

# AvMed Medicare 2023 Formulary List of Covered Drugs

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

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This Condensed, Comprehensive formulary was updated on 05/01/2023. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit [www.avmed.org](http://www.avmed.org)

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



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

When this drug list (formulary) refers to "we," "us", or "our," it means AvMed. When it refers to "plan" or "our plan," it means AvMed Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2023. 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, 2023, and from time to time during the year.

## **What is the AvMed Medicare Formulary?**

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

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

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

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

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

we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the AvMed Medicare Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2023. To get updated information about the drugs covered by AvMed Medicare, 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 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?**

AvMed Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** AvMed Medicare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare before you fill your prescriptions. If you don't get approval, AvMed Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare limits the amount of the drug that AvMed Medicare will cover. For example, AvMed Medicare provides 30 per prescription for OPSUMIT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AvMed Medicare 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, AvMed Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AvMed Medicare 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 AvMed Medicare formulary?" on page 4 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that AvMed Medicare does not cover your drug, you have two options:

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

You can ask AvMed Medicare 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 unless the drug is 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, AvMed Medicare 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, AvMed Medicare 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, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting

statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

### **Transition Supply for Current Members with changes in treatment setting:**

If the setting where you receive treatment changes during the plan year, you may need a short-term supply of your drugs during the transition. For example:

- You're discharged from a hospital or skilled nursing facility (where your Medicare Part A payments include drug costs) and need a prescription from a pharmacy to continue taking a drug at home (using your Part D plan benefit); or
- You transfer from one skilled nursing facility to another

If you do change treatment settings and need to fill a prescription at a pharmacy, we'll cover up to a 30-day supply of a drug covered by Medicare Part D, so your drug treatment won't be interrupted. To ask for a temporary supply, call AvMed Member Engagement (phone numbers are printed on the front and back cover of this booklet).

If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization for continued coverage of your drug. See the "How do I request an exception to the AvMed Medicare Formulary?" section on page 4.

## **For more information**

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

If you have questions about AvMed Medicare, 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>.

## **AvMed's Medicare Formulary**

The formulary below provides coverage information about the drugs covered by AvMed Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 64. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CHANTIX) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

**B/D PA:** This prescription 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. For more information, call Member Engagement at 1-800- 782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m.

**ED:** Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**GC:** Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call the Member Engagement Center.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**SI:** Select Insulins: Insulins available at a set copay in the initial coverage and gap coverage phases. Does not apply to AvMed Medicare Premium Saver Broward County (HMO).

# AvMed Medicare Effective 05/01/2023

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	GC
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	GC
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Prior Authorization, Part D vs. Part B only   **LA** - Limited Availability   **ED** - Excluded Drug   **GC** - Gap Coverage .   **SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	3	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	3	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	3	QL
endocet tab 2.5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	3	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	3	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	3	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
morphine sulfate SOLN 20mg/ml QL (180 mL / 30 days)	3	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	4	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
oxycodone w/ acetaminophen tab 5-325 mg	3	QL QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	GC QL QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL QL (240 tabs / 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
albendazole TABS 200mg	5	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
atovaquone SUSP 750mg/5ml	4	
aztreonam SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	LA PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	GC
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
ertapenem sodium SOLR 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg QL (12 tabs / 90 days)	3	QL PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	4	QL
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate TABS 1gm	4	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	GC

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
neomycin sulfate TABS 500mg	2	GC
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
paromomycin sulfate CAPS 250mg	4	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
praziquantel TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
streptomycin sulfate SOLR 1gm	4	
sulfadiazine TABS 500mg	4	
sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole- trimethoprim tab 400-80 mg	1	GC
sulfamethoxazole- trimethoprim tab 800-160 mg	1	GC
SYNERCID INJ 500MG	5	
tinidazole TABS 250mg, 500mg	3	
tobramycin NEBU 300mg/5ml	5	PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
TRIMETHOPRIM TABS 100mg	3	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	4	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	2	GC
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	PA
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
nystatin TABS 500000unit	3	
posaconazole TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
terbinafine hcl TABS 250mg QL (90 tabs / year)	1	GC QL
voriconazole SOLR 200mg; SUSR 40mg/ml	5	PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	4	QL PA
voriconazole TABS 200mg QL (120 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIMALARIALS</b>		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
abacavir sulfate SOLN 20mg/ml	4	
abacavir sulfate TABS 300mg	3	
APTVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg	4	

Drug Name	Drug Requirements/ Tier	Limits
nevirapine TABS 200mg	2	GC
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
stavudine CAPS 15mg, 20mg, 30mg, 40mg	4	
SUNLENCA TBPK 300mg	5	LA
tenofovir disoproxil fumarate TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
abacavir sulfate-lamivudine tab 600-300 mg	3	
BIKTARVY TAB 30-120-15 MG	5	

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Drug Name	Drug Requirements/ Tier	Limits
BIKTARVY TAB 50-200-25	5	
MG		
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	QL
QL (30 tabs / 30 days)		
DESCOVY TAB 200/25MG	5	QL
QL (30 tabs / 30 days)		
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-	5	
tenofovir df tab 600-200-300		
mg		
efavirenz-lamivudine-tenofovir	5	
df tab 400-300-300 mg		
efavirenz-lamivudine-tenofovir	5	
df tab 600-300-300 mg		
emtricitabine-tenofovir	5	QL
disoproxil fumarate tab 100-		
150 mg		
QL (30 tabs / 30 days)		
emtricitabine-tenofovir	5	QL
disoproxil fumarate tab 133-		
200 mg		
QL (30 tabs / 30 days)		
emtricitabine-tenofovir	5	QL
disoproxil fumarate tab 167-		
250 mg		
QL (30 tabs / 30 days)		
emtricitabine-tenofovir	5	QL
disoproxil fumarate tab 200-		
300 mg		
QL (30 tabs / 30 days)		
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
lamivudine-zidovudine tab	4	
150-300 mg		
lopinavir-ritonavir soln 400-	4	
100 mg/5ml (80-20 mg/ml)		
lopinavir-ritonavir tab 100-25	4	
mg		
lopinavir-ritonavir tab 200-50	4	
mg		
ODEFSEY TAB	5	

Drug Name	Drug Requirements/ Tier	Limits
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 3		
400mg		
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	GC
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	LA PA
TRECATOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	GC
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
entecavir TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	PA
EPCLUSA PAK 200-50MG	5	PA
EPCLUSA TAB 200-50MG	5	PA
EPCLUSA TAB 400-100	5	PA
EPIVIR HBV SOLN 5mg/ml	4	
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	PA
HARVONI PAK 45-200MG	5	PA
HARVONI TAB 45-200MG	5	PA

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HARVONI TAB 90-400MG	5	PA
<i>lamivudine (hbv) TABS</i>	4	
100mg		
MAVYRET PAK 50-20MG	5	PA
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate CAPS</i>	3	QL
30mg		
QL (168 caps / year)		
<i>oseltamivir phosphate CAPS</i>	3	QL
45mg, 75mg		
QL (84 caps / year)		
<i>oseltamivir phosphate SUSR</i>	3	QL
6mg/ml		
QL (1080 mL / year)		
PEGASYS SOLN 180mcg/ml; 5		PA
SOSY 180mcg/0.5ml		
PREVYMIS TABS 240mg, 480mg	5	QL PA
QL (28 tabs / 28 days)		
RELENZA DISKHALER	3	QL
AEPB 5mg/blister		
QL (6 inhalers / year)		
<i>ribavirin (hepatitis c) CAPS</i>	3	
200mg		
<i>ribavirin (hepatitis c) TABS</i>	4	
200mg		
<i>rimantadine hydrochloride TABS</i>	4	
100mg		
<i>valacyclovir hcl TABS</i>	1gm, 500mg	3
<i>valganciclovir hcl SOLR</i>	50mg/ml	5
<i>valganciclovir hcl TABS</i>	450mg	3
VEMLIDY TABS 25mg	5	
VOSEVI TAB	5	PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor CAPS</i>	250mg, 500mg	3
<i>cefaclor SUSR</i>	125mg/5ml, 250mg/5ml, 375mg/5ml	4
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil CAPS</i>	500mg	2 GC
<i>cefadroxil SUSR</i>	250mg/5ml, 500mg/5ml	3
CEFAZOLIN INJ 1GM/50ML	4	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>cefazolin sodium SOLR</i>	1gm, 2gm, 10gm, 500mg	3
CEFAZOLIN SOLN	2GM/100ML-4%	4
<i>cefdinir CAPS</i>	300mg	2 GC
<i>cefdinir SUSR</i>	125mg/5ml, 250mg/5ml	3
<i>cefepime hcl SOLR</i>	1gm, 2gm	4
<i>cefixime CAPS</i>	400mg; SUSR 100mg/5ml, 200mg/5ml	4
<i>cefoxitin sodium SOLR</i>	1gm, 2gm, 10gm	4
<i>cefpodoxime proxetil SUSR</i>	50mg/5ml, 100mg/5ml	4
<i>cefpodoxime proxetil TABS</i>	100mg, 200mg	3
<i>ceprozil SUSR</i>	125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3
<i>ceftazidime SOLR</i>	1gm, 2gm, 6gm	4
CEFTAZIDIME/ SOL D5W	1GM	4
CEFTAZIDIME/ SOL D5W	2GM	4
<i>ceftriaxone sodium SOLR</i>	1gm, 2gm, 10gm, 250mg, 500mg	4
<i>cefuroxime axetil TABS</i>	250mg, 500mg	3
<i>cefuroxime sodium SOLR</i>	1.5gm, 750mg	3
<i>cephalexin CAPS</i>	250mg, 500mg	1 GC
<i>cephalexin SUSR</i>	125mg/5ml, 250mg/5ml	3
<i>tazicef SOLR</i>	1gm, 2gm, 6gm	4
TEFLARO SOLR	400mg, 600mg	5
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin PACK</i>	1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3
<i>azithromycin TABS</i>	250mg, 500mg, 600mg	1 GC

