

# 2018 Formulary

Priority Health Medicare

► List of covered drugs

*Please read:*

*This document contains information about the drugs we cover in this plan.*

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This formulary was updated on 10/23/2018. For more recent information or other questions, please contact Priority Health Medicare at toll-free 888.389.6648 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit [prioritymedicare.com](http://prioritymedicare.com).

**Note to existing members:**

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

# Introduction

## **What is the Priority Health Medicare Formulary?**

A formulary is a list of covered drugs selected by Priority Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2018. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

## How do I use the Formulary?

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

### Medical condition

The formulary begins on page 11. 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 11. 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 the page following the Drug List. 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?

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

## Are there any restrictions on my coverage?

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

- **Prior authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization 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 Priority Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Priority Health Medicare formulary?” on this page for information about how to request an exception.

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

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Priority Health Medicare Formulary?**

You can ask Priority Health Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on a generic tier or on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

Priority Health Medicare realizes that a 30-day transition may not be sufficient time to talk to your doctor and review alternatives. Therefore, we may grant up to a maximum of two 30-day transition supplies per non-formulary medication or formulary medication requiring step therapy or prior authorization during a single transition event.

### **For more information**

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

If you have questions about Priority Health Medicare please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE 1.800.633.4227 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit *medicare.gov*.

# Priority Health Medicare Formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

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

## List of abbreviations

**B/D: Part B vs. Part D.** This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

**EA: Each.**

**GM: Grams.**

**HI: Home Infusion.** This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

**LA: Limited Availability.** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

**ML: Milliliters**

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

**QL: Quantity Limit.** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one month or three month supply.

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



## Understanding your copays/coinsurance

The table below lists the Priority Health Medicare drug tiers and the copay and coinsurance amount associated with each tier during the initial coverage stage.

Drug Tiers	PriorityMedicare Key <sup>SM</sup> (HMO-POS)	PriorityMedicare Ideal <sup>SM</sup> (PPO)	PriorityMedicare Value <sup>SM</sup> (HMO-POS)	PriorityMedicare Merit <sup>SM</sup> (PPO)	PriorityMedicare <sup>SM</sup> (HMO-POS)	PriorityMedicare Select <sup>SM</sup> (PPO)
<b>Standard Retail: one-month (30-day) supply</b>						
<b>Tier 1</b> Preferred generic	\$10 copay	After deductible of \$125 is met: \$9 copay	After deductible of \$75 is met: \$7 copay	\$7 copay	\$6 copay	\$6 copay
<b>Tier 2</b> Generic	\$20 copay	After deductible of \$125 is met: \$18 copay	After deductible of \$75 is met: \$15 copay	\$15 copay	\$13 copay	\$12 copay
<b>Tier 3</b> Preferred brand	After deductible of \$150 is met: \$47 copay	After deductible of \$125 is met: \$47 copay	After deductible of \$75 is met: \$47 copay	After deductible of \$75 is met: \$47 copay	\$43 copay	\$42 copay
<b>Tier 4</b> Non-preferred drug	After deductible of \$150 is met: 50% coinsurance	After deductible of \$125 is met: 50% coinsurance	After deductible of \$75 is met: 50% coinsurance	After deductible of \$75 is met: 50% coinsurance	45% coinsurance	
<b>Tier 5</b> Specialty (30-day supply only)	After deductible of \$150 is met: 30% coinsurance	After deductible of \$125 is met: 30% coinsurance	After deductible of \$75 is met: 31% coinsurance	After deductible of \$75 is met: 31% coinsurance	33% coinsurance	
<b>Mail Order: three-month (90-day) supply*</b>						
<b>Tier 1</b> Preferred generic	\$12.50 copay	After deductible of \$125 is met: \$10 copay	After deductible of \$75 is met: \$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2</b> Generic	\$37.50 copay	After deductible of \$125 is met: \$32.50 copay	After deductible of \$75 is met: \$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3</b> Preferred brand	After deductible of \$150 is met: \$105 copay	After deductible of \$125 is met: \$105 copay	After deductible of \$75 is met: \$105 copay	After deductible of \$75 is met: \$105 copay	\$95 copay	\$92.50 copay
<b>Tier 4</b> Non-preferred drug	After deductible of \$150 is met: 45% coinsurance	After deductible of \$125 is met: 45% coinsurance	After deductible of \$75 is met: 45% coinsurance	After deductible of \$75 is met: 45% coinsurance	40% coinsurance	

\* All drugs listed on our formulary are available via mail order.

Drug Tiers	PriorityMedicare Key <sup>SM</sup> (HMO-POS)	PriorityMedicare Ideal <sup>SM</sup> (PPO)	PriorityMedicare Value <sup>SM</sup> (HMO-POS)	PriorityMedicare Merit <sup>SM</sup> (PPO)	PriorityMedicare <sup>SM</sup> (HMO-POS)	PriorityMedicare Select <sup>SM</sup> (PPO)
<b>Preferred Retail Pharmacy one-month (30-day) supply</b>						
<b>Tier 1</b> Preferred generic	\$5 copay	After deductible of \$125 is met: \$4 copay	After deductible of \$75 is met: \$2 copay	\$2 copay	\$1 copay	\$1 copay
<b>Tier 2</b> Generic	\$15 copay	After deductible of \$125 is met: \$13 copay	After deductible of \$75 is met: \$10 copay	\$10 copay	\$8 copay	\$7 copay
<b>Tier 3</b> Preferred brand	After deductible of \$150 is met: \$42 copay	After deductible of \$125 is met: \$42 copay	After deductible of \$75 is met: \$42 copay	After deductible of \$75 is met: \$42 copay	\$38 copay	\$37 copay
<b>Tier 4</b> Non-preferred drug	After deductible of \$150 is met: 45% coinsurance	After deductible of \$125 is met: 45% coinsurance	After deductible of \$75 is met: 45% coinsurance	After deductible of \$75 is met: 45% coinsurance	40% coinsurance	
<b>Tier 5</b> Specialty (30-day supply only)	After deductible of \$150 is met: 30% coinsurance	After deductible of \$125 is met: 30% coinsurance	After deductible of \$75 is met: 31% coinsurance	After deductible of \$75 is met: 31% coinsurance	33% coinsurance	

Drug Name	Drug Tiers	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
CAMBIA	4	
<i>celecoxib oral</i>	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium transdermal gel 3 %</i>	5	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
<i>etodolac er</i>	2	
<i>etodolac oral</i>	2	
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	2	
<i>mefenamic acid oral</i>	2	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium er</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>salsalate oral</i>	2	
<i>sulindac oral</i>	2	
ZIPSOR	4	
<b>Opioid Analgesics, Long-Acting</b>		
BELBUCA	4	ST; QL (60 EA per 30 days)
<i>buprenorphine</i>	4	QL (4 EA per 28 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	HI; QL (266 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr</i>	4	QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	5	QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 8 mg</i>	4	QL (60 EA per 30 days)

**T1**-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

**B/D**-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 16 mg, 32 mg</i>	5	QL (60 EA per 30 days)
HYSINGLA ER	4	PA; QL (60 EA per 30 days)
INFUMORPH 200	3	QL (200 ML per 30 days)
INFUMORPH 500	3	QL (80 ML per 30 days)
<i>levorphanol tartrate oral</i>	2	QL (120 EA per 30 days)
<i>methadone hcl injection</i>	2	QL (150 ML per 30 days)
<i>methadone hcl oral concentrate</i>	2	QL (200 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate er beads</i>	4	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate intramuscular</i>	2	QL (83 ML per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	5	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	4	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	5	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	5	QL (60 EA per 30 days)
<i>oxymorphone hcl er</i>	2	QL (90 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)

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Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	PA; QL (90 EA per 30 days)
<b>Opioid Analgesics, Short-Acting</b>		
ABSTRAL	5	PA; QL (120 EA per 30 days)
acetaminophen-codeine #3	2	QL (360 EA per 30 days)
acetaminophen-codeine oral solution	2	QL (4500 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
apap-caff-dihydrocodeine oral capsule	2	QL (300 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml	2	QL (857 ML per 30 days)
butorphanol tartrate injection solution 2 mg/ml	2	QL (428 ML per 30 days)
butorphanol tartrate nasal	2	QL (10 ML per 28 days)
codeine sulfate oral tablet	2	QL (180 EA per 30 days)
duramorph injection solution 0.5 mg/ml	2	QL (4000 ML per 30 days)
duramorph injection solution 1 mg/ml	2	QL (2000 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
fentanyl citrate (pf) injection solution cartridge	2	QL (400 ML per 30 days)
fentanyl citrate buccal	5	PA; QL (120 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-500 mg, 7.5-500 mg	2	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (50 EA per 30 days)
hydromorphone hcl injection solution 1 mg/ml	2	QL (300 ML per 30 days)
hydromorphone hcl injection solution 2 mg/ml	2	QL (1200 ML per 30 days)
hydromorphone hcl injection solution 4 mg/ml	2	QL (75 ML per 30 days)
hydromorphone hcl oral liquid	2	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet	2	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	QL (240 ML per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT	5	PA; QL (45 EA per 30 days)

