



**Rhode Island Individual and Small Group 4-Tier Drug  
List**

Effective: 09/01/2016

## Key Terms

### Formulary

A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

### Brand-Name Drugs

Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

### Generic Drugs

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

### 4-Tier Pharmacy Copayment Program (4-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the four-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of four tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, Tier 3 or Tier 4 drug (as defined below); however, there may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment.

- **Tier 1:** Most covered generic drugs (lowest copayment)
- **Tier 2:** Brand and high-cost generic drugs that are more cost-effective than comparable drugs listed in tier-3 (lower copayment or coinsurance amount)
- **Tier 3:** Higher cost brand and generic drugs (higher copayment or coinsurance amount)
- **Tier 4:** Many specialty drugs included in the SP program (highest copayment or coinsurance amount)

Please note that tier placement is subject to change throughout the year.

### Copayment

A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

### Coinsurance

Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

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<b>CM</b>	Cancer Mandate	<b>MM</b>	Mandatory Mail	<b>NC</b>	Non Covered Drugs
<b>NTM</b>	New-to-Market	<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limitation Program
<b>SI</b>	Specialty Infusion	<b>SP</b>	Designated Specialty Pharmacy	<b>STPA</b>	Step Therapy Prior Authorization
<b>WH</b>	Women's Health	<b>ACA</b>	Preventive Service		

## Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

## Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

## New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-To-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

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<b>SI</b>	Specialty Infusion
<b>WH</b>	Women's Health

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<b>PA</b>	Prior Authorization
<b>SP</b>	Designated Specialty Pharmacy
<b>ACA</b>	Preventive Service

<b>NC</b>	Non Covered Drugs
<b>QL</b>	Quantity Limitation Program
<b>STPA</b>	Step Therapy Prior Authorization

## Step Therapy Prior Authorization (STPA)

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1- the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

## Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

## Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

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**Over-The-Counter Drugs (OTC)**

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

**Cancer Mandate (CM)**

Oral Cancer medications may be covered without copayment under the Massachusetts oral cancer therapy mandate. Please contact your plan sponsor/employer about applicability and effective date for your group.

**Women’s Health (WH)**

Certain medications may be covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

**Affordable Care Act (ACA)**

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications

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

## Tufts Health Plan:

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

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan 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:

### Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.  
705 Mount Auburn St. Watertown, MA 02472  
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]  
Fax: 617.972.9048  
Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)

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

[tuftshealthplan.com](http://tuftshealthplan.com) | 800.462.0224

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For no cost translation in English, call the number on your ID card.

**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

**Chinese** 若需免費的中文版本，請撥打ID卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

**Japanese** 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាកម្រិតដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ສອຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo báhá ilíni da Diné k'ehjí álnéehgo, hodiilnih béésh bee hani'ée bee nées ho'dílingo nantinígíí bikáá'.

**Persian** برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

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Drug Name	Tier	Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants*</b>		
ADDERALL ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
ARMODAFINIL ORAL TABLET	Tier-2	STPA; QL (90 TABLETS per 90 days)
BELVIQ ORAL TABLET	Tier-3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	PA
BENZPHETAMINE HCL ORAL TABLET 25 MG	Tier-2	PA
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier-1	PA
<i>clonidine hcl er oral tablet extended release 12 hr*</i>	Tier-1	
CONCERTA ORAL TABLET EXTENDEDRELEASE*	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
DAYTRANA TRANSDERMAL PATCH	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<i>DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 5 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>dexmethylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>dextroamphetamine sulfate oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

# = Drug specific info



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>dextroamphetamine sulfate oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>diethylpropion hcl oral tablet</i>	Tier-1	PA
DYANAVEL XR ORAL	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<i>GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HR*</i>	Tier-2	QL (90 EA per 90 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE*	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<i>metadate er oral tablet extendedrelease* 20 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methamphetamine hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
METHYLIN ORAL SOLUTION	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er (cd) oral capsule extended release* 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er oral tablet extendedrelease* 10 mg, 20 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDEDRELEASE* 18 MG, 27 MG, 36 MG, 54 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet chewable</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
MODAFINIL ORAL TABLET	Tier-3	STPA; QL (180 TABLETS per 90 Days)
<i>phendimetrazine tartrate oral tablet</i>	Tier-1	PA
<i>phentermine hcl oral capsule</i>	Tier-1	PA
<i>phentermine hcl oral tablet</i>	Tier-1	PA
PROCENTRA ORAL SOLUTION	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA

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QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
RITALIN ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
RITALIN SR ORAL TABLET EXTENDEDRELEASE*	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
<b>STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG</b>	Tier-2	QL (60 CAPSULES per 30 Days)
<b>STRATTERA ORAL CAPSULE 100 MG, 80 MG</b>	Tier-2	QL (30 CAPSULES per 30 Days)
SUPRENZA ORAL TABLET DISPERSIBLE	Tier-3	PA
VYVANSE ORAL CAPSULE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
XENICAL ORAL CAPSULE	Tier-3	PA
<b>*Alternative Medicines*</b>		
<i>COENZYME Q10 ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</i>	Tier-3	PA
<b>*Amebicides*</b>		
YODOXIN ORAL TABLET	Tier-3	
<b>*Aminoglycosides*</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-3	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	Tier-3	
<i>NEO-FRADIN ORAL SOLUTION</i>	Tier-3	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>paromomycin sulfate oral capsule</i>	Tier-1	
TOBI PODHALER INHALATION CAPSULE	Tier-3	
<i>tobramycin inhalation nebulization solution</i>	Tier-1	
<b>*Analgesics - Anti-Inflammatory*</b>		
ACTEMRA INTRAVENOUS* SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS*	Tier-4	PA; QL (4 Syringes per 28 Days)
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-4	PA; QL (4 VIALS per 28 Days)
<i>CELECOXIB ORAL CAPSULE</i>	Tier-2	PA
<i>diclofenac potassium oral tablet</i>	Tier-1	