Drug Name	Drug Requirements/ Tier	Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>amoxicillin &amp; k clavulanate</i> chew tab 200-28.5 mg	4	
<i>amoxicillin &amp; k clavulanate</i> chew tab 400-57 mg	4	
<i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml	3	
<i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml	4	
<i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml	3	
<i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml	3	
<i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg	3	
<i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg	2	GC
<i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg	2	GC
<i>amoxicillin &amp; k clavulanate</i> tab er 12hr 1000-62.5 mg	4	
<i>ampicillin</i> CAPS 500mg	2	GC
<i>ampicillin &amp; sulbactam sodium</i> for inj 1.5 (1-0.5) gm	4	
<i>ampicillin &amp; sulbactam sodium</i> for inj 3 (2-1) gm	4	
<i>ampicillin &amp; sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	4	
<i>ampicillin &amp; sulbactam sodium</i> for iv soln 3 (2-1) gm	4	
<i>ampicillin &amp; sulbactam sodium</i> for iv soln 15 (10-5) gm	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfsizerpen</i> SOLR 5000000unit, 4 20000000unit	4	
<i>piperacillin sod-tazobactam na</i> 4 for inj 3.375 gm (3-0.375 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 2.25 gm (2-0.25 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 4.5 gm (4-0.5 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 13.5 gm (12-1.5 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 40.5 gm (36-4.5 gm)		
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 3 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	LA
<i>tetracycline hcl</i> CAPS 250mg, 4 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA SOLN 100mg/4ml	5	B/D LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	
GLEOSTINE CAPS 100mg	5	
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
<b>ANTIBIOTICS</b>		
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml,	4	B/D
200mg/100ml		

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Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIMETABOLITES</b>		
azacitidine SUSR 100mg	5	B/D
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	LA PA
LONSURF TAB 15-6.14	5	LA PA
LONSURF TAB 20-8.19	5	LA PA
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	LA PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	
TABLOID TABS 40mg	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
abiraterone acetate TABS 250mg, 500mg	5	PA
anastrozole TABS 1mg	2	GC
bicalutamide TABS 50mg	2	GC
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	LA PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
fulvestrant SOSY 250mg/5ml	5	B/D
letrozole TABS 2.5mg	2	GC
leuprolide acetate KIT 1mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN TABS 500mg	5	
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	LA PA
ORGOVYX TABS 120mg	5	LA PA
ORSERDU TABS 86mg, 345mg	5	LA PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	GC
toremifene citrate TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	LA PA
<b>IMMUNOMODULATORS</b>		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL LA PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL LA PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	5	LA PA
bexarotene CAPS 75mg	5	PA
hydroxyurea CAPS 500mg	2	GC
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL PA
MATULANE CAPS 50mg	5	LA
SYNRIBO SOLR 3.5mg <i>tretinoin (chemotherapy)</i>	5	PA
CAPS 10mg		
WELIREG TABS 40mg	5	LA PA
<b>MITOTIC INHIBITORS</b>		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	3	B/D
vincristine sulfate SOLN 1mg/ml	2	GC B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECensa CAPS 150mg	5	LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA PA
ALUNBRIG PAK	5	LA PA
AYVAKIT TABS 25mg, 50mg, 5 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL LA PA
BALVERSA TABS 3mg, 4mg, 5 5mg	5	LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	PA
bortezomib SOLR 3.5mg	5	PA

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BOSULIF TABS 100mg, 400mg, 500mg	5	PA
BRAFTOVI CAPS 75mg	5	LA PA
BRUKINSA CAPS 80mg	5	LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL LA PA
CAPRELSA TABS 100mg, 300mg	5	LA PA
COMETRIQ (60MG DOSE) KIT 20mg	5	LA PA
COMETRIQ KIT 100MG	5	LA PA
COMETRIQ KIT 140MG	5	LA PA
COPIKTRA CAPS 15mg, 25mg	5	LA PA
COTELLIC TABS 20mg	5	LA PA
DAURISMO TABS 25mg, 100mg	5	LA PA
ERIVEDGE CAPS 150mg	5	LA PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	5	QL PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	5	QL PA
EXKIVITY CAPS 40mg	5	LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL LA PA
GAVRETO CAPS 100mg	5	LA PA
GILOTrif TABS 20mg, 30mg, 40mg	5	LA PA
HERCEP HYLEC SOL 60- 10000	5	LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HERCEPTIN SOLR 150mg	5	LA PA
HERZUMA SOLR 150mg, 420mg	5	LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	5	QL LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL LA PA
INREBIC CAPS 100mg	5	LA PA
IRESSA TABS 250mg	5	LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D LA
KANJINTI SOLR 150mg, 420mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
KEYTRUDA SOLN 100mg/4ml	5	LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL PA
KRAZATI TABS 200mg <i>lapatinib ditosylate</i> TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL LA PA
LORBRENA TABS 25mg, 100mg	5	LA PA
LUMAKRAS TABS 120mg, 320mg	5	LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL LA PA
LYTGOBI TBPK 4mg	5	LA PA
MEKINIST TABS .5mg, 2mg	5	LA PA
MEKTOVI TABS 15mg	5	LA PA
MONJUVI SOLR 200mg	5	LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MVASI SOLN 100mg/4ml, 400mg/16ml	5	LA PA
NERLYNX TABS 40mg	5	LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL PA
ODOMZO CAPS 200mg	5	LA PA
OGIVRI SOLR 150mg	5	LA PA
OGIVRI INJ 420MG	5	LA PA
ONTRUZANT SOLR 150mg, 420mg	5	LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	LA PA
PHESGO SOL	5	LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	PA
PIQRAY 250MG TAB DOSE	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	PA
QINLOCK TABS 50mg	5	LA PA
RETEVMO CAPS 40mg, 80mg	5	LA PA
REZLIDHIA CAPS 150mg	5	LA PA
ROZLYTREK CAPS 100mg, 200mg	5	LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL LA PA
RYDAPT CAPS 25mg	5	PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	PA
STIVARGA TABS 40mg	5	LA PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TABRECTA TABS 150mg, 200mg	5	PA
TAFINLAR CAPS 50mg, 75mg	5	LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	PA
TAZVERIK TABS 200mg	5	LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	LA PA
TEPMETKO TABS 225mg	5	LA PA
TIBSOVO TABS 250mg	5	LA PA
TRAZIMERA SOLR 150mg, 420mg	5	PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	LA PA
TRUSELTIQ 125 MG DAILY DOSE	5	LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	PA
TUKYSA TABS 50mg, 150mg	5	LA PA
TURALIO CAPS 125mg, 200mg	5	LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL LA PA

