

Pharmacy Assistance Program Formulary

This document contains information about the medications covered by UNC Health Care's Pharmacy Assistance Program (PAP), a division of the Shared Services Center Pharmacy Benefits Management Services. The brand and generic prescription drugs listed have been selected based on safety and efficacy information about the drugs as well as relative medication costs. This formulary represents the prescription therapies believed to be a necessary part of a quality treatment program.

This guide is subject to change as new clinical information is obtained or less expensive drugs become available.

How to Use This Document

What is the UNC Health Care (UNCH) Pharmacy Assistance Program (PAP) Formulary?

The UNCH PAP Formulary is a list of prescription drugs that are made available by the UNCH PAP for enrolled patients.

All additions and deletions to the UNCH PAP Formulary are approved by the UNCH Pharmacy & Therapeutics (P&T) Committee. The maintenance of this list is provided Managed Pharmacy Solutions. For questions, please contact the Pharmacy Benefits team at PharmBenefits@unchealth.unc.edu

What are Drug Tiers?

Within the formulary, each medication has been assigned a drug tier, or a level of coverage. Of note, there is no difference in co-payments between tiers.

Tier 1: Mostly lower-cost, commonly used generic drugs, which are considered first line of therapy. There may be some brand name drugs included which have been obtained by UNCH at a lower cost than their generic formulation

Tier 2: Mostly higher-cost drugs or therapies that are not considered first line therapy and there is a cheaper alternative available in Tier 1.

All Tier 2 drugs require a **Prior Authorization (PA)** for coverage to be granted.

What is a Prior Authorization (PA)?

A Prior Authorization (PA) is an “approval for coverage” that must be obtained for all Tier 2 drugs. A one-time courtesy fill up to one month supply of a Tier 2 drug will be provided to each patient in order to prevent delays in therapy which could create undue harm. This allows time for the PA team to review the requests and obtain clarification from the prescriber. The PA forms are available on the Managed Pharmacy Solutions page of the Pharmacy Intranet site

Most PAs are approved for one year (e.g. antidiabetic agents) or more from the date obtained.

What if my PA has been denied? What should I do?

If your PA has been denied, patients will be notified via mail. Prescribers will be notified electronically via EPIC. This notification will include the reason for denial and the

preferred formulary alternatives. This information will allow you to switch to a preferred alternative or provide additional clarifications for a possible approval.

Please note: a review of the electronic medical record is performed by the PA team to determine if the patient meets criteria for use prior to making a determination on approval or denial. In some cases, there may be undocumented criteria which can be obtained by the prescriber thereby leading to an approval.

Why are some formulations or dosage strengths of drugs excluded from coverage?

There are instances where formulations or strengths of covered drugs are excluded from coverage typically due to cost. In some instances, the drug may simply be unavailable. Usually, a therapeutic equivalent of an excluded drug will be offered. For example, omeprazole 10 mg and 20 mg is offered through the UNCH PAP formulary whereas the 40 mg capsules are excluded.

What if I would like to prescribe a non-formulary drug?

All additions/deletions to the UNCH PAP formulary must be submitted to Nicholas Schnarr at Nicholas.Schnarr@unchealth.unc.edu. These requests are then reviewed and submitted to the P&T committee for evaluation. The P&T committee's decision will be provided to the requestor. This process will likely take several months and any prescription fills obtained prior to this approval will be the patient's responsibility to pay out-of-pocket.

One off non-formulary requests may be requested for a specific patient if formulary alternatives are inappropriate. Contact the Pharmacy Benefits team at PharmBenefits@unchealth.unc.edu for more information and to obtain the proper paperwork.

Specialty medications (oral chemotherapy agents, infectious disease, etc) not currently on formulary will be reviewed for approval on a case-by-case basis via the non-formulary medication request process. Formulary addition will not be considered unless request volume supports inclusion.

How often is the UNCH PAP Formulary updated?

The UNCH PAP Formulary is subject to change at any time, based on changes in drug acquisition costs and emerging clinical information. All updates to the UNCH PAP formulary can be found on the Managed Pharmacy Solutions page of the Pharmacy Intranet site.

Additionally, an updated electronic version of the UNCH PAP Formulary can be requested by emailing the pharmacy benefits team at PharmBenefits@unchealth.unc.edu Or, if you would like to be included on the monthly UNCH PAP formulary update listserv, please send an email with this request to the above address

