vial, 2 g vial port, 2 g vial)</i>	4	
<i>oxacillin sodium 10 g vial</i>	5	
<i>oxacillin sodium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium</i>	3	
<i>penicillin g potassium/dextrose-water</i>	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	2	
PFIZERPEN	3	
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)</i>	3	
UNASYN	4	
ZOSYN (2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GRAM VIAL, 3.375 GM/50 ML GALAXY, 4.5 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG)	4	

QUINOLONES

AVELOX ABC PACK	4	
AVELOX IV	4	
BAXDELA (300 MG VIAL, 450 MG TABLET)	5	
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
CIPRO I.V.	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>ciprofloxacin lactate</i>	3	
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	3	
<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	2	
<i>levofloxacin 25 mg/ml vial</i>	3	
<i>levofloxacin/dextrose 5 % in water</i>	3	
<i>moxifloxacin hcl 400 mg tablet</i>	2	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	4	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	2	
SULFA'S / RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 80-16mg/ml vial, sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	2	
SULFATRIM	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DORYX	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DORYX MPC	4	
DOXY 100	2	
<i>doxycycline hyclate (20 mg tablet, 50 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial)</i>	2	
<i>doxycycline hyclate (75 mg tablet, 75 mg tablet dr, 100 mg tablet dr, 150 mg tablet, 150 mg tablet dr)</i>	4	
<i>doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)</i>	3	
<i>doxycycline monohydrate (40 mg cap ir dr, 75 mg capsule)</i>	4	
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet, 150 mg capsule)</i>	2	
MINOCIN (100 MG VIAL, 100 MG PELLETIZED CAP)	4	
<i>minocycline hcl (45 mg tab er 24h, 45 mg cap er 24h, 90 mg cap er 24h, 90 mg tab er 24h, 135 mg tab er 24h, 135 mg cap er 24h)</i>	4	
<i>minocycline hcl (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h)</i>	5	
<i>minocycline hcl (50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
MONDOXYNE NL	2	
MORGIDOX 100 MG CAPSULE	4	
NUZYRA (100 MG VIAL, 150 MG TABLET)	5	
OKEBO	4	
ORACEA	4	
SOLODYN (ER 55 MG TABLET, ER 65 MG TABLET, ER 80 MG TABLET, ER 105 MG TABLET, ER 115 MG TABLET)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARGADOX	4	
<i>tetracycline hcl 250 mg capsule</i>	2	
<i>tetracycline hcl 500 mg capsule</i>	4	
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	4	
XERAVA 50 MG VIAL	5	

URINARY TRACT AGENTS

<i>fosfomycin tromethamine</i>	2	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate (1 g tablet, 500 mg tablet)</i>	2	
MONUROL	4	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	2	
<i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
PRIMSOL	3	
<i>trimethoprim 100 mg tablet</i>	2	

VANCOMYCIN

VANCOCIN HCL (125 MG CAPSULE, 250 MG CAPSULE)	5	
<i>vancomycin hcl 250 mg capsule</i>	5	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 50 mg/ml soln recon, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial port, 750 mg vial)</i>	3	
<i>vancomycin hcl (1.25 g vial, 125 mg capsule, 250 mg vial)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl in water for injection (peg-400, nada) (vancomycin/water inj (peg) 1.25 g/250 piggyback, vancomycin/water inj (peg) 1.75 g/350 piggyback, vancomycin/water inj (peg) 750mg/.15l piggyback)</i>	4	
<i>vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 750mg/.15l froz.piggy, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy)</i>	3	
<i>vancomycin/0.9 % sod chloride 750 mg/250 plast. bag</i>	4	
<i>vancomycin in 5 % dextrose in water (5 % 750mg/.15l froz.piggy, 5 % 1g/200ml froz.piggy, 5 % 500mg/0.1l froz.piggy)</i>	3	
<i>vancomycin hcl in 5 % dextrose 1.25 g/250 plast. bag</i>	4	
VIBATIV	4	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl</i>	5	
ELITEK	5	
FUSILEV	5	
KEPIVANCE	5	
KHAPZORY	5	
<i>leucovorin calcium (5 mg tablet, 10 mg/ml vial, 10 mg tablet, 15 mg tablet, 25 mg tablet, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	2	
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial)</i>	5	
mesna	2	
MESNEX 400 MG TABLET	5	
MESNEX 1 GRAM/10 ML VIAL	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOTECT	5	
XGEVA	5	PA B vs D
ZINECARD	5	
<i>abiraterone acetate</i>	5	QL (120 PER 30 DAYS)
ABRAXANE	5	
ADAKVEO	5	
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	2	
ADRIAMYCIN 50 MG VIAL	4	
ADRUCIL	2	
AFINITOR	5	PA - FOR NEW STARTS ONLY
AFINITOR DISPERZ	5	PA - FOR NEW STARTS ONLY
ALECENSA	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ALIMTA	5	
ALIQOPA	5	LA
ALKERAN 2 MG TABLET	4	
ALKERAN 50 MG VIAL	5	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
<i>anastrozole 1 mg tablet</i>	2	
ARIKAYCE	5	LA
ARIMIDEX	4	
AROMASIN	4	
ARRANON	5	
<i>arsenic trioxide 12 mg/6 ml vial</i>	5	
ARZERRA	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASTAGRAF XL	4	PA B vs D
AVASTIN	5	
AYVAKIT	5	PA - FOR NEW STARTS ONLY
<i>azacitidine</i>	5	
AZASAN	3	PA B vs D
<i>azathioprine 50 mg tablet</i>	2	PA B vs D
<i>azathioprine sodium</i>	2	
BALVERSA	5	PA - FOR NEW STARTS ONLY, LA
BAVENCIO	5	
BELEODAQ	5	
BENDEKA	5	
BESPONSA	5	
<i>bexarotene</i>	5	
<i>bicalutamide</i>	2	
BICNU	5	
BLENREP	5	PA - FOR NEW STARTS ONLY
<i>bleomycin sulfate</i>	2	
BLINCYTO 35MCG VL W-STABILIZER	5	
<i>bortezomib</i>	5	
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BOSULIF 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
BRAFTOVI	5	PA - FOR NEW STARTS ONLY
BRUKINSA	5	PA - FOR NEW STARTS ONLY
<i>busulfan</i>	5	
BUSULFEX	5	
BYNFEZIA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX (20 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CALQUENCE	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CAMPATH	4	
CAMPTOSAR	4	
CAPRELSA	5	LA
<i>carboplatin 10 mg/ml vial</i>	2	
<i>carmustine</i>	5	
CASODEX	4	
CELLCEPT 250 MG CAPSULE	4	PA B vs D
CELLCEPT (200 MG/ML ORAL SUSP, 500 MG TABLET)	5	PA B vs D
CELLCEPT 500 MG VIAL	4	
<i>cisplatin 1 mg/ml vial</i>	2	
<i>cladribine</i>	5	
<i>clofarabine</i>	5	
CLOLAR	5	
COMETRIQ	5	
COPIKTRA	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
COSMEGEN	5	
COTELLIC	5	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 21 DAYS)
<i>cyclophosphamide (25 mg capsule, 50 mg capsule, 200 mg/ml vial)</i>	4	PA B vs D
<i>cyclophosphamide (1 g vial, 2 g vial, 500 mg vial)</i>	2	
<i>cyclosporine 250 mg/5ml ampul</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA B vs D
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	2	PA B vs D
CYRAMZA	5	
cytarabine	2	
cytarabine/pf	2	
dacarbazine	2	
DACOGEN	5	
<i>dactinomycin</i>	5	
DARZALEX	5	LA
DARZALEX FASPRO	5	PA B vs D
<i>daunorubicin hcl 5 mg/ml vial</i>	2	
DAURISMO 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>decitabine</i>	5	
<i>docetaxel (20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial, 200mg/10ml vial)</i>	5	
DOXIL	5	
<i>doxorubicin hcl (2 mg/ml vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)</i>	2	
<i>doxorubicin hcl pegylated liposomal</i>	5	
DROXIA	3	
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT)	3	
ELLENC	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELOXATIN	5	
EMCYT	3	
EMPLICITI	5	
ENHERTU	5	
ENSPRYNG	5	PA
ENVARUSUS XR	4	PA B vs D
<i>epirubicin hcl (50 mg/25ml vial, 200mg/0.1l vial)</i>	2	
ERBITUX	5	
ERIVEDGE	5	QL (28 PER 28 DAYS)
ERLEADA	5	PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
ERWINAZE	5	
ETOPOPHOS	3	
<i>etoposide 20 mg/ml vial</i>	2	
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	5	PA B vs D
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY
EVOMELA	5	
<i>exemestane</i>	2	
FARESTON	5	
FARYDAK	5	
FASLODEX	5	
FEMARA	4	
FIRMAGON	4	PA B vs D
<i>floxuridine 500 mg vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	2	
<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	2	
<i>flutamide</i>	2	
FOLOTYN	5	
<i>fulvestrant</i>	5	
GAVRETO	5	PA - FOR NEW STARTS ONLY, LA
GAZYVA	5	
<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 100 mg/ml vial, 200 mg vial, 200mg/5.26 vial)</i>	5	
GEMZAR 1 GRAM VIAL	3	
GEMZAR 200 MG VIAL	4	
GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA B vs D
GENGRAF 25 MG CAPSULE	2	PA B vs D
GILOTRIF	5	PA - FOR NEW STARTS ONLY
GLEEVEC	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
GLEOSTINE (40 MG CAPSULE, 100 MG CAPSULE)	5	
GLEOSTINE 10 MG CAPSULE	4	
HALAVEN	5	
HERCEPTIN	5	
HERCEPTIN HYLECTA	5	
HERZUMA	5	PA B vs D
HEXALEN	5	
HYCAMTIN 4 MG VIAL	5	
HYDREA	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	5	QL (30 PER 30 DAYS)
ICLUSIG	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
IDAMYCIN PFS	5	
<i>idarubicin hcl</i>	2	
IDHIFA	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
IFEX	4	
<i>ifosfamide (1 g/20 ml vial, 1 g vial, 3 g/60 ml vial, 3 g vial)</i>	2	
<i>imatinib mesylate</i>	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	QL (240 PER 30 DAYS)
IMBRUVICA (420 MG TABLET, 560 MG TABLET)	5	QL (30 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	QL (60 PER 30 DAYS)
IMFINZI	5	LA
IMURAN	4	PA B vs D
INFUGEM	5	
INLYTA	5	QL (120 PER 30 DAYS)
INQOVI	5	PA - FOR NEW STARTS ONLY
INREBIC	5	
IRESSA	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>irinotecan hcl</i>	2	
ISTODAX	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXEMPRA	5	
JAKAFI	5	QL (60 PER 30 DAYS)
JEVTANA	5	
KADCYLA	5	
KANJINTI	5	
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	
KISQALI	5	QL (90 PER 30 DAYS)
KISQALI FEMARA CO-PACK	5	QL (91 PER 28 DAYS)
KOSELUGO	5	PA
KYPROLIS	5	
<i>lapatinib ditosylate</i>	5	
LARTRUVO	5	LA
LENVIMA	5	
<i>letrozole 2.5 mg tablet</i>	2	
LEUKERAN	3	
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)</i>	2	
LIBTAYO	5	
LONSURF 15 MG-6.14 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
LUMOXITI	5	PA
LUPRON DEPOT	5	
LUPRON DEPOT (LUPANETA)	5	
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
LYSODREN	3	
MARQIBO	4	
MATULANE	5	
MEGACE ES	5	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp, 625mg/5ml oral susp)</i>	2	
MEKINIST	5	PA - FOR NEW STARTS ONLY
MEKTOVI	5	PA - FOR NEW STARTS ONLY, LA
<i>melphalan</i>	3	
<i>melphalan hcl</i>	5	
<i>mercaptopurine 50 mg tablet</i>	2	
<i>methotrexate 250 mg/10ml - 1946772</i>	2	PA B vs D
<i>methotrexate sodium 2.5 mg tablet</i>	2	PA B vs D
<i>methotrexate sodium/pf 1 g vial</i>	2	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	2	PA B vs D
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	2	
<i>mitoxantrone hcl</i>	2	
MONJUVI	5	
MUTAMYCIN	4	
MVASI	5	
MYCAPSSA	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	2	PA B vs D
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	PA B vs D
<i>mycophenolate mofetil hcl</i>	2	
<i>mycophenolate sodium</i>	2	PA B vs D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYFORTIC	4	PA B vs D
MYLOTARG	5	
NAVELBINE	4	
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE)	4	PA B vs D
NERLYNX	5	PA - FOR NEW STARTS ONLY, LA, QL (240 PER 30 DAYS)
NEXAVAR	5	PA - FOR NEW STARTS ONLY, LA
NILANDRON	5	
<i>nilutamide</i>	5	
NINLARO	5	QL (3 PER 28 DAYS)
NIPENT	5	
NUBEQA	5	PA - FOR NEW STARTS ONLY
NULOJIX	5	
<i>octreotide acetate (50 mcg/ml vial, 50 mcg/ml ampul, 50 mcg/ml syringe, 100 mcg/ml ampul, 100 mcg/ml vial, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	2	
<i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	5	
ODOMZO	5	LA, QL (30 PER 30 DAYS)
OGIVRI	5	
ONCASPAR	5	
ONIVYDE	4	
ONTRUZANT	5	PA B vs D
ONUREG	5	
OPDIVO	5	
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paclitaxel</i>	2	
PADCEV	5	
PEMAZYRE	5	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 DAYS)
PERJETA	5	
PHESGO	5	PA - FOR NEW STARTS ONLY
PIQRAY	5	PA - FOR NEW STARTS ONLY
POLIVY 140 MG VIAL	5	PA - FOR NEW STARTS ONLY
POLIVY 30 MG VIAL	5	
POMALYST	5	QL (90 PER 30 DAYS)
PORTRAZZA	5	
POTELIGEO	5	PA - FOR NEW STARTS ONLY
PROGRAF 5 MG/ML AMPULE	4	
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	4	PA B vs D
PURIXAN	5	
QINLOCK	5	PA - FOR NEW STARTS ONLY, LA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA B vs D
RAPAMUNE (1 MG TABLET, 2 MG TABLET)	5	PA B vs D
RAPAMUNE 0.5 MG TABLET	3	PA B vs D
RETEVMO	5	PA - FOR NEW STARTS ONLY, LA
REVLIMID	5	LA, QL (28 PER 28 DAYS)
RITUXAN	5	
RITUXAN HYCELA	5	
<i>romidepsin (10 mg/2 ml vial, 27.5/5.5ml vial)</i>	5	
ROZLYTREK	5	PA - FOR NEW STARTS ONLY
RUBRACA	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUXIENCE	5	PA B vs D
RYDAPT	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
SANDIMMUNE 50 MG/ML AMPUL	4	
SANDIMMUNE (25 MG CAPSULE, 100 MG/ML SOLN, 100 MG CAPSULE)	4	PA B vs D
SANDOSTATIN (0.05 MG/ML AMPUL, 0.5 MG/ML AMPUL)	4	
SANDOSTATIN (0.1 MG/ML AMPUL, 0.2 MG/ML VIAL, 1 MG/ML VIAL)	5	
SANDOSTATIN LAR DEPOT	5	
SARCLISA	5	PA - FOR NEW STARTS ONLY, LA
SIGNIFOR	5	
SIGNIFOR LAR	5	
SIKLOS	5	
SIMULECT	3	
<i>sirolimus 1 mg/ml solution</i>	4	PA B vs D
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	PA B vs D
SOLTAMOX	3	
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	5	
SPRYCEL (20 MG TABLET, 50 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
SPRYCEL (70 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
STIVARGA	5	PA - FOR NEW STARTS ONLY, QL (112 PER 28 DAYS)
SUPPRELIN LA	4	
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	5	QL (28 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUTENT 37.5 MG CAPSULE	5	QL (56 PER 28 DAYS)
SYLVANT	5	
SYNRIBO	5	PA B vs D
TABLOID	3	
TABRECTA	5	PA - FOR NEW STARTS ONLY
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	2	PA B vs D
TAFINLAR	5	PA - FOR NEW STARTS ONLY
TAGRISSE	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
TALZENNA 1 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	
TASIGNA	5	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
TAXOTERE (20 MG/ML VIAL, 80 MG/4 ML VIAL)	5	
TAZVERIK	5	LA
TECENTRIQ	5	LA
TEMODAR 100 MG VIAL	5	
THALOMID	5	
<i>thiotepa 100 mg vial</i>	5	PA B vs D
<i>thiotepa 15 mg vial</i>	5	
TIBSOVO	5	PA - FOR NEW STARTS ONLY

