



2018 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact TEAMStar Medicare Part D (PDP) Customer Service at 1-866-524-4173 or, for TTY users, 711, 7 days a week, from 8:00am to 8:00pm in your local time zone, or visit <http://www.teamstarpartd.com>.

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

2018 TEAMStar Medicare Part D (PDP) Formulary

When this drug list (formulary) refers to “we,” “us,” or “our,” it means United American Insurance Company. When it refers to “plan” or “our plan,” it means TEAMStar Medicare Part D (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the TEAMStar Medicare Part D (PDP) Formulary?

A formulary is a list of covered drugs selected by TEAMStar Medicare Part D (PDP) 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. TEAMStar Medicare Part D (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a TEAMStar Medicare Part D (PDP) 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2018. To get updated information about the drugs covered by TEAMStar Medicare Part D (PDP), please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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/Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 2. 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?

TEAMStar Medicare Part D (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

What are low cost generic drugs?

Union-Designated pharmacies will fill Low Cost Generics at a low copay of \$2 for a one-month supply. For more details, please go to <http://www.teamstarpartd.com> to download the list of Low Cost Generics and Union-Designated pharmacies.

Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** TEAMStar Medicare Part D (PDP) requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from TEAMStar Medicare Part D (PDP) before you fill your prescriptions. If you don't get approval, TEAMStar Medicare Part D (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, TEAMStar Medicare Part D (PDP) limits the amount of the drug that we will cover. For example, TEAMStar Medicare Part D (PDP) provides 34 pills per prescription for Zetia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, TEAMStar Medicare Part D (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, TEAMStar Medicare Part D (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, TEAMStar Medicare Part D (PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limits, 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 TEAMStar Medicare Part D (PDP) 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 TEAMStar Medicare Part D (PDP)'s formulary?" below 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 TEAMStar Medicare Part D (PDP) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by TEAMStar Medicare Part D (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by TEAMStar Medicare Part D (PDP).
- You can ask TEAMStar Medicare Part D (PDP) 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 TEAMStar Medicare Part D (PDP)'s Formulary?

You can ask TEAMStar Medicare Part D (PDP) 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, TEAMStar Medicare Part D (PDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, TEAMStar Medicare Part D (PDP) 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, tiering, 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 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

What if there is a change in my level of care?

A level of care change is defined as when enrollees:

- Enter long term care (LTC) facilities from hospitals or other settings;
- Leave LTC facilities and return to the community;
- Are discharged from a hospital to a home;
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan formulary;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Are discharged from psychiatric hospitals with medication regimens that are highly individualized

While Part A does provide reimbursement for "a limited supply" to facilitate beneficiary discharge, you must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. Level of Care supplies will be available for your prescription, when appropriate, that are received at retail, home infusion, or mail order.

We do not use an early-refill restriction to limit appropriate and necessary access to your Part D benefit. In instances where you are admitted to, or discharged from, a long term care facility, we allow you to access a refill upon admission or discharge. However, we may use early-refill restrictions for safety reasons.

Formulary: 2018 GOLD5T - IBT

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List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

PA: Prior Authorization. TEAMStar Medicare Part D (PDP) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from TEAMStar Medicare Part D (PDP) before you fill your prescriptions. If you don't get approval, TEAMStar Medicare Part D (PDP) may not cover the drug.

