



## Piedmont Medicare Advantage (PPO)

### 2019 Formulary

#### (List of Covered Drugs)

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

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This formulary was updated on **April 1, 2019**. For more recent information or other questions, please contact Piedmont Medicare Advantage's Customer Service at 1-877-210-1719 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, Customer Service is available 8:00 a.m. to 8:00 p.m., Monday through Friday. Walk-ins are welcome 8:30 a.m. to 5:00 p.m., Monday through Friday, or visit [www.pchp.net](http://www.pchp.net).

**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 Piedmont Community HealthCare. When it refers to “plan” or “our plan,” it means Piedmont Select Medicare Option One, Piedmont Select Medicare Option Two, and Piedmont Select Medicare Option Three.

This document includes list of the drugs (formulary) for our plan which is current as of **April 1, 2019**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the Piedmont Medicare Advantage Formulary?**

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

## **Can the Formulary (drug list) change?**

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Piedmont Medicare Advantage’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently

on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of **April 1, 2019**. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages. In the event that the Centers for Medicare & Medicaid Services (CMS) approves mid-year maintenance formulary changes, an update sheet will be mailed to affected members as an insert to this printed formulary.

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

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

### **Medical Condition**

The formulary begins on page 8. 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.” If you know what your drug is used for, look for the category name in the list that begins on page number 8. 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 61. 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?**

Our plans cover 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:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plans before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide 120 tabs per prescription for COLCRYS. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require 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 plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online 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 our 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 Piedmont Medicare Advantage’s Formulary?” on page 4 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 our plans do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plans. 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 plans.
- You can ask our plans 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 Piedmont Medicare Advantage’s Formulary?**

You can ask our plans 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, our plans limit 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 plans 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, tiering 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 your ability to get 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 change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) from a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## **For more information**

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our 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>.

## **Piedmont Medicare Advantage's Formulary**

The formulary below provides coverage information about the drugs covered by our plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

- **B/D:** Covered by Medicare part B or D.
- **LA: Limited Availability** – This prescription may be available only at certain pharmacies. For more information consult your *Provider/Pharmacy Directory* or call Customer Service at 1-866-494-9927, 24 hours a day, 7 days a week. TTY users should call 711.

- **PA: Prior Authorization** – Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plans before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **QL: Quantity Limits** – For certain drugs, our plans limit the amount of the drug that our plans will cover.
- **ST: Step Therapy** – A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.
- **NM: Not available at our mail-order pharmacies** – Not all drugs are available by mail order. Please check with Customer Service if you have questions.

## **Drug Tier co-pay levels.**

The 2019 Piedmont Medicare Advantage formulary covers most drugs identified by Medicare as Part D drugs. Your co-pay may differ depending upon the tier at which the drug resides. Please see the charts below for information about copays and coinsurance.

<b>Tier 1</b>	<b>Preferred generic prescription drugs (lowest co-pay amount)</b>
<b>Tier 2</b>	<b>Generic prescription drugs</b>
<b>Tier 3</b>	<b>Preferred brand prescription drugs</b>
<b>Tier 4</b>	<b>Non-preferred drug prescription drugs</b>
<b>Tier 5</b>	<b>Specialty Tier prescription drugs</b>

## **Piedmont Select Medicare Option One**

	<b>Network Pharmacy (up to 30-day supply for standard retail cost-sharing)</b>	<b>Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)</b>	<b>Network Pharmacy (90-day supply for standard retail cost-sharing)</b>	<b>Network Pharmacy (90-day supply for preferred retail cost-sharing)</b>	<b>Standard Mail Order Service (90-day supply)</b>	<b>Preferred Mail Order Service (90-day supply)</b>
<b>Tier 1</b>	\$10	\$5	\$30	\$0	\$30	\$0
<b>Tier 2</b>	\$13	\$8	\$39	\$0	\$39	\$0
<b>Tier 3</b>	\$40	\$30	\$120	\$75	\$120	\$75
<b>Tier 4</b>	\$90	\$80	\$270	\$200	\$270	\$200
<b>Tier 5</b>	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

## Piedmont Select Medicare Option Two

	Network Pharmacy (up to 30-day supply for standard retail cost-sharing)	Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)	Network Pharmacy (90-day supply for standard retail cost-sharing)	Network Pharmacy (90-day supply for preferred retail-cost sharing)	Standard Mail Order Service (90-day supply)	Preferred Mail Order Service (90-day supply)
<b>Tier 1</b>	\$12	\$7	\$36	\$0	\$36	\$0
<b>Tier 2</b>	\$17	\$12	\$51	\$0	\$51	\$0
<b>Tier 3</b>	\$45	\$35	\$135	\$87.50	\$135	\$87.50
<b>Tier 4</b>	\$95	\$85	\$285	\$212.50	\$285	\$212.50
<b>Tier 5</b>	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