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**B/D**-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; QL (23 EA per 30 days)
LAZANDA NASAL SOLUTION 400 MCG/ACT	5	PA; QL (30 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 ML per 30 days)
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	2	QL (2000 ML per 30 days)
<i>morphine sulfate injection solution 10 mg/ml</i>	2	QL (120 ML per 30 days)
<i>morphine sulfate injection solution 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>morphine sulfate intravenous solution 1 mg/ml</i>	2	QL (2000 ML per 30 days)
<i>morphine sulfate intravenous solution 150 mg/30ml</i>	2	QL (400 ML per 30 days)
<i>morphine sulfate oral solution</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	HI; QL (200 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	2	HI; QL (100 ML per 30 days)
<i>oxycodone hcl oral capsule</i>	2	QL (360 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	2	QL (1860 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
PRIMLEV	2	QL (360 EA per 30 days)
REPREXAIN ORAL TABLET 10-200 MG	2	QL (50 EA per 30 days)
ROXICET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 1600 (800 X 2) MCG	5	PA; QL (21 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>tramadol hcl oral</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 EA per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	2	QL (360 EA per 30 days)
VICODIN HP ORAL TABLET 10-300 MG	2	QL (360 EA per 30 days)
VICODIN ORAL TABLET 5-300 MG	2	QL (360 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	4	PA
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	2	
<i>lidocaine hcl external gel 2 %</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 2 %</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
SYNERA	4	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate calcium</i>	2	
<i>disulfiram oral</i>	2	
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl injection solution 0.3 mg/ml (cartridge)</i>	2	HI; QL (266 ML per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	PA; QL (100 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	PA; QL (25 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	4	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	PA; QL (90 EA per 30 days)
<i>naltrexone hcl oral</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PA; QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA; QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	4	PA; QL (30 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
NARCAN	3	QL (2 EA per 30 days)
<b>Smoking Cessation Agents</b>		
BUPROBAN	2	
<i>bupropion hcl er (smoking det)</i>	2	
CHANTIX	4	
CHANTIX CONTINUING MONTH PAK	4	
CHANTIX STARTING MONTH PAK	4	
NICOTROL	3	
NICOTROL NS	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	2	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	HI
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	HI
<i>gentamicin sulfate external</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate intravenous</i>	2	
<i>gentamicin sulfate ophthalmic</i>	2	
<i>neomycin sulfate oral</i>	2	
<i>paromomycin sulfate oral</i>	2	
<i>streptomycin sulfate intramuscular</i>	2	
<i>tobramycin inhalation</i>	5	B/D
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	HI
TOBEX OPHTHALMIC OINTMENT	4	
<b>Antibacterials, Other</b>		
<i>amoxicill-clarithro-lansopraz</i>	4	

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<i>bacitracin ophthalmic</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BACTROBAN NASAL	4	
<i>chloramphenicol sod succinate</i>	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl oral capsule 150 mg</i>	1	
<i>clindamycin hcl oral capsule 300 mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate external</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
<i>colistimethate sodium (cba)</i>	2	HI
CORTISPORIN EXTERNAL	4	
DALVANCE	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	HI
FLAGYL ER	4	
IMPAVIDO	5	PA
LINCOCIN	4	HI
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA
<i>linezolid oral</i>	5	PA
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral</i>	2	
<i>metronidazole external</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	HI
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal</i>	2	
MONUROL	3	
<i>mupirocin calcium</i>	2	
<i>mupirocin external</i>	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (360 EA per 365 days)
<i>nitrofurantoin monohyd macro</i>	2	QL (180 EA per 365 days)
NUVESSA	4	ST
<i>polymyxin b-trimethoprim</i>	2	
<i>silver sulfadiazine external</i>	2	
SIVEXTRO ORAL	5	PA; QL (6 EA per 30 days)
<i>ssd</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
SYNERCID	5	
<i>tigecycline</i>	4	HI
<i>trimethoprim oral</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	2	HI
<i>vancomycin hcl intravenous solution reconstituted 5000 mg</i>	2	
<i>vancomycin hcl oral</i>	5	
VIBATIV	3	
XIFAXAN ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (60 EA per 30 days)
<b>Beta-Lactam, Cephalosporins</b>		
AVYCAZ	5	
<i>cefaclor</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 500 mg</i>	2	HI
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	2	
<i>cefdinir</i>	2	
<i>cefepime hcl injection</i>	2	HI
<i>cefixime</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm</i>	2	HI
<i>cefotaxime sodium injection solution reconstituted 10 gm</i>	2	
<i>cefoxitin sodium</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	HI
<i>ceftibuten</i>	2	
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	3	
<i>ceftriaxone sodium in dextrose intravenous solution 40 mg/ml</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	HI
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	HI
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>cephalexin oral tablet 250 mg</i>	1	
<i>cephalexin oral tablet 500 mg</i>	2	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TAZICEF INJECTION	2	HI
TEFLARO	4	
ZERBAXA	5	
<b><i>Beta-Lactam, Other</i></b>		
AZACTAM	3	HI
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	3	
CAYSTON	5	PA; LA
<i>imipenem-cilastatin</i>	2	
INVANZ INJECTION	4	

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Drug Name	Drug Tiers	Requirements/Limits
MERREM	4	
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin oral suspension reconstituted</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	HI
<i>ampicillin sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm, 3 (2-1) gm</i>	2	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML	2	HI
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm</i>	2	
<i>oxacillin sodium</i>	2	HI
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	HI
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	HI
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	4	HI
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM, 4.5 (4-0.5) GM	4	
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 40.5 (36-4.5) GM	4	HI
<b>Macrolides</b>		
AZASITE	4	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	HI
<i>azithromycin oral</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
DIFICID	5	ST; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET	3	
E.E.S. GRANULES	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin external</i>	2	
<i>erythromycin ophthalmic</i>	2	
PCE	3	

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<b>Quinolones</b>		
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl otic</i>	2	
<i>ciprofloxacin intravenous solution 400 mg/40ml</i>	2	
<i>ciprofloxacin oral</i>	2	
<i>ciprofloxacin-ciproflox hcl er</i>	2	
<i>gatifloxacin ophthalmic</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous</i>	2	HI
<i>levofloxacin ophthalmic</i>	2	
<i>levofloxacin oral</i>	2	
MOXEZA	4	
<i>moxifloxacin hcl ophthalmic</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>ofloxacin otic</i>	2	
VIGAMOX	3	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl oral</i>	4	
DOXY 100	4	B/D
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tiers</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl oral</i>	2	
<i>tetracycline hcl oral</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
APTIOM ORAL TABLET 400 MG, 800 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
BRIVIACT	5	
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET	4	QL (30 EA per 30 days)
<i>levetiracetam er</i>	2	
<i>levetiracetam in nacl</i>	2	
<i>levetiracetam intravenous</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (90 EA per 30 days)
POTIGA ORAL TABLET 50 MG	4	QL (180 EA per 30 days)
ROWEEPRA	2	
ROWEEPRA XR	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (60 EA per 30 days)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	3	
<i>ethosuximide oral</i>	2	
LYRICA	4	
<i>zonisamide oral capsule 100 mg, 50 mg</i>	2	

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<i>zonisamide oral capsule 25 mg</i>	1	
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet dispersible</i>	2	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam rectal</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet</i>	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
ONFI ORAL SUSPENSION	4	ST
ONFI ORAL TABLET 10 MG, 20 MG	3	ST; QL (60 EA per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA
<i>primidone oral</i>	1	
SABRIL	5	LA
<i>tiagabine hcl</i>	2	
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	
<i>valproate sodium oral solution</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>vigabatrin</i>	5	LA
<i>vigadrone</i>	5	LA
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	4	
<i>lamotrigine er</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine oral tablet 25 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 50 MG	4	ST; QL (30 EA per 30 days)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG	4	ST; QL (60 EA per 30 days)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG	4	ST; QL (90 EA per 30 days)
<i>topiramate er</i>	4	ST
<i>topiramate oral capsule sprinkle 15 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg</i>	2	
<i>topiramate oral tablet 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	ST; QL (90 EA per 30 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	ST; QL (60 EA per 30 days)
<b>Sodium Channel Agents</b>		
BANZEL ORAL SUSPENSION	4	PA
BANZEL ORAL TABLET 200 MG	4	PA
BANZEL ORAL TABLET 400 MG	5	PA
<i>carbamazepine er</i>	2	
<i>carbamazepine oral</i>	2	
CARBATROL	4	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	4	
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE 30 MG	3	
EPITOL	2	
EQUETRO	4	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
PEGANONE	4	
PHENYTOIN INFATABS	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection</i>	2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG	3	
VIMPAT	4	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral</i>	2	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	4	
BRINTELLIX	4	QL (30 EA per 30 days)
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl)</i>	2	
<i>bupropion hcl oral</i>	2	
FORFIVO XL	4	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tiers</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible</i>	2	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	3	ST
MARPLAN	3	
<i>phenelzine sulfate oral</i>	2	
<i>tranylcypromine sulfate</i>	2	
ZELAPAR	4	
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
BRISDELLE	4	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine er</i>	4	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate</i>	2	
FETZIMA	4	QL (30 EA per 30 days)
FETZIMA TITRATION	4	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	2	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
<i>maprotiline hcl</i>	2	
<i>nefazodone hcl</i>	2	