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPOSAR	2	
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	5	
<i>toremifene citrate</i>	5	
TORISEL	5	
TRAZIMERA	5	PA B vs D
TREANDA (25 MG VIAL, 100 MG VIAL)	5	
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA B vs D
<i>tretinoin 10 mg capsule</i>	5	
TREXALL	3	PA B vs D
TRIPTODUR	5	PA
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	
TRODELVY	5	PA - FOR NEW STARTS ONLY, LA
TRUXIMA	5	
TUKYSA	5	PA - FOR NEW STARTS ONLY, LA
TURALIO	5	PA
TYKERB	5	PA - FOR NEW STARTS ONLY, LA
UNITUXIN	5	
<i>valrubicin</i>	3	
VALSTAR	4	
VANTAS	5	
VECTIBIX	5	
VELCADE	5	
VENCLEXTA (10 MG TABLET, 10 MG TAB (10MG X 2))	4	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
VERZENIO	5	LA, QL (60 PER 30 DAYS)
VIDAZA	5	
<i>vinblastine sulfate</i>	2	
VINCASAR PFS 1 MG/ML VIAL	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
VITRAKVI 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, LA, QL (300 PER 30 DAYS)
VIZIMPRO	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VOTRIENT	5	QL (120 PER 30 DAYS)
VYXEOS	5	
XALKORI	5	PA - FOR NEW STARTS ONLY
XATMEP	4	PA B vs D
XERMELO	5	
XOSPATA	5	PA - FOR NEW STARTS ONLY, LA
XPOVIO	5	LA
XTANDI	5	QL (120 PER 30 DAYS)
YERVOY	5	
YONDELIS	5	
YONSA	5	
ZALTRAP	5	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZANOSAR	3	
ZEJULA	5	PA - FOR NEW STARTS ONLY, LA, QL (90 PER 30 DAYS)
ZELBORAF	5	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ZEPZELCA	5	
ZIRABEV	5	
ZOLADEX	4	
ZOLINZA	5	
ZORTRESS	5	PA B vs D
ZYDELIG	5	QL (60 PER 30 DAYS)
ZYKADIA	5	PA - FOR NEW STARTS ONLY, QL (150 PER 30 DAYS)
ZYTIGA	5	QL (120 PER 30 DAYS)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS), STEP
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS), STEP
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	STEP
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS), STEP
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS), STEP
BRIVIACT 50 MG/5 ML VIAL	4	
<i>carbamazepine (100 mg tab er 12h, 100 mg cpm 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpm 12hr, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARBATROL	4	STEP
CELONTIN	3	STEP
CEREBYX	4	
<i>clobazam 2.5 mg/ml oral susp</i>	3	QL (480 PER 30 DAYS)
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	3	QL (60 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i>	3	
DEPAKOTE	4	STEP
DEPAKOTE ER	4	STEP
DEPAKOTE SPRINKLE	4	STEP
DIASTAT	4	
DIASTAT ACUDIAL	4	
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	3	STEP
DILANTIN-125	3	STEP
<i>divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tablet dr, 500 mg tab er 24h)</i>	2	
EPIDIOLEX	5	PA - FOR NEW STARTS ONLY, LA
EPITOL	2	
EQUETRO	4	STEP
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	2	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	4	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	5	STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FINTEPLA	5	PA - FOR NEW STARTS ONLY
<i>fosphenytoin sodium</i>	2	
FYCOMPA 0.5 MG/ML ORAL SUSP	5	STEP
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	STEP
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg/6ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	2	
GABITRIL	4	STEP
GRALISE	4	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	STEP
KEPPRA 500 MG/5 ML VIAL	4	
KEPPRA XR	4	STEP
KLONOPIN	4	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	STEP
LAMICTAL (BLUE)	4	STEP
LAMICTAL (GREEN)	4	STEP
LAMICTAL (ORANGE)	4	STEP
LAMICTAL ODT	4	STEP
LAMICTAL ODT (BLUE)	4	
LAMICTAL ODT (GREEN)	4	
LAMICTAL ODT (ORANGE)	4	
LAMICTAL XR	4	STEP
LAMICTAL XR (BLUE)	4	STEP
LAMICTAL XR (GREEN)	4	STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMICTAL XR (ORANGE)	4	STEP
<i>lamotrigine (5 mg tb chw dsp, 25(84)-100 tab ds pk, 25 mg tablet, 25(42)-100 tab ds pk, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 300 mg tab er 24)</i>	2	
<i>lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab rapdis, 50 mg tab er 24, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24)</i>	4	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	2	
<i>levetiracetam in sodium chloride, iso-osmotic</i>	4	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (120 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA CR	4	PA, QL (30 PER 30 DAYS)
MYSOLINE	4	STEP
NAYZILAM	5	STEP
NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	4	STEP
ONFI 2.5 MG/ML SUSPENSION	5	
ONFI (10 MG TABLET, 20 MG TABLET)	5	QL (60 PER 30 DAYS)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	2	
OXTELLAR XR	4	STEP
PEGANONE	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	3	
<i>phenobarbital sodium (65 mg/ml vial, 130mg/ml vial)</i>	3	
PHENYTEK	4	STEP
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	
<i>phenytoin sodium 50 mg/ml vial</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (120 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
QUDEXY XR	4	PA - FOR NEW STARTS ONLY
ROWEEPRA	2	
ROWEEPRA XR	2	
SABRIL (500 MG TABLET, 500 MG POWDER PACKET)	5	LA, QL (180 PER 30 DAYS)
SPRITAM	4	STEP
SYMPAZAN	5	QL (60 PER 30 DAYS)
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	STEP
TEGRETOL XR	4	STEP
<i>tiagabine hcl</i>	3	
TOPAMAX (15 MG SPRINKLE CAP, 25 MG TABLET, 25 MG SPRINKLE CAP, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	4	PA - FOR NEW STARTS ONLY
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	PA - FOR NEW STARTS ONLY
TRILEPTAL (150 MG TABLET, 300 MG/5 ML SUSP, 300 MG TABLET, 600 MG TABLET)	4	STEP
TROKENDI XR	4	PA - FOR NEW STARTS ONLY
<i>valproic acid 250 mg capsule</i>	2	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500 mg/5ml vial, salt) 500mg/10ml solution)</i>	2	
VALTOCO	5	
<i>vigabatrin 500 mg powd pack</i>	5	LA, QL (180 PER 30 DAYS)
<i>vigabatrin 500 mg tablet</i>	5	LA
VIGADRONE	5	QL (180 PER 30 DAYS)
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	STEP
VIMPAT 150 MG TABLET	3	STEP
VIMPAT 200 MG/20 ML VIAL	4	
XCOPRI 12.5-25 MG TITRATION PK	4	STEP
XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150-200 MG TITRATION PK, 150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	STEP
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	4	STEP
ZONEGRAN	4	PA - FOR NEW STARTS ONLY
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSONISM AGENTS		
APOKYN	5	LA
AZILECT	4	
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg/2 ml vial, 2 mg/2 ml ampul, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate 5 mg capsule</i>	4	
<i>bromocriptine mesylate 2.5 mg tablet</i>	2	
<i>carbidopa 25 mg tablet</i>	4	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 25mg-100mg tablet)</i>	1	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 50mg-200mg tablet er)</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
COGENTIN	4	
COMTAN	4	
DUOPA	4	PA B vs D
<i>entacapone</i>	2	
GOCOVRI ER 137 MG CAPSULE	5	QL (60 PER 30 DAYS)
GOCOVRI ER 68.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
INBRIJA	5	
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	5	
LODOSYN	5	
MIRAPEX	4	
MIRAPEX ER	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPRO	4	
NOURIANZ	5	LA
ONGENTYS	4	
OSMOLEX ER	4	
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	4	
<i>pramipexole di-hcl 1.5 mg tab er 24h</i>	4	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.375 mg tab er 24h, 0.5 mg tablet, 0.75 mg tab er 24h, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	2	
<i>rasagiline mesylate (0.5 mg tablet, 1 mg tablet)</i>	3	
<i>ropinirole hcl 12 mg tab er 24h</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tablet, 4 mg tab er 24h, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h)</i>	2	
RYTARY	4	
<i>selegiline hcl (5 mg tablet, 5 mg capsule)</i>	2	
SINEMET 10-100	4	
SINEMET 25-100	4	
SINEMET 25-250	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet)</i>	3	
XADAGO	5	
ZELAPAR	5	

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA, QL (2 PER 30 DAYS)
AJOVY AUTOINJECTOR	4	PA, QL (1.5 PER 30 DAYS)
AJOVY SYRINGE	4	PA, QL (1.5 PER 30 DAYS)
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)
AMERGE	4	QL (9 PER 30 DAYS), STEP
CAFERGOT	4	
D.H.E.45	4	
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	2	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28 DAYS)
<i>eletriptan hydrobromide</i>	2	QL (9 PER 30 DAYS)
EMGALITY PEN	4	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	4	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA, QL (3 PER 30 DAYS)
ERGOMAR	4	
<i>ergotamine tartrate/caffeine</i>	2	
FROVA	4	QL (27 PER 28 DAYS), STEP
<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
IMITREX (4 MG/0.5 ML PEN INJECT, 4 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL, 6 MG/0.5 ML CARTRIDGES)	4	QL (8 PER 28 DAYS), STEP

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on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMITREX 20 MG NASAL SPRAY	4	QL (12 PER 30 DAYS), STEP
IMITREX 5 MG NASAL SPRAY	4	QL (36 PER 30 DAYS), STEP
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	QL (9 PER 30 DAYS), STEP
MAXALT 10 MG TABLET	4	QL (36 PER 28 DAYS), STEP
MAXALT 5 MG TABLET	4	QL (36 PER 28 DAYS)
MAXALT MLT	4	QL (36 PER 28 DAYS), STEP
MIGERGOT	2	
MIGRANAL	5	QL (8 PER 28 DAYS)
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	QL (8 PER 30 DAYS)
ONZETRA XSAIL	4	QL (32 PER 28 DAYS), STEP
RELPAX	4	QL (9 PER 30 DAYS), STEP
REYVOW	4	QL (8 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapidis, 10 mg tablet, 10 mg tab rapidis)</i>	2	QL (36 PER 28 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i>	3	QL (8 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30 DAYS)
<i>sumatriptan succinate/naproxen sodium</i>	2	QL (18 PER 30 DAYS)
SUMAVEL DOSEPRO 4 MG/0.5 ML	4	QL (8 PER 28 DAYS)
TOSYMRA	4	QL (24 PER 28 DAYS), STEP
TREXIMET	4	QL (18 PER 28 DAYS), STEP
UBRELVY	5	QL (10 PER 30 DAYS)
VYEPTI	5	PA
ZEMBRACE SYMTOUCH	5	STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	2	QL (9 PER 30 DAYS)
ZOMIG (2.5 MG SPRAY, 5 MG SPRAY)	4	QL (18 PER 28 DAYS), STEP
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	4	QL (9 PER 30 DAYS), STEP
ZOMIG ZMT	4	QL (9 PER 30 DAYS), STEP

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA	5	PA, LA, QL (60 PER 30 DAYS)
ARICEPT (5 MG TABLET, 10 MG TABLET, 23 MG TABLET)	4	STEP
AUBAGIO	5	PA, QL (30 PER 30 DAYS)
AUSTEDO	5	PA, LA
BAFIERTAM	5	QL (120 PER 30 DAYS)
COPAXONE	5	PA - FOR NEW STARTS ONLY
<i>dalfampridine 10 mg tab er 12h</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate</i>	5	
<i>donepezil hcl 23 mg tablet</i>	4	STEP
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	1	
EVRYSDI	5	PA, LA
EXELON	4	STEP
EXONDYS-51	5	PA
FIRDAPSE	5	PA
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	2	
GILENYA 0.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
HORIZANT	4	STEP
INGREZZA	5	LA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA INITIATION PACK	5	LA, QL (28 PER 28 DAYS)
KESIMPTA PEN	5	
KEVEYIS	5	
LEMTRADA	5	
LUCEMYRA	5	PA
MAVENCLAD	5	PA, LA
MAYZENT (0.25 MG TABLET, 2 MG TABLET)	5	PA
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	2	PA
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
NAMENDA (5-10 MG TITRATION PK, 5 MG TABLET, 10 MG TABLET)	4	PA
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE, TITRATION PACK)	4	PA
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	4	PA
NUDEXTA	5	PA
OCREVUS	5	PA, LA
ONPATTRO	5	PA, LA
RADICAVA	5	
RAZADYNE ER	4	STEP
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
RUZURGI	5	PA
TECFIDERA	5	
TEGSEDI	5	PA, LA
<i>tetrabenazine 12.5 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
TYSABRI	5	PA, LA
VILTEPSO	5	PA
VUMERITY	5	
VYONDYS-53	5	PA
XENAZINE 12.5 MG TABLET	5	PA, LA, QL (90 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
ZEPOSIA 0.23-0.46 MG START PCK	5	QL (7 PER 30 DAYS)
ZEPOSIA 0.23-0.46-0.92 MG KIT	5	QL (37 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	5	QL (30 PER 30 DAYS)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

AMRIX	5	
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	2	
<i>baclofen (5 mg tablet, 20k mcg/20 vial, 10000/20ml vial, 40000/20ml vial)</i>	4	
BLOXIVERZ	4	
<i>carisoprodol (250 mg tablet, 350 mg tablet)</i>	3	PA
<i>carisoprodol/aspirin/codeine phosphate</i>	3	PA, QL (240 PER 30 DAYS)
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	3	PA
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	3	
DANTRIUM (20 MG VIAL, 25 MG CAPSULE, 50 MG CAPSULE)	4	
<i>dantrolene sodium (20 mg vial, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
ENLON-PLUS	4	
FEXMID	4	
LIORESAL INTRATHECAL	4	
LORZONE	4	PA

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
<i>metaxalone</i>	3	PA
<i>methocarbamol (100 mg/ml vial, 500 mg tablet, 750 mg tablet)</i>	3	PA
<i>neostigmine methylsulfate 0.5 mg/ml vial</i>	2	
<i>neostigmine methylsulfate 1 mg/ml vial</i>	4	
<i>orphenadrine citrate 100 mg tablet er</i>	3	PA
<i>orphenadrine citrate (30 mg/ml ampul, 30 mg/ml vial)</i>	3	
<i>pyridostigmine bromide 60 mg/5 ml solution</i>	5	
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	2	
<i>pyridostigmine bromide 30 mg tablet</i>	4	
REGONOL	2	
REVONTO	2	
ROBAXIN (500 MG TABLET, 1,000 MG/10 ML VIAL)	4	PA
ROBAXIN-750	4	PA
SKELAXIN	4	PA
SOMA	4	PA
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

NARCOTIC ANALGESICS

<i>acetaminophen with codeine 120-12mg/5 solution</i>	2	QL (4500 PER 30 OVER TIME)
<i>acetaminophen with codeine 300mg/12.5 solution</i>	2	QL (4500 PER 30 DAYS)
<i>acetaminophen with codeine 300mg-60mg tablet</i>	2	QL (180 PER 30 OVER TIME)
<i>acetaminophen with codeine phosphate (300mg-30mg tablet, 300mg-15mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	2	QL (300 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTIQ	5	PA, QL (120 PER 30 OVER TIME)
ALLZITAL	4	QL (360 PER 30 DAYS)
ARYMO ER 15 MG TABLET	4	QL (400 PER 30 OVER TIME)
ARYMO ER 30 MG TABLET	4	QL (200 PER 30 OVER TIME)
ARYMO ER 60 MG TABLET	4	QL (100 PER 30 OVER TIME)
ASCOMP WITH CODEINE	3	QL (360 PER 30 DAYS)
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM)	4	QL (60 PER 30 OVER TIME)
BELBUCA (750 MCG FILM, 900 MCG FILM)	3	QL (60 PER 30 OVER TIME)
BUPAP	4	QL (360 PER 30 DAYS)
BUPRENEX	4	QL (266 PER 30 OVER TIME)
<i>buprenorphine (5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk, 15 mcg/hr patch tdwk, 20 mcg/hr patch tdwk)</i>	3	QL (4 PER 28 OVER TIME)
<i>buprenorphine 7.5 mcg/hr patch tdwk</i>	3	QL (4 PER 28 DAYS)
<i>buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)</i>	2	QL (266 PER 30 OVER TIME)
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	2	
<i>butalbital/acetaminophen (butalbital/acetaminophen 25mg-325mg tablet, butalbital/acetaminophen 50mg-300mg tablet, butalbital/acetaminophen 50mg-300mg capsule, butalbital/acetaminophen 50mg-325mg tablet)</i>	3	QL (360 PER 30 DAYS)
<i>butalbital/acetaminophen/caffeine (butalbital/acetaminophen/caffeine 50-300-40 capsule, butalbital/acetaminophen/caffeine 50-325-40 tablet, butalbital/acetaminophen/caffeine 50-325-40 capsule)</i>	3	QL (360 PER 30 DAYS)
<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>	3	QL (360 PER 30 DAYS)
<i>butalbital/aspirin/caffeine (butalbital/aspirin/caffeine 50-325-40 capsule, butalbital/aspirin/caffeine 50-325-40 tablet)</i>	3	QL (360 PER 30 DAYS)

