

PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

Formulary

(2020 LIST OF COVERED DRUGS)

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00020476, Version 26

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.

This formulary was updated on 12/11/2020.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call 24 hours a day, 7 days a week, or visit www.communitycareinc.org.



Community Care Health Plan, Inc. • 205 Bishops Way • Brookfield, WI 53005

Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-992-6600 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-992-6600 (TTY: 711). [SPANISH]

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-992-6600 (TTY: 711). [HMONG]

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-992-6600

(TTY : 711。 [CHINESE]

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-992-6600 (TTY: 711). [GERMAN]

تظوحلم: اذا بتك ثدحتت ركذا غللا، نإف تامدخ ددعاسملا ةيوعلا رفاوتت لكل ن اجملاب. لصتا مقرب 1-866-992-6600 (مقر فتاه مصلا مكب لاو: 711). [ARABIC]

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-992-6600 (телетайп: 711). [RUSSIAN]

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-992-6600 (TTY: 711)번으로 전화해 주십시오. [KOREAN]

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-992-6600 (TTY: 711). [VIETNAMESE]

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-992-6600 (TTY: 711). [PENNSYLVANIA DUTCH]

ໂປດຊາບ: ຖ້ າວ່ າ ທ່ ານເວັ າພາສາ ລາວ, ອດັ ານພາສາ, ໂດຍອໍ່ປເສັ ງຄ່ າ, ແມ່ ນມີ ພໍ ອມໃຫ້ ທ່ ານ. ການອໍ່ປວການຊ່ ວຍເຫຼື ໂທສ 1-866-992-6600 (TTY: 711). [LAOTIAN]

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-992-6600 (ATS : 711). [FRENCH]

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-992-6600 (TTY: 711).[POLISH]

ध्यान देें: यदद आप ह दी बोलतहे हैें तो त मेें भाषा सहायता सेवारं उपलब्ध हैं। 1-866-992-6600 (TTY: 711) पर कॉल आपके ललए मफु करेें। [HINDI]

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-992-6600 (TTY: 711). [ALBANIAN]

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-992-6600 (TTY: 711). [TAGALOG]

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Community Care, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Care, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your Team.

If you believe that Community Care, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Michael Garlie, Chief Compliance, Quality and Risk Officer, Community Care, 205 Bishops Way, Brookfield, WI 53005, 414-231-4000, (TTY 711), Fax 262-827-4044, compliancehotline@communitycareinc.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Michael Garlie, Chief Compliance, Quality and Risk Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 Community Care Health Plan, Inc. When it refers to “plan” or “our Plan”, it means Community Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/11/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).

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

What is the Community Care Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you

will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or 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, 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 Community Care’s Formulary?”

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

The enclosed formulary is current as of 12/11/2020.

To get updated information about the drugs covered by Community Care, 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 9. 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 Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 9; 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 118. 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?

Community Care 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 (PA): Community Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don't get approval, Community Care may not cover the drug.

Quantity Limits (QL): For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, Community Care 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, Community Care may not cover drug B unless you try Drug A first. If Drug A does not work for you, Community Care 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 9. 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 Community Care 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 Community Care’s formulary?” on page 6 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs. (That is, the cost of the OTC drugs does not count for the coverage gap.)

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Community Care does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Community Care.

You can ask Community Care 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 Community Care’s Formulary?

You can ask Community Care 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 your drug even if it is not on our formulary.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Community Care 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, Community Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you are requesting a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement.

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

What do I do before I can talk to my doctor or other prescriber 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 or other prescriber to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If your level of care changes and you become a resident of a of long-term care facility, Community Care will provide at least a 31-day supply (unless the prescription is written for less) with refills provided.

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Member Handbook & Enrollment Agreement and other plan materials.

If you have questions about Community Care, please contact us. Our contract 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

For more information about Medicaid, please contact the Wisconsin Department of Health Services by calling 1-800-362-3002. You can also get information by visiting their website at www.dhs.wisconsin.gov/Medicaid.

Community Care's Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

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

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

The Formulary Key:

QL = Quantity Limits

PA = Prior Authorization for all members

B/D = Prior Authorization to determine Medicare Part B vs. Part D coverage

ST = Step Therapy

LA = Limited Access

HI = Home Infusion

Example:

Drug Name	Requirements/Limits
ANTIBACTERIALS	
Quinolones	
levofloxacin	
VIGAMOX	
Antibacterials, Other	
CLEOCIN SUPP	
vancomycin hcl caps	PA
Antispasmodics, urinary	
MYRBETRIQ	ST
oxybutynin	

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

Because you are enrolled in Community Care PACE, you will have no co-payments for covered prescription drugs. If you have questions about your drugs, please contact Customer Service or talk to your team.

Drug Name	Drug Tier	Requirements/ Limits
analgesics		
nonsteroidal anti-inflammatory drugs		
celecoxib	1	
diclofenac 3 % topical gel	1	PA
diclofenac epolamine	1	PA
diclofenac oral	1	
diclofenac potassium	1	
etodolac	1	
ibuprofen 400 mg tablet	1	
ibuprofen 600 mg tablet	1	
ibuprofen 800 mg tablet	1	
ibuprofen oral suspension	1	
INDOCIN ORAL	1	
indomethacin	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
sulindac	1	
opioid analgesics, long-acting		
buprenorphine hcl sublingual	1	
fentanyl	1	PA

Drug Name	Drug Tier	Requirements/ Limits
fentanyl lozenge on a handle	1	PA
HYDROMORPHONE (PF) 10 MG/ML INJECTION SOLUTION	1	
methadone oral solution	1	
methadone tablet	1	
morphine 10 mg/ml intravenous syringe	1	
morphine 2 mg/ml intravenous syringe	1	
morphine 4 mg/ml intravenous syringe	1	
morphine concentrate	1	
morphine er tablet,extended release	1	
morphine immediate release tablet	1	
morphine oral solution	1	
oxycodone er tablet, crush resist, ext. rel. 12h	1	
tramadol er 100 mg capsule 24h,extended release(25-75)	1	
tramadol er 200 mg capsule 24h,extended release(25-75)	1	
tramadol er capsule 24 hr,extended release	1	
tramadol er tablet,extended release 24 hr	1	
tramadol er tablet,extended release 24hr mphase	1	
opioid analgesics, short-acting		
acetaminophen-codeine	1	
codeine sulfate	1	
fentanyl	1	PA

Drug Name	Drug Tier	Requirements/ Limits
fentanyl lozenge on a handle	1	PA
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	
HYDROMORPHONE (PF) 10 MG/ML INJECTION SOLUTION	1	
hydromorphone tablet	1	
morphine concentrate	1	
morphine immediate release tablet	1	
morphine oral solution	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone tablet	1	
oxycodone-acetaminophen 10 mg-325 mg tablet	1	
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	
oxycodone-acetaminophen 5 mg-325 mg tablet	1	
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	
tramadol tablet	1	
tramadol-acetaminophen	1	
anesthetics		

Drug Name	Drug Tier	Requirements/ Limits
local anesthetics		
lidocaine 5 % topical patch	1	
lidocaine hcl mucosal jelly	1	
lidocaine hcl mucosal solution	1	
lidocaine topical ointment	1	
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	
anti-addiction/ substance abuse treatment agents		
alcohol deterrents/anti-craving		
acamprosate	1	
disulfiram	1	
naltrexone	1	
opioid dependence treatments		
buprenorphine hcl sublingual	1	
buprenorphine-naloxone	1	
naltrexone	1	
opioid reversal agents		
naloxone injection solution	1	
naloxone injection syringe	1	
NARCAN	1	
smoking cessation agents		

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (smoking deter)	1	
CHANTIX	1	PA
CHANTIX CONTINUING MONTH BOX	1	PA
CHANTIX STARTING MONTH BOX	1	PA
NICOTROL	1	
anti-inflammatory agents		
glucocorticoids		
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented lotion	1	
betamethasone, augmented topical cream	1	
BETAMETHASONE, AUGMENTED TOPICAL GEL	1	
betamethasone, augmented topical ointment	1	
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
dexamethasone	1	
hydrocortisone 2.5 % topical cream with perineal applicator	1	
hydrocortisone oral	1	
methylprednisolone	1	
PRED MILD	1	
prednisolone	1	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone acetate	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1	
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1	
prednisolone sodium phosphate ophthalmic	1	
prednisone	1	
PREDNISONE INTENSOL	1	
SULFACETAMIDE-PREDNISOLONE	1	
triamcinolone acetonide topical aerosol	1	
nonsteroidal anti-inflammatory drugs		
celecoxib	1	
diclofenac oral	1	
diclofenac potassium	1	
etodolac	1	
ibuprofen 400 mg tablet	1	
ibuprofen 600 mg tablet	1	
ibuprofen 800 mg tablet	1	
ibuprofen oral suspension	1	
INDOCIN ORAL	1	
indomethacin	1	
meloxicam	1	

Drug Name	Drug Tier	Requirements/ Limits
nabumetone	1	
naproxen	1	
sulindac	1	
antibacterials		
colistin (colistimethate na)	1	
aminoglycosides		
amikacin 500 mg/2 ml injection solution	1	
GENTAK	1	
GENTAMICIN 100 MG/100 ML IN SODIUM CHLORIDE(ISO) INTRAVENOUS PIGGYBACK	1	
gentamicin 40 mg/ml injection solution	1	
GENTAMICIN 60 MG/50 ML IN SODIUM CHLORIDE(ISO) INTRAVENOUS PIGGYBACK	1	
GENTAMICIN 80 MG/100 ML IN SODIUM CHLORIDE(ISO) INTRAVENOUS PIGGYBACK	1	
GENTAMICIN 80 MG/50 ML IN SODIUM CHLORIDE(ISO) INTRAVENOUS PIGGYBACK	1	
gentamicin ophthalmic (eye)	1	
gentamicin topical	1	
neomycin	1	
paromomycin	1	
streptomycin	1	
TOBRADEX EYE OINTMENT	1	
tobramycin in 0.225 % nacl	1	PA BvD

Drug Name	Drug Tier	Requirements/ Limits
tobramycin injection solution	1	
tobramycin ophthalmic (eye)	1	
beta-lactam, cephalosporins		
cefadroxil	1	
cefazolin 1 gram solution for injection	1	
cefazolin 10 gram solution for injection	1	
CEFAZOLIN 2 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	1	
cefazolin 500 mg solution for injection	1	
cefdinir	1	
cefepime injection	1	
cefixime	1	
cefoxitin	1	
cefpodoxime	1	
cefprozil	1	
ceftazidime	1	
ceftriaxone 1 gram solution for injection	1	
ceftriaxone 10 gram solution for injection	1	
CEFTRIAXONE 100 GRAM SOLUTION FOR INJECTION	1	
ceftriaxone 2 gram solution for injection	1	
ceftriaxone 250 mg solution for injection	1	
ceftriaxone 500 mg solution for injection	1	