LEGEND		
TYPE		DESCRIPTION
	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
	Custom	This drug has unique restrictions.
	PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
	Quantity Per Day	Quantity Per Day.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
aspirin 325 mg tablet	1	
aspirin 81 mg tablet	1	
celecoxib (100 mg capsule, 200 mg capsule)	1	
diclofenac sodium 1 % gel (gram)	1	QL 300 / 30 days
diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)	1	
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	1	
indomethacin (25 mg capsule, 50 mg capsule)	1	
naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 500 mg tablet)	1	
piroxicam	1	
sulindac	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	2	PA
fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)	1	
methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet)	1	
morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er)	1	
NUCYNTA ER	2	QL 2 / day PA
oxycodone hcl (10 mg tab er 12h, 20 mg tab er 12h, 40 mg tab er 12h, 80 mg tab er 12h)	2	QL 30 days PA
OXYCONTIN	2	QL 30 days PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-30mg tablet, 300mg/12.5 solution)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzoyl peroxide 10% gel</i>	1	
<i>codeine sulfate</i>	1	
<i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>	1	
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet)</i>	1	
<i>morphine sulfate (15 mg tablet, 30 mg tablet, 100 mg/5ml solution)</i>	1	
NUCYNTA	2	PA
<i>opium/belladonna alkaloids</i>	1	
<i>oxycodone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	
<i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % adh. patch</i>	2	QL 3 / DAY PA
<i>lidocaine 5 % oint. (g)</i>	1	QL 34 / DAY
<i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution)</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 mg tablet</i>	1	
<i>naltrexone hcl</i>	1	
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg tab subl, /naloxone 8 mg-2 mg tab subl)</i>	1	
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)</i>	1	
SMOKING CESSATION AGENTS		
<i>bupropion hcl 150 mg tab sr 12h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICODERM CQ 7 MG/24HR PATCH	1	
<i>nicotine 7mg/24hr patch td24</i>	1	
<i>nicotine gum</i>	1	
<i>nicotine lozenge</i>	1	
<i>nicotine patch</i>	1	
NICOTROL	1	QL 30 days
<i>varenicline tartrate 0.5 (11)-1 tab ds pk</i>	1	QL 2 fills per 365
<i>varenicline tartrate (0.5 mg tablet, 1 mg tablet)</i>	1	QL 30 days
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>tobramycin 0.3 % drops</i>	1	
ANTIBACTERIALS, OTHER		
<i>clindamycin hcl (150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 2 % cream/appl)</i>	1	
<i>colistin (as colistimethate sodium)</i>	1	
<i>linezolid 100 mg/5ml susp recon</i>	1	
<i>linezolid 600 mg tablet</i>	1	QL 2 / day
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)</i>	1	
<i>mupirocin 2% cream</i>	1	
<i>mupirocin 2% ointment</i>	1	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	1	
<i>nitrofurantoin macrocrystal 100 mg capsule</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
SULFAMYLON 8.5% CREAM	1	
<i>trimethoprim</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vancomycin hcl (125 mg capsule, 250 mg capsule)	1	
BETA-LACTAM, CEPHALOSPORINS		
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	1	
cefixime 100 mg/5ml susp recon	1	
cefprozil (125 mg/5ml susp recon, 250 mg/5ml susp recon)	1	
cefuroxime axetil	1	
cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)	1	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 875 mg tablet)	1	
amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)	1	
dicloxacillin sodium	1	
penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)	1	
MACROLIDES		
azithromycin (100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)	1	
clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)	1	
ERY-TAB DR 250 MG TABLET	1	
erythromycin base (5 mg/gram oint. (g), 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet dr)	1	
QUINOLONES		
CILOXAN	1	QL 1/ fill
CIPRO 10% SUSPENSION	1	
ciprofloxacin hcl (0.3 % drops, 250 mg tablet, 500 mg tablet, 750 mg tablet)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin (0.5 % drops, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>moxifloxacin hcl (0.5 % drops, 0.5 % drops visc)</i>	1	QL 1/ fill
<i>ofloxacin 0.3 % drops</i>	1	
SULFONAMIDES		
<i>prenatal vitamin</i>	1	QL 1 / day
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium 10 % drops</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl 150 mg tablet</i>	1	
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule)</i>	1	
<i>doxycycline monohydrate 25 mg/5 ml susp recon</i>	1	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet)</i>	1	
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	1	
<i>zonisamide</i>	1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (2.5 mg/ml oral susp, 10 mg tablet, 20 mg tablet)</i>	1	
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	1	
<i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule)</i>	1	
<i>phenobarbital (15 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	1	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
<i>tiagabine hcl (4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	1	
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)</i>	1	
GLUTAMATE REDUCING AGENTS		
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	1	
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
SODIUM CHANNEL AGENTS		
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	1	
<i>lacosamide (150 mg tablet, 200 mg tablet)</i>	1	QL 2 / day
<i>lacosamide (50 mg tablet, 100 mg tablet)</i>	1	QL 4 / day
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	1	
<i>phenytoin sodium extended 100 mg capsule</i>	1	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	1	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 100 mg tablet, 150 mg tab er 24h, 200 mg tab sr 12h, 300 mg tab er 24h)</i>	1	
<i>mirtazapine (15 mg tablet, 30 mg tablet)</i>	1	
MONOAMINE OXIDASE INHIBITORS		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg tablet, 20 mg/10ml solution, 40 mg tablet)</i>	1	
<i>desvenlafaxine</i>	1	
<i>desvenlafaxine succinate</i>	1	
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule)</i>	1	
<i>fluvoxamine maleate 50 mg tablet</i>	1	
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1	
<i>paroxetine hcl (20 mg tablet, 30 mg tablet)</i>	1	
PAXIL 10 MG/5 ML SUSPENSION	1	
PRISTIQ	1	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	1	
TRICYCLICS		
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule)</i>	1	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl 25 mg tablet</i>	1	
<i>metoclopramide hcl (5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 25 mg tablet)</i>	1	
<i>scopolamine</i>	1	QL 10 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125mg-80mg cap ds pk)</i>	1	
<i>dronabinol</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml solution, 8 mg tablet)</i>	1	
ANTIFUNGALS		
<i>clotrimazole (1 % solution, 10 mg troche)</i>	1	
<i>clotrimazole 1% cream</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>micronazole nitrate 2 % cream/appl</i>	1	
NATACYN	1	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	1	
<i>nystatin (100000/g cream (g), 100000/g oint. (g), 100000/ml oral susp)</i>	1	
<i>nystatin 100,000 unit/gm powder</i>	1	
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	1	QL 30 days
VFEND (50 MG TABLET, 200 MG TABLET)	1	
<i>voriconazole (50 mg tablet, 200 mg/5ml susp recon)</i>	1	
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine 0.6 mg tablet</i>	1	
<i>febuxostat</i>	2	PA
<i>probenecid</i>	1	
ANTIMIGRAINE AGENTS		
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>eletriptan hydrobromide</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate 10 mg tablet</i>	1	QL 18 / 30 days
<i>rizatriptan benzoate 5 mg tablet</i>	1	QL 18 / 30 DAYS
<i>sumatriptan nasal spray</i>	1	QL 12 / 30 DAYS
<i>sumatriptan succinate (6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial)</i>	1	QL 4 / 30 days
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide (60 mg tablet, 60 mg/5 ml solution, 180 mg tablet er)</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
MYCOBUTIN	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	QL 30 days
GLEOSTINE	1	QL 30 days
LEUKERAN	1	QL 30 days
<i>melphalan</i>	1	QL 30 days
TEMODAR (100 MG CAPSULE, 100 MG VIAL, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	1	QL 30 days
<i>temozolomide</i>	1	QL 30 days
ANTIANDROGENS		
<i>bicalutamide</i>	1	
ANTIESTROGENS/MODIFIERS		
EMCYT	1	QL 30 days
<i>tamoxifen citrate</i>	1	
ANTIMETABOLITES		
<i>capecitabine</i>	1	QL 30 days
<i>fluorouracil 5 % cream (g)</i>	1	
<i>hydroxyurea</i>	1	QL 30 days
<i>mercaptopurine</i>	1	QL 30 days
ANTINEOPLASTICS, OTHER		
<i>leucovorin calcium (5 mg tablet, 25 mg tablet)</i>	1	QL 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	QL 30 days
ENZYME INHIBITORS		
<i>etoposide 50 mg capsule</i>	1	QL 30 days
MOLECULAR TARGET INHIBITORS		
<i>erlotinib hcl</i>	1	QL 30 days
<i>imatinib mesylate</i>	1	QL 30 days
RETINOIDS		
<i>tretinoin 10 mg capsule</i>	1	QL 30 days
TREATMENT ADJUNCTS		
MESNEX 400 MG TABLET	1	QL 30 days
ANTIPARASITICS		
ANTIHELMINTHICS		
<i>albendazole</i>	1	QL 30 days
BILTRICIDE	1	QL 30 days
<i>ivermectin 3 mg tablet</i>	1	
<i>praziquantel</i>	1	QL 30 days C Bulk drug at SSC only
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml oral susp</i>	1	
<i>chloroquine phosphate 500 mg tablet</i>	1	
DARAPRIM	1	QL 30 days
<i>hydroxychloroquine sulfate 200 mg tablet</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	QL 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinine sulfate</i>	1	
PEDICULICIDES/SCABICIDES		
<i>permethrin</i>	1	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule)</i>	1	
<i>entacapone</i>	1	
DOPAMINE AGONISTS		
<i>bromocriptine mesylate 2.5 mg tablet</i>	1	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	1	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>selegiline hcl 5 mg tablet</i>	1	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluphenazine decanoate</i>	1	C Must be filled at SSC, Shipped to clinic
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet)</i>	1	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)</i>	1	C Must be filled at SSC, shipped to clinic