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL LA PA
VOTRIENT TABS 200mg	5	LA PA
XALKORI CAPS 200mg, 250mg	5	LA PA
XOSPATA TABS 40mg	5	LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5	QL LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5	QL LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5	QL LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL LA PA
ZELBORAF TABS 240mg	5	LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	LA PA
ZOLINZA CAPS 100mg	5	PA
ZYDELIG TABS 100mg, 150mg	5	LA PA
ZYKADIA TABS 150mg	5	LA PA
<b>PROTECTIVE AGENTS</b>		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
leucovorin calcium TABS 5mg, 10mg, 15mg	3	
leucovorin calcium TABS 25mg	4	
MESNEX TABS 400mg	5	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	GC QL
amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	GC QL
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	GC
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	GC

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 20-25 mg	1	GC
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	GC
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	GC
quinapril-hydrochlorothiazide tab 20-25 mg	1	GC
<b>ACE INHIBITORS</b>		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	GC
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	GC
fosinopril sodium TABS 10mg, 20mg, 40mg	1	GC
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
moexipril hcl TABS 7.5mg, 15mg	1	GC
perindopril erbumine TABS 2mg, 4mg, 8mg	1	GC
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
trandolapril TABS 1mg, 2mg, 4mg	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	GC

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	GC
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	GC QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	GC QL QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	GC QL QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	GC QL QL (30 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg QL (30 tabs / 30 days)	1	GC QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	4	QL
ENTRESTO TAB 24-26MG ENTRESTO TAB 49-51MG ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	1	GC QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	1	GC QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-25 mg QL (30 tabs / 30 days)	1	GC
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	GC QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 40-10 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80-5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80-10 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80-12.5 mg QL (30 tabs / 30 days)	1	GC QL
telmisartan-amlodipine tab 80-25 mg QL (60 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
valsartan-hydrochlorothiazide tab 160-25 mg	1	GC QL QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	GC QL QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	GC QL QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	GC QL QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	GC QL QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	GC QL QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	GC
olmesartan medoxomil TABS 5mg	1	GC QL QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	GC QL QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	GC QL QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	GC QL QL (60 tabs / 30 days)
valsartan TABS 320mg	1	GC QL QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	GC
disopyramide phosphate	4	
CAPS 100mg, 150mg		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	GC
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	3	
sorine TABS 80mg, 120mg, 160mg, 240mg	2	GC
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	GC
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
<b>ANTILOPIMICS, FIBRATES</b>		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	1	GC
<b>ANTILOPIMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL ST QL (30 tabs / 30 days)
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	GC QL QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL ST QL (30 caps / 30 days)
fluvastatin sodium CAPS 20mg, 40mg	1	GC QL QL (60 caps / 30 days)

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	1	GC QL
<i>LIVALO</i> TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 1 40mg QL (60 tabs / 30 days)		GC QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>ZYPITAMAG</i> TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10- 10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab 10- 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab 10- 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab 10- 80 mg</i> QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
<i>PRALUENT</i> SOAJ 75mg/ml, 150mg/ml	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
<i>VASCEPA</i> CAPS .5gm, 1gm	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	2	GC
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5- 6.25 mg</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 10- 6.25 mg</i>	2	GC
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100- 25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100- 50 mg</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	GC
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release</i> beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 3 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	GC
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride &amp;</i> <i>hydrochlorothiazide tab 5-50</i> mg	2	GC
<i>amiloride hcl</i> TABS 5mg	2	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	GC
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
indapamide TABS 1.25mg, 2.5mg	1	GC
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	GC
triamterene & hydrochlorothiazide cap 37.5- 25 mg	1	GC
triamterene & hydrochlorothiazide tab 37.5- 25 mg	1	GC
triamterene & hydrochlorothiazide tab 75-50 mg	1	GC
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 5-10 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 5-20 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 5-40 mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate- atorvastatin calcium tab 5-80 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-10 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-20 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-40 mg	1	GC
amlodipine besylate- atorvastatin calcium tab 10-80 mg	1	GC
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; 4 TABS 5mg, 7.5mg		
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	GC QL
	QL (30 tabs / 30 days)	
droxidopa CAPS 100mg	5	QL PA
	QL (90 caps / 30 days)	
droxidopa CAPS 200mg, 300mg	5	QL PA
	QL (180 caps / 30 days)	
epinephrine (anaphylaxis) SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA
	PA if 70 years and older	
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	GC
metyrosine CAPS 250mg	5	PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	GC
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL LA PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>treprostinil</i> SOLN 20mg/20ml, 5 50mg/20ml, 100mg/20ml, 200mg/20ml	LA PA	
VENTAVIS SOLN 10mcg/ml, 5 20mcg/ml	LA PA	
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 4 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg		
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>clorazepate dipotassium</i>	4	QL PA
TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)		
PA if 65 years and older		
<i>DIACOMIT CAPS</i> 250mg QL (360 caps / 30 days)	5	QL LA PA
<i>DIACOMIT CAPS</i> 500mg QL (180 caps / 30 days)	5	QL LA PA
<i>DIACOMIT PACK</i> 250mg QL (360 packets / 30 days)	5	QL LA PA
<i>DIACOMIT PACK</i> 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days)	3	QL PA
PA if 65 years and older		
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days)	3	QL PA
PA if 65 years and older		
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	2	GC QL PA
PA if 65 years and older		
<i>diazepam (anticonvulsant)</i>	4	
GEL 2.5mg, 10mg, 20mg		
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>DILANTIN CAPS</i> 30mg, 100mg	4	
<i>DILANTIN INFATABS CHEW</i> 4 50mg	4	
<i>DILANTIN-125 SUSP</i> 125mg/5ml	4	
<i>divalproex sodium CSDR</i> 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium TBEC</i> 125mg, 250mg, 500mg	3	
<i>EPIDIOLEX SOLN</i> 100mg/ml QL (600 mL / 30 days)	5	QL LA PA
<i>epitol</i> TABS 200mg	3	
<i>EPRONTIA SOLN</i> 25mg/ml QL (480 mL / 30 days)	4	QL PA
<i>ethosuximide CAPS</i> 250mg	4	
<i>ethosuximide SOLN</i> 250mg/5ml	3	
<i>felbamate SUSP</i> 600mg/5ml	5	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>felbamate</i> TABS 400mg, 600mg	4	
<i>FINTEPLA SOLN</i> 2.2mg/ml QL (360 mL / 30 days)	5	QL LA PA
<i>FYCOMPA SUSP</i> .5mg/ml QL (720 mL / 30 days)	5	QL PA
<i>FYCOMPA TABS</i> 2mg QL (60 tabs / 30 days)	4	QL PA
<i>FYCOMPA TABS</i> 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	2	GC QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine SUSP 300mg/5ml</i>	4	
<i>oxcarbazepine TABS 150mg, 300mg, 600mg</i>	3	
<i>phenobarbital ELIX 20mg/5ml</i>	4	PA PA if 70 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	3	PA PA if 70 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	4	PA PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	3	
<i>phenytoin sodium SOLN 50mg/ml</i>	3	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	3	
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	QL PA QL (120 caps / 30 days)
<i>pregabalin CAPS 200mg</i>	3	QL PA QL (90 caps / 30 days)
<i>pregabalin CAPS 225mg, 300mg</i>	3	QL PA QL (60 caps / 30 days)
<i>pregabalin SOLN 20mg/ml</i>	4	QL PA QL (900 mL / 30 days)
<i>primidone TABS 50mg, 250mg</i>	2	GC
<i>roweepra TABS 500mg</i>	3	
<i>rufinamide SUSP 40mg/ml</i>	5	QL PA QL (2400 mL / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
<i>rufinamide TABS 200mg</i>	4	QL PA QL (480 tabs / 30 days)
<i>rufinamide TABS 400mg</i>	5	QL PA QL (240 tabs / 30 days)
<i>SPRITAM TB3D 250mg</i>	4	QL QL (360 tabs / 30 days)
<i>SPRITAM TB3D 500mg</i>	4	QL QL (180 tabs / 30 days)
<i>SPRITAM TB3D 750mg</i>	4	QL QL (120 tabs / 30 days)
<i>SPRITAM TB3D 1000mg</i>	4	QL QL (90 tabs / 30 days)
<i>subvenite TABS 25mg, 100mg, 150mg, 200mg</i>	1	GC
<i>SYMPAZAN FILM 5mg, 10mg, 20mg</i>	5	QL PA QL (60 films / 30 days)
<i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>	4	
<i>topiramate CPS 15mg, 25mg</i>	3	
<i>topiramate TABS 25mg, 50mg, 100mg, 200mg</i>	2	GC
<i>valproate sodium SOLN 100mg/ml</i>	4	
<i>valproate sodium SOLN 250mg/5ml</i>	3	
<i>valproic acid CAPS 250mg</i>	3	
<i>VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml</i>	4	
<i>vigabatrin PACK 500mg</i>	5	QL LA PA QL (180 packets / 30 days)
<i>vigabatrin TABS 500mg</i>	5	QL LA PA QL (180 tabs / 30 days)
<i>vigadroneret PACK 500mg</i>	5	QL LA PA QL (180 packets / 30 days)
<i>VIMPAT SOLN 10mg/ml</i>	5	QL QL (1200 mL / 30 days)
<i>XCOPRI TABS 50mg, 100mg</i>	5	QL QL (30 tabs / 30 days)
<i>XCOPRI TABS 150mg, 200mg</i>	5	QL QL (60 tabs / 30 days)