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<i>diclofenac sodium er oral tablet extended release 24 hr*</i>	Tier-1	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-1	
ENBREL SUBCUTANEOUS* 25 MG/0.5ML	Tier-4	PA; QL (8 Syringes per 28 days)
ENBREL SUBCUTANEOUS* 50 MG/ML	Tier-4	PA; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS* KIT	Tier-4	PA; QL (8 Vials per 28 Days)
ENBREL SURECLICK SUBCUTANEOUS*	Tier-4	PA; QL (4 Syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hr*</i>	Tier-1	
<i>etodolac oral capsule</i>	Tier-1	
<i>etodolac oral tablet</i>	Tier-1	
<i>fenoprofen calcium oral tablet</i>	Tier-1	
<i>flurbiprofen oral tablet</i>	Tier-1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN SUBCUTANEOUS*	Tier-4	PA; QL (2 Syringes per 28 days)
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA SUBCUTANEOUS*	Tier-4	PA; QL (2 Syringes per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
ILARIS SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
INDOCIN ORAL SUSPENSION	Tier-3	
INDOCIN SUPPOSITORY	Tier-3	
<i>indomethacin er oral capsule extended release*</i>	Tier-1	
<i>indomethacin oral capsule</i>	Tier-1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-1	
<i>ketoprofen oral capsule</i>	Tier-1	
<i>ketorolac tromethamine oral tablet</i>	Tier-1	
KINERET SUBCUTANEOUS*	Tier-4	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	Tier-1	
<i>meclofenamate sodium oral capsule</i>	Tier-1	
<i>mefenamic acid oral capsule</i>	Tier-1	
<i>meloxicam oral suspension</i>	Tier-1	
<i>meloxicam oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>nabumetone oral tablet</i>	Tier-1	
NALFON ORAL CAPSULE 200 MG	Tier-3	
<i>naproxen dr oral tablet delayed release</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-1	
<i>naproxen oral tablet</i>	Tier-1	
<b>NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>	Tier-2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
<b>ORENCIA CLICKJECT SUBCUTANEOUS*</b>	Tier-4	PA; QL (4 Syringes per 28 days)
<b>ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>ORENCIA SUBCUTANEOUS*</b>	Tier-4	PA; QL (4 Syringes per 28 days)
<b>OTREXUP SUBCUTANEOUS* 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML</b>	Tier-3	
<i>oxaprozin oral tablet</i>	Tier-1	
<i>piroxicam oral capsule</i>	Tier-1	
<b>RASUVO SUBCUTANEOUS*</b>	Tier-3	
<b>RHEUMATREX ORAL TABLET 2.5 MG</b>	Tier-2	^ (CM)
<b>RIDAURA ORAL CAPSULE</b>	Tier-2	
<b>SIMPONI ARIA INTRAVENOUS* SOLUTION</b>	Medical Benefit	PA
<b>SIMPONI SUBCUTANEOUS*</b>	Tier-4	PA; QL (1 Syringe per 28 days)
<i>sulindac oral tablet</i>	Tier-1	
<i>tolmetin sodium oral capsule</i>	Tier-1	
<i>tolmetin sodium oral tablet</i>	Tier-1	
<b>XELJANZ ORAL TABLET</b>	Tier-4	PA; QL (60 TABLETS per 30 Days)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-4	PA; QL (30 Tablets per 30 days)
<b>*Analgesics - Nonnarcotic*</b>		
<b>BUPAP ORAL TABLET</b>	Tier-3	
<i>butalbital compound/asa oral tablet</i>	Tier-1	
<i>butalbital-acetaminophen oral tablet</i>	Tier-1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral tablet</i>	Tier-1	
<i>butalbital-asa-caffeine oral capsule</i>	Tier-1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>diflunisal oral tablet</i>	Tier-1	
<i>salsalate oral tablet</i>	Tier-1	
<b>*Analgesics - Opioid*</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	Tier-3	QL (32 TABLETS per 30 Days)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-1	
<i>acetaminophen-codeine #4 oral tablet</i>	Tier-1	
BELBUCA BUCCAL FILM	Tier-3	QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM	Tier-3	PA
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-1	PA; QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier-1	
<i>butalbital compound/codeine oral capsule</i>	Tier-1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier-1	
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier-1	
<i>butorphanol tartrate nasal solution</i>	Tier-1	
BUTRANS TRANSDERMAL PATCH WEEKLY	Tier-3	QL (4 Patches per 30 Days)
CAPITAL/CODEINE ORAL SUSPENSION	Tier-3	
<i>codeine sulfate oral tablet</i>	Tier-1	
EMBEDA ORAL CAPSULE EXTENDED RELEASE*	Tier-3	QL (60 EA per 30 days)
<i>endocet oral tablet</i>	Tier-1	
<i>endodan oral tablet</i>	Tier-1	
<i>fentanyl citrate buccal lollipop</i>	Tier-1	QL (120 UNITS per 30 Days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-1	QL (10 PATCHES per 30 Days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier-1	
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-1	
<i>hydrocodone-ibuprofen oral tablet</i>	Tier-1	
<b>HYDROMORPHONE HCL ER ORAL</b>	Tier-2	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid†</i>	Tier-1	
<i>hydromorphone hcl oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 130 MG, 150 MG, 200 MG, 40 MG, 70 MG	Tier-3	QL (60 CAPSULES per 30 Days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	Tier-3	QL (4 Bottles per 28 Days)
<i>levorphanol tartrate oral tablet</i>	Tier-1	
<i>lorcet 10/650 oral tablet</i>	Tier-1	
<i>lorcet hd oral tablet</i>	Tier-1	
<i>lorcet oral tablet</i>	Tier-1	
<i>lorcet plus oral tablet</i>	Tier-1	
MAGNACET ORAL TABLET 10-400 MG, 5-400 MG, 7.5-400 MG	Tier-3	
<i>meperidine hcl oral solution</i>	Tier-1	
<i>meperidine hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral concentrate</i>	Tier-1	
<i>methadone hcl oral solution</i>	Tier-1	
<i>methadone hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral tablet soluble</i>	Tier-1	
<i>methadose oral concentrate</i>	Tier-1	
<i>methadose oral tablet 10 mg</i>	Tier-1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier-1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-1	QL (60 CAPSULES per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extendedrelease*</i>	Tier-1	QL (90 TABLETS per 30 Days)
<i>morphine sulfate oral solution</i>	Tier-1	
<i>morphine sulfate oral tablet</i>	Tier-1	
<i>morphine sulfate suppository 10 mg, 20 mg, 5 mg</i>	Tier-1	
<b>MORPHINE SULFATE SUPPOSITORY 30 MG</b>	Tier-2	
<b>OXYCODONE HCL ER ORAL 10 MG, 20 MG, 40 MG, 80 MG</b>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet</i>	Tier-1	
<i>oxycodone-acetaminophen oral capsule</i>	Tier-1	
<i>oxycodone-acetaminophen oral solution</i>	Tier-1	
<i>oxycodone-acetaminophen oral tablet</i>	Tier-1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>oxycodone-ibuprofen oral tablet</i>	Tier-1	
<b>OXYCONTIN ORAL</b>	Tier-2	QL (120 TABLETS per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier-1	
<b>OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HR* 15 MG, 7.5 MG</b>	Tier-2	
<i>oxymorphone hcl oral tablet</i>	Tier-1	
<i>pentazocine-acetaminophen oral tablet</i>	Tier-1	
<i>pentazocine-naloxone hcl oral tablet</i>	Tier-1	
<b>PRIMLEV ORAL TABLET</b>	Tier-3	
<b>PROBUPHINE IMPLANT KIT SUBCUTANEOUS* IMPLANT</b>	Medical Benefit	PA
<i>roxicet oral tablet 5-325 mg</i>	Tier-1	
<b>SUBOXONE SUBLINGUAL FILM</b>	Tier-3	PA
<b>SUBSYS SUBLINGUAL LIQUID†</b>	Tier-3	QL (30 Bottles per 30 Days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hr*</i>	Tier-1	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	Tier-1	
<i>tramadol hcl er oral tablet extended release 24 hr*</i>	Tier-1	
<i>tramadol hcl oral tablet</i>	Tier-1	
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	
<b>XARTEMIS XR ORAL TABLET EXTENDEDRELEASE*</b>	Tier-3	QL (120 TABLETS per 30 days)
<i>xylon oral tablet</i>	Tier-1	
<i>zamicet oral solution</i>	Tier-1	
<b>ZOLVIT ORAL SOLUTION</b>	Tier-3	
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	PA
<b>*Androgens-Anabolic*</b>		
<b>ANADROL-50 ORAL TABLET</b>	Tier-3	
<b>ANDRODERM TRANSDERMAL PATCH 24 HR</b>	Tier-2	
<b>ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%)</b>	Tier-3	
<i>android oral capsule</i>	Tier-1	
<b>ANDROXY ORAL TABLET</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>danazol oral capsule</i>	Tier-1	
FIRST-TESTOSTERONE MC TRANSDERMAL CREAM	Tier-3	
FIRST-TESTOSTERONE TRANSDERMAL OINTMENT	Tier-3	
<i>METHITEST ORAL TABLET</i>	Tier-3	
<i>oxandrolone oral tablet</i>	Tier-1	
STRIANT BUCCAL	Tier-3	
<i>testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate intramuscular* solution</i>	Tier-1	
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%), 12.5 MG/ACT (1%)	Tier-2	
<b>*Anorectal Agents*</b>		
<i>colocort enema</i>	Tier-1	
<b>CORTIFOAM FOAM</b>	Tier-2	
<i>HYDROCORTISONE ACE-PRAMOXINE KIT</i>	Tier-2	
<i>hydrocortisone cream 2.5 %</i>	Tier-1	
<i>hydrocortisone enema</i>	Tier-1	
<i>proctocream hc cream</i>	Tier-1	
PROCTOFOAM HC FOAM	Tier-3	
<i>proctozone-hc cream</i>	Tier-1	
RECTIV OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
<b>UCERIS FOAM</b>	Tier-2	
<b>*Anthelmintics*</b>		
ALBENZA ORAL TABLET	Tier-3	
BILTRICIDE ORAL TABLET	Tier-3	
<i>ivermectin oral tablet</i>	Tier-1	
<b>*Antianginal Agents*</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE*	Tier-3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
<i>isosorbide dinitrate er oral tablet extendedrelease*</i>	Tier-1	
<i>isosorbide dinitrate oral tablet</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet sublingual</i>	Tier-1	
<i>isosorbide mononitrate er oral tablet extended release 24 hr*</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>isosorbide mononitrate oral tablet</i>	Tier-1	
<i>minitran transdermal patch 24 hr</i>	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR	Tier-3	
<i>nitroglycerin er oral capsule extended release*</i>	Tier-1	
<i>NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hr</i>	Tier-1	
<i>nitroglycerin translingual aerosol, solution</i>	Tier-1	
<i>nitroglycerin translingual solution</i>	Tier-1	
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Tier-2	
<b>*Antianxiety Agents*</b>		
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-1	
<i>bupirone hcl oral tablet</i>	Tier-1	
<i>diazepam oral solution 1 mg/ml</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	
<i>hydroxyzine hcl oral solution</i>	Tier-1	
<i>hydroxyzine hcl oral syrup</i>	Tier-1	
<i>hydroxyzine hcl oral tablet</i>	Tier-1	
<i>hydroxyzine pamoate oral capsule</i>	Tier-1	
<i>lorazepam intensol oral concentrate</i>	Tier-1	
<i>lorazepam oral concentrate</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>meprobamate oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-1	
<b>*Antiarrhythmics*</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
<i>DOFETILIDE ORAL CAPSULE</i>	Tier-2	
<i>flecainide acetate oral tablet</i>	Tier-1	
<i>mexiletine hcl oral capsule</i>	Tier-1	
MULTAQ ORAL TABLET	Tier-3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier-1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>propafenone hcl oral tablet</i>	Tier-1	
<i>quinidine gluconate er oral tablet extendedrelease*</i>	Tier-1	
<i>quinidine sulfate er oral tablet extendedrelease*</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
<b>*Antiasthmatic And Bronchodilator Agents*</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>ADVAIR HFA INHALATION AEROSOL†</b>	Tier-2	QL (6 UNITS per 90 Days)
<i>albuterol sulfate er oral tablet extended release 12 hr*</i>	Tier-1	
<i>albuterol sulfate inhalation nebulization solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-1	
<i>aminophylline oral tablet</i>	Tier-1	
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-3	QL (1 INHALER per 30 days)
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-3	QL (3 Inhalers per 90 days)
<b>ATROVENT HFA INHALATION AEROSOL, SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-3	QL (3 Inhalers per 90 days)
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	Tier-3	QL (180 vials per 90 Days)
<i>budesonide inhalation suspension</i>	Tier-1	QL (180 VIALS per 90 Days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	QL (360 Vials per 90 Days)
<b>DALIRESP ORAL TABLET</b>	Tier-3	
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	Tier-2	
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 Days)
<b>FLOVENT HFA INHALATION AEROSOL†</b>	Tier-2	QL (6 UNITS per 90 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>FORADIL AEROLIZER INHALATION CAPSULE</b>	Tier-2	QL (3 UNITS per 90 Days)
<i>ipratropium bromide inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>ipratropium-albuterol inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier-1	QL (270 VIALS per 90 Days)
<b>LEVALBUTEROL TARTRATE HFA INHALATION AEROSOL<sup>†</sup></b>	Tier-2	QL (6 EA per 90 Days)
LUFYLLIN ORAL TABLET	Tier-3	
<b>MAXAIR AUTOHALER INHALATION AEROSOL, BREATH ACTIVATED</b>	Tier-3	QL (3 UNITS per 90 Days)
<i>metaproterenol sulfate oral syrup</i>	Tier-1	
<i>metaproterenol sulfate oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-1	
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION</b>	Tier-2	QL (180 VIALS per 90 Days)
<b>PROAIR HFA INHALATION AEROSOL, SOLUTION</b>	Tier-2	QL (6 UNITS per 90 Days)
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 days)
PROVENTIL HFA INHALATION AEROSOL, SOLUTION	Tier-3	QL (6 UNITS per 90 Days)
<b>QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT</b>	Tier-2	QL (6 EA per 90 Days)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT</b>	Tier-2	QL (3 UNITS per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL, SOLUTION	Tier-3	QL (3 UNITS per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>theochron oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>theophylline er oral tablet extended release 12 hr*</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hr*</i>	Tier-1	
<i>theophylline oral elixir</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT	Tier-3	QL (3 UNITS per 90 Days)
VENTOLIN HFA INHALATION AEROSOL, SOLUTION	Tier-3	QL (6 EA per 90 Days)
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>zafirlukast oral tablet</i>	Tier-1	
ZYFLO ORAL TABLET	Tier-3	
<b>*Anticoagulants*</b>		
<b>ELIQUIS ORAL TABLET</b>	Tier-2	
<i>enoxaparin sodium injection solution</i>	Tier-1	
<i>enoxaparin sodium subcutaneous* solution</i>	Tier-1	
<i>fondaparinux sodium subcutaneous* solution</i>	Tier-1	
FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier-1	
<i>jantoven oral tablet</i>	Tier-1	
PRADAXA ORAL CAPSULE	Tier-3	
SAVAYSA ORAL TABLET	Tier-3	
<i>warfarin sodium oral tablet</i>	Tier-1	
<b>XARELTO ORAL TABLET</b>	Tier-2	
<b>XARELTO STARTER PACK ORAL</b>	Tier-2	¥ (1 FILL PER LIFE OF PLAN)
<b>*Anticonvulsants*</b>		
APTIOM ORAL TABLET	Tier-3	PA
<b>BANZEL ORAL SUSPENSION</b>	Tier-2	QL (1840 ML per 30 Days)
<b>BANZEL ORAL TABLET 200 MG</b>	Tier-2	QL (1440 TABLETS per 90 Days)
<b>BANZEL ORAL TABLET 400 MG</b>	Tier-2	QL (720 TABLETS per 90 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
BRIVIACT ORAL SOLUTION	Tier-3	PA
BRIVIACT ORAL TABLET	Tier-3	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-1	
<i>carbamazepine er oral tablet extended release 12 hr*</i>	Tier-1	
<i>carbamazepine oral suspension</i>	Tier-1	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	
<i>clonazepam oral tablet</i>	Tier-1	
<i>clonazepam oral tablet dispersible</i>	Tier-1	
DIASTAT ACUDIAL GEL	Tier-3	QL (1 Kit per 30 Days)
DIASTAT PEDIATRIC GEL	Tier-3	QL (1 Kit per 30 Days)
<i>diazepam gel</i>	Tier-1	QL (1 Kit per 30 Days)
DILANTIN ORAL CAPSULE 30 MG	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	Tier-1	
<i>divalproex sodium oral capsule sprinkle</i>	Tier-1	
<i>divalproex sodium oral tablet delayed release</i>	Tier-1	
<i>epitol oral tablet</i>	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-1	
<i>ethosuximide oral solution</i>	Tier-1	
<i>felbamate oral suspension</i>	Tier-1	
<i>felbamate oral tablet</i>	Tier-1	
FYCOMPA ORAL SUSPENSION	Tier-3	PA
FYCOMPA ORAL TABLET	Tier-3	PA
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier-1	
<i>gabapentin oral tablet</i>	Tier-1	
GABITRIL ORAL TABLET 12 MG, 16 MG	Tier-3	
LAMICTAL ORAL TABLET CHEWABLE 2 MG	Tier-3	
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 25 MG, 50 MG</i>	Tier-2	QL (90 EA per 90 days)
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 200 MG</i>	Tier-2	QL (270 EA per 90 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 250 MG, 300 MG</i>	Tier-2	QL (180 EA per 90 days)