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<i>olanzapine-fluoxetine hcl</i>	4	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate</i>	4	QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION	4	
<i>sertraline hcl oral</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	
VIIBRYD ORAL TABLET	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK	4	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl oral</i>	2	
<i>desipramine hcl oral</i>	2	
<i>doxepin hcl oral</i>	2	
<i>imipramine hcl oral</i>	2	PA
<i>imipramine pamoate</i>	2	PA
<i>nortriptyline hcl oral</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate oral</i>	2	PA
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl oral tablet</i>	2	
PHENADOZ	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>promethazine hcl injection</i>	2	
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	
<i>scopolamine</i>	3	
TRANSDERM-SCOP (1.5 MG)	3	
<b>Emetogenic Therapy Adjuncts</b>		
ANZEMET ORAL	3	B/D; QL (20 EA per 30 days)
<i>aprepitant</i>	4	B/D; QL (6 EA per 30 days)
<i>dronabinol</i>	4	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	4	B/D; QL (3 EA per 30 days)
<i>granisetron hcl intravenous</i>	2	HI
<i>granisetron hcl oral</i>	2	B/D
<i>ondansetron</i>	2	B/D
<i>ondansetron hcl injection solution 4 mg/2ml, 4 mg/2ml (2ml syringe)</i>	2	HI
<i>ondansetron hcl oral</i>	2	B/D
SANCUSO	5	PA; QL (4 EA per 28 days)
SUSTOL	5	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b injection</i>	2	B/D
ANCOBON	5	
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
<i>ciclopirox</i>	2	
<i>ciclopirox olamine external</i>	2	
<i>clotrimazole external</i>	2	
<i>clotrimazole mouth/throat lozenge</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
CRESEMBA	5	
<i>econazole nitrate external</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
ERAXIS	4	
EXELDERM EXTERNAL CREAM	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole oral</i>	2	
GRIFULVIN V ORAL TABLET	4	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole oral capsule</i>	4	
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	4	
<i>ketoconazole external shampoo</i>	2	
<i>ketoconazole oral</i>	2	
<i>miconazole 3 vaginal suppository</i>	2	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
NATACYN	4	
NOXAFIL ORAL	5	
NYAMYC	2	
NYATA EXTERNAL POWDER	2	
<i>nystatin external</i>	2	
<i>nystatin mouth/throat</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystatin-triamcinolone</i>	2	
NYSTOP	2	
<i>oxiconazole nitrate</i>	4	
OXISTAT EXTERNAL LOTION	4	
<i>terbinafine hcl oral</i>	2	
<i>terconazole</i>	2	
<i>voriconazole intravenous</i>	4	
<i>voriconazole oral</i>	5	
ZAZOLE VAGINAL CREAM 0.4 %	2	
ZAZOLE VAGINAL CREAM 0.8 %	4	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral</i>	1	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
COLCRYS	3	
MITIGARE	4	
<i>probenecid oral</i>	2	
ULORIC	4	
<b>Anti-Inflammatory Agents</b>		
<b>Glucocorticoids</b>		
EPIFOAM	3	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>fenoprofen calcium oral tablet</i>	2	
FLECTOR	4	PA
<i>flurbiprofen oral</i>	2	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ketoprofen er</i>	2	
<i>ketoprofen oral capsule 75 mg</i>	2	
<i>meloxicam oral suspension</i>	2	
<i>naproxen oral suspension</i>	1	
<i>oxaprozin</i>	2	
<i>piroxicam oral</i>	2	
<i>tolmetin sodium</i>	2	
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate injection</i>	2	
<i>dihydroergotamine mesylate nasal</i>	2	QL (12 ML per 30 days)
ERGOMAR	3	
MIGERGOT	2	
<b>Prophylactic</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	2	
<i>topiramate oral capsule sprinkle 25 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate</i>	2	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	4	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	4	QL (18 EA per 30 days)
<i>naratriptan hcl</i>	2	
ONZETRA XSAIL	4	ST
RELPAK	4	ST; QL (12 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>sumatriptan nasal</i>	2	
<i>sumatriptan succinate oral</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	2	
<i>sumatriptan-naproxen sodium</i>	4	ST; QL (18 EA per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	4	
TREXIMET	4	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral</i>	2	QL (12 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	4	ST; QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral</i>	2	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
CAPASTAT SULFATE	3	
<i>cycloserine oral</i>	2	
<i>ethambutol hcl oral</i>	2	

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<i>isoniazid oral</i>	1	
PASER	3	
PRIFTIN	4	
<i>pyrazinamide oral</i>	2	
RIFAMATE	4	
<i>rifampin intravenous</i>	2	
<i>rifampin oral</i>	2	
RIFATER	4	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D
BICNU	4	B/D
<i>busulfan</i>	5	B/D
<i>carboplatin intravenous solution 150 mg/15ml</i>	2	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 50 mg/50ml</i>	2	B/D
<i>cyclophosphamide injection</i>	2	B/D
<i>cyclophosphamide oral capsule</i>	4	B/D
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	2	B/D
GLEOSTINE	3	
HEXALEN	5	
IFEX	4	B/D
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	B/D
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LEUKERAN	3	
MATULANE	5	PA
<i>melphalan hcl</i>	2	B/D
MUSTARGEN	4	B/D
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	2	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<i>thiotepa injection</i>	2	B/D
TREANDA	5	B/D
VALCHLOR	5	PA; LA; QL (60 GM per 30 days)
YONDELIS	5	B/D
ZANOSAR	4	B/D
<b>Antiandrogens</b>		
<i>bicalutamide</i>	2	
ERLEADA	5	PA; QL (120 EA per 30 days)
<i>flutamide</i>	2	
NILANDRON	5	
<i>nilutamide</i>	5	
XTANDI	5	PA; LA
YONSA	5	PA
ZYTIGA ORAL TABLET 500 MG	5	PA; LA
<b>Antiangiogenic Agents</b>		
POMALYST	5	PA; LA; QL (21 EA per 28 days)
REVLIMID	5	PA; LA; QL (30 EA per 30 days)
THALOMID	5	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	4	
FARESTON	5	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	B/D
SOLTAMOX	4	
<i>tamoxifen citrate oral</i>	2	
<b>Antimetabolites</b>		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	3	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>cladribine intravenous solution 10 mg/10ml</i>	2	B/D
<i>clofarabine</i>	4	B/D
<i>cytarabine (pf) injection solution 100 mg/ml</i>	2	B/D
<i>cytarabine injection solution</i>	2	B/D
DROXIA	4	

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<i>fluorouracil intravenous solution 2.5 gm/50ml, 5 gm/100ml</i>	2	B/D
FOLOTYN	5	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5	B/D
<i>gemcitabine hcl intravenous solution reconstituted</i>	5	B/D
<i>hydroxyurea oral</i>	2	
LONSURF	5	PA
<i>mercaptopurine oral</i>	2	
PURIXAN	5	
TABLOID	2	
VYXEOS	5	B/D
<b>Antineoplastics, Other</b>		
ABRAXANE	5	B/D
ADRIAMYCIN INTRAVENOUS SOLUTION	2	B/D
<i>amifostine</i>	5	
<i>azacitidine</i>	5	B/D
BELEODAQ	5	B/D
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	B/D
<i>bortezomib</i>	3	B/D
BRAFTOVI	5	PA
COMETRIQ (100 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE)	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 EA per 28 days)
COSMEGEN	5	B/D
COTELLIC	5	PA; LA
DACOGEN	5	B/D
<i>dactinomycin</i>	5	B/D
<i>daunorubicin hcl intravenous injectable</i>	2	B/D
<i>decitabine</i>	5	B/D
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	2	
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	5	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 200 mg/20ml, 80 mg/8ml</i>	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<i>doxorubicin hcl intravenous solution</i>	2	B/D
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	2	B/D
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	2	B/D
ERIVEDGE	5	PA; LA
ERWINAZE INJECTION	5	B/D
FARYDAK	5	PA
<i>fludarabine phosphate intravenous solution reconstituted</i>	2	B/D
HALAVEN	5	B/D
IBRANCE	5	PA; QL (21 EA per 28 days)
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	2	B/D
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	2	B/D
ISTODAX	5	B/D
ISTODAX (OVERFILL)	5	B/D
IXEMPRA KIT	5	B/D
JAKAFI	5	PA; LA
JEVTANA	5	B/D
KISQALI 200 DOSE	5	PA; QL (63 EA per 28 days)
KISQALI 400 DOSE	5	PA; QL (63 EA per 28 days)
KISQALI 600 DOSE	5	PA; QL (63 EA per 28 days)
<i>leucovorin calcium injection</i>	2	
<i>leucovorin calcium oral</i>	2	
<i>levoleucovorin calcium intravenous solution</i>	4	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	
LYNPARZA ORAL CAPSULE	5	PA
LYNPARZA ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI	5	PA
MENEST	4	
<i>mitomycin intravenous solution reconstituted 20 mg, 5 mg</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<i>mitomycin intravenous solution reconstituted 40 mg</i>	5	B/D
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	B/D
NERLYNX	5	PA; QL (180 EA per 30 days)
NINLARO	5	QL (3 EA per 28 days)
ONCASPAR INJECTION	5	B/D
ONIVYDE	5	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 300 mg/50ml</i>	2	B/D
PICATO	5	ST
PROLEUKIN	5	B/D
<i>romidepsin</i>	5	B/D
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA
SYNRIBO	5	PA
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	4	B/D
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5	B/D
VELCADE INJECTION	3	B/D
VERZENIO	5	PA
VIDAZA	5	B/D
<i>vinblastine sulfate intravenous solution</i>	2	B/D
VINCASAR PFS	2	B/D
<i>vincristine sulfate intravenous</i>	2	B/D
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	2	B/D
ZALTRAP	5	B/D
ZEJULA	5	PA; QL (90 EA per 30 days)
ZOLINZA	5	PA
ZYKADIA	5	PA
ZYTIGA ORAL TABLET 250 MG	5	PA; LA
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral</i>	2	