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	
<i>loxapine succinate (5 mg capsule, 25 mg capsule)</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
2ND GENERATION/ATYPICAL		
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1	
<i>ziprasidone hcl</i>	1	
TREATMENT-RESISTANT		
<i>clozapine (25 mg tablet, 100 mg tablet)</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tablet</i>	1	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	1	QL 30 days
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	QL 30 days
<i>entecavir</i>	1	
<i>lamivudine 100 mg tablet</i>	1	QL 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ANTI-HEPATITIS C (HCV) AGENTS, OTHER			
ribavirin 200 mg tablet	1		
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)			
BIKTARVY 50-200-25 MG TABLET	1	QL	30 days
GENVOYA	1	QL	30 days
ISENTRESS 100 MG POWDER PACKET	1	QL	30 days
ISENTRESS 400 MG TABLET	1	QL	30 days
		C	NDC: 00006-0227-61
STRIBILD	1	QL	30 days
TIVICAY	1	QL	30 days
TIVICAY PD	1	QL	30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
COMPLERA	1	QL	30 days
EDURANT	1	QL	30 days
efavirenz (200 mg capsule, 600 mg tablet)	1	QL	30 days
efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	QL	30 days
INTELENCE 100 MG TABLET	1	QL	30 days
		C	NDC: 59676-0570-01
INTELENCE 200 MG TABLET	1	QL	30 days
		C	NDC: 59676-0571-01
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
abacavir sulfate 300 mg tablet	1	QL	30 days
abacavir sulfate/lamivudine	1	QL	30 days
emtricitabine/tenofovir (tdf) 200-300 mg tablet	1	QL	30 days
lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)	1	QL	30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tenofovir disoproxil fumarate</i>	1	QL 30 days
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	QL 30 days
ANTI-HIV AGENTS, OTHER		
DESCOVY 200-25 MG TABLET	1	QL 30 days
TRIUMEQ	1	QL 30 days
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
<i>atazanavir sulfate</i>	1	QL 30 days
<i>fosamprenavir calcium</i>	1	QL 30 days
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	1	QL 30 days
<i>lopinavir/ritonavir 400-100/5 solution</i>	1	QL 30 days
NORVIR 80 MG/ML SOLUTION	1	QL 30 days
PREZCOBIX	1	QL 30 days
PREZISTA 600 MG TABLET	1	QL 30 days
		C NDC: 59676-0562-01
PREZISTA 800 MG TABLET	1	QL 30 days
		C NDC: 59676-0566-30
<i>ritonavir</i>	1	QL 30 days
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 800 mg tablet)</i>	1	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ANXIOLYTICS			
ANXIOLYTICS, OTHER			
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet)	1		
BENZODIAZEPINES			
alprazolam (0.25 mg tablet, 0.5 mg tablet)	1		
chlordiazepoxide hcl	1		
clonazepam (0.5 mg tablet, 1 mg tablet)	1		
diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet)	1		
lisinopril 5 mg tablet	1		
lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)	1		
BIPOLAR AGENTS			
MOOD STABILIZERS			
lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet er, 450 mg tablet er)	1		
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
glimepiride	1		
glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)	1		
glyburide	1		
		QL	2 / day
INVOKAMET 150-1,000 MG TABLET	2	C	NDC: 50458-0543-60
		PA	
		QL	2 / day
INVOKAMET 150-500 MG TABLET	2	C	NDC: 50458-0542-60
		PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVOKAMET 50-1,000 MG TABLET	2	QL 2 / day C NDC: 50458-0541-60 PA
INVOKAMET 50-500 MG TABLET	2	QL 4 / day C NDC: 50458-0540-60 PA
INVOKAMET XR 150-1,000 MG TAB	2	QL 2 / day C NDC: 50458-0943-01 PA
INVOKAMET XR 150-500 MG TABLET	2	QL 2 / day C NDC: 50458-0942-01 PA
INVOKAMET XR 50-1,000 MG TAB	2	QL 2 / day C NDC: 50458-0941-01 PA
INVOKAMET XR 50-500 MG TABLET	2	QL 4 / day C NDC: 50458-0940-01 PA
INVOKANA 100 MG TABLET	2	QL 2 / day C NDC: 50458-0140-30 PA
INVOKANA 300 MG TABLET	2	QL 1 / day C NDC: 50458-0141-30 PA
JANUMET 50-1,000 MG TABLET	2	QL 2 / day C 00006-0577-62 00006-0577-61 PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUMET 50-500 MG TABLET	2	C 00006-0575-61 00006-0575-62 PA
JANUMET XR 100-1,000 MG TABLET	2	QL 1 / day C 00006-0081-31 00006-0081-54 PA
JANUMET XR 50-1,000 MG TABLET	2	QL 2 / day C 00006-0080-62 00006-0080-61 PA
JANUMET XR 50-500 MG TABLET	2	QL 2 / day C 00006-0078-62 00006-0078-61 PA
JANUVIA 100 MG TABLET	2	QL 1 / day C NDC: 00006-0277-31 (30s) 00006-0277-54 (90s) 00006-0277-28 (100s) PA
JANUVIA 25 MG TABLET	2	QL 1 / day C NDC: 00006-0221-31 (30s) 00006-0221-54 (90s) PA
JANUVIA 50 MG TABLET	2	QL 1 / day C NDC: 00006-0112-31 (30s) 00006-0112-54 (90s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JARDIANCE	2	C PA QPD Covered for Heart Failure Only 1.0 per day
<i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 850 mg tablet, 1000 mg tablet)</i>	1	
<i>pioglitazone hcl</i>	1	
TRULICITY	2	QL PA 2/ 30 days
GLYCEMIC AGENTS		
GLUCAGON 1 MG EMERGENCY KIT	1	
INSULINS		
HUMULIN R U-500	2	PA
HUMULIN R U-500 KWIKPEN	2	PA
LANTUS	1	C Insulinsvalyou.com Required
LANTUS SOLOSTAR	1	C Insulinsvalyou.com Required
NOVOLIN 70-30 100 UNIT/ML VIAL	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLIN 70-30 FLEXPEN	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLIN N 100 UNIT/ML VIAL	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLIN N 100 UNIT/ML FLEXPEN	1	C novocare.com/insulin/my99insulin.html enrollment required
RELION NOVOLIN N U-100 FLEXPEN	1	
NOVOLIN R 100 UNIT/ML VIAL	1	C novocare.com/insulin/my99insulin.html enrollment required