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	QL PA
zonisamide CAPS 25mg, 50mg, 100mg	2	GC
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL LA PA
<b>ANTIDEMENTIA</b>		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	GC QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	GC
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
memantine hcl TABS 5mg, 10mg PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
<b>ANTIDEPRESSANTS</b>		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	GC
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
doxepin hcl CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
duloxetine hcl CPEP 40mg QL (60 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
<i>escitalopram oxalate</i> SOLN	4	
5mg/5ml		
<i>escitalopram oxalate</i> TABS	1	GC
5mg, 10mg, 20mg		
FETZIMA CP24 20mg, 40mg	4	QL PA
QL (60 caps / 30 days)		
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS	4	
10mg		
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating</i> tab 10-100mg	4	
<i>carb/levo orally disintegrating</i> tab 25-100mg	4	
<i>carb/levo orally disintegrating</i> tab 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa &amp; levodopa tab 10-</i> 100 mg	2	GC

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	5	QL PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	GC
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)</i>	4	QL
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older</i>	3	PA
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
<i>aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)</i>	4	QL
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)</i>	4	QL
<i>aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)</i>	5	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)</i>	4	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	QL PA
<i>chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	
<i>CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml</i>	4	
<i>clozapine TABS 25mg, 50mg</i>	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	4	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	4	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	QL PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i>	4	
SOLN 25mg/ml		
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 3 2mg, 5mg, 10mg, 20mg		
<i>haloperidol decanoate</i> SOLN 3 50mg/ml, 100mg/ml		
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 4 60mg, 120mg QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>loxpiprazine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	QL LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 4 1mg, 2mg QL (60 tabs / 30 days)	.25mg, .5mg, 4	QL
RISPERDAL CONSTA SRER 4 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 5 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	GC
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL
risperidone TBDP 4mg QL (120 tabs / 30 days)	4	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 4 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml 4 QL (600 mL / 30 days)	4	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL
VRAYLAR CAP 1.5-3MG	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 4 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 4 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexamphetamine hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexamphetamine hcl TABS 10mg QL (60 tabs / 30 days)	3	QL PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
metadate er TBCR 20mg QL (90 tabs / 30 days)	4	QL PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
methylphenidate hcl TABS 20mg QL (90 tabs / 30 days)	3	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
<b>HYPNOTICS</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
tasimelteon CAPS 20mg QL (30 caps / 30 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	GC QL PA
<b>MIGRAINE</b>		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
<i>NURTEC</i> TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL
<b>MISCELLANEOUS</b>		
<i>AUSTEDO</i> TABS 6mg QL (60 tabs / 30 days)	5	QL LA PA
<i>AUSTEDO</i> TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL LA PA
<i>GRALISE</i> TABS 300mg QL (180 tabs / 30 days)	4	QL PA
<i>GRALISE</i> TABS 600mg QL (90 tabs / 30 days)	4	QL PA
<i>INGREZZA</i> CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL LA PA
<i>INGREZZA</i> CAP 40-80MG QL (28 caps / 28 days)	5	QL LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	GC
<i>NUEDEXTA</i> CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 360mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>SAVELLA</i> TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
<i>SAVELLA</i> MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>BAFIERTAM</i> CPDR 95mg QL (120 caps / 30 days)	5	QL LA PA
<i>BETASERON</i> KIT .3mg QL (14 syringes / 28 days)	5	QL PA
<i>dalfampridine</i> TB12 10mg	3	PA
<i>fingolimod hcl</i> CAPS .5mg QL (28 caps / 28 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	5	QL LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	3	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	4	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	4	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 2-0.5 mg (base equiv) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 4-1 mg (base equiv) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 8-2 mg (base equiv) QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 12-3 mg (base equiv) QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab</i> 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab</i> 8-2 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL
<i>propion hcl</i> (smoking deterrent) TB12 150mg	3	
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
<i>varenicline tartrate</i> tab 11 x 0.5 mg & 42 x 1 mg start pack	4	PA
VIVITROL SUSR 380mg	5	

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Drug Name	Drug Requirements/ Tier	Limits
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	4	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone GEL 1.62% QL (150 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 3 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 3 200mg/ml	3	PA
<b>ANTIDIABETICS</b>		
acarbose TABS 25mg, 50mg, 3 100mg		
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	GC QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	GC QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	GC QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	GC QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	GC QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Limits
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	GC QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 3 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	GC QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	GC QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	GC QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml QL (1 pen / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	3	QL
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	GC QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
RYBELSUS TABS 3mg, 7mg, 3 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH SI	3	
FIASP INJ 100/ML SI	3	
FIASP PENFIL INJ U-100 SI	3	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml SI	5	B/D
HUMULIN R U-500 KWIKPEN 5 SOPN 500unit/ml SI		
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml SI	3	
LANTUS SOLOSTAR SOPN 100unit/ml SI	3	
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXPEN SOPN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
NOVOLIN R FLEXPEN	3	
SOPN 100unit/ml SI (brand RELION not covered)		
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days) SI	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml SI	3	
TOUJEO SOLOSTAR SOPN 300unit/ml SI	3	
TRESIBA SOLN 100unit/ml SI	3	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TRESIBA FLEXTOUCH	3	
SOPN 100unit/ml, 200unit/ml		
SI		
V-GO 20 KIT	4	QL PA
QL (1 kit / 30 days)		
V-GO 30 KIT	4	QL PA
QL (1 kit / 30 days)		
V-GO 40 KIT	4	QL PA
QL (1 kit / 30 days)		
XULTOPHY INJ 100/3.6	3	QL
QL (5 pens / 30 days)		
SI		
<b>CALCIUM REGULATORS</b>		
alendronate sodium SOLN	4	
70mg/75ml		
alendronate sodium TABS	1	GC
10mg, 35mg, 70mg		
calcitonin (salmon) spray	3	B/D
SOLN 200unit/act		
FORTEO SOPN	5	PA
600mcg/2.4ml		
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
ibandronate sodium SOLN	4	B/D QL
3mg/3ml		
QL (1 injection / 90 days)		
ibandronate sodium TABS	3	B/D
150mg		
NATPARA CART 25mcg,	5	LA PA
50mcg, 75mcg, 100mcg		
PAMIDRONATE DISODIUM	3	B/D
SOLN 6mg/ml		
pamidronate disodium SOLN	3	B/D
30mg/10ml, 90mg/10ml		
PROLIA SOSY 60mg/ml	4	QL
QL (1 syringe / 180 days)		
risedronate sodium TABS	3	
5mg, 35mg, 150mg		
risedronate sodium TABS	4	
30mg; TBEC 35mg		
TERIPARATIDE SOPN	5	PA
620mcg/2.48ml		
XGEVA SOLN 120mg/1.7ml	5	PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
zoledronic acid CONC	4	B/D
4mg/5ml; SOLN 4mg/100ml,		
5mg/100ml		
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg,	5	PA
180mg, 360mg; TABS 180mg,		
360mg; TBSO 125mg,		
250mg, 500mg		
deferasirox TABS 90mg	3	PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	PA
VELTASSA PACK 8.4gm,	3	
16.8gm, 25.2gm		
<b>CONTRACEPTIVES</b>		
afirmelle	2	GC
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
apri	2	GC
aranelle	3	
aubra eq	2	GC
aurovela 1/20	3	
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	3	
azurette	3	
balziva	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila TABS .35mg	2	GC
chateal	3	
cryselle-28	3	
cyred eq	2	GC
dasetta 1/35	3	
dasetta 7/7/7	3	
deblitane TABS .35mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
desogest-eth estrad & eth estradi tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	GC
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
elinest	3	
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC
errin TABS .35mg	2	GC
estarrylla	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	GC
femynor	2	GC
hailey 1.5/30	3	
heather TABS .35mg	2	GC
iclevia	3	
incassia TABS .35mg	2	GC
introvale	3	
isibloom	2	GC
jasmiel	3	
jolessa	3	
juleber	2	GC
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
kariva	3	
kelnor 1/35	2	GC
kelnor 1/50	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	2	GC