## Piedmont Select Medicare Option Three

	Network Pharmacy (up to 30-day supply for standard retail cost-sharing)	Network Pharmacy (up to 30-day supply for preferred retail cost-sharing)	Network Pharmacy (90-day supply for standard retail cost-sharing)	Network Pharmacy (90-day supply for preferred retail-cost sharing)	Standard Mail Order Service (90-day supply)	Preferred Mail Order Service (90-day supply)
<b>Tier 1</b>	\$15	\$10	\$45	\$0	\$45	\$0
<b>Tier 2</b>	\$20	\$15	\$60	\$0	\$60	\$0
<b>Tier 3</b>	\$47	\$40	\$141	\$100	\$141	\$100
<b>Tier 4</b>	\$100	\$90	\$300	\$225	\$300	\$225
<b>Tier 5</b>	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

- Non-specialty generic drugs are covered at lower co-pays than non-specialty brand name drugs.
- Specialty tier generic and brand name prescription drugs are always on the highest tier.
- You will be able to determine if a drug is a generic if it is in lower-case *italic type*.
- Brand name drugs will appear in UPPER-CASE TYPE.

Piedmont Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Piedmont Medicare Advantage depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Piedmont Medicare Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. Piedmont Medicare Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in Amherst, Appomattox, Bedford\*, Campbell, Charlotte, Halifax, Lynchburg City, Pittsylvania, and Prince Edward. \*denotes partial county (specifically zip codes: 24095, 24104, 24121, 24122, 24174, 24502, 24503, 24523, 24526, 24536, 24550, 24551, 24556, 24570, and 24571). The lower cost advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-877-210-1719 (TTY - 711) or consult the online *Provider/Pharmacy Directory* at [www.pchp.net](http://www.pchp.net).

**Piedmont Select Medicare Option One, Piedmont Select Medicare Option Two, and  
Piedmont Select Medicare Option Three**

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
<i>COLCRYS</i>	3	QL (120 tabs / 30 days)
<i>MITIGARE</i>	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
<i>ULORIC</i>	3	ST
<b>NSAIDS</b>		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	2	QL (360 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
endocet 7.5-325mg	2	QL (240 tabs / 30 days)
endocet 10-325mg	2	QL (180 tabs / 30 days)
fentanyl citrate LPOP	5	QL (120 lozenges / 30 days), PA
fentanyl patch 12 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 25 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 50 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 75 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 100 mcg/hr	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
hydroco/apap tab 5-325mg	2	QL (240 tabs / 30 days)
hydroco/apap tab 7.5-325	2	QL (180 tabs / 30 days)
hydroco/apap tab 10-325mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	2	QL (600 mL / 30 days)
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
hydromorphone hcl TABS	2	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
loracet hd tab 10-325mg	2	QL (180 tabs / 30 days)
loracet plus tab 7.5-325	2	QL (180 tabs / 30 days)
loracet tab 5-325mg	2	QL (240 tabs / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
methadone hcl 5mg	2	QL (90 tabs / 30 days), PA
methadone hcl 10mg	2	QL (90 tabs / 30 days), PA
methadone hcl intensol	2	QL (90 mL / 30 days), PA
morphine ext-rel tab 15mg, 30mg, 60mg, 100mg	2	QL (90 tabs / 30 days), PA
morphine ext-rel tab 200mg	2	QL (60 tabs / 30 days), PA
morphine sul inj 1mg/ml	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
morphine sul inj 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate TABS 15mg	2	QL (180 tabs / 30 days)
morphine sulfate TABS 30mg	2	QL (90 tabs / 30 days)
morphine sulfate oral soln 10mg/5ml	2	QL (900 mL / 30 days)
morphine sulfate oral soln 20mg/5ml	2	QL (750 mL / 30 days)
morphine sulfate oral soln 100mg/5ml	2	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
oxycodone hcl CAPS	2	QL (180 caps / 30 days)
oxycodone hcl CONC	2	QL (180 mL / 30 days)
oxycodone hcl SOLN	2	QL (900 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean  
by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone hcl TABS	2	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	2	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	2	QL (180 tabs / 30 days)

## ANESTHETICS

### LOCAL ANESTHETICS

lidocaine hcl (local anesth.)	2	B/D
lidocaine inj 0.5%	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1.5% preservative free (pf)	2	B/D

## ANTI-INFECTIVES

### ANTI-BACTERIALS - MISCELLANEOUS

amikacin sulfate SOLN	2	
gentamicin in saline	2	
gentamicin sulfate SOLN	2	
neomycin sulfate TABS	2	
paromomycin sulfate CAPS	2	
streptomycin sulfate SOLR	5	
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NM, PA
tobramycin inj 1.2 gm/30ml	2	
tobramycin inj 1.2gm	5	
tobramycin inj 10mg/ml	2	
tobramycin inj 40mg/ml	2	
tobramycin inj 80mg/2ml	2	