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2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BUTRANS	4	QL (4 PER 28 OVER TIME)
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	3	QL (360 PER 30 DAYS)
<i>codeine sulfate</i>	2	QL (180 PER 30 OVER TIME)
DILAUDID 5 MG/5 ML ORAL LIQUID	4	QL (1500 PER 30 DAYS)
DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	4	QL (180 PER 30 OVER TIME)
DOLOPHINE HCL 10 MG TABLET	4	QL (120 PER 30 OVER TIME)
DOLOPHINE HCL 5 MG TABLET	4	QL (240 PER 30 OVER TIME)
DURAGESIC (12 MCG/HR PATCH, 25 MCG/HR PATCH, 50 MCG/HR PATCH)	4	QL (10 PER 30 OVER TIME)
DURAGESIC (75 MCG/HR PATCH, 100 MCG/HR PATCH)	5	QL (10 PER 30 OVER TIME)
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2	QL (360 PER 30 OVER TIME)
ENDOCET 2.5-325 MG TABLET	2	QL (360 PER 30 DAYS)
ESGIC CAPSULE	4	QL (360 PER 30 DAYS)
ESGIC 50-325-40 MG TABLET	4	QL (360 PER 30 DAYS)
EXALGO (ER 16 MG TABLET, ER 32 MG TABLET)	5	QL (60 PER 30 OVER TIME)
EXALGO (ER 8 MG TABLET, ER 12 MG TABLET)	4	QL (60 PER 30 OVER TIME)
<i>fentanyl (12 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	2	QL (10 PER 30 OVER TIME)
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	4	QL (10 PER 30 OVER TIME)
<i>fentanyl 25 mcg/hr patch td72</i>	2	QL (10 PER 30 DAYS)
<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fentanyl citrate (100 mcg tablet eff, 200 mcg lozenge hd, 200 mcg tablet eff, 400 mcg lozenge hd, 400 mcg tablet eff, 600 mcg tablet eff, 600 mcg lozenge hd, 800 mcg tablet eff, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	5	PA, QL (120 PER 30 OVER TIME)
<i>fentanyl citrate/pf (citrate/pf 50 mcg/ml ampul, citrate/pf 50 mcg/ml vial)</i>	2	QL (400 PER 30 DAYS)
<i>fentanyl citrate/pf (citrate/pf 100mcg/2ml cartridge, citrate/pf 100mcg/2ml syringe)</i>	2	QL (400 PER 30 OVER TIME)
FENTORA	5	PA, QL (120 PER 30 OVER TIME)
FIORICET	4	QL (360 PER 30 DAYS)
FIORICET WITH CODEINE	4	QL (360 PER 30 DAYS)
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	4	QL (90 PER 30 OVER TIME)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)</i>	2	QL (5550 PER 30 OVER TIME)
<i>hydrocodone/acetaminophen 10-325/15 solution</i>	2	QL (5550 PER 30 DAYS)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	2	QL (390 PER 30 OVER TIME)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>hydrocodone/ibuprofen</i>	2	QL (50 PER 30 OVER TIME)
<i>hydromorphone hcl (1 mg/ml syringe, 1 mg/ml cartridge, 1 mg/ml ampul)</i>	2	QL (300 PER 30 OVER TIME)
<i>hydromorphone hcl (4 mg/ml cartridge, 4 mg/ml ampul)</i>	2	QL (75 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl 1 mg/ml liquid</i>	2	QL (2400 PER 30 OVER TIME)
<i>hydromorphone hcl 0.5mg/.5ml syringe</i>	4	QL (300 PER 30 OVER TIME)
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	2	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl 16 mg tab er 24h</i>	4	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl 32 mg tab er 24h</i>	5	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg/ml ampul, 2 mg/ml vial)</i>	2	QL (150 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial)</i>	2	QL (150 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	2	QL (240 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 1 mg/ml vial</i>	4	QL (2400 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 4 mg/ml vial</i>	2	QL (75 PER 30 OVER TIME)
HYSINGLA ER (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (60 PER 30 OVER TIME)
HYSINGLA ER (ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	5	QL (60 PER 30 OVER TIME)
HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)
INFUMORPH 200 MG/20 ML AMPUL	4	QL (200 PER 30 OVER TIME)
INFUMORPH 500 MG/20 ML AMPUL	4	QL (80 PER 30 OVER TIME)
KADIAN (ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE, ER 200 MG CAPSULE)	4	QL (90 PER 30 OVER TIME)
<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	5	QL (120 PER 30 OVER TIME)
LORTAB	4	QL (6000 PER 30 DAYS)
<i>methadone hcl 10 mg/5 ml solution</i>	2	QL (600 PER 30 OVER TIME)
<i>methadone hcl 5 mg/5 ml solution</i>	2	QL (1200 PER 30 OVER TIME)
<i>methadone hcl 10 mg/ml syringe</i>	2	QL (160 PER 30 DAYS)
<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	2	QL (120 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl 5 mg tablet</i>	2	QL (240 PER 30 OVER TIME)
<i>methadone hcl 10 mg/ml vial</i>	2	QL (150 PER 30 OVER TIME)
METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)
METHADOSE 10 MG/ML ORAL CONC	2	QL (200 PER 30 DAYS)
MITIGO 200 MG/20 ML VIAL	4	QL (200 PER 30 OVER TIME)
MITIGO 500 MG/20 ML VIAL	4	QL (80 PER 30 OVER TIME)
<i>morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	2	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 40 mg cap er pel</i>	3	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 2 mg/ml cartridge</i>	2	QL (1000 PER 30 OVER TIME)
<i>morphine sulfate 4 mg/ml cartridge</i>	2	QL (500 PER 30 OVER TIME)
<i>morphine sulfate (30 mg ccmp 24hr, 90 mg ccmp 24hr, 100 mg tablet er, 120 mg ccmp 24hr)</i>	2	QL (60 PER 30 OVER TIME)
<i>morphine sulfate (45 mg ccmp 24hr, 60 mg ccmp 24hr, 75 mg ccmp 24hr)</i>	4	QL (60 PER 30 OVER TIME)
<i>morphine sulfate (10 mg/5 ml solution, 20 mg/5 ml solution, 100 mg/5ml solution)</i>	2	QL (900 PER 30 OVER TIME)
<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 200 mg tablet er)</i>	2	QL (120 PER 30 OVER TIME)
<i>morphine sulfate (10 mg/ml cartridge, 10 mg/ml vial)</i>	4	QL (200 PER 30 OVER TIME)
<i>morphine sulfate 2 mg/ml vial</i>	4	QL (1000 PER 30 OVER TIME)
<i>morphine sulfate 4 mg/ml vial</i>	4	QL (500 PER 30 OVER TIME)
<i>morphine sulfate 5 mg/ml vial</i>	4	QL (400 PER 30 OVER TIME)
<i>morphine sulfate 8 mg/ml vial</i>	4	QL (250 PER 30 OVER TIME)
<i>morphine sulfate/0.9% nacl/pf 5 mg/ml plast. bag</i>	4	
<i>morphine sulfate/pf 150mg/30ml pca vial</i>	2	QL (400 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate/pf (sulfate/pf 1 mg/ml vial, sulfate/pf 30 mg/30ml pca vial)</i>	2	QL (2000 PER 30 OVER TIME)
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	2	QL (4000 PER 30 OVER TIME)
MS CONTIN	4	QL (120 PER 30 OVER TIME)
<i>nalbuphine hcl (10 mg/ml vial, 10 mg/ml ampul)</i>	2	QL (200 PER 30 OVER TIME)
<i>nalbuphine hcl (20 mg/ml vial, 20 mg/ml ampul)</i>	2	QL (100 PER 30 OVER TIME)
NORCO	4	QL (360 PER 30 OVER TIME)
OPANA	4	QL (200 PER 30 DAYS)
OXAYDO	4	QL (360 PER 30 OVER TIME)
OXECTA	4	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 OVER TIME)
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h)</i>	3	QL (90 PER 30 OVER TIME)
<i>oxycodone hcl 80 mg tab er 12h</i>	3	QL (60 PER 30 OVER TIME)
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl/acetaminophen 2.5-300 mg tablet</i>	2	QL (390 PER 30 OVER TIME)
<i>oxycodone hcl/aspirin</i>	2	QL (360 PER 30 OVER TIME)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (90 PER 30 OVER TIME)
OXYCONTIN ER 80 MG TABLET	4	QL (60 PER 30 OVER TIME)
<i>oxymorphone hcl (15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h)</i>	4	QL (90 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 40 mg tab er 12h)</i>	2	QL (90 PER 30 OVER TIME)
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 OVER TIME)
<i>oxymorphone hcl 5 mg tablet</i>	2	QL (180 PER 30 OVER TIME)
PERCOCET	4	QL (360 PER 30 OVER TIME)
PRIMLEV	4	QL (360 PER 30 OVER TIME)
PROLATE	4	QL (360 PER 30 OVER TIME)
REPREXAIN 2.5-200 MG TABLET	2	QL (50 PER 30 DAYS)
ROXICODONE (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)
ROXICODONE 5 MG TABLET	4	QL (360 PER 30 OVER TIME)
ROXYBOND (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)
ROXYBOND 5 MG TABLET	4	QL (360 PER 30 OVER TIME)
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	5	PA, QL (120 PER 30 OVER TIME)
SUBSYS 1,200 MCG SPRAY	5	QL (56 PER 30 OVER TIME)
SUBSYS 1,600 MCG SPRAY	5	QL (42 PER 30 OVER TIME)
TENCON	2	QL (360 PER 30 DAYS)
TREZIX	4	QL (300 PER 30 OVER TIME)
VANATOL LQ	4	QL (5550 PER 30 DAYS)
VANATOL S	4	QL (5550 PER 30 DAYS)
VTOL LQ	3	QL (5550 PER 30 DAYS)
XTAMPZA ER	4	QL (90 PER 30 OVER TIME)
ZEBUTAL	3	QL (360 PER 30 DAYS)
ZOXYBOND ER	4	QL (90 PER 30 OVER TIME)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	4	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARTHROTEC 75	4	
BUNAVAIL (4.2-0.7 MG FILM, 6.3-1 MG FILM)	4	QL (60 PER 30 OVER TIME)
BUNAVAIL 2.1-0.3 MG FILM	4	QL (30 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 8 mg-2 mg tab subl, /naloxone 8 mg-2 mg film)</i>	2	QL (90 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	2	QL (60 PER 30 OVER TIME)
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 film, /naloxone 2 tab subl)</i>	2	QL (360 PER 30 OVER TIME)
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 OVER TIME)
<i>butorphanol tartrate 1 mg/ml vial</i>	2	QL (857 PER 30 OVER TIME)
<i>butorphanol tartrate 2 mg/ml vial</i>	2	QL (428 PER 30 OVER TIME)
CALDOLOR 800 MG/200 ML BAG	4	
CAMBIA	4	QL (9 PER 30 DAYS)
CELEBREX	4	
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
<i>clonidine hcl/pf 5000mcg/10 vial</i>	2	
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	QL (30 PER 30 OVER TIME)
DAYPRO	4	
<i>diclofenac epolamine</i>	4	PA
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium 1.5 % drops</i>	4	QL (300 PER 28 DAYS)
<i>diclofenac sodium (1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal 500 mg tablet</i>	2	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 500 mg tab er 24h, 600 mg tab er 24h)</i>	2	
FELDENE	4	
<i>fenoprofen calcium 400 mg capsule</i>	4	
<i>fenoprofen calcium 600 mg tablet</i>	3	
FLECTOR	4	PA
<i>flurbiprofen 100 mg tablet</i>	2	
IBU	2	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2	
<i>ibuprofen lysine/pf</i>	2	
INDOCIN 25 MG/5 ML SUSPENSION	4	PA
INDOCIN 50 MG SUPPOSITORY	4	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	3	PA
<i>indomethacin sodium</i>	2	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>	2	
<i>ketorolac tromethamine 15.75 mg spray</i>	4	
LODINE	4	
<i>meclofenamate sodium 100 mg capsule</i>	4	
<i>meclofenamate sodium 50 mg capsule</i>	2	
<i>mefenamic acid 250 mg capsule</i>	2	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
MOBIC	4	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	
NALFON (400 MG CAPSULE, 600 MG TABLET)	4	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naltrexone hcl 50 mg tablet</i>	2	
NAPRELAN	4	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</i>	2	
<i>naproxen sodium (275 mg tablet, 375 mg tbmp 24hr, 500 mg tbmp 24hr, 550 mg tablet)</i>	2	
NARCAN	3	
NEOPROFEN	4	
NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
<i>oxaprozin</i>	2	
<i>pentazocine hcl/naloxone hcl</i>	3	QL (325 PER 30 DAYS)
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	2	
PRIALT	3	
RELAFEN DS	5	
<i>salsalate (500 mg tablet, 750 mg tablet)</i>	2	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM)	4	QL (90 PER 30 OVER TIME)
SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30 OVER TIME)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30 OVER TIME)
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	
TIVORBEX	4	PA
<i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i>	2	
<i>tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)</i>	4	QL (30 PER 30 OVER TIME)
<i>tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tbmp 24hr)</i>	2	QL (30 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol hcl 100 mg tablet</i>	4	QL (120 PER 30 OVER TIME)
<i>tramadol hcl 50 mg tablet</i>	2	QL (240 PER 30 OVER TIME)
<i>tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS)
<i>tramadol hcl/acetaminophen</i>	2	QL (240 PER 30 OVER TIME)
ULTRACET	4	QL (240 PER 30 OVER TIME)
ULTRAM	4	QL (240 PER 30 OVER TIME)
ULTRAM ER (ER 100 MG TABLET, ER 200 MG TABLET)	4	QL (30 PER 30 DAYS)
VIMOVO	4	
VIVITROL	5	
VIVLODEX	4	
VOLTAREN-XR	4	
ZIPSOR	4	
ZORVOLEX	4	
ZUBSOLV (0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	4	QL (30 PER 30 OVER TIME)
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	4	QL (90 PER 30 OVER TIME)
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 OVER TIME)

PSYCHOTHERAPEUTIC DRUGS

ABILIFY	5	QL (30 PER 30 DAYS)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5	
ABILIFY MYCITE	5	QL (30 PER 30 DAYS)
ADASUVE	4	
ADDERALL	4	
ADDERALL XR	4	
ADZENYS ER	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADZENYS XR-ODT	4	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>alprazolam (0.25 mg tab rapdis, 0.5 mg tab er 24h, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tab er 24h, 2 mg tab rapdis, 2 mg tab er 24h, 3 mg tab er 24h)</i>	3	
ALPRAZOLAM INTENSOL	3	
AMBIEN	4	
AMBIEN CR	4	
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
<i>amitriptyline hcl/chlordiazepoxide</i>	3	
<i>amoxapine</i>	2	
<i>amphetamine</i>	4	
<i>amphetamine sulfate</i>	3	PA
AMYTAL SODIUM	4	
ANAFRANIL	4	
ALENZIN	4	
APTENSIO XR	4	
<i>aripiprazole 1 mg/ml solution</i>	2	QL (750 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	2	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>armodafinil</i>	3	PA
ATIVAN (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 2 MG/ML VIAL, 4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl</i>	2	
BELSOMRA	4	
BRISDELLE	4	
<i>bupropion hcl 450 mg tab er 24h</i>	4	
<i>bupropion hcl (75 mg tablet, 100 mg tablet, 150 mg tab er 24h, 150 mg tab er 12h, 300 mg tab er 24h)</i>	2	
<i>bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)</i>	1	
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
CAPLYTA	5	STEP
CELEXA	4	
<i>chlordiazepoxide hcl</i>	3	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 200 mg tablet)</i>	2	
<i>chlorpromazine hcl (25 mg/ml ampul, 100 mg tablet)</i>	4	
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	2	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule)</i>	3	
<i>clomipramine hcl 75 mg capsule</i>	4	
<i>clonidine hcl 0.1 mg tab er 12h</i>	2	
<i>clorazepate dipotassium</i>	3	
<i>clozapine (12.5 mg tab rapdis, 25 mg tablet, 25 mg tab rapdis, 50 mg tablet, 100 mg tablet, 100 mg tab rapdis, 200 mg tablet)</i>	2	
<i>clozapine (150 mg tab rapdis, 200 mg tab rapdis)</i>	4	
CLOZARIL	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CONCERTA	4	QL (30 PER 30 DAYS)
COTEMPLA XR-ODT	4	
CYMBALTA	4	
DAYTRANA	4	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	2	
DESOXYN	4	PA
<i>desvenlafaxine (50 mg tab er 24h, 50 mg tab er 24, 100 mg tab er 24h, 100 mg tab er 24)</i>	4	
<i>desvenlafaxine succinate</i>	2	
DEXEDRINE	4	
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg cbbp 50-50, 25 mg cbbp 50-50, 30 mg cbbp 50-50, 35 mg cbbp 50-50, 40 mg cbbp 50-50)</i>	2	
<i>dexmethylphenidate hcl (5 mg cbbp 50-50, 10 mg cbbp 50-50, 20 mg cbbp 50-50)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>	2	
<i>dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)</i>	4	
<i>dextroamphetamine sulfate (5 mg/5 ml solution, 5 mg tablet, 5 mg capsule er, 10 mg tablet)</i>	2	
<i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg/ml syringe, 5 mg/ml cartridge, 5 mg tablet, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet)</i>	3	
DOPRAM	4	
<i>doxepin hcl (3 mg tablet, 6 mg tablet, 10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)</i>	2	
DYANAVEL XR	4	
EDLUAR	4	
EFFEXOR XR	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates 1 mg tablet</i>	2	
<i>escitalopram oxalate 5 mg/5 ml solution</i>	2	
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>estazolam</i>	3	
<i>eszopiclone</i>	3	
EVEKEO	4	PA
EVEKEO ODT	4	PA
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4	STEP
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	STEP
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	
<i>flumazenil 0.1 mg/ml vial</i>	2	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 90 mg capsule dr)</i>	2	
<i>fluoxetine hcl 60 mg tablet</i>	4	
<i>fluphenazine decanoate 25 mg/ml vial</i>	2	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	2	
<i>flurazepam hcl</i>	3	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	4	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
FOCALIN	4	
FOCALIN XR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FORFIVO XL	4	
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	5	
GEODON 20 MG/ML VIAL	4	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	3	
<i>guanidine hcl</i>	2	
HALCION	4	
HALDOL	4	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol decanoate (50 mg/ml vial, 50 mg/ml ampul, 100 mg/ml ampul, 100 mg/ml vial)</i>	2	
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml ampul)</i>	2	
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
<i>imipramine pamoate</i>	4	
INTERMEZZO	4	PA, QL (20 PER 30 DAYS)
INTUNIV	4	
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	5	QL (30 PER 30 DAYS), STEP
INVEGA ER 6 MG TABLET	5	QL (60 PER 30 DAYS), STEP
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA	5	
IRENKA	4	
JORNAY PM	4	
KAPVAY	4	
LATUDA	5	QL (30 PER 30 DAYS), STEP
LEXAPRO (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	
<i>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	2	
<i>lorazepam (2 mg/ml syringe, 2 mg/ml vial, 2 mg/ml cartridge, 2 mg/ml oral conc, 2 mg tablet, 4 mg/ml cartridge, 4 mg/ml vial)</i>	3	
LORAZEPAM INTENSOL	3	
<i>loxapine succinate</i>	2	
LUNESTA	4	
<i>maprotiline hcl</i>	2	
MARPLAN	3	
METADATE CD	4	
<i>methamphetamine hcl</i>	2	PA
METHYLIN (5 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION)	4	
<i>methylphenidate hcl (10 mg tablet er, 10 mg/5 ml solution, 10 mg csbp 40-60, 15 mg csbp 40-60, 20 mg tablet er, 20 mg csbp 40-60, 30 mg csbp 40-60, 40 mg csbp 40-60, 50 mg csbp 40-60, 60 mg csbp 40-60, 72 mg tab er 24)</i>	4	
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg tablet, 20 mg cpbp 50-50, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	2	
<i>midazolam hcl (2 mg/ml syrup, 2 mg/2 ml vial, 5 mg/ml(1) vial, 5 mg/ml vial, 5 mg/5 ml vial, 10 mg/10ml vial, 10 mg/2 ml vial)</i>	3	
<i>midazolam hcl/pf (hcl/pf 5 mg/ml syringe, hcl/pf 10 mg/2 ml syringe)</i>	4	
<i>midazolam hcl/pf (hcl/pf 2 mg/2 ml cartridge, hcl/pf 2 mg/2 ml vial, hcl/pf 2 mg/2 ml syringe, hcl/pf 5 mg/ml cartridge, hcl/pf 5 mg/5 ml vial, hcl/pf 5 mg/ml(1) vial, hcl/pf 10 mg/2 ml vial)</i>	3	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	
<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	2	
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	2	
MYDAYIS	4	
NARDIL	4	
<i>nefazodone hcl</i>	2	
NEMBUTAL SODIUM	4	
NORPRAMIN (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	4	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	2	
<i>nortriptyline hcl 20 mg/10ml solution</i>	4	
NUPLAZID 34 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID 10 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
NUPLAZID 17 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
NUVIGIL	4	PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 12mg-25mg capsule)</i>	2	STEP
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 6mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)</i>	4	STEP
ORAP	4	
oxazepam	3	
<i>paliperidone (3 mg tab er 24, 9 mg tab er 24)</i>	4	QL (30 PER 30 DAYS), STEP
<i>paliperidone 1.5 mg tab er 24</i>	4	STEP
<i>paliperidone 6 mg tab er 24</i>	4	QL (60 PER 30 DAYS), STEP
PAMELOR	4	
PARNATE	4	
<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>paroxetine mesylate</i>	2	
PAXIL (10 MG TABLET, 10 MG/5 ML SUSPENSION, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	4	
PAXIL CR	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentobarbital sodium 50 mg/ml vial</i>	2	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	2	
<i>perphenazine/amitriptyline hcl</i>	3	
PERSERIS	5	STEP
PEXEVA	4	
<i>phenelzine sulfate 15 mg tablet</i>	2	
<i>pimozide</i>	2	
PRISTIQ	4	
PROCENTRA	2	
<i>protriptyline hcl</i>	2	
PROVIGIL	5	PA
PROZAC	4	
<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS), STEP
<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	2	QL (60 PER 30 DAYS), STEP
<i>quetiapine fumarate (300 mg tablet, 400 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tablet</i>	2	QL (120 PER 30 DAYS)
QUILLICHEW ER	4	
QUILLIVANT XR	4	
<i>ramelteon</i>	3	
RELEXXII	4	
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG TABLET, 30 MG SOLTAB, 45 MG TABLET, 45 MG SOLTAB)	4	
RESTORIL	4	
REXULTI	5	QL (30 PER 30 DAYS), STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	4	
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	3	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	5	
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 2 mg tab rapdis, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone (3 mg tab rapdis, 4 mg tab rapdis)</i>	4	
RITALIN	4	
RITALIN LA	4	
ROZEREM	4	
SAPHRIS	5	STEP
SARAFEM	4	
SECONAL SODIUM	3	
SECUADO	5	QL (30 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	QL (60 PER 30 DAYS)
SEROQUEL (50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	QL (90 PER 30 DAYS)
SEROQUEL 25 MG TABLET	4	QL (120 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	QL (30 PER 30 DAYS), STEP
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	QL (60 PER 30 DAYS), STEP
<i>sertraline hcl 20 mg/ml oral conc</i>	2	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SILENOR	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SONATA	4	
STRATTERA	4	
SUNOSI	4	PA, QL (30 PER 30 DAYS)
SYMBYAX (3-25 MG CAPSULE, 6-25 MG CAPSULE, 6-50 MG CAPSULE, 12-50 MG CAPSULE)	4	STEP
<i>temazepam</i>	3	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>thiothixene</i>	2	
TRANXENE T-TAB 7.5 MG	4	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>triazolam</i>	3	
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	
TRINTELLIX	4	
VALIUM	4	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	
<i>venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24, 225 mg tab er 24)</i>	4	
VERSACLOZ	5	STEP
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	3	
VRAYLAR 1.5 MG-3 MG PACK	4	STEP
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS), STEP