Drug Name	Drug Requirements/ Tier	Limits
larin fe 1/20	2	GC
leena	3	
lessina	2	GC
levonest	2	GC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	GC
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	2	GC
levora 0.15/30-28	3	
lillow	3	
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	3	
lutera	2	GC
lyeq TABS .35mg	2	GC
lyza TABS .35mg	2	GC
marlissa	3	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mili	2	GC
mono-linyah	2	GC
necon 0.5/35-28	3	
nikki	3	
nora-be TABS .35mg	2	GC
norethindrone (contraceptive) TABS .35mg	2	GC
norethindrone ac-ethinyl estradi-fe tab 1-20/1-30/1-35 mg-mcg	4	

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Drug Name	Drug Requirements/ Tier	Limits
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	GC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	GC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	3	
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	3	
nortrel 1/35 (21)	3	
nortrel 1/35 (28)	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	2	GC
ocella	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
portia-28	3	
reclipsen	2	GC
setlakin	3	
sharobel TABS .35mg	2	GC
simliya	3	
sprintec 28	2	GC
sronyx	2	GC
syeda	3	
tarina fe 1/20 eq	2	GC
tilia fe	4	
tri-estarrylla	3	
tri-legest fe	4	
tri-linyah	3	
tri-lo-estarrylla	3	
tri-lo-marzia	3	
tri-lo-milli	3	
tri-lo-sprintec	3	

Drug Name	Drug Requirements/ Tier	Limits
tri-mili	3	
tri-nymyo	3	
tri-sprintec	3	
tri-vylibra	3	
tri-vylibra lo	3	
trivora-28	2	GC
velivet	3	
vestura	3	
vienna	2	GC
viorele	3	
vyfemla	3	
vylibra	2	GC
wera	3	
xulane	4	
zafemy	4	
zovia 1/35	2	GC
zumandimine	3	
<b>ENDOMETRIOSIS</b>		
danazol CAPS 50mg, 100mg, 200mg		4
SYNAREL SOLN 2mg/ml		5
<b>ESTROGENS</b>		
amabelz	3	
DELESTROGEN OIL 10mg/ml		4
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		3
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr		3
estradiol TABS .5mg, 1mg, 2mg	2	GC
estradiol & norethindrone acetate tab 0.5-0.1 mg		3
estradiol & norethindrone acetate tab 1-0.5 mg		3
estradiol vaginal CREA .1mg/gm		3

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Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab</i> 0.5mg-2.5mcg	3	
<i>fyavolv tab</i> 1mg-5mcg	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl</i>	3	
<i>estradiol tab</i> 0.5 mg-2.5 mcg		
<i>norethindrone acetate-ethinyl</i>	3	
<i>estradiol tab</i> 1 mg-5 mcg		
<i>yuvafem</i> TABS 10mcg	4	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
<i>DEXAMETHASONE</i>	4	
<i>INTENSOL CONC</i> 1mg/ml		
<i>dexamethasone sodium</i>	3	
<i>phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml		
<i>fludrocortisone acetate</i> TABS .1mg	2	GC
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	GC
<i>methylprednisolone acetate</i>	3	B/D
SUSP 40mg/ml, 80mg/ml		
<i>methylprednisolone sod succ</i>	3	B/D
SOLR 40mg, 125mg, 1000mg		
<i>prednisolone</i> SOLN 15mg/5ml	2	GC B/D
<i>prednisolone sodium</i>	4	B/D
<i>phosphate</i> SOLN 5mg/5ml		
<i>prednisolone sodium</i>	2	GC B/D
<i>phosphate</i> SOLN 15mg/5ml		

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium</i>	3	B/D
<i>phosphate</i> SOLN 25mg/5ml		
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
<i>PREDNISONE INTENSOL</i>	4	B/D
<i>CONC</i> 5mg/ml		
<i>SOLU-CORTEF</i> SOLR 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	
<i>GVOKE HYOPEN</i> 2-PACK	3	
<i>SOAJ</i> .5mg/0.1ml, 1mg/0.2ml		
<i>GVOKE KIT</i> SOLN 1mg/0.2ml	3	
<i>GVOKE PFS SOSY</i> .5mg/0.1ml, 1mg/0.2ml	3	
<b>MISCELLANEOUS</b>		
<i>ALDURAZYME</i> SOLN 2.9mg/5ml	5	LA PA
<i>betaine powder for oral</i> <i>solution</i>	5	LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	LA PA
<i>CERDELGA</i> CAPS 84mg	5	LA PA
<i>CEREZYME</i> SOLR 400unit	5	LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (60 tabs / 30 days)	4	B/D QL
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	5	B/D QL
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	5	B/D QL
<i>CYSTAGON</i> CAPS 50mg, 150mg	4	LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	4	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FABRAZYME SOLR 5mg, 35mg	5	LA PA
GENOTROPIN CART 5mg, 12mg	5	PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA
INCRELEX SOLN 40mg/4ml javygtor PACK 100mg, 500mg; TABS 100mg	5	LA PA
KORLYM TABS 300mg <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	5 4	LA PA B/D
LUMIZYME SOLR 50mg	5	LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	5	PA
miglustat CAPS 100mg QL (90 caps / 30 days)	5	QL PA
NAGLAZYME SOLN 1mg/ml <i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	LA PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	LA PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	PA
SOMATULINE DEPOT SOLN 5 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	3	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	3	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	4	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> 1 TABS 2.5mg, 5mg, 10mg		GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> 4 SUSP 625mg/5ml		PA
<i>norethindrone acetate</i> TABS 5mg	3	
<b>THYROID AGENTS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>levoxyt</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	3	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	GC B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
<i>RAYALDEE</i> CPCR 30mcg	5	
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>scopolamine</i> PT72 1mg/3days	4	QL PA
QL (10 patches / 30 days) PA if 70 years and older		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	4	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	1	GC QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	1	GC QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<b>INFLAMMATORY BOWEL DISEASE</b>		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg QL (90 caps / 30 days)	4	QL PA
budesonide TB24 9mg QL (30 tabs / 30 days)	5	QL PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm QL (120 caps / 30 days)	4	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	4	QL
mesalamine ENEM 4gm; SUPP 1000mg	4	
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine w/ cleanser KIT 4gm	4	
sulfasalazine TABS 500mg	2	GC
sulfasalazine TBEC 500mg	3	
<b>LAXATIVES</b>		
constulose SOLN 10gm/15ml	3	
enulose SOLN 10gm/15ml	3	
gavilyte-c	2	GC
gavilyte-g	2	GC
generlac SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	3	
lactulose (encephalopathy) SOLN 10gm/15ml	3	
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm	2	GC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	GC
PLENUV SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUPREP BOWEL SOL PREP KIT	4	
<b>MISCELLANEOUS</b>		
alosetron hcl TABS .5mg, 1mg	5	QL PA
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
loperamide hcl CAPS 2mg	3	
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL LA PA
XIFAXAN TABS 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
<i>lansoprazole</i> TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	3	QL
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	2	GC QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	3	QL
<i>dutasteride-tamsulosin hcl</i> cap 4 0.5-0.4 mg QL (30 caps / 30 days)	4	QL
<i>finasteride</i> TABS 5mg	1	GC
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>tamsulosin hcl</i> CAPS .4mg	2	GC
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	2	GC
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> 4 TBCR 15meq, 540mg, 1080mg	4	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
<i>GEMTESA</i> TABS 75mg QL (30 tabs / 30 days)	4	QL
<i>MYRBETRIQ</i> SRER 8mg/ml QL (300 mL / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>MYRBETRIQ</i> TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
<i>solifenacain succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	4	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate</i>	3	
<i>vaginal CREA</i> 2%		
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	3	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	3	QL
<i>ELIQUIS STARTER PACK</i> TBPK 5mg QL (74 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 3 3000unit/ml, 4000unit/ml, 10000unit/ml	PA	
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA
ZIEXTENZO SOSY 6mg/0.6ml	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL LA PA
cilostazol TABS 50mg, 100mg	2	GC
DOPTELET TABS 20mg	5	LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL LA PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
<i>pentoxifylline</i> TBCR 400mg	2	GC
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL LA PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL LA PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL PA
HUMIRA PEDIA INJ CROHNS	5	PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEDIATRIC	5	PA
CROHNS D PSKT 80mg/0.8ml		
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL PA
HUMIRA PEN KIT PS/UV	5	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	PA
INFliximab SOLR 100mg	5	LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL PA
REMICADE SOLR 100mg	5	LA PA
RENFLEXIS SOLR 100mg	5	LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL PA
RINVOQ TB24 45mg QL (112 tabs / year)	5	QL PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL PA