### ANTI-INFECTIVES - MISCELLANEOUS

albendazole TABS	5	
ALBENZA	5	
ALINIA	5	
atovaquone SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
aztreonam	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
clindamycin cap 75mg	2	
clindamycin cap 300mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin phosphate in d5w	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
clindamycin phosphate inj	2	
clindamycin soln 75mg/5ml	2	
colistimethate sodium SOLR	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dapsone TABS	2	
DAPTOMYCIN 350mg	5	
daptomycin 500mg	5	
EMVERM	5	
ertapenem sodium	2	
imipenem-cilastatin	2	
INVANZ	4	
ivermectin TABS	2	
linezolid in sodium chloride	4	
linezolid inj	2	
linezolid susp	5	
linezolid tab 600mg	5	
meropenem	2	
methenamine hippurate	2	
metronidazole TABS	1	
metronidazole in nacl	2	
NEBUPENT	4	B/D
nitrofurantoin macrocrystal 50mg, 100mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin monohyd macro	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
praziquantel TABS	2	
SIVEXTRO	5	
sulfamethoxazole-trimethop ds	1	
sulfamethoxazole-trimethoprim inj	2	
sulfamethoxazole-trimethoprim susp	2	
sulfamethoxazole-trimethoprim tab 400-80mg	1	
SYNERCID	5	
tigecycline	5	
trimethoprim TABS	1	
vancomycin hcl CAPS 125mg	2	
vancomycin hcl CAPS 250mg	5	
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN IN NACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b SOLR	2	B/D
caspofungin acetate	5	
fluconazole SUSR	2	
fluconazole TABS 50mg, 100mg, 200mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluconazole TABS 150mg	1	
fluconazole in dextrose	2	
fluconazole inj nacl 200	2	
fluconazole inj nacl 400	2	
flucytosine CAPS	5	
griseofulvin microsize	2	
griseofulvin ultramicrosize	2	
itraconazole CAPS	2	PA
ketoconazole TABS	2	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
nystatin TABS	2	
terbinafine hcl TABS	1	QL (90 tabs / year)
voriconazole SOLR	2	
voriconazole SUSR; TABS	5	
<b>ANTIMALARIALS</b>		
atovaquone-proguanil hcl	2	
chloroquine phosphate TABS	2	
COARTEM	4	
mefloquine hcl	2	
PRIMAQUINE PHOSPHATE	3	
quinine sulfate CAPS	2	PA
<b>ANTIRETROVIRAL AGENTS</b>		
abacavir sulfate	2	NM
APTVUS	5	NM
atazanavir sulfate	5	NM
CRIXIVAN	4	NM
didanosine	2	NM
EDURANT	5	NM
efavirenz CAPS 50mg	2	NM
efavirenz CAPS 200mg	5	NM
efavirenz TABS	5	NM
EMTRIVA	3	NM
fosamprenavir tab 700 mg	5	NM
FUZEON	5	NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	NM
lamivudine	2	NM