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet chewable</i>	Tier-1	
<i>LAMOTRIGINE ORAL TABLET DISPERSIBLE</i>	Tier-2	
<i>levetiracetam er oral tablet extended release 24 hr*</i>	Tier-1	
<i>levetiracetam oral solution</i>	Tier-1	
<i>levetiracetam oral tablet</i>	Tier-1	
<b>LYRICA ORAL CAPSULE</b>	Tier-3	STPA
<b>LYRICA ORAL SOLUTION</b>	Tier-3	STPA
<b>ONFI ORAL SUSPENSION</b>	Tier-3	PA
<b>ONFI ORAL TABLET</b>	Tier-3	PA
<i>oxcarbazepine oral suspension</i>	Tier-1	
<i>oxcarbazepine oral tablet</i>	Tier-1	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 300 MG</b>	Tier-3	QL (30 TABLETS per 30 Days)
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 600 MG</b>	Tier-3	QL (120 TABLETS per 30 Days)
<b>PEGANONE ORAL TABLET</b>	Tier-3	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier-1	
<i>phenytoin oral tablet chewable</i>	Tier-1	
<i>phenytoin sodium extended oral capsule</i>	Tier-1	
<b>POTIGA ORAL TABLET</b>	Tier-3	PA
<i>primidone oral tablet</i>	Tier-1	
<b>SABRIL ORAL PACKET</b>	Tier-2	
<b>SABRIL ORAL TABLET</b>	Tier-2	
<b>STAVZOR ORAL CAPSULE DELAYED RELEASE</b>	Tier-3	
<i>tiagabine hcl oral tablet</i>	Tier-1	
<b>TOPIRAMATE ER ORAL 100 MG, 200 MG, 25 MG, 50 MG</b>	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-1	
<i>topiramate oral tablet</i>	Tier-1	
<i>valproic acid oral capsule</i>	Tier-1	
<b>VIMPAT ORAL SOLUTION</b>	Tier-2	PA; QL (1200 ML per 30 Days)
<b>VIMPAT ORAL TABLET</b>	Tier-2	PA; QL (180 TABLETS per 90 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>zonisamide oral capsule</i>	Tier-1	
<b>*Antidepressants*</b>		
<i>amitriptyline hcl oral tablet</i>	Tier-1	
<i>amoxapine oral tablet</i>	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>budeprion sr oral tablet extended release 12 hr*</i>	Tier-1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hr*</i>	Tier-1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hr*</i>	Tier-1	
<i>bupropion hcl oral tablet</i>	Tier-1	
<i>citalopram hydrobromide oral solution</i>	Tier-1	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	
<i>clomipramine hcl oral capsule</i>	Tier-1	
<i>desipramine hcl oral tablet</i>	Tier-1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
DESVENLAFAXINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>doxepin hcl oral capsule</i>	Tier-1	
<i>doxepin hcl oral concentrate</i>	Tier-1	
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	Tier-2	QL (60 EA per 30 Days)
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	Tier-2	QL (90 EA per 30 Days)
EMSAM TRANSDERMAL PATCH 24 HR	Tier-3	STPA
<i>escitalopram oxalate oral solution</i>	Tier-1	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
<i>fluoxetine hcl oral capsule</i>	Tier-1	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier-1	
FLUOXETINE HCL ORAL TABLET 60 MG	Tier-2	
FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
<i>fluvoxamine maleate oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>imipramine hcl oral tablet</i>	Tier-1	
<i>imipramine pamoate oral capsule</i>	Tier-1	
<i>maprotiline hcl oral tablet</i>	Tier-1	
MARPLAN ORAL TABLET	Tier-3	
<i>mirtazapine oral tablet</i>	Tier-1	
<i>mirtazapine oral tablet dispersible</i>	Tier-1	
<i>nortriptyline hcl oral capsule</i>	Tier-1	
<i>nortriptyline hcl oral solution</i>	Tier-1	
<i>paroxetine hcl er oral tablet extended release 24 hr*</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
PEXEVA ORAL TABLET	Tier-3	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-1	
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-2	STPA
<i>protriptyline hcl oral tablet</i>	Tier-1	
<i>sertraline hcl oral concentrate</i>	Tier-1	
<i>sertraline hcl oral tablet</i>	Tier-1	
<i>tranylcypromine sulfate oral tablet</i>	Tier-1	
<i>trimipramine maleate oral capsule</i>	Tier-1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-1	
<b>VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-3	STPA
<i>venlafaxine hcl oral tablet</i>	Tier-1	
<b>*Antidiabetics*</b>		
<i>acarbose oral tablet</i>	Tier-1	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
<i>chlorpropamide oral tablet</i>	Tier-1	
<b>CYCLOSET ORAL TABLET</b>	Tier-2	
<i>glimepiride oral tablet</i>	Tier-1	
<i>glipizide er oral tablet extended release 24 hr*</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	
<i>glipizide xl oral tablet extended release 24 hr*</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	Tier-2	
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	Tier-2	
<i>glyburide micronized oral tablet</i>	Tier-1	
<i>glyburide oral tablet</i>	Tier-1	
<i>glyburide-metformin oral tablet</i>	Tier-1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML</b>	Tier-2	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS*</b>	Tier-2	
<b>HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION</b>	Tier-2	
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS*</b>	Tier-2	
<b>HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS*</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS* SOLUTION</b>	Tier-2	
<b>HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION</b>	Tier-2	
<b>HUMULIN N SUBCUTANEOUS* SUSPENSION</b>	Tier-2	
<b>HUMULIN R INJECTION SOLUTION</b>	Tier-2	
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION</b>	Tier-2	
<b>INVOKANA ORAL TABLET</b>	Tier-2	
<b>JANUMET ORAL TABLET</b>	Tier-2	
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-2	
<b>JANUVIA ORAL TABLET</b>	Tier-2	
<b>JARDIANCE ORAL TABLET</b>	Tier-3	
<b>JENTADUETO ORAL TABLET</b>	Tier-2	
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-2	
<b>KORLYM ORAL TABLET</b>	Tier-2	PA; QL (120 TABLETS per 30 Days)
<b>LANTUS SOLOSTAR SUBCUTANEOUS*</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>LANTUS SUBCUTANEOUS* SOLUTION</b>	Tier-2	
<i>METFORMIN HCL ER (MOD) ORAL TABLET EXTENDED RELEASE 24 HR*</i>	Tier-2	
<i>metformin hcl er (osm) oral tablet extended release 24 hr*</i>	Tier-1	
<i>metformin hcl er oral tablet extended release 24 hr*</i>	Tier-1	
<i>metformin hcl oral tablet</i>	Tier-1	
<b>MIGLITOL ORAL TABLET</b>	Tier-2	
<i>nateglinide oral tablet</i>	Tier-1	
<i>pioglitazone hcl oral tablet</i>	Tier-1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-1	
<b>PROGLYCEM ORAL SUSPENSION</b>	Tier-3	
<i>repaglinide oral tablet</i>	Tier-1	
<i>repaglinide-metformin hcl oral tablet</i>	Tier-1	
<b>RIOMET ORAL SOLUTION</b>	Tier-3	
<b>SYMLINPEN 120 SUBCUTANEOUS*</b>	Tier-3	
<b>SYMLINPEN 60 SUBCUTANEOUS*</b>	Tier-3	
<b>TANZEUM SUBCUTANEOUS*</b>	Tier-3	
<i>tolazamide oral tablet</i>	Tier-1	
<i>tolbutamide oral tablet</i>	Tier-1	
<b>TOUJEO SOLOSTAR SUBCUTANEOUS*</b>	Tier-2	
<b>TRADJENTA ORAL TABLET</b>	Tier-2	
<b>TRULICITY SUBCUTANEOUS*</b>	Tier-2	
<b>VICTOZA SUBCUTANEOUS*</b>	Tier-2	
<b>*Antidiarrheals*</b>		
<i>diphenoxylate-atropine oral liquid†</i>	Tier-1	
<i>diphenoxylate-atropine oral tablet</i>	Tier-1	
<b>FULYZAQ ORAL TABLET DELAYED RELEASE</b>	Tier-2	PA
<i>loperamide hcl oral capsule</i>	Tier-1	
<b>MOTOFEN ORAL TABLET</b>	Tier-3	
<b>*Antidotes*</b>		
<b>CETYLEV ORAL TABLET EFFERVESCENT</b>	Tier-3	
<b>CHEMET ORAL CAPSULE</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
EVZIO INJECTION	Tier-3	¥ (Max 2 kits (4 units) per 30 days); QL (1 Kit per 1 Fill)
<b>EXJADE ORAL TABLET SOLUBLE</b>	Tier-2	
<b>FERRIPROX ORAL SOLUTION</b>	Tier-2	PA; QL (150 ML per 30 days)
<b>FERRIPROX ORAL TABLET</b>	Tier-2	PA; QL (30 TABLETS per 30 Days)
<b>JADENU ORAL TABLET</b>	Tier-2	
<i>naltrexone hcl oral tablet</i>	Tier-1	
NARCAN NASAL LIQUID†	Tier-3	¥ (Max of 4 units per 30 days); QL (2 EA per 1 Fill)
<b>VISTOGARD ORAL PACKET</b>	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED	Medical Benefit	
<b>*Antiemetics*</b>		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
<b>ANZEMET ORAL TABLET</b>	Tier-2	QL (3 TABLETS per 7 Days)
CESAMET ORAL CAPSULE	Tier-3	QL (18 CAPSULES per 7 Days)
<i>dronabinol oral capsule</i>	Tier-1	
EMEND ORAL CAPSULE 125 MG, 40 MG	Tier-3	QL (1 CAPSULE per 7 Days)
EMEND ORAL CAPSULE 80 & 125 MG	Tier-3	QL (1 Dosepack per 7 days)
EMEND ORAL CAPSULE 80 MG	Tier-3	QL (2 CAPSULES per 7 Days)
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	QL (3 Units per 7 days)
<i>granisetron hcl oral tablet</i>	Tier-1	QL (6 TABLETS per 7 Days)
GRANISOL ORAL SOLUTION	Tier-3	QL (45 ML per 7 Days)
<i>meclizine hcl oral tablet</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-1	QL (90 ML per 7 Days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-1	QL (1 TABLET per 7 Days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-1	QL (9 TABLETS per 7 Days)
<i>ondansetron oral tablet dispersible</i>	Tier-1	QL (9 EA per 7 Days)
SANCUSO TRANSDERMAL PATCH	Tier-3	QL (1 PATCH per 7 Days)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HR	Tier-3	
<i>trimethobenzamide hcl oral capsule</i>	Tier-1	
VARUBI ORAL TABLET	Tier-3	¥ (Max 6 capsules per 30 days); QL (2 CAPSULES per 1 Fill)
ZUPLENZ ORAL FILM	Tier-3	QL (10 FILMS per 7 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Antifungals*</b>		
CRESEMBA ORAL CAPSULE	Tier-3	
<i>fluconazole oral suspension reconstituted</i>	Tier-1	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine oral capsule</i>	Tier-1	
<i>griseofulvin microsize oral suspension</i>	Tier-1	
<i>griseofulvin microsize oral tablet</i>	Tier-1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-1	
<i>itraconazole oral capsule</i>	Tier-1	PA
<i>ketoconazole oral tablet</i>	Tier-1	
LAMISIL ORAL PACKET 125 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (56 PACKETS per 28 Days)
LAMISIL ORAL PACKET 187.5 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days)
<i>nystatin oral tablet</i>	Tier-1	
ONMEL ORAL TABLET	Tier-3	PA; QL (28 EA per 28 Days)
<b>SPORANOX ORAL SOLUTION</b>	Tier-2	
<i>terbinafine hcl oral tablet</i>	Tier-1	¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	QL (150 ML per 14 Days)
<i>voriconazole oral tablet 200 mg</i>	Tier-1	QL (28 TABLETS per 14 Days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	QL (56 TABLETS per 14 Days)
<b>*Antihistamines*</b>		
<i>carbinoxamine maleate oral tablet</i>	Tier-1	
<i>clemastine fumarate oral syrup</i>	Tier-1	
<i>clemastine fumarate oral tablet</i>	Tier-1	
<i>cyproheptadine hcl oral syrup</i>	Tier-1	
<i>cyproheptadine hcl oral tablet</i>	Tier-1	
<i>desloratadine oral tablet</i>	Tier-1	
<i>dexchlorpheniramine maleate oral syrup</i>	Tier-1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>diphenhydramine hcl oral capsule</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	
<i>promethazine hcl oral syrup</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>promethazine hcl oral tablet</i>	Tier-1	
<i>promethazine hcl suppository 12.5 mg, 25 mg</i>	Tier-1	
<i>promethegan suppository</i>	Tier-1	
<b>*Antihyperlipidemics*</b>		
<b>ADVICOR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-3	
<i>atorvastatin calcium oral tablet</i>	Tier-1	
<i>colestipol hcl oral packet</i>	Tier-1	
<i>colestipol hcl oral tablet</i>	Tier-1	
<i>fenofibrate micronized oral capsule</i>	Tier-1	
<b>FENOFIBRATE ORAL CAPSULE</b>	Tier-2	
<b>FENOFIBRATE ORAL TABLET 145 MG, 48 MG</b>	Tier-2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-1	
<i>fenofibric acid oral tablet</i>	Tier-1	
<i>fluvastatin sodium oral capsule</i>	Tier-1	
<i>gemfibrozil oral tablet</i>	Tier-1	
<b>JUXTAPID ORAL CAPSULE</b>	Tier-2	PA; QL (28 EA per 28 days)
<b>KYNAMRO SUBCUTANEOUS*</b>	Tier-4	PA; QL (4 EA per 28 days)
<i>lovastatin oral tablet</i>	Tier-1	
<b>NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDEDRELEASE*</b>	Tier-2	
<i>niacor oral tablet</i>	Tier-1	
<b>OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE</b>	Tier-2	
<i>pravastatin sodium oral tablet</i>	Tier-1	
<i>prevalite oral powder</i>	Tier-1	
<b>ROSUVASTATIN CALCIUM ORAL TABLET</b>	Tier-2	PA
<b>SIMCOR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-2	
<i>simvastatin oral tablet</i>	Tier-1	
<b>VYTORIN ORAL TABLET</b>	Tier-2	
<b>WELCHOL ORAL PACKET</b>	Tier-3	
<b>WELCHOL ORAL TABLET</b>	Tier-3	
<b>ZETIA ORAL TABLET</b>	Tier-3	
<b>*Antihypertensives*</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-1	
<b>AMLODIPINE-OLMESARTAN ORAL TABLET</b>	Tier-2	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-1	
<b>AMTURNIDE ORAL TABLET</b>	Tier-3	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril hcl oral tablet</i>	Tier-1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>CANDESARTAN CILEXETIL ORAL TABLET</b>	Tier-2	
<b>CANDESARTAN CILEXETIL-HCTZ ORAL TABLET</b>	Tier-2	
<i>captopril oral tablet</i>	Tier-1	
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>clonidine hcl transdermal patch weekly</i>	Tier-1	
<b>DEMSER ORAL CAPSULE</b>	Tier-3	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
<b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-3	
<i>enalapril maleate oral tablet</i>	Tier-1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>EPANED ORAL SOLUTION RECONSTITUTED</b>	Tier-3	
<i>eplerenone oral tablet</i>	Tier-1	STPA
<i>eprosartan mesylate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>guanfacine hcl oral tablet</i>	Tier-1	
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>irbesartan oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium oral tablet</i>	Tier-1	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>methyldopa oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>minoxidil oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>moexipril-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>OLMESARTAN MEDOXOMIL ORAL TABLET</b>	Tier-2	
<b>OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET</b>	Tier-2	
<b>OLMESARTAN-AMLODIPINE-HCTZ ORAL TABLET</b>	Tier-2	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>phenoxybenzamine hcl oral capsule</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
<b>TARKA ORAL TABLET EXTENDEDRELEASE*</b>	Tier-3	
<b>TEKAMLO ORAL TABLET</b>	Tier-3	
<b>TEKTURNA ORAL TABLET</b>	Tier-3	
<b>TELMISARTAN ORAL TABLET</b>	Tier-2	
<b>TELMISARTAN-AMLODIPINE ORAL TABLET</b>	Tier-2	
<b>TELMISARTAN-HCTZ ORAL TABLET</b>	Tier-2	
<i>terazosin hcl oral capsule</i>	Tier-1	
<i>trandolapril oral tablet</i>	Tier-1	
<i>trandolapril-verapamil hcl er oral tablet extendedrelease*</i>	Tier-1	
<i>valsartan oral tablet</i>	Tier-1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>VECAMYL ORAL TABLET</b>	Tier-3	
<b>*Anti-Infective Agents - Misc.*</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	Tier-3	
<b>ALINIA ORAL TABLET</b>	Tier-3	
<i>atovaquone oral suspension</i>	Tier-1	
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>dapsone oral tablet</i>	Tier-1	
FIRST-VANCOMYCIN 25 ORAL SOLUTION	Tier-3	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	Tier-3	
<b>IMPAVIDO ORAL CAPSULE</b>	Tier-2	
<b>KETEK ORAL TABLET</b>	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-1	
<i>linezolid oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-1	
<i>metronidazole oral tablet</i>	Tier-1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	Tier-3	
PRIMSOL ORAL SOLUTION	Tier-3	
SIVEXTRO ORAL TABLET	Tier-3	
<i>smz-tmp ds oral tablet</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<i>tinidazole oral tablet</i>	Tier-1	
<i>trimethoprim oral tablet</i>	Tier-1	
<i>vancomycin hcl oral capsule</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-3	PA; QL (9 TABLETS per 30 Days)
XIFAXAN ORAL TABLET 550 MG	Tier-3	PA; QL (60 TABLETS per 30 Days)
<b>*Antimalarials*</b>		
<i>ATOVAQUONE-PROGUANIL HCL ORAL TABLET</i>	Tier-2	
<i>chloroquine phosphate oral tablet</i>	Tier-1	
<b>COARTEM ORAL TABLET</b>	Tier-2	QL (24 TABLETS per 180 Days)
<b>DARAPRIM ORAL TABLET</b>	Tier-2	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	
<i>mefloquine hcl oral tablet</i>	Tier-1	
<i>PRIMAQUINE PHOSPHATE ORAL TABLET</i>	Tier-2	
<i>quinine sulfate oral capsule</i>	Tier-1	
<b>*Antimyasthenic Agents*</b>		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
MESTINON ORAL SYRUP	Tier-3	