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<i>exemestane</i>	2	
<i>letrozole oral</i>	2	
<b>Enzyme Inhibitors</b>		
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	2	B/D
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	5	PA
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML	2	B/D
<i>topotecan hcl intravenous solution reconstituted</i>	5	B/D
ZYDELIG	5	PA; QL (60 EA per 30 days)
<b>Molecular Target Inhibitors</b>		
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	
ALIQOPA	5	B/D
ALUNBRIG	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
CABOMETYX	5	PA
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA	5	PA; LA
GILOTRIF	5	PA; QL (30 EA per 30 days)
ICLUSIG	5	PA
IDHIFA	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate</i>	5	PA
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 EA per 30 days)
INLYTA	5	PA; LA
IRESSA	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA; LA; QL (30 EA per 30 days)
LENVIMA 12 MG DAILY DOSE	5	PA; LA; QL (60 EA per 30 days)
LENVIMA 14 MG DAILY DOSE	5	PA; LA; QL (60 EA per 30 days)
LENVIMA 18 MG DAILY DOSE	5	PA; LA; QL (90 EA per 30 days)
LENVIMA 20 MG DAILY DOSE	5	PA; LA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	5	PA; LA; QL (90 EA per 30 days)
LENVIMA 4 MG DAILY DOSE	5	PA; LA; QL (30 EA per 30 days)
LENVIMA 8 MG DAILY DOSE	5	PA; LA; QL (60 EA per 30 days)
NEXAVAR	5	PA; LA
ODOMZO	5	PA; LA; QL (30 EA per 30 days)
SPRYCEL	5	PA
STIVARGA	5	PA; LA; QL (84 EA per 28 days)
SUTENT	5	PA
TAFINLAR	5	PA; QL (120 EA per 30 days)
TAGRISO	5	PA; LA; QL (30 EA per 30 days)
TARCEVA	5	PA
TASIGNA	5	PA
<i>temsirolimus</i>	5	PA
TIBSOVO	5	PA
TORISEL	5	PA
TYKERB	5	PA; LA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VOTRIENT	5	PA
XALKORI	5	PA; LA; QL (60 EA per 30 days)
ZELBORAF	5	PA; LA; QL (240 EA per 30 days)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	5	PA
AVASTIN	5	B/D
BAVENCIO	5	B/D
BESPOUSA	5	B/D
CYRAMZA	5	PA
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	5	B/D; LA
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	B/D
EMPLICITI	5	B/D
ERBITUX	5	PA
GAZYVA	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	5	B/D
IMFINZI	5	B/D
KADCYLA	5	B/D
KEYTRUDA	5	B/D
LARTRUVO	5	B/D
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	B/D
OPDIVO	5	B/D
PERJETA	5	B/D
PORTRAZZA	5	B/D
POTELIGEO	5	B/D
RITUXAN HYCELA	5	B/D
RITUXAN INTRAVENOUS SOLUTION	5	B/D
TECENTRIQ	5	B/D
UNITUXIN	5	B/D
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	5	B/D
YERVOY	5	B/D
<b>Retinoids</b>		
<i>bexarotene</i>	5	
PANRETIN	5	
TARGRETIN	5	PA
<i>tretinoin oral</i>	5	PA
<b>Treatment Adjuncts</b>		
ELITEK	4	
<i>mesna</i>	2	
MESNEX ORAL	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	3	
BILTRICIDE	3	
<i>ivermectin oral</i>	3	
<b>Antiprotozoals</b>		
ALINIA	3	

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Drug Name	Drug Tiers	Requirements/Limits
<i>atovaquone oral</i>	5	
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate oral</i>	2	
COARTEM	3	QL (24 EA per 30 days)
DARAPRIM	3	
<i>hydroxychloroquine sulfate oral</i>	2	
<i>mefloquine hcl</i>	2	
MEPRON	5	
NEBUPENT	3	PA
PENTAM	4	
<i>primaquine phosphate oral</i>	2	
<i>quinine sulfate oral</i>	2	
<b>Pediculicides/Scabicides</b>		
EURAX	3	
<i>lindane external</i>	2	
<i>malathion external</i>	2	
<i>permethrin external cream</i>	2	
SKLICE	4	QL (117 GM per 14 days)
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>diphenhydramine hcl injection</i>	2	
<i>trihexyphenidyl hcl</i>	2	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone</i>	2	
<i>tolcapone</i>	5	
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	
<i>bromocriptine mesylate oral</i>	2	
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole hcl er</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>ropinirole hcl oral tablet 5 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i>	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	
RYTARY	4	ST
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral</i>	4	
<i>selegiline hcl oral</i>	2	
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
ADASUVE	5	PA
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral</i>	2	
COMPRO	2	
<i>fluphenazine decanoate injection</i>	2	
<i>fluphenazine hcl injection</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet 1 mg</i>	1	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol oral</i>	1	
<i>loxapine succinate oral</i>	2	
<i>molindone hcl</i>	2	
<i>perphenazine oral</i>	2	
<i>pimozide</i>	2	
<i>prochlorperazine edisylate injection</i>	2	
<i>thioridazine hcl oral</i>	2	
<i>thiothixene oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>trifluoperazine hcl oral</i>	2	
<b>2Nd Generation/Atypical</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>aripiprazole oral solution</i>	4	PA
<i>aripiprazole oral tablet</i>	2	PA; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	PA; QL (60 EA per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
FANAPT	4	QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML, 78 MG/0.5ML	4	
INVEGA TRINZA	5	
LATUDA	4	QL (30 EA per 30 days)
NUPLAZID	5	PA
<i>olanzapine intramuscular</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	PA
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	4	PA; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 25 mg</i>	1	
REXULTI	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>risperidone oral tablet 4 mg</i>	2	
<i>risperidone oral tablet dispersible</i>	2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG	5	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	QL (60 EA per 30 days)
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
ZYPREXA INTRAMUSCULAR	4	QL (30 EA per 30 days)
ZYPREXA RELPREVV	5	
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	2	
<i>clozapine oral tablet dispersible 150 mg, 200 mg</i>	4	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	4	
VERSACLOZ	5	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
BACLOFEN ORAL TABLET 5 MG	3	
<i>dantrolene sodium oral</i>	2	
<i>tizanidine hcl oral</i>	2	
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D
PREVYMIS	5	PA
VALCYTE ORAL TABLET	5	