QL: Quantity Limit. For certain drugs, TEAMStar Medicare Part D (PDP) limits the amount of the drug that TEAMStar Medicare Part D (PDP) will cover. For example, TEAMStar Medicare Part D (PDP) provides <number of units> per prescription for <drug name>. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, TEAMStar Medicare Part D (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, TEAMStar Medicare Part D (PDP) may not cover drug B unless you try Drug A first. If Drug A does not work for you, TEAMStar Medicare Part D (PDP) will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium dr</i>	4	
<i>diclofenac sodium er</i>	4	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 3%</i>	2	
<i>diflunisal tabs 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
<i>fenoprofen calcium tabs</i>	4	
<i>flurbiprofen tabs</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	PA
<i>indomethacin caps</i>	4	PA
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 75mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	4	PA
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days) PA
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen dr</i>	1	
<i>naproxen sodium er tb24 375mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tabs</i>	1	
<i>naproxen susp</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam caps</i>	2	
<i>profeno</i>	4	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs 600mg</i>	4	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	
BUPRENORPHINE PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	3	QL (4 EA per 28 days)
BUTRANS	3	QL (4 EA per 28 days)
EMBEDA	3	
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	
<i>fentanyl pt72 87.5mcg/hr</i>	5	
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	4	
<i>hydromorphone hcl er t24a 16mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hydrochloride er</i>	5	
<i>levorphanol tartrate tabs</i>	5	
<i>methadone hcl oral soln, tabs</i>	2	
<i>methadone hcl inj</i>	4	
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	
<i>morphine sulfate er cp24 100mg</i>	5	
<i>morphine sulfate er tbc</i>	2	
<i>oxymorphone hydrochloride er</i>	4	
<i>tramadol hcl er tb24</i>	2	
XTAMPZA ER	3	
Opioid Analgesics, Short-acting		
ABSTRAL	5	PA
<i>acetaminophen/codeine soln</i>	1	
<i>acetaminophen/codeine tabs</i>	2	
<i>ascomp/codeine</i>	4	PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	PA
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA
<i>butorphanol tartrate nasal soln</i>	2	
<i>butorphanol tartrate inj</i>	4	
<i>codeine sulfate tabs</i>	2	
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl liqd, tabs</i>	2	
<i>hydromorphone hcl inj 10mg/ml, 2mg/ml, 50mg/5ml</i>	2	
LAZANDA	5	PA
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	
<i>morphine sulfate oral soln, tabs</i>	2	
<i>morphine sulfate inj 10mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	4	
<i>oxycodone hcl caps, soln, tabs</i>	2	
<i>oxycodone hcl conc</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	
<i>oxycodone/ibuprofen</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/naloxone hcl</i>	4	PA
PRIMLEV TABS 300MG; 5MG, 300MG; 7.5MG	4	
PRIMLEV TABS 300MG; 10MG	5	
SUBSYS LIQD 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>tramadol hcl tabs</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>vicodin es tabs 300mg; 7.5mg</i>	2	
<i>vicodin hp tabs 300mg; 10mg</i>	2	
<i>vicodin tabs 300mg; 5mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl inj 0.5%, 1%, 2%</i>	2	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days)
<i>lidocaine oint</i>	4	
<i>lidocaine ptch</i>	4	PA
PLIAGLIS	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	3	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
LUCEMYRA	4	QL (480 EA per 30 days)
<i>naltrexone hcl tabs</i>	2	
SUBOXONE FILM 4MG; 1MG	3	QL (180 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	3	QL (360 EA per 30 days)
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	4	QL (180 EA per 30 days)
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBL 1.4MG; 0.36MG	4	QL (360 EA per 30 days)
ZUBSOLV SUBL 8.6MG; 2.1MG	4	QL (60 EA per 30 days)
ZUBSOLV SUBL 5.7MG; 1.4MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i>	2	
NARCAN LIQD	3	
Smoking Cessation Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl sr tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate crea, oint</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	2	
TOBEX OINT	4	
Antibacterials, Other		
<i>baciim</i>	2	
<i>bacitracin inj, oint</i>	2	
BACTROBAN NASAL	4	
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN SUPP	4	
<i>clindacin-p</i>	2	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate crea, gel, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate foam</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
CLINDESSE	4	
<i>colistimethate sodium</i>	4	
CORTISPORIN CREA, OINT	4	
DALVANCE	5	
<i>daptomycin inj 500mg</i>	5	
<i>lincomycin hcl inj</i>	2	
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid tabs</i>	5	QL (56 EA per 28 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole caps, crea, gel, lotn, tabs</i>	2	
MONUROL	4	
<i>mupirocin crea, oint</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%;</i> <i>3.5mg/ml; 10000unit/ml</i>	2	
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 100mg</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 50mg</i>	4	QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	QL (180 EA per 365 days)
<i>nitrofurantoin susp</i>	4	QL (7200 ML per 365 days)
NORITATE	5	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
<i>silver sulfadiazine crea</i>	2	
SIVEXTRO	5	QL (6 EA per 30 days)
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline</i>	5	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl caps</i>	2	
<i>vancomycin hcl inj 1000mg, 10gm, 500mg</i>	2	
<i>vandazole</i>	2	
XIFAXAN	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	4	
<i>cefaclor caps</i>	4	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime inj 1gm, 2gm</i>	2	
<i>cefixime</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	2	
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	2	
SUPRAX CAPS, CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	
Beta-lactam, Other		
azactam inj 1gm, 2gm	4	
aztreonam inj 1gm	4	
DORIPENEM INJ 500MG	4	
imipenem/cilastatin	4	
INVANZ	4	
meropenem	2	
VABOMERE	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium	2	
amoxicillin/clavulanate potassium er	2	
amoxicillin chew 125mg, 250mg	1	
amoxicillin caps, susr, tabs	1	
ampicillin sodium inj 10gm, 125mg, 1gm	2	
ampicillin-sulbactam	2	
ampicillin caps 500mg	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BACTOCILL IN DEXTROSE INJ 0; 1GM/50ML	4	
BACTOCILL IN DEXTROSE INJ 0; 2GM/50ML	5	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 10gm	5	
oxacillin sodium inj 10gm	2	
oxacillin sodium inj 1gm, 2gm	4	
penicillin g potassium in iso-osmotic dextrose inj 0; 40000unit/ml, 0; 60000unit/ml	2	
penicillin g potassium inj 20000000unit	2	
penicillin g sodium	5	
penicillin v potassium	1	
piperacillin sodium/ tazobactam sodium	2	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	2	
piperacillin/tazobactam inj 2gm; 0.25gm, 4gm; 0.5gm	2	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	4	
Macrolides		
AZASITE	4	
azithromycin tabs	1	
azithromycin pack, susr	2	
azithromycin inj 500mg	2	
clarithromycin er	2	
clarithromycin susr, tabs	2	
DIFICID	5	
ery	2	
ERY-TAB	3	