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
methotrexate sodium TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 4 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
<b>IMMUNOGLOBULINS</b>		
BIVIGAM SOLN 5gm/50ml, 10%	5	LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	PA
GAMASTAN INJ	4	B/D LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
OCTAGAM SOLN 1gm/20ml, 5 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	PA
PANZYGA SOLN 1gm/10ml, 5 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 5 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA
ARCALYST SOLR 220mg	5	LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D LA
<b>IMMUNOSUPPRESSANTS</b>		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL LA PA
BENLYSTA SOLR 120mg, 400mg	5	LA PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>gengraf</i> CAPS 25mg, 100mg; 4 SOLN 100mg/ml		B/D
<i>mycophenolate mofetil</i> CAPS 3 250mg; TABS 500mg		B/D
<i>mycophenolate mofetil</i> SUSR 5 200mg/ml		B/D
<i>mycophenolate sodium</i> TBEC 4 180mg, 360mg		B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	LA PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
<b>VACCINES</b>		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAZ RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOP INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIOSUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier      Limits
dextrose 5% in lactated ringers	3
dextrose 5% w/ sodium chloride 0.2%	3
dextrose 5% w/ sodium chloride 0.3%	3
dextrose 5% w/ sodium chloride 0.9%	3
dextrose 5% w/ sodium chloride 0.45%	3
dextrose 5% w/ sodium chloride 0.225%	3
dextrose 10% w/ sodium chloride 0.45%	3
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ	4
ISOLYTE-S INJ PH 7.4	4
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3
KCL/D5W/NACL INJ 0.3/0.9% 4	
lactated ringer's solution	3
MAGNESIUM SULFATE	3
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	
magnesium sulfate SOLN	3
2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	

Drug Name	Drug Requirements/ Tier      Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3
MG SO4/D5W INJ 10MG/ML	3
PLASMA-LYTE INJ -148	4
PLASMA-LYTE INJ -A	4
POT CHL 20MEQ/L IN NACL	3
0.9% INJ	
POT CHL 20MEQ/L IN NACL	4
0.45% INJ	
POT CHL 40MEQ/L IN NACL	4
0.9% INJ	
potassium chloride SOLN	3
2meq/ml	
POTASSIUM CHLORIDE	4
SOLN 10meq/50ml, 20meq/50ml	
potassium chloride SOLN	4
10meq/100ml, 20meq/100ml, 40meq/100ml	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3
TPN ELECTROL INJ	4
B/D	
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
klor-con PACK 20meq	4
klor-con 8 TBCR 8meq	2
GC	
klor-con 10 TBCR 10meq	2
GC	
klor-con m10 TBCR 10meq	2
GC	
klor-con m15 TBCR 15meq	3
klor-con m20 TBCR 20meq	2
GC	
M-NATAL PLUS TAB	3
potassium chloride CPCR	3
8meq, 10meq	
potassium chloride PACK	4
20meq; SOLN 10%, 20%	
potassium chloride TBCR	2
GC	
8meq, 10meq, 20meq	
potassium chloride	2
microencapsulated crystals er	
TBCR 10meq, 20meq	

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Drug Name	Drug Requirements/ Tier	Limits
potassium chloride <i>microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC
TRICARE TAB PRENATAL	3	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>	3	
<i>neo-polycin hc ophth oint</i>	1%	
<i>neomycin-polymyxin-dexamethasone ophth oint</i>	0.1%	
<i>neomycin-polymyxin-dexamethasone ophth susp</i>	0.1%	
<i>neomycin-polymyxin-hc ophth susp</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	2	GC
<i>erythromycin (ophth)</i> OINT 5mg/gm	2	GC
<i>gatifloxacin (ophth)</i> SOLN .5%	3	
<i>gentak</i> OINT .3%	3	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	2	GC
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth)</i> SOLN .3%	2	GC
<i>polycin ophth oint</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	GC
<i>trifluridine</i> SOLN 1%	4	
ZIRGAN GEL .15%	4	

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Drug Name	Drug Requirements/ Tier	Limits
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	3	
bromfenac sodium (ophth)	4	
SOLN .09%		
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	GC
difluprednate EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	GC
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
<b>ANTIALLERGICS</b>		
azelastine hcl (ophth) SOLN .05%	3	
cromolyn sodium (ophth) SOLN 4%	2	GC
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	GC
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	

Drug Name	Drug Requirements/ Tier	Limits
carteolol hcl (ophth) SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	GC
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	GC
latanoprost SOLN .005%	1	GC
levobunolol hcl SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG 4 .25%, .5%	4	
timolol maleate (ophth) SOLN 1 .25%, .5%	1	GC
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	LA PA
CYSTARAN SOLN .44%	5	LA PA
ISOPTO ATROPINE SOLN 1%	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
acetic acid (otic) SOLN 2%	3	
CIPRO HC SUS OTIC	4	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	3	ED QL QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 10mg, 20mg	3	ED QL QL (4 tabs / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
<i>ANORO ELLIPT AER</i> 62.5-25	3	QL QL (60 blisters / 30 days)
<i>BEVESPI AER</i> 9-4.8MCG	3	QL QL (1 inhaler / 30 days)
<i>BREZTRI AERO AER SPHERE</i>	3	QL QL (1 inhaler / 30 days)
<i>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</i>	3	QL QL (4 inhalers / 28 days)
<i>COMBIVENT AER</i> 20-100	4	QL QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
<i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i>	3	QL QL (60 blisters / 30 days)
<i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i>	3	QL QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
<i>ATROVENT HFA</i> AERS	4	QL 17mcg/act QL (2 inhalers / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
<i>INCRUSE ELLIPTA AEPB</i>	3	QL 62.5mcg/inh QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN	2	GC B/D .02%
<i>ipratropium bromide (nasal)</i> SOLN	3	.03%, .06%
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i> SOLN	3	.15%
<i>cetirizine hcl</i> SOLN	2	GC 1mg/ml
<i>cycloheptadine hcl</i> SYRP	3	PA 2mg/5ml; TABS 4mg PA if 70 years and older
<i>desloratadine</i> TABS	3	5mg
<i>diphenhydramine hcl</i> SOLN	3	50mg/ml
<i>hydroxyzine hcl</i> SOLN	4	PA 25mg/ml, 50mg/ml PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP	3	PA 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS	3	PA 25mg, 50mg PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	2.5mg/5ml
<i>levocetirizine dihydrochloride</i> TABS	3	5mg
<i>olopatadine hcl (nasal)</i> SOLN	4	.6%
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate</i> AERS	3	QL 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)