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN R 100 UNIT/ML FLEXPEN	1	C novocare.com/insulin/my99insulin.html enrollment required
RELION NOVOLIN R U-100 FLEXPEN	1	
NOVOLOG	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLOG FLEXPEN	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLOG MIX 70-30	1	C novocare.com/insulin/my99insulin.html enrollment required
NOVOLOG MIX 70-30 FLEXPEN	1	C novocare.com/insulin/my99insulin.html enrollment required
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	PA
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300 mg/3ml vial, 300mg/3ml vial)</i>	1	QL 30 days
<i>fondaparinux sodium</i>	2	QL 30 days PA
<i>heparin sodium,porcine (10 unit/ml vial, 100/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial)</i>	1	
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1 unit/ml syringe, sodium,porcine/pf 10 unit/ml syringe, sodium,porcine/pf 10 unit/ml vial, sodium,porcine/pf 100/ml (1) syringe, sodium,porcine/pf 100/ml (1) vial, sodium,porcine/pf 200/2 ml syringe, sodium,porcine/pf 300/3 ml syringe, sodium,porcine/pf 500/5 ml syringe, sodium,porcine/pf 1000/10 ml syringe)</i>	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	2	QL 2 / day PA
<i>warfarin sodium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 10 MG TABLET	1	QL C 1 / day NDC: 50458-0580-30
XARELTO 15 MG TABLET	1	QL C 2 / day NDC: 50458-0578-30
XARELTO 2.5 MG TABLET	1	
XARELTO 20 MG TABLET	1	QL C 1 / day NDC: 50458-0579-30
BLOOD FORMATION MODIFIERS		
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	1	QL AL 30 days At least 18 yrs old
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	1	QL AL 30 days Up to 18 yrs old
RETACRIT	1	QL 30 days
UDENYCA	1	QL 1/ fill
ZIEXTENZO	1	QL 1/ fill
HEMOSTASIS AGENTS		
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet)</i>	1	
<i>vitamin k 100 mcg tablet</i>	1	
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole</i>	1	
BRILINTA 60 MG TABLET	2	QL PA 30 days
BRILINTA 90 MG TABLET	2	QL PA 2 / day
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>prasugrel hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>guanfacine hcl 1 mg tablet</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl 5 mg tablet</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>lisinopril (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl 200 mg tablet</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate (50 mg tablet, 100 mg tablet)</i>	1	
<i>mexiletine hcl 150 mg capsule</i>	1	
MULTAQ	1	
<i>propafenone hcl 150 mg tablet</i>	1	
<i>quinidine gluconate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinidine sulfate 200 mg tablet</i>	1	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet)</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet)</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 80 mg tablet)</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARTIA XT	1	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>felodipine</i>	1	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	1	
<i>verapamil hcl (80 mg tablet, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 240 mg tablet er)</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
DIGOX	1	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	1	
ENTRESTO 24 MG-26 MG TABLET	1	QL 2 / day C NDC: 00078-0659-20
ENTRESTO 49 MG-51 MG TABLET	1	QL 2 / day C NDC: 00078-0777-20
ENTRESTO 97 MG-103 MG TABLET	1	QL 2 / day C NDC: 00078-0696-20