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400	5	
<i>erythrocin lactobionate inj 500mg</i>	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin oint</i>	1	
<i>erythromycin gel</i>	2	
<i>erythromycin cpep</i>	4	
<i>erythromycin soln 2%</i>	2	
Quinolones		
BAXDELA	5	
BESIVANCE	4	
CILOXAN OINT	4	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl soln</i>	1	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin soln, susr</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
<i>levofloxacin ophthalmic soln, tabs</i>	2	
<i>levofloxacin inj, oral soln</i>	4	
MOXEZA	3	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hcl tabs</i>	2	
<i>moxifloxacin hydrochloride soln</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
VIGAMOX	3	
Sulfonamides		
<i>sodium sulfacetamide soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium lotn</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
DORYX MPC	4	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	2	
<i>doxycycline hyclate dr tbec 200mg, 50mg</i>	4	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg, 75mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl er</i>	2	
<i>minocycline hcl caps, tabs</i>	2	
<i>minocycline hydrochlorideer</i>	5	
<i>morgidox 1x50mg</i>	2	
<i>tetracycline hydrochloride</i>	4	
VIBRAMYCIN SYRP	4	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM	5	
BRIVIACT INJ	4	
BRIVIACT ORAL SOLN, TABS	5	
FYCOMPA	4	
<i>levetiracetam er</i>	2	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam oral soln</i>	2	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
<i>roweepra</i>	1	
<i>roweepra xr</i>	2	
SPRITAM	4	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
LYRICA SOLN	3	QL (900 ML per 30 days)
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
<i>zonisamide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs</i>	1	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	2	
GABITRIL TABS 12MG, 16MG	4	
ONFI SUSP	5	
ONFI TABS 10MG, 20MG	5	
<i>phenobarbital elix</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	PA
<i>primidone tabs</i>	2	
SABRIL	5	PA
<i>tiagabine hydrochloride</i>	4	
<i>valproate sodium inj</i>	4	
<i>valproic acid caps, soln</i>	2	
<i>vigabatrin</i>	5	PA
Glutamate Reducing Agents		
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	5	
LAMICTAL STARTER/TAKING VALPROATE	4	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	5	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate cpsp</i>	2	
Sodium Channel Agents		
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
DILANTIN CAPS	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
PHENYTEK	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	2	
TEGRETOL-XR	4	
TEGRETOL SUSP, TABS	4	
VIMPAT	4	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 5mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	2	
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln</i>	2	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days)
Antidepressants		
Antidepressants, Other		
APLENZIN	5	QL (30 EA per 30 days) ST
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine dr</i>	2	QL (4 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps</i>	1	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
<i>maprotiline hcl</i>	2	
<i>nefazodone hcl tabs 100mg, 150mg, 250mg, 50mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg</i>	4	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>paroxetine</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl</i>	1	PA
<i>paroxetine hcl er</i>	2	PA
PAXIL SUSP	4	PA
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) PA
<i>sertraline hcl tabs</i>	1	
<i>sertraline hcl conc</i>	2	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24</i>	2	
<i>venlafaxine hcl er tb24 150mg, 225mg</i>	2	
<i>venlafaxine hydrochloride er tb24 37.5mg, 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs</i>	4	PA
<i>amoxapine</i>	2	PA
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>clomipramine hcl caps</i>	4	PA
<i>desipramine hcl tabs</i>	2	PA
<i>doxepin hcl caps, conc</i>	4	PA
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA
<i>imipramine hydrochloride tabs 10mg</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps</i>	1	PA
<i>nortriptyline hcl soln</i>	2	PA
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	PA
<i>trimipramine maleate caps</i>	4	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>meclizine hcl tabs</i>	1	PA
<i>phenadoz supp 12.5mg</i>	4	PA
<i>prochlorperazine edisylate inj</i>	4	
<i>prochlorperazine maleate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl inj, supp, syrp</i>	4	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	4	PA
<i>promethazine hydrochloride tabs 50mg</i>	4	PA
<i>promethegan supp 25mg, 50mg</i>	4	PA
<i>scopolamine</i>	2	PA
TRANSDERM-SCOP	4	PA
<i>trimethobenzamide hcl caps 300mg</i>	4	B/D
Emetogenic Therapy Adjuncts		
ALOXI INJ 0.25MG/5ML	4	
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
CINVANTI	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA
EMEND SUSR	4	QL (6 EA per 30 days) B/D
<i>granisetron hcl inj</i>	2	
<i>granisetron hcl tabs</i>	2	QL (30 EA per 30 days) B/D
<i>ondansetron hcl oral soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 4mg/2ml</i>	2	QL (240 ML per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron odt</i>	1	B/D
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	4	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
SANCUSO	5	QL (2 EA per 30 days)
SYNDROS	5	QL (120 ML per 30 days) PA
Antifungals		
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b inj</i>	4	B/D
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole crea</i>	1	
<i>clotrimazole lozg, soln</i>	2	
CRESEMBA	5	
<i>econazole nitrate crea</i>	4	
ERAXIS INJ 100MG	4	
ERAXIS INJ 50MG	5	
EXELDERM	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
GYNAZOLE-1	4	
<i>itraconazole caps</i>	4	PA
JUBLIA	3	
<i>ketoconazole sham</i>	1	
<i>ketoconazole crea, tabs</i>	2	
<i>ketoconazole foam</i>	4	
MENTAX	4	
<i>miconazole 3 supp</i>	2	
MYCAMINE	5	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride</i>	4	
NAFTIN GEL	4	
NATACYN	4	
NOXAFIL SUSP, TBEC	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin susp</i>	1	
<i>nystatin crea, oint, powd, tabs</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT LOTN	4	
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole inj, susr</i>	5	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol sodium</i>	4	
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
COLCHICINE TABS 0.6MG	3	
COLCRYS	3	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	3	ST
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj</i>	5	
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	2	
MIGERGOT	5	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan</i>	4	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan/naproxen sodium</i>	5	QL (9 EA per 30 days)
SUMATRIPTAN SOLN	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
MESTINON SYRP	5	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	2	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
CAPASTAT SULFATE	4	
<i>ethambutol hcl tabs</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid inj, syrp</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU	5	
<i>busulfan</i>	5	
<i>carboplatin inj 150mg/15ml</i>	2	
<i>cisplatin inj 50mg/50ml</i>	2	
<i>cyclophosphamide caps</i>	2	B/D
<i>dacarbazine inj 200mg</i>	2	
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
HEXALEN	5	
<i>ifosfamide inj 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	5	QL (91 EA per 28 days) PA
LEUKERAN	5	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	
MUSTARGEN	5	
<i>oxaliplatin inj 100mg</i>	2	
<i>oxaliplatin inj 100mg/20ml</i>	4	
<i>thiotepa inj 15mg</i>	5	
TREANDA INJ 100MG, 25MG	5	
VALCHLOR	5	PA
YONDELIS	5	
ZANOSAR	5	
Antiandrogens		
<i>bicalutamide</i>	2	
ERLEADA	5	QL (120 EA per 30 days) PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
XTANDI	5	PA
YONSA	5	PA
ZYTIGA	5	PA
Antiangiogenic Agents		
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FARESTON	5	
FASLODEX INJ 250MG/5ML	5	
SOLTAMOX	4	
<i>tamoxifen citrate tabs</i>	2	
Antimetabolites		
<i>adrucil inj 500mg/10ml</i>	2	B/D
ALIMTA	5	
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	2	B/D
DROXIA	4	
<i>fluorouracil inj 5gm/100ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	PA
<i>gemcitabine hcl inj 1gm</i>	4	
<i>hydroxyurea caps</i>	2	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	2	
NIPENT	5	
PURIXAN	5	

Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	
VYXEOS	5	PA
Antineoplastics, Other		
ABRAXANE	5	
<i>adriamycin inj 2mg/ml</i>	2	B/D
<i>azacitidine</i>	5	
BELEODAQ	5	PA
<i>bleomycin sulfate inj 30unit</i>	2	B/D
BORTEZOMIB	5	PA
COSMEGEN	5	
COTELLIC	5	QL (90 EA per 30 days) PA
<i>dactinomycin</i>	5	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
<i>decitabine</i>	5	PA
<i>dexrazoxane inj 250mg</i>	5	
<i>docetaxel inj 160mg/16ml, 80mg/4ml</i>	5	
<i>doxorubicin hcl liposome</i>	5	
<i>doxorubicin hcl inj 2mg/ml</i>	2	B/D
<i>epirubicin hcl inj 200mg/100ml</i>	2	
ERWINAZE	5	
FARYDAK	5	PA
<i>fludarabine phosphate inj 50mg</i>	4	
HALAVEN	5	PA
IBRANCE	5	PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	
<i>irinotecan inj 100mg/5ml</i>	2	
ISTODAX (OVERFILL)	5	PA
JEVTANA	5	PA
KISQALI	5	QL (63 EA per 28 days) PA
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj 100mg, 350mg</i>	4	
<i>levoleucovorin inj 175mg/17.5ml, 50mg</i>	5	
LYNPARZA	5	PA
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
NERLYNX	5	QL (180 EA per 30 days) PA
NINLARO	5	PA
<i>paclitaxel inj 100mg/16.7ml</i>	2	
PROLEUKIN	5	
RUBRACA	5	QL (120 EA per 30 days) PA
RYDAPT	5	QL (240 EA per 30 days) PA
SYLATRON	5	PA
SYNRIBO	5	PA
TRISENOX INJ 12MG/6ML	5	
VELCADE	5	PA
VERZENIO	5	QL (60 EA per 30 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	
ZALTRAP INJ 100MG/4ML	5	PA
ZEJULA	5	QL (90 EA per 30 days) PA
ZOLINZA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS	4	
<i>etoposide inj 100mg/5ml</i>	2	
KYPROLIS INJ 30MG, 60MG	5	PA
<i>toposar inj 1gm/50ml</i>	2	
<i>topotecan hcl inj 4mg</i>	5	
ZYDELIG	5	PA
<i>Molecular Target Inhibitors</i>		
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	QL (240 EA per 30 days) PA
ALIQOPA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (180 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
BOSULIF	5	PA
CABOMETYX	5	PA
CALQUENCE	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 45MG	5	PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
IDHIFA	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
IRESSA	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
ODOMZO	5	PA
SPRYCEL	5	PA

Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISSE	5	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA
TASIGNA	5	PA
TORISEL	5	
TYKERB	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG, 50MG	4	PA
VENCLEXTA TABS 100MG	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
ZYKADIA	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	5	
BAVENCIO	5	PA
CYRAMZA	5	PA
DARZALEX INJ 100MG/5ML	5	PA
EMPLICITI	5	PA
ERBITUX INJ 100MG/50ML	5	PA
HERCEPTIN	5	PA
IMFINZI	5	PA
KADCYLA	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
LARTRUVO	5	PA
MYLOTARG	5	PA
OPDIVO INJ 100MG/10ML, 40MG/4ML	5	PA
PERJETA	5	PA
RITUXAN	5	PA
TECENTRIQ	5	PA
VECTIBIX INJ 100MG/5ML	5	
YERVOY INJ 50MG/10ML	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
ELITEK	5	
<i>mesna</i>	2	
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
ALBENZA	5	
BILTRICIDE	3	
<i>ivermectin tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoals		
ALINIA	5	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D
PENTAM 300	4	
<i>primaquine phosphate tabs</i>	2	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Pediculicides/Scabicides		
EURAX	4	
<i>lindane sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	2	
SKLICE	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	4	PA
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
GOCOVRI	5	PA
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	5	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl tabs</i>	1	
<i>fluphenazine hcl conc, elix, inj</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc</i>	1	
<i>haloperidol tabs</i>	2	
<i>loxapine succinate caps</i>	2	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	4	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg, 5mg</i>	4	QL (60 EA per 30 days)
ARISTADA	5	
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID TABS 17MG	5	QL (60 EA per 30 days) PA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days)
<i>quetiapine fumarate er tb24 150mg, 300mg, 50mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate er tb24 400mg</i>	5	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone odt</i>	2	QL (60 EA per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SAPHRIS SUBL 2.5MG, 5MG	4	QL (60 EA per 30 days)
SAPHRIS SUBL 10MG	5	QL (60 EA per 30 days)
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
BOTOX	4	PA
<i>dantrolene sodium caps</i>	2	
LIORESAL INTRATHECAL INJ 500MCG/ML	4	B/D
LIORESAL INTRATHECAL INJ 2000MCG/ML	5	B/D
<i>tizanidine hcl caps, tabs</i>	2	
XEOMIN INJ 50UNIT	4	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
PREVYMIS	5	
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochlorde</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	4	QL (600 ML per 30 days)
<i>entecavir tabs 0.5mg</i>	2	QL (30 EA per 30 days)
<i>entecavir tabs 1mg</i>	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
INTRON A	5	PA
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA	5	QL (168 EA per 365 days) PA
EPCLUSA	5	QL (84 EA per 365 days) PA
HARVONI	5	QL (168 EA per 365 days) PA
MAVYRET	5	QL (336 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI	5	QL (336 EA per 365 days) PA
TECHNIVIE	5	QL (168 EA per 365 days) PA
VIEKIRA PAK	5	QL (672 EA per 365 days) PA
VIEKIRA XR	5	QL (504 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
ZEPATIER	5	QL (112 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK	5	
MODERIBA 800 DOSE PACK	4	
<i>moderiba tabs</i>	4	
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
REBETOL SOLN	4	
RIBASPHERE RIBAPAK TABS 400MG	4	
<i>ribasphere ribapak tabs 600mg</i>	5	
RIBASPHERE RIBAPAK TBPK 0	4	
<i>ribasphere ribapak tbpk 0</i>	5	
<i>ribasphere caps</i>	2	
RIBASPHERE TABS 400MG	4	
<i>ribasphere tabs 200mg</i>	4	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin caps</i>	2	
<i>ribavirin tabs 200mg</i>	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS PACK	4	
ISENTRESS TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
TRIUMEQ	5	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	2	
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	4	

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TABS	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA CAPS 200MG	5	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	QL (30 EA per 30 days)
VIRAMUNE SUSP	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
<i>abacavir/lamivudine</i>	5	QL (30 EA per 30 days)
<i>abacavir soln</i>	2	
<i>abacavir tabs</i>	4	
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	
EMTRIVA	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	4	
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	2	
<i>tenofovir disoproxil fumarate</i>	5	
TRUVADA	5	QL (30 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC SOLR 4GM	4	
VIREAD	5	
ZERIT SOLR	4	
ZIAGEN SOLN	4	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	QL (60 EA per 30 days)
ISENTRESS HD	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG, 75MG	4	
SELZENTRY TABS 150MG, 300MG	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN CAPS 200MG, 400MG	3	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>lopinavir/ritonavir</i>	2	
NORVIR CAPS, SOLN, TABS	4	