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	3	
WAKIX	5	PA, LA
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	
XANAX	4	
XANAX XR	4	
XYREM	5	PA, LA, QL (540 PER 30 DAYS)
XYWAV	5	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon</i>	3	
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	
ZENZEDI (5 MG TABLET, 10 MG TABLET)	2	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZOLOFT (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)</i>	3	PA, QL (20 PER 30 DAYS)
ZOLPIMIST	4	
ZYPREXA (15 MG TABLET, 20 MG TABLET)	5	QL (30 PER 30 DAYS), STEP
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	QL (30 PER 30 DAYS), STEP

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA 10 MG VIAL	4	
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	5	
ZYPREXA RELPREVV 210 MG VL KIT	3	
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	5	QL (30 PER 30 DAYS), STEP
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	4	QL (30 PER 30 DAYS), STEP

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine (3 mg/ml syringe, 3 mg/ml vial)</i>	2	
<i>amiodarone hcl (50 mg/ml vial, 100 mg tablet, 150 mg/3ml syringe, 200 mg tablet, 400 mg tablet)</i>	2	
BETAPACE (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	4	
BETAPACE AF	4	
<i>bretylum tosylate</i>	5	
CORVERT	3	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	2	
<i>lidocaine hcl in dextrose 5% in water/pf</i>	2	
<i>lidocaine hcl in dextrose 7.5 % in water/pf</i>	2	
<i>lidocaine hcl/pf (hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)</i>	2	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	2	
MULTAQ	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXTERONE	4	
NORPACE	4	
NORPACE CR	4	
PACERONE	2	
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	2	
<i>propafenone hcl 225 mg cap er 12h</i>	4	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	2	
<i>quinidine gluconate (80 mg/ml vial, 324 mg tablet er)</i>	2	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2	
RYTHMOL SR	4	
SORINE	2	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
SOTYLIZE	4	
TIKOSYN	4	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	2	
ALDACTAZIDE	4	STEP
ALDACTONE	4	STEP
<i>aliskiren hemifumarate</i>	4	
ALTACE	4	
<i>amiloride hcl 5 mg tablet</i>	2	
<i>amiloride hcl/hydrochlorothiazide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	2	
<i>amlodipine besylate/olmesartan medoxomil</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiazid 10mg-160mg tablet, amlodipine/valsartan/hcthiazid 10-320-25 tablet, amlodipine/valsartan/hcthiazid 10-160-25 tablet)</i>	4	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiazid 5-160-12.5 tablet)</i>	2	
ATACAND	4	
ATACAND HCT	4	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol/chlorthalidone</i>	2	
AVALIDE	4	
AVAPRO	4	
AZOR	4	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)</i>	2	
BENICAR	4	
BENICAR HCT	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	4	
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
BYSTOLIC	4	
CALAN SR	4	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril (12.5 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>captopril 25 mg tablet</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	4	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA	4	
CARDURA XL	4	
CAROSPIR	4	STEP
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
CATAPRES	4	
CATAPRES-TTS 1	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CATAPRES-TTS 2	4	
CATAPRES-TTS 3	4	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	
CLEVIPREX	4	
<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk)</i>	2	
<i>clonidine 0.3mg/24hr patch tdwk</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>clonidine hcl/pf 1000mcg/10 vial</i>	2	
COREG	4	
COREG CR	4	
CORGARD	4	
CORLOPAM	4	
COZAAR	4	
DEMADEX 5 MG TABLET	4	
DEMSEER	5	
DIBENZYLINE	5	
DILT-XR	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl (5 mg/ml vial, 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 100 mg vial port, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i>	2	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	
DUTOPROL	4	
DYAZIDE	4	
DYRENIUM 100 MG CAPSULE	3	
DYRENIUM 50 MG CAPSULE	4	
EDARBI	4	
EDARBYCLOR	4	
EDECIN	5	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)</i>	2	
<i>enalaprilat dihydrate</i>	2	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	
<i>eplerenone</i>	2	STEP

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epoprostenol sodium (glycine)</i>	2	
<i>esmolol hcl 100mg/10ml vial</i>	2	
<i>esmolol hcl in sodium chloride, iso-osmotic</i>	2	
<i>ethacrynate sodium</i>	5	
EXFORGE	4	
EXFORGE HCT	4	
<i>felodipine</i>	2	
FLOLAN	4	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>furosemide (10 mg/ml syringe, 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	3	
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
HYZAAR	4	
<i>indapamide</i>	2	
INDERAL XL	4	
INNOPRAN XL	3	
INSPRA	4	STEP
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KAPSPARGO SPRINKLE	4	
KATERZIA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>labetalol hcl (5 mg/ml vial, 20 mg/4 ml syringe, 20 mg/4 ml cartridge, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
LASIX	4	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOPRESSOR (5 MG/5 ML AMPUL, 50 MG TABLET, 100 MG TABLET)	4	
LOPRESSOR HCT 50-25 TABLET	4	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	
<i>mannitol (20 % iv soln, 25 % vial)</i>	2	
MATZIM LA	2	
MAXZIDE	4	
MAXZIDE-25 MG	4	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 37.5 mg tablet, 75 mg tablet)</i>	2	
<i>metoprolol tartrate/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS	4	
MICARDIS HCT	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MINIPRESS	4	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>moexipril hcl</i>	1	
<i>moexipril hcl/hydrochlorothiazide</i>	2	
<i>nadolol (20 mg tablet, 40 mg tablet)</i>	2	
<i>nadolol 80 mg tablet</i>	4	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nicardipine hcl (20 mg capsule, 25 mg/10ml vial, 25 mg/10ml ampul, 30 mg capsule)</i>	2	
<i>nicardipine in sodium chloride, iso-osmotic</i>	4	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	2	
<i>nimodipine</i>	5	
<i>nisoldipine (8.5mg tab er 24h, 17 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	2	
<i>nisoldipine 20 mg tab er 24h</i>	4	
NORVASC	4	
NYMALIZE	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	
ORENITRAM ER 0.125 MG TABLET	4	
OSMITROL (15% IV SOLUTION, 20% IV SOLUTION)	2	
OSMITROL (5% IV SOLUTION, 10% IV SOLUTION)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl 10 mg capsule</i>	5	
<i>phentolamine mesylate 5 mg vial</i>	2	
<i>pindolol</i>	2	
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2	
PRINIVIL	4	
PROCARDIA XL	4	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	2	
<i>propranolol hcl/hydrochlorothiazide</i>	2	
QBRELIS	4	
<i>quinapril hcl</i>	1	
<i>quinapril hcl/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	5	LA
RESECTISOL	4	
SODIUM DIURIL	5	
SODIUM EDECRIN	5	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
SULAR	4	
TARKA (ER 2-180 MG TABLET, ER 2-240 MG TABLET, ER 4-240 MG TABLET)	4	
TAZTIA XT	2	
TEKTURNA	4	
TEKTURNA HCT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan (40 mg tablet, 80 mg tablet)</i>	1	
<i>telmisartan 20 mg tablet</i>	2	
<i>telmisartan/amlodipine besylate</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
<i>terazosin hcl</i>	2	
TIADYL ER	2	
TIAZAC	4	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
TOPROL XL	4	
<i>torseamide</i>	2	
TRANDATE	4	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	2	
<i>treprostinil sodium</i>	5	LA
<i>triamterene (50 mg capsule, 100 mg capsule)</i>	3	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 50 mg-25mg capsule, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	2	
TRIBENZOR	4	
TWYNSTA	4	
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	LA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	
<i>valsartan 320 mg tablet</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
VASERETIC	4	
VASOTEC	4	
VELETRI	2	
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml vial, 2.5 mg/ml syringe, 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</i>	2	
VERELAN	4	
VERELAN PM	4	
ZESTORETIC	4	
ZESTRIL	4	
ZIAC	4	
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg/ml ampul, 250 mcg tablet, 250 mcg/ml syringe)</i>	2	
LANOXIN (125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE, 500 MCG/2 ML VIAL)	4	
LANOXIN 62.5 MCG TABLET	3	
LANOXIN PEDIATRIC (100 MCG/ML VIAL, 100 MCG/ML AMPUL)	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COAGULATION THERAPY		
AGGRENOX	4	
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	3	
AMICAR 1,000 MG TABLET	4	
<i>aminocaproic acid (250 mg/ml vial, 250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	2	
ANDEXXA	5	
<i>argatroban</i>	5	
<i>argatroban in 0.9 % sodium chloride (0.9 % 50 mg/50ml vial, 0.9 % 125 mg/125 vial)</i>	5	
<i>argatroban in sodium chloride, iso-osmotic</i>	5	
ARIXTRA (5 MG/0.4 ML SYRINGE, 7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	5	
ARIXTRA 2.5 MG/0.5 ML SYRINGE	4	QL (15 PER 30 DAYS)
<i>aspirin/dipyridamole</i>	3	
BRILINTA	3	
CABLIVI 11 MG KIT	5	PA
CABLIVI 11 MG VIAL	5	
CEPROTIN	4	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 300 mg tablet</i>	2	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>dipyridamole (5 mg/ml vial, 25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2	
DOPTELET	5	PA, LA
EFFIENT	4	
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	4	
<i>fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)</i>	5	
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	2	QL (15 PER 30 DAYS)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	4	QL (6 PER 30 DAYS)
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (9 PER 30 DAYS)
FRAGMIN (10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	5	
<i>heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	2	
<i>heparin sodium,porcine in 0.45 % sodium chloride (12500/250 iv soln, 25000/500 iv soln, 25000/250 iv soln)</i>	2	
<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	2	
<i>heparin sodium,porcine/dextrose 5 % in water</i>	2	
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)</i>	2	
IPRIVASK	4	
JANTOVEN	1	
LOVENOX (100 MG/ML SYRINGE, 300 MG/3 ML VIAL)	5	
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE)	4	
MULPLETA	5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NPLATE	5	
<i>pentoxifylline 400 mg tablet er</i>	2	
PLAVIX	4	
PRADAXA	4	PA
<i>prasugrel hcl</i>	2	
PRAXBIND	5	
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	5	PA, LA
<i>protamine sulfate 10 mg/ml vial</i>	2	
REOPRO	4	
SAVAYSA	4	PA
TAVALISSE	5	PA, LA, QL (60 PER 30 DAYS)
THROMBATE III	4	
<i>ticlopidine hcl</i>	2	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	3	
ZONTIVITY	4	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	
<i>amlodipine besylate/atorvastatin calcium</i>	4	
ANTARA	4	
<i>atorvastatin calcium</i>	1	
CADUET	4	
<i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cholestyramine/aspartame</i> (<i>cholestyramine/aspartame 4 g powd pack,</i> <i>cholestyramine/aspartame 4 g powder</i>)	2	
<i>colesevelam hcl (3.75 g powd pack, 625 mg tablet)</i>	3	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	4	
<i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i>	2	
CRESTOR	4	
EZALLOR SPRINKLE	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)</i>	4	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate nanocrystallized (48 mg tablet, 145mg tablet, 145 mg tablet)</i>	2	
<i>fenofibrate, micronized</i>	2	
<i>fenofibric acid (choline)</i>	2	
FENOGLIDE	4	
FLOLIPID	4	
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)</i>	2	
<i>gemfibrozil 600 mg tablet</i>	2	
JUXTAPID	5	PA, LA
LESCOL XL	4	
LIPITOR	4	
LIPOFEN	4	
LIVALO	4	
LOPID	4	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lovastatin</i>	1	
LOVAZA	4	
NEXLETOL	4	QL (30 PER 30 DAYS)
NEXLIZET	4	QL (30 PER 30 DAYS)
<i>niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	2	
NIACOR	4	
NIASPAN	4	
<i>omega-3 acid ethyl esters</i>	4	
PRALUENT 150 MG/ML PEN	4	PA, QL (2 PER 28 DAYS)
PRALUENT 75 MG/ML PEN	4	PA, QL (4 PER 28 DAYS)
PRAVACHOL	4	
<i>pravastatin sodium</i>	1	
PREVALITE (PACKET, POWDER)	2	
QUESTRAN (PACKET, POWDER)	4	
QUESTRAN LIGHT	4	
REPATHA PUSHTRONEX	4	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	4	PA, QL (3 PER 30 DAYS)
REPATHA SYRINGE	4	PA, QL (3 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
TRICOR	4	
TRIGLIDE	4	
TRILIPIX	4	
VASCEPA	3	
VYTORIN	4	
WELCHOL (3.75G PACKET, 625 MG TABLET)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZETIA	4	
ZOCOR	4	
ZYPITAMAG	4	QL (30 PER 30 DAYS)

MISCELLANEOUS CARDIOVASCULAR AGENTS

<i>cardioplegic solution no.1</i>	2	
CORLANOR 5 MG/5 ML ORAL SOLN	4	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	QL (60 PER 30 DAYS)
<i>dobutamine hcl</i>	2	
<i>dobutamine hcl in dextrose 5 % in water</i>	2	
<i>dopamine hcl (200 mg/5ml vial, 400mg/10ml vial)</i>	2	
<i>dopamine hcl in dextrose 5 % in water</i>	2	
ENTRESTO	3	
<i>ethacrynic acid</i>	4	
ISUPREL	3	
LEVOPHED	4	
LEVOPHED BITARTRATE	4	
<i>milrinone lactate</i>	2	
<i>milrinone lactate/dextrose 5 % in water</i>	2	
NATRECOR	3	
NITROPRESS	4	
<i>nitroprusside sodium</i>	2	
<i>norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)</i>	2	
PLEGISOL	4	
RANEXA	4	
<i>ranolazine</i>	3	
VECAMYL	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYNDAMAX	5	PA
VYNDAQEL	5	PA