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>pentoxifylline</i>	1	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	1	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (250 mg tablet, 500 mg capsule er)</i>	1	
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>toremide</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone (25 mg tablet, 100 mg tablet)</i>	1	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide (25 mg tablet, 50 mg tablet)</i>	1	
<i>metolazone</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate 160 mg tablet</i>	1	
<i>fenofibrate nanocrystallized 48 mg tablet</i>	1	
<i>gemfibrozil</i>	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>lovastatin (10 mg tablet, 40 mg tablet)</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin</i>	1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) 4 g powd pack</i>	1	
<i>colestipol hcl 1 g tablet</i>	1	
<i>ezetimibe</i>	1	
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	1	
<i>omega-3 acid ethyl esters</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>isosorbide mononitrate (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID	1	
<i>nitroglycerin (0.2mg/hr patch td24, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24)</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	1	
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	1	QL 1 / DAY
<i>methylphenidate hcl 36 mg tab er 24</i>	1	QL 2 / DAY
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet)</i>	1	
CENTRAL NERVOUS SYSTEM, OTHER		
<i>acetaminophen (325, 500 mg tablet)</i>	1	
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	1	QL 2 / DAY
<i>riluzole</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS		
CYMBALTA 20 MG CAPSULE	1	C NDC: 00002-3235-60
CYMBALTA 30 MG CAPSULE	1	C NDC: 00002-3240-30
CYMBALTA 60 MG CAPSULE	1	C NDC: 00002-3270-30
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	1	
LYRICA (20 MG/ML ORAL SOLUTION, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	1	
<i>pregabalin (20 mg/ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	1	
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>pilocarpine hcl 5 mg tablet</i>	1	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
DERMATOLOGICAL AGENTS		
<i>acitretin</i>	1	
CLARAVIS	1	
<i>imiquimod 5 % cream pack</i>	1	
<i>metronidazole (1 % gel (gram), 1 % gel w/pump)</i>	1	
NO STING BARRIER FILM WIPE	1	
REGRANEX	1	
SANTYL	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>tretinoin (0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ELECTROLYTES/MINERALS/METALS/VITAMINS			
ELECTROLYTE/MINERAL REPLACEMENT			
ferrous sulfate 325 mg tablet	1		
magnesium oxide 400 mg tablet	1		
magnesium oxide 400 mg tablet	1		
MONOJECT SODIUM CHLORIDE FLUSH	1		
potassium chloride (10 meq tab er prt, 10 meq tablet er, 20 meq tab er prt, 20meq/15ml liquid)	1		
sodium chloride 0.9 % (flush) 0.9 % syringe	1		
sodium chloride flush	1		
ELECTROLYTE/MINERAL/METAL MODIFIERS			
sodium polystyrene sulfonate	1		
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	1		
PHOSPHATE BINDERS			
calcium acetate 667 mg capsule	1	QL	30 days
lanthanum carbonate	1	QL	30 days
sevelamer carbonate 800 mg tablet	1	QL	30 days
VITAMINS			
AZESCO	1		
cyanocobalamin (vitamin b-12) 1000mcg/ml vial	1		
folic acid 1 mg tablet	1		
prenatal vitamin	1		
GASTROINTESTINAL AGENTS			
ANTISPASMODICS, GASTROINTESTINAL			
dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)	1		
glycopyrrolate 1 mg tablet	1		
GASTROINTESTINAL AGENTS, OTHER			
lopiramide	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium bicarbonate 650 mg tablet</i>	1	
<i>ursodiol (250 mg tablet, 300 mg capsule)</i>	1	QL 30 days
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine (10 mg tablet, 20 mg tablet, 40 mg tablet, 40mg/5ml susp recon)</i>	1	
LAXATIVES		
<i>docusate 100 mg capsule</i>	1	
<i>lactulose 10 g/15 ml solution</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>senna 8.6 mg tablet</i>	1	
PROTECTANTS		
<i>misoprostol</i>	1	
<i>sucralfate 1 g/10 ml oral susp</i>	1	QL 30 days
<i>sucralfate 1 g tablet</i>	1	
PROTON PUMP INHIBITORS		
<i>lansoprazole (15 mg tab rap dr, 30 mg tab rap dr)</i>	1	AL Up to 16 yrs old
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON	1	QL 30 days
ZENPEP DR 3,000 UNIT CAPSULE	1	QL 30 days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	1	
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	QPD 1.0 per day
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	1	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>finasteride 5 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
ORACIT	1	
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	1	
<i>potassium citrate 10 meq tablet er</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone 1% oint</i>	1	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % solution)</i>	1	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1	
<i>desonide (0.05 % cream (g), 0.05 % oint. (g))</i>	1	
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinonide 0.05 % oint. (g)</i>	1	
<i>hydrocortisone (2.5 % cream (g), 2.5 % oint. (g), 5 mg tablet, 10 mg tablet)</i>	1	
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone acetate 25 mg supp.rect</i>	1	
MEDROL 2 MG TABLET	1	
<i>methylprednisolone (4 mg tab ds pk, 4 mg tablet, 16 mg tablet)</i>	1	
<i>prednisolone sodium phosphate 15 mg/5 ml solution</i>	1	
<i>prednisone (1 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
<i>triamcinolone acetonide (0.025 % oint. (g), 0.1 % cream (g), 0.1 % oint. (g), 0.5 % cream (g))</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate (0.1 mg tablet, 4 mcg/ml ampul, 4 mcg/ml vial, 10/spray spray/pump)</i>	1	
<i>desmopressin acetate (non-refrigerated)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (50 mg capsule, 200 mg capsule)</i>	1	
<i>testosterone (50 mg gel (gram), 50 mg gel packet)</i>	1	
<i>testosterone cypionate 200 mg/ml vial</i>	1	
ESTROGENS		
<i>aviane</i>	1	
CRYSELLE	1	
DELESTROGEN	1	
<i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk)</i>	1	C Generic Climara
<i>estradiol 0.1mg/24hr patch tdwk</i>	1	C generic Climara
<i>estradiol (1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	1	
NOTREL 1-35	1	
PREMARIN VAGINAL CREAM-APPL	1	QL 1 / 30 days
PREMARIN (0.3 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	1	QL 1 / day
PREMPHASE	1	QL 30 days
PREMPRO	1	QL 30 days
<i>trivora</i>	1	
PROGESTINS		
<i>camila 0.35</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tablet, 10 mg tablet)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	1	
<i>norethindrone acetate</i>	1	
PROMETRIUM 100 MG CAPSULE	1	QL 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS			
clomiphene citrate	1		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			
liothyronine sodium (5 mcg tablet, 25 mcg tablet)	1		
NP THYROID (15 MG TABLET, 30 MG TABLET, 60 MG TABLET)	1		
SYNTHROID 100 MCG TABLET	1	QL C	1 / day NDC: 00074-6624-90
SYNTHROID 112 MCG TABLET	1	QL C	2 / day NDC: 00074-9296-90
SYNTHROID 125 MCG TABLET	1	QL C	2 / day NDC: 00074-7068-90
SYNTHROID 137 MCG TABLET	1	QL C	2 / day NDC: 00074-3727-90
SYNTHROID 150 MCG TABLET	1	QL C	1 / day NDC: 00074-7069-90
SYNTHROID 175 MCG TABLET	1	QL C	2 / day NDC: 00074-7070-90
SYNTHROID 200 MCG TABLET	1	QL C	1 / day NDC: 00074-7148-90
SYNTHROID 25 MCG TABLET	1	QL C	1 / day NDC: 00074-4341-90
SYNTHROID 300 MCG TABLET	1	QL C	1 / day NDC: 00074-7149-90
SYNTHROID 50 MCG TABLET	1	QL C	1 / day NDC: 00074-4552-90