MYTELASE ORAL TABLET	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>pyridostigmine bromide er oral tablet extendedrelease*</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
<b>*Antimycobacterial Agents*</b>		
<i>cycloserine oral capsule</i>	Tier-1	
<i>ethambutol hcl oral tablet</i>	Tier-1	
<i>isonarif oral capsule</i>	Tier-1	
<i>isoniazid oral syrup</i>	Tier-1	
<i>isoniazid oral tablet</i>	Tier-1	
PASER ORAL PACKET	Tier-3	
<b>PRIFTIN ORAL TABLET</b>	Tier-2	
<i>pyrazinamide oral tablet</i>	Tier-1	
<i>rifabutin oral capsule</i>	Tier-1	
<i>rifampin oral capsule</i>	Tier-1	
RIFATER ORAL TABLET	Tier-3	
<b>SIRTURO ORAL TABLET</b>	Tier-2	PA
TRECTOR ORAL TABLET	Tier-3	
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
<b>VENCLEXTA ORAL TABLET</b>	Tier-2	PA
<b>VENCLEXTA STARTING PACK ORAL</b>	Tier-2	PA
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>ACTIMMUNE SUBCUTANEOUS* SOLUTION</b>	Tier-2	
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
AFINITOR ORAL TABLET	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
ALECENSA ORAL CAPSULE	Tier-4	PA; ^ (CM)
<b>ALKERAN ORAL TABLET</b>	Tier-2	^ (CM)
<i>anastrozole oral tablet</i>	Tier-1	^ (CM)
<i>BEXAROTENE ORAL CAPSULE</i>	Tier-4	^ (CM)
<i>bicalutamide oral tablet</i>	Tier-1	^ (CM)
BOSULIF ORAL TABLET 100 MG	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
BOSULIF ORAL TABLET 500 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
CABOMETYX ORAL TABLET	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>CAPECITABINE ORAL TABLET 150 MG</i>	Tier-4	^ (CM); QL (168 TABLETS per 14 days)
<i>CAPECITABINE ORAL TABLET 500 MG</i>	Tier-4	^ (CM); QL (84 TABLETS per 14 days)
<b>CAPRELSA ORAL TABLET 100 MG</b>	Tier-2	PA; ^ (CM); QL (60 TABLETS per 30 Days)
<b>CAPRELSA ORAL TABLET 300 MG</b>	Tier-2	PA; ^ (CM); QL (30 TABLETS per 30 Days)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</b>	Tier-2	PA; ^ (CM)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT</b>	Tier-2	PA; ^ (CM)
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	Tier-2	PA; ^ (CM)
COTELLIC ORAL TABLET	Tier-4	PA; ^ (CM)
<i>CYCLOPHOSPHAMIDE ORAL CAPSULE</i>	Tier-2	^ (CM)
<i>cyclophosphamide oral tablet</i>	Tier-1	^ (CM)
CYRAMZA INTRAVENOUS* SOLUTION	Medical Benefit	PA
EMCYT ORAL CAPSULE	Tier-4	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>etoposide oral capsule</i>	Tier-1	^ (CM)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
<b>FARESTON ORAL TABLET</b>	Tier-2	^ (CM)
FARYDAK ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier-4	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE	Tier-4	^ (CM)
<b>HEXALEN ORAL CAPSULE</b>	Tier-2	^ (CM)
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier-4	PA; ^ (CM); QL (15 CAPSULES per 21 Days)
HYCAMTIN ORAL CAPSULE 1 MG	Tier-4	PA; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
<b>ICLUSIG ORAL TABLET 15 MG</b>	Tier-2	PA; ^ (CM); QL (60 EA per 30 Days)
<b>ICLUSIG ORAL TABLET 45 MG</b>	Tier-2	PA; ^ (CM); QL (30 EA per 30 Days)
<i>IMATINIB MESYLATE ORAL TABLET</i>	Tier-4	^ (CM)
<b>IMBRUVICA ORAL CAPSULE</b>	Tier-2	PA; ^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
INLYTA ORAL TABLET	Tier-4	PA; ^ (CM)
INTRON A INJECTION SOLUTION	Tier-4	
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-4	
<b>IRESSA ORAL TABLET</b>	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-4	PA; ^ (CM)
KADCYLA INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
LENVIMA 10 MG DAILY DOSE ORAL	Tier-4	PA; ^ (CM)
LENVIMA 14 MG DAILY DOSE ORAL	Tier-4	PA; ^ (CM)
LENVIMA 20 MG DAILY DOSE ORAL	Tier-4	PA; ^ (CM)
LENVIMA 24 MG DAILY DOSE ORAL	Tier-4	PA; ^ (CM)
<i>letrozole oral tablet</i>	Tier-1	^ (CM)
<i>leucovorin calcium oral tablet</i>	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-4	^ (CM)
<i>leuprolide acetate injection kit</i>	Tier-1	# (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)
<i>lomustine oral capsule</i>	Tier-1	^ (CM)
LONSURF ORAL TABLET	Tier-4	PA; ^ (CM)
<b>LYSODREN ORAL TABLET</b>	Tier-2	^ (CM)
<b>MATULANE ORAL CAPSULE</b>	Tier-2	^ (CM)
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier-1	
<i>megestrol acetate oral tablet</i>	Tier-1	^ (CM)
MEKINIST ORAL TABLET	Tier-4	PA; ^ (CM)
<i>mercaptopurine oral tablet</i>	Tier-1	^ (CM)
MESNEX ORAL TABLET	Tier-3	^ (CM)
<i>methotrexate oral tablet</i>	Tier-1	^ (CM)
MYLERAN ORAL TABLET	Tier-4	^ (CM)
NEXAVAR ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
<i>nilutamide oral tablet</i>	Tier-1	^ (CM)
NINLARO ORAL CAPSULE	Tier-4	PA; ^ (CM)
ODOMZO ORAL CAPSULE	Tier-4	PA; ^ (CM)
PERJETA INTRAVENOUS* SOLUTION	Medical Benefit	PA
POMALYST ORAL CAPSULE	Tier-4	PA; ^ (CM); Males Only
PROVENGE INTRAVENOUS* SUSPENSION	Medical Benefit	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PURIXAN ORAL SUSPENSION	Tier-3	^ (CM)
RITUXAN INTRAVENOUS* SOLUTION	Medical Benefit	PA
<b>SOLTAMOX ORAL SOLUTION</b>	Tier-2	^ (CM)
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
STIVARGA ORAL TABLET	Tier-4	PA; ^ (CM); QL (84 TABLETS per 28 Days)
SUTENT ORAL CAPSULE	Tier-4	PA; ^ (CM)
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG	Tier-4	QL (4 VIALS per 28 days)
TABLOID ORAL TABLET	Tier-4	^ (CM)
TAFINLAR ORAL CAPSULE	Tier-4	PA; ^ (CM)
TAGRISSO ORAL TABLET 40 MG	Tier-4	PA; ^ (CM); QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	Tier-4	PA; ^ (CM)
<i>tamoxifen citrate oral tablet</i>	Tier-1	^ (CM)
TARCEVA ORAL TABLET 100 MG, 150 MG	Tier-4	^ (CM); QL (30 TABLETS per 30 Days)
TARCEVA ORAL TABLET 25 MG	Tier-4	^ (CM); QL (90 TABLETS per 30 Days)
TARGRETIN ORAL CAPSULE	Tier-4	^ (CM)
TASIGNA ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>TEMOZOLOMIDE ORAL CAPSULE</i>	Tier-4	^ (CM)
<i>TRETINOIN ORAL CAPSULE</i>	Tier-4	^ (CM)
<b>TREXALL ORAL TABLET</b>	Tier-2	^ (CM); Males Only
TYKERB ORAL TABLET	Tier-4	PA; ^ (CM); QL (180 TABLETS per 30 Days)
VOTRIENT ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
XALKORI ORAL CAPSULE	Tier-4	PA; ^ (CM)
XTANDI ORAL CAPSULE	Tier-4	PA; ^ (CM); QL (120 CAPSULES per 30 Days)
ZELBORAF ORAL TABLET	Tier-4	PA; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ZYKADIA ORAL CAPSULE	Tier-4	PA; ^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ZYTIGA ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>		
SAXENDA SUBCUTANEOUS*	Tier-3	PA
<b>*Anti-Obesity Agent Combinations**</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HR*	Tier-3	PA
<b>*Antiparkinson Agents*</b>		
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral syrup</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	
<b>APOKYN SUBCUTANEOUS* SOLUTION</b>	Tier-2	
<b>AZILECT ORAL TABLET</b>	Tier-2	
<i>benztropine mesylate oral tablet</i>	Tier-1	
<i>bromocriptine mesylate oral capsule</i>	Tier-1	
<i>bromocriptine mesylate oral tablet</i>	Tier-1	
<i>carbidopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa er oral tablet extended release* 25-100 mg, 50-200 mg</i>	Tier-1	
<i>carbidopa-levodopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-1	
<b>DUOPA SUSPENSION 4.63-20 MG/ML</b>	Tier-2	
<i>entacapone oral tablet</i>	Tier-1	
NEUPRO TRANSDERMAL PATCH 24 HR	Tier-3	QL (30 PATCHES per 30 Days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hr* 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	Tier-1	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>ropinirole hcl er oral tablet extended release 24 hr*</i>	Tier-1	QL (90 TABLETS per 90 Days)
<i>ropinirole hcl oral tablet</i>	Tier-1	
<i>selegiline hcl oral capsule</i>	Tier-1	
<i>selegiline hcl oral tablet</i>	Tier-1	
<i>tolcapone oral tablet</i>	Tier-1	
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Antipsychotics/Antimanic Agents*</b>		
ABILIFY DISCMELT ORAL TABLET DISPERSIBLE	Tier-3	STPA; QL (180 EA per 90 days)
ARIPIPRAZOLE ORAL SOLUTION	Tier-2	STPA; QL (900 ML per 90 days)
ARIPIPRAZOLE ORAL TABLET	Tier-2	STPA; QL (90 EA per 90 days)
<i>chlorpromazine hcl oral tablet</i>	Tier-1	
<i>clozapine oral tablet</i>	Tier-1	
<i>clozapine oral tablet dispersible</i>	Tier-1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>fluphenazine hcl oral concentrate</i>	Tier-1	
<i>fluphenazine hcl oral elixir</i>	Tier-1	
<i>fluphenazine hcl oral tablet</i>	Tier-1	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (90 EA per 90 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (180 EA per 90 days)
<i>lithium carbonate er oral tablet extendedrelease*</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<i>lithium carbonate oral tablet</i>	Tier-1	
LITHIUM ORAL SOLUTION	Tier-2	
<i>loxapine succinate oral capsule</i>	Tier-1	
NUPLAZID ORAL TABLET	Tier-4	PA; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA
PALIPERIDONE ER ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	STPA
<i>perphenazine oral tablet</i>	Tier-1	
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine suppository</i>	Tier-1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-1	PA
<i>risperidone m-tab oral tablet dispersible</i>	Tier-1	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>risperidone oral tablet dispersible</i>	Tier-1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>thioridazine hcl oral tablet</i>	Tier-1	
<i>thiothixene oral capsule</i>	Tier-1	
<i>trifluoperazine hcl oral tablet</i>	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	
VRAYLAR ORAL	Tier-3	STPA
VRAYLAR ORAL CAPSULE	Tier-3	STPA
ZIPRASIDONE HCL ORAL CAPSULE	Tier-2	STPA
<b>*Antiretrovirals Adjuvants***</b>		
<b>TYBOST ORAL TABLET</b>	Tier-2	
<b>*Antiseptics &amp; Disinfectants*</b>		
PHISOHEX EXTERNAL LIQUID†	Tier-3	
<b>*Antivirals*</b>		
<i>abacavir sulfate oral tablet</i>	Tier-1	
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-1	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-1	
<b>APTIVUS ORAL CAPSULE</b>	Tier-2	
<b>APTIVUS ORAL SOLUTION</b>	Tier-2	
<b>ATRIPLA ORAL TABLET</b>	Tier-2	
<b>BARACLUDE ORAL SOLUTION</b>	Tier-2	
<b>COMPLERA ORAL TABLET</b>	Tier-2	
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	Tier-2	
<b>DESCOVY ORAL TABLET</b>	Tier-2	
<i>didanosine oral capsule delayed release</i>	Tier-1	
<b>EDURANT ORAL TABLET</b>	Tier-2	
<b>EMTRIVA ORAL CAPSULE</b>	Tier-2	
<b>EMTRIVA ORAL SOLUTION</b>	Tier-2	
<i>ENTECAVIR ORAL TABLET</i>	Tier-2	
<b>EPIVIR HBV ORAL SOLUTION</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>EVOTAZ ORAL TABLET</b>	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
<b>FUZEON SUBCUTANEOUS* KIT</b>	Tier-4	
<b>FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED</b>	Tier-4	
<b>GENVOYA ORAL TABLET</b>	Tier-2	
<b>INTELENCE ORAL TABLET</b>	Tier-2	
<b>INVIRASE ORAL CAPSULE</b>	Tier-2	
<b>INVIRASE ORAL TABLET</b>	Tier-2	
<b>ISENTRESS ORAL PACKET</b>	Tier-2	QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET</b>	Tier-2	QL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG</b>	Tier-2	QL (180 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 25 MG</b>	Tier-2	QL (720 EA per 30 days)
<b>KALETRA ORAL SOLUTION</b>	Tier-2	
<b>KALETRA ORAL TABLET</b>	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
<b>LEXIVA ORAL SUSPENSION</b>	Tier-2	
<b>LEXIVA ORAL TABLET</b>	Tier-2	
<i>nevirapine er oral tablet extended release 24 hr*</i>	Tier-1	
<i>nevirapine oral suspension</i>	Tier-1	
<i>nevirapine oral tablet</i>	Tier-1	
<b>NORVIR ORAL CAPSULE</b>	Tier-2	
<b>NORVIR ORAL SOLUTION</b>	Tier-2	
<b>NORVIR ORAL TABLET</b>	Tier-2	
<b>ODEFSEY ORAL TABLET</b>	Tier-2	
<b>PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION</b>	Tier-4	QL (4 PENS per 28 Days)
<b>PEGASYS SUBCUTANEOUS* KIT</b>	Tier-4	QL (1 KIT per 28 Days)
<b>PEGASYS SUBCUTANEOUS* SOLUTION</b>	Tier-4	QL (4 VIALS per 28 Days)
<b>PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT</b>	Tier-4	QL (4 SYRINGES per 28 Days)
<b>PEG-INTRON REDIPEN SUBCUTANEOUS* KIT</b>	Tier-4	QL (4 SYRINGES per 28 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PEGINTRON SUBCUTANEOUS* KIT	Tier-4	QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS* KIT	Tier-4	QL (4 VIALS per 28 Days)
<b>PREZCOBIX ORAL TABLET</b>	Tier-2	
<b>PREZISTA ORAL SUSPENSION</b>	Tier-2	
<b>PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG</b>	Tier-2	
REBETOL ORAL SOLUTION	Tier-3	QL (35 ML per 1 day)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>	Tier-2	QL (20 UNITS per 365 Days)
<b>RESCRIPTOR ORAL TABLET</b>	Tier-2	
<b>REYATAZ ORAL CAPSULE</b>	Tier-2	
<b>REYATAZ ORAL PACKET</b>	Tier-2	
<i>ribasphere oral capsule</i>	Tier-1	QL (7 EA per 1 day)
<i>ribasphere oral tablet 200 mg</i>	Tier-1	QL (7 EA per 1 day)
<i>ribavirin oral capsule</i>	Tier-1	QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
<b>SELZENTRY ORAL TABLET 150 MG</b>	Tier-2	QL (60 TABLETS per 30 Days)
<b>SELZENTRY ORAL TABLET 300 MG</b>	Tier-2	QL (120 TABLETS per 30 Days)
SOVALDI ORAL TABLET	Tier-4	PA; # (genotypes 2 - 4)
<i>stavudine oral capsule</i>	Tier-1	
<i>stavudine oral solution reconstituted</i>	Tier-1	
<b>STRIBILD ORAL TABLET</b>	Tier-2	
<b>SUSTIVA ORAL CAPSULE</b>	Tier-2	
<b>SUSTIVA ORAL TABLET</b>	Tier-2	
<b>TAMIFLU ORAL CAPSULE</b>	Tier-2	¥ (2 Fills per 365 days); QL (10 CAPSULES per 1 Fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Tier-3	¥ (2 Fills per 365 days); QL (180 ML per 1 Fill)
<b>TIVICAY ORAL TABLET</b>	Tier-2	
<b>TRIUMEQ ORAL TABLET</b>	Tier-2	
<b>TRUVADA ORAL TABLET 200-300 MG</b>	Tier-2	
<b>TYZEKA ORAL TABLET</b>	Tier-2	
<i>valacyclovir hcl oral tablet</i>	Tier-1	
<b>VALCYTE ORAL TABLET</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED</b>	Tier-2	
<i>valganciclovir hcl oral tablet</i>	Tier-1	
<b>VIDEX ORAL SOLUTION RECONSTITUTED</b>	Tier-3	
<b>VIRACEPT ORAL TABLET</b>	Tier-2	
<b>VIREAD ORAL POWDER</b>	Tier-2	
<b>VIREAD ORAL TABLET</b>	Tier-2	
<b>VITEKTA ORAL TABLET</b>	Tier-2	
<b>ZIAGEN ORAL SOLUTION</b>	Tier-3	
<i>zidovudine oral capsule</i>	Tier-1	
<i>zidovudine oral syrup</i>	Tier-1	
<i>zidovudine oral tablet</i>	Tier-1	
<b>*Assorted Classes*</b>		
<b>AZASAN ORAL TABLET</b>	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
<b>BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	Tier-2	
<i>cyclosporine modified oral capsule</i>	Tier-1	
<i>cyclosporine modified oral solution</i>	Tier-1	
<i>cyclosporine oral capsule</i>	Tier-1	
<b>DEPEN TITRATABS ORAL TABLET</b>	Tier-2	
<i>kionex oral suspension</i>	Tier-1	
<i>mycophenolate mofetil oral capsule</i>	Tier-1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-1	
<i>mycophenolate mofetil oral tablet</i>	Tier-1	
<i>mycophenolic acid oral tablet delayed release</i>	Tier-1	
<b>RAPAMUNE ORAL SOLUTION</b>	Tier-3	
<b>REVLIMID ORAL CAPSULE</b>	Tier-4	PA; ^ (CM)
<i>sirolimus oral tablet</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
<b>SYPRINE ORAL CAPSULE</b>	Tier-3	
<i>tacrolimus oral capsule</i>	Tier-1	
<b>THALOMID ORAL CAPSULE</b>	Tier-4	^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>VELTASSA ORAL PACKET</b>	Tier-2	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>ZORTRESS ORAL TABLET</b>	Tier-2	QL (180 TABLETS per 90 Days)
<b>*Beta Blockers*</b>		
<i>acebutolol hcl oral capsule</i>	Tier-1	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-1	
<i>bisoprolol fumarate oral tablet</i>	Tier-1	
<b>BYSTOLIC ORAL TABLET</b>	Tier-3	
<i>carvedilol oral tablet</i>	Tier-1	
<b>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-1	
<b>LEVATOL ORAL TABLET</b>	Tier-3	
<i>metoprolol succinate er oral tablet extended release 24 hr*</i>	Tier-1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<b>METOPROLOL TARTRATE ORAL TABLET 37.5 MG, 75 MG</b>	Tier-3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier-1	
<i>pindolol oral tablet</i>	Tier-1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>propranolol hcl oral solution</i>	Tier-1	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
<b>SOTYLIZE ORAL SOLUTION</b>	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
<b>*Bile Acid Synthesis Disorder Agents***</b>		
<b>CHOLBAM ORAL CAPSULE</b>	Tier-2	PA
<b>*Biologicals Misc*</b>		
<b>GRASTEK SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	PA; QL (30 EA per 30 days)
<b>RAGWITEK SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	PA; QL (30 EA per 30 days)