Drug Name	Drug Tier	Requirements/Limits
NORVIR PACK	5	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ	5	
<i>ritonavir</i>	2	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl caps, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (112 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (60 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (720 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (60 EA per 365 days)
TAMIFLU SUSR 6MG/ML	4	QL (720 ML per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir oint, susp</i>	4	
DENAVIR	5	
<i>famciclovir tabs</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride</i>	2	QL (120 EA per 30 days)
ZOVIRAX CREA	5	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	4	PA
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam intensol</i>	2	PA
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (360 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam tabs</i>	1	
<i>diazepam soln</i>	2	
<i>estazolam</i>	2	QL (30 EA per 30 days) PA
<i>lorazepam conc</i>	2	PA
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) PA
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA
<i>temazepam</i>	2	QL (30 EA per 30 days) PA
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	
BYDUREON	3	QL (4 EA per 28 days) ST
BYDUREON BCISE	3	QL (3.4 ML per 28 days) ST
BYDUREON PEN	3	QL (4 EA per 28 days) ST
CYCLOSET	4	
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 3mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 1.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	2	QL (480 EA per 30 days) PA
GLYXAMBI	3	QL (30 EA per 30 days) ST
INVOKAMET XR	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) ST
JANUMET	3	QL (60 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST
JANUVIA	3	ST
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) ST
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) ST
JENTADUETO	3	QL (60 EA per 30 days) ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	4	QL (30 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	QL (60 EA per 30 days) ST
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>miglitol</i>	4	
<i>nateglinide</i>	1	
ONGLYZA	4	ST
<i>pioglitazone hcl-glimepiride</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 30 days)
<i>repaglinide</i>	1	
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days)
RIOMET	4	QL (765 ML per 30 days)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	3	QL (30 EA per 30 days) ST
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 500MG, 5MG; 500MG	3	QL (120 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
<i>tolazamide tabs 500mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 250mg</i>	1	QL (240 EA per 30 days)
<i>tolbutamide</i>	1	QL (180 EA per 30 days)
TRADJENTA	3	ST
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
Glycemic Agents		
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	5	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

<i>argatroban inj 125mg/125ml; 0.9%, 250mg/2.5ml</i>	5	
COUMADIN TABS	4	
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	5	PA
GRANIX	5	ST
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL (38.4 ML per 365 days) PA
NEULASTA	5	PA
NEUPOGEN	5	ST
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
ZARXIO	5	
Hemostasis Agents		
TAVALISSE	5	QL (60 EA per 30 days) PA
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	4	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
BRILINTA	3	
<i>cilostazol</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs</i>	4	PA
<i>prasugrel</i>	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk</i>	2	
<i>guanfacine hcl</i>	4	PA
<i>methyldopa/hydrochlorothiazide</i>	4	PA
<i>methyldopa tabs 250mg, 500mg</i>	4	PA
<i>methyldopate hcl</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
EDARBI	4	
EDARBYCLOR	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tabs</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>disopyramide phosphate caps</i>	4	PA
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	PA
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj</i>	2	
<i>propafenone hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl er cp12 225mg, 325mg</i>	4	
<i>propafenone hydrochloride er cp12 425mg</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine gluconate inj</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af) tabs 120mg</i>	2	
<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	4	
DUTOPROL	4	
INNOPRAN XL	4	
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl inj, oral soln</i>	2	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 60mg</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/valsartan/hctz</i>	2	
CARDIZEM LA TB24 120MG	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl er cp12, cp24</i>	2	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl inj 100mg, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps, inj</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	4	PA
<i>nimodipine caps 0; 30mg</i>	5	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 30MG/10ML	5	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	2	
<i>verapamil hcl er tbc</i>	1	
<i>verapamil hcl er cp24</i>	2	
<i>verapamil hcl sr cp24 360mg</i>	2	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl inj</i>	2	
Cardiovascular Agents, Other		
ADRENALIN INJ 1MG/ML	4	
CORLANOR	4	QL (60 EA per 30 days) PA
DEMSER	5	
<i>digitek tabs 0.125mg</i>	2	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	4	PA
<i>digoxin oral soln</i>	2	PA
<i>digoxin inj 0.25mg/ml</i>	4	PA
<i>digoxin tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	4	PA
<i>digox tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	4	PA
ENTRESTO	3	QL (60 EA per 30 days)
LANOXIN TABS 250MCG	4	PA
LANOXIN TABS 125MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 62.5MCG	4	QL (60 EA per 30 days)
NORTHERA	5	PA
<i>pentoxifylline er</i>	4	
PRALUENT	5	QL (2 ML per 28 days) PA
RANEXA	3	
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	5	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	5	
Diuretics, Loop		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	2	
<i>ethacrynic acid tabs</i>	5	
<i>furosemide tabs</i>	1	
<i>furosemide inj, oral soln</i>	2	
<i>toremide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
ALDACTAZIDE TABS 50MG; 50MG	4	
amiloride hcl tabs	2	
amiloride/hydrochlorothiazide	1	
DYRENIUM	4	
eplerenone	2	
spironolactone/hydrochlorothiazide	2	
spironolactone tabs	1	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tabs	1	
Diuretics, Thiazide		
chlorothiazide	2	
chlorothiazide sodium	4	
chlorthalidone tabs 25mg, 50mg	2	
DIURIL SUSP	4	
hydrochlorothiazide caps, tabs	1	
indapamide tabs	1	
methyclothiazide tabs	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	2	
fenofibrate caps 130mg, 150mg, 43mg, 50mg	2	
fenofibrate tabs	2	
fenofibric acid	2	
fenofibric acid dr	2	
gemfibrozil tabs	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin	1	
fluvastatin sodium er	2	
LIVALO	3	ST
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin tabs 10mg, 20mg, 40mg, 5mg	1	
simvastatin tabs 80mg	1	PA
Dyslipidemics, Other		
cholestyramine light powd	2	
cholestyramine pack	2	
colesevelam hydrochloride tabs	3	
colestipol hcl pack, tabs	2	
ezetimibe	2	
ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg	2	
ezetimibe/simvastatin tabs 10mg; 80mg	2	PA
JUXTAPID	5	QL (30 EA per 30 days) PA
KYNAMRO	5	QL (4 ML per 28 days) PA
niacin er	2	
niacor	2	