NITRATES

DILATRATE-SR	4	
ISORDIL	4	
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	2	
MINITRAN	4	
NITRO-BID	2	
NITRO-DUR	4	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 50 mg/10ml vial, 400mcg/spr spray)</i>	2	
<i>nitroglycerin in 5 % dextrose in water (5 % 50mg/250ml infus. btl, 5 % 100mg/250 infus. btl, 5 % 25mg/250ml infus. btl)</i>	2	
NITROSTAT	4	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin (10 mg capsule, 25 mg capsule)</i>	4	
<i>acitretin 17.5 mg capsule</i>	5	
ANALPRAM HC 2.5%-1% LOTION	4	
<i>calcipotriene 0.005 % cream (g)</i>	4	
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcipotriene/betamethasone 0.005-.064 oint. (g)</i>	3	
<i>calcipotriene/betamethasone 0.005-.064 suspension</i>	4	
CALCITRENE	2	
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
COSENTYX SYRINGE	5	PA
DOVONEX 0.005% CREAM	4	
DUPIXENT PEN	5	PA
DUPIXENT 300 MG/2 ML SYRINGE	5	PA
ENSTILAR	5	
EPIFOAM	4	
ILUMYA	5	PA
PRAMOSONE (1%-1% CREAM, 1% LOTION, 2.5%-1% LOTION)	4	
<i>selenium sulfide 2.5 % lotion</i>	2	
SILIQ	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS)
SORIATANE (10 MG CAPSULE, 25 MG CAPSULE)	5	
SORILUX	4	
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA
TACLONEX (0.005%-0.064% SUSPENS, OINTMENT)	4	
TALTZ AUTOINJECTOR	5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALTZ AUTOINJECTOR (2 PACK)	5	PA
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TALTZ SYRINGE (2 PACK)	5	PA
TALTZ SYRINGE (3 PACK)	5	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA
VECTICAL	4	
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	4	
<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	2	
ARTISS	4	
CARAC	5	
CONDYLOX 0.5% GEL	4	
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA, QL (100 PER 30 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	5	PA
EFUDEX 5% CREAM	4	
ELIDEL	4	
EUCRISA	4	
FLUOROPLEX	5	
<i>fluorouracil 0.5 % cream (g)</i>	5	
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	2	
<i>imiquimod 5 % cream pack</i>	3	
<i>imiquimod 3.75 % crm md pmp</i>	5	
LEVULAN	4	
<i>methoxsalen 10 mg cap lq rap</i>	5	
OXSORALEN-ULTRA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN	5	PA - FOR NEW STARTS ONLY
PICATO	5	
<i>pimecrolimus</i>	2	
<i>podofilox 0.5 % solution</i>	2	
PROTOPIC	4	
PRUDOXIN	4	PA
QBREXZA	4	
REGRANEX	5	
SOLARAZE	5	QL (100 PER 30 DAYS)
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	2	
TOLAK	4	
UVADEX	3	
VALCHLOR	5	
ZONALON	4	PA
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	5	

THERAPY FOR ACNE

ACANYA	4	
ACZONE (5% GEL, 7.5% GEL PUMP)	4	
<i>adapalene (0.1 % gel (gram), 0.1 % cream (g))</i>	2	PA
<i>adapalene (0.3 % gel (gram), 0.3 % gel w/pump)</i>	4	PA
<i>adapalene 0.1 % med. swab</i>	3	PA
<i>adapalene 0.1 % solution</i>	5	PA
<i>adapalene/benzoyl peroxide</i>	3	PA
AKLIEF	4	PA
ALTRENO	4	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE)	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMNESTEEM 40 MG CAPSULE	2	
ARAZLO	4	PA
ATRALIN	4	PA
AVITA 0.025% CREAM	2	PA
AVITA 0.025% GEL	4	PA
<i>azelaic acid 15 % gel (gram)</i>	2	
AZELEX	4	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	4	
BENZAMYCIN	4	
CLARAVIS (10 MG CAPSULE, 30 MG CAPSULE)	2	
CLARAVIS (20 MG CAPSULE, 40 MG CAPSULE)	4	
CLEOCIN T 1% GEL	4	QL (120 PER 30 DAYS)
CLEOCIN T 1% LOTION	4	
CLINDACIN ETZ 1% PLEDGET	4	
CLINDACIN P	4	
CLINDAGEL	4	QL (120 PER 30 DAYS)
<i>clindamycin phosphate 1 % foam</i>	4	
<i>clindamycin phosphate 1 % gel (gram)</i>	2	QL (120 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel daily</i>	4	QL (120 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % med. swab, 1 % solution)</i>	2	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)</i>	4	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2(1)%-5% gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINDESSE	4	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	4	
DIFFERIN (0.1% LOTION, 0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	4	PA
EPIDUO	4	PA
EPIDUO FORTE	4	PA
ERY	2	
ERYGEL	2	
<i>erythromycin base in ethanol (2 % solution, 2 % med. swab, 2 % gel (gram))</i>	2	
<i>erythromycin base/benzoyl peroxide</i>	2	
EVOCLIN	4	
FABIOR	4	PA
FINACEA (FOAM, GEL)	3	
<i>isotretinoin (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
<i>isotretinoin 10 mg capsule</i>	4	
METROCREAM	4	
METROGEL (GEL, PUMP)	4	
METROLOTION	4	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))</i>	2	
MIRVASO (GEL, GEL PUMP)	4	PA
MYORISAN	2	
NEUAC GEL	2	
NORITATE	4	
ONEXTON (1.2%-3.75% GEL, GEL PUMP)	4	
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	4	PA
RETIN-A MICRO	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETIN-A MICRO PUMP	4	PA
RHOFADE	4	PA
ROSADAN (CREAM, GEL)	2	
SOOLANTRA	4	
<i>tazarotene 0.1 % cream (g)</i>	2	PA
TAZORAC 0.1% CREAM	4	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))</i>	2	PA
<i>tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel (gram), 0.1 % gel w/pump)</i>	4	PA
VELTIN	4	PA
ZENATANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	
ZENATANE 10 MG CAPSULE	4	
ZIANA	4	PA
ZILXI	4	

TOPICAL ANESTHETICS

CARBOCAINE (1% VIAL, 2% VIAL)	4	
CARBOCAINE 1.5% VIAL	2	
<i>chloroprocaine hcl/pf</i>	2	
CITANEST PLAIN DENTAL	4	
GLYDO	2	
<i>lidocaine 5 % adh. patch</i>	2	PA
<i>lidocaine 5 % oint. (g)</i>	4	QL (110 PER 30 DAYS)
<i>lidocaine hcl (2 % jelly(ml), 2 % jel/pf app, 2 % solution, 4 % solution, 5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine hcl/epinephrine</i>	2	
<i>lidocaine hcl/epinephrine/pf (hcl/epinephrine/pf 1.5-1:200k vial, hcl/epinephrine/pf 1.5-1:200k ampul, hcl/epinephrine/pf 2%-1:200k vial)</i>	2	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 15 mg/ml ampul, hcl/pf 20 mg/ml ampul, hcl/pf 40 mg/ml ampul)</i>	2	
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)</i>	2	
LIDODERM	4	PA
NESACAINE	4	
NESACAINE-MPF	4	
PLIAGLIS	4	
POLOCAINE (1% VIAL, 2% VIAL)	4	
POLOCAINE-MPF	2	
SYNERA	4	
XYLOCAINE	4	
XYLOCAINE DENTAL-EPINEPHRINE	2	
XYLOCAINE WITH EPINEPHRINE	4	
XYLOCAINE-MPF (0.5% VIAL, 1% AMPUL, 1% VIAL, 1.5% AMPUL, 2% VIAL, 2% AMPUL)	4	
XYLOCAINE-MPF WITH EPINEPHRINE	4	
ZTLIDO	4	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	4	
AMZEEQ	4	
CENTANY	4	
CORTISPORIN (CREAM, OINTMENT)	4	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLARON	4	
<i>mafenide acetate</i>	4	
<i>mupirocin 2 % oint. (g)</i>	2	
<i>mupirocin calcium</i>	2	
NEO-SYNALAR 0.5%-0.025% CREAM	4	
SILVADENE	4	
<i>silver sulfadiazine 1 % cream (g)</i>	2	
SSD	2	
<i>sulfacetamide sodium 10 % suspension</i>	2	
SULFAMYLON (8.5% CREAM, POWDER PACKET)	4	
XEPI	4	

TOPICAL ANTIFUNGALS

CICLODAN 8% SOLUTION	2	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	2	
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	2	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % lotion, clotrimazole/betamethasone 1 % cream (g))</i>	2	
<i>econazole nitrate 1 % cream (g)</i>	4	
ERTACZO	4	
EXTINA	4	
JUBLIA	4	
KERYDIN	4	
<i>ketconazole (2 % cream (g), 2 % foam, 2 % shampoo)</i>	2	
KETODAN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	4	
<i>luliconazole</i>	4	
LUZU	4	
MENTAX	4	
<i>naftifine hcl 1 % cream (g)</i>	4	
<i>naftifine hcl 2 % cream (g)</i>	2	
NAFTIN (1% GEL, PUMP 1% CREAM, 2% CREAM, 2% GEL)	4	
NYAMYC	2	
<i>nystatin (100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	2	
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))</i>	2	
NYSTOP	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT (CREAM, LOTION)	4	
PENLAC	4	
VUSION	4	
TOPICAL ANTIVIRALS		
<i>acyclovir 5 % cream (g)</i>	4	QL (5 PER 30 DAYS)
<i>acyclovir 5 % oint. (g)</i>	4	QL (30 PER 30 DAYS)
DENAVIR	5	QL (5 PER 30 DAYS)
XERESE	4	
ZOVIRAX 5% CREAM	5	QL (5 PER 30 DAYS)
ZOVIRAX 5% OINTMENT	5	QL (30 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT	2	
ALA-SCALP	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	2	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	4	
APEXICON E	2	QL (120 PER 30 DAYS)
BESER	4	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	2	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)</i>	2	
<i>betamethasone valerate 0.12 % foam</i>	4	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2	
BRYHALI	4	
CAPEX SHAMPOO	4	
<i>clobetasol propionate (0.05 % solution, 0.05 % spray, 0.05 % cream (g), 0.05 % gel (gram))</i>	2	
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo, 0.05 % foam, 0.05 % oint. (g))</i>	4	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	2	
<i>clobetasol propionate/emoll 0.05 % foam</i>	4	
CLOBEX (SHAMPOO, SPRAY, TOPICAL LOTION)	4	
<i>clocortolone pivalate</i>	4	
CLODAN 0.05% SHAMPOO	4	
CLODERM 0.1% CREAM PUMP	4	
CORDRAN (0.025% CREAM, 0.05% OINTMENT, 0.05% LOTION, 0.05% CREAM, 4 MCG/SQ CM TAPE LARGE, 4 MCG/SQ CM TAPE SMALL)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CUTIVATE (CREAM, LOTION)	4	
DERMA-SMOOTHIE-FS	4	
DESONATE	4	
<i>desonide (0.05 % gel (gram), 0.05 % lotion, 0.05 % cream (g))</i>	4	
<i>desonide 0.05 % oint. (g)</i>	2	
DESOWEN 0.05% CREAM	4	
<i>desoximetasone (0.05 % gel (gram), 0.25 % spray, 0.25 % cream (g))</i>	2	
<i>desoximetasone (0.05 % cream (g), 0.05 % oint. (g), 0.25 % oint. (g))</i>	4	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	4	QL (120 PER 30 DAYS)
DIPROLENE	4	
DIPROLENE AF	4	
DUOBRII	4	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	3	
<i>fluocinolone acetonide/shower cap</i>	3	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	2	
<i>fluocinonide/emollient base</i>	2	
<i>flurandrenolide 0.05 % cream (g)</i>	2	
<i>flurandrenolide 0.05 % lotion</i>	2	QL (120 PER 30 DAYS)
<i>flurandrenolide 0.05 % oint. (g)</i>	3	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	2	
<i>fluticasone propionate 0.05 % lotion</i>	4	
<i>halcinonide</i>	3	
<i>halobetasol propionate (0.05 % foam, 0.05 % oint. (g), 0.05 % cream (g))</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HALOG (CREAM, OINTMENT, SOLUTION)	4	
<i>hydrocortisone (1 % oint. (g), 1 % cream (g), 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))</i>	2	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>hydrocortisone butyrate/emollient base</i>	4	
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	2	
<i>hydrocortisone/mineral oil/petrolatum, white</i>	2	
IMPOYZ	4	
KENALOG	4	QL (126 PER 28 DAYS)
LEXETTE	5	
LOCOID (CREAM, LOTION)	4	
LOCOID LIPOCREAM	4	
LUXIQ	4	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	2	
NOLIX 0.05% CREAM	5	QL (120 PER 30 DAYS)
NOLIX 0.05% LOTION	2	QL (120 PER 30 DAYS)
OLUX	4	
OLUX-E	4	
PANDEL	4	
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	2	
PSORCON	4	QL (120 PER 30 DAYS)
SERNIVO	5	
TEMOVATE (CREAM, OINTMENT)	4	
TEXACORT	4	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICORT (0.05% GEL, 0.05% OINTMENT, 0.05% CREAM, 0.25% CREAM, 0.25% SPRAY, 0.25% OINTMENT)	4	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	2	QL (126 PER 28 DAYS)
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	2	
TRIANEX	2	
TRIDERM	2	
TRIDESILON	4	
ULTRAVATE	4	
VANOS	5	
VERDESO	4	
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
ELIMITE	4	
<i>lindane 1 % shampoo</i>	2	
<i>malathion</i>	2	
NATROBA	4	
OVIDE	4	
<i>permethrin 5 % cream (g)</i>	2	
SKLICE	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
XENICAL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDOTES		
<i>acetylcysteine 200 mg/ml vial</i>	2	PA B vs D
PROTOPAM CHLORIDE	3	
IRRIGATING SOLUTIONS		
<i>mannitol/sorbitol solution</i>	4	
<i>neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL	4	
<i>ringer's solution irrig soln</i>	2	
<i>ringer's solution,lactated irrig soln</i>	2	
<i>sorbitol solution (solution 3 % irrig soln, solution 3.3 % irrig soln)</i>	4	
TIS-U-SOL PENTALYTE	2	
MISCELLANEOUS AGENTS		
<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)</i>	2	
<i>acamprosate calcium</i>	2	
<i>acetic acid 0.25 % irrig soln</i>	2	
ACTONEL 30 MG TABLET	4	QL (30 PER 30 DAYS)
ADAGEN	5	
AGRYLIN	4	
AMMONUL	4	
<i>anagrelide hcl</i>	2	
ANTABUSE	4	
ARALAST NP	5	LA
AURYXIA	5	PA
BUPHENYL (500 MG TABLET, POWDER)	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupivacaine hcl in dextrose/pf</i>	2	
CAFCIT	3	
<i>caffeine citrate (60 mg/3 ml vial, 60 mg/3 ml solution)</i>	2	
CARBAGLU	5	LA
CARNITOR (1 GM/5 ML VIAL, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CETYLEV 2.5 GM EFF TABLET	5	
CETYLEV 500 MG EFF TABLET	4	
<i>cevimeline hcl</i>	2	
CHEMET	3	
CLINIMIX 4.25%-5% SOLUTION	3	PA B vs D
CLINIMIX E 2.75%-5% SOLUTION	3	PA B vs D
CLOVIQUE	5	QL (240 PER 30 DAYS)
<i>deferasirox (90 mg tablet, 90 mg gran pack, 125 mg tab disper, 180 mg tablet, 180 mg gran pack, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	5	
<i>deferiprone</i>	5	
<i>deferoxamine mesylate</i>	2	
DESFERAL MESYLATE	4	
<i>dextrose 10 % and 0.2 % sodium chloride</i>	2	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	2	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 20 % in water</i>	2	
<i>dextrose 25 % in water</i>	2	
<i>dextrose 30 % in water</i>	2	
<i>dextrose 40 % in water</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5 % and 0.2 % sodium chloride</i>	2	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	2	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	2	
<i>dextrose 5 % in lactated ringers</i>	2	
<i>dextrose 5 % in water (5 % in 5 % iv soln, 5 % in pgv vial, 5 % in pggybk prt, 5 % in 5 % vial)</i>	2	
<i>dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % vial, 50 % in 50 % syringe)</i>	2	
<i>dextrose 70 % in water</i>	2	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	2	
ENDARI	5	PA
EVOXAC	4	
EXJADE	5	LA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	
FERRIPROX (2 TIMES A DAY)	5	
FLUORIDEX SENSITIVITY RELIEF	4	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 750 MG POWDER PACKET, 1,000 MG POWDER PACK, 1,000 MG TABLET CHEW)	5	
GALAFOLD	5	PA, LA
GIVLAARI	5	LA
GLASSIA	5	LA
INCRELEX	5	LA
ISTURISA	5	PA, LA
JADENU	5	
JADENU SPRINKLE	5	
KIONEX 15 GM/60 ML SUSPENSION	2	
<i>lanthanum carbonate</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	2	
<i>levocarnitine (with sugar)</i>	2	
LITHOSTAT	4	
LOKELMA	5	
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	
NITYR	5	
NOC DURNA	4	QL (30 PER 30 DAYS)
NORTHERA (200 MG CAPSULE, 300 MG CAPSULE)	5	QL (180 PER 30 DAYS)
NORTHERA 100 MG CAPSULE	5	QL (90 PER 30 DAYS)
NUTRESTORE	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	LA
OXBRYTA	5	
PALYNZIQ	5	PA, LA
PANHEMATIN	5	
PARSABIV	5	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
PROLASTIN C	5	LA
RAVICTI	5	QL (525 PER 30 DAYS)
RECLAST	4	
RENAGEL 800 MG TABLET	4	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	5	
REVCovi	5	PA
RILUTEK	5	PA
<i>riluzole</i>	3	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium 30 mg tablet</i>	2	QL (30 PER 30 DAYS)
SALAGEN	4	
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5	
<i>sevelamer carbonate 800 mg tablet</i>	2	
<i>sevelamer hcl</i>	3	
<i>sodium benzoate/sodium phenylacetate</i>	3	
<i>sodium chloride irrigating solution</i>	2	
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	5	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	2	
SOLIRIS	5	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2	
SURVANTA	4	
SYPRINE	5	QL (240 PER 30 DAYS)
TEPEZZA	5	LA
THIOLA	5	
THIOLA EC	5	
THROMBIN-JMI 5,000 UNIT EPIST	4	
TIGLUTIK	5	PA
<i>trientine hcl</i>	5	QL (240 PER 30 DAYS)
ULTOMIRIS	5	
VELPHORO	5	
VELTASSA	3	
<i>water for irrigation,sterile</i>	2	
XIAFLEX	4	
XURIDEN	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEMAIRA	5	LA
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	2	
SMOKING DETERRENTS		
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3	
NICOTROL	3	
NICOTROL NS	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	4	
<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	2	
CLINPRO 5000	4	
DENTA 5000 PLUS	2	
DENTAGEL	2	
<i>fluoride (sodium) ((sodium) 1.1 % paste (ml), (sodium) 1.1 % gel (gram))</i>	2	
FLUORIDEX	4	
<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30 DAYS)
<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)
ORALONE	2	
PAROEX	2	
PATANASE	4	QL (30.5 PER 30 DAYS)
PERIOGARD	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVIDENT (0.2% RINSE, 1.1% GEL, 5000 BOOSTER PLUS, DENTAL RINSE)	4	
PREVIDENT 5000	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
<i>sodium fluoride/potassium nitrate</i>	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	
XHANCE	4	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid 2 % solution</i>	2	
CETRAXAL	4	
<i>ciprofloxacin hcl 0.2 % dropperette</i>	2	
DERMOTIC	4	
FLAC OTIC OIL	2	
FLOXIN	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>ofloxacin 0.3 % drops</i>	2	