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Drug Name	Drug Tiers	Requirements/Limits
<i>valganciclovir hcl oral tablet</i>	5	
ZIRGAN	3	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil</i>	5	
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days)
<i>entecavir</i>	4	
EPIVIR HBV ORAL SOLUTION	3	
HEPSERA	5	
INTRON A INJECTION SOLUTION	5	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	5	
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D
<i>lamivudine oral tablet 100 mg</i>	2	
VEMLIDY	5	
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting Agents</b>		
DAKLINZA	5	PA
EPCLUSA	5	PA
HARVONI	5	PA; QL (28 EA per 28 days)
MAVYRET	5	PA; QL (84 EA per 28 days)
SOVALDI	5	PA; QL (30 EA per 30 days)
VICTRELIS	5	PA
ZEPATIER	5	PA
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
MODERIBA 1200 DOSE PACK	2	
MODERIBA 800 DOSE PACK	2	
MODERIBA ORAL TABLET 200 MG	2	
MODERIBA ORAL TABLET THERAPY PACK	2	
PEGASYS PROCLICK	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEG-INTRON REDIPEN	5	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 50 MCG/0.5ML	5	
RIBASPHERE	2	
<i>ribavirin oral capsule</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	2	
<b>Antiherpetic Agents</b>		
<i>acyclovir external</i>	2	QL (30 GM per 30 days)
<i>acyclovir oral</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D
DENAVIR	4	QL (5 GM per 30 days)
<i>famciclovir oral</i>	2	
<i>trifluridine ophthalmic</i>	2	
<i>valacyclovir hcl oral</i>	2	
XERESE	4	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL CREAM	4	QL (5 GM per 30 days)
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
BIKTARVY	5	QL (30 EA per 30 days)
DELSTRIGO	5	PA; QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS ORAL PACKET	3	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TRIUMEQ	5	QL (30 EA per 30 days)
VITEKTA	5	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
ATRIPLA	5	
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	3	QL (30 EA per 30 days)
<i>efavirenz oral capsule</i>	2	
<i>efavirenz oral tablet</i>	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>nevirapine oral tablet</i>	4	QL (60 EA per 30 days)
ODEFSEY	5	QL (30 EA per 30 days)
PIFELTRO	5	PA; QL (30 EA per 30 days)
RESCRIPTOR	3	
SUSTIVA	3	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	
VIRAMUNE ORAL SUSPENSION	4	QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET	5	QL (60 EA per 30 days)
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	3	
<i>abacavir sulfate oral tablet</i>	2	
<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir-lamivudine-zidovudine</i>	5	
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	
<i>didanosine</i>	2	
EMTRIVA	3	
EPZICOM	5	
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine</i>	4	
RETROVIR INTRAVENOUS	3	
<i>stavudine</i>	2	
<i>tenofovir disoproxil fumarate</i>	5	
TRIZIVIR	5	
TRUVADA	5	
VIDEX	3	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIREAD	5	
ZERIT ORAL SOLUTION RECONSTITUTED	5	
ZIAGEN ORAL SOLUTION	3	
<i>zidovudine</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Anti-Hiv Agents, Other</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ISENTRESS HD	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
SELZENTRY ORAL SOLUTION	5	QL (460 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	4	
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TROGARZO	5	B/D
TYBOST	3	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	4	
<i>atazanavir sulfate</i>	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE ORAL CAPSULE	4	
INVIRASE ORAL TABLET	5	
KALETRA ORAL SOLUTION	5	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	5	
<i>lopinavir-ritonavir</i>	5	
NORVIR	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	

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Drug Name	Drug Tiers	Requirements/Limits
REYATAZ ORAL PACKET	5	
<i>ritonavir</i>	4	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	3	
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (112 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (56 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	
RELENZA DISKHALER	3	
<i>rimantadine hcl</i>	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	2	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam oral tablet 0.25 mg, 1 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	2	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 7.5 mg</i>	2	
<i>buspirone hcl oral tablet 5 mg</i>	1	
DIAZEPAM INTENSOL	2	
<i>diazepam oral solution</i>	1	
<i>estazolam</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet 0.5 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible</i>	2	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	2	
<i>diazepam oral tablet</i>	1	
LORAZEPAM INTENSOL	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<b>Bipolar Agents</b>		
<b><i>Bipolar Agents, Other</i></b>		
GEODON INTRAMUSCULAR	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate oral</i>	1	
VRAYLAR ORAL CAPSULE	5	ST
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST
<b>Blood Glucose Regulators</b>		
<b><i>Antidiabetic Agents</i></b>		
<i>acarbose</i>	2	
ACTOPLUS MET XR	4	
ADLYXIN	4	
ADLYXIN STARTER PACK	4	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	2	
<i>glipizide oral</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	2	
<i>glipizide-metformin hcl</i>	2	
GLYXAMBI	3	QL (30 EA per 30 days)
INVOKAMET	4	ST

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Drug Name	Drug Tiers	Requirements/Limits
INVOKAMET XR	4	ST; QL (60 EA per 30 days)
INVOKANA	4	ST; QL (30 EA per 30 days)
JANUMET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR	3	QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet</i>	1	
<i>miglitol</i>	2	
<i>nateglinide</i>	2	
ONGLYZA	4	ST
OZEMPIC	4	ST
<i>pioglitazone hcl</i>	2	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
QTERN	4	QL (30 EA per 30 days)
<i>repaglinide</i>	2	
<i>repaglinide-metformin hcl</i>	2	
SEGLUROMET	4	ST; QL (60 EA per 30 days)
STEGLATRO	4	ST; QL (30 EA per 30 days)
STEGLUJAN	4	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (12 ML per 30 days)
SYNJARDY	3	
SYNJARDY XR	3	QL (30 EA per 30 days)
TANZEUM	4	ST; QL (4 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>tolazamide</i>	2	
<i>tolbutamide</i>	2	
TRADJENTA	3	QL (30 EA per 30 days)
TRULICITY	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
XIGDUO XR	3	
<b>Glycemic Agents</b>		
CLINIMIX E/DEXTROSE (2.75/10)	3	B/D
CLINIMIX E/DEXTROSE (2.75/5)	3	B/D
CLINIMIX E/DEXTROSE (4.25/25)	3	B/D
CLINIMIX E/DEXTROSE (4.25/5)	3	B/D
CLINIMIX E/DEXTROSE (5/15)	3	B/D
CLINIMIX/DEXTROSE (5/15)	3	B/D
CLINIMIX/DEXTROSE (5/20)	3	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY	3	
<i>kcl-lactated ringers-d5w</i>	2	
PROGLYCEM	3	
<b>Insulins</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	4	ST
AFREZZA INHALATION POWDER 4 (60) & 8 (30) UNIT	4	
APIDRA	4	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BASAGLAR KWIKPEN	4	ST
FIASP	4	ST
FIASP FLEXTOUCH	4	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	

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Drug Name	Drug Tiers	Requirements/Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR	4	ST
LEVEMIR FLEXTOUCH	4	ST
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST
SOLIQUA	4	

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Drug Name	Drug Tiers	Requirements/Limits
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	4	
XULTOPHY	4	QL (15 ML per 30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL	3	
ELIQUIS	3	QL (74 EA per 30 days)
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection</i>	2	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	5	QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin (porcine) in d5w</i>	2	
<i>heparin (porcine) in nacl injection</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>heparin sodium (porcine) injection solution 2500 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) intravenous solution</i>	2	
JANTOVEN	1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium oral</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	
<b>Blood Formation Modifiers</b>		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	5	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	B/D
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	B/D
FULPHILA	5	
GRANIX	5	
LEUKINE INTRAVENOUS	5	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	QL (0.6 ML per 28 days)
MOZOBIL	5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	3	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D
PROCRIT INJECTION SOLUTION 4000 UNIT/ML	4	B/D
PROMACTA	5	PA; LA
ZARXIO	5	
<b>Blood Products/Modifiers/Volume Expanders</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	5	PA
<b>Hemostasis Agents</b>		
BRILINTA ORAL TABLET 90 MG	3	QL (60 EA per 30 days)
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	2	
<i>tranexamic acid oral</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er</i>	2	
BRILINTA ORAL TABLET 60 MG	3	QL (60 EA per 30 days)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
EFFIENT	3	
<i>prasugrel hcl</i>	3	
ZONTIVITY	4	ST; QL (30 EA per 30 days)
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral</i>	1	
<i>clonidine hcl transdermal</i>	2	
<i>midodrine hcl</i>	2	
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hcl oral</i>	2	
<i>prazosin hcl oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil-hctz</i>	2	
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil oral</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	2	
<i>enalapril maleate oral</i>	1	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium-hctz</i>	2	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	2	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 5 mg</i>	2	
<i>ramipril oral capsule 2.5 mg</i>	1	
<i>trandolapril</i>	2	
<i>trandolapril-verapamil hcl er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Antiarrhythmics</b>		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	2	
<i>amiodarone hcl oral</i>	2	
<i>disopyramide phosphate oral</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl oral</i>	2	
MULTAQ	3	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
RYTHMOL SR	4	
SORINE	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	2	
TIKOSYN	4	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral</i>	2	
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>betaxolol hcl oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
COREG CR	4	
INNOPRAN XL	4	
<i>labetalol hcl intravenous solution</i>	2	
<i>labetalol hcl oral</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nadolol-bendroflumethiazide</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral</i>	1	
<i>propranolol-hctz</i>	2	
<i>timolol maleate oral</i>	2	
<b>Calcium Channel Blocking Agents</b>		
AFEDITAB CR	2	
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	4	
<i>amlodipine-valsartan-hctz</i>	2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	
CARTIA XT	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	2	
<i>diltiazem hcl intravenous solution reconstituted</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 30 mg</i>	1	
<i>dilt-xr</i>	2	
<i>felodipine er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>isradipine</i>	2	
MATZIM LA	2	
<i>nicardipine hcl oral</i>	2	
NIFEDICAL XL	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	2	
<i>nimodipine oral</i>	4	
<i>nisoldipine er</i>	2	
<i>olmesartan-amlodipine-hctz</i>	4	
TAZTIA XT	2	
<i>telmisartan-amlodipine</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil hcl oral tablet 40 mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
CORLANOR	4	ST
DEMSEER	4	
DIGITEK ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	2	PA
DIGOX ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	2	PA
<i>digoxin injection</i>	2	PA
<i>digoxin oral solution</i>	2	PA
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA
ENTRESTO	3	QL (60 EA per 30 days)
NORTHERA	5	ST
<i>pentoxifylline er</i>	2	
RANEXA	3	
TEKTURNA	4	
TEKTURNA HCT	4	
VECAMYL	5	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide oral	2	
acetazolamide sodium	2	
methazolamide oral tablet 50 mg	2	
<b>Diuretics, Loop</b>		
bumetanide oral	1	
ethacrynic acid oral	4	
furosemide injection	1	HI
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet	1	
toremide oral tablet 10 mg, 20 mg	1	
toremide oral tablet 100 mg, 5 mg	2	
<b>Diuretics, Potassium-Sparing</b>		
amiloride hcl oral	2	
amiloride-hydrochlorothiazide	2	
DYRENIUM	4	
epplerenone	2	
spironolactone oral tablet 100 mg, 50 mg	2	
spironolactone oral tablet 25 mg	1	
spironolactone-hctz	2	
triamterene-hctz	2	
<b>Diuretics, Thiazide</b>		
chlorothiazide oral	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral	1	
indapamide oral	1	
methyclothiazide oral	2	
metolazone	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized	2	
fenofibrate oral capsule 150 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid	2	
gemfibrozil oral	1	