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEXIVA SUSP	4	NM
<i>nevirapine susp 50 mg/5ml</i>	2	NM
<i>nevirapine tab 100mg er</i>	2	NM
<i>nevirapine tab 200mg</i>	2	NM
<i>nevirapine tab 400mg er</i>	2	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RESCRIPTOR	4	NM
REYATAZ PACK	5	NM
<i>ritonavir</i>	2	NM
SELZENTRY SOLN	5	NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
<i>stavudine</i>	2	NM
<i>tenofovir disoproxil fumarate</i>	5	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIRAMUNE SUSP	4	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine cap 100mg</i>	2	NM
<i>zidovudine syrup 50mg/5ml</i>	2	NM
<i>zidovudine tab 300mg</i>	2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
CIMDUO	5	NM
COMPLERA	5	NM
DELSTRIGO	5	NM
DESCOVY	5	NM
EVOTAZ	5	NM
GENVOYA	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JULUCA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i>	2	NM
<i>lopinavir-ritonavir</i>	2	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMF1	5	NM
SYMF1 LO	5	NM
SYMTUZA	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine CAPS	5	
ethambutol hcl TABS	2	
isoniazid TABS	1	
isoniazid syrup 50mg/5ml	2	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	2	
rifabutin	2	
rifampin CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
<b>ANTIVIRALS</b>		
acyclovir CAPS; TABS	1	
acyclovir SUSP	2	
acyclovir sodium	2	B/D
adefovir dipivoxil	5	NM
BARACLUDE SOLN	5	NM
entecavir	5	NM
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	NM
famciclovir	2	
ganciclovir sodium	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	NM
MAVYRET	5	NM, PA
oseltamivir phosphate CAPS 30mg	2	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	2	QL (84 caps / year)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oseltamivir phosphate SUSR	2	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
ribasphere CAPS	2	NM
ribasphere TABS 200mg	2	NM
RIBASPHERE TABS 400mg	5	NM
ribasphere TABS 600mg	5	NM
ribavirin 200mg	2	NM
rimantadine hydrochloride	2	
valacyclovir hcl TABS	2	
valganciclovir hcl	5	
VEMLIDY	5	NM
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
<b>CEPHALOSPORINS</b>		
cefaclor	2	
CEFACLOR MONOHYDRATE ER	4	
cefadroxil CAPS	1	
cefadroxil SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	2	
cefazolin sodium SOLR 1gm, 20gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir	2	
cefpime hcl	2	
cefixime	2	
cefotaxime sodium	2	
cefoxitin sodium	2	
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil	2	
cefuroxime sodium	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR	2	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
tazicef SOLR	2	
TEFLARO	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK; SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin for susp</i>	2	
DIFCID	5	
e.e.s 400	2	
<i>ery-tab</i>	2	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i> TABS	2	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin hcl tab</i> 100mg	2	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i>	2	
<i>ampicillin &amp; sulbactam sodium</i>	2	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i> 1gm, 2gm	2	
<i>nafcillin sodium</i> 10gm	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pizerpen-g inj 5mu</i>	2	
<i>pizerpen-g inj 20mu</i>	2	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375gm</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
PIPER/TAZOBIA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	2	
<i>doxycycline hyclate CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS</i>	2	
<i>monodoxe nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl CAPS</i>	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>BENDEKA</i>	5	B/D, NM
<i>cyclophosphamide CAPS</i>	2	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine 100mg</i>	2	B/D
<i>EMCYT</i>	4	
<i>GLEOSTINE</i>	4	
<i>IFEX INJ 3GM</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
<i>IFOSFAMIDE INJ 3GM</i>	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
<i>LEUKERAN</i>	5	
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	2	B/D
<i>mitomycin SOLR</i>	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	2	B/D
<i>ALIMTA</i>	5	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine</i> 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ 1200mg/20ml	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
abiraterone acetate	5	NM, PA
anastrozole TABS	2	