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin hcl/dexamethasone</i>	2	
<i>ciprofloxacin hcl/fluocinolone acetonide</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	2	
OTOVEL	3	

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR	5	PA
ARISTOSPAN	3	
<i>betamethasone acetate/betamethasone sodium phosphate</i>	2	
CELESTONE	4	
CORTEF	4	
<i>cortisone acetate 25 mg tablet</i>	2	
DECADRON 0.5 MG/5 ML ELIXIR	2	
DELTASONE	2	
DEPO-MEDROL	4	
DEXABLISS	4	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2	
<i>dexamethasone sodium phosp/pf 10 mg/ml syringe</i>	4	
<i>dexamethasone sodium phosp/pf 10 mg/ml vial</i>	2	
DEXPAK	4	
DXEVO	4	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fludrocortisone acetate 0.1 mg tablet</i>	2	
HEMADY	4	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
KENALOG-10	4	
KENALOG-40	4	
KENALOG-80	4	
MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	4	
<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 500 mg vial, 1000 mg vial)</i>	2	
MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION)	4	
ORAPRED ODT	4	
<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	2	
<i>prednisolone sodium phosphate 10 mg tab rapdis</i>	4	
<i>prednisone (5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL, 1,000 MG ACT-O-VL)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLU-MEDROL	4	
TAPERDEX 7 DAY 1.5 MG TAB PACK	4	
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	2	
TRIESENCE	4	
XYOSTED	4	PA, QL (2 PER 28 DAYS)
ZCORT	4	
ZILRETTA	4	
ANTITHYROID AGENTS		
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	2	
<i>propylthiouracil 50 mg tablet</i>	2	
TAPAZOLE	4	
DIABETES THERAPY		
<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOPLUS MET	4	QL (90 PER 30 DAYS)
ACTOS	4	QL (30 PER 30 DAYS)
ADLYXIN	4	QL (6 PER 28 DAYS), STEP
ADMELOG	4	PA
ADMELOG SOLOSTAR	4	PA
AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 60-8 / 30-12, 90-4 / 90-8, 90-8 / 90-12)	4	
<i>alogliptin benzoate</i>	4	QL (30 PER 30 DAYS), STEP
<i>alogliptin benzoate/metformin hcl</i>	4	QL (60 PER 30 DAYS), STEP
<i>alogliptin benzoate/pioglitazone hcl</i>	4	QL (30 PER 30 DAYS), STEP
AMARYL 1 MG TABLET	4	QL (240 PER 30 DAYS)
AMARYL 2 MG TABLET	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMARYL 4 MG TABLET	4	QL (60 PER 30 DAYS)
APIDRA 100 UNITS/ML VIAL	4	PA
APIDRA SOLOSTAR	4	PA
AVANDIA (2 MG TABLET, 4 MG TABLET)	4	QL (60 PER 30 DAYS)
BAQSIMI	3	
BASAGLAR KWIKPEN U-100	4	STEP
BYDUREON BCISE	3	QL (4 PER 28 DAYS), STEP
BYDUREON PEN	3	QL (4 PER 28 DAYS), STEP
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30 DAYS), STEP
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30 DAYS), STEP
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	3	
DUETACT	4	QL (30 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
<i>gauze pads & dressings - pads 2x2</i>	3	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30 DAYS)
<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 PER 30 DAYS)
<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30 DAYS)

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCAGEN	3	
GLUCAGON EMERGENCY KIT	3	
GLUCOTROL 10 MG TABLET	4	QL (120 PER 30 DAYS)
GLUCOTROL 5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
GLYSET 100 MG TABLET	4	QL (90 PER 30 DAYS)
GLYSET 25 MG TABLET	4	QL (360 PER 30 DAYS)
GLYSET 50 MG TABLET	4	QL (180 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS), STEP
GVOKE HYOPEN 1-PACK	4	
GVOKE HYOPEN 2-PACK	4	
GVOKE PFS 1-PACK SYRINGE	4	
GVOKE PFS 2-PACK SYRINGE	4	
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	4	PA
HUMALOG JUNIOR KWIKPEN	4	PA
HUMALOG KWIKPEN U-100	4	PA
HUMALOG KWIKPEN U-200	4	PA
HUMALOG MIX 50-50	4	PA
HUMALOG MIX 50-50 KWIKPEN	4	PA
HUMALOG MIX 75-25	4	PA
HUMALOG MIX 75-25 KWIKPEN	4	PA
HUMULIN 70-30	4	PA
HUMULIN 70/30 KWIKPEN	4	PA
HUMULIN N	4	PA
HUMULIN N KWIKPEN	4	PA
HUMULIN R	4	PA

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500	3	PA
HUMULIN R U-500 KWIKPEN	3	PA
<i>insulin admin. supplies</i>	4	
<i>insulin aspart (100/ml cartridge, 100/ml vial, 100/ml (3) insuln pen)</i>	3	
<i>insulin aspart protamine human/insulin aspart (art prot/insuln 70-30/ml vial, art prot/insuln 70-30/ml insuln pen)</i>	3	
<i>insulin lispro (100/ml insuln pen, 100/ml vial, 100/ml ins pen hf)</i>	4	
<i>insulin lispro protamine and insulin lispro</i>	4	
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	4	QL (60 PER 30 DAYS), STEP

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 2.5 MG-1,000 MG	4	QL (60 PER 30 DAYS), STEP
JENTADUETO XR 5 MG-1,000 MG TB	4	QL (30 PER 30 DAYS), STEP
KAZANO	4	QL (60 PER 30 DAYS), STEP
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	4	STEP
LEVEMIR FLEXTOUCH	4	STEP
LYUMJEV	4	PA
LYUMJEV KWIKPEN U-100	4	PA
LYUMJEV KWIKPEN U-200	4	PA
<i>metformin er 500 mg (generic glucophage xr 500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg/5ml solution</i>	3	QL (765 PER 30 DAYS)
<i>metformin hcl (750 mg tab er 24h, 1000 mg tablet)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
MYXREDLIN	4	
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
NESINA	4	QL (30 PER 30 DAYS), STEP
NOVOLIN 70-30	3	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN 70-30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70-30	3	
NOVOLOG MIX 70-30 FLEXPEN	3	
OMNIPOD PACK	4	PA
OMNIPOD STARTER KIT	4	PA
ONGLYZA	3	QL (30 PER 30 DAYS)
OSENI	4	QL (30 PER 30 DAYS), STEP
OZEMPIC 0.25-0.5 MG DOSE PEN	3	QL (1.5 PER 30 DAYS), STEP
OZEMPIC 1 MG DOSE PEN	3	QL (3 PER 30 DAYS), STEP
<i>pioglitazone hcl</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/glimepiride</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 PER 30 DAYS)
PRECOSE 100 MG TABLET	4	QL (90 PER 30 DAYS)
PRECOSE 25 MG TABLET	4	QL (360 PER 30 DAYS)
PRECOSE 50 MG TABLET	4	QL (180 PER 30 DAYS)
PROGLYCEM	3	
QTERN	3	QL (30 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	2	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	2	QL (240 PER 30 DAYS)
RIOMET	4	QL (765 PER 30 DAYS)
RIOMET ER	4	QL (765 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYBELSUS	5	QL (30 PER 30 DAYS), STEP
SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEMGLEE	4	STEP
SEMGLEE PEN	4	STEP
SOLQUA 100-33	3	QL (15 PER 25 DAYS)
STARLIX 120 MG TABLET	4	QL (90 PER 30 DAYS)
STARLIX 60 MG TABLET	4	QL (180 PER 30 DAYS)
STEGLATRO 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
STEGLUJAN	4	PA, QL (30 PER 30 DAYS)
<i>sub-q insulin delivery device, 20 unit, disposable</i>	4	
<i>sub-q insulin delivery device, 30 unit, disposable</i>	4	
<i>sub-q insulin delivery device, 40 unit, disposable</i>	4	
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	4	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	4	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	4	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	4	QL (30 PER 30 DAYS)
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	
TANZEUM	4	QL (4 PER 28 DAYS)
TAPERDEX (6 1.5 MG TABLET, 12 1.5 MG TABLET)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	4	QL (30 PER 30 DAYS), STEP
TRESIBA	4	STEP
TRESIBA FLEXTOUCH U-100	4	STEP
TRESIBA FLEXTOUCH U-200	4	STEP
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	4	QL (30 PER 30 DAYS), STEP
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	4	QL (60 PER 30 DAYS), STEP
TRULICITY	4	QL (2 PER 28 DAYS), STEP
VICTOZA 2-PAK	3	QL (9 PER 30 DAYS), STEP
VICTOZA 3-PAK	3	QL (9 PER 30 DAYS), STEP
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	5	QL (15 PER 30 DAYS)

MISCELLANEOUS HORMONES

ALDURAZYME	5	
ANADROL-50	5	PA
ANDRODERM	4	PA
ANDROGEL (1% (25 MG/2.5 G) PKT, 1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP)	4	PA
ANDROGEL (1% (50 MG/5 G) PKT, 1.62%(2.5G) GEL PCKT)	3	PA
ANDROXY	2	
AVEED	4	
AXIRON	4	
<i>cabergoline</i>	3	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcitonin, salmon, synthetic</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)</i>	2	
CERDELGA	5	
CEREZYME 400 UNIT VIAL	5	
<i>chorionic gonadotropin, human 10000 unit vial</i>	4	PA
<i>cinacalcet hcl 30 mg tablet</i>	3	PA B vs D, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 60 mg tablet</i>	5	PA B vs D, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tablet</i>	5	PA B vs D, QL (120 PER 30 DAYS)
<i>danazol (50 mg capsule, 100 mg capsule)</i>	2	
<i>danazol 200 mg capsule</i>	4	
DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 4 MCG/ML AMPUL, 4 MCG/ML VIAL, 10 MCG/0.1 ML SOLUTION)	4	
DEPO-TESTOSTERONE	4	
<i>desmopressin acetate 10/spray spray/pump</i>	4	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul)</i>	2	
<i>desmopressin acetate (non-refrigerated)</i>	4	
<i>doxercalciferol (1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	2	
<i>doxercalciferol 0.5 mcg capsule</i>	4	
ELAPRASE	5	
ELELYSO	5	
FABRAZYME	5	
FORTESTA	4	PA
HECTOROL (2 MCG/ML VIAL, 4 MCG/2 ML VIAL)	4	
JYNARQUE (15 MG TABLET, 30 MG TABLET)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	5	PA, LA
KANUMA	5	
KORLYM	5	PA, QL (120 PER 30 DAYS)
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA
LUMIZYME	5	
METHITEST	4	
<i>methyltestosterone 10 mg capsule</i>	2	
MIACALCIN	4	
<i>miglustat</i>	5	LA
MYALEPT	5	PA, LA
NAGLAZYME	5	LA
NATESTO	4	PA
NATPARA	5	PA, LA
NOVAREL 5,000 UNIT VIAL	4	PA
<i>oxandrolone 10 mg tablet</i>	5	PA
<i>oxandrolone 2.5 mg tablet</i>	2	PA
<i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i>	2	
<i>paricalcitol (1 mcg capsule, 4 mcg capsule)</i>	2	
<i>paricalcitol (2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial)</i>	4	
PREGNYL	4	PA
RAYALDEE	5	QL (60 PER 30 DAYS)
ROCALtrol (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	4	
SAMSCA	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sapropterin dihydrochloride (100 mg tablet sol, 100 mg powd pack, 500 mg powd pack)</i>	5	PA
SENSIPAR 30 MG TABLET	3	PA B vs D, QL (60 PER 30 DAYS)
SENSIPAR 60 MG TABLET	5	PA B vs D, QL (60 PER 30 DAYS)
SENSIPAR 90 MG TABLET	5	PA B vs D, QL (120 PER 30 DAYS)
SOMAVERT	5	
STIMATE	3	
STRENSIQ	5	LA
SYNAREL	5	
TESTIM	4	PA
TESTOPEL	3	
<i>testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	4	PA
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 30mg/1.5ml sol md pmp)</i>	3	PA
<i>testosterone 25mg(1%) gel packet</i>	2	PA
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	2	
<i>testosterone enanthate 200 mg/ml vial</i>	2	
<i>tolvaptan 30 mg tablet</i>	5	PA
VASOSTRICT	4	
VIMIZIM	5	
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET)	4	PA
VPRIV	5	
ZAVESCA	5	LA
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE, 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zoledronic acid 4 mg/5 ml vial</i>	2	
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	4	
<i>zoledronic acid/mannitol-water 4 mg/100ml pggbyk btl</i>	2	
ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	5	

THYROID HORMONES

ARMOUR THYROID	3	
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (200 mcg vial, 500 mcg vial)</i>	2	
<i>levothyroxine sodium 100 mcg vial</i>	4	
LEVOXYL	2	
<i>liothyronine sodium (5 mcg tablet, 10 mcg/ml vial, 25 mcg tablet, 50 mcg tablet)</i>	2	
NP THYROID	2	
SYNTHROID	3	
THYROID	4	
<i>thyroid,pork (15 mg tablet, 120 mg tablet)</i>	4	
TIROSINT	4	
TIROSINT-SOL	4	
TRIOSTAT	4	
UNITHROID	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)</i>	2	
BENTYL 10 MG/ML AMPUL	4	
CUVPOSA	4	
<i>dicyclomine hcl (10 mg/ml vial, 10 mg/ml ampul, 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	3	
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	2	
GLYCATE	4	
<i>glycopyrrolate (0.2 mg/ml vial, 1 mg tablet, 2 mg tablet)</i>	2	
LOMOTIL	4	
<i>loperamide hcl 2 mg capsule</i>	2	
<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	2	
MYTESI	4	
<i>opium tincture</i>	2	
<i>paregoric</i>	2	
<i>propantheline bromide 15 mg tablet</i>	3	
ROBINUL 1 MG TABLET	4	
ROBINUL (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 1 MG/5 ML VIAL, 4 MG/20 ML VIAL)	5	
ROBINUL FORTE	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	4	
AKYNZEO (235-0.25 MG VIAL, 235-0.25 MG/20 ML VIAL)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alosetron hcl</i>	5	
ALOXI 0.25 MG/5 ML VIAL	5	
AMITIZA	3	
ANALPRAM HC 1% CREAM	4	
ANUSOL-HC 2.5% CREAM	4	
ANZEMET 100 MG TABLET	4	QL (4 PER 28 DAYS)
ANZEMET 50 MG TABLET	4	QL (8 PER 28 DAYS)
<i>aprepitant 125mg-80mg cap ds pk</i>	3	PA B vs D, QL (12 PER 28 DAYS)
<i>aprepitant 125 mg capsule</i>	3	PA B vs D, QL (4 PER 28 DAYS)
<i>aprepitant 40 mg capsule</i>	3	PA B vs D
<i>aprepitant 80 mg capsule</i>	3	PA B vs D, QL (8 PER 28 DAYS)
APRISO	3	
ASACOL HD	4	
AVSOLA	5	
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	4	
<i>balsalazide disodium</i>	2	
BONJESTA	4	
<i>budesonide 3 mg capdr - er</i>	4	
<i>budesonide 9 mg tabdr - er</i>	5	
CANASA	4	
CHENODAL	5	LA
CHOLBAM	5	
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	5	PA
CINVANTI	4	
CLENPIQ	4	
COLAZAL	4	STEP

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMPAZINE 25 MG SUPPOSITORY	4	
COMPRO	2	
CONSTULOSE	2	
CORTENEMA	4	
CORTIFOAM	3	
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	3	
CREON DR 36,000 UNITS CAPSULE	5	
<i>cromolyn sodium 20 mg/ml oral conc</i>	2	
CYSTADANE	5	
DELZICOL	3	
<i>dimenhydrinate 50 mg/ml vial</i>	2	
DIPENTUM	5	
<i>dronabinol</i>	4	PA B vs D
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	2	
EMEND TRIPACK	4	PA B vs D, QL (12 PER 28 DAYS)
EMEND 80 MG CAPSULE	4	PA B vs D, QL (8 PER 28 DAYS)
EMEND 125 MG POWDER PACKET	4	PA B vs D, QL (4 PER 28 DAYS)
EMEND 150 MG VIAL	4	
ENTEREG	4	
ENTOCORT EC	5	
ENTYVIO	5	PA
ENULOSE	2	
<i>fosaprepitant dimeglumine</i>	3	
GASTROCROM	4	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAVILYTE-N	2	
GENERLAC	2	
GIAZO	5	
GOLYTELY (PACKET, SOLUTION)	4	
<i>granisetron hcl 1 mg tablet</i>	2	PA B vs D, QL (56 PER 28 DAYS)
<i>granisetron hcl (1 mg/ml(1) vial, 1 mg/ml vial)</i>	2	
<i>granisetron hcl/pf</i>	2	
<i>hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)</i>	2	
<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	2	
INFLECTRA	5	
KRISTALOSE	4	
<i>lactulose (10 g/15 ml solution, 10 g packet, 20 g/30 ml solution)</i>	2	
LIALDA	4	
LINZESS	3	
LOTRONEX	5	
MARINOL (5 MG CAPSULE, 10 MG CAPSULE)	5	PA B vs D
MARINOL 2.5 MG CAPSULE	4	PA B vs D
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)</i>	2	
<i>mesalamine 800 mg tablet dr</i>	4	
<i>mesalamine with cleansing wipes</i>	2	
<i>metoclopramide hcl (5 mg tab rapdis, 5 mg tablet, 5 mg/ml vial, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe, 10 mg tab rapdis)</i>	2	
MOTEGRITY	4	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOVANTIK	4	
MOVIPREP	4	
NULYTELY WITH FLAVOR PACKS	4	
OCALIVA	5	PA
<i>ondansetron</i>	2	PA B vs D
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	PA B vs D
<i>ondansetron hcl 2 mg/ml vial</i>	2	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml vial, hcl/pf 4 mg/2 ml syringe)</i>	2	
ORTIKOS	5	
OSMOPREP	4	
<i>palonosetron hcl (0.25mg/5ml syringe, 0.25mg/5ml vial)</i>	4	
<i>palonosetron hcl 0.25mg/2ml vial</i>	5	
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP)	4	
PANCREAZE DR 21,000 UNIT CAP	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
PENTASA	3	
PERTZYE (DR 16,000 CAPSULE, DR 24,000 CAPSULE)	5	
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE)	4	
PLENVU	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)</i>	2	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	2	