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Drug Name	Drug Tiers	Requirements/Limits
<b><i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i></b>		
ADVICOR	4	
ALTOPREV	4	
<i>atorvastatin calcium oral tablet 10 mg</i>	1	
<i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>fluvastatin sodium</i>	2	
<i>fluvastatin sodium er</i>	2	
LIVALO	4	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	2	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG	4	
<i>simvastatin oral</i>	1	
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	2	
<i>cholestyramine oral</i>	2	
<i>colesevelam hcl</i>	4	
COLESTID FLAVORED ORAL PACKET	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	4	
JUXTAPID	5	PA; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	2	
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg</i>	1	
NIACOR	2	
<i>omega-3-acid ethyl esters</i>	2	
PREVALITE	2	
VASCEPA	4	PA
WELCHOL	4	
<b><i>Vasodilators, Direct-Acting Arterial/Venous</i></b>		
BIDIL	3	

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Drug Name	Drug Tiers	Requirements/Limits
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 20 mg</i>	1	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	3	
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl injection</i>	2	
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate oral tablet</i>	2	
VYVANSE	4	QL (30 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine hcl</i>	4	
<i>clonidine hcl er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
DAYTRANA	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl</i>	2	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	QL (30 EA per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	2	
<i>methylphenidate hcl er (cd)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	2	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl er oral tablet extended release 18 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 27 mg, 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral</i>	2	
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (240 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; QL (150 EA per 30 days)
GRALISE	4	ST; QL (90 EA per 30 days)
GRALISE STARTER	4	ST; QL (90 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	ST; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	ST; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; QL (30 EA per 30 days)
NUEDEXTA	5	QL (60 EA per 30 days)
RADICAVA	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
RILUTEK	5	
<i>riluzole</i>	2	
SAVELLA	4	
SAVELLA TITRATION PACK	4	
<i>tetrabenazine</i>	5	
XENAZINE	5	LA
<b>Fibromyalgia Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	4	QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	4	QL (60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	PA; LA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>dalfampridine er</i>	5	PA
GILENYA ORAL CAPSULE 0.5 MG	5	
<i>glatiramer acetate</i>	5	
GLATOPA	5	
PLEGRIDY	5	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
TYSABRI	5	B/D
ZINBRYTA	5	PA; QL (1 ML per 30 days)
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/throat</i>	2	
DENTA 5000 PLUS	2	
KEPIVANCE	5	
<i>pilocarpine hcl oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin</i>	4	
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>adapalene external lotion</i>	2	
<i>ammonium lactate external</i>	2	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>calcipotriene external</i>	2	
<i>calcipotriene-betameth diprop</i>	4	
CALCITRENE	2	
<i>calcitriol external</i>	2	
CARAC	5	
CLARAVIS	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	4	
COSENTYX 300 DOSE	5	PA
COSENTYX SENSOREADY 300 DOSE	5	PA
<i>diclofenac sodium transdermal gel 1 %</i>	2	
<i>diclofenac sodium transdermal solution</i>	4	
<i>doxepin hcl external</i>	4	
DUPIXENT	5	PA
ELIDEL	3	
ENSTILAR	5	
FABIOR	4	QL (100 GM per 30 days)
FINACEA EXTERNAL GEL	4	
<i>fluocinolone acetonide otic</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	

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<i>imiquimod external</i>	2	
<i>methoxsalen rapid</i>	5	
MIRVASO	4	PA
NEUAC EXTERNAL GEL	2	
OXSORALEN ULTRA	5	
<i>podofilox external</i>	2	
PROCTOFOAM HC	3	
RECTIV	4	QL (30 GM per 30 days)
RHOFADE	4	PA; QL (30 GM per 30 days)
SANTYL	3	
<i>selenium sulfide external lotion</i>	2	
SILIQ	5	PA; QL (3 ML per 28 days)
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	5	
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tacrolimus external</i>	4	QL (100 GM per 30 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
<i>tazarotene external</i>	4	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL GEL	4	
TOLAK	4	
TREMFYA	5	PA; QL (1 ML per 56 days)
<i>tretinoin external</i>	2	
<i>tretinoin microsphere</i>	2	
TRETIN-X EXTERNAL CREAM 0.075 %	4	
ULESFIA	3	
UVADEX	3	B/D
VEREGEN	4	
ZONALON	4	
ZYCLARA	4	
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	4	ST

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Drug Name	Drug Tiers	Requirements/Limits
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II/ELECTROLYTES	3	B/D
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	3	B/D
CARBAGLU	5	PA; LA
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D
CLINIMIX E/DEXTROSE (5/20)	3	B/D
CLINIMIX E/DEXTROSE (5/25)	3	B/D
CLINIMIX/DEXTROSE (2.75/5)	3	B/D
CLINIMIX/DEXTROSE (4.25/10)	3	B/D
CLINIMIX/DEXTROSE (4.25/20)	3	B/D
CLINIMIX/DEXTROSE (4.25/25)	3	B/D
CLINIMIX/DEXTROSE (4.25/5)	3	B/D
CLINIMIX/DEXTROSE (5/25)	3	B/D
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.9 %</i>	2	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
ELIPHOS	2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	2	
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON SPRINKLE	2	
KLOR-CON/EF	2	
<i>lactated ringers intravenous</i>	2	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	
<i>magnesium sulfate intravenous solution 20 gm/500ml, 4 gm/50ml</i>	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	3	
NORMOSOL-R PH 7.4	3	
PHOSLYRA	4	ST
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er</i>	2	
PROCALAMINE	3	B/D
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	HI
<b>Electrolyte/Mineral/Metal Modifiers</b>		
EXJADE ORAL TABLET SOLUBLE 125 MG	4	LA
EXJADE ORAL TABLET SOLUBLE 250 MG, 500 MG	5	LA
JADENU	5	
JADENU SPRINKLE	5	
KIONEX	2	
SAMSCA	5	PA
<i>sodium polystyrene sulfonate oral</i>	2	
SPS	2	
SYPRINE	3	
VELTASSA	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<b>Phosphate Binders</b>		
AURYXIA	5	PA
<i>calcium acetate (phos binder)</i>	2	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	5	
<i>lanthanum carbonate</i>	5	
REVELA ORAL TABLET	4	
<i>sevelamer carbonate oral packet</i>	5	
<i>sevelamer carbonate oral tablet</i>	4	
VELPHORO	5	ST
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
CANTIL	3	
CUVPOSA	4	
<i>dicyclomine hcl oral</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral</i>	2	
<i>propantheline bromide oral</i>	2	
<b>Gastrointestinal Agents, Other</b>		
CHOLBAM	5	PA
<i>diphenoxylate-atropine</i>	2	
FULYZAQ	4	PA; QL (60 EA per 30 days)
GASTROCROM	5	
GATTEX	5	PA
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
MOVANTIK	4	ST; QL (30 EA per 30 days)
OCALIVA	5	PA; QL (30 EA per 30 days)
<i>opium</i>	4	QL (118 ML per 30 days)
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA
SYMPROIC	4	ST; QL (30 EA per 30 days)
<i>ursodiol oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
XERMELO	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral</i>	2	
<i>cimetidine oral</i>	2	
<i>famotidine intravenous solution 20 mg/2ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	2	
<i>ranitidine hcl oral capsule</i>	2	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl</i>	5	
AMITIZA	3	
LINZESS	3	QL (30 EA per 30 days)
<b>Laxatives</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-H	2	
GAVILYTE-N WITH FLAVOR PACK	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose encephalopathy</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
TRILYTE	2	
<b>Protectants</b>		
CARAFATE ORAL SUSPENSION	3	
<i>misoprostol oral</i>	2	
<i>sucralfate oral tablet</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	ST
<i>esomeprazole magnesium</i>	2	ST
<i>esomeprazole sodium</i>	4	
<i>lansoprazole oral capsule delayed release</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	2	
<i>omeprazole oral capsule delayed release 20 mg</i>	1	
<i>omeprazole-sodium bicarbonate</i>	2	
<i>pantoprazole sodium oral</i>	1	
<i>rabeprazole sodium</i>	2	
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN	5	LA
ALDURAZYME	5	LA
BUPHENYL ORAL TABLET	5	
CERDELGA	5	QL (60 EA per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	LA
CREON	3	
CYSTADANE	3	LA
CYSTAGON	3	LA
ELAPRASE	5	LA
ELELYSO	5	
FABRAZYME	5	
KANUMA	5	
KUVAN	5	LA
LUMIZYME	5	LA
<i>miglustat</i>	5	
NAGLAZYME	5	LA
ORFADIN	5	LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	5	PA; LA; QL (15 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; LA; QL (30 ML per 30 days)
PANCREAZE	4	ST
PROCYSBI	5	
RAVICTI	5	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA; LA
SUCRAID	5	LA
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT	4	
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 20700 UNIT, 23000 UNIT	5	
VIOKACE	4	
VPRIV	5	
ZAVESCA	5	LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000 UNIT, 5000-24000 UNIT	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 20000-68000 UNIT, 40000-136000 UNIT	4	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride oral</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
TOVIAZ	4	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
<i>doxazosin mesylate oral</i>	2	
<i>dutasteride oral</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
RAPAFLO	3	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl oral</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>bethanechol chloride oral tablet 5 mg</i>	1	
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
ELMIRON	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ALA SCALP	3	
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>betamethasone dipropionate aug</i>	2	
<i>betamethasone dipropionate external</i>	2	
<i>betamethasone valerate external</i>	2	
CAPEX	4	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>clobetasol propionate external liquid</i>	4	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	2	
<i>clocortolone pivalate</i>	2	
CORDRAN EXTERNAL TAPE	3	
CORTIFOAM	3	
<i>cortisone acetate oral</i>	2	
<i>desonide external</i>	2	
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	2	
<i>desoximetasone external ointment</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	2	
<i>diflorasone diacetate external</i>	2	
<i>fludrocortisone acetate oral</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide external</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate external</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone butyr lipo base</i>	2	
<i>hydrocortisone butyrate external cream</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone valerate</i>	2	
LOKARA	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	2	HI
MILLIPRED ORAL TABLET	2	
<i>mometasone furoate external</i>	2	
NOLIX EXTERNAL LOTION	4	
<i>prednicarbate</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PROCTO-PAK	2	
PROCTOSOL HC	2	
PROCTOZONE-HC RECTAL	2	
RAYOS	4	ST
<i>triamcinolone acetonide external</i>	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	
UCERIS RECTAL	4	