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters</i>	4	
<i>prevalite pack</i>	2	
VASCEPA	4	
WELCHOL	3	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin lingual soln</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs</i>	1	
<i>hydralazine hcl inj</i>	4	
<i>minoxidil tabs</i>	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA
ZENZEDI TABS 15MG, 2.5MG, 20MG, 5MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 7.5MG	5	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>clonidine hcl er</i>	4	
<i>dexmethylphenidate hcl</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days) PA
<i>guanfacine er</i>	4	
<i>metadate er tbcr 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride cd</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er (la)</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 10mg</i>	2	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 20mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 72mg</i>	2	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 10mg	4	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc</i> 18mg, 27mg, 54mg	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc</i> 36mg	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc</i> 20mg	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride chew</i> 10mg	2	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride chew</i> 2.5mg, 5mg	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride soln</i>	4	PA
RITALIN LA CP24 10MG	4	QL (180 EA per 30 days) PA
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps</i> 300mg; 50mg; 40mg	4	PA
<i>butalbital/acetaminophen/caffeine caps</i> 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs</i>	4	PA
<i>butalbital/acetaminophen tabs</i> 300mg; 50mg	4	PA
<i>butalbital/acetaminophen tabs</i> 325mg; 50mg	4	QL (360 EA per 30 days) PA
<i>butalbital/aspirin/caffeine caps</i>	4	PA
GRALISE STARTER	4	QL (156 EA per 365 days) ST
GRALISE TABS 300MG	4	QL (180 EA per 30 days) ST
GRALISE TABS 600MG	4	QL (90 EA per 30 days) ST
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
NAMZARIC C4PK 10MG; 0	3	QL (56 EA per 365 days)
NUEDEXTA	4	
<i>phrenilin forte</i>	4	PA
RADICAVA	5	PA
<i>riluzole</i>	2	PA
<i>tencon</i>	4	QL (360 EA per 30 days) PA
<i>tetrabenazine</i>	5	PA
<i>vanatol lq</i>	5	PA
<i>zebutal caps</i> 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
Fibromyalgia Agents		
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
EXTAVIA	5	QL (15 EA per 30 days) PA
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj</i> 40mg/ml	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj</i> 20mg/ml	5	QL (30 ML per 30 days) PA
<i>glatopa inj</i> 40mg/ml	5	QL (12 ML per 28 days) PA
<i>glatopa inj</i> 20mg/ml	5	QL (30 ML per 30 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK	5	QL (2 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
TYSABRI	5	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate soln</i>	1	
KEPIVANCE	5	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Dermatological Agents</i>		
<i>acitretin caps 10mg, 25mg</i>	4	
<i>acitretin caps 17.5mg</i>	5	
<i>adapalene and benzoyl peroxide</i>	2	
<i>adapalene crea, gel</i>	2	
<i>ammonium lactate crea, lotn</i>	2	
<i>amnesteam</i>	4	PA
<i>avita</i>	4	PA
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 30 days)
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
CALCITRIOL OINT 3MCG/GM	4	
<i>claravis caps 10mg</i>	4	PA
<i>clindamycin phosphate/tretinoin</i>	4	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole/betamethasone dipropionate</i>	2	
CONDYLOX GEL	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
<i>dapsone gel 5%</i>	4	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium transdermal soln 1.5%</i>	4	PA
<i>doxepin hydrochloride</i>	4	
DUPIXENT	5	QL (8 ML per 28 days) PA
ELIDEL	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil crea 0.5%</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	4	
<i>imiquimod crea</i>	2	
<i>isotretinoin caps</i>	4	PA
<i>methoxsalen caps</i>	5	
MIRVASO	4	PA
<i>myorisan</i>	4	PA
<i>neuac</i>	4	
PENNSAID SOLN 2%	5	PA
PICATO	5	
<i>podofilox soln</i>	2	
RECTIV	4	
REGRANEX	5	PA
SANTYL	4	
<i>selenium sulfide lotn</i>	1	
SILIQ	5	PA
STELARA	5	PA
SYNALAR CREA	4	
TACLONEX SUSP	5	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
TALTZ	5	PA
<i>tazarotene crea</i>	2	
TAZORAC GEL	4	
TAZORAC CREA 0.05%	4	
TREMFYA	5	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
VEREGEN	5	
<i>zenatane</i>	4	PA
ZYCLARA PUMP	5	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D
CARBAGLU	5	
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium chloride cr tbcr 10meq</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	2	
<i>potassium chloride/dextrose/sodium chloride</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l, 5%; 40meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	2	
<i>potassium chloride oral soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er</i>	2	
PROCALAMINE	4	B/D
<i>ringers injection</i>	2	
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride tabs 1mg</i>	2	
<i>sodium lactate inj 5meq/ml</i>	2	
<i>tpn electrolytes</i>	2	
Electrolyte/Mineral/Metal Modifiers		
DEPEN TITRATABS	5	
EXJADE	5	PA
FERRIPROX	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
JYNARQUE	5	QL (56 EA per 28 days)
<i>kionex susp</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 60 days)
SAMSCA TABS 30MG	5	QL (60 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
SYPRINE	5	
<i>trientine hydrochloride</i>	5	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
FOSRENOL CHEW 1000MG, 500MG, 750MG	5	
<i>lanthanum carbonate</i>	5	
RENAGEL TABS 800MG	5	
REVELA	3	
<i>sevelamer carbonate</i>	3	
VELPHORO	5	
Vitamins		
RAYALDEE	5	
<i>vp-pnv-dha</i>	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
<i>dicyclomine hcl caps</i>	1	PA
<i>dicyclomine hcl inj, oral soln</i>	2	PA
<i>dicyclomine hydrochloride tabs</i>	1	PA
<i>glycopyrrolate inj 4mg/20ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	4	
<i>propantheline bromide tabs</i>	4	PA
Gastrointestinal Agents, Other		
CHENODAL	5	

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenoxylate/atropine</i>	4	PA
GATTEX	5	PA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl oral soln, tabs</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>metoclopramide odt</i>	4	
OICALIVA	5	QL (30 EA per 30 days) PA
RELISTOR TABS	5	QL (90 EA per 30 days) PA
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
<i>ursodiol tabs</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	2	
<i>famotidine inj 20mg/2ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>nizatidine soln</i>	4	
<i>ranitidine hcl syrp</i>	1	
<i>ranitidine hcl caps</i>	2	
<i>ranitidine hcl inj 50mg/2ml</i>	2	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	5	PA
AMITIZA	3	QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
Laxatives		
<i>constulose</i>	2	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	1	
KRISTALOSE	4	
<i>lactulose soln</i>	2	
MOVIPREP	3	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>polyethylene glycol 3350 powd</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
Protectants		

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	2	QL (30 EA per 30 days)
<i>lansoprazole tbdp</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	5	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack</i>	5	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj</i>	2	
<i>rabeprazole sodium</i>	2	QL (30 EA per 30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</i>		
ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL TABS	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	PA
EXONDYS 51	5	PA
FABRAZYME	5	PA
KANUMA	5	PA
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
ORFADIN	5	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sodium phenylbutyrate powd, tabs</i>	5	
STRENSIQ INJ 40MG/ML, 80MG/0.8ML	5	PA
SUCRAID	5	
VPRIV	5	PA
XURIDEN	5	QL (120 EA per 30 days) PA
ZAVESCA	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	2	
GELNIQUE GEL 10%	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	4	
CIALIS TABS 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	4	
<i>finasteride tabs 5mg</i>	1	
RAPAFLO	3	
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl caps</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	4	
<i>apexicon e</i>	5	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
CAPEX	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate foam, gel, liqd, lotn, oint, sham, soln</i>	4	
<i>clodan</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>colocort</i>	2	
CORDRAN TAPE	4	
<i>cortisone acetate tabs 25mg</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	4	
<i>desonide crea, lotn, oint</i>	2	
<i>desoximetasone crea, gel</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>diflorasone diacetate</i>	4	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide crea 0.1%</i>	5	
<i>fluocinonide gel, oint, soln</i>	2	
<i>flurandrenolide crea, oint</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate crea, oint, soln</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem, tabs</i>	2	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
KENALOG-10	4	
KENALOG-40	4	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>nolix crea</i>	4	
PANDEL	5	