Drug Name	Drug Tier	Requirements/ Limits
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin	1	
SUPRAX 500 MG/5 ML ORAL SUSPENSION	1	
SUPRAX CHEWABLE TABLET	1	
TEFLARO	1	
beta-lactam, penicillins		
amoxicillin	1	
amoxicillin-pot clavulanate	1	
ampicillin 1 gram solution for injection	1	
ampicillin 10 gram solution for injection	1	
ampicillin 125 mg solution for injection	1	
ampicillin 500 mg capsule	1	
ampicillin-sulbactam injection	1	
BICILLIN L-A	1	
dicloxacillin	1	
nafcillin injection	1	
PENICILLIN G POT 2 MILLION UNIT/50 ML-DEXTROSE INTRAVENOUS PIGGYBACK	1	
PENICILLIN G POT 3 MILLION UNIT/50 ML-DEXTROSE INTRAVENOUS PIGGYBACK	1	
penicillin g potassium 20 million unit solution for injection	1	

Drug Name	Drug Tier	Requirements/ Limits
penicillin g procaine 1.2 million unit/2 ml intramuscular syringe	1	
penicillin g sodium	1	
penicillin v potassium	1	
PIPERACILLIN-TAZOBACTAM 2.25 GRAM INTRAVENOUS SOLUTION	1	
PIPERACILLIN-TAZOBACTAM 3.375 GRAM INTRAVENOUS SOLUTION	1	
PIPERACILLIN-TAZOBACTAM 4.5 GRAM INTRAVENOUS SOLUTION	1	
piperacillin-tazobactam 40.5 gram intravenous solution	1	
macrolides		
AZASITE	1	
azithromycin	1	
clarithromycin	1	
DIFICID TABLET	1	PA
ERY PADS	1	
ERYTHROCIN (AS STEARATE)	1	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION	1	
ERYTHROMYCIN CAPSULE,DELAYED RELEASE	1	
erythromycin ethylsuccinate	1	
erythromycin ophthalmic (eye)	1	
erythromycin tablet	1	
erythromycin tablet, delayed release	1	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
quinolones		
ciprofloxacin 200 mg/100 ml in 5 % dextrose intravenous piggyback	1	
ciprofloxacin hcl	1	
gatifloxacin	1	
levofloxacin	1	
levofloxacin 500 mg/100 ml in 5 % dextrose intravenous piggyback	1	
levofloxacin 750 mg/150 ml in 5 % dextrose intravenous piggyback	1	
moxifloxacin eye drops	1	
ofloxacin	1	
sulfonamides		
silver sulfadiazine	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium ophthalmic (eye)	1	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral	1	
tetracyclines		
demeclocycline	1	
doxy-100	1	

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate 100 mg tablet	1	
doxycycline hyclate 20 mg tablet	1	
doxycycline hyclate 75 mg tablet	1	
doxycycline hyclate capsule	1	
doxycycline monohydrate 100 mg capsule	1	
doxycycline monohydrate 100 mg tablet	1	
doxycycline monohydrate 50 mg capsule	1	
doxycycline monohydrate 50 mg tablet	1	
doxycycline monohydrate 75 mg capsule	1	
doxycycline monohydrate 75 mg tablet	1	
doxycycline monohydrate oral suspension	1	
minocycline capsule	1	
minocycline tablet	1	
tetracycline	1	
VIBRAMYCIN ORAL SYRUP	1	
antibacterials, other		
acetic acid otic (ear)	1	
ALCOHOL PADS	1	
bacitracin ophthalmic (eye)	1	
CLEOCIN VAGINAL SUPPOSITORY	1	
CLINDAMYCIN 300 MG/50 ML IN 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	1	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin 600 mg/4 ml intravenous solution	1	
CLINDAMYCIN 600 MG/50 ML IN 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	1	
clindamycin hcl	1	
clindamycin in 5 % dextrose	1	
clindamycin injection	1	
clindamycin lotion	1	
clindamycin pediatric	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin topical foam	1	
clindamycin topical gel	1	
clindamycin vaginal	1	
colistin (colistimethate na)	1	
daptomycin	1	
FIRVANQ 25 MG/ML ORAL SOLUTION	1	
linezolid	1	
linezolid in dextrose 5%	1	
LINEZOLID-0.9% SODIUM CHLORIDE	1	
methenamine hippurate	1	
metronidazole in nacl (iso-os)	1	
metronidazole lotion	1	

Drug Name	Drug Tier	Requirements/ Limits
metronidazole oral	1	
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole vaginal	1	
MONUROL	1	
mupirocin	1	
mupirocin calcium	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
polymyxin b sulfate	1	
pretomanid	1	
SIVEXTRO	1	PA
tigecycline	1	
trimethoprim	1	
VANCOMYCIN 1 GRAM/150 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS SOLUTION	1	PA BvD
VANCOMYCIN 1 GRAM/250 ML IN DEXTROSE 5 % INTRAVENOUS	1	PA BvD
vancomycin 1,000 mg intravenous injection	1	PA BvD
VANCOMYCIN 1.25 GRAM/150 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD
VANCOMYCIN 1.5 GRAM/150 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN 1.5 GRAM/250 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD
VANCOMYCIN 1.5 GRAM/250 ML IN DEXTROSE 5% INTRAVENOUS SOLUTION	1	PA BvD
VANCOMYCIN 1.5 GRAM/300 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD
VANCOMYCIN 1.5 GRAM/500 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS SOLN	1	PA BvD
VANCOMYCIN 1.5 GRAM/500 ML IN DEXTROSE 5 % INTRAVENOUS SOLUTION	1	PA BvD
VANCOMYCIN 1.75 GRAM/250 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS SOLN	1	PA BvD
VANCOMYCIN 1.75 GRAM/500 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD
VANCOMYCIN 1.75 GRAM/500 ML IN DEXTROSE 5 % INTRAVENOUS SOLUTION	1	PA BvD
vancomycin 10 gram intravenous solution	1	PA BvD
VANCOMYCIN 2 GRAM/250 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS SOLUTION	1	PA BvD
VANCOMYCIN 2 GRAM/500 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS	1	PA BvD
vancomycin 250 mg intravenous solution	1	PA BvD
vancomycin 500 mg intravenous solution	1	PA BvD
vancomycin 750 mg intravenous solution	1	PA BvD
vancomycin 750 mg/250 ml in 0.9 % sodium chloride intravenous solution	1	PA BvD
vancomycin capsule	1	PA

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	1	PA BvD
vancomycin injection	1	PA BvD
vancomycin oral solution	1	
XIFAXAN 200 MG TABLET	1	PA
beta-lactam, other		
aztreonam 1 gram solution for injection	1	
CAYSTON	1	
ertapenem	1	
imipenem-cilastatin	1	
meropenem	1	
anticonvulsants		
calcium channel modifying agents		
CELONTIN	1	
ethosuximide	1	
pregabalin	1	
zonisamide	1	
gamma-aminobutyric acid (gaba) augmenting agents		
clobazam	1	
clonazepam	1	
clorazepate dipotassium	1	
DIASTAT	1	

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	1	
diazepam intensol	1	
diazepam oral	1	
diazepam rectal	1	
divalproex	1	
EPIDIOLEX	1	
gabapentin 250 mg/5 ml oral solution	1	
gabapentin capsule	1	
gabapentin tablet	1	
lamotrigine disintegrating tablet	1	
lorazepam oral	1	
NAYZILAM	1	
phenobarbital	1	
primidone	1	
SYMPAZAN	1	
tiagabine	1	
valproic acid	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution	1	
vigabatrin	1	
glutamate reducing agents		
felbamate	1	

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA	1	
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	1	
lamotrigine chewable dispersible tablet	1	
lamotrigine er tablet,extended release 24 hr	1	
lamotrigine tablet	1	
lamotrigine tablets in a dose pack	1	
topiramate sprinkle capsule	1	
topiramate tablet	1	
TOPIRAMATE XR CAPSULE SPRINKLE,EXT.RELEASE 24 HR	1	
sodium channel agents		
APTIOM	1	
BANZEL	1	
carbamazepine	1	
DILANTIN	1	
oxcarbazepine	1	
PEGANONE	1	
phenytoin 125 mg/5 ml oral suspension	1	
phenytoin chewable tablet	1	
phenytoin sodium extended	1	
VIMPAT ORAL SOLUTION	1	

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT TABLET	1	
anticonvulsants, other		
BRIVIACT ORAL	1	
DIASTAT	1	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	1	
diazepam intensol	1	
diazepam oral	1	
FINTEPLA	1	
levetiracetam 100 mg/ml oral solution	1	
levetiracetam er tablet,extended release 24 hr	1	
levetiracetam tablet	1	
SPRITAM	1	
VALTOCO	1	
XCOPRI	1	
XCOPRI MAINTENANCE PACK	1	
XCOPRI TITRATION PACK	1	
antidementia agents		
cholinesterase inhibitors		
donepezil 10 mg tablet	1	
donepezil 5 mg tablet	1	
donepezil disintegrating tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
galantamine er 24 hr capsule,extended release	1	
galantamine tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
n-methyl-d-aspartate (nmda) receptor antagonist		
memantine tablet	1	
memantine tablets in a dose pack	1	
antidementia agents, other		
ergoloid	1	
antidepressants		
monoamine oxidase inhibitors		
EMSAM	1	PA
MARPLAN	1	
phenelzine	1	
tranylcypromine	1	
ssris/snris (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
CITALOPRAM ORAL SOLUTION	1	
citalopram tablet	1	
DESVENLAFAXINE	1	
desvenlafaxine succinate	1	
DRIZALMA SPRINKLE	1	PA

Drug Name	Drug Tier	Requirements/ Limits
duloxetine	1	
escitalopram oxalate	1	
FETZIMA	1	PA
fluoxetine 10 mg tablet	1	
fluoxetine 20 mg tablet	1	
fluoxetine capsule	1	
fluoxetine oral solution	1	
fluvoxamine	1	
paroxetine hcl	1	
paroxetine mesylate(menop.sym)	1	
PAXIL ORAL SUSPENSION	1	
sertraline	1	
TRINTELLIX	1	PA
venlafaxine	1	
VIIBRYD	1	PA
tricyclics		
amitriptyline	1	
amoxapine	1	
clomipramine	1	
desipramine	1	
doxepin	1	

Drug Name	Drug Tier	Requirements/ Limits
imipramine hcl	1	
imipramine pamoate	1	
nortriptyline	1	
protriptyline	1	
trimipramine	1	
antidepressants, other		
ABILIFY MAINTENA	1	ST
bupropion hcl	1	
maprotiline	1	
mirtazapine	1	
nefazodone	1	
quetiapine	1	ST
trazodone	1	
antiemetics		
emetogenic therapy adjuncts		
aprepitant	1	PA
dronabinol	1	PA
ondansetron	1	PA BvD
ondansetron hcl oral	1	PA BvD
antiemetics, other		
chlorpromazine oral	1	