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<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin intramuscular</i>	2	PA
<i>desmopressin ace rhinal tube</i>	2	
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate injection</i>	2	
<i>desmopressin acetate oral</i>	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG	5	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 6 MG	4	PA
INCRELEX	5	LA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LA
ZORBTIVE	5	PA; LA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>oxandrolone oral</i>	2	
<b>Androgens</b>		
ANDROXY	2	
AVEED	4	PA
<i>danazol oral</i>	2	
<i>methyltestosterone oral</i>	5	PA
STRIANT	4	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal solution</i>	4	PA
<b>Estrogens</b>		
ALORA	3	
ALTAVERA	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
AMETHIA	2	
AMETHIA LO	2	
APRI	2	
ARANELLE	2	
AVIANE	2	
BALZIVA	2	
BEYAZ	4	
CAMRESE	2	
CAMRESE LO	2	
CAZANT	2	
CHATEAL	2	
CLIMARA PRO	3	
COMBIPATCH	3	
CRYSSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
DASETTA 1/35	2	

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Drug Name	Drug Tiers	Requirements/Limits
DASETTA 7/7/7	2	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2	
DIVIGEL	3	
ELESTRIN	3	
EMOQUETTE	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTRACE VAGINAL	3	
<i>estradiol oral</i>	2	
<i>estradiol transdermal</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	3	
<i>estradiol valerate intramuscular</i>	2	
<i>estradiol-norethindrone acet</i>	2	
ESTRING	3	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2	
EVAMIST	3	
FALMINA	2	
FAYOSIM	4	
FEMCON FE	4	
FEMRING	3	
FEMYNOR	2	
FYAVOLV	2	
GIANVI	2	
GILDESS FE 1.5/30	2	
GILDESS FE 1/20	2	
ISIBLOOM	2	
<i>jevantique lo</i>	2	
JINTELI	2	
JOLESSA	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	

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KARIVA	2	
KELNOR 1/35	2	
KURVELO	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
LEENA	2	
LESSINA	2	
<i>levonorgest-eth est &amp; eth est</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	2	
LEVORA 0.15/30 (28)	2	
LOMEDIA 24 FE	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
<i>marlissa</i>	2	
MENOSTAR	3	
MIBELAS 24 FE	4	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MIMVEY	2	
MINIVELLE	4	
MONONESSA	2	
NATAZIA	4	
NECON 0.5/35 (28)	2	
NECON 1/35 (28)	2	
NECON 1/50 (28)	2	
NECON 10/11 (28)	2	
NECON 7/7/7	2	
<i>norethindrone-eth estradiol</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NUVARING	4	
OCELLA	2	
OGESTREL	2	
ORSYTHIA	2	
PIRMELLA 1/35	2	
PIRMELLA 7/7/7	2	
PORTIA-28	2	
PREMARIN VAGINAL	3	
PREVIFEM	2	
QUARTETTE	4	
QUASENSE	2	
RECLIPSEN	2	
RIVELSA	4	
SAFYRAL	4	
SPRINTEC 28	2	
SRONYX	2	
TAYTULLA	4	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRINESSA (28)	2	
TRINESSA LO	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	

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Drug Name	Drug Tiers	Requirements/Limits
VELIVET	2	
XULANE	4	
YUVAFEM	4	
ZARAH	2	
ZOVIA 1/35E (28)	2	
ZOVIA 1/50E (28)	2	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	3	
<b>Progestins</b>		
CAMILA	2	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
ERRIN	2	
<i>hydroxyprogesterone caproate intramuscular solution</i>	5	B/D
JOLIVETTE	2	
MAKENA INTRAMUSCULAR	5	LA
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
NORA-BE	2	
<i>norethindrone acetate oral</i>	2	
<i>progesterone micronized oral</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>clomiphene citrate oral</i>	2	PA
<i>raloxifene hcl</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
LEVOXYL	2	
<i>lithyronine sodium oral</i>	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
TYMLOS	5	PA; QL (1.56 ML per 30 days)
UNITHROID	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	4	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	5	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	B/D
<i>leuprolide acetate injection</i>	2	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	QL (1 EA per 90 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	

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Drug Name	Drug Tiers	Requirements/Limits
ORILISSA ORAL TABLET 150 MG	5	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; QL (56 EA per 28 days)
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; QL (1 EA per 28 days)
SOMATULINE DEPOT	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR	5	B/D
TRELSTAR MIXJECT	5	B/D
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	2	
<i>propylthiouracil oral</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT	5	PA
CINRYZE	5	LA
FIRAZYR	5	PA; LA; QL (9 ML per 15 days)
RUCONEST	5	PA
<b>Immune Suppressants</b>		
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
<i>azathioprine oral</i>	2	B/D
<i>azathioprine sodium</i>	5	B/D
BENLYSTA	5	
CELLCEPT ORAL CAPSULE	5	B/D
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D
CELLCEPT ORAL TABLET	5	B/D
CIMZIA PREFILLED	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
<i>cyclosporine intravenous</i>	2	B/D
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
DEPEN TITRATABS	4	
ENBREL MINI	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ENVARUSUS XR	4	B/D
GENGRAF	2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days)
INFLECTRA	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>mycophenolate mofetil</i>	2	B/D
<i>mycophenolate mofetil hcl</i>	4	B/D
<i>mycophenolate sodium</i>	4	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	4	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	5	B/D
NULOJIX	5	B/D
ORENCIA CLICKJECT	5	PA
ORENCIA INTRAVENOUS	5	

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Drug Name	Drug Tiers	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.4ML	4	
PROGRAF INTRAVENOUS	4	B/D
RAPAMUNE ORAL SOLUTION	5	B/D
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	B/D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	ST
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 27.5 MG/0.55ML	4	
REMICADE	5	PA
RENFLEXIS	5	PA
RHEUMATREX ORAL TABLET 2.5 MG	4	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D
<i>sirolimus oral tablet 1 mg</i>	4	B/D
<i>sirolimus oral tablet 2 mg</i>	5	B/D
<i>tacrolimus oral</i>	2	B/D
TREXALL	4	B/D
XATMEP	4	PA
ZORTRESS ORAL TABLET 0.25 MG	4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D
<b>Immunizing Agents, Passive</b>		
ATGAM	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	5	PA
CUVITRU	5	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (10ML), (2ML)	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	PA
THYMOGLOBULIN	5	PA
<b>Immunomodulators</b>		
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
ACTIMMUNE	5	PA
ARCALYST	5	LA
AVONEX	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
ILARIS	5	PA
KEVZARA	5	PA; QL (2.28 ML per 28 days)
<i>leflunomide oral</i>	2	
LEMTRADA	5	PA
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (60 EA per 30 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
RIDAURA	3	
SIMULECT	4	
SYLVANT	5	B/D
TECFIDERA	5	
XELJANZ ORAL TABLET 10 MG	5	PA; QL (120 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	5	PA
XELJANZ XR	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	
<i>bcg vaccine</i>	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	3	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D
GARDASIL 9	3	
GARDASIL INTRAMUSCULAR SUSPENSION	3	
HAVRIX	3	
IMOVAX RABIES	3	
INFANRIX	3	
IPOL INJECTION INJECTABLE	3	
IXIARO	3	
KINRIX	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE	3	
MENVEO	3	
M-M-R II	3	
PEDIARIX	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX	3	
TENIVAC	3	