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	1	
<i>prednisone intensol</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
RAYOS	5	
SOLU-CORTEF INJ 100MG, 250MG	4	
SOLU-MEDROL INJ 2GM	4	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
UCERIS FOAM 2MG/ACT	4	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
<i>desmopressin acetate nasal soln, tabs</i>	2	
<i>desmopressin acetate inj</i>	4	
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
H.P. ACTHAR	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL	4	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
SAIZEN	5	PA
SAIZENPREP RECONSTITUTIONKIT	5	PA
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA
STIMATE SOLN	5	
ZORBTIVE	5	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	5	PA
oxandrolone tabs 2.5mg	4	QL (240 EA per 30 days) PA
oxandrolone tabs 10mg	4	QL (60 EA per 30 days) PA
Androgens		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA
danazol caps	2	
methitest	4	PA
methyltestosterone caps	5	PA
STRIANT	4	PA
testosterone cypionate inj	2	PA
testosterone enanthate inj	2	PA
testosterone soln	4	PA
Estrogens		
altavera tabs 0.03mg; 0.15mg	2	
alyacen 1/35	2	
amabelz	4	PA
amethia	2	QL (91 EA per 91 days)
amethia lo	2	QL (91 EA per 91 days)
apri	2	
aranelle	2	
ashlyna	2	QL (91 EA per 91 days)
aubra	2	
aviane	2	
balziva	2	
bekyree	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camrese lo	2	QL (91 EA per 91 days)
caziant	2	
CLIMARA PRO	4	PA
COMBIPATCH	4	PA
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
delyla	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
desogestrel/ethinyl estradiol	2	
DIVIGEL GEL 1MG/GM	4	PA
drospirenone/ethinyl estradiol	2	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg;2</i>		
<i>0.02mg; 0.451mg</i>		
ELESTRIN	4	PA
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce tabs 0.15mg; 30mcg</i>	2	
<i>estarylla</i>	2	
ESTRACE CREA	4	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	2	
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol crea</i>	2	
<i>estradiol vaginal tabs</i>	4	
<i>estradiol pttw, ptwk, oral tabs</i>	4	PA
ESTRING	4	QL (1 EA per 90 days)
<i>estropipate tabs 0.75mg</i>	4	PA
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	2	
FYAVOLV	4	PA
<i>gianvi</i>	2	
<i>introvale</i>	2	QL (91 EA per 91 days)
<i>isibloom</i>	2	
<i>jinteli</i>	4	PA
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST TABS 0.3MG, 0.625MG, 1.25MG	4	PA
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	4	PA
<i>mimvey lo</i>	4	PA
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	2	
<i>norethindrone acetate/ethinyl estradiol chew</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	PA
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>pimtree</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	PA
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL (91 EA per 91 days)
<i>reclipsen tabs 0.15mg; 0.03mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rivelsa</i>	2	QL (91 EA per 91 days)
<i>setlakin</i>	2	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	4	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
Progesterone Agonists/Antagonists		
MAKENA INJ 275MG/1.1ML	5	PA
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA INJ 250MG/ML	5	PA
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate susp, tabs</i>	4	PA
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t</i>	2	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>liothyronine sodium inj</i>	4	
SYNTHROID TABS	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
TYMLOS	5	PA
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	5	PA
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	QL (1 EA per 84 days) PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR INJ 20MG, 40MG, 60MG	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
<i>azathioprine inj, tabs</i>	2	B/D
BENLYSTA	5	PA
CIMZIA	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine inj</i>	2	
<i>cyclosporine caps</i>	2	B/D
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>engraf caps 100mg, 25mg</i>	2	B/D
<i>engraf soln</i>	2	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
INFLECTRA	5	PA
KINERET	5	PA
<i>methotrexate sodium inj 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	2	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps, inj, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
NULOJIX	5	PA
ORENCIA	5	PA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
PROGRAF INJ	4	
RAPAMUNE SOLN	5	B/D
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA
REMICADE	5	PA
RENFLEXIS	5	PA
SANDIMMUNE SOLN	4	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<i>sirolimus tabs 2mg</i>	2	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	4	
XATMEP	4	
ZORTRESS	5	PA
Immunizing Agents, Passive		
ATGAM	5	
BIVIGAM INJ 10GM/100ML	5	PA
<i>carimune nanofiltered inj 6gm</i>	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
GAMASTAN S/D	3	PA
<i>gammagard liquid inj 2.5gm/25ml</i>	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAPLEX INJ 10GM/100ML; 0, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
HYPERRAB S/D INJ 1500UNIT/10ML, 300UNIT/2ML	3	B/D
IMOGAM RABIES-HT INJ 300UNIT/2ML	4	B/D
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
Immunomodulators		
ACTEMRA INJ 80MG/4ML	4	PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTIMMUNE	5	PA
ARCALYST	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
KEVZARA	5	PA
<i>leflunomide tabs</i>	2	
OLUMIANT	5	PA
OTEZLA	5	PA
RIDAURA	5	
SIMULECT INJ 20MG	5	
SYLVANT	5	PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ	5	PA
XELJANZ XR	5	PA
Vaccines		
ACTHIB INJ 0	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	PA
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
Aminosaliclates		
APRISO	3	
<i>balsalazide disodium</i>	2	
CANASA SUPP 1000MG	5	
DIPENTUM	5	
LIALDA	3	
MESALAMINE DR TBEC 800MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine dr tbec 1.2gm</i>	3	
<i>mesalamine enem</i>	4	
PENTASA CPCR 250MG	4	
PENTASA CPCR 500MG	5	
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
UCERIS TB24 9MG	5	
Sulfonamides		
<i>sulfasalazine tabs, tbec</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO	4	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	4	
<i>etidronate disodium</i>	2	
FORTEO INJ 600MCG/2.4ML	5	PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium inj</i>	2	
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ	5	
NATPARA	5	QL (2 EA per 28 days) PA
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	2	
PARICALCITOL INJ	4	
<i>paricalcitol caps</i>	2	
PROLIA	4	QL (2 ML per 365 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
SENSIPAR	5	
XGEVA	5	PA
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
AMINOSYN-RF	4	B/D
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	QL (200 EA per 30 days)
<i>clinisol sf 15%</i>	4	B/D
CURITY GAUZE PADS 2"X2"	3	
ENDARI	5	PA
FREAMINE HBC 6.9%	4	B/D
HAEGARDA	5	PA
HEPATAMINE	4	B/D
<i>intralipid inj 20gm/100ml</i>	4	B/D
KEVEYIS	5	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine soln, tabs</i>	2	
MYALEPT	5	PA
NEPHRAMINE	4	B/D
<i>nutrilipid</i>	4	B/D
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>plenamine</i>	4	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	4	B/D
PROSOL	4	B/D
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
COMBIGAN	3	
<i>latanoprost soln</i>	1	QL (2.5 ML per 25 days)
LUMIGAN	3	QL (2.5 ML per 25 days)
TRAVATAN Z	3	QL (2.5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln</i>	2	
<i>bacitracin/polymyxin b</i>	2	
CYSTARAN	5	QL (60 ML per 28 days) PA
LACRISERT	4	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	3	
XIIDRA	4	QL (60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	1	
EMADINE	4	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hydrochloride soln 0.2%</i>	2	
PAZEO	3	
Ophthalmic Anti-inflammatories		
ALOMIDE	4	
ALREX	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
BROMSITE	4	QL (20 ML per 365 days) ST
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	
LOTEMAX SUSP	4	
LOTEMAX OINT	4	QL (14 GM per 365 days)
LOTEMAX GEL	4	QL (20 GM per 365 days)
MAXIDEX SUSP	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEVANAC	3	QL (6 ML per 30 days)
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	4	
BETOPTIC-S	4	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
IOPIDINE SOLN 1%	4	
ISTALOL	4	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl soln 0.5%</i>	2	
<i>methazolamide tabs</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ASMANEX HFA	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>момetasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NUCALA	5	QL (3 EA per 28 days) PA
QVAR REDIHALER	3	QL (21.2 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>cyproheptadine hcl syr, tabs</i>	4	PA
<i>desloratadine</i>	2	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
DYMISTA	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl syr</i>	2	PA
<i>hydroxyzine hcl inj</i>	4	PA
<i>hydroxyzine hcl tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 50mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days)
SEMPREX-D	4	
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	4	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	ST
ZYFLO	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR	4	QL (60 EA per 30 days) ST
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate syrp, tabs</i>	4	
<i>albuterol sulfate nebu 0.5%</i>	2	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
BROVANA	4	QL (120 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPINEPHRINE INJ 0.15MG/0.15ML	4	ST
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	2	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	2	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrp, tabs</i>	4	
PERFOROMIST	5	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	4	
<i>terbutaline sulfate inj</i>	5	
VENTOLIN HFA	4	QL (48 GM per 30 days) ST
Cystic Fibrosis Agents		
BETHKIS	5	B/D
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO	5	QL (56 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	2	
DALIRESP	4	PA
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		
ADCIRCA	5	QL (60 EA per 30 days) PA
ADEMPAS	5	QL (90 EA per 30 days) PA
LETAIRIS	5	QL (30 EA per 30 days) PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
REVATIO SUSR	5	PA
<i>sildenafil tabs</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	PA
UPTRAVI TBPK	5	QL (400 EA per 365 days) PA
UPTRAVI TABS	5	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	2	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARALAST NP INJ 1000MG	5	PA
DULERA	4	QL (17.6 GM per 30 days)
FASENRA	5	PA
GLASSIA	5	PA
PROLASTIN-C INJ 1000MG	5	PA
<i>promethazine vc plain</i>	4	PA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>orphenadrine citrate er</i>	2	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>zolpidem tartrate</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days) PA
Sleep Disorders, Other		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA
BELSOMRA	3	QL (30 EA per 30 days)
HETLIOZ	5	QL (30 EA per 30 days) PA
<i>modafinil</i>	4	QL (30 EA per 30 days) PA
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)
XYREM	5	QL (540 ML per 30 days) PA