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID 75 MCG TABLET	1	QL C 1 / day NDC: 00074-5182-90
SYNTHROID 88 MCG TABLET	1	QL C 1 / day NDC: 00074-6594-90
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1	
<i>octreotide acetate (100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	1	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
<i>azathioprine 50 mg tablet</i>	1	
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	
<i>cyclosporine, modified (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	
HUMIRA	2	C PA SSC only, MAP required
HUMIRA PEN	2	C PA SSC only, MAP required
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	1	
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	1	
<i>mycophenolate sodium</i>	1	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1		
IMMUNOMODULATORS			
<i>leflunomide</i>	1		
INFLAMMATORY BOWEL DISEASE AGENTS			
AMINOSALICYLATES			
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 1000 mg supp.rect)</i>	1		
GLUCOCORTICOIDS			
<i>hydrocortisone 100mg/60ml enema</i>	1		
SULFONAMIDES			
<i>sulfasalazine 500 mg tablet</i>	1		
METABOLIC BONE DISEASE AGENTS			
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 70 mg tablet)</i>	1		
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1		
<i>cinacalcet hcl</i>	1	QL	30 days
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	1		
MISCELLANEOUS THERAPEUTIC AGENTS			
<i>adhesive remover each</i>	1		
<i>blood glucose calibration control solutions high,normal,low</i>	1	C	On Call Express Control Solution NDC: 82607-0557-32
<i>blood sugar diagnostic</i>	1	C	On Call Express Strips NDC: 82607-0557-29
<i>blood-glucose meter each</i>	1	C	On Call Express Meter NDC: 82607-0557-16
<i>blood-glucose meter kit</i>	1	C	On Call Express Kit NDC: 82607-0557-15
<i>inhaler, assist devices</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>inhaler,assist device with large mask</i>	1	
<i>inhaler,assist device with medium mask</i>	1	C NDC: 00456-0745-13
<i>inhaler,assist device with small mask</i>	1	
<i>insulin syringes (29, 30, 31 guauge 1/3, 1/2, 1 ml)</i>	1	
<i>lancets (26 each, 28 each)</i>	1	
<i>lancets 30 gauge each</i>	1	C On Call Lancet NDC: 82607-0541-05
<i>lancing device</i>	1	C On Call Lancing Device NDC: 82607-0541-06
<i>ostomy supplies (see list at end of document)</i>	1	
<i>pen needles</i>	1	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
AK-POLY-BAC	1	
<i>atropine sulfate (1 % drops, 1 % oint. (g))</i>	1	
<i>bacitracin/polymyxin b sulfate</i>	1	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	1	
POLYCIN	1	
<i>polymyxin b sulfate/trimethoprim</i>	1	
TOBRADEX EYE OINTMENT	1	QL 1/ fill
<i>tobramycin/dexamethasone</i>	1	
<i>tropicamide (0.5 % drops, 1 % drops)</i>	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>olopatadine hcl 0.1 % drops</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate 0.1 % drops</i>	1	
FLAREX	1	QL 1/ fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine 0.5 % drops</i>	1	
<i>loteprednol etabonate 0.5 % drops susp</i>	1	QL 1/ fill
NEVANAC	1	QL 1/ fill
<i>prednisolone acetate</i>	1	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>betaxolol hcl 0.5 % drops</i>	1	
<i>brimonidine tartrate 0.2 % drops</i>	1	
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	1	
<i>methazolamide 50 mg tablet</i>	1	
<i>pilocarpine hcl (2 % drops, 4 % drops)</i>	1	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drops, 0.5 % sol-gel)</i>	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost</i>	1	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRODEX	1	QL 1/ fill
<i>ciprofloxacin hcl/dexamethasone</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUIITY ELLIPTA	1	QL 30 days
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	2	QL 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHILDREN'S FLONASE SENSIMIST	1	
FLONASE SENSIMIST	1	
<i>fluticasone propionate 110 mcg aer w/adap</i>	2	PA QPD 0.4 per day
<i>fluticasone propionate 220 mcg aer w/adap</i>	2	PA QPD 0.8 per day
<i>fluticasone propionate 44 mcg aer w/adap</i>	2	PA QPD 0.354 per day
<i>fluticasone propionate 50 mcg spray susp</i>	1	
QVAR REDHALER 40 MCG	2	PA QPD 0.354 per day
QVAR REDHALER 80 MCG	2	PA QPD 0.707 per day
ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet)</i>	1	
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	1	QL 2 / 30 days
<i>ipratropium bromide 0.2 mg/ml solution</i>	1	
SPIRIVA RESPIMAT	1	QPD 0.134 per day
YUPELRI	2	PA
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate 90 mcg hfa aer ad</i>	1	QL 2 / 30 days
<i>albuterol sulfate (2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epinephrine (0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	1	
PERFOROMIST	2	QL 30 days PA
PROAIR HFA	1	
SEREVENT DISKUS	1	QL 1 / 30 days
CYSTIC FIBROSIS AGENTS		
PULMOZYME	1	QL 30 days
<i>tobramycin 300 mg/4ml ampul-neb</i>	1	
<i>tobramycin in 0.225 % sodium chloride</i>	1	QL 30 days
PULMONARY ANTIHYPERTENSIVES		
<i>sildenafil citrate (10 mg/ml susp recon, 20 mg tablet)</i>	1	QL 30 days
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 200 mg/ml vial</i>	1	
ANORO ELLIPTA	2	PA QPD 2.0 per day
<i>benzonatate</i>	1	
<i>budesonide/formoterol fumarate</i>	2	PA QPD 1.03 per day
<i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>	1	
<i>fluticasone propion/salmeterol 250-50 mcg blst w/dev</i>	1	QPD 2.0 per day
GUAIATUSSIN AC	1	
<i>guaifenesin with codeine liquid</i>	1	
<i>sodium chloride nebulizer solution (0.9, 3, 7%)</i>	1	
SYMBICORT	2	QL 30 days PA
TRELEGY ELLIPTA	2	PA
WIXELA INHUB	1	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol 500 mg tablet</i>	1	
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	
<i>triazolam 0.125 mg tablet</i>	1	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	
Uncategorized		
Unclassified		
KLOXXADO	1	
LAGEVRIO (EUA)	1	QPD 8.0 per day