bicalutamide	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
exemestane	2	
FARESTON	5	
FASLODEX	5	B/D
flutamide	2	
letrozole TABS	2	
leuprolide inj 1mg/0.2	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	4	
megestrol ac tab 20mg	3	
megestrol ac tab 40mg	3	
megestrol sus 625mg/5ml	4	PA
nilutamide	5	
SOLTAMOX	5	
tamoxifen citrate TABS	1	
toremifene citrate	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTrif TAB 20MG	5	NM, LA, PA
GILOTrif TAB 30MG	5	NM, LA, PA
GILOTrif TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
tretinoin (chemotherapy)	5	
<b>PLATINUM-BASED AGENTS</b>		
carboplatin	2	B/D
cisplatin	2	B/D
oxaliplatin inj 50mg	5	B/D
oxaliplatin inj 50mg/10ml	2	B/D
oxaliplatin inj 100mg	5	B/D
oxaliplatin inj 100mg/20ml	2	B/D
<b>PROTECTIVE AGENTS</b>		
dexrazoxane 500mg	5	B/D
leucovorin calcium SOLR	2	B/D
leucovorin calcium TABS	2	
MESNEX TABS	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide SOLN</i>	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
<i>topotecan hcl</i>	5	B/D
<i>TOPOTECAN INJ 4MG/4ML</i>	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>flosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>flosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
<b>ENTRESTO</b>	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil TABS</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<b>MULTAQ</b>	4	
<b>NORPACE CR</b>	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPIDEMS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium TABS</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
PRALUENT	5	PA
<i>prevailite</i>	2	
VASCEPA	4	
WELCHOL PAK	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hctz tab 50-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-50mg</i>	2	
<i>propranolol &amp; hydrochlorothiazide</i>	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
<i>BYSTOLIC</i> 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>BYSTOLIC</i> 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate TABS</i>	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl tab er</i>	1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
<i>TEKTURN</i>	4	
<i>TEKTURN HCT</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DIURETICS</b>		
acetazolamide CP12; TABS	2	
amiloride & hydrochlorothiazide	2	
amiloride hcl TABS	2	
bumetanide	2	
chlorothiazide tabs	2	
chlorthalidone	2	
furosemide SOLN; TABS	1	
furosemide inj	2	
hydrochlorothiazide CAPS; TABS	1	
indapamide	2	
methazolamide TABS	2	
methyclothiazide	2	
metolazone	2	
spironolactone & hydrochlorothiazide	2	
torsemide tabs	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tabs	1	
<b>MISCELLANEOUS</b>		
clonidine hcl TABS	1	
clonidine hcl ptwk	2	
CORLANOR	4	
DEM SER	5	PA
hydralazine hcl SOLN; TABS	2	
midodrine hcl	2	
minoxidil TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<b>NITRATES</b>		
isosorb mononitrate tab	1	
isosorbide dinitrate	2	
isosorbide dinitrate er	2	
isosorbide mononitrate er	2	
minitrans	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
nitroglycerin SUBL	2	
nitroglycerin td patch	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS</i>	2	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine CHEW; CP12; SUSP; TABS; TB12</i>	2	
CELONTIN	4	
<i>clobazam</i>	2	PA
<i>clonazepam TABS 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diazepam TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam gel	2	
diazepam inj	2	
diazepam intensol	2	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam oral soln 1 mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
divalproex sodium CSDR; TB24; TBEC	2	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
epitol	2	
ethosuximide CAPS; SOLN	2	
felbamate SUSP	5	
felbamate TABS	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	1	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN	2	QL (2160 mL / 30 days)
gabapentin TABS 600mg	2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	2	QL (120 tabs / 30 days)
lamotrigine CHEW; TB24	2	
lamotrigine TABS	1	
levetiracetam SOLN; TABS; TB24	2	
levetiracetam in sodium chloride	2	
levetiracetam oral soln 100 mg/ml	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
oxcarbazepine	2	
PEGANONE	4	
phenobarbital ELIX	4	PA; PA if 70 years and older
phenobarbital TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
phenobarbital sodium SOLN 130mg/ml	4	PA; PA if 70 years and older