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2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCTO-MED HC	2	
PROCTO-PAK	2	
PROCTOCORT 1% CREAM	4	
PROCTOFOAM-HC	4	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	
REGLAN	4	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	
REMICADE	5	
RENFLEXIS	5	
ROWASA 4 GM/60 ML ENEMA KIT	4	
SANCUSO	5	QL (4 PER 28 DAYS)
<i>scopolamine</i>	2	
SFROWASA	4	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2	
SUCRAID	5	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	2	
SUPREP	4	
SUSTOL	5	
SYMPROIC	4	
SYNDROS	5	PA B vs D
TRANSDERM-SCOP	4	
TRILYTE WITH FLAVOR PACKETS	2	
TRULANCE	4	
UCERIS 2 MG RECTAL FOAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UCERIS 9 MG ER TABLET	5	
URSO	4	
URSO FORTE	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
VARUBI 90 MG TABLET	3	PA B vs D, QL (4 PER 28 DAYS)
VARUBI 166.5 MG/92.5 ML VIAL	3	
VIBERZI	5	
VIOKACE	4	
ZELNORM	4	
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE)	4	
ZENPEP DR 40,000 UNIT CAPSULE	5	
ZOFRAN 8 MG TABLET	4	PA B vs D
ZOFRAN (2 MG/ML VIAL, 4 MG TABLET)	4	
ZOFRAN ODT	4	
ZUPLENZ	4	PA B vs D

ULCER THERAPY

ACIPHEX	4	
CARAFATE (1 GM/10 ML SUSP, 1 GM TABLET)	4	
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
<i>cimetidine hcl</i>	2	
CYTOTEC	4	
DEXILANT	4	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium (10 mg suspdr pkt, 20 mg capsule dr, 20 mg suspdr pkt, 40 mg capsule dr, 40 mg suspdr pkt)</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole sodium</i>	2	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine (10 mg/ml vial, 40mg/5ml oral susp)</i>	2	
<i>famotidine in sodium chloride, iso-osmotic/pf</i>	2	
<i>famotidine/pf</i>	2	
HELIDAC	4	
<i>lansoprazole (15 mg capsule dr, 15 mg tab rap dr, 30 mg tab rap dr, 30 mg capsule dr)</i>	2	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	2	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 20 MG CAPSULE, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	
NEXIUM I.V.	4	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	
<i>nizatidine 150mg/10ml solution</i>	4	
OMECLAMOX-PAK	4	
<i>omeprazole (20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40-1680mg packet, omeprazole/sodium 40mg-1.1g capsule)</i>	4	
<i>pantoprazole sodium 40 mg granpkt dr</i>	3	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>pantoprazole sodium 40 mg vial</i>	2	
PEPCID (20 MG TABLET, 40 MG/5 ML ORAL SUSP, 40 MG TABLET)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVACID (DR 15 MG CAPSULE, 15 MG SOLUTAB, 30 MG SOLUTAB, DR 30 MG CAPSULE)	4	
PREVPAC	4	
PRILOSEC (DR 2.5 MG SUSPENSION, DR 10 MG SUSPENSION)	4	PA
PROTONIX 40 MG SUSPENSION	4	PA
PROTONIX (DR 20 MG TABLET, DR 40 MG TABLET)	4	
PROTONIX IV	4	
PYLERA	4	
<i>rabeprazole sodium 10 mg cap dr spr</i>	4	
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>ranitidine hcl (25 mg/ml vial, 50 mg/2 ml vial)</i>	2	
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	2	
TALICIA	4	
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	4	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA B vs D
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	3	PA, QL (1.6 PER 28 DAYS)
ARANESP (150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	5	PA
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, QL (2 PER 28 DAYS)
ARANESP 25 MCG/0.42 ML SYRINGE	3	PA, QL (1.68 PER 28 DAYS)
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, QL (1.2 PER 28 DAYS)
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA, QL (4 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL)	5	PA, QL (4 PER 28 DAYS)
ARCALYST	5	PA
AVONEX PREFILLED SYR 30 MCG KT	5	
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	5	
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	
EGRIFTA 1 MG VIAL	5	
EGRIFTA SV	5	PA
EPOGEN (3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA
EPOGEN 10,000 UNITS/ML VIAL	4	PA, QL (24 PER 28 DAYS)
EPOGEN 2,000 UNITS/ML VIAL	3	PA, QL (12 PER 28 DAYS)
EPOGEN 20,000 UNITS/2 ML VIAL	4	PA
EPOGEN 20,000 UNITS/ML VIAL	5	PA
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	
FULPHILA	5	
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA
ILARIS	5	PA, LA, QL (2 PER 28 DAYS)
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	PA B vs D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKINE 250 MCG VIAL	5	
MOZOBIL	5	
NEULASTA	5	
NEULASTA ONPRO	5	
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	
NORDITROPIN FLEXPPO	5	PA
NUTROPIN AQ NUSPIN	5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5	
PEGASYS PROCLICK 180 MCG/0.5	5	
PEGINTRON	5	
PEGINTRON REDIPEN	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA, QL (12 PER 28 DAYS)
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROCRIT 10,000 UNITS/ML VIAL	4	PA, QL (12 PER 28 DAYS)
PROLEUKIN	5	PA - FOR NEW STARTS ONLY
REBIF	5	
REBIF REBIDOSE	5	
REBLOZYL	5	
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL)	3	PA, QL (12 PER 28 DAYS)

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on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT 10,000 UNIT/ML VIAL	4	PA, QL (12 PER 28 DAYS)
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN (5 MG VIAL, 8.8 MG VIAL, 8.8 MG CLICK.EASY CARTG)	5	PA
SAIZEN-SAIZENPREP	5	PA
SEROSTIM	5	PA
SYLATRON 4-PACK (200 MCG, 300 MCG)	5	
UDENYCA	5	
ZARXIO	5	
ZIEXTENZO	5	
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA
ZORBTIVE	5	PA

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
ATGAM	5	
<i>bcg live</i>	3	
<i>bcg vaccine, live/pf</i>	3	
BEXSERO	3	
BIVIGAM	5	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
BOTOX	4	PA
CARIMUNE NF NANOFILTERED	5	
CUTAQUIG	5	
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL)	5	LA
CUVITRU 10 GRAM/50 ML VIAL	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYTOGAM	4	
DAPTACEL DTAP	3	
DYSPORT	4	PA
ENGRIX-B 20 MCG/ML SYRN	3	PA B vs D
ENGRIX-B 20 MCG/ML VIAL	3	
ENGRIX-B PEDIATRIC-ADOLESCENT	3	PA B vs D
FLEBOGAMMA DIF 10% VIAL	5	PA
FLEBOGAMMA DIF 5% VIAL	5	
<i>fomepizole 1 g/ml vial</i>	2	
GAMASTAN	4	
GAMASTAN S-D	4	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA
GAMMAKED (2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	
GAMMAKED 1 GRAM/10 ML VIAL	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C (2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	
GAMUNEX-C 1 GRAM/10 ML VIAL	5	PA
GARDASIL 9 (9 VIAL, 9 SYRINGE)	3	
GRASTEK	4	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	3	
HEPAGAM B	3	
HIBERIX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA B vs D
HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	5	
HYPERRAB	4	
HYPERRHO S-D	5	
HYQVIA	5	
IMOVAX RABIES VACCINE	3	
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOL	3	
IXIARO	3	
KEDRAB	4	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE	3	
MENACTRA VIAL	3	
MENQUADFI	3	
MENVEO A-C-Y-W-135-DIP	3	
MYOBLOC	4	
NABI-HB	5	
OCTAGAM	5	PA
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4	
PANZYGA	5	PA
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB	3	
PENTACEL	4	
PRIVIGEN	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA B vs D
RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
ROTARIX VACCINE SUSPENSION	4	
ROTATEQ	3	
SHINGRIX	3	
STAMARIL	3	
TENIVAC (SYRINGE, VIAL)	3	
<i>tetanus and diphtheria toxoids, adult</i>	3	
<i>tetanus toxoid, adsorbed/pf</i>	3	
<i>tetanus, diphtheria toxoid ped/pf 5-25/0.5ml vial</i>	3	
THYMOGLOBULIN	5	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE	3	
VARIZIG 125 UNIT/1.2 ML VIAL	5	
WINRHO SDF	5	
XEMBIFY	5	LA
XEOMIN (50 VIAL, 100 VIAL)	4	PA
XEOMIN 200 UNIT VIAL	5	PA
YF-VAX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZINPLAVA	5	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	2	
<i>allopurinol sodium</i>	5	
ALOPRIM	2	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	3	
COLCRYS	3	
DUZALLO	4	
<i>febuxostat</i>	2	
GLOPERBA	4	
KRYSTEXXA	4	
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	
ZYLOPRIM	4	
OSTEOPOROSIS THERAPY		
ACTONEL 150 MG TABLET	4	QL (1 PER 30 DAYS), STEP
ACTONEL 35 MG TABLET	4	QL (5 PER 30 DAYS), STEP
<i>alendronate sodium 70 mg/75ml solution</i>	2	QL (375 PER 30 DAYS)
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QL (5 PER 30 DAYS)
<i>alendronate sodium 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
ATELVIA	4	QL (5 PER 30 DAYS), STEP
BINOSTO	4	QL (5 PER 30 DAYS), STEP
BONIVA 3 MG/3 ML SYRINGE	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BONIVA 150 MG TABLET	4	QL (1 PER 30 DAYS), STEP
EVENITY	4	
EVENITY (2 SYRINGES)	4	STEP
EVISTA	4	
FORTEO	5	QL (2.4 PER 28 DAYS), STEP
FOSAMAX	4	QL (5 PER 30 DAYS), STEP
FOSAMAX PLUS D	4	QL (5 PER 30 DAYS), STEP
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	2	
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
PROLIA	4	STEP
<i>raloxifene hcl</i>	2	
<i>risedronate sodium (35 mg tablet dr, 35 mg tablet)</i>	2	QL (5 PER 30 DAYS)
<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>teriparatide</i>	5	QL (2.48 PER 28 DAYS), STEP
TYMLOS	5	QL (1.56 PER 30 DAYS), STEP

OTHER RHEUMATOLOGICALS

ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA
ACTEMRA (80 MG/4 ML VIAL, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	
ACTEMRA ACTPEN	5	PA
ARAVAL	4	
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	5	
CUPRIMINE	5	
DEPEN	5	
ENBREL (25 MG/0.5 ML VIAL, 25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	5	PA, QL (2 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING)	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL (2 PER 30 DAYS)
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL (3 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL (3 PER 28 OVER TIME)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, QL (3 PER 28 OVER TIME)
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA
KINERET	5	PA
<i>leflunomide</i>	2	
OLUMIANT 1 MG TABLET	5	PA, QL (30 PER 30 DAYS)
OLUMIANT 2 MG TABLET	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA
ORENCIA 250 MG VIAL	5	
ORENCIA CLICKJECT	5	PA
OTEZLA STARTER PACK	5	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTREXUP (10 MG/0.4 ML AUTO-INJ, 15 MG/0.4 ML AUTO-INJ, 17.5 MG/0.4 ML AUTOINJ, 20 MG/0.4 ML AUTO-INJ, 22.5 MG/0.4 ML AUTOINJ, 25 MG/0.4 ML AUTO-INJ)	4	
OTREXUP 12.5 MG/0.4 ML AUTOINJ	5	
<i>penicillamine (250 mg tablet, 250 mg capsule)</i>	5	
RASUVO	4	
RIDAURA	5	
RINVOQ	5	PA
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, QL (1 PER 28 DAYS)
SIMPONI (50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC)	5	PA, QL (0.5 PER 28 DAYS)
SIMPONI ARIA	5	PA
XELJANZ	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA	4	
ALORA	3	
AMABELZ	2	
ANGELIQ	4	
AYGESTIN	4	
BIJUVA	4	
CAMILA	2	
CLIMARA	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE 4% GEL	4	
CRINONE 8% GEL	4	PA
DEBLITANE	2	
DELESTROGEN	4	
DEPO-ESTRADIOL	4	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL, 400 MG/ML VIAL)	4	
DEPO-SUBQ PROVERA 104	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	4	QL (30 PER 30 DAYS)
DOTTI	2	
DUAVEE	3	
ELESTRIN	4	
ERRIN	2	
ESTRACE (0.01% CREAM, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	4	
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tdwk, .025mg/24h patch tds, .0375mg/24 patch tdwk, .0375mg/24 patch tds, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, .075mg/24h patch tds, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	2	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRING	4	
ESTROGEL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVAMIST	4	
FEMHRT	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	5	
<i>hydroxyprogesterone caproate/pf</i>	5	
IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	4	
INCASSIA	2	
JENCYCLA	2	
JEVANTIQUE LO	2	
JINTELI	2	
LOPREEZA	2	
LYZA	2	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	2	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	
MENOSTAR	4	
MIMVEY	2	
MINIVELLE	4	
NORA-BE	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norethindrone acetate 5 mg tablet</i>	2	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	2	
NORLYDA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREFEST	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	3	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone 50 mg/ml vial</i>	2	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	2	
PROMETRIUM	4	
PROVERA	4	
SHAROBEL	2	
TULANA	2	
VAGIFEM	4	
VIVELLE-DOT	4	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN (2% CREAM, 100 MG OVULE)	4	
<i>clindamycin phosphate 2 % cream/appl</i>	2	
<i>clomiphene citrate 50 mg tablet</i>	2	PA
ELURYNG	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
INTRAROSA	4	PA
KYLEENA	5	LA
LILETTA	4	
LUPANETA PACK	5	
LYSTEDA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole 0.75 % gel w/appl</i>	2	
<i>miconazole nitrate 200 mg supp.vag</i>	2	
MIRENA	4	
NEXPLANON	4	
NUVARING	4	
NUVESSA	4	
ORIAHNN	5	
ORILISSA	5	
ORTHO EVRA	4	
OSPHENA	4	PA
SKYLA	3	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	2	
<i>tranexamic acid 650 mg tablet</i>	3	
VANDAZOLE	2	
XULANE	2	

ORAL CONTRACEPTIVES / RELATED AGENTS

ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHIA LO	2	
AMETHYST	2	
ANNOVERA	4	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AUBRA EQ	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUROVELA 1 MG-20 MCG TABLET	2	
AUROVELA FE 1.5 MG-30 MCG TAB	2	
AVIANE	2	
AZURETTE	2	
BALCOLTRA	4	
BALZIVA	2	
BEYAZ	4	
BLISOVI 24 FE	2	
BLISOVI FE 1.5-30 TABLET	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIAN	2	
CHATEAL	2	
CHATEAL EQ	2	
CRYSELLE	2	
CYCLAFEM	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
ELINEST	2	
ELLA	3	
EMOQUETTE	2	
ENPRESSE	2	
ENSKYCE	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTROSTEP FE	4	
<i>ethinyl estradiol/drospirenone</i>	2	
<i>ethynodiol diacetate-ethinyl estradiol</i>	2	
FALMINA	2	
FAYOSIM	2	
GENERESS FE	4	
GIANVI	2	
GILDAGIA	2	
HAILEY 24 FE	2	
HAILEY FE	2	
INTROVALE	2	
ISIBLOOM	2	
JASMIEL	2	
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KIMIDESS	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LARISSIA	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAYOLIS FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorgestrel/ethinyl estradiol (levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo, levonorgestrel/ethin.estradiol 6-5-10 tablet, levonorgestrel/ethin.estradiol 90-20 mcg tablet)</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	2	
LEVORA-28	2	
LILLOW	2	
LO LOESTRIN FE	4	
LOESTRIN	4	
LOESTRIN FE	4	
LOMEDIA 24 FE	2	
LORYNA	2	
LOSEASONIQUE	4	
LOW-OGESTREL	2	
LUTERA	2	
MARLISSA	2	
MELODETTA 24 FE	2	
MIBELAS 24 FE	2	
MICROGESTIN	2	
MICROGESTIN FE	2	
MINASTRIN 24 FE	4	
MIRCETTE	4	
MY WAY	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYZILRA	2	
NATAZIA	4	
NECON (0.5-35-28 TABLET, 7-7-7-28 TABLET)	2	
NEXT CHOICE ONE DOSE	2	
NIKKI	2	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(24) capsule, 1mg-20(24) tablet, 1mg-20(24) tab chew, 1mg-20(21) tablet, 1.5-30(21) tablet)</i>	2	
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
OCELLA	2	
ORSYTHIA	2	
ORTHO TRI-CYCLEN	4	
ORTHO-CEPT	4	
PHILITH	2	
PIMTREA	2	
PIRMELLA	2	
PORTIA	2	
QUARTETTE	4	
RAJANI	2	
RECLIPSEN	2	
RIVELSA	4	
SAFYRAL	4	
SEASONIQUE	4	
SETLAKIN	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SLYND	4	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TAYTULLA	4	
TILIA FE	2	
TRI FEMYNOR	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	
TYDEMY	2	
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VYFEMLA	2	
WERA	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WYMZYA FE	2	
YASMIN 28	4	
YAZ	4	
ZARAH	2	
ZENCHENT	2	
ZOVIA 1-35E	2	

OXYTOCICS

HEMABATE	4	
METHERGINE	5	
<i>methylergonovine maleate (.2mg/ml(1) vial, .2mg/ml(1) ampul)</i>	4	
<i>methylergonovine maleate 0.2 mg tablet</i>	2	
<i>oxytocin 10 unit/ml vial</i>	2	
PITOCIN	4	