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine hcl oral	1	
hydroxyzine pamoate	1	
meclizine tablet	1	
metoclopramide tablet	1	
perphenazine	1	
prochlorperazine	1	
prochlorperazine maleate	1	
promethazine 12.5 mg rectal suppository	1	
promethazine 25 mg rectal suppository	1	
promethazine oral	1	
scopolamine base	1	
antifungals		
ABELCET	1	PA BvD
amphotericin b	1	PA BvD
caspofungin	1	
ciclopirox	1	
clotrimazole mucous membrane	1	
clotrimazole topical	1	
fluconazole	1	
fluconazole 200 mg/100 ml in sod. chloride (iso) intravenous piggyback	1	

Drug Name	Drug Tier	Requirements/ Limits
fluconazole 400 mg/200 ml in sod. chloride(iso) intravenous piggyback	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole capsule	1	
ketoconazole	1	
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	
MYCAMINE	1	
NATACYN	1	
NOXAFIL ORAL SUSPENSION	1	
nyamyc	1	
nystatin	1	
nystop	1	
posaconazole tablet,delayed release	1	
terbinafine hcl oral	1	
terconazole	1	
voriconazole	1	
antifungals		
FLUCONAZOLE 100 MG/50 ML IN SODIUM CHLORIDE(ISO) INTRAVENOUS PIGGYBACK	1	
antineoplastics, other		

Drug Name	Drug Tier	Requirements/ Limits
ZOLINZA	1	
antigout agents		
allopurinol	1	ST
colchicine	1	
febuxostat	1	ST
probenecid	1	
probenecid-colchicine	1	
antimigraine agents		
ergot alkaloids		
dihydroergotamine nasal	1	
ergotamine-caffeine	1	
prophylactic		
divalproex	1	
timolol maleate	1	
topiramate sprinkle capsule	1	
topiramate tablet	1	
valproic acid	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution	1	
serotonin (5-ht) 1b/1d receptor agonists		
naratriptan	1	QL:9/30
rizatriptan	1	QL:12/30

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan oral	1	QL:9/30
sumatriptan subcutaneous	1	
antimyasthenic agents		
parasympathomimetics		
guanidine	1	
pyridostigmine bromide	1	
antimycobacterials		
antituberculars		
ethambutol	1	
isoniazid oral	1	
PASER	1	
pyrazinamide	1	
rifampin	1	
SIRTURO 100 MG TABLET	1	
TRECTOR	1	
antimycobacterials, other		
dapson oral	1	
PRIFTIN	1	
rifabutin	1	
antineoplastics		
alkylating agents		

Drug Name	Drug Tier	Requirements/ Limits
cyclophosphamide oral	1	PA BvD
GLEOSTINE	1	
LEUKERAN	1	
MATULANE	1	
VALCHLOR	1	
antiandrogens		
abiraterone	1	
bicalutamide	1	
ERLEADA	1	
flutamide	1	
nilutamide	1	
NUBEQA	1	
XTANDI	1	
YONSA	1	
ZYTIGA 500 MG TABLET	1	
antiangiogenic agents		
POMALYST	1	
REVLIMID	1	
THALOMID	1	
antiestrogens/modifiers		
EMCYT	1	

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX	1	
tamoxifen	1	
toremifene	1	
antimetabolites		
hydroxyurea	1	
INQOVI	1	
LONSURF	1	
PURIXAN	1	
TABLOID	1	
aromatase inhibitors, 3rd generation		
anastrozole	1	
exemestane	1	
letrozole	1	
enzyme inhibitors		
COPIKTRA	1	PA
FARYDAK 10 MG CAPSULE	1	
FARYDAK 20 MG CAPSULE	1	
GAVRETO	1	
IBRANCE CAPSULE	1	
IBRANCE TABLET	1	
IDHIFA	1	

Drug Name	Drug Tier	Requirements/ Limits
KISQALI	1	
KISQALI FEMARA CO-PACK	1	
PIQRAY	1	
QINLOCK	1	
RETEVMO	1	
TIBSOVO	1	
TUKYSA	1	
VERZENIO	1	
VITRAKVI	1	
XOSPATA	1	
ZYDELIG	1	
molecular target inhibitors		
AFINITOR 10 MG TABLET	1	
ALECENSA	1	
ALUNBRIG	1	
AYVAKIT	1	
BALVERSA	1	
BOSULIF	1	
BRAFTOVI 75 MG CAPSULE	1	
CABOMETYX	1	
CALQUENCE	1	

Drug Name	Drug Tier	Requirements/ Limits
CAPRELSA	1	
COMETRIQ	1	
COTELLIC	1	
DAURISMO	1	
ERIVEDGE	1	
erlotinib	1	
everolimus (antineoplastic)	1	
GILOTRIF	1	
ICLUSIG	1	
imatinib	1	
IMBRUVICA	1	
INLYTA	1	
INREBIC	1	
IRESSA	1	
JAKAFI	1	
LENVIMA	1	
LORBRENA	1	PA
LYNPARZA	1	
MEKINIST	1	
MEKTOVI	1	
NERLYNX	1	

Drug Name	Drug Tier	Requirements/ Limits
NEXAVAR	1	
ODOMZO	1	
PEMAZYRE	1	
ROZLYTREK	1	
RYDAPT	1	
SPRYCEL	1	
STIVARGA	1	
SUTENT	1	
TABRECTA	1	
TAFINLAR	1	
TAGRISSO	1	
TASIGNA	1	
TURALIO	1	
TYKERB	1	
VENCLEXTA	1	
VENCLEXTA STARTING PACK	1	
VIZIMPRO	1	PA
VOTRIENT	1	
XALKORI	1	
ZELBORAF	1	
ZYKADIA TABLET	1	

Drug Name	Drug Tier	Requirements/ Limits
retinoids		
bexarotene	1	
PANRETIN	1	
TARGRETIN TOPICAL	1	
tretinoin	1	
tretinoin (antineoplastic)	1	
treatment adjuncts		
leucovorin calcium oral	1	
MESNEX ORAL	1	
antineoplastics, other		
BRUKINSA	1	
leucovorin calcium oral	1	
NINLARO	1	
REVLIMID	1	
RUBRACA	1	
SYNRIBO	1	
TALZENNA	1	
TAZVERIK	1	
XPOVIO	1	
ZEJULA	1	
ZOLINZA	1	

Drug Name	Drug Tier	Requirements/ Limits
antiparasitics		
anthelmintics		
albendazole	1	
ivermectin oral	1	
praziquantel	1	
antiprotozoals		
ALINIA	1	
atovaquone	1	
atovaquone-proguanil	1	
chloroquine phosphate	1	
COARTEM	1	
hydroxychloroquine	1	
mefloquine	1	
pentamidine inhalation	1	PA BvD
pentamidine injection	1	
primaquine	1	
pyrimethamine	1	
quinine sulfate	1	
pediculicides/scabicides		
lindane	1	
malathion	1	

Drug Name	Drug Tier	Requirements/ Limits
permethrin	1	
antiparkinson agents		
carbidopa-levodopa-entacapone	1	
anticholinergics		
benztropine oral	1	
trihexyphenidyl tablet	1	
dopamine agonists		
APOKYN	1	PA
bromocriptine	1	
NEUPRO	1	
pramipexole tablet	1	
ropinirole	1	
dopamine precursors/ l-amino acid decarboxylase inhibitors		
carbidopa-levodopa	1	
monoamine oxidase b (mao-b) inhibitors		
rasagiline	1	
selegiline hcl	1	
antiparkinson agents, other		
amantadine hcl	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	ST

Drug Name	Drug Tier	Requirements/ Limits
ONGENTYS	1	ST
tolcapone	1	
antipsychotics		
1st generation/typical		
chlorpromazine oral	1	
fluphenazine decanoate	1	
fluphenazine hcl	1	
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
loxapine succinate	1	
molindone	1	
perphenazine	1	
pimozide	1	
prochlorperazine maleate	1	
thioridazine	1	
thiothixene	1	
trifluoperazine	1	
2nd generation/atypical		
ABILIFY MAINTENA	1	ST
aripiprazole disintegrating tablet	1	ST

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole oral solution	1	
aripiprazole tablet	1	ST
ARISTADA	1	ST
ARISTADA INITIO	1	ST
CAPLYTA	1	
FANAPT	1	ST
INVEGA SUSTENNA	1	ST
INVEGA TRINZA	1	ST
LATUDA	1	ST
NUPLAZID 10 MG TABLET	1	PA
NUPLAZID CAPSULE	1	PA
olanzapine	1	ST
paliperidone	1	ST
PERSERIS	1	ST
quetiapine	1	ST
REXULTI	1	ST
RISPERDAL CONSTA	1	ST
RISPERIDONE 0.25 MG DISINTEGRATING TABLET	1	ST
risperidone 0.5 mg disintegrating tablet	1	ST
risperidone 1 mg disintegrating tablet	1	ST
risperidone 2 mg disintegrating tablet	1	ST

Drug Name	Drug Tier	Requirements/ Limits
risperidone 3 mg disintegrating tablet	1	ST
risperidone 4 mg disintegrating tablet	1	ST
risperidone oral solution	1	ST
risperidone tablet	1	ST
SAPHRIS	1	ST
VRAYLAR	1	ST
ziprasidone hcl	1	ST
ziprasidone mesylate	1	ST
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION	1	ST
treatment-resistant		
clozapine 100 mg disintegrating tablet	1	
clozapine 12.5 mg disintegrating tablet	1	
CLOZAPINE 150 MG DISINTEGRATING TABLET	1	
CLOZAPINE 200 MG DISINTEGRATING TABLET	1	
clozapine 25 mg disintegrating tablet	1	
clozapine tablet	1	
VERSACLOZ	1	
antispasticity agents		
baclofen oral	1	
tizanidine	1	
antivirals		

Drug Name	Drug Tier	Requirements/ Limits
anti-cytomegalovirus (cmv) agents		
valganciclovir	1	
ZIRGAN	1	
anti-hepatitis b (hbv) agents		
adefovir	1	
BARACLUDE ORAL SOLUTION	1	
entecavir	1	
EPIVIR HBV ORAL SOLUTION	1	
INTRON A	1	
lamivudine	1	
ribavirin oral	1	
tenofovir disoproxil fumarate	1	
VIREAD 150 MG TABLET	1	
VIREAD 200 MG TABLET	1	
VIREAD 250 MG TABLET	1	
VIREAD ORAL POWDER	1	
anti-hepatitis c (hcv) agents, direct acting agents		
ledipasvir-sofosbuvir	1	PA
MAVYRET	1	PA
sofosbuvir-velpatasvir	1	PA
SOVALDI 400 MG TABLET	1	PA