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Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083% 2	GC	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
ARALAST NP SOLR 500mg, 1000mg	5	LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 30mg/ml	5	LA PA
FASENRA PEN SOAJ 30mg/ml	5	LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL LA PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	5	QL PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	LA PA
ZEMAIRA SOLR 1000mg	5	LA PA
<b>NASAL STEROIDS</b>		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	3	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	GC QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<b>TOPICAL DERMATOLOGY, ACNE</b>		
accutane CAPS 10mg, 20mg, 40mg, 40mg		
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025%	4	QL PA
QL (45 gm / 30 days)		
benzoyl peroxide-erythromycin gel 5-3%	4	QL
QL (46.6 gm / 30 days)		
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	4	QL
QL (75 gm / 30 days)		
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL
QL (60 mL / 30 days)		
ery PADS 2%	3	QL
QL (60 pledgets / 30 days)		
erythromycin (acne aid) SOLN 2%	3	QL
QL (60 mL / 30 days)		
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10%	4	QL
QL (118 mL / 30 days)		
tretinoiin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL PA
QL (45 gm / 30 days)		
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
gentamicin sulfate (topical) CREA .1%	4	QL
QL (30 gm / 30 days)		
gentamicin sulfate (topical) OINT .1%	3	QL
QL (30 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
mupirocin OINT 2% QL (220 gm / 30 days)	2	GC QL
silver sulfadiazine CREA 1% ssd CREA 1%	2	GC
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	3	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	3	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<b>DERMATOLOGY, ANTI-PSORIATICS</b>		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene OINT .005% QL (120 gm / 30 days)	4	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	4	QL PA
<i>tazarotene</i> CREA .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	4	QL PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	2	GC QL
<i>selenium sulfide</i> LOTN 2.5%	2	GC
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
<i>betamethasone dipropionate</i> (topical) CREA .05% QL (120 gm / 30 days)	3	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	3	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate</i> augmented CREA .05% QL (120 gm / 30 days)	2	GC QL
<i>betamethasone dipropionate</i> augmented GEL .05%; OINT .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	4	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	3	QL
<i>clobetasol propionate</i> CREA .05% QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>clobetasol propionate</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	4	QL
<i>clobetasol propionate</i> e CREA .05% QL (60 gm / 30 days)	4	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> CREA .025% QL (120 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide</i> OINT .025% QL (120 gm / 30 days)	3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	4	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005% QL (50 gm / 30 days)	3	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1% GC	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (topical)</i>	2	GC
CREA 2.5%; LOTN 2.5%; OINT 2.5%		
<i>mometasone furoate</i>	CREA .1%; OINT .1%; SOLN .1%	3
<i>triamcinolone acetonide (topical)</i>	CREA .1% QL (454 gm / 30 days)	2 GC QL
<i>triamcinolone acetonide (topical)</i>	CREA .025%, .5%; OINT .025%, .1%, .5%	2 GC
<i>triamcinolone acetonide (topical)</i>	LOTN .025%, .1%	3
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	PRSY 2% QL (60 mL / 30 days)	4 QL PA
<i>lidocaine</i>	OINT 5% QL (50 gm / 30 days)	4 QL PA
<i>lidocaine</i>	PTCH 5% QL (3 patches / 1 day)	4 QL PA
<i>lidocaine hcl</i>	GEL 2% QL (30 mL / 30 days)	4 QL PA
<i>lidocaine hcl</i>	SOLN 4% QL (50 mL / 30 days)	3 QL PA
<i>lidocaine-prilocaine cream</i>	2.5-2.5% QL (30 gm / 30 days)	3 QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>azelaic acid</i>	GEL 15% QL (50 gm / 30 days)	4 QL
<i>bexarotene (topical)</i>	GEL 1% QL (60 gm / 30 days)	5 QL PA
<i>diclofenac sodium (topical)</i>	GEL 1% QL (1000 gm / 30 days)	3 QL
<i>FINACEA</i>	FOAM 15% QL (50 gm / 30 days)	4 QL
<i>fluorouracil (topical)</i>	CREA 5% QL (40 gm / 30 days)	4 QL
<i>fluorouracil (topical)</i>	SOLN 2%, 5% QL (10 mL / 30 days)	3 QL
<i>hydrocortisone (rectal)</i>	CREA 2.5%	2 GC

Drug Name	Drug Requirements/ Tier	Limits
<i>imiquimod</i>	CREA 5% QL (24 packets / 30 days)	3 QL
<i>lactic acid (ammonium lactate)</i>	CREA 12% LOTN 12%	2 GC
<i>lactic acid (ammonium lactate)</i>	CREA 12% LOTN 12%	3
<i>metronidazole (topical)</i>	CREA .75% QL (45 gm / 30 days)	4 QL
<i>metronidazole (topical)</i>	GEL .75% QL (45 gm / 30 days)	3 QL
<i>metronidazole (topical)</i>	LOTN .75% QL (59 mL / 30 days)	4 QL
<i>NORITATE</i>	CREA 1% QL (60 gm / 30 days)	5 QL
<i>PANRETIN</i>	GEL .1% QL (60 gm / 30 days)	5 QL PA
<i>podofilox</i>	SOLN .5% QL (7 mL / 28 days)	3 QL
<i>procto-med hc</i>	CREA 2.5% QL (30 gm / 30 days)	3
<i>procto-pak</i>	CREA 1% QL (30 gm / 30 days)	3
<i>proctosol hc</i>	CREA 2.5% QL (30 gm / 30 days)	3
<i>proctozone-hc</i>	CREA 2.5% QL (30 gm / 30 days)	3
<i>RECTIV</i>	OINT .4% QL (30 gm / 30 days)	4 QL
<i>tacrolimus (topical)</i>	OINT .03%, .1% QL (100 gm / 30 days)	4 QL
<i>VALCHLOR</i>	GEL .016% QL (60 gm / 30 days)	5 QL LA PA
<i>ZYCLARA PUMP</i>	CREA 2.5% QL (7.5 gm / 28 days)	5 QL
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	LOTN .5% QL (59 mL / 30 days)	4 QL
<i>permethrin</i>	CREA 5% QL (60 gm / 30 days)	3 QL
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>REGRANEX</i>	GEL .01% QL (30 gm / 30 days)	5 QL PA

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<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	GC
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	GC
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	4	QL
lidocaine hcl (mouth-throat) SOLN 2%	2	GC
nystatin (mouth-throat) SUSP 100000unit/ml	3	
periogard SOLN .12%	1	GC
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	
<b>Vitamins</b>		
<b>Vitamin B Complex</b>		
cyanocobalamin SOLN 1000mcg/ml	2	ED GC
folic acid TABS 1mg QL (30 tabs / 30 days)	1	ED GC QL
<b>Vitamin D</b>		
ergocalciferol CAPS 50000unit QL (4 caps / 28 days)	2	ED GC QL
<b>Vitamin K Activity</b>		
phytonadione TABS 5mg QL (60 tabs / 30 days)	4	ED QL