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by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj 50mg/ml</i>	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i> CAPS	2	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	2	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	2	PA; PA if < 30 yrs
<i>memantine soln</i>	2	PA; PA if < 30 yrs
<i>memantine tabs</i>	2	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	2	QL (30 patches / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab 25mg</i>	3	
<i>amoxapine tab 50mg</i>	3	
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl</i> TABS	2	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	2	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
<i>EMSAM</i>	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	2	
<i>escitalopram oxalate</i> TABS	1	
<i>FETZIMA</i> 20mg	4	QL (180 caps / 30 days), PA
<i>FETZIMA</i> 40mg	4	QL (90 caps / 30 days), PA
<i>FETZIMA</i> 80mg, 120mg	4	QL (30 caps / 30 days), PA
<i>FETZIMA</i> TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	2	
<i>MARPLAN TAB 10MG</i>	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl</i> tabs	2	
<i>PAXIL</i> SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24	1	
venlafaxine hcl TABS	2	
VIBRYD STARTER PACK	4	
VIBRYD TAB	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
amantadine hcl CAPS	2	QL (120 caps / 30 days)
amantadine hcl SYRP; TABS	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj	2	
benztropine mesylate tab 0.5mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1mg	3	PA; PA if 70 years and older
benztropine mesylate tab 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS; TABS	2	
carbidopa-levodopa	2	
carbidopa/levodopa/entacapone	2	
entacapone	2	
NEUPRO	4	
pramipexole tab 0.5mg	2	
pramipexole tab 0.25mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 0.125mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
rasagiline mesylate TABS	2	
ropinirole tab 0.5mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
selegiline hcl CAPS; TABS	2	
trihexyphenidyl hcl	3	PA; PA if 70 years and older
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
ariPIPRAZOLE odt	5	QL (60 tabs / 30 days)
ariPIPRAZOLE oral solution 1 mg/ml	5	QL (900 mL / 30 days)
ariPIPRAZOLE tab	2	QL (30 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl</i> TABS	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	2	PA
<i>clozapine odt</i> 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	2	
<i>clozapine tab</i> 50mg	2	
<i>clozapine tab</i> 100mg	2	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate inj</i> 5mg/ml	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxpipamine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
paliperidone 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
paliperidone 6mg	5	QL (60 tabs / 30 days)
perphenazine TABS	2	
pimozide	2	
quetiapine fumarate TABS	2	
quetiapine fumarate TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
risperidone SOLN	2	QL (240 mL / 30 days)
risperidone TABS	2	
risperidone TBDP .5mg	2	QL (90 tabs / 30 days)
risperidone TBDP .25mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
thioridazine hcl TABS	2	
thiothixene	2	
trifluoperazine hcl	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap sr 24hr 5 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amphetamine-dextroamphetamine tab 15 mg	2	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
dexamphetamine hcl TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)
dexamphetamine hcl TABS 10mg	2	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	2	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	2	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	2	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	2	QL (900 mL / 30 days)
methylphenidate tab 10mg er	2	QL (90 tabs / 30 days)
methylphenidate tab 20mg er	2	QL (90 tabs / 30 days)
<b>HYPNOTICS</b>		
HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
temazepam 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<b>MIGRAINE</b>		
dihydroergotamine mesylate inj 1 mg/ml	5	
dihydroergotamine mesylate nasal	5	QL (8 mL / 30 days)
eletriptan hydrobromide	2	QL (12 tabs / 30 days)
ergotamine w/ caffeine TABS	2	
naratriptan hcl	2	QL (12 tabs / 30 days)
rizatriptan benzoate	2	QL (18 tabs / 30 days)
rizatriptan benzoate odt	2	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	2	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	2	QL (12 inhalers / 30 days)
sumatriptan inj 4mg/0.5ml	2	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	2	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	QL (12 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine</i> tab 60mg	2	
<i>riluzole</i>	2	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine hcl</i> TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PSYCHOTHERAPEUTIC-MISC</b>		
acamprosate calcium	2	
buprenorphine hcl SUBL	2	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl	2	QL (90 tabs / 30 days)
buproprion hcl (smoking deterrent)	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	2	
naloxone inj 0.4mg/ml	2	
naloxone inj 1mg/ml	2	
naltrexone hcl TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
oxandrolone TABS	2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN	2	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
acarbose	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glip/metform tab 2.5-250mg	1	QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	QL (120 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl 2.5mg	1	QL (240 tabs / 30 days)
glipizide xl 5mg	1	QL (120 tabs / 30 days)
glipizide xl 10mg	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS	1	
<i>ibandronate sodium</i> TABS	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj</i> 30mg	2	B/D
<i>pamidronate inj</i> 90mg	2	B/D
<i>zoledronic acid inj</i> 5mg/100ml	2	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	2	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM