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metformin hcl	24
methadone hcl	6
methazolamide	40

methimazole	37
methocarbamol	43
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methyldopa	27
methylphenidate hcl	30
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metoclopramide hcl	13
metolazone	29
metoprolol succinate	28
metoprolol tartrate	28
metronidazole	8,31
mexiletine hcl	27
miconazole nitrate	14
midodrine hcl	27
minocycline hcl	10
minoxidil	30
mirtazapine	12
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moxifloxacin hcl	10
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naltrexone hcl	7
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nefazodone hcl	12
neomycin sulfate	8
neomycin sulfate/polymyxin b sulfate/hydrocortisone	40
neomycin/polymyxin b sulfate/dexamethasone	39
NEUPOGEN	26
NEVANAC	40

niacin	30
NICODERM CQ	8
nicotine	8
nicotine gum	8
nicotine lozenge	8
nicotine patch	8
NICOTROL	8
nifedipine	28
NITRO-BID	30
nitrofurantoin	8
nitrofurantoin macrocrystal	8
nitrofurantoin monohydrate/macrocrystals	8
nitroglycerin	30
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nortriptyline hcl	13
NORVIR	20
Notrel 1-35	35
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NUCYNTA ER	6
nystatin	14
nystatin 100,000 unit/gm powder	14

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octreotide acetate	37
ofloxacin	10
olanzapine	18
olmesartan medoxomil	27
olopatadine hcl	39

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oseltamivir phosphate	20
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oxybutynin chloride	33
oxycodone hcl	6,7
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pantoprazole sodium	33
paromomycin sulfate	8
paroxetine hcl	12
PAXIL	12
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penicillin v potassium	9
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permethrin	17
perphenazine	13
phenazopyridine hcl	34
phenelzine sulfate	12
phenobarbital	11
phenytoin	11
phenytoin sodium extended	11
pilocarpine hcl	31,40
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pioglitazone hcl	24
piroxicam	6
POLYCIN	39
polyethylene glycol 3350	33
polymyxin b sulfate/trimethoprim	39
potassium chloride	32
potassium citrate	34
PRADAXA	25
pramipexole di-hcl	17