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Drug Name	Drug Tiers	Requirements/Limits
<i>tetanus-diphtheria toxoids td</i>	2	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO	3	
ASACOL HD	4	ST
<i>balsalazide disodium</i>	2	
CANASA	4	
DELZICOL	4	ST
DIPENTUM	4	
GIAZO	5	
LIALDA	3	
<i>mesalamine oral</i>	3	
<i>mesalamine rectal</i>	2	
<i>mesalamine-cleanser</i>	2	
PENTASA	3	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	5	QL (30 EA per 30 days)
<i>budesonide oral</i>	4	
COLOCORT	2	
<i>methylprednisolone oral tablet 16 mg</i>	2	
UCERIS ORAL	5	QL (30 EA per 30 days)
<b>Sulfonamides</b>		
<i>sulfasalazine oral</i>	2	

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<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium</i>	1	
<i>calcitonin (salmon)</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral</i>	2	
<i>doxercalciferol</i>	2	
<i>etidronate disodium</i>	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA
FORTICAL	2	
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	2	QL (3 ML per 90 days)
<i>ibandronate sodium oral</i>	2	
MIACALCIN INJECTION	4	
NATPARA	5	PA
<i>pamidronate disodium intravenous solution</i>	2	
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral capsule 1 mcg</i>	2	
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	
PROLIA	4	PA
RAYALDEE	5	PA
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	2	
SENSIPAR ORAL TABLET 30 MG	3	B/D; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	B/D; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D; QL (120 EA per 30 days)
XGEVA	5	B/D
<i>zoledronic acid intravenous concentrate</i>	4	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	4	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	
ZOMETA INTRAVENOUS SOLUTION	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	2	B/D
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	3	B/D
AMINOSYN INTRAVENOUS SOLUTION 8.5 %	3	B/D
AMINOSYN-PF	3	B/D
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	4	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	4	
FERRIPROX ORAL TABLET	5	LA
<i>global alcohol prep ease</i>	2	
HAEGARDA	5	PA
INTRALIPID	3	B/D
KALBITOR	5	PA; QL (6 ML per 30 days)
KEVEYIS	5	PA
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>methylergonovine maleate oral</i>	2	
MYALEPT	5	PA
NEPHRAMINE	3	B/D
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	4	
PREMASOL	3	B/D
RELI-ON INSULIN SYRINGE 29G 0.3 ML	4	
SMOFLIPID	5	B/D
<i>sodium chloride irrigation solution 0.9 %</i>	2	
TROPHAMINE	3	B/D
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	QL (20 EA per 5 days)
VORAXAZE	5	

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Drug Name	Drug Tiers	Requirements/Limits
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic</i>	2	
<i>latanoprost ophthalmic</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
TRAVATAN Z	3	
<i>travoprost</i>	2	
ZIOPTAN	4	QL (30 EA per 30 days)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
CYSTARAN	5	QL (60 ML per 28 days)
<i>homatropine hbr ophthalmic</i>	2	
LACRISERT	3	
RESTASIS	3	
<i>tropicamide ophthalmic solution 0.5 %</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
<b>Ophthalmic Anti-Allergy Agents</b>		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
EMADINE	3	
<i>epinastine hcl</i>	2	
LASTACAPT	3	
<i>naphazoline hcl ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	
PAZEO	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl</i>	2	
AZOPT	3	
<i>betaxolol hcl ophthalmic</i>	2	
BETIMOL	3	

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BETOPTIC-S	3	
<i>brimonidine tartrate ophthalmic</i>	2	
<i>carteolol hcl</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>methazolamide oral tablet 25 mg</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<b>Ophthalmic Anti-Inflammatories</b>		
ALOMIDE	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	3	
<i>bromfenac sodium ophthalmic</i>	2	
BROMSITE	3	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	3	
FML FORTE	3	
<i>ketorolac tromethamine ophthalmic</i>	2	
LOTEMAX	4	
MAXIDEX	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
NEVANAC	4	
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
PROLENSA	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
VEXOL	3	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid otic</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN-TC	4	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	4	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
CLARINEX ORAL SYRUP	4	ST
CLARINEX-D 12 HOUR	4	ST
<i>cyproheptadine hcl oral</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>levocetirizine dihydrochloride oral</i>	2	
<i>olopatadine hcl nasal</i>	2	QL (30.5 GM per 30 days)
SEMPREX-D	4	
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	4	
BECONASE AQ	4	
<i>budesonide inhalation</i>	2	B/D
<i>budesonide nasal</i>	2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal</i>	2	
<i>fluticasone-salmeterol</i>	2	
<i>mometasone furoate nasal</i>	4	
OMNARIS	4	
PULMICORT FLEXHALER	3	
QNASL	4	QL (8.7 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION	3	
QVAR REDHALER	3	
<i>triamcinolone acetonide nasal aerosol</i>	2	
VERAMYST	4	
<b>Antileukotrienes</b>		
<i>montelukast sodium oral</i>	2	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	QL (120 EA per 30 days)
<b>Bronchodilators, Anticholinergic</b>		
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium bromide inhalation</i>	2	B/D
<i>ipratropium bromide nasal</i>	2	
<i>ipratropium-albuterol</i>	2	B/D
SEEBRI NEOHALER	3	QL (60 EA per 30 days)
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	QL (8 GM per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate inhalation</i>	2	B/D
<i>albuterol sulfate oral</i>	2	
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)
BROVANA	3	B/D
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (4 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	B/D
<i>levalbuterol tartrate</i>	4	
<i>metaproterenol sulfate oral</i>	2	
PERFOROMIST	3	B/D
PROAIR HFA	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	4	
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate injection</i>	2	
<i>terbutaline sulfate oral</i>	2	
VENTOLIN HFA	4	
<b>Cystic Fibrosis Agents</b>		
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
ORKAMBI	5	PA; QL (120 EA per 30 days)
PULMOZYME	5	B/D
SYMDEKO	5	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation</i>	2	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline intravenous</i>	2	
DALIRESP	4	PA; QL (30 EA per 30 days)
ELIXOPHYLLIN	4	
<i>theophylline er</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
ADEMPAS	5	PA; LA; QL (90 EA per 30 days)
LETAIRIS	5	LA
OPSUMIT	5	PA; LA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA
<i>tadalafil (pah)</i>	5	PA
TRACLEER ORAL TABLET	5	LA
TRACLEER ORAL TABLET SOLUBLE	5	LA; QL (56 EA per 28 days)
TYVASO	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI	5	PA
VENTAVIS	5	B/D
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90 EA per 30 days)
OFEV	5	PA; LA; QL (60 EA per 30 days)
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>acetylcysteine inhalation</i>	2	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
DULERA	3	
ESBRIET ORAL CAPSULE	5	PA; QL (270 EA per 30 days)
FASENRA	5	PA
GLASSIA	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT	3	
TRELEGY ELLIPTA	3	
TYZINE NASAL SOLUTION 0.1 %	4	
XOLAIR	5	PA; LA

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Drug Name	Drug Tiers	Requirements/Limits
ZEMAIRA	5	PA; LA
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine citrate injection</i>	2	
<b>Sleep Disorder Agents</b>		
<b><i>Gaba Receptor Modulators</i></b>		
<i>eszopiclone</i>	2	PA; QL (90 EA per 365 days)
<i>flurazepam hcl</i>	1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	
<i>triazolam</i>	2	QL (10 EA per 30 days)
<i>zaleplon</i>	2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er</i>	2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral</i>	2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual</i>	4	PA; QL (90 EA per 365 days)
<b><i>Sleep Disorders, Other</i></b>		
<i>armodafinil</i>	4	PA; QL (30 EA per 30 days)
HETLIOZ	5	PA
<i>modafinil</i>	4	QL (60 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 30 mg</i>	2	PA
ROZEREM	3	
XYREM	5	PA; LA; QL (540 ML per 30 days)

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- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

### **To file a civil rights grievance**

If you believe that Priority Health 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:

Priority Health Compliance Department  
Attention: Civil Rights Coordinator  
1231 East Beltline Ave NE  
Grand Rapids, MI 49525-4501  
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850  
*[PH-compliance@priorityhealth.com](mailto:PH-compliance@priorityhealth.com)*

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator 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 *[ocrportal.hhs.gov](http://ocrportal.hhs.gov)* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)*.







This formulary was updated on 10/23/2018. For more recent information or other questions, please contact Priority Health Medicare at toll-free 888.389.6648 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit [www.prioritymedicare.com](http://www.prioritymedicare.com).

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

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

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 888.389.6648, TTY users should call 711, or consult the online pharmacy directory at [prioritymedicare.com](http://prioritymedicare.com).

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