You can find information on what the symbols and abbreviations on this table mean  
by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
kionex sus 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sodium polystyrene sulfonate susp	2	
sps susp 15gm/60ml	2	
trientine hcl	5	PA
<b>CONTRACEPTIVES</b>		
altavera tab	2	
alyacen 1/35	2	
apri	2	
aranelle	2	
aubra	2	
aviane	2	
balziva	2	
bekyree	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila	2	
caziant pak	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred tab	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane	2	
delyla	2	
desogestrel & ethinyl estradiol	2	
desogestrel-ethinyl estradiol (biphasic)	2	
drospirenone-ethinyl estradiol	2	
ELLA	4	
emoquette	2	
enpresse-28	2	
enskyce	2	
errin	2	
estarrylla tab 0.25-35	2	
ethynodiol diacet & eth estrad	2	
ethynodiol tab 1-50	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
necon 1/50-28	2	
necon 7/7/7	2	
nikki	2	
nora-be tab	2	
norethindrone (contraceptive)	2	
norethindrone acet & eth estra	2	
norgest/ethi tab 0.25/35	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
NUVARING	4	
ocella tab 3-0.03mg	2	
orsythia	2	
philith	2	
pimtrea	2	
pirmella 1/35	2	
portia-28	2	
previfem	2	
quasense	2	
reclipsen	2	
setlakin tab	2	
sharobel	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina fe 1/20	2	
tilia fe	2	
tri-estarrylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo marzia	2	
tri-lo-estarrylla	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trinessa	2	
trinessa lo	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trivora-28	2	
tulana	2	
velivet	2	
vienna	2	
viorele	2	
vyfemla	2	
vylibra	2	
xulane	2	
zarah	2	
zovia 1/35e	2	
zovia 1/50e	2	
<b>ENDOMETRIOSIS</b>		
danazol CAPS	2	
SYNAREL	5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
levocarnitine (metabolic modifiers)	2	B/D
LUMIZYME	5	NM, LA, PA
miglustat	5	NM, PA
NAGLAZYME	5	NM, LA, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
sodium phenylbutyrate	5	NM, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	
estradiol vaginal cream	2	
estradiol vaginal tab	2	
estradiol valerate OIL	2	
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvafem vaginal tablet 10 mcg	2	
<b>GLUCOCORTICOIDS</b>		
cortisone acetate TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	2	
dexamethasone TABS	1	
dexamethasone sodium phosphate	2	
fludrocortisone acetate TABS	2	
hydrocortisone TABS	2	
methylpr ss inj	2	B/D
methylpred pak 4mg	2	
methylpred tab 4mg	2	B/D
methylpred tab 8mg	2	B/D
methylpred tab 16mg	2	B/D
methylpred tab 32mg	2	B/D
methylprednisolone acetate	2	B/D
pred sod pho sol 5mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
prednisolone sol 25mg/5ml	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	2	
prednisone pak 10mg	2	
prednisone sol 5mg/5ml	2	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
cabergoline	2	
calcitonin (salmon)	2	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene hcl	2	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS	2	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	2	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	2	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	2	
<b>THYROID AGENTS</b>		
levo-t	2	
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	2	
methimazole TABS	1	
propylthiouracil TABS	2	
SYNTHROID	4	
unithroid	2	
<b>VASOPRESSINS</b>		
desmopressin acetate spray	2	
desmopressin acetate spray refrigerated	2	
desmopressin acetate tabs	2	
desmopressin inj 4mcg/ml	2	
STIMATE	5	NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
aprepitant	2	B/D
aprepitant pak 80mg & 125mg	2	B/D
compro	2	
dronabinol	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
gransetron hcl SOLN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>granisetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>TRANSDERM-SCOP</b>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	2	
<i>glycopyrrolate tab 2mg</i>	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	2	
<i>ranitidine inj</i>	2	
<i>ranitidine syrup</i>	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>APRISO</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
<i>CANASA</i>	4	
<i>colocort enema 100mg</i>	2	
<i>DELZICOL</i>	4	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine ENEM</i>	2	
<i>mesalamine SUPP</i>	2	
<i>mesalamine TBEC 800mg</i>	2	
<i>mesalamine w/ cleanser</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfasalazine TABS	2	
sulfasalazine ec	2	
<b>LAXATIVES</b>		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
GOLYTELY	3	
lactulose SOLN	2	
lactulose (encephalopathy)	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	
peg 3350/electrolytes	2	
SUPREP BOWEL PREP KIT	4	
trilyte	2	
<b>MISCELLANEOUS</b>		
alosetron hcl	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine LIQD	4	
diphenoxylate w/ atropine TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
loperamide hcl CAPS	2	
misoprostol TABS	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	2	
SYMPROIC	3	
ursodiol CAPS; TABS	2	
XIFAXAN 550mg	5	PA
<b>PANCREATIC ENZYMEs</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium	2	QL (30 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium tbec</i>	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	
<i>tamsulosin hcl</i>	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride TABS</i>	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<i>MYRBETRIQ 25mg</i>	4	QL (60 tabs / 30 days)
<i>MYRBETRIQ 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	2	
<i>oxybutynin chloride TABS</i>	2	
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
<i>TOVIAZ</i>	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	2	QL (60 tabs / 30 days)
<i>VESICARE</i>	4	QL (30 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>COUMADIN</i>	3	
<i>ELIQUIS</i>	3	
<i>ELIQUIS STARTER PACK</i>	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	2	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline TBCR</i>	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean  
by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prasugrel hcl</i>	2	
ZONTIVITY	4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide TABS</i>	2	
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
azathioprine TABS	2	B/D
BENLYSTA	5	NM, PA
cyclosporine CAPS; SOLN	2	B/D, NM
cyclosporine modified (for microemulsion)	2	B/D, NM
gengraf	2	B/D, NM
mycophenolate mofetil CAPS; TABS	2	B/D, NM
mycophenolate mofetil SUSR	5	B/D, NM
mycophenolate sodium tbec	2	B/D, NM
NULOJIX	5	B/D, NM
RAPAMUNE SOLN	5	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
sirolimus SOLN	5	B/D, NM
sirolimus TABS 2mg	5	B/D, NM
sirolimus TABS .5mg, 1mg	2	B/D, NM
tacrolimus CAPS	2	B/D, NM
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOP INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQE	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