prasugrel hcl	26
pravastatin sodium	29
praziquantel	16
prazosin hcl	27
prednisolone acetate	40
prednisolone sodium phosphate	34
prednisone	34
pregabalin	31
PREMARIN	35
PREMPHASE	35
PREMPRO	35
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PREZCOBIX	20
PREZISTA	20
primaquine phosphate	16
primidone	11
PRISTIQ	12
PROAIR HFA	42
probenecid	14
prochlorperazine	13
prochlorperazine maleate	13
promethazine hcl	13,41
PROMETRIUM	35
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propranolol hcl	28
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PULMOZYME	42
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pyridostigmine bromide	14
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quetiapine fumarate	18
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quinidine sulfate	28
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rifampin	15
riluzole	30
risperidone	18
ritonavir	20
rizatriptan benzoate	14
ropinirole hcl	17
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scopolamine	13
selegiline hcl	17
selenium sulfide	31
senna 8.6 mg tablet	33
SEREVENT DISKUS	42
sertraline hcl	12
sevelamer carbonate	32
sildenafil citrate	42
silver sulfadiazine	10
simvastatin	30
sirolimus	37
sodium bicarbonate 650 mg tablet	33
sodium chloride 0.9 % (flush)	32
sodium chloride flush	32
sodium chloride nebulizer solution (0.9, 3, 7%)	42
sodium polystyrene sulfonate	32
sotalol hcl	28
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spironolactone	29
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STRIBILD	19
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sulfacetamide sodium	10
sulfadiazine	10
sulfamethoxazole/trimethoprim	10
SULFAMYLON	8
sulfasalazine	38
sulindac	6
sumatriptan nasal spray	14

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SYMBICORT	42
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tacrolimus	38
tamoxifen citrate	15
tamsulosin hcl	34
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TEMODAR	15
temozolomide	15
tenofovir disoproxil fumarate	20
testosterone	35
testosterone cypionate	35
tetracycline hcl	10
thioridazine hcl	18
thiothixene	18
tiagabine hcl	11
timolol maleate	40
TIVICAY	19
TIVICAY PD	19
tizanidine hcl	18
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tobramycin	8,42
tobramycin in 0.225 % sodium chloride	42
tobramycin/dexamethasone	39
tolterodine tartrate	33
topiramate	11
torseamide	29
tramadol hcl	7
tranylcypromine sulfate	12
trazodone hcl	12
TRELEGY ELLIPTA	42
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triazolam	43
trifluoperazine hcl	18
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trihexyphenidyl hcl	17
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tropicamide	39
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valganciclovir hcl	18
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vancomycin hcl	9
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venlafaxine hcl	12
verapamil hcl	28
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zonisamide	10

LIST OF COVERED PRESCRIPTION ITEMS

PRODUCT DESCRIPTION	TIER
<i>Naloxone kit with nasal atomizer</i>	1 Use prior auth code 999999 to bypass switch rejection
<i>First – BLM Mouthwash</i>	1 Use overrides 436-E1 “99 – Other” and 407-D7 “65628005001”

LIST OF COVERED OSTOMY SUPPLIES

Lawson	Product Description	NDC	Max Per Month	ERX	Mfg #
Accessories					
50338	3M No-Sting barrier film wipes 3344	8333-3344-01	1 - 25 wipes	119033	3344
53517	Convatec Sting Free Adhesive Remover Wipes 413500	68455-12984	1 - 30 wipes	176745	413500
Use overrides 436-E1 “99 – Other” and 407-D7 “68455012984”					
52951	Coloplast Brava Barrier ring 120307	11701-802-50	20	127107	120307
52764	Coloplast Mio ostomy belt 40" 4237	11701-835-10	1	39615	4237
52384	Hollister Adapt lubricant deodorant packets	08380-0785-01	1 box – #50 8 ml packets	39173	78501
TBD	Convatec Stomahesive Paste	68455-106-90	2- 60 g tubes	7493	183910
50829	Hollister Adapt stoma powder	08380-0079-06	2- 1 oz bottles	105732	7906
50984	Hollister ostomy belt, medium (23-43")	08380-0073-00	1	4847	7300
50313	Hollister ostomy belt adjustable, large (34-65")	08380-0072-99	1	4358	7299
Ostomy Supplies					
52950	Coloplast Mio 1-piece CTF soft Convexity 16716	11701-934-45	20	128300	16716
53685	Hollister Premier 1 Pc drainable pouch – 38mm	08380-0089-58	20	7493	8958
TBD	Hollister Premier 1 Pc drainable pouch – 55 mm	08380-0850-11	20	38843	89511
51913	Convatec Esteem 1-Piece 4" drainable pouch, CTF	68455-11812	20	178909	416908
52371	Hollister New Image 2-piece Convex CTF 1 1/2" wafer (Red) 2-1/4" flange	08380-0148-03	20	38869	14803
52372	Hollister New Image 2-piece Convex CTF 2" wafer (Blue) 2-3/4" flange	08380-0148-04	20	125121	14804
52329	Hollister New Image 2-piece high output pouch clear blue 2-3/4" flange	08380-0180-14	20	408408201	18014

Lawson	Product Description	NDC	Max Per Month	ERx #	Mfg #
50825	Hollister New Image 2-piece high output pouch clear Red 2-1/4" flange	08380-0180-13	20	38814	18013
50811	Hollister New Image 2-piece wafer (extended wear) red	08380-0146-03	20	38873	14603
50822	Hollister New Image drainable pouch, 12", 2-1/4" flange	08380-0180-03	20	126305	18003
52135	Hollister New Image drainable pouch, 2-3/4" flange	08380-0181-34	20	24677	18134
52270	Hollister New Image 2-piece 2-3/4" wafer (extended wear) blue 2-3/4" flange	08380-0146-04	20	408408205	14604
50809	Hollister Premier 1 piece drainable pouch, 12" length, CTF	08380-0085-31	20	127091	8531
Urostomy Supplies					
52949	Coloplast Mio 1-piece CTF 16810	11701-905-50	20	125416	16810
52403	Hollister New Image 2pc 2-1/4" 18923	08380-0184-23	20	111503	18923
52966	Hollister Premier Pouch 84590	08380-0084-40	20	105494	84590
01417	Medline Uro Drainage Bag	9999-0089-58	2	866906	25205
Use overrides 436-E1 "99 – Other" and 407-D7 "09999-0089-58"					