Drug Name	Drug Tier	Requirements/ Limits
VOSEVI	1	PA
ZEPATIER	1	PA
anti-hiv agents, integrase inhibitors (insti)		
BIKTARVY	1	
GENVOYA	1	
ISENTRESS	1	
ISENTRESS HD	1	
STRIBILD	1	
SYMTUZA	1	
TIVICAY	1	
TIVICAY PD	1	
anti-hiv agents, non-nucleoside reverse transcriptase inhibitors (nrti)		
COMPLERA	1	
EDURANT	1	
efavirenz	1	
INTELENCE	1	
nevirapine	1	
PIFELTRO	1	
anti-hiv agents, nucleoside and nucleotide reverse transcriptase inhibitors (nrti)		
abacavir	1	
abacavir-lamivudine	1	

Drug Name	Drug Tier	Requirements/ Limits
abacavir-lamivudine-zidovudine	1	
ATRIPLA	1	
CIMDUO	1	
DELSTRIGO	1	
DESCOVY	1	
didanosine 250 mg capsule, delayed release	1	
didanosine 400 mg capsule, delayed release	1	
DOVATO	1	
emtricitabine	1	
EMTRIVA ORAL SOLUTION	1	
JULUCA	1	
lamivudine	1	
lamivudine-zidovudine	1	
ODEFSEY	1	
stavudine	1	
SYMFI	1	
SYMFI LO	1	
tenofovir disoproxil fumarate	1	
TRUVADA	1	
VIREAD 150 MG TABLET	1	
VIREAD 200 MG TABLET	1	

Drug Name	Drug Tier	Requirements/ Limits
VIREAD 250 MG TABLET	1	
VIREAD ORAL POWDER	1	
zidovudine	1	
anti-hiv agents, protease inhibitors		
APTIVUS	1	
APTIVUS (WITH VITAMIN E)	1	
atazanavir	1	
CRIXIVAN	1	
EVOTAZ	1	
fosamprenavir	1	
INVIRASE	1	
KALETRA TABLET	1	
LEXIVA ORAL SUSPENSION	1	
lopinavir-ritonavir	1	
NORVIR ORAL POWDER PACKET	1	
NORVIR ORAL SOLUTION	1	
PREZCOBIX	1	
PREZISTA	1	
REYATAZ ORAL POWDER PACKET	1	
ritonavir	1	
VIRACEPT	1	

Drug Name	Drug Tier	Requirements/ Limits
anti-influenza agents		
amantadine hcl	1	
oseltamivir capsule	1	
RELENZA DISKHALER	1	
antiherpetic agents		
acyclovir	1	
acyclovir sodium intravenous solution	1	PA BvD
famciclovir	1	
trifluridine	1	
valacyclovir	1	
anti-hepatitis c (hcv) agents, other		
INTRON A	1	
PEGASYS	1	
PEGASYS PROCLICK	1	
ribavirin oral	1	
SOVALDI 400 MG TABLET	1	PA
ZEPATIER	1	PA
anti-hiv agents, other		
FUZEON	1	
RUKOBIA	1	
SELZENTRY	1	

Drug Name	Drug Tier	Requirements/ Limits
TRIUMEQ	1	
TYBOST	1	
anxiolytics		
benzodiazepines		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
clonazepam	1	
clorazepate dipotassium	1	
DIASTAT	1	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	1	
diazepam intensol	1	
diazepam oral	1	
lorazepam 2 mg/ml injection solution	1	
LORAZEPAM INTENSOL	1	
lorazepam oral	1	
ssris/snris (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
duloxetine	1	
escitalopram oxalate	1	
paroxetine hcl	1	
PAXIL ORAL SUSPENSION	1	
sertraline	1	

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine	1	
anxiolytics, other		
buspirone	1	
doxepin	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate	1	
oxazepam	1	
triazolam	1	
bipolar agents		
mood stabilizers		
carbamazepine	1	
divalproex	1	
lamotrigine chewable dispersible tablet	1	
lamotrigine disintegrating tablet	1	
lamotrigine er tablet,extended release 24 hr	1	
lamotrigine tablet	1	
lamotrigine tablets in a dose pack	1	
lithium carbonate	1	
LITHIUM CITRATE	1	
valproic acid	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution	1	

Drug Name	Drug Tier	Requirements/ Limits
bipolar agents, other		
olanzapine	1	ST
quetiapine	1	ST
RISPERDAL CONSTA	1	ST
RISPERIDONE 0.25 MG DISINTEGRATING TABLET	1	ST
risperidone 0.5 mg disintegrating tablet	1	ST
risperidone 1 mg disintegrating tablet	1	ST
risperidone 2 mg disintegrating tablet	1	ST
risperidone 3 mg disintegrating tablet	1	ST
risperidone 4 mg disintegrating tablet	1	ST
risperidone oral solution	1	ST
risperidone tablet	1	ST
SAPHRIS	1	ST
VRAYLAR	1	ST
ziprasidone hcl	1	ST
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION	1	ST
blood glucose regulators		
metformin er tablet,extended release 24hr	1	
antidiabetic agents		
acarbose	1	
alogliptin	1	

Drug Name	Drug Tier	Requirements/ Limits
alogliptin-metformin	1	
alogliptin-pioglitazone	1	
colesevelam tablet	1	
CYCLOSET	1	
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
JARDIANCE	1	
KORLYM	1	
metformin er 24 hr tablet,extended release	1	
metformin er tablet,extended release 24 hr	1	
metformin er tablet,extended release 24hr	1	
metformin tablet	1	
nateglinide	1	
pioglitazone	1	
pioglitazone-metformin	1	
repaglinide	1	
SYMLINPEN 120	1	
SYMLINPEN 60	1	
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	

Drug Name	Drug Tier	Requirements/ Limits
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	
WELCHOL ORAL POWDER PACKET	1	
glycemic agents		
diazoxide	1	
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	
insulins		
APIDRA SOLOSTAR U-100 INSULIN	1	
APIDRA U-100 INSULIN	1	
ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE	1	
BASAGLAR KWIKPEN U-100 INSULIN	1	
GAUZE PAD 2" X 2" BANDAGE	1	
HUMALOG MIX 50-50 INSULN U-100	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMALOG MIX 75-25(U-100)INSULN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULN	1	
HUMULIN R U-500 (CONC) INSULIN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	
INSULIN ASP PRT-INSULIN ASPART	1	
INSULIN LISPRO PROTAMIN-LISPRO	1	
INSULIN LISPRO SUBCUTANEOUS HALF-UNIT PEN	1	
insulin lispro subcutaneous pen	1	
insulin lispro subcutaneous solution	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE	1	
NOVOLIN 70-30 FLEXPEN U-100	1	
NOVOLIN 70/30 U-100 INSULIN	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N NPH U-100 INSULIN	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R REGULAR U-100 INSULN	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE PEN U-100 INSULIN	1	
SEMGLEE U-100 INSULIN	1	
blood products/ modifiers/ volume expanders		
anticoagulants		
ELIQUIS	1	
ELIQUIS DVT-PE TREAT 30D START	1	
enoxaparin subcutaneous syringe	1	
fondaparinux	1	
heparin (porcine) 1,000 unit/ml injection solution	1	PA BvD
heparin (porcine) 10,000 unit/ml injection solution	1	PA BvD
heparin (porcine) 20,000 unit/ml injection solution	1	
heparin (porcine) 5,000 unit/ml injection solution	1	
PRADAXA	1	
warfarin	1	
XARELTO	1	
XARELTO DVT-PE TREAT 30D START	1	
blood formation modifiers		
anagrelide	1	
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION	1	PA

Drug Name	Drug Tier	Requirements/ Limits
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
LEUKINE	1	PA
NIVESTYM	1	PA
PROMACTA 12.5 MG ORAL POWDER PACKET	1	PA
PROMACTA 25 MG ORAL POWDER PACKET	1	PA
PROMACTA TABLET	1	PA
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	PA
hemostasis agents		
tranexamic acid oral	1	
platelet modifying agents		
aspirin-dipyridamole	1	
BRILINTA	1	ST
cilostazol	1	
clopidogrel 75 mg tablet	1	ST

Drug Name	Drug Tier	Requirements/ Limits
cardiovascular agents		
irbesartan-hydrochlorothiazide	1	
alpha-adrenergic agonists		
clonidine	1	
clonidine hcl tablet	1	
guanfacine	1	
methyldopa	1	
midodrine	1	
NORTHERA	1	PA
alpha-adrenergic blocking agents		
doxazosin	1	
prazosin	1	
terazosin	1	
angiotensin ii receptor antagonists		
enalapril-hydrochlorothiazide	1	
irbesartan	1	
lisinopril-hydrochlorothiazide	1	
losartan	1	
losartan-hydrochlorothiazide	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements/ Limits
angiotensin-converting enzyme (ace) inhibitors		
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
lisinopril	1	
ramipril	1	
antiarrhythmics		
amiodarone oral	1	
dofetilide	1	
flecainide	1	
mexiletine	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate	1	
sotalol af	1	
sotalol oral	1	
beta-adrenergic blocking agents		
atenolol	1	
atenolol-chlorthalidone	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
carvedilol	1	

Drug Name	Drug Tier	Requirements/ Limits
DUTOPROL	1	
labetalol oral	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate 100 mg tablet	1	
metoprolol tartrate 25 mg tablet	1	
metoprolol tartrate 37.5 mg tablet	1	
metoprolol tartrate 50 mg tablet	1	
metoprolol tartrate 75 mg tablet	1	
nadolol	1	
pindolol	1	
propranolol er capsule,24 hr,extended release	1	
propranolol tablet	1	
propranolol-hydrochlorothiazid	1	
timolol maleate	1	
calcium channel blocking agents		
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
diltiazem cd capsule,extended release 24 hr	1	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem er (xr/xt) capsule,extended rel. 24 hr, controlled	1	
DILTIAZEM ER 120 MG CAPSULE,EXTENDED RELEASE 12 HR	1	
diltiazem er 60 mg capsule,extended release 12 hr	1	
diltiazem er 90 mg capsule,extended release 12 hr	1	
diltiazem er capsule,24 hr,extended release	1	
diltiazem er tablet,extended release 24 hr	1	
diltiazem tablet	1	
nifedipine er tablet,extended release	1	
nifedipine er tablet,extended release 24 hr	1	
nimodipine	1	
VERAPAMIL ER (PM) 100 MG CAPSULE 24HR PELLETT,EXT.RELEASE	1	
verapamil er (pm) 200 mg capsule 24hr pellet ct,ext.release	1	
VERAPAMIL ER (PM) 300 MG CAPSULE 24HR PELLETT,EXT.RELEASE	1	
verapamil er (sr) tablet,extended release	1	
verapamil er 24 hr capsule,extended release	1	
verapamil tablet	1	
diuretics, carbonic anhydrase inhibitors		
acetazolamide	1	
methazolamide	1	
diuretics, loop		