#### NUTRITIONAL/SUPPLEMENTS

##### ELECTROLYTES

klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
klor-con pak 20meq	2	
klor-con spr cap 8meq	2	
klor-con spr cap 10meq	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose	3	
magnesium sulfate inj 50%	3	
potassium chloride CPCR	2	
potassium chloride PACK	2	
potassium chloride SOLN 10%, 20%	2	
potassium chloride TBCR	2	
potassium chloride microencapsulated crystals er	2	
potassium chloride tab cr 10 meq	2	
sodium chloride SOLN 2.5meq/ml	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
tpn electrolytes	4	B/D

##### IV NUTRITION

AMINOSYN	4	B/D
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You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn</i> 8.5%/electrolyte	4	B/D
<i>aminosyn ii</i> 8.5%/electrol	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj</i> 20%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj</i> 20%	4	B/D
premasol sol 6%	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
dextrose 5%/nacl 0.2%	2	
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.9%	2	
dextrose 5%/nacl 0.33%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.225%	2	
dextrose 5%/potassium chl	2	
dextrose 10% flex contain	2	
DEXTROSE 10%/NACL 0.2%	3	
dextrose 10%/nacl 0.45%	2	
dextrose 50%	2	
dextrose in lactated ringers	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose inj 70%	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
kcl 0.15%/d5w/nacl 0.2%	2	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	2	
kcl 0.15%/d5w/nacl 0.9%	2	
KCL 0.15%/D5W/NACL 0.225%	3	
kcl 0.075%/d5w/nacl 0.45%	2	
kcl/d5w inj 0.3%	2	
kcl/d5w/nacl inj 0.22%/0.45%	2	
kcl/d5w/nacl inj .15/.33%	2	
kcl/d5w/nacl inj .15/.45%	2	
kcl/nacl inj 0.3-0.9	2	
kcl/nacl inj 0.15%-0.9%	2	
lactated ringer's	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
pot chloride inj 2meq/ml	2	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in nacl	2	
sodium chloride SOLN 3%, 5%	2	
sodium chloride 0.45%	2	
sodium chloride inj 0.9%	2	
<b>VITAMINS</b>		
calcitriol CAPS	2	B/D
calcitriol inj	2	B/D
calcitriol oral soln 1 mcg/ml	2	B/D
M-NATAL PLUS	3	
NIVA-PLUS	3	
O-CAL FA	3	
paricalcitol CAPS	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PNV PRENATAL PLUS	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
PREPLUS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAYALDEE	5	
TRICARE	3	
VOL-PLUS	3	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE OINT	4	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	1	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
<i>trifluridine</i>	2	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACRAFT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
<b>ANTIHISTAMINES</b>		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	
<i>ciproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	2	
<i>albuterol sulfate TABS</i>	2	
<i>albuterol sulfate TB12</i>	2	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
<i>SEREVENT DISKUS</i>	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	2	
<i>VENTOLIN HFA</i>	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium CHEW; PACK; TABS</i>	2	
<i>zafirlukast</i>	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	2	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine SOLN 10%, 20%</i>	2	B/D
<i>ARALAST NP</i>	5	NM, LA, PA
<i>DALIRESP</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
theophylline	2	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
flunisolide (nasal)	2	QL (3 bottles / 30 days)
fluticasone propionate (nasal)	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
budesonide (inhalation) .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
amnesteem	2	PA
avita	2	PA
benzoyl peroxide-erythromycin	2	
claravis	2	PA
clindacin-p	2	
clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB	2	
ery pad 2%	2	
erythromycin (acne aid)	2	
isotretinoin CAPS	2	PA
myorisan	2	PA
sulfacetamide sodium (acne)	2	
tretinoin CREA	2	PA
tretinoin GEL .01%, .025%	2	PA
zenatane	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DERMATOLOGY, ANTIBIOTICS</b>		
gentamicin sulfate (topical)	2	
mupirocin OINT	1	
silver sulfadiazine CREA	2	
ssd	2	
SULFAMYLON CREA	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox CREA; GEL; SUSP	2	
ciclopirox shampoo 1%	2	
clotrimazole (topical)	2	
clotrimazole w/ betamethasone CREA	2	
ketoconazole cream	2	
nyamyc	2	
nystatin (topical)	2	
nystatin pow 100000	2	
nystop	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin	5	PA
calcipotriene CREA; OINT	2	QL (120 gm / 30 days), PA
calcipotriene SOLN	2	QL (120 mL / 30 days), PA
calcitrene	2	QL (120 gm / 30 days), PA
tazarotene CREA	2	PA
TAZORAC CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo	1	
selenium sulfide LOTN	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort	1	
alclometasone dipropionate	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; LOTN; OINT	2	
ENSTILAR	4	PA
fluocinolone acetonide CREA; OIL; OINT; SOLN	2	
fluocinolone acetonide oil body	2	
fluocinonide CREA .05%	2	
fluocinonide GEL	2	
fluocinonide SOLN	2	
fluocinonide emulsified base	2	
fluticasone propionate CREA; OINT	2	
halobetasol propionate CREA; OINT	2	
hydrocortisone (topical) CREA	1	
hydrocortisone (topical) LOTN	2	
hydrocortisone (topical) OINT 2.5%	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate CREA; OINT; SOLN</i>	2	
<i>TEXACORT SOLN 2.5%</i>	4	
<i>triamcinolone acetonide (topical) CREA; OINT</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine PTCH</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl GEL</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate CREA; LOTN</i>	2	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>fluorouracil (topical) CREA 5%</i>	2	
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod CREA 5%</i>	2	
<i>metronidazole (topical) CREA; LOTN</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>PANRETIN</i>	5	
<i>PICATO .05%</i>	3	QL (2 tubes / 30 days)
<i>PICATO .015%</i>	3	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>protozozone-hc</i>	2	
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	
<i>TARGRETIN GEL</i>	5	NM, PA
<i>VALCHLOR</i>	5	NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	2	
<i>REGRANEX</i>	5	PA
<i>SANTYL</i>	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	2	
<i>CIPRODEX</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 5 of this formulary.

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This formulary was updated on **April 1, 2019**. For more recent information or other questions, please contact Piedmont Medicare Advantage's Customer Service, at 1-877-210-1719 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, Customer Service is available 8:00 a.m. to 8:00 p.m., Monday through Friday. Walk-ins are welcome, 8:30 a.m. to 5:00 p.m., Monday through Friday or visit [www.pchp.net](http://www.pchp.net).