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<i>ziprasidone hcl</i>	22
ZIRGAN	22
<i>zoledronic acid</i>	53
ZOLINZA	18
<i>zolmitriptan</i>	15
<i>zolmitriptan odt</i>	15
<i>zolpidem tartrate</i>	60
<i>zolpidem tartrate er</i>	60
<i>zonisamide</i>	9
ZORBTIVE	44
ZORTRESS	51
ZOSTAVAX	52
ZOSYN	7
<i>zovia 1/35e</i>	48
ZOVIRAX	25
ZUBSOLV	4

Drug Name	Page #
ZYCLARA PUMP	37
ZYDELIG	18
ZYFLO	58
ZYKADIA	19
ZYLET	56
ZYPREXA RELPREVV	22
ZYTIGA	16

For more information

For more detailed information about your TEAMStar Medicare Part D (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about TEAMStar Medicare Part D (PDP), 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>.

TEAMStar Medicare Part D (PDP)'s Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by TEAMStar Medicare Part D (PDP). 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., **PRILOSEC**) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if TEAMStar Medicare Part D (PDP) has any special requirements for coverage of your drug.

Low Cost Generics Program

Through our Low Cost Generic Program, members can receive a 1-month supply of certain Generic drugs for only \$2 when filled at a Union-Designated pharmacy. All strengths and dosage forms of a covered drug may not be eligible for the Low Cost Generic Program. Please refer to the flyer you received entitled "Low Cost Generic Program for 2018" to see which drugs are covered under this program.

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact TEAMStar Medicare Part D (PDP) Customer Service at 1-866-524-4173 or, for TTY/TDD users, 711, 7 days a week, from 8:00am to 8:00pm in your local time zone, or visit <http://www.teamstarpartd.com>.

The International Brotherhood of Teamsters Voluntary Employee Benefits Trust is a PDP plan with a Medicare contract. Enrollment in TEAMStar Medicare Part D (PDP) depends on contract renewal.

The formulary may change at any time. You will receive a notice when necessary.

This information is available for free in other languages. Please call our customer service number at 1-866-524-4173 or for TTY/TDD users, 711, 7 days a week, from 8:00am to 8:00pm in your local time zone.

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con nuestro número de servicio al cliente al 1-866-524-4173 para obtener información adicional. (Los usuarios de TTY pueden llamar 711). Horas de operación son 8:00 am a 8:00 pm en su zona horaria local, siete días a la semana. Servicios al cliente tiene servicios de intérprete de lengua disponibles para hablantes de idiomas aparte de inglés.

TEAMStar Medicare Part D (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TEAMStar Medicare Part D (PDP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



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