Drug Name	Drug Tier	Requirements/ Limits
bumetanide	1	
furosemide	1	
torsemide	1	
diuretics, potassium-sparing		
ALDACTAZIDE 50 MG-50 MG TABLET	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
spironolacton-hydrochlorothiaz	1	
spironolactone	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	1	
triamterene-hydrochlorothiazide tablet	1	
diuretics, thiazide		
chlorthalidone	1	
hydrochlorothiazide	1	
indapamide	1	
irbesartan-hydrochlorothiazide	1	
metolazone	1	
dyslipidemics, fibric acid derivatives		
fenofibrate	1	
fenofibrate micronized	1	
fenofibrate nanocrystallized 145 mg tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate nanocrystallized 48 mg tablet	1	
fenofibric acid (choline)	1	
gemfibrozil	1	
dyslipidemics, hmg coa reductase inhibitors		
atorvastatin	1	
pravastatin	1	
rosuvastatin	1	
simvastatin tablet	1	
vasodilators, direct-acting arterial		
hydralazine oral	1	
minoxidil oral	1	
vasodilators, direct-acting arterial/venous		
isosorbide dinitrate 10 mg tablet	1	
isosorbide dinitrate 20 mg tablet	1	
isosorbide dinitrate 30 mg tablet	1	
isosorbide dinitrate 40 mg tablet	1	
isosorbide dinitrate 5 mg tablet	1	
isosorbide mononitrate	1	
NITRO-BID	1	
NITRO-DUR 0.3 MG/HR TRANSDERMAL 24 HOUR PATCH	1	

Drug Name	Drug Tier	Requirements/ Limits
NITRO-DUR 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH	1	
nitroglycerin sublingual	1	
NITROGLYCERIN TRANSDERMAL	1	
nitroglycerin translingual	1	
RECTIV	1	
cardiovascular agents, other		
aliskiren	1	PA
CORLANOR TABLET	1	
DEMSER	1	
digoxin oral	1	
ENTRESTO	1	PA
pentoxifylline	1	
ranolazine	1	
dyslipidemics, other		
cholestyramine (with sugar) powder for susp in a packet	1	
cholestyramine light	1	
colesevelam tablet	1	
ezetimibe	1	
JUXTAPID 10 MG CAPSULE	1	PA
JUXTAPID 20 MG CAPSULE	1	PA
JUXTAPID 30 MG CAPSULE	1	PA

Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID 5 MG CAPSULE	1	PA
niacin er tablet,extended release 24 hr	1	
omega-3 acid ethyl esters	1	
REPATHA PUSHTRONEX	1	PA
REPATHA SURECLICK	1	PA
REPATHA SYRINGE	1	PA
WELCHOL ORAL POWDER PACKET	1	
central nervous system agents		
attention deficit hyperactivity disorder agents, amphetamines		
dextroamphetamine er capsule,extended release	1	
dextroamphetamine tablet	1	
dextroamphetamine-amphetamine	1	
attention deficit hyperactivity disorder agents, non-amphetamines		
atomoxetine	1	
dexmethylphenidate	1	
guanfacine	1	
methylphenidate cd biphasic 30-70 capsule,extended release	1	
methylphenidate chewable tablet	1	
METHYLPHENIDATE ER 18 MG TABLET,EXTENDED RELEASE 24 HR	1	
METHYLPHENIDATE ER 27 MG TABLET,EXTENDED RELEASE 24 HR	1	

Drug Name	Drug Tier	Requirements/ Limits
METHYLPHENIDATE ER 36 MG TABLET,EXTENDED RELEASE 24 HR	1	
METHYLPHENIDATE ER 54 MG TABLET,EXTENDED RELEASE 24 HR	1	
methylphenidate er 72 mg tablet,extended release 24 hr	1	
methylphenidate er tablet,extended release	1	
methylphenidate la capsule,extended release biphasic 50-50	1	
methylphenidate oral solution	1	
methylphenidate tablet	1	
fibromyalgia agents		
duloxetine	1	
pregabalin	1	
multiple sclerosis agents		
AUBAGIO	1	
AVONEX	1	
BETASERON SUBCUTANEOUS KIT	1	
dalfampridine	1	PA
dimethyl fumarate 120 mg capsule,delayed release	1	
dimethyl fumarate 240 mg capsule,delayed release	1	
glatiramer	1	
REBIF (WITH ALBUMIN)	1	
REBIF REBIDOSE	1	

Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK	1	
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE	1	
central nervous system, other		
NUEDEXTA	1	PA
riluzole	1	
tetrabenazine	1	
dental and oral agents		
chlorhexidine gluconate mouth and throat	1	
doxycycline hyclate 100 mg tablet	1	
doxycycline hyclate 20 mg tablet	1	
doxycycline hyclate 75 mg tablet	1	
doxycycline hyclate capsule	1	
doxycycline monohydrate 75 mg tablet	1	
minocycline capsule	1	
minocycline tablet	1	
pilocarpine hcl	1	
triamcinolone acetonide dental	1	
VIBRAMYCIN ORAL SYRUP	1	
dental and oral agents		
paroex oral rinse	1	
dermatological agents		

Drug Name	Drug Tier	Requirements/ Limits
acitretin	1	
ammonium lactate	1	
betamethasone dipropionate	1	
calcipotriene for the scalp	1	
calcipotriene topical cream	1	
calcipotriene topical ointment	1	
clobetasol	1	
clotrimazole-betamethasone	1	
diclofenac 1 % topical gel	1	
diclofenac 3 % topical gel	1	PA
doxepin	1	
doxycycline hyclate capsule	1	
doxycycline monohydrate 100 mg capsule	1	
doxycycline monohydrate 100 mg tablet	1	
doxycycline monohydrate 50 mg capsule	1	
doxycycline monohydrate 50 mg tablet	1	
erythromycin-benzoyl peroxide	1	
fluorouracil topical	1	
fluticasone propionate	1	
imiquimod	1	
isotretinoin	1	

Drug Name	Drug Tier	Requirements/ Limits
methoxsalen	1	
nystatin-triamcinolone	1	
PICATO	1	
podofilox	1	
SANTYL	1	
selenium sulfide lotion	1	
tacrolimus topical	1	
tazarotene	1	
TAZORAC 0.05 % TOPICAL CREAM	1	
TAZORAC TOPICAL GEL	1	
tretinoin	1	
tretinoin microspheres	1	
VALCHLOR	1	
dermatological agents		
tretinoin microspheres	1	
immune suppressants		
STELARA SUBCUTANEOUS SYRINGE	1	PA
TREMFYA	1	PA
retinoids		
tretinoin	1	
electrolytes/minerals/ metals/ vitamins		

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 5 % IN WATER (D5W)	1	
INTRALIPID	1	PA BvD
NUTRILIPID	1	PA BvD
electrolyte/ mineral replacement		
AMINOSYN II 10 %	1	PA BvD
AMINOSYN II 15 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE)	1	PA BvD
CARBAGLU	1	
CLINIMIX 5%/D15W SULFITE FREE	1	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE	1	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE)	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE	1	PA BvD
CLINISOL SF 15 %	1	PA BvD
D10 %-0.45 % SODIUM CHLORIDE	1	

Drug Name	Drug Tier	Requirements/ Limits
D2.5 %-0.45 % SODIUM CHLORIDE	1	
d5 % and 0.9 % sodium chloride	1	
d5 %-0.45 % sodium chloride	1	
DEXTROSE 10 % AND 0.2 % NACL	1	
dextrose 10 % in water (d10w)	1	
DEXTROSE 5 % IN WATER (D5W)	1	
dextrose 5 %-lactated ringers	1	
HEPATAMINE 8%	1	PA BvD
ISOLYTE-P IN 5 % DEXTROSE	1	
magnesium sulfate injection	1	
MONOJECT 0.9% SODIUM CHLORIDE	1	
normal saline flush	1	
NORMOSOL-M IN 5 % DEXTROSE	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride 10 meq/100ml in sterile water intravenous piggyback	1	
potassium chloride 20 meq/100ml in sterile water intravenous piggyback	1	
potassium chloride 20 meq/l in 0.9 % sodium chloride intravenous	1	
potassium chloride 20 meq/l in 5 % dextrose intravenous solution	1	
potassium chloride 20 meq/l in dextrose 5 %-0.2 % sodium chloride iv	1	
potassium chloride 20 meq/l-lactated ringers-5 % dextrose intravenous	1	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride 40 meq/100ml in sterile water intravenous piggyback	1	
potassium chloride 40 meq/l in 0.9 % sodium chloride intravenous	1	
potassium chloride er 10 meq capsule,extended release	1	
potassium chloride er 10 meq tablet,extended release	1	
potassium chloride er 20 meq tablet,extended release	1	
potassium chloride er tablet,extended release(part/cryst)	1	
potassium chloride intravenous	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.9%nacl	1	
PREMASOL 10 %	1	PA BvD
PROCALAMINE 3%	1	PA BvD
PROSOL 20 %	1	PA BvD
sodium chloride 0.45 % intravenous solution	1	
sodium chloride 0.9 % intravenous solution	1	
sodium chloride 3 %	1	
sodium chloride 5 %	1	
sodium chloride irrigation	1	
TPN ELECTROLYTES	1	
TRAVASOL 10 %	1	PA BvD

Drug Name	Drug Tier	Requirements/ Limits
TROPHAMINE 10 %	1	PA BvD
electrolyte/mineral/metal modifiers		
deferasirox dispersible tablet	1	
deferasirox oral granules in packet	1	
deferasirox tablet	1	
deferiprone	1	
FERRIPROX 1,000 MG TABLET	1	
FERRIPROX ORAL SOLUTION	1	
KIONEX (WITH SORBITOL)	1	
sodium polystyrene (sorb free)	1	
sodium polystyrene sulfonate oral	1	
SPS (WITH SORBITOL)	1	
trientine	1	
vitamins		
BAL-CARE DHA	1	
BAL-CARE DHA ESSENTIAL	1	
c-nate dha	1	
CADEAU DHA	1	
CITRANATAL B-CALM (FE GLUC)	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	

Drug Name	Drug Tier	Requirements/ Limits
CONCEPT DHA	1	
CONCEPT OB	1	
doxercalciferol oral	1	
DUET DHA BALANCED	1	
DUET DHA WITH OMEGA-3	1	
elite-ob	1	
ENBRACE HR	1	
folivane-ob	1	
ICAR-C PLUS	1	
KOSHER PRENATAL PLUS IRON	1	
MARNATAL-F	1	
MYNATAL	1	
MYNATAL PLUS	1	
MYNATAL-Z	1	
NATACHEW (FE BIS-GLYCINATE)	1	
NEEVODHA (WITH ALGAL OIL)	1	
NESTABS	1	
NESTABS ABC	1	
NESTABS DHA	1	
NESTABS ONE	1	
newgen	1	