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<i>mili</i>	43	<i>naproxen sodium</i>	8	<i>nisoldipine</i>	26																																																																																																																																						
<i>mimvey</i>	45	<i>naratriptan hcl</i>	37	<i>nitazoxanide</i>	11																																																																																																																																						
<i>minocycline hcl</i>	16	<i>NATACYN</i>	55	<i>nitisinone</i>	46																																																																																																																																						
<i>minoxidil</i>	27	<i>nateglinide</i>	40	<i>NITRO-BID</i>	28																																																																																																																																						
<i>mirtazapine</i>	32	<i>NATPARA</i>	42	<i>nitrofurantoin macrocrystal</i>	11																																																																																																																																						
<i>misoprostol</i>	48	<i>NAYZILAM</i>	30	<i>nitrofurantoin monohyd</i>																																																																																																																																							
<i>MITIGARE</i>	8	<i>nebivolol hcl</i>	26	<i>macro</i>	11																																																																																																																																						
M-M-R II INJ	53	<i>necon 0.5/35-28</i>	43	<i>nitroglycerin</i>	28																																																																																																																																						
M-NATAL PLUS TAB	54	<i>nefazodone hcl</i>	32	<i>nizatidine</i>	47																																																																																																																																						
<i>modafinil</i>	38	<i>neomycin-bacitrac zn-</i>		<i>nora-be</i>	43																																																																																																																																						
<i>moexipril hcl</i>	22	<i>polymyx 5(3.5)mg-</i>		<i>norethindrone</i>																																																																																																																																							
<i>molindone hcl</i>	34	<i>400unt-1000unt op oin</i>		<i>(contraceptive)</i>	43																																																																																																																																						
<i>mometasone furoate</i>	62		55	<i>norethindrone ace &amp; ethinyl</i>																																																																																																																																							
<i>mometasone furoate</i>		<i>estradiol-fe tab 1 mg-20</i>		<i>estradiol</i>																																																																																																																																							
<i>(nasal)</i>	59	<i>mcg</i>	44	<i>MONJUVI</i>	19	<i>norethindrone ace &amp; ethinyl</i>		<i>mono-linyah</i>	43	<i>estradiol tab 1.5 mg-30</i>		<i>montelukast sodium</i>	58	<i>mcg</i>	44	<i>morphine sulfate</i>	8, 9	<i>norethindrone ace &amp; ethinyl</i>		<i>MORPHINE SULFATE</i>	9	<i>estradiol tab 1 mg-20</i>		<i>MORPHINE</i>		<i>mcg</i>	44	<i>SULFATE/SODIUM C</i>	9	<i>norethindrone acetate</i>		<i>MOVANTIK</i>	48	<i>ethinyl estradiol tab 0.5</i>		<i>moxifloxacin hcl</i>	15	<i>mg-2.5 mcg</i>	45	<i>moxifloxacin hcl (ophth)</i>	55	<i>norethindrone acetate-</i>		<i>MULTAQ</i>	24	<i>ethinyl estradiol tab 1</i>		<i>mupirocin</i>	60	<i>mg-5 mcg</i>	45	<i>MVASI</i>	20	<i>norethindrone ac-ethinyl</i>		<i>mycophenolate mofetil</i>	53	<i>estradiol tab 1-20/1-30/1-</i>		<i>mycophenolate sodium</i>	53	<i>35 mg-mcg</i>	43	<i>myorisan</i>	60	<i>norgestimate &amp; ethinyl</i>		<i>MYRBETRIQ</i>	49	<i>estradiol tab 0.25 mg-35</i>		<b>N</b>		<i>mcg</i>	44	<i>nabumetone</i>	8	<i>norgestimate-eth estrad tab</i>		<i>nadolol</i>	26	<i>0.18-25/0.215-25/0.25-25</i>		<i>nafcillin sodium</i>	16	<i>mg-mcg</i>	44	<i>NAGLAZYME</i>	46	<i>norgestimate-eth estrad tab</i>		<i>nalbuphine hcl</i>	9	<i>0.18-35/0.215-35/0.25-35</i>		<i>naloxone hcl</i>	38	<i>mg-mcg</i>	44	<i>naltrexone hcl</i>	38	<i>NORITATE</i>	62	<i>NAMZARIC CAP 14-10MG</i>		<i>norlyroc</i>	44		31	<i>NORPACE CR</i>	24	<i>NAMZARIC CAP 21-10MG</i>		<i>nortrel 0.5/35 (28)</i>	44		31	<i>nortrel 1/35 (21)</i>	44	<i>NAMZARIC CAP 28-10MG</i>		<i>nortrel 1/35 (28)</i>	44		31	<i>nortrel 7/7/7</i>	44	<i>NAMZARIC CAP 7-10MG</i>					31			<i>NAMZARIC CAP PACK</i>	31		
<i>MONJUVI</i>	19	<i>norethindrone ace &amp; ethinyl</i>																																																																																																																																									
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<i>NAMZARIC CAP PACK</i>	31																																																																																																																																										

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<i>pentamidine isethionate inj</i> .....	11
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PREZCOBIX TAB 800-150 .....	13
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<i>protozone-hc</i>	62	RELISTOR	48	SCEMBLIX	20
PROGRAF	53	REMICADE	51	scopolamine	47
PROLASTIN-C	58	RENFLEXIS	51	SECUADO	35
PROLENSA	56	<i>repaglinide</i>	40	<i>selegiline hcl</i>	33
PROLIA	42	RESTASIS	56	<i>selenium sulfide</i>	61
PROMACTA	50	RESTASIS MULTIDOSE	56	SELZENTRY	12
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<i>propafenone hcl</i>	24	REVLIMID	17	<i>sertraline hcl</i>	32
<i>paracetamol hcl</i>	56	REXULTI	35	<i>setlakin</i>	44
<i>propranolol hcl</i>	26	REYATAZ	12	<i>sevelamer carbonate</i>	46
<i>propylthiouracil</i>	47	REZLIDHIA	20	<i>sharobel</i>	44
PROQUAD INJ	53	REZUROCK	53	SHINGRIX	53
PROSOL INJ 20%	55	RHOPRESSA	56	SIGNIFOR	46
<i>protriptyline hcl</i>	32	<i>ribavirin (hepatitis c)</i>	14	<i>sildenafil citrate</i>	57
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<i>pyrazinamide</i>	13	<i>rimantadine hydrochloride</i>	14	SIMBRINZA SUS 1-0.2%	56
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<b>Q</b>		<i>risedronate sodium</i>	42	<i>simvastatin</i>	25
QINLOCK	20	RISPERDAL CONSTA	35	<i>sirolimus</i>	53
QUADRACEL INJ	53	<i>risperidone</i>	35	SIRTURO	13
QUADRACEL INJ 0.5ML	53	<i>ritonavir</i>	12	SIVEXTRO	11
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<i>quinapril hcl</i>	22	<i>rivastigmine tartrate</i>	31	SKYRIZI PEN	52
<i>quinapril-</i>		<i>rizatriptan benzoate</i>	37	<i>sodium chloride</i>	54
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10-12.5 mg	22	<i>roflumilast</i>	58	<i>sodium fluoride chew; tab;</i>	
<i>quinapril-</i>		<i>ropinirole hydrochloride</i>	33	1.1 (0.5 f) mg/ml soln	55
<i>hydrochlorothiazide tab</i>		<i>rosuvastatin calcium</i>	25	SODIUM OXYBATE	38
20-12.5 mg	22	ROTARIX SUS	53	<i>sodium phenylbutyrate</i>	46
<i>quinapril-</i>		ROTATEQ SOL	53	<i>sodium polystyrene sulfonate powder</i>	42
<i>hydrochlorothiazide tab</i>		<i>roweepra</i>	30	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	48
20-25 mg	22	ROZLYTREK	20	<i>solifenacin succinate</i>	49
<i>quinidine sulfate</i>	24	RUBRACA	20	SOLIQUA INJ 100/33	41
<i>quinine sulfate</i>	12	<i>rufinamide</i>	30	SOLTAMOX	17
<b>R</b>		RUKOBIA	12	SOLU-CORTEF	45
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<i>rabeprazole sodium</i>	49	RYDAPT	20	SOMAVERT	46
<i>raloxifene hcl</i>	46	<b>S</b>		<i>sorafenib tosylate</i>	20
<i>ramipril</i>	22	<i>sajazir</i>	50	<i>sorine</i>	24
<i>ranolazine</i>	28	SANDIMMUNE	53	<i>sotalol hcl</i>	24
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sronyx .....	44
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sucralfate .....	48
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(acne) .....	60
sulfacetamide sodium	
(ophth) .....	55
sulfacetamide sodium-	
prednisolone ophth soln	
10-0.23(0.25)%.....	55
sulfadiazine .....	11
sulfamethoxazole-	
trimethoprim iv soln 400-	
80 mg/5ml.....	11
sulfamethoxazole-	
trimethoprim susp 200-40	
mg/5ml.....	11
sulfamethoxazole-	
trimethoprim tab 400-80	
mg .....	11
sulfamethoxazole-	
trimethoprim tab 800-160	
mg .....	11
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sulfasalazine .....	48
sulindac.....	8
sumatriptan .....	37
sumatriptan succinate ....	37
sunitinib malate .....	20
SUNLENCA .....	12
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SYMTUZA TAB .....	13
SYNAREL .....	44
SYNERCID INJ 500MG ..	11
SYNJARDY TAB 12.5-	
1000MG.....	40
SYNJARDY TAB 12.5-500	
.....	40
SYNJARDY TAB 5-	
1000MG.....	40
SYNJARDY TAB 5-500MG	
.....	40
SYNJARDY XR TAB 10-	
1000 .....	40
SYNJARDY XR TAB 12.5-	
1000MG.....	40
SYNJARDY XR TAB 25-	
1000 .....	40
SYNJARDY XR TAB 5-	
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This formulary was updated on 05/01/2023. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit [www.avmed.org](http://www.avmed.org)

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مساعدتك. هذه خدمة . سيقوم شخص ما يتحدث العربية 1-800-882-8633 مترجم فوري، ليس عليك سوى الاتصال بنا على مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znajdującego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。