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Drug Name	Tier	Notes
<b>*Calcium Channel Blockers*</b>		
<i>amlodipine besylate oral tablet</i>	Tier-1	
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HR* 240 MG	Tier-3	
<i>dilt-cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hr*</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<i>diltzac oral capsule extended release 24 hour</i>	Tier-1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
<i>felodipine er oral tablet extended release 24 hr*</i>	Tier-1	
<i>isradipine oral capsule</i>	Tier-1	
<i>matzim la oral tablet extended release 24 hr*</i>	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-1	
<i>nifediac cc oral tablet extended release 24 hr*</i>	Tier-1	
<i>nifedical xl oral tablet extended release 24 hr*</i>	Tier-1	
<i>nifedipine er oral tablet extended release 24 hr*</i>	Tier-1	
<i>nifedipine er osmotic release oral tablet extended release 24 hr*</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nimodipine oral capsule</i>	Tier-1	
<i>nisoldipine er oral tablet extended release 24 hr*</i>	Tier-1	
<i>taztia xt oral capsule extended release 24 hour</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>verapamil hcl er oral tablet extended release* 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
<b>*Cardiotonics*</b>		
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier-3	
<b>*Cardiovascular Agents - Misc.*</b>		
ADCIRCA ORAL TABLET	Tier-4	PA
ADEMPAS ORAL TABLET	Tier-4	PA
<i>AMLODIPINE-ATORVASTATIN ORAL TABLET</i>	Tier-2	
<b>BIDIL ORAL TABLET</b>	Tier-2	
CAVERJECT INTRACAVERNOSAL * SOLUTION RECONSTITUTED	Tier-3	
CIALIS ORAL TABLET	Tier-3	¥ (For diagnosis of Symptomatic Benign Prostatic Hyperplasia quantity limit of 30 tablets per 30 days); QL (4 EA per 30 Days); Age Limit (Min 18 Years)
EDEX INTRACAVERNOSAL * KIT	Tier-3	
epoprostenol sodium intravenous* solution reconstituted	Medical Benefit	PA; SI
FLOLAN INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
LETAIRIS ORAL TABLET	Tier-4	PA
LEVITRA ORAL TABLET	Tier-3	QL (4 TABLETS per 30 Days); Age Limit (Min 18 Years)
MUSE URETHRAL PELLET	Tier-3	
OPSUMIT ORAL TABLET	Tier-4	PA
ORENITRAM ORAL TABLET EXTENDEDRELEASE*	Tier-4	PA
REMODULIN INJECTION SOLUTION	Medical Benefit	PA; SI
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-4	PA
<i>SILDENAFIL CITRATE ORAL TABLET</i>	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
STAXYN ORAL TABLET DISPERSIBLE	Tier-3	QL (4 TABLETS per 30 Days); Age Limit (Min 18 Years)
STENDRA ORAL TABLET	Tier-3	QL (4 TABLETS per 30 days); Age Limit (Min 18 Years)
TRACLEER ORAL TABLET	Tier-4	PA
TYVASO INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA; SI
VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA; SI
VIAGRA ORAL TABLET	Tier-3	QL (4 TABLETS per 30 Days); Age Limit (Min 18 Years)
<b>*Cephalosporins*</b>		
<i>CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HR*</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-1	
<i>cefaclor oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir oral capsule</i>	Tier-1	
<i>cefdinir oral suspension reconstituted</i>	Tier-1	
<i>cefditoren pivoxil oral tablet</i>	Tier-1	
<i>cefixime oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral tablet</i>	Tier-1	
<i>cefprozil oral suspension reconstituted</i>	Tier-1	
<i>cefprozil oral tablet</i>	Tier-1	
<i>ceftibuten oral capsule</i>	Tier-1	
<i>ceftibuten oral suspension reconstituted</i>	Tier-1	
CEFTIN ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-1	
<i>cephalexin oral tablet</i>	Tier-1	
SUPRAX ORAL CAPSULE	Tier-3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
<b>*Contraceptives*</b>		
<i>amethia lo oral tablet</i>	Tier-1	^ (WH)
<i>amethia oral tablet</i>	Tier-1	^ (WH)
<i>amethyst oral tablet</i>	Tier-1	^ (WH)
<i>apri oral tablet</i>	Tier-1	^ (WH)
<i>aranelle oral tablet</i>	Tier-1	^ (WH)
<i>aviane oral tablet</i>	Tier-1	^ (WH)
<i>azurette oral tablet</i>	Tier-1	^ (WH)
<i>balziva oral tablet</i>	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	^ (WH)
BREVICON (28) ORAL TABLET	Tier-3	^ (WH)
<i>camila oral tablet</i>	Tier-1	^ (WH)
<i>camrese lo oral tablet</i>	Tier-1	^ (WH)
<i>camrese oral tablet</i>	Tier-1	^ (WH)
<i>cryselle-28 oral tablet</i>	Tier-1	^ (WH)
<i>cyclafem 1/35 oral tablet</i>	Tier-1	^ (WH)
<i>cyclafem 7/7/7 oral tablet</i>	Tier-1	^ (WH)
CYCLESSA ORAL TABLET	Tier-3	^ (WH)
DESOGEN ORAL TABLET	Tier-3	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)
<i>enpresse-28 oral tablet</i>	Tier-1	^ (WH)
<i>errin oral tablet</i>	Tier-1	^ (WH)
ESTROSTEP FE ORAL TABLET	Tier-3	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
<i>gianvi oral tablet</i>	Tier-1	^ (WH)
<i>jolessa oral tablet</i>	Tier-1	^ (WH)
<i>jolivette oral tablet</i>	Tier-1	^ (WH)
<i>junel 1.5/30 oral tablet</i>	Tier-1	^ (WH)
<i>junel 1/20 oral tablet</i>	Tier-1	^ (WH)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>junel fe 1.5/30 oral tablet</i>	Tier-1	^ (WH)
<i>junel fe 1/20 oral tablet</i>	Tier-1	^ (WH)
<i>kariva oral tablet</i>	Tier-1	^ (WH)
<i>lessina oral tablet</i>	Tier-1	^ (WH)
<i>levora 0.15/30 (28) oral tablet</i>	Tier-1	^ (WH)
LO LOESTRIN FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1/20 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 24 FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1.5/30 ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1/20 ORAL TABLET	Tier-3	^ (WH)
LOSEASONIQUE ORAL TABLET	Tier-3	^ (WH)
<i>low-ogestrel oral tablet</i>	Tier-1	^ (WH)
<i>lutra oral tablet</i>	Tier-1	^ (WH)
<i>microgestin 1.5/30 oral tablet</i>	Tier-1	^ (WH)
<i>microgestin 1/20 oral tablet</i>	Tier-1	^ (WH)
<i>microgestin fe 1.5/30 oral tablet</i>	Tier-1	^ (WH)
<i>microgestin fe 1/20 oral tablet</i>	Tier-1	^ (WH)
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
MIRCETTE ORAL TABLET	Tier-3	^ (WH)
<i>mononessa oral tablet</i>	Tier-1	^ (WH)
NATAZIA ORAL TABLET	Tier-3	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
<i>necon 1/35 (28) oral tablet</i>	Tier-1	^ (WH)
<i>necon 1/50 (28) oral tablet</i>	Tier-1	^ (WH)
<b>NECON 10/11 (28) ORAL TABLET</b>	Tier-2	^ (WH)
<i>necon 7/7/7 oral tablet</i>	Tier-1	^ (WH)
<i>next choice one dose oral tablet</i>	Tier-1	^ (WH)
<i>next choice oral tablet</i>	Tier-1	^ (WH)
<i>nora-be oral tablet</i>	Tier-1	^ (WH)
NORDETTE (28) ORAL TABLET	Tier-3	^ (WH)
NORINYL 1+35 (28) ORAL TABLET	Tier-3	^ (WH)
NOR-QD ORAL TABLET	Tier-3	^ (WH)
<i>nortrel 1/35 (21) oral tablet</i>	Tier-1	^ (WH)
<i>nortrel 1/35 (28) oral tablet</i>	Tier-1	^ (WH)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>nortrel 7/7/7 oral tablet</i>	Tier-1	^ (WH)
<b>NUVARING VAGINAL RING</b>	Tier-2	^ (WH)
<i>ocella oral tablet</i>	Tier-1	^ (WH)
<i>ogestrel oral tablet</i>	Tier-1	^ (WH)
<i>orsythia oral tablet</i>	Tier-1	^ (WH)
<b>ORTHO EVRA TRANSDERMAL PATCH WEEKLY</b>	Tier-3	^ (WH)
<b>ORTHO MICRONOR ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO TRI-CYCLEN (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO TRI-CYCLEN LO ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO-CEPT (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO-CYCLEN (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO-NOVUM 1/35 (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>ORTHO-NOVUM 7/7/7 (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>OVCON-35 (28) ORAL TABLET</b>	Tier-3	^ (WH)
<b>PLAN B ONE-STEP ORAL TABLET</b>	Tier-3	^ (WH)
<i>portia-28 oral tablet</i>	Tier-1	^ (WH)
<i>previfem oral tablet</i>	Tier-1	^ (WH)
<b>QUARTETTE ORAL TABLET</b>	Tier-3	^ (WH)
<i>quasense oral tablet</i>	Tier-1	^ (WH)
<i>reclipsen oral tablet</i>	Tier-1	^ (WH)
<b>SAFYRAL ORAL TABLET</b>	Tier-3	^ (WH)
<b>SEASONIQUE ORAL TABLET</b>	Tier-3	^ (WH)
<i>sprintec 28 oral tablet</i>	Tier-1	^ (WH)
<i>tilia fe oral tablet</i>	Tier-1	^ (WH)
<i>tri-estarylla oral tablet</i>	Tier-1	^ (WH)
<i>tri-legest fe oral tablet</i>	Tier-1	^ (WH)
<i>trinessa (28) oral tablet</i>	Tier-1	^ (WH)
<b>TRI-NORINYL (28) ORAL TABLET</b>	Tier-3	^ (WH)
<i>tri-previfem oral tablet</i>	Tier-1	^ (WH)
<i>tri-sprintec oral tablet</i>	Tier-1	^ (WH)
<i>trivora (28) oral tablet</i>	Tier-1	^ (WH)
<i>velivet oral tablet</i>	Tier-1	^ (WH)
<b>YASMIN 28 ORAL TABLET</b>	Tier-3	^ (WH)
<b>YAZ ORAL TABLET</b>	Tier-3	^ (WH)
<i>zovia 1/35e (28) oral tablet</i>	Tier-1	^ (WH)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>zovia 1/50e (28) oral tablet</i>	Tier-1	^ (WH)
<b>*Corticosteroids*</b>		
<i>baycadron oral elixir</i>	Tier-1	
<i>budesonide er oral capsule extended release 24 hour</i>	Tier-1	
<i>cortisone acetate oral tablet</i>	Tier-1	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	
DEXPAK 10 DAY ORAL TABLET	Tier-3	
DEXPAK 13 DAY ORAL TABLET	Tier-3	
DEXPAK 6 DAY ORAL TABLET	Tier-3	
<i>fludrocortisone acetate oral tablet</i>	Tier-1	
<i>hydrocortisone oral tablet</i>	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
<i>methylprednisolone (pak) oral tablet</i>	Tier-1	
<i>methylprednisolone oral tablet</i>	Tier-1	
MILLIPRED ORAL SOLUTION	Tier-3	
MILLIPRED ORAL TABLET	Tier-3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	Tier-1	
<i>prednisone (pak) oral tablet</i>	Tier-1	
PREDNISON INTENSOL ORAL CONCENTRATE	Tier-3	
<i>prednisone oral solution</i>	Tier-1	
<i>prednisone oral tablet</i>	Tier-1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
VERIPRED 20 ORAL SOLUTION	Tier-3	
<b>*Cough/Cold/Allergy*</b>		
<i>acetylcysteine inhalation solution</i>	Tier-1	
<i>benzonatate oral capsule</i>	Tier-1	
<i>bromfed dm oral syrup</i>	Tier-1	
<i>cheratussin ac oral syrup</i>	Tier-1	
<i>cheratussin dac oral solution</i>	Tier-1	
<i>guaifatussin ac oral syrup</i>	Tier-1	
<i>guaifenesin ac oral syrup</i>	Tier-1	
<i>guaifenesin dac oral solution</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>guaifenesin-codeine oral solution</i>	Tier-1	
<i>guaifenesin-codeine oral syrup</i>	Tier-1	
<i>hydrocod polst-cpm polst er oral liquid extendedrelease*</i>	Tier-1	
<i>hydrocodone-homatropine oral syrup</i>	Tier-1	
<i>hydrocodone-homatropine oral tablet</i>	Tier-1	
<i>hydromet oral syrup</i>	Tier-1	
<i>iophen c-nr oral liquid†</i>	Tier-1	
<i>mytussin dac oral solution</i>	Tier-1	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %</b>	Tier-2	
<i>promethazine-dm oral syrup</i>	Tier-1	
SEMPREX-D ORAL CAPSULE	Tier-3	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
VITUZ ORAL SOLUTION	Tier-3	
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
IBRANCE ORAL CAPSULE	Tier-4	PA; ^ (CM)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
ORKAMBI ORAL TABLET 200-125 MG	Tier-2	PA; QL (112 EA per 28 days)
<b>*Dermatologicals*</b>		
8-MOP ORAL CAPSULE	Tier-3	
<i>acitretin oral capsule</i>	Tier-1	
<i>acticin external cream</i>	Tier-1	
<i>acyclovir external ointment</i>	Tier-1	QL (1 TUBE per 30 Days)
<i>adapalene external cream</i>	Tier-1	PA
<i>adapalene external gel</i>	Tier-1	PA
<i>adapalene external lotion</i>	Tier-1	PA
AKNE-MYCIN EXTERNAL OINTMENT	Tier-3	
<i>ala cort external cream</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-1	
<i>alclometasone dipropionate external ointment</i>	Tier-1	
ALTABAX EXTERNAL OINTMENT	Tier-3	
<i>amcinonide external cream</i>	Tier-1	
<i>amcinonide external lotion</i>	Tier-1	
AMCINONIDE EXTERNAL OINTMENT	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ammonium lactate external cream</i>	Tier-1	
<i>ammonium lactate external lotion</i>	Tier-1	
<i>amnesteem oral capsule</i>	Tier-1	
APEXICON E EXTERNAL CREAM	Tier-3	
APEXICON EXTERNAL OINTMENT	Tier-3	
<i>avita external cream</i>	Tier-1	PA
<i>avita external gel</i>	Tier-1	PA
AZELEX EXTERNAL CREAM	Tier-3	
<i>bacitracin external ointment</i>	Tier-1	
<i>bacitracin zinc external ointment</i>	Tier-1	
<i>bacitracin-polymyxin b external ointment</i>	Tier-1	
<i>bacitraycin plus external ointment 500 unit/gm</i>	Tier-1	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external cream</i>	Tier-1	
<i>betamethasone dipropionate aug external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external lotion</i>	Tier-1	
<i>betamethasone dipropionate aug external ointment</i>	Tier-1	
<i>betamethasone dipropionate external cream</i>	Tier-1	
<i>betamethasone dipropionate external lotion</i>	Tier-1	
<i>betamethasone dipropionate external ointment</i>	Tier-1	
<i>betamethasone valerate external cream</i>	Tier-1	
<i>betamethasone valerate external foam</i>	Tier-1	
<i>betamethasone valerate external lotion</i>	Tier-1	
<i>betamethasone valerate external ointment</i>	Tier-1	
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	Tier-3	
BIONECT EXTERNAL SOLUTION	Tier-3	
<i>calcipotriene external cream</i>	Tier-1	
<i>calcipotriene external ointment</i>	Tier-1	
<i>calcipotriene external solution</i>	Tier-1	
<b>CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL OINTMENT</b>	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
<i>CALCITRIOL EXTERNAL OINTMENT</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ciclodan external cream</i>	Tier-1	
<i>ciclopirox external gel</i>	Tier-1	
<i>ciclopirox external shampoo</i>	Tier-1	
<i>ciclopirox external solution</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>ciclopirox olamine external cream</i>	Tier-1	
<i>ciclopirox olamine external suspension</i>	Tier-1	
<i>ciclopirox treatment external kit</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>claravis oral capsule</i>	Tier-1	
<b>CLINDACIN-P EXTERNAL SWAB</b>	Tier-3	
<b>CLINDAGEL EXTERNAL GEL</b>	Tier-3	
<i>clindamax external gel</i>	Tier-1	
<i>clindamax external lotion</i>	Tier-1	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier-1	
<i>clindamycin phosphate external foam</i>	Tier-1	
<i>clindamycin phosphate external gel</i>	Tier-1	
<i>clindamycin phosphate external lotion</i>	Tier-1	
<i>clindamycin phosphate external solution</i>	Tier-1	
<b>CLINDAMYCIN-TRETINOIN EXTERNAL GEL</b>	Tier-2	
<i>clobetasol propionate emulsion external foam</i>	Tier-1	
<i>clobetasol propionate external foam</i>	Tier-1	
<i>clobetasol propionate external gel</i>	Tier-1	
<b>CLOBETASOL PROPIONATE EXTERNAL LIQUID†</b>	Tier-2	
<i>clobetasol propionate external lotion</i>	Tier-1	
<i>clobetasol propionate external ointment</i>	Tier-1	
<i>clobetasol propionate external shampoo</i>	Tier-1	
<i>clobetasol propionate external solution</i>	Tier-1	
<i>clocortolone pivalate external cream</i>	Tier-1	
<i>clocortolone pivalate pump external cream</i>	Tier-1	
<i>clotrimazole-betamethasone external cream</i>	Tier-1	
<i>clotrimazole-betamethasone external lotion</i>	Tier-1	
<b>CONDYLOX EXTERNAL GEL</b>	Tier-3	
<b>CORDRAN EXTERNAL TAPE</b>	Tier-3	
<b>CORTISPORIN EXTERNAL CREAM</b>	Tier-3	
<b>CORTISPORIN EXTERNAL OINTMENT</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML	Tier-4	PA; QL (2 Syringes per 28 days)
COSENTYX SUBCUTANEOUS*	Tier-4	PA; QL (1 Syringe per 28 days)
DENAVIR EXTERNAL CREAM	Tier-3	
<i>desonide external lotion</i>	Tier-1	
<i>desonide external ointment</i>	Tier-1	
<i>desoximetasone external cream</i>	Tier-1	
<i>desoximetasone external gel</i>	Tier-1	
<i>desoximetasone external ointment</i>	Tier-1	
<b>DICLOFENAC SODIUM TRANSDERMAL GEL 1 %</b>	Tier-2	QL (2 Tubes per 1 Fill)
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-1	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-1	QL (1 Bottle per 30 days)
<i>diflorasone diacetate external cream</i>	Tier-1	
<i>diflorasone diacetate external ointment</i>	Tier-1	
<b>DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE</b>	Tier-2	
<i>econazole nitrate external cream</i>	Tier-1	
ELETONE EXTERNAL CREAM	Tier-3	
ELIDEL EXTERNAL CREAM	Tier-3	STPA
ERTACZO EXTERNAL CREAM	Tier-3	
<i>ery external pad</i>	Tier-1	
<i>erythromycin external gel</i>	Tier-1	
<i>erythromycin external pad</i>	Tier-1	
<i>erythromycin external solution</i>	Tier-1	
<b>EURAX EXTERNAL CREAM</b>	Tier-2	
<b>EURAX EXTERNAL LOTION</b>	Tier-2	
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
<b>FINACEA EXTERNAL FOAM</b>	Tier-2	
<b>FINACEA EXTERNAL GEL</b>	Tier-2	
<i>fluocinolone acetonide external cream</i>	Tier-1	
<i>fluocinolone acetonide external ointment</i>	Tier-1	
<i>fluocinonide external cream 0.05 %</i>	Tier-1	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier-1	QL (240 GM per 30 days)
<i>fluocinonide external gel</i>	Tier-1	QL (60 GM per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>fluocinonide external ointment</i>	Tier-1	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier-1	QL (60 ML per 30 days)
<b>FLUROPLEX EXTERNAL CREAM</b>	Tier-2	
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
<b>FLURANDRENOLIDE EXTERNAL CREAM</b>	Tier-2	
<b>FLURANDRENOLIDE EXTERNAL LOTION</b>	Tier-2	
<i>fluticasone propionate external cream</i>	Tier-1	
<i>fluticasone propionate external lotion</i>	Tier-1	
<i>fluticasone propionate external ointment</i>	Tier-1	
<i>gentamicin sulfate external cream</i>	Tier-1	
<i>gentamicin sulfate external ointment</i>	Tier-1	
<i>halobetasol propionate external cream</i>	Tier-1	
<i>halobetasol propionate external ointment</i>	Tier-1	
<b>HALOG EXTERNAL CREAM</b>	Tier-3	
<b>HALOG EXTERNAL OINTMENT</b>	Tier-3	
<i>hydrocortisone butyr lipo base external cream</i>	Tier-1	
<i>hydrocortisone butyrate external cream</i>	Tier-1	
<i>hydrocortisone butyrate external ointment</i>	Tier-1	
<i>hydrocortisone butyrate external solution</i>	Tier-1	
<i>hydrocortisone external cream 2.5 %</i>	Tier-1	
<i>hydrocortisone external lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone external ointment 2.5 %</i>	Tier-1	
<i>hydrocortisone valerate external cream</i>	Tier-1	
<i>hydrocortisone valerate external ointment</i>	Tier-1	
<i>imiquimod external cream</i>	Tier-1	
<b>KERALYT EXTERNAL GEL 3 %</b>	Tier-3	
<i>ketoconazole external cream</i>	Tier-1	
<i>ketoconazole external foam</i>	Tier-1	
<i>ketoconazole external shampoo</i>	Tier-1	
<i>laclotion external lotion</i>	Tier-1	
<i>lavoclen-4 acne wash external kit</i>	Tier-1	
<i>lavoclen-8 acne wash external kit</i>	Tier-1	
<i>lidocaine external ointment</i>	Tier-1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier-1	PA; QL (30 PATCHES per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>lidocaine hcl external gel 2 %</i>	Tier-1	
<i>lidocaine-prilocaine external cream</i>	Tier-1	
<i>lidocaine-prilocaine external kit</i>	Tier-1	
LIDOVIR EXTERNAL OINTMENT	Tier-3	QL (1 KIT per 30 Days)
<i>lindane external lotion</i>	Tier-1	
<i>lindane external shampoo</i>	Tier-1	
LOCOID EXTERNAL LOTION	Tier-3	
<i>malathion external lotion</i>	Tier-1	
MENTAX EXTERNAL CREAM	Tier-3	
<i>methoxsalen rapid oral capsule</i>	Tier-1	
<i>metronidazole external cream</i>	Tier-1	
<i>metronidazole external gel</i>	Tier-1	
<i>metronidazole external lotion</i>	Tier-1	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-1	
<i>mupirocin external ointment</i>	Tier-1	
<i>naftifine hcl external cream</i>	Tier-1	
NAFTIN EXTERNAL GEL	Tier-3	
NATROBA EXTERNAL SUSPENSION	Tier-3	
NORITATE EXTERNAL CREAM	Tier-3	
NUCORT EXTERNAL LOTION	Tier-3	
<i>nystatin external cream</i>	Tier-1	
<i>nystatin external ointment</i>	Tier-1	
<i>nystatin external powder 100000 unit/gm</i>	Tier-1	
<i>nystatin-triamcinolone external cream</i>	Tier-1	
<i>nystatin-triamcinolone external ointment</i>	Tier-1	
<i>nystop external powder</i>	Tier-1	
OPTASE EXTERNAL GEL	Tier-3	
<i>oxiconazole nitrate external cream</i>	Tier-1	
<b>OXISTAT EXTERNAL LOTION</b>	Tier-2	
<b>OXSORALEN EXTERNAL LOTION</b>	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	
PANRETIN EXTERNAL GEL	Tier-3	
<i>permethrin external cream</i>	Tier-1	
PICATO EXTERNAL GEL 0.015 %	Tier-3	QL (1 CARTON per 3 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PICATO EXTERNAL GEL 0.05 %	Tier-3	QL (1 CARTON per 2 Days)
<i>podofilox external solution</i>	Tier-1	
PRAMOSONE E EXTERNAL CREAM	Tier-3	
<i>prednicarbate external cream</i>	Tier-1	
<i>prednicarbate external ointment</i>	Tier-1	
PRUDOXIN EXTERNAL CREAM	Tier-3	
<i>refissa external cream</i>	Tier-1	PA
<b>REGRANEX EXTERNAL GEL</b>	Tier-2	
<i>rosadan external cream</i>	Tier-1	
<i>rosadan external gel</i>	Tier-1	
<i>salacyn external cream</i>	Tier-1	
<i>salacyn external lotion</i>	Tier-1	
<i>salicylic acid external foam</i>	Tier-1	
<i>salicylic acid external liquid† 27.5 %</i>	Tier-1	
SANTYL EXTERNAL OINTMENT	Tier-3	
<i>se bpo wash external liquid†</i>	Tier-1	
<i>selenium sulfide external lotion</i>	Tier-1	
<i>silver sulfadiazine external cream</i>	Tier-1	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier-3	
SKLICE EXTERNAL LOTION	Tier-3	QL (1 Bottle per 1 Fill)
SOOLANTRA EXTERNAL CREAM	Tier-3	
<i>spinosad external suspension</i>	Tier-1	QL (1 Bottle per 1 Fill)
<i>ssd external cream</i>	Tier-1	
STELARA SUBCUTANEOUS* 45 MG/0.5ML	Tier-4	PA; QL (1 Syringe per 84 days)
STELARA SUBCUTANEOUS* 90 MG/ML	Tier-4	PA; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
SULFAMYLLON EXTERNAL CREAM	Tier-3	
<i>TACROLIMUS EXTERNAL OINTMENT</i>	Tier-2	STPA
TALTZ SUBCUTANEOUS*	Tier-4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TARGRETIN EXTERNAL GEL	Tier-4	
<b>TAZORAC EXTERNAL CREAM</b>	Tier-2	PA
<b>TAZORAC EXTERNAL GEL</b>	Tier-2	PA
<i>thermazene external cream</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>tretinoin external cream</i>	Tier-1	PA
<i>tretinoin external gel</i>	Tier-1	PA
<i>tretinoin microsphere external gel</i>	Tier-1	PA
<i>tretinoin microsphere pump external gel</i>	Tier-1	PA
TRETIN-X EXTERNAL CREAM 0.0375 %	Tier-3	PA
TRETIN-X EXTERNAL KIT	Tier-3	PA
<i>triamcinolone acetonide external aerosol, solution</i>	Tier-1	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	Tier-1	
<i>triamcinolone acetonide external lotion</i>	Tier-1	
<i>triamcinolone acetonide external ointment</i>	Tier-1	
ULESFIA EXTERNAL LOTION	Tier-3	QL (6 Bottles per 7 Days)
UREA EXTERNAL CREAM 10 %, 20 %, 39 %, 40 %, 45 %, 50 %	Tier-2	
UREA EXTERNAL GEL	Tier-2	
<b>VALCHLOR EXTERNAL GEL</b>	Tier-2	PA
XCLAIR EXTERNAL CREAM	Tier-3	
ZONALON EXTERNAL CREAM	Tier-3	
ZOVIRAX EXTERNAL CREAM	Tier-3	QL (1 TUBE per 30 Days)
ZYCLARA EXTERNAL CREAM	Tier-3	QL (1 BOX per 30 Days)
ZYCLARA PUMP EXTERNAL CREAM	Tier-3	QL (1 BOTTLE per 30 Days)
<b>*Diagnostic Products*</b>		
<b>ONETOUCH TEST IN VITRO STRIP</b>	Tier-2	
<b>ONETOUCH ULTRA BLUE IN VITRO STRIP</b>	Tier-2	
<b>ONETOUCH VERIO IN VITRO STRIP</b>	Tier-2	
<b>*Dietary Products/Dietary Management Products*</b>		
DEPLIN 15 ORAL CAPSULE	Tier-3	
DEPLIN 7.5 ORAL CAPSULE	Tier-3	
DEPLIN ORAL TABLET	Tier-3	
<i>L-METHYLFOLATE ORAL TABLET</i>	Tier-3	
<b>*Digestive Aids*</b>		
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier-3	
<i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</i>	Tier-1	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
VIOKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
<b>*Direct-Acting P2y12 Inhibitors***</b>		
BRILINTA ORAL TABLET	Tier-3	
<b>*Diuretics*</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	
<i>acetazolamide oral tablet</i>	Tier-1	
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-1	
<i>chlorothiazide oral tablet</i>	Tier-1	
<i>chlorthalidone oral tablet</i>	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	
DYRENIUM ORAL CAPSULE	Tier-3	
<i>ETHACRYNIC ACID ORAL TABLET</i>	Tier-2	
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i>	Tier-1	
<i>FUROSEMIDE ORAL SOLUTION 8 MG/ML</i>	Tier-3	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide oral capsule</i>	Tier-1	
<i>hydrochlorothiazide oral tablet</i>	Tier-1	
<i>indapamide oral tablet</i>	Tier-1	
KEVEYIS ORAL TABLET	Tier-3	PA
<i>methazolamide oral tablet</i>	Tier-1	
<i>methyclothiazide oral tablet</i>	Tier-1	
<i>metolazone oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>spironolactone oral tablet</i>	Tier-1	
<i>spironolactone-hctz oral tablet</i>	Tier-1	
<i>toremide oral tablet</i>	Tier-1	
<i>triamterene-hctz oral capsule</i>	Tier-1	
<i>triamterene-hctz oral tablet</i>	Tier-1	
<b>*Endocrine And Metabolic Agents - Misc.*</b>		
<b>ACTHAR HP INJECTION GEL</b>	Tier-2	
ALDURAZYME INTRAVENOUS* SOLUTION	Medical Benefit	SI
<i>alendronate sodium oral tablet</i>	Tier-1	
<b>BUPHENYL ORAL TABLET</b>	Tier-3	
<i>cabergoline oral tablet</i>	Tier-1	
<i>calcitonin (salmon) nasal solution</i>	Tier-1	
<i>calcitriol oral capsule</i>	Tier-1	
<i>calcitriol oral solution</i>	Tier-1	
<b>CARBAGLU ORAL TABLET</b>	Tier-2	PA
Cetrotide SUBCUTANEOUS* KIT	Coinsurance	PA
Chorionic Gonadotropin INTRAMUSCULAR* SOLUTION RECONSTITUTED	Coinsurance	
<i>clomiphene citrate oral tablet</i>	Tier-1	
<b>CYSTADANE ORAL POWDER</b>	Tier-3	
<i>desmopressin ace spray refrig nasal solution</i>	Tier-1	
<i>desmopressin acetate oral tablet</i>	Tier-1	
<i>doxercalciferol oral capsule</i>	Tier-1	
EGRIFTA SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-4	PA
ELAPRASE INTRAVENOUS* SOLUTION	Medical Benefit	SI
<i>etidronate disodium oral tablet</i>	Tier-1	
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
Follistim AQ INJECTION SOLUTION	Coinsurance	PA
Follistim AQ SUBCUTANEOUS* SOLUTION	Coinsurance	PA
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	Tier-4	PA
FORTICAL NASAL SOLUTION	Tier-3	
Ganirelix Acetate SUBCUTANEOUS* SOLUTION	Coinsurance	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Gonal-f INJECTION SOLUTION RECONSTITUTED	Coinsurance	PA
Gonal-f RFF Pen SUBCUTANEOUS* SOLUTION	Coinsurance	PA
Gonal-f RFF SUBCUTANEOUS* SOLUTION RECONSTITUTED	Coinsurance	PA
<b>HP ACTHAR INJECTION GEL</b>	Tier-2	
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS* SOLUTION	Tier-4	PA
KUVAN ORAL PACKET	Tier-4	PA
KUVAN ORAL TABLET SOLUBLE	Tier-4	PA
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
LUMIZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	SI
Menopur SUBCUTANEOUS* SOLUTION RECONSTITUTED	Coinsurance	PA
<b>MIACALCIN INJECTION SOLUTION</b>	Tier-2	
MYOZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	SI
NAGLAZYME INTRAVENOUS* SOLUTION	Medical Benefit	SI
NATPARA SUBCUTANEOUS*	Tier-4	PA; QL (2 Cartridges per 28 days)
NORDITROPIN FLEXP SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier-4	PA
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS* SOLUTION 30 MG/3ML	Tier-4	PA
Novarel INTRAMUSCULAR* SOLUTION RECONSTITUTED	Coinsurance	PA
ORFADIN ORAL CAPSULE	Tier-4	PA
ORFADIN ORAL SUSPENSION	Tier-4	PA
OSPHENA ORAL TABLET	Tier-3	
Ovidrel SUBCUTANEOUS* INJECTABLE	Coinsurance	
<i>paricalcitol oral capsule</i>	Tier-1	
Pregnyl INTRAMUSCULAR* SOLUTION RECONSTITUTED	Coinsurance	PA
PROLIA SUBCUTANEOUS* SOLUTION	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID†	Tier-3	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>RISEDRONATE SODIUM ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG</i>	Tier-2	
<i>RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-2	
SAMSCA ORAL TABLET	Tier-3	QL (14 TABLETS per 7 Days)
<b>SENSIPAR ORAL TABLET</b>	Tier-2	
SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-4	PA
SIGNIFOR LAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS* SOLUTION	Tier-4	PA; QL (60 Ampules per 30 Days)
<b>SKELID ORAL TABLET</b>	Tier-2	
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	Tier-3	PA
<b>SYNAREL NASAL SOLUTION</b>	Tier-2	
XGEVA SUBCUTANEOUS* SOLUTION	Medical Benefit	PA
ZORBTIVE SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-4	PA
<b>*Estrogens*</b>		
ALORA TRANSDERMAL PATCH BIWEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CENESTIN ORAL TABLET	Tier-3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier-3	
COMBIPATCH TRANSDERMAL PATCH BIWEEKLY	Tier-3	
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
ENJUVIA ORAL TABLET	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	
<i>ESTRADIOL TRANSDERMAL PATCH BIWEEKLY</i>	Tier-2	
<i>estradiol transdermal patch weekly</i>	Tier-1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-1	
ESTRASORB TRANSDERMAL EMULSION	Tier-3	
ESTROGEL TRANSDERMAL GEL	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>estropipate oral tablet</i>	Tier-1	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	QL (1 Bottle per 1 Fill)
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-3	
<i>jevantique oral tablet</i>	Tier-1	
<i>jinteli oral tablet</i>	Tier-1	
MENEST ORAL TABLET	Tier-3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	
<i>mimvey oral tablet</i>	Tier-1	
MINIVELLE TRANSDERMAL PATCH BIWEEKLY	Tier-3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier-1	
<b>PREFEST ORAL TABLET</b>	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-3	
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>		
DUAVEE ORAL TABLET	Tier-3	
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>		
OICALIVA ORAL TABLET	Tier-4	PA; QL (30 Tablets per 30 days)
<b>*Fluoroquinolones*</b>		
<i>ciprofloxacin hcl oral tablet</i>	Tier-1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr*</i>	Tier-1	
<i>levofloxacin oral solution</i>	Tier-1	
<i>levofloxacin oral tablet</i>	Tier-1	
<b>MOXIFLOXACIN HCL ORAL TABLET</b>	Tier-2	
NOROXIN ORAL TABLET	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-1	
<b>*Gastrointestinal Agents - Misc.*</b>		
<i>alosetron hcl oral tablet</i>	Tier-1	
AMITIZA ORAL CAPSULE	Tier-3	
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ASACOL HD ORAL TABLET DELAYED RELEASE</b>	Tier-2	
AURYXIA ORAL TABLET	Tier-3	
<i>balsalazide disodium oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-1	
<b>CANASA SUPPOSITORY</b>	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS* KIT	Tier-4	PA; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS* KIT	Tier-4	PA; QL (2 Injections per 28 Days)
CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG	Tier-4	PA; QL (2 Injections per 28 days)
<i>cromolyn sodium oral concentrate</i>	Tier-1	
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>	Tier-2	
<b>DIPENTUM ORAL CAPSULE</b>	Tier-2	
<i>enulose oral solution</i>	Tier-1	
<b>FOSRENOL ORAL PACKET</b>	Tier-2	
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	Tier-2	
GATTEX SUBCUTANEOUS* KIT	Tier-4	PA; QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
<b>LIALDA ORAL TABLET DELAYED RELEASE</b>	Tier-2	
LINZESS ORAL CAPSULE	Tier-3	QL (30 CAPSULES per 30 Days)
<i>MESALAMINE ORAL TABLET DELAYED RELEASE</i>	Tier-2	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier-1	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG</i>	Tier-3	QL (120 EA per 30 days)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier-1	QL (120 EA per 30 days)
MOVANTIK ORAL TABLET	Tier-3	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE*</b>	Tier-2	
<b>PHOSLYRA ORAL SOLUTION</b>	Tier-2	
<b>RELISTOR ORAL TABLET</b>	Tier-2	
<b>RELISTOR SUBCUTANEOUS* KIT</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	Tier-2	
REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>RENAGEL ORAL TABLET</b>	Tier-2	
<b>REVELA ORAL PACKET</b>	Tier-2	
<b>REVELA ORAL TABLET</b>	Tier-2	
<b>SFROWASA ENEMA</b>	Tier-2	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	
<i>sulfazine oral tablet</i>	Tier-1	
<i>ursodiol oral capsule</i>	Tier-1	
<i>ursodiol oral tablet</i>	Tier-1	
<b>VELPHORO ORAL TABLET CHEWABLE</b>	Tier-3	
<b>*Genitourinary Agents - Miscellaneous*</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hr*</i>	Tier-1	
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-3	
<b>CYSTAGON ORAL CAPSULE</b>	Tier-3	
<b>DUTASTERIDE ORAL CAPSULE</b>	Tier-2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
<b>ELMIRON ORAL CAPSULE</b>	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-1	
<i>potassium citrate er oral tablet extendedrelease* 10 meq (1080 mg), 5 meq (540 mg)</i>	Tier-1	
<i>tamsulosin hcl oral capsule</i>	Tier-1	
<b>*Gout Agents*</b>		
<i>allopurinol oral tablet</i>	Tier-1	
<b>COLCHICINE ORAL CAPSULE</b>	Tier-2	
<i>colchicine oral tablet</i>	Tier-1	QL (180 EA per 90 days)
<i>colchicine-probenecid oral tablet</i>	Tier-1	
<b>KRYSTEXXA INTRAVENOUS* SOLUTION</b>	Medical Benefit	PA
<i>probenecid oral tablet</i>	Tier-1	
<b>ULORIC ORAL TABLET</b>	Tier-3	STPA
<b>ZURAMPIC ORAL TABLET</b>	Tier-3	PA