Drug Name	Drug Tier	Requirements/ Limits
NIVA-PLUS	1	
O-CAL PRENATAL	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE WITH DHA	1	
pnv 29-1	1	
pnv-dha	1	
pnv-omega	1	
PNV-SELECT	1	
pr natal 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENA1 CHEW	1	
prena1 pearl	1	
prena1 true	1	
PRENATA	1	
PRENATABS FA	1	
PRENATABS RX	1	
prenatal low iron	1	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS DHA ORAL PACK	1	
prenatal vitamin plus low iron	1	
PRENATAL-U	1	
PRENATE AM	1	
PRENATE CHEWABLE	1	
PRENATE DHA	1	
PRENATE DHA (FERR ASP GLYCIN)	1	
PRENATE ELITE	1	
PRENATE ELITE (IRON ASP GLYC)	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE ESSENTIAL(IRON-ASP-GL)	1	
PRENATE MINI (FERR ASP GLYCIN)	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATE STAR	1	
preplus	1	
pretab	1	
PRIMACARE	1	
PROVIDA OB	1	
PUREFE OB PLUS	1	

Drug Name	Drug Tier	Requirements/ Limits
PUREFE PLUS	1	
R-NATAL OB	1	
se-natal 19 chewable	1	
SELECT-OB	1	
SELECT-OB (FOLIC ACID)	1	
SELECT-OB + DHA	1	
taron-c dha	1	
thrivite rx	1	
TRICARE	1	
trinatal rx 1	1	
TRINATE	1	
TRISTART DHA	1	
triveen-duo dha	1	
TRUST NATAL DHA	1	
VINATE CARE	1	
VINATE DHA RF	1	
VINATE M	1	
vinate one	1	
virt-c dha	1	
virt-nate dha	1	
virt-pn dha	1	

Drug Name	Drug Tier	Requirements/ Limits
virt-pn plus	1	
VITAFOL GUMMIES	1	
VITAFOL NANO	1	
VITAFOL ULTRA	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMED MD ONE RX	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATRUE	1	
VP-PNV-DHA	1	
zatean-pn dha	1	
zatean-pn plus	1	
gastrointestinal agents		
antispasmodics, gastrointestinal		
dicyclomine oral	1	
glycopyrrolate 1 mg tablet	1	
glycopyrrolate 2 mg tablet	1	
scopolamine base	1	
histamine2 (h2) receptor antagonists		

Drug Name	Drug Tier	Requirements/ Limits
famotidine 20 mg tablet	1	
famotidine 40 mg tablet	1	
famotidine oral suspension	1	
nizatidine	1	
irritable bowel syndrome agents		
alosetron	1	
AMITIZA	1	
budesonide dr - er capsule,delayed,extended release	1	
LINZESS	1	
laxatives		
constulose	1	
enulose	1	
generlac	1	
GOLYTELY ORAL POWDER PACKET	1	
lactulose 10 gram/15 ml oral solution	1	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1	
peg-electrolyte soln	1	
peg3350-sod sul-nacl-kcl-asb-c	1	
protectants		
misoprostol	1	
sucralfate tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
proton pump inhibitors		
esomeprazole magnesium capsule, delayed release	1	
esomeprazole magnesium dr granules delayed release for susp	1	
lansoprazole	1	
omeprazole capsule, delayed release	1	
pantoprazole dr granules delayed-release for susp in packet	1	
pantoprazole tablet, delayed release	1	
gastrointestinal agents, other		
DIPHENOXYLATE-ATROPINE ORAL LIQUID	1	
diphenoxylate-atropine tablet	1	
GATTEX 30-VIAL	1	
GATTEX ONE-VIAL	1	
loperamide capsule	1	
metoclopramide oral solution	1	
metoclopramide tablet	1	
proctozone-hc	1	
RELISTOR	1	PA
ursodiol	1	
XIFAXAN 200 MG TABLET	1	PA
ZORBTIVE	1	PA
genetic or enzyme disorder: replacement, modifiers, treatment		

Drug Name	Drug Tier	Requirements/ Limits
CERDELGA	1	
CREON	1	
CYSTADANE	1	
CYSTAGON	1	
GLASSIA	1	
KUVAN	1	
miglustat	1	
PROLASTIN-C INTRAVENOUS POWDER FOR SOLUTION	1	
RAVICTI	1	
sodium phenylbutyrate	1	
SUCRAID	1	
ZENPEP	1	
genitourinary agents		
antispasmodics, urinary		
darifenacin	1	ST
MYRBETRIQ	1	ST
oxybutynin chloride	1	ST
OXYTROL	1	ST
tolterodine	1	ST
trospium	1	ST
benign prostatic hypertrophy agents		

Drug Name	Drug Tier	Requirements/ Limits
alfuzosin	1	
doxazosin	1	
dutasteride	1	
finasteride 5 mg tablet	1	
prazosin	1	
tamsulosin	1	
terazosin	1	
phosphate binders		
calcium acetate 667 mg tablet	1	
calcium acetate(phosphat bind)	1	
FOSRENOL ORAL POWDER PACKET	1	
lanthanum	1	
sevelamer carbonate tablet	1	
genitourinary agents, other		
bethanechol chloride	1	
ELMIRON	1	
potassium citrate	1	
sodium phenylbutyrate	1	
hormonal agents, stimulant/ replacement/ modifying (adrenal)		
betamethasone dipropionate	1	
betamethasone valerate	1	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone, augmented lotion	1	
betamethasone, augmented topical cream	1	
BETAMETHASONE, AUGMENTED TOPICAL GEL	1	
betamethasone, augmented topical ointment	1	
clobetasol	1	
clobetasol-emollient	1	
dexamethasone	1	
fludrocortisone	1	
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
fluticasone propionate	1	
hydrocortisone 1 % topical cream	1	
hydrocortisone 1 % topical ointment	1	
hydrocortisone 2.5 % lotion	1	
hydrocortisone 2.5 % topical cream	1	
hydrocortisone 2.5 % topical ointment	1	
hydrocortisone oral	1	
methylprednisolone	1	
mometasone topical	1	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone	1	
prednisolone sodium phosphate 10 mg/5 ml oral solution	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1	
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1	
prednisone	1	
PREDNISON INTENSOL	1	
procto-pak	1	
proctozone-hc	1	
triamcinolone acetonide 0.025 % topical ointment	1	
triamcinolone acetonide 0.1 % topical ointment	1	
triamcinolone acetonide 0.5 % topical ointment	1	
triamcinolone acetonide lotion	1	
triamcinolone acetonide topical aerosol	1	
triamcinolone acetonide topical cream	1	
glucocorticoids		
dexamethasone	1	
hormonal agents, stimulant/ replacement/ modifying (adrenal)		
fluocinonide 0.05 % topical cream	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1	

Drug Name	Drug Tier	Requirements/ Limits
hormonal agents, stimulant/ replacement/ modifying (sex hormones/ modifiers)		
budesonide dr - er capsule,delayed,extended release	1	
anabolic steroids		
ANADROL-50	1	
oxandrolone	1	
androgens		
ANDRODERM	1	
danazol	1	
testosterone cypionate 100 mg/ml intramuscular oil	1	
testosterone cypionate 200 mg/ml intramuscular oil	1	
testosterone enanthate	1	
estrogens		
cryselle (28)	1	
cyclafem 1/35 (28)	1	
cyclafem 7/7/7 (28)	1	
desog-e.estradiol/e.estradiol	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	1	
estradiol oral	1	
estradiol vaginal	1	
estradiol weekly transdermal patch	1	

Drug Name	Drug Tier	Requirements/ Limits
estradiol-norethindrone acet	1	
ESTRING	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	1	
l norgest/e.estradiol-e.estrad	1	
levonorg-eth estrad triphasic	1	
levonorgestrel-ethinyl estrad	1	
MENEST 0.3 MG TABLET	1	
MENEST 0.625 MG TABLET	1	
MENEST 1.25 MG TABLET	1	
noreth-ethinyl estradiol-iron	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1	
norethindrone-e.estradiol-iron chewable tablet	1	
norgestimate-ethinyl estradiol	1	
PREMARIN ORAL	1	
PREMARIN VAGINAL	1	
PREMPRO	1	
tri-legest fe	1	
progestins		
medroxyprogesterone	1	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1	PA
megestrol tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone (contraceptive)	1	
progesterone micronized	1	
selective estrogen receptor modifying agents		
DUAVEE	1	
raloxifene	1	
hormonal agents, stimulant/ replacement/ modifying (thyroid)		
levothyroxine tablet	1	
liothyronine oral	1	
hormonal agents, stimulant/replacement/ modifying (pituitary)		
desmopressin nasal	1	
desmopressin oral	1	
GENOTROPIN	1	PA
GENOTROPIN MINIQUICK	1	PA
HUMATROPE	1	PA
INCRELEX	1	
NORDITROPIN FLEXPRO	1	PA
NUTROPIN AQ NUSPIN	1	PA
OMNITROPE	1	PA
SAIZEN	1	PA
SEROSTIM	1	PA
ZORBTIVE	1	PA

Drug Name	Drug Tier	Requirements/ Limits
hormonal agents, stimulant/replacement/ modifying (pituitary)		
desmopressin nasal	1	
hormonal agents, suppressant (adrenal)		
LYSODREN	1	
hormonal agents, suppressant (pituitary)		
bromocriptine	1	
cabergoline	1	
ELIGARD	1	PA BvD
ELIGARD (3 MONTH)	1	PA BvD
ELIGARD (4 MONTH)	1	PA BvD
ELIGARD (6 MONTH)	1	PA BvD
FIRMAGON KIT W DILUENT SYRINGE	1	
leuprolide subcutaneous kit	1	
LUPRON DEPOT	1	PA BvD
LUPRON DEPOT (3 MONTH)	1	PA BvD
LUPRON DEPOT (4 MONTH)	1	PA BvD
LUPRON DEPOT (6 MONTH)	1	PA BvD
octreotide acetate injection solution	1	
SIGNIFOR	1	
SOMATULINE DEPOT	1	
SOMAVERT	1	

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL	1	
TRELSTAR	1	
hormonal agents, suppressant (thyroid)		
antithyroid agents		
methimazole	1	
propylthiouracil	1	
immunological agents		
angioedema agents		
CINRYZE	1	
icatibant	1	
immune suppressants		
AFINITOR DISPERZ	1	
ASTAGRAF XL	1	PA
azathioprine	1	PA BvD
cyclosporine modified	1	PA BvD
cyclosporine oral	1	PA BvD
ENBREL MINI	1	
ENBREL SUBCUTANEOUS POWDER FOR SOLUTION	1	
ENBREL SUBCUTANEOUS SOLUTION	1	
ENBREL SUBCUTANEOUS SYRINGE	1	
ENBREL SURECLICK	1	