OPHTHALMOLOGY

ANTIBIOTICS

AK-POLY-BAC	2	
AZASITE	4	
<i>bacitracin 500 unit/g oint. (g)</i>	2	
<i>bacitracin/polymyxin b sulfate</i>	2	
BESIVANCE	4	
CILOXAN 0.3% EYE DROPS	4	
CILOXAN 0.3% OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % drops</i>	2	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2	
<i>gatifloxacin 0.5 % drops</i>	2	
GENTAK	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin sulfate (0.3 % oint. (g), 0.3 % drops)</i>	2	
<i>levofloxacin 0.5 % drops</i>	2	
MOXEZA	4	
<i>moxifloxacin hcl (0.5 % drops visc, 0.5 % drops)</i>	2	
NATACYN	3	
NEO-POLYCIN	2	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2	
OCUFLOX	4	
POLYCIN	2	
<i>polymyxin b sulfate/trimethoprim</i>	2	
POLYTRIM	4	
<i>tobramycin 0.3 % drops</i>	2	
TOBREX (DROP, OINTMENT)	4	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
<i>trifluridine 1 % drops</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol hcl 0.5 % drops</i>	2	
BETIMOL	4	STEP
BETOPTIC S	4	STEP
<i>carteolol hcl</i>	2	
ISTALOL	4	STEP
<i>levobunolol hcl 0.5 % drops</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	STEP
TIMOPTIC-XE	4	STEP
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % drops</i>	2	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	4	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCIL	4	
ALOMIDE	4	
<i>azelastine hcl 0.05 % drops</i>	2	
<i>balanced salt irrig soln no.2</i>	2	
BEOVU	5	
BEPREVE	3	
BSS	2	
CEQUA	4	
<i>cromolyn sodium 4 % drops</i>	2	
CYSTADROPS	5	
CYSTARAN	5	
<i>epinastine hcl</i>	2	
EYLEA (2 MG/0.05 ML SYRINGE, 2 MG/0.05 ML VIAL)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JETREA 1.25 MG/ML VIAL	5	LA
LACRISERT	3	
LASTACAFT	4	
LUCENTIS (0.3 MG/0.05 ML SYRING, 0.3 MG/0.05 ML VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	2	
OXERVATE	5	
PAZEO	4	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
XIIDRA	4	
ZERVIAE	4	

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium 0.09 % drops</i>	2	
BROMSITE	4	
<i>diclofenac sodium 0.1 % drops</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	
NEVANAC	4	
PROLENSA	4	

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	2	
<i>acetazolamide sodium</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methazolamide 25 mg tablet</i>	2	
<i>methazolamide 50 mg tablet</i>	4	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost 0.03 % drops</i>	2	
COMBIGAN	4	STEP
COSOPT	4	STEP
COSOPT PF	4	STEP
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide/timolol/pf 2 %-0.5 % dropperette</i>	2	
<i>latanoprost 0.005 % drops</i>	1	
LUMIGAN	4	STEP
MIOSTAT	2	
RHOPRESSA	4	PA
ROCKLATAN	4	STEP
SIMBRINZA	4	
TRAVATAN Z	3	STEP
<i>travoprost</i>	2	STEP
TRUSOPT	4	
VYZULTA	4	STEP
XALATAN	4	STEP
XELPROS	4	STEP
ZIOPTAN	4	STEP
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL (DROPS, OINTMENT)	4	
NEO-POLYCIN HC	2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	2	
PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
<i>prednisolone acetate/gatifloxacin</i>	4	
TOBRADEX (DROPS, OINTMENT)	4	
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
STEROIDS		
ALREX	4	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone</i>	2	
FML	4	
FML FORTE	4	
FML S.O.P.	4	
INVELTYS	4	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
MAXIDEX	4	
OZURDEX	4	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2	
RETISERT	4	
SULFONAMIDES		
BLEPH-10	4	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P	4	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.15 % drops, 0.2 % drops)</i>	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
ADRENAClick	4	
ADRENALIN	2	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	3	
<i>carbinoxamine maleate 6 mg tablet</i>	5	
<i>cetirizine 1 mg/ml sol'n and syrup</i>	2	
CLARINEX 5 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLARINEX-D 12 HOUR	4	
<i>clemastine fumarate 2.68 mg tablet</i>	3	
<i>ciproheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i>	3	PA
<i>desloratadine (2.5 mg tab rapdis, 5 mg tab rapdis, 5 mg tablet)</i>	2	
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	3	
<i>diphenhydramine hcl (50 mg/ml vial, 50 mg/ml cartridge, 50 mg/ml syringe)</i>	2	
<i>epinephrine (0.15mg/0.3 auto injct, 0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	3	QL (4 PER 30 DAYS)
EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)
EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	3	
<i>hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial)</i>	2	
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	3	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)</i>	2	
PHENADOZ	3	
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML VIAL, 50 MG/ML AMPUL)	4	
<i>promethazine hcl (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)</i>	2	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect)</i>	3	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	PA
PROMETHEGAN (25 MG, 50 MG)	3	
PROMETHEGAN 12.5 MG SUPPOS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUZYTIR	4	
RYCLORA	4	
RYVENT	4	
SEMPREX-D	4	
SYMJEPI	3	QL (4 PER 30 DAYS)
VISTARIL	4	
PULMONARY AGENTS		
ACCOLATE	4	
<i>acetylcysteine 100 mg/ml vial</i>	2	PA B vs D
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, LA
ADVAIR DISKUS	4	QL (60 PER 30 DAYS), STEP
ADVAIR HFA	3	QL (12 PER 30 DAYS)
AEROSPAN	4	QL (8.9 PER 30 DAYS)
AIRDUO DIGIHALER	4	QL (1 PER 30 DAYS)
AIRDUO RESPICLICK	4	QL (1 PER 30 DAYS)
<i>albuterol sulfate 90 mcg hfa aer ad</i>	2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)</i>	2	
<i>albuterol sulfate 4 mg tablet</i>	4	
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 5 mg/ml solution)</i>	2	PA B vs D
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	LA, QL (30 PER 30 DAYS)
<i>aminophylline (250mg/10ml vial, 500mg/20ml vial)</i>	2	
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
ARCAPTA NEOHALER	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARMONAIR DIGIHALER	4	QL (1 PER 30 DAYS)
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX (110 MCG #7, 220 MCG #14)	3	
ASMANEX (110 MCG, 220 MCG)	3	QL (30 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #60	3	QL (60 PER 30 DAYS)
ASMANEX TWISTHALR 220 MCG #120	3	QL (120 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
<i>azelastine hcl/fluticasone propionate</i>	3	QL (23 PER 30 DAYS), STEP
BECONASE AQ	4	QL (50 PER 30 DAYS), STEP
BERINERT (500 VIAL, 500 KIT)	5	
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
<i>bosentan</i>	5	LA, QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
BROVANA	3	PA B vs D, QL (120 PER 30 DAYS)
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	2	PA B vs D
<i>budesonide 32mcg spray/pump</i>	2	QL (8.6 PER 30 DAYS)
<i>budesonide/formoterol fumarate</i>	4	QL (10.2 PER 30 DAYS), STEP
CINQAIR	5	PA
CINRYZE	5	PA
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	2	PA B vs D
CUROSURF	4	
DALIRESP	3	
DUAKLIR PRESSAIR	5	QL (1 PER 30 DAYS)
DULERA	3	QL (13 PER 30 DAYS)

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT 200 MG/1.14 ML SYRING	5	PA
DYMISTA	4	QL (23 PER 30 DAYS), STEP
ELIXOPHYLLIN	4	
ESBRIET 267 MG CAPSULE	5	PA, QL (270 PER 30 DAYS)
ESBRIET 267 MG TABLET	5	QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
FIRAZYR	5	PA, QL (27 PER 30 DAYS)
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)
<i>flunisolide 25 mcg spray</i>	2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	2	QL (1 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	2	QL (60 PER 30 DAYS)
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	PA B vs D
<i>ipratropium bromide/albuterol sulfate</i>	2	PA B vs D
KALBITOR	3	
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LETAIRIS	5	LA, QL (30 PER 30 DAYS)
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb)</i>	2	PA B vs D
<i>levalbuterol hcl (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	4	PA B vs D
<i>levalbuterol tartrate</i>	4	QL (30 PER 30 DAYS)
LONHALA MAGNAIR REFILL	5	
LONHALA MAGNAIR STARTER	5	
<i>metaproterenol sulfate 10 mg/5 ml syrup</i>	2	
<i>mometasone furoate 50 mcg spray/pump</i>	2	QL (34 PER 30 DAYS), STEP
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	2	
NASONEX	4	QL (34 PER 30 DAYS), STEP
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE, 100 MG VIAL)	5	PA, LA, QL (3 PER 28 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
OMNARIS	4	QL (12.5 PER 30 DAYS), STEP
OPSUMIT	5	PA, LA
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (112 PER 28 DAYS)
PERFOROMIST	4	PA B vs D
PROAIR DIGIHALER	3	QL (2 PER 30 DAYS)
PROAIR HFA	3	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
PROVENTIL HFA	4	QL (13.4 PER 30 DAYS)
PULMICORT	4	PA B vs D
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	PA B vs D, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QNASL	4	QL (10.6 PER 30 DAYS), STEP
QNASL CHILDREN	4	QL (6.8 PER 30 DAYS), STEP
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
REVATIO (10 MG/ML ORAL SUSP, 20 MG TABLET)	5	PA
REVATIO 10 MG/12.5 ML VIAL	5	
RUCONEST	5	
SEEBRI NEOHALER	4	QL (60 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
<i>sildenafil citrate 10 mg/ml susp recon</i>	5	PA
<i>sildenafil citrate 20 mg tablet</i>	3	PA
<i>sildenafil citrate 10 mg/12.5 vial</i>	5	
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	4	
SPIRIVA	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMBICORT	4	QL (10.2 PER 30 DAYS), STEP
SYMDEKO	5	PA
<i>tadalafil 20 mg tablet</i>	5	PA
TAKHZYRO	5	PA
<i>terbutaline sulfate (1 mg/ml vial, 2.5 mg tablet, 5 mg tablet)</i>	2	
THEO-24	4	
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
<i>theophylline in dextrose 5 % 400mg/0.5l iv soln</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	LA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	LA, QL (120 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TRIKAFTA	5	PA, QL (90 PER 30 DAYS)
TUDORZA PRESSAIR	4	QL (1 PER 30 DAYS)
TYVASO	5	
TYVASO INSTITUTIONAL START KIT	5	
TYVASO REFILL KIT	5	
TYVASO STARTER KIT	5	
UTIBRON NEOHALER	4	QL (60 PER 30 DAYS)
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA B vs D, QL (210 PER 30 DAYS)
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA B vs D, QL (90 PER 30 DAYS)
VENTOLIN HFA	4	QL (36 PER 30 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/ML SYRINGE	5	PA, LA, QL (4 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
XOLAIR 150 MG VIAL	5	PA, LA, QL (6 PER 28 DAYS)
XOPENEX	4	PA B vs D
XOPENEX CONCENTRATE	4	PA B vs D
XOPENEX HFA	3	QL (30 PER 30 DAYS)
YUPELRI	5	PA B vs D, QL (90 PER 30 DAYS)
<i>zafirlukast</i>	2	
ZETONNA	4	QL (6.1 PER 30 DAYS), STEP
<i>zileuton</i>	5	
ZYFLO	5	

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on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	
DETROL	4	
DETROL LA	4	
DITROPAN XL (5 MG TABLET, 10 MG TABLET)	4	
<i>flavoxate hcl</i>	2	
GELNIQUE (GEL PUMP, GEL SACHET, GEL SACHETS)	4	
MYRBETRIQ	4	
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	2	
OXYTROL	4	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	2	
TOVIAZ	4	
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	2	
VESICARE	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl</i>	2	
AVODART	4	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride/tamsulosin hcl</i>	2	
<i>finasteride 5 mg tablet</i>	1	
FLOMAX	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
UROXATRAL	4	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil 500 mcg/ml vial</i>	2	
AMINOACETIC ACID	2	
CIALIS (2.5 MG TABLET, 5 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
CYSTAGON	3	LA
ELMIRON	3	
<i>glycine urologic solution</i>	2	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	2	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	5	
PROSTIN VR PEDIATRIC	4	
RENACIDIN	3	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	3	PA, QL (30 PER 30 DAYS)
UROCIT-K	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Uncategorized		
Unclassified		
0.9 % sodium chloride 0.9 % ampul	2	
VISTOGARD	5	
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25	4	
ALBUKED-5	4	
albumin human 25 % iv soln	2	
albumin human 5 % iv soln	4	
ALBUMINEX	4	
ALBURX	2	
ALBUTEIN	2	
FLEXBUMIN	4	
KEDBUMIN	4	
PLASBUMIN-25	2	
PLASBUMIN-5	2	
ELECTROLYTES		
calcium acetate (667 mg capsule, 667 mg tablet)	2	
calcium chloride (100 mg/ml vial, 100 mg/ml syringe)	2	
calcium gluconate	2	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	4	
EFFER-K 25 MEQ TABLET EFF	2	
GLYCOPHOS	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYPERLYTE CR	3	
K EFFERVESCENT	2	
K-TAB ER (ER 10 TABLET, ER 20 TABLET)	3	
K-TAB ER 8 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	2	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON SPRINKLE	2	
KLOR-CON-EF	2	
<i>magnesium chloride 200 mg/ml vial</i>	2	
<i>magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)</i>	2	
<i>magnesium sulfate in sterile water (2 g/50 ml piggyback, 4 g/50 ml piggyback, 4 g/100 ml piggyback, 20 g/500ml iv soln, 40g/1000ml iv soln)</i>	2	
<i>magnesium sulfate/d5w 1 g/100 ml piggyback</i>	3	
NEUT	3	
NORMOSOL-R	3	
PHOSLO	4	
PHOSLYRA	4	
<i>potassium acetate</i>	2	
<i>potassium bicarbonate/citric acid</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride (2 meq/ml vial, 8 meq capsule er, 8 meq tablet er, 10 meq tab er prt, 10 meq tablet er, 10 meq capsule er, 20meq/15ml liquid, 20 meq packet, 20 meq tablet er, 20 meq tab er prt, 40meq/15ml liquid)</i>	2	
<i>potassium chloride in 0.45 % sodium chloride</i>	2	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l iv soln, 40 meq/l iv soln)</i>	2	
<i>potassium chloride in 5 % dextrose in water</i>	2	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	2	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride (chloride/d5-0.2%nacl 20 meq/l iv soln, chloride/d5-0.2%nacl 30 meq/l iv soln, chloride/d5-0.2%nacl 40 meq/l iv soln)</i>	2	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride</i>	2	
<i>potassium chloride in lactated ringers and 5 % dextrose</i>	2	
<i>potassium chloride in water for injection, sterile (10meq/50ml piggyback, 10meq/0.1l piggyback, 20meq/50ml piggyback, 20meq/0.1l piggyback, 30meq/0.1l piggyback, 40meq/0.1l piggyback)</i>	2	
<i>potassium chloride/potassium bicarbonate/citric acid</i>	2	
<i>potassium phosphate,monobasic-dibasic</i>	2	
<i>ringer's solution iv soln</i>	2	
<i>ringer's solution,lactated iv soln</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate (0.9meq/ml syringe, 1 meq/ml syringe, 1 meq/ml vial, 10meq/10ml syringe)</i>	2	
<i>sodium chloride (2.5 meq/ml vial, 4 meq/ml vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	2	
<i>sodium chloride 3 %</i>	2	
<i>sodium chloride 5 %</i>	2	
<i>sodium phosphate,monobasic-dibasic</i>	2	
TPN ELECTROLYTES	4	
TPN ELECTROLYTES II	4	

MISCELLANEOUS NUTRITION PRODUCTS

AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	PA B vs D
AMINOSYN-PF 7% IV SOLUTION	3	PA B vs D
BAL IN OIL	4	
CLINIMIX (4.25%-10% SOLUTION, 5%-20% SOLUTION, 5%-15% SOLUTION)	3	PA B vs D
CLINIMIX 8%-14% SOLUTION	4	
CLINIMIX E (4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	PA B vs D
CLINIMIX E 4.25%-10% SOLUTION	4	PA B vs D
CLINIMIX N14G30E	4	
CLINIMIX N9G15E	4	
CLINIMIX N9G20E	4	
CLINISOL	4	PA B vs D
CLINOLIPID	5	
<i>cysteine hcl 50 mg/ml vial</i>	2	
DOJOLVI	5	LA
<i>edetate calcium disodium 200 mg/ml ampul</i>	4	
<i>electrolyte-48 solution/dextrose 5 % in water</i>	2	
FREAMINE HBC	3	PA B vs D
FREAMINE III	2	
HEPATAMINE	3	PA B vs D

You can find information on what the symbols and abbreviations
on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTRALIPID 20% IV FAT EMUL	2	PA B vs D
INTRALIPID 30% IV FAT EMUL	3	PA B vs D
ISOLYTE P WITH DEXTROSE	3	
ISOLYTE S	3	
KABIVEN	4	
NEPHRAMINE	3	PA B vs D
NORMOSOL-M AND DEXTROSE	3	
NUTRILIPID	4	PA B vs D
OMEGAVEN	4	
PERIKABIVEN	4	
PLASMA-LYTE 148	3	
PLASMA-LYTE A PH 7.4	3	
PLASMANATE	2	
PLENAMINE	2	PA B vs D
PREMASOL	2	PA B vs D
PROCALAMINE	3	PA B vs D
PROSOL	4	PA B vs D
SMOFLIPID	4	
TRAVASOL	4	PA B vs D
TROPHAMINE	3	PA B vs D

VITAMINS / HEMATINICS

<i>fluoride (sodium) ((sodium) 0.25(0.55) tab chew, (sodium) 0.5(1.1)mg tab chew, (sodium) 1mg(2.2mg) tab chew)</i>	3	
FLUORITAB 1 MG TABLET CHEW	3	
LUDENT FLUORIDE 1 MG TAB CHEW	3	
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	2	
<i>pediatric multivitamins no.17 with sodium fluoride</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

2020 OPEN FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's network mail order delivery program. Usually you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day/7 days a week.

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Network Health Medicare Advantage plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit [networkhealth.com](https://www.networkhealth.com)