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Drug Name	Tier	Notes
<b>*Hematological Agents - Misc.*</b>		
adynovate intravenous* solution reconstituted	Medical Benefit	PA; SI
AFSTYLA INTRAVENOUS* KIT	Medical Benefit	PA; SI
ALPROLIX INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA; SI
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</i>	Tier-2	
BERINERT INTRAVENOUS* KIT	Medical Benefit	SI
<i>cilostazol oral tablet</i>	Tier-1	
CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
COAGADEX INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>dipyridamole oral tablet</i>	Tier-1	
EFFIENT ORAL TABLET	Tier-3	
FIRAZYR SUBCUTANEOUS* SOLUTION	Tier-4	PA; QL (3 ML per 1 Fill)
IDELVION INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NOVOEIGHT INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS* KIT	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
obizur intravenous* solution reconstituted	Medical Benefit	PA; SI
<i>pentoxifylline er oral tablet extended release*</i>	Tier-1	
RUCONEST INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	SI
SOLIRIS INTRAVENOUS* SOLUTION	Medical Benefit	PA
<i>ticlopidine hcl oral tablet</i>	Tier-1	
TRETTEN INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
VONVENDI INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Hematopoietic Agents*</b>		
ARANESP (ALBUMIN FREE) INJECTION	Tier-4	QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-4	QL (4 ML per 30 days)
<b>CERDELGA ORAL CAPSULE</b>	Tier-2	PA; QL (28 EA per 28 days)
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>cyanocobalamin injection solution</i>	Tier-1	
<b>DROXIA ORAL CAPSULE</b>	Tier-2	^ (CM)
ELELYSO INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-4	QL (10 vials per 14 Days)
FERIVA ORAL CAPSULE	Tier-3	
FERRALET 90 ORAL TABLET	Tier-3	
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS*	Tier-4	QL (10 Syringes per 14 Days)
INTEGRA F ORAL CAPSULE	Tier-3	
INTEGRA PLUS ORAL CAPSULE	Tier-3	
IROSPAN 24/6 ORAL	Tier-3	
LEUKINE INJECTION SOLUTION	Tier-4	QL (6 vials per 14 Days)
MAXARON FORTE ORAL CAPSULE	Tier-3	
MAXARON FORTE ORAL TABLET	Tier-3	
<b>MIRCERA INJECTION</b>	Tier-2	QL (2 Syringes per 28 days)
<b>NASCOBAL NASAL SOLUTION</b>	Tier-2	
NEULASTA DELIVERY KIT SUBCUTANEOUS*	Tier-4	QL (1 Syringe per 14 days)
NEULASTA SUBCUTANEOUS*	Tier-4	QL (1 Syringe per 14 days)
NEUPOGEN INJECTION	Tier-4	QL (10 Syringes per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-4	QL (10 VIALS per 14 Days)
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Tier-3	
NPLATE SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PROCRIPT INJECTION SOLUTION	Tier-4	QL (10 vials per 14 Days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	Tier-4	PA; QL (30 EA per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier-4	PA; QL (60 EA per 30 days)
VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ZARXIO INJECTION	Tier-4	QL (10 Syringes per 14 days)
ZAVESCA ORAL CAPSULE	Tier-4	PA
<b>*Hemostatics*</b>		
AMICAR ORAL SOLUTION	Tier-3	
AMICAR ORAL SYRUP	Tier-3	
AMICAR ORAL TABLET	Tier-3	
<i>aminocaproic acid oral tablet</i>	Tier-1	
<i>tranexamic acid oral tablet</i>	Tier-1	QL (30 TABLETS per 28 Days)
<b>*Hepatitis C Agent - Combinations***</b>		
VIEKIRA PAK ORAL	Tier-4	PA; # (genotype 1)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-4	PA; # (genotype 1)
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>		
XURIDEN ORAL PACKET	Tier-2	QL (120 Packets per 30 days)
<b>*Hypnotics*</b>		
<i>chloral hydrate oral syrup</i>	Tier-1	
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-1	QL (10 TABLETS per 30 days)
HETLIOZ ORAL CAPSULE	Tier-4	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier-1	
<i>phenobarbital oral solution</i>	Tier-1	
<i>phenobarbital oral tablet</i>	Tier-1	
ROZEREM ORAL TABLET	Tier-3	STPA; QL (10 TABLETS per 30 Days)
<i>temazepam oral capsule</i>	Tier-1	
<i>triazolam oral tablet</i>	Tier-1	
<i>zaleplon oral capsule</i>	Tier-1	QL (10 CAPSULES per 30 Days)
<i>zolpidem tartrate er oral tablet extendedrelease*</i>	Tier-1	STPA; QL (10 TABLETS per 30 Days)
<i>zolpidem tartrate oral tablet</i>	Tier-1	QL (10 TABLETS per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ZOLPIDEM TARTRATE SUBLINGUAL TABLET SUBLINGUAL	Tier-2	STPA; QL (10 TABLETS per 30 days)
ZOLPIMIST ORAL SOLUTION	Tier-3	STPA; QL (1 Unit per 30 Days)
<b>*Hypophosphatasia (Hpp) Agents***</b>		
STRENSIQ SUBCUTANEOUS* SOLUTION	Tier-2	PA; QL (24 Vials per 28 days)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>		
VIBERZI ORAL TABLET	Tier-3	
<b>*Integrin Receptor Antagonists***</b>		
ENTYVIO INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>*Interleukin Antagonists***</b>		
STELARA INTRAVENOUS* SOLUTION	Medical Benefit	PA
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>		
NUCALA SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>		
CINQAIR INTRAVENOUS* SOLUTION	Medical Benefit	PA
<b>*Interleukin-6 (Il-6) Antagonists***</b>		
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>*Laxatives*</b>		
<i>constulose oral solution</i>	Tier-1	
<i>gavilyte-c oral solution reconstituted</i>	Tier-1	^ (ACA)
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED</b>	Tier-2	
<b>HALFLYTELY WITH FLAVOR PACKS ORAL KIT</b>	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral solution</i>	Tier-1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	^ (ACA)
OSMOPREP ORAL TABLET	Tier-3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier-1	^ (ACA)
PREPOPIK ORAL PACKET	Tier-3	^ (ACA)
SUCLEAR ORAL KIT	Tier-3	^ (ACA)
SUPREP BOWEL PREP ORAL SOLUTION	Tier-3	^ (ACA)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Leptin Analogues***</b>		
MYALEPT SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>		
XIIDRA OPHTHALMIC SOLUTION	Tier-3	PA
<b>*Lysosomal Acid Lipase (Lal) Deficiency - Agents***</b>		
KANUMA INTRAVENOUS* SOLUTION	Medical Benefit	PA
<b>*Macrolides*</b>		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hr*</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-1	
<i>clarithromycin oral tablet</i>	Tier-1	
DIFICID ORAL TABLET	Tier-3	PA
<i>e.e.s. 400 oral tablet</i>	Tier-1	
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>	Tier-2	
<i>erythrocin stearate oral tablet 250 mg</i>	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-1	
<b>ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier-1	
PCE ORAL TABLET DELAYED RELEASE	Tier-3	
ZMAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
<b>*Medical Devices*</b>		
<b>BD AUTOSHIELD</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>BD AUTOSHIELD DUO</b>	Tier-2	
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier-2	
<b>BD INSULIN SYRINGE</b>	Tier-2	
<b>BD INSULIN SYRINGE HALF-UNIT</b>	Tier-2	
<b>BD INSULIN SYRINGE MICROFINE</b>	Tier-2	
<b>BD INSULIN SYRINGE U-40</b>	Tier-2	
<b>BD INSULIN SYRINGE ULTRAFINE</b>	Tier-2	
<b>BD INTEGRA INSULIN SYRINGE</b>	Tier-2	
<b>BD INTEGRA SYRINGE 25G X 1" 1 ML</b>	Tier-2	
<b>BD PEN NEEDLE MINI U/F</b>	Tier-2	
<b>BD PEN NEEDLE NANO U/F</b>	Tier-2	
<b>BD PEN NEEDLE SHORT U/F</b>	Tier-2	
<b>BD PEN NEEDLE ULTRAFINE</b>	Tier-2	
<b>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML</b>	Tier-2	
<b>BD SAFETY-LOK INSULIN SYRINGE</b>	Tier-2	
<b>*Migraine Products*</b>		
<i>almotriptan malate oral tablet</i>	Tier-1	QL (6 TABLETS per 30 days)
ALSUMA SUBCUTANEOUS*	Tier-3	STPA; QL (4 VIALS per 30 days)
CAFERGOT ORAL TABLET	Tier-3	
<i>dihydroergotamine mesylate nasal solution</i>	Tier-1	QL (1 Box per 30 Days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
<i>FROVATRIPTAN SUCCINATE ORAL TABLET</i>	Tier-2	QL (9 EA per 30 days)
<b>MIGERGOT SUPPOSITORY</b>	Tier-2	
MIGRANAL NASAL SOLUTION	Tier-3	QL (1 Box per 30 Days)
<i>naratriptan hcl oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
ONZETRA XSAIL NASAL	Tier-3	STPA; ¥ (Max 1 box (8 units) per 30 days); QL (8 Units per 30 days)
RELPAX ORAL TABLET	Tier-3	STPA; QL (6 TABLETS per 30 Days)
<i>rizatriptan benzoate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-1	QL (1 Box per 30 Days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	QL (2 Boxes per 30 Days)
<i>sumatriptan succinate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>sumatriptan succinate refill subcutaneous*</i>	Tier-1	QL (4 VIALS per 30 days)
<i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous* solution</i>	Tier-1	QL (4 Injections per 30 Days)
SUMAVEL DOSEPRO SUBCUTANEOUS*	Tier-3	STPA; QL (6 Injections per 30 days)
ZOLMITRIPTAN ORAL TABLET 2.5 MG	Tier-2	QL (6 TABLETS per 30 Days)
ZOLMITRIPTAN ORAL TABLET 5 MG	Tier-2	QL (3 TABLETS per 30 Days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG	Tier-2	QL (6 TABLETS per 30 Days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 5 MG	Tier-2	QL (3 TABLETS per 30 Days)
ZOMIG NASAL SOLUTION	Tier-3	STPA; QL (1 Box per 30 Days)
<b>*Minerals &amp; Electrolytes*</b>		
EFFER-K ORAL TABLET EFFERVESCENT	Tier-3	
<b>GALZIN ORAL CAPSULE</b>	Tier-2	
<i>klor-con 10 oral tablet extendedrelease*</i>	Tier-1	
<i>klor-con m10 oral tablet extendedrelease*</i>	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDEDRELEASE*	Tier-3	
<i>klor-con m20 oral tablet extendedrelease*</i>	Tier-1	
<i>klor-con oral tablet extendedrelease*</i>	Tier-1	
<i>k-sol oral solution</i>	Tier-1	
LURIDE ORAL SOLUTION	Tier-3	^ (ACA)
LURIDE ORAL TABLET CHEWABLE	Tier-3	^ (ACA)
<i>potassium chloride crys er oral tablet extendedrelease*</i>	Tier-1	
<i>potassium chloride er oral capsule extended release*</i>	Tier-1	
<i>potassium chloride er oral tablet extendedrelease* 10 meq, 8 meq</i>	Tier-1	
<i>sodium fluoride oral solution</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet chewable</i>	Tier-1	^ (ACA)
SSKI ORAL SOLUTION	Tier-3	
<b>*Mixed Allergenic Extracts***</b>		
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Mouth/Throat/Dental Agents*</b>		
APHTHASOL MOUTH/THROAT PASTE	Tier-3	
<i>cevimeline hcl oral capsule</i>	Tier-1	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	
<i>clotrimazole mouth/throat troche</i>	Tier-1	
<b>EPISIL MOUTH/THROAT LIQUID†</b>	Tier-2	QL (4 Bottles per 30 Days)
FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION	Tier-3	
FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION	Tier-3	
FIRST-MARYS MOUTHWASH MOUTH/THROAT SUSPENSION	Tier-3	
<b>GELCLAIR MOUTH/THROAT GEL</b>	Tier-2	
<i>lidocaine hcl mouth/throat solution</i>	Tier-1	
<i>lidocaine viscous mouth/throat solution</i>	Tier-1	
NUMOISYN MOUTH/THROAT LIQUID†	Tier-3	
<i>nystatin mouth/throat suspension</i>	Tier-1	
<i>oralone mouth/throat paste</i>	Tier-1	
<i>periogard mouth/throat solution</i>	Tier-1	
<i>pilocarpine hcl oral tablet</i>	Tier-1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	
<b>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</b>		
VIMIZIM INTRAVENOUS* SOLUTION	Medical Benefit	PA
<b>*Multivitamins*</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE	Tier-3	
CITRANATAL DHA ORAL	Tier-3	
CITRANATAL RX ORAL TABLET	Tier-3	
GESTICARE DHA ORAL 27-1 & 250 MG	Tier-3	
MARNATAL-F ORAL CAPSULE	Tier-3	
<i>mynephrocaps oral capsule</i>	Tier-1	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier-3	
<i>pnv-dha+docusate oral capsule</i>	Tier-1	
<i>PNV-OB/DHA ORAL</i>	Tier-3	
<i>PRENATAL PLUS IRON ORAL TABLET</i>	Tier-3	
PREQUE 10 ORAL TABLET	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
VOL-TAB RX ORAL TABLET	Tier-3	
<b>*Musculoskeletal Therapy Agents*</b>		
<i>baclofen oral tablet</i>	Tier-1	
<i>carisoprodol oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier-1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier-1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier-1	
<i>dantrolene sodium oral capsule</i>	Tier-1	
EUFLEXXA INTRA-ARTICULAR*	Medical Benefit	PA
<i>metaxalone oral tablet 800 mg</i>	Tier-1	
<i>methocarbamol oral tablet</i>	Tier-1	
<i>orphenadrine citrate er oral tablet extended release 12 hr*</i>	Tier-1	
<i>orphenadrine compound-ds oral tablet</i>	Tier-1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Tier-1	
<i>tizanidine hcl oral capsule</i>	Tier-1	
<i>tizanidine hcl oral tablet</i>	Tier-1	
<b>*Nasal Agents - Systemic And Topical*</b>		
<i>azelastine hcl nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
BACTROBAN NASAL NASAL OINTMENT	Tier-3	
BUDESONIDE NASAL SUSPENSION	Tier-2	QL (3 EA per 90 days)
<i>flunisolide nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (3 EA per 90 Days)
<i>ipratropium bromide nasal solution</i>	Tier-1	QL (6 EA per 90 Days)
MOMETASONE FUROATE NASAL SUSPENSION	Tier-2	QL (6 BOTTLES per 90 days)
OLOPATADINE HCL NASAL SOLUTION	Tier-2	QL (3 EA per 90 days)
TRIAMCINOLONE ACETONIDE NASAL AEROSOL†	Tier-2	QL (3 EA per 90 days)
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>		
ENTRESTO ORAL TABLET	Tier-3	PA