Drug Name	Drug Tier	Requirements/ Limits
ENVARUSUS XR	1	PA
everolimus (immunosuppressive)	1	PA
HUMIRA	1	
HUMIRA PEN	1	
HUMIRA PEN CROHNS-UC-HS START	1	
HUMIRA PEN PSOR-UVEITS-ADOL HS	1	
HUMIRA(CF)	1	
HUMIRA(CF) PEDI CROHNS STARTER	1	
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	
HUMIRA(CF) PEN CROHNS-UC-HS	1	
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	
KINERET	1	
mercaptopurine	1	
methotrexate sodium	1	PA BvD
methotrexate sodium (pf)	1	PA BvD
mycophenolate mofetil	1	PA BvD
mycophenolate sodium	1	PA BvD
ORENCIA	1	
ORENCIA CLICKJECT	1	
OTEZLA	1	PA
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	1	PA

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF ORAL GRANULES IN PACKET	1	PA
SIMPONI	1	PA
sirolimus	1	PA BvD
tacrolimus oral	1	PA BvD
XATMEP	1	PA BvD
XELJANZ	1	PA
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE	1	PA
ZORTRESS 1 MG TABLET	1	PA
immunizing agents, passive		
GAMMAGARD LIQUID	1	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML)	1	PA BvD
GAMMAPLEX	1	PA BvD
GAMMAPLEX (WITH SORBITOL)	1	PA BvD
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION	1	PA BvD
PRIVIGEN	1	PA BvD
immunomodulators		
ACTIMMUNE	1	
ARCALYST	1	
leflunomide	1	
OLUMIANT 1 MG TABLET	1	PA
SIMPONI	1	PA

Drug Name	Drug Tier	Requirements/ Limits
vaccines		
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	
BCG VACCINE, LIVE (PF)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
ENGERIX-B (PF)	1	PA BvD
ENGERIX-B PEDIATRIC (PF)	1	PA BvD
GARDASIL 9 (PF)	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	
HIBERIX (PF)	1	
IMOVAX RABIES VACCINE (PF)	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	
IPOL	1	
IXIARO (PF)	1	
KINRIX (PF)	1	
M-M-R II (PF)	1	
MENACTRA (PF)	1	
MENQUADFI (PF)	1	

Drug Name	Drug Tier	Requirements/ Limits
MENVEO A-C-Y-W-135-DIP (PF)	1	
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	PA BvD
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	PA BvD
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	
TDVAX	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	
TETANUS,DIPHThERIA TOX PED(PF)	1	
TRUMENBA	1	
TWINRIX (PF)	1	
TYPHIM VI	1	
VAQTA (PF)	1	
VARIVAX (PF)	1	

Drug Name	Drug Tier	Requirements/ Limits
VARIZIG	1	
YF-VAX (PF)	1	
inflammatory bowel disease agents		
aminosalicylates		
balsalazide	1	
DIPENTUM	1	
mesalamine capsule (with delayed release tablets inside)	1	
mesalamine er capsule,extended release 24 hr	1	
mesalamine rectal	1	
mesalamine tablet,delayed release	1	
PENTASA	1	
glucocorticoids		
budesonide dr - er capsule,delayed,extended release	1	
dexamethasone	1	
hydrocortisone oral	1	
hydrocortisone rectal	1	
methylprednisolone	1	
prednisolone	1	
prednisolone acetate	1	
prednisolone sodium phosphate 10 mg/5 ml oral solution	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1	
prednisone	1	
PREDNISONE INTENSOL	1	
procto-med hc	1	
proctosol hc	1	
sulfonamides		
sulfasalazine	1	
metabolic bone disease agents		
alendronate 10 mg tablet	1	
alendronate 35 mg tablet	1	
alendronate 70 mg tablet	1	
alendronate oral solution	1	
calcitonin (salmon)	1	
calcitriol oral	1	
cinacalcet	1	PA BvD
doxercalciferol oral	1	
ibandronate oral	1	
NATPARA	1	PA
PROLIA	1	
teriparatide	1	PA
TYMLOS	1	PA

Drug Name	Drug Tier	Requirements/ Limits
XGEVA	1	
miscellaneous therapeutic agents		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ADVOCATE PEN NEEDLE	1	
ADVOCATE SYRINGES	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE	1	
BD ALCOHOL SWABS	1	
BD AUTOSHIELD DUO PEN NEEDLE	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE	1	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
BD INSULIN SYRINGE 1 ML 25 X 1"	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2"	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"	1	
BD INSULIN SYRINGE HALF UNIT	1	
BD INSULIN SYRINGE MICRO-FINE	1	
BD INSULIN SYRINGE SAFETY-LOK	1	
BD INSULIN SYRINGE SLIP TIP	1	
BD INSULIN SYRINGE ULTRA-FINE	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1	
BD ULTRA-FINE MICRO PEN NEEDLE	1	
BD ULTRA-FINE MINI PEN NEEDLE	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	
BD ULTRA-FINE ORIG PEN NEEDLE	1	
BD ULTRA-FINE SHORT PEN NEEDLE	1	
BD VEO INSULIN SYR HALF UNIT	1	
BD VEO INSULIN SYRINGE UF	1	
CAREFINE PEN NEEDLE	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	1	

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"	1	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1	
CARETOUCH PEN NEEDLE	1	
CLICKFINE PEN NEEDLE	1	
COMFORT EZ INSULIN SYRINGE	1	
COMFORT EZ LANCETS	1	
COMFORT EZ PEN NEEDLES	1	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"	1	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64"	1	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"	1	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"	1	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"	1	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2"	1	
DROPLET PEN NEEDLE 29 GAUGE X 3/8"	1	
DROPLET PEN NEEDLE 31 GAUGE X 1/4"	1	

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLE 31 GAUGE X 3/16"	1	
DROPLET PEN NEEDLE 31 GAUGE X 5/16"	1	
DROPLET PEN NEEDLE 32 GAUGE X 1/4"	1	
DROPLET PEN NEEDLE 32 GAUGE X 3/16"	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/16"	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/32"	1	
DROPSAFE PEN NEEDLE	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"	1	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"	1	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"	1	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"	1	

Drug Name	Drug Tier	Requirements/ Limits
EASY GLIDE INSULIN SYRINGE	1	
EASY GLIDE PEN NEEDLE	1	
EASY TOUCH FLIPLOCK INSULIN	1	
EASY TOUCH INSULIN SAFETY SYR	1	
EASY TOUCH INSULIN SYRINGE	1	
EASY TOUCH NEEDLE	1	
EASY TOUCH SHEATHLOCK INSULIN	1	
EASY TOUCH SYRINGE	1	
EXEL INSULIN	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE	1	
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	
INCONTROL PEN NEEDLE	1	
INSULIN SYRINGE	1	
INSULIN SYRINGE MICROFINE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8"	1	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"	1	
INSUPEN	1	
LITE TOUCH INSULIN PEN NEEDLES	1	
LITE TOUCH INSULIN SYRINGE	1	
MAXI-COMFORT INSULIN SYRINGE	1	
MONOJECT INSULIN SAFETY SYRING	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	1	
MONOJECT INSULIN SYRINGE 1 ML	1	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"	1	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE	1	
NOVOFINE 32	1	
NOVOFINE AUTOCOVER	1	
NOVOFINE PLUS	1	
PEN NEEDLE	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3"	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4"	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6"	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16"	1	

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16"	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4"	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16"	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"	1	
PENTIPS	1	
PRO COMFORT ALCOHOL PADS	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16"	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4"	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16"	1	
PRODIGY INSULIN SYRINGE	1	
SAFESNAP INSULIN SYRINGE	1	
SURE COMFORT INS. SYR. U-100	1	
SURE COMFORT INSULIN SYRINGE	1	
SURE COMFORT PEN NEEDLE	1	
SURE-FINE PEN NEEDLES	1	
SURE-JECT INSULIN SYRINGE	1	
TECHLITE INSULIN SYRINGE	1	
TECHLITE PEN NEEDLE	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8"	1	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements/ Limits
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"	1	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8"	1	
theophylline er 100 mg tablet,extended release,12 hr	1	
theophylline er 200 mg tablet,extended release,12 hr	1	
THINPRO INSULIN SYRINGE	1	
TOPCARE CLICKFINE	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE	1	
TRUEPLUS INSULIN	1	
TRUEPLUS PEN NEEDLE	1	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE	1	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE	1	
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE	1	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE	1	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE	1	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE	1	
ULTICARE INSULIN SYR HALF UNIT	1	
ULTICARE INSULIN SYRINGE	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2"	1	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4"	1	

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE PEN NEEDLE 31 GAUGE X 3/16"	1	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16"	1	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32"	1	
ULTILET INSULIN SYRINGE	1	
ULTILET PEN NEEDLE	1	
ULTRA CMFT INS SYR HALF UNIT	1	
ULTRA COMFORT INSULIN SYRINGE	1	
ULTRA-THIN II (SHORT) INS SYR	1	
ULTRA-THIN II (SHORT) PEN NDL	1	
ULTRA-THIN II INS PEN NEEDLES	1	
ULTRA-THIN II INSULIN SYRINGE	1	
ULTRACARE PEN NEEDLE	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE	1	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE	1	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE	1	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE	1	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE	1	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE	1	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE	1	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE	1	

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE	1	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE	1	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE	1	
VANCOMYCIN 1 GRAM/100 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS SOLUTION	1	PA BvD
WEBCOL	1	
electrolyte/ mineral replacement		
CLINIMIX E 2.75%/D10W SUL FREE	1	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE	1	PA BvD
miscellaneous therapeutic agents		
MINI ULTRA-THIN II	1	
RELION NEEDLES	1	
RELION PEN NEEDLES	1	
water for irrigation, sterile	1	
quinolones		
ciprofloxacin 250 mg/5 ml oral suspension	1	
antibacterials, other		
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL WIPES	1	

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALCOHOL SWABS	1	
EASY TOUCH ALCOHOL PREP PADS	1	
INCONTROL ALCOHOL PADS	1	
SURE COMFORT ALCOHOL PREP PADS	1	
SURE-PREP ALCOHOL PREP PADS	1	
ULTILET ALCOHOL SWAB	1	
VANCOMYCIN 1 GRAM/100 ML IN DEXTROSE 5 % INTRAVENOUS SOLUTION	1	PA BvD
ophthalmic agents		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
sulfacetamide sodium ophthalmic (eye)	1	
SULFACETAMIDE-PREDNISOLONE	1	
ophthalmic anti-allergy agents		
azelastine	1	
cromolyn ophthalmic (eye)	1	
olopatadine ophthalmic (eye)	1	
ophthalmic anti-inflammatories		
dexamethasone sodium phosphate ophthalmic	1	
diclofenac ophthalmic (eye)	1	
DUREZOL	1	
fluorometholone	1	

Drug Name	Drug Tier	Requirements/ Limits
flurbiprofen sodium	1	
FML FORTE	1	
FML S.O.P.	1	
ketorolac ophthalmic (eye)	1	
LOTEMAX EYE GEL DROPS	1	
LOTEMAX EYE OINTMENT	1	
loteprednol etabonate	1	
neomycin-polymyxin b-dexameth	1	
PRED MILD	1	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic	1	
tobramycin-dexamethasone	1	
ophthalmic antiglaucoma agents		
acetazolamide	1	
betaxolol ophthalmic (eye)	1	
BETOPTIC S	1	
bimatoprost ophthalmic (eye)	1	
brimonidine 0.2 % eye drops	1	
carteolol	1	
COMBIGAN	1	
dorzolamide	1	