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Drug Name	Tier	Notes
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>		
NORTHERA ORAL CAPSULE	Tier-3	PA
<b>*Neuromuscular Agents*</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR* SOLUTION RECONSTITUTED	Medical Benefit	PA
MYOBLOC INTRAMUSCULAR* SOLUTION	Medical Benefit	PA
<i>riluzole oral tablet</i>	Tier-1	
XEOMIN INTRAMUSCULAR* SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA
<b>*Ophthalmic Agents*</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Tier-1	
ALOCRILOPHthalmic SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier-3	
<b>ALREX OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
<i>atropine sulfate ophthalmic solution</i>	Tier-1	
AZASITE OPHTHALMIC SOLUTION	Tier-3	QL (1 Bottle per 7 Days)
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
<b>AZOPT OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>bacitracin ophthalmic ointment</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	QL (1 Bottle per 5 Days)
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
<b>BETIMOL OPHTHALMIC SOLUTION</b>	Tier-2	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>brimonidine tartrate ophthalmic solution</i>	Tier-1	
BROMDAY OPHTHALMIC SOLUTION	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-1	
<i>bromfenac sodium ophthalmic solution</i>	Tier-1	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
CILOXAN OPHTHALMIC OINTMENT	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	QL (30 ML per 90 days)
COSOPT PF OPHTHALMIC SOLUTION	Tier-3	
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	Tier-1	
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	
<i>diclofenac sodium ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-1	
EMADINE OPHTHALMIC SOLUTION	Tier-3	
<i>epinastine hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-1	
FLAREX OPHTHALMIC SUSPENSION	Tier-3	
<i>fluorometholone ophthalmic suspension</i>	Tier-1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-3	
FML OPHTHALMIC OINTMENT	Tier-3	
FRESHKOTE OPHTHALMIC SOLUTION	Tier-3	
<i>garamycin ophthalmic ointment</i>	Tier-1	
<b>GATIFLOXACIN OPHTHALMIC SOLUTION</b>	Tier-2	QL (1 Bottle per 7 Days)
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
<i>ilotycin ophthalmic ointment</i>	Tier-1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier-3	
ISTALOL OPHTHALMIC SOLUTION	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
LACRISERT OPHTHALMIC INSERT	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
LOTEMAX OPHTHALMIC GEL	Tier-3	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	
LOTEMAX OPHTHALMIC SUSPENSION	Tier-3	
LUMIGAN OPHTHALMIC SOLUTION	Tier-3	STPA
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
<i>metipranolol ophthalmic solution</i>	Tier-1	
MOXEZA OPHTHALMIC SOLUTION	Tier-3	QL (1 BOTTLE per 10 Days)
<i>naphazoline hcl ophthalmic solution</i>	Tier-1	
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier-1	
<i>neo-polycin hc ophthalmic ointment</i>	Tier-1	
<i>neo-polycin ophthalmic ointment</i>	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<b>OLOPATADINE HCL OPHTHALMIC SOLUTION</b>	Tier-2	
<i>parcaine ophthalmic solution</i>	Tier-1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
<b>PILOPINE HS OPHTHALMIC GEL</b>	Tier-2	
<i>polycin b ophthalmic ointment</i>	Tier-1	
<i>polycin ophthalmic ointment</i>	Tier-1	
<i>poly-dex ophthalmic ointment</i>	Tier-1	
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>PRED-G OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<i>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</i>	Tier-3	
<b>PROLENSA OPHTHALMIC SOLUTION</b>	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	
<b>RESCULA OPHTHALMIC SOLUTION</b>	Tier-3	
<b>RESTASIS OPHTHALMIC EMULSION</b>	Tier-3	PA
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-1	
<b>SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier-1	
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</b>	Tier-3	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-1	
<b>TOBREX OPHTHALMIC OINTMENT</b>	Tier-3	
<b>TRAVATAN Z OPHTHALMIC SOLUTION</b>	Tier-3	STPA
<i>trifluridine ophthalmic solution</i>	Tier-1	
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>tropicamide ophthalmic solution</i>	Tier-1	
<b>VEXOL OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>VIGAMOX OPHTHALMIC SOLUTION</b>	Tier-3	QL (1 BOTTLE per 10 Days)
<b>ZIOPTAN OPHTHALMIC SOLUTION</b>	Tier-3	STPA; QL (90 EA per 90 Days)
<b>ZIRGAN OPHTHALMIC GEL</b>	Tier-3	
<b>ZYLET OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>*Orexin Receptor Antagonists***</b>		
<b>BELSOMRA ORAL TABLET</b>	Tier-3	STPA; QL (10 EA per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*Otic Agents*</b>		
<i>acetazol hc otic solution</i>	Tier-1	
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
<b>CIPRODEX OTIC SUSPENSION</b>	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
COLY-MYCIN S OTIC SUSPENSION	Tier-3	
<i>cortisporin otic solution</i>	Tier-1	
CORTISPORIN-TC OTIC SUSPENSION	Tier-3	
<i>fluocinolone acetonide otic oil</i>	Tier-1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier-1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier-1	
<i>ofloxacin otic solution</i>	Tier-1	
OTOZIN OTIC LIQUID†	Tier-3	
<b>*Oxytocics*</b>		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
<b>*Passive Immunizing Agents - Combinations***</b>		
HYQVIA SUBCUTANEOUS* KIT	Medical Benefit	PA; SI
<b>*Passive Immunizing Agents*</b>		
SYNAGIS INTRAMUSCULAR* SOLUTION	Medical Benefit	PA
<b>*Pcsk9 Inhibitors***</b>		
PRALUENT SUBCUTANEOUS*	Tier-4	PA; # (Non-preferred product); QL (2 Pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS*	Tier-4	PA; # (Preferred product); QL (1 System per 28 days)
REPATHA SUBCUTANEOUS*	Tier-4	PA; # (Preferred product); QL (2 Syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS*	Tier-4	PA; # (Preferred product); QL (2 Autoinjectors per 28 days)
<b>*Penicillins*</b>		
<i>AMOXICILLIN ER ORAL TABLET EXTENDED RELEASE 24 HR*</i>	Tier-2	
<i>amoxicillin oral capsule 250 mg</i>	Tier-1	
<i>amoxicillin oral suspension reconstituted</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hr*</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-1	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension reconstituted</i>	Tier-1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier-3	
<i>dicloxacillin sodium oral capsule</i>	Tier-1	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>		
ZYDELIG ORAL TABLET	Tier-2	PA; ^ (CM)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
OTEZLA ORAL 10 & 20 & 30 MG	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
OTEZLA ORAL TABLET	Tier-4	PA; QL (60 EA per 30 days)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>		
LYNPARZA ORAL CAPSULE	Tier-2	PA; ^ (CM)
<b>*Potassium Removing Agents***</b>		
<i>kionex oral suspension</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
<b>*Progestins*</b>		
MAKENA INTRAMUSCULAR* OIL	Medical Benefit	PA
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML	Tier-2	
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>progesterone micronized oral capsule</i>	Tier-1	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>		
ZONTIVITY ORAL TABLET	Tier-3	