Drug Name	Drug Tier	Requirements/ Limits
dorzolamide-timolol	1	
dorzolamide-timolol (pf) eye drops in a dropperette	1	
levobunolol	1	
pilocarpine hcl	1	
timolol maleate	1	
ophthalmic prostaglandin and prostamide analogs		
bimatoprost ophthalmic (eye)	1	
latanoprost	1	
travoprost	1	
antibacterials, other		
bacitracin-polymyxin b	1	
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-hc	1	
polymyxin b sulf-trimethoprim	1	
ophthalmic agents, other		
atropine eye drops	1	
CYSTARAN	1	
LACRISERT	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium ophthalmic (eye)	1	
otic agents		
ciprofloxacin-dexamethasone	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc	1	
quinolones		
CIPRO HC	1	
ofloxacin	1	
respiratory tract/ pulmonary agents		
ADVAIR HFA	1	
ESBRIET CAPSULE	1	PA
fluticasone propion-salmeterol	1	
NUCALA SUBCUTANEOUS SOLUTION	1	
OFEV	1	PA
PULMOZYME	1	PA
XOLAIR	1	PA
anti-inflammatories, inhaled corticosteroids		
ADVAIR HFA	1	
budesonide inhalation	1	PA BvD
budesonide-formoterol	1	
FLOVENT HFA	1	

Drug Name	Drug Tier	Requirements/ Limits
flunisolide	1	
fluticasone propion-salmeterol	1	
fluticasone propionate	1	
PULMICORT FLEXHALER	1	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	
antihistamines		
azelastine	1	
clemastine	1	
desloratadine tablet	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate	1	
levocetirizine tablet	1	
promethazine oral	1	
antileukotrienes		
montelukast tablet	1	
zafirlukast	1	
zileuton	1	
bronchodilators, anticholinergic		
ATROVENT HFA	1	
INCRUSE ELLIPTA	1	
ipratropium bromide inhalation	1	PA BvD

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide nasal	1	
ipratropium-albuterol	1	PA BvD
SPIRIVA RESPIMAT	1	
SPIRIVA WITH HANDIHALER	1	
TUDORZA PRESSAIR	1	
bronchodilators, sympathomimetic		
ADVAIR HFA	1	
ALBUTEROL SULFATE HFA AEROSOL INHALER	1	
albuterol sulfate oral	1	
albuterol sulfate solution for nebulization	1	PA BvD
BREO ELLIPTA	1	
epinephrine injection,auto-injector	1	QL:2/30
fluticasone propion-salmeterol	1	
levalbuterol hcl	1	PA BvD
levalbuterol tartrate	1	
SEREVENT DISKUS	1	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	
wixela inhub	1	
cystic fibrosis agents		
CAYSTON	1	
KALYDECO	1	PA

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI	1	PA
PULMOZYME	1	PA
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS	1	PA
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS	1	PA
TRIKAFTA	1	
mast cell stabilizers		
cromolyn inhalation	1	PA BvD
cromolyn oral	1	
phosphodiesterase inhibitors, airways disease		
DALIRESP	1	PA
THEO-24	1	
theophylline er 300 mg tablet,extended release,12 hr	1	
theophylline er 450 mg tablet,extended release,12 hr	1	
theophylline er tablet,extended release 24 hr	1	
pulmonary antihypertensives		
ADEMPAS	1	PA
ambrisentan	1	PA
OPSUMIT	1	PA
sildenafil (pulmonary hypertension) tablet	1	PA
tadalafil (pulm. hypertension)	1	PA

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI	1	PA
pulmonary fibrosis agents		
ESBRIET 267 MG TABLET	1	
ESBRIET 801 MG TABLET	1	PA
ESBRIET CAPSULE	1	PA
OFEV	1	PA
respiratory tract agents, other		
acetylcysteine	1	PA BvD
ADVAIR HFA	1	
ANORO ELLIPTA	1	
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION	1	
fluticasone propion-salmeterol	1	
INCRUSE ELLIPTA	1	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	
ZEMAIRA	1	
skeletal muscle relaxants		
cyclobenzaprine tablet	1	
methocarbamol oral	1	
sleep disorder agents		
gaba receptor modulators		
temazepam	1	

Drug Name	Drug Tier	Requirements/ Limits
zaleplon	1	
zolpidem oral	1	
sleep disorders, other		
doxepin	1	
HETLIOZ	1	PA
modafinil	1	PA
ramelteon	1	
XYREM	1	

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1st Tier Unifine Pentips
Plus...97**- A -****abacavir...47****abacavir-lamivudine...47****abacavir-lamivudine-
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Abelcet...31

Abilify Maintena...30, 43

abiraterone...35**acamprosate...12****acarbose...53****acetaminophen-codeine...10****acetazolamide...62, 110****acetic acid...20****acetylcysteine...116****acitretin...69**

ActHIB (PF)...93

Actimmune...92

acyclovir...50**acyclovir sodium...50**Adacel(Tdap
Adolesn/Adult)(PF)...93**adefovir...46**

Adempas...115

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Afinitor...37

Afinitor Disperz...90

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Alcohol Prep Pads...108

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Alcohol Wipes...108

Aldactazide...63

Alecensa...37

alendronate...96**alfuzosin...83**

Alinia...41

aliskiren...65**allopurinol...33****alogliptin...53****alogliptin-metformin...54****alogliptin-pioglitazone...54****alose tron...80****alprazolam...51**

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amantadine HCl...42, 50**ambrisentan...115****amikacin...15****amiloride...63****amiloride-
hydrochlorothiazide...63**

Aminosyn II 10 %...71

Aminosyn II 15 %...71

Aminosyn-PF 7 % (sulfite-
free)...71**amiodarone...60**

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amitriptyline...29**amlodipine...61****amlodipine-benazepril...61****amlodipine-valsartan...61****amlodipine-valsartan-
hcthiazid...61****ammonium lactate...69****amoxapine...29****amoxicillin...17****amoxicillin-pot
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Anadrol-50...86	atomoxetine...66	Basaglar KwikPen U-100 Insulin...55
anagrelide...57	atorvastatin...64	BCG vaccine, live (PF)...93
anastrozole...36	atovaquone...41	BD Alcohol Swabs...97
Androderm...86	atovaquone-proguanil...41	BD AutoShield Duo Pen Needle...97
Anoro Ellipta...116	Atripla...48	BD Eclipse Luer-Lok...97
Apidra SoloStar U-100 Insulin...55	atropine...111	BD Insulin Syringe...97
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aprepitant...30	Avonex...67	BD Insulin Syringe Safety- Lok...97
Aptiom...26	Ayvakit...37	BD Insulin Syringe Slip Tip...97
Aptivus...49	Azasite...18	BD Insulin Syringe Ultra- Fine...97
Aptivus (with vitamin E)...49	azathioprine...90	BD SafetyGlide Insulin Syringe...97, 98
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Aranesp (in polysorbate)...57, 58	azithromycin...18	BD Ultra-Fine Mini Pen Needle...98
Arcalyst...92	aztreonam...24	BD Ultra-Fine Nano Pen Needle...98
aripiprazole...43, 44	- B -	BD Ultra-Fine Orig Pen Needle...98
Aristada...44	bacitracin...20	BD Ultra-Fine Short Pen Needle...98
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bicalutamide...35	bupropion HCl...30	carvedilol...60
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2020 List of Additional Covered Products***INFANT CARE PRODUCTS - SHAMPOO****

ACETAMINOPHEN

ACETIC ACID (BULK)

ALUM & MAG HYDROX-SIMETHICONE

ALUMINUM HYDROXIDE

ARTIFICIAL TEAR OINTMENT

ARTIFICIAL TEAR SOLUTION

ASPIRIN

BACITRACIN

BACITRACIN-POLYMYXIN B

B-COMPLEX W/ C & FOLIC ACID

BENZOCAINE (DENTAL)

BISACODYL

CALCIUM

CALCIUM CARBONATE (ANTACID)

CALCIUM CARBONATE-VITAMIN D

CALCIUM POLYCARBOPHIL

CALCIUM W/ VITAMIN D

CAPSAICIN 0.025%

CARBAMIDE PEROXIDE (OTIC)

CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)

CHOLECALCIFEROL

CLOTRIMAZOLE

COAL TAR EXTRACT

CYANOCOBALAMIN

DAKIN'S SOLUTION

DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/

DEXTROSE (DIABETIC USE)

DIPHENHYDRAMINE HCL

DOCUSATE SODIUM

ERGOCALCIFEROL

FERROUS SULFATE

FIBER

FLUMAZENIL

FOLIC ACID

GLUCOSE-VITAMIN C CHEW TAB 4-0.006 GM

GUAIFENESIN (LIQUID AND MUCINEX ONLY)

GUAIFENESIN-CODEINE LIQUID

HAMAMELIS WATER-GLYCERIN

HEMORRHOID OINTMENT

HYDROCORTISONE

HYPROMELLOSE (OPHTH)

LACTASE

LIDOCAINE (ANORECTAL)

LINDANE

LOPERAMIDE 2MG

MAGNESIUM HYDROXIDE

MAGNESIUM OXIDE

MICONAZOLE NITRATE 2%

MIDAZOLAM HCL

MOUTHKOTE

NEOMYCIN-BACITRACIN-POLYMYXIN

NIACIN

NICOTINE GUM, LOZENGE, PATCH

PA

OYSTER SHELL

PERMETHRIN

PETROLATUM (EMOLLIENT)

PHENAZOPYRIDINE HCL TAB 200 MG

3 day supply

PHYTONADIONE

POLYETHYLENE GLYCOL 3350 POWDER

POLYVINYL ALCOHOL

PROSIGHT

PSEUDOEPHEDRINE HCL

PSYLLIUM

PYRIDOXINE HCL

SALINE

SALINE, BACTERIOSTATIC

SENNA

SENNOSIDES-DOCUSATE SODIUM

SIMETHICONE

SKIN PROTECTANTS, MISC.

SODIUM BICARBONATE (ANTACID)

SODIUM CHLORIDE HYPERTONIC OPHTH OINT 5%

SODIUM CHLORIDE HYPERTONIC OPHTH SOLN

SORBITOL

THIAMINE HCL

TROLAMINE SALICYLATE

UREA (EMOLLIENT)

VAGINAL LUBRICANT

VITAMIN A

VITAMIN D

VITAMINS A & D (TOPICAL)

WHITE PETROLATUM

WITCH HAZEL-GLYCERIN

This formulary was updated on 12/11/2020.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call from 8:00 a.m. to 8:00 p.m., 7 days a week, or visit www.communitycareinc.org.

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).



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