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Drug Name	Tier	Notes
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR*	Tier-4	PA; QL (60 TABLETS per 30 Days)
AUBAGIO ORAL TABLET	Tier-4	QL (28 TABLETS per 28 Days)
AVONEX INTRAMUSCULAR* KIT	Tier-4	QL (4 VIALS per 28 Days)
AVONEX PEN INTRAMUSCULAR*	Tier-4	QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR*	Tier-4	QL (4 Syringes per 28 days)
BETASERON SUBCUTANEOUS* KIT	Tier-4	QL (15 Vials per 30 Days)
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HR*	No Copayment	
BuPROPion HCl ER (Smoking Det) ORAL TABLET EXTENDED RELEASE 12 HR*	No Copayment	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	No Copayment	
CHANTIX ORAL TABLET	No Copayment	
CHANTIX STARTING MONTH PAK ORAL TABLET	No Copayment	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
COPAXONE SUBCUTANEOUS* 20 MG/ML	Tier-4	QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS* 40 MG/ML	Tier-4	QL (12 Syringes per 30 days)
CVS Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
CVS Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
CVS Nicotine TRANSDERMAL PATCH 24 HR 14 MG/24HR, 7 MG/24HR	No Copayment	
<i>disulfiram oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-1	
EQ Nicotine MOUTH/THROAT GUM 4 MG	No Copayment	
EQ Nicotine MOUTH/THROAT LOZENGE	No Copayment	
EQ Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
EQ Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
EQ Nicotine Step 3 TRANSDERMAL PATCH 24 HR	No Copayment	
EQ Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
EQL Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
EQL Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
EQL Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
EXELON ORAL SOLUTION	Tier-3	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-1	
<i>galantamine hydrobromide oral solution</i>	Tier-1	
<i>galantamine hydrobromide oral tablet</i>	Tier-1	
GILENYA ORAL CAPSULE	Tier-4	QL (30 EA per 30 days)
GLATOPA SUBCUTANEOUS*	Tier-4	QL (30 Syringes per 30 days)
GNP Nicotine Mini MOUTH/THROAT LOZENGE	No Copayment	
GNP Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
GNP Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
HM Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
HM Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
HM Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	
HORIZANT ORAL TABLET EXTENDEDRELEASE*	Tier-3	QL (60 EA per 30 days)
LEMTRADA INTRAVENOUS* SOLUTION	Medical Benefit	PA
<i>MEMANTINE HCL ORAL SOLUTION</i>	Tier-2	
<i>MEMANTINE HCL ORAL TABLET</i>	Tier-2	
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
Nicotine Mini MOUTH/THROAT LOZENGE 2 MG	No Copayment	
Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Nicotine Step 1 TRANSDERMAL PATCH 24 HR	No Copayment	
Nicotine Step 2 TRANSDERMAL PATCH 24 HR	No Copayment	
Nicotine Step 3 TRANSDERMAL PATCH 24 HR	No Copayment	
Nicotine TRANSDERMAL KIT	No Copayment	
Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	
NICOTROL INHALATION INHALER	No Copayment	
NICOTROL NS NASAL SOLUTION	No Copayment	
<b>NUEDEXTA ORAL CAPSULE</b>	Tier-2	PA
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	STPA
<i>perphenazine-amitriptyline oral tablet</i>	Tier-1	
<i>pimozide oral tablet</i>	Tier-1	
PLEGRIDY STARTER PACK SUBCUTANEOUS*	Tier-4	¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY SUBCUTANEOUS*	Tier-4	QL (2 Syringes per 28 days)
QC Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
RA Mini Nicotine MOUTH/THROAT LOZENGE	No Copayment	
RA Nicotine MOUTH/THROAT GUM	No Copayment	
RA Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
RA Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
RA Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	
REBIF REBIDOSE SUBCUTANEOUS*	Tier-4	QL (12 Syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS*	Tier-4	QL (12 Syringes per 28 days)
REBIF SUBCUTANEOUS*	Tier-4	QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS*	Tier-4	QL (12 Syringes per 28 days)
<i>rivastigmine tartrate oral capsule</i>	Tier-1	
<i>rivastigmine transdermal patch 24 hr</i>	Tier-1	
SARAFEM ORAL TABLET 10 MG, 20 MG	Tier-3	STPA
<b>SAVELLA ORAL TABLET</b>	Tier-2	STPA; QL (180 TABLETS per 90 Days)
SM Nicotine MOUTH/THROAT GUM	No Copayment	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SM Nicotine MOUTH/THROAT LOZENGE	No Copayment	
SM Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
SM Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
SM Nicotine TRANSDERMAL PATCH 24 HR	No Copayment	
SR Nicotine MOUTH/THROAT GUM	No Copayment	
SW Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
SW Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
TECFIDERA ORAL	Tier-4	QL (60 CAPSULES per 30 Days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-4	QL (60 CAPSULES per 30 Days)
<i>TETRABENAZINE ORAL TABLET 12.5 MG</i>	Tier-4	PA; QL (90 EA per 30 days)
<i>TETRABENAZINE ORAL TABLET 25 MG</i>	Tier-4	PA; QL (120 EA per 30 days)
TGT Nicotine MOUTH/THROAT GUM	No Copayment	
TGT Nicotine Polacrilex MOUTH/THROAT GUM	No Copayment	
TGT Nicotine Polacrilex MOUTH/THROAT LOZENGE	No Copayment	
TGT Nicotine Step One TRANSDERMAL PATCH 24 HR	No Copayment	
TGT Nicotine Step Three TRANSDERMAL PATCH 24 HR	No Copayment	
TGT Nicotine Step Two TRANSDERMAL PATCH 24 HR	No Copayment	
TYSABRI INTRAVENOUS* CONCENTRATE	Medical Benefit	PA
XYREM ORAL SOLUTION	Tier-3	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR*	No Copayment	
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>		
OFEV ORAL CAPSULE	Tier-3	PA; QL (60 EA per 30 days)
<b>*Pulmonary Fibrosis Agents***</b>		
ESBRIET ORAL CAPSULE	Tier-4	PA; QL (270 EA per 30 days)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>		
UPTRAVI ORAL	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
UPTRAVI ORAL TABLET	Tier-4	PA
<b>*Respiratory Agents - Misc.*</b>		
KALYDECO ORAL PACKET	Tier-2	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	Tier-2	PA; QL (60 TABLETS per 30 Days)
PULMOZYME INHALATION SOLUTION	Tier-2	
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>		
ADDYI ORAL TABLET	Tier-3	PA
<b>*Serotonin Modulators***</b>		
<i>nefazodone hcl oral tablet</i>	Tier-1	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>trazodone hcl oral tablet</i>	Tier-1	
VIIBRYD ORAL KIT	Tier-3	STPA
VIIBRYD ORAL TABLET	Tier-3	STPA
VIIBRYD STARTER PACK ORAL KIT	Tier-3	STPA
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>		
GLYXAMBI ORAL TABLET	Tier-3	
<b>*Sinus Node Inhibitors**</b>		
CORLANOR ORAL TABLET	Tier-3	PA
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
INVOKAMET ORAL TABLET	Tier-2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	
SYNJARDY ORAL TABLET	Tier-3	
<b>*Sulfonamides*</b>		
<i>SULFADIAZINE ORAL TABLET</i>	Tier-3	
<b>*Tetracyclines*</b>		
<i>demeclocycline hcl oral tablet</i>	Tier-1	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	Tier-3	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral capsule delayed release particles 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<b>MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Tier-2	
<i>minocycline hcl oral capsule</i>	Tier-1	
<i>minocycline hcl oral tablet</i>	Tier-1	
<i>tetracycline hcl oral capsule</i>	Tier-1	
<b>VIBRAMYCIN ORAL SYRUP</b>	Tier-3	
<b>*Thyroid Agents*</b>		
<b>ARMOUR THYROID ORAL TABLET</b>	Tier-2	
<i>levothroid oral tablet</i>	Tier-1	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
<i>levoxyl oral tablet</i>	Tier-1	
<i>liothyronine sodium oral tablet</i>	Tier-1	
<i>methimazole oral tablet</i>	Tier-1	
<b>NATURE-THROID ORAL TABLET</b>	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
<b>SYNTHROID ORAL TABLET</b>	Tier-3	
<b>THYROLAR-1 ORAL TABLET</b>	Tier-3	
<b>THYROLAR-1/2 ORAL TABLET</b>	Tier-3	
<b>THYROLAR-1/4 ORAL TABLET</b>	Tier-3	
<b>THYROLAR-2 ORAL TABLET</b>	Tier-3	
<b>THYROLAR-3 ORAL TABLET</b>	Tier-3	
<b>TIROSINT ORAL CAPSULE</b>	Tier-3	
<i>unithroid direct oral tablet</i>	Tier-1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg</i>	Tier-1	
<b>*Ulcer Drugs*</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
<b>CANTIL ORAL TABLET</b>	Tier-3	
<b>CARAFATE ORAL SUSPENSION</b>	Tier-3	
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier-1	
<b>CIMETIDINE HCL ORAL SOLUTION</b>	Tier-2	
<b>CIMETIDINE ORAL TABLET</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
DONNATAL EXTENTABS ORAL TABLET EXTENDEDRELEASE*	Tier-3	
DONNATAL ORAL ELIXIR	Tier-3	
<i>ed-spaz oral tablet dispersible</i>	Tier-1	
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE	Tier-3	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG	Tier-3	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION</b>	Tier-2	QL (300 ML per 30 Days)
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION</b>	Tier-2	QL (300 ML per 30 Days)
<i>glycopyrrolate oral tablet</i>	Tier-1	
<i>hyomax-sl sublingual tablet sublingual</i>	Tier-1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hr*</i>	Tier-1	
<i>hyoscyamine sulfate oral elixir</i>	Tier-1	
<i>hyoscyamine sulfate oral solution</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier-1	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	Tier-1	
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE	Tier-3	
<i>methscopolamine bromide oral tablet</i>	Tier-1	
<i>misoprostol oral tablet</i>	Tier-1	
NEXIUM ORAL PACKET	Tier-3	Age Limit (Max 12 Years)
NIZATIDINE ORAL CAPSULE	Tier-2	
NIZATIDINE ORAL SOLUTION	Tier-2	
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE</i>	Tier-3	
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL PACKET</i>	Tier-2	
<i>PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-2	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE	Tier-3	Age Limit (Max 12 Years)
PRILOSEC ORAL PACKET	Tier-3	Age Limit (Max 12 Years)
PROTONIX ORAL PACKET	Tier-3	Age Limit (Max 12 Years)
<b>PYLERA ORAL CAPSULE</b>	Tier-2	
<i>RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>sucralfate oral suspension</i>	Tier-1	
<i>sucralfate oral tablet</i>	Tier-1	
<b>*Urinary Anti-Infectives*</b>		
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	
<i>methenamine hippurate oral tablet</i>	Tier-1	
MONUROL ORAL PACKET	Tier-3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier-1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-1	
<i>nitrofurantoin oral suspension</i>	Tier-1	
<i>uribel oral capsule</i>	Tier-1	
<b>*Urinary Antispasmodics*</b>		
<i>bethanechol chloride oral tablet</i>	Tier-1	
<i>DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HR*</i>	Tier-2	
<i>flavoxate hcl oral tablet</i>	Tier-1	
<b>GELNIQUE TRANSDERMAL GEL</b>	Tier-2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>oxybutynin chloride er oral tablet extended release 24 hr*</i>	Tier-1	
<i>oxybutynin chloride oral syrup</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<b>TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-1	
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier-1	
<b>VESICARE ORAL TABLET</b>	Tier-2	
<b>*Vaginal Products*</b>		
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
<b>CLINDESSE VAGINAL CREAM</b>	Tier-3	
<b>CRINONE VAGINAL GEL</b>	Tier-3	
<b>ENDOMETRIN VAGINAL INSERT</b>	Tier-3	
<b>ESTRACE VAGINAL CREAM</b>	Tier-2	
<b>ESTRING VAGINAL RING</b>	Tier-2	
<b>FEMRING VAGINAL RING</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>GYNAZOLE-1 VAGINAL CREAM</b>	Tier-3	
<i>metronidazole vaginal gel</i>	Tier-1	
<b>NUVESSA VAGINAL GEL</b>	Tier-3	
<b>PREMARIN VAGINAL CREAM</b>	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	Tier-2	
<i>vandazole vaginal gel</i>	Tier-1	
<b>*Vasopressors*</b>		
<b>AUVI-Q INJECTION</b>	Tier-3	QL (2 Injectors per 1 Fill)
<i>epinephrine injection 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Tier-1	QL (2 Injectors per 1 Fill)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>EPIPEN 2-PAK INJECTION</b>	Tier-2	QL (2 INJECTORS per 1 Fill)
<b>EPIPEN JR 2-PAK INJECTION</b>	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>midodrine hcl oral tablet</i>	Tier-1	
<b>*Vitamins*</b>		
<i>ergocalciferol oral capsule</i>	Tier-1	
<b>MEPHYTON ORAL TABLET</b>	Tier-2	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier-1	

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