



Tufts Health Direct

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.

3-Tier Pharmacy Copayment Program (3-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-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 three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- Tier 1: Medications on this tier have the lowest copayment. This tier includes many generic drugs.
- Tier 2: Medications on this tier are subject to the middle copayment. This tier includes some generics and brand-name drugs.
- Tier 3: This is the highest copayment tier and includes some generics and brand-name covered drugs not selected for Tier 2.

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.

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

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

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.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs	2
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program	
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization	
WH Women's Health	ACA Preventive Service		

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

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.

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

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

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

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 888.257.1985.

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— 711 or 800.439.2370]
 Fax: 617.972.9048
 Email: 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
 Phone: 800.368.1019, 800.537.7697 (TDD)

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

tuftshealthplan.com | 888.257.1985

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

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

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'é 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.

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

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	5
ALTERNATIVE MEDICINES	7
AMEBICIDES	7
AMINOGLYCOSIDES	7
ANALGESICS - ANTI-INFLAMMATORY	7
ANALGESICS - NONNARCOTIC	9
ANALGESICS - OPIOID	10
ANDROGENS-ANABOLIC	13
ANORECTAL AGENTS	13
ANTHELMINTICS	13
ANTIANGINAL AGENTS	14
ANTIANKXIETY AGENTS	14
ANTIARRHYTHMICS	15
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	15
ANTICOAGULANTS	17
ANTICONVULSANTS	18
ANTIDEPRESSANTS	20
ANTIDIABETICS	21
ANTIDIARRHEALS	23
ANTIDOTES	24
ANTIEMETICS	24
ANTIFUNGALS	25
ANTI HISTAMINES	25
ANTIHYPERLIPIDEMICS	26
ANTIHYPERTENSIVES	27
ANTI-INFECTIVE AGENTS - MISC.	28
ANTIMALARIALS	29
ANTIMYASTHENIC AGENTS	30
ANTIMYCOBACTERIAL AGENTS	30
*ANTINEOPLASTIC - BCL-2 INHIBITORS***	30
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	30
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***	34
*ANTI-OBESITY AGENT COMBINATIONS**	34
ANTIPARKINSON AGENTS	34
ANTIPSYCHOTICS/ANTIMANIC AGENTS	35
*ANTIRETROVIRALS ADJUVANTS***	36
ANTISEPTICS & DISINFECTANTS	36
ANTIVIRALS	36
ASSORTED CLASSES	39
BETA BLOCKERS	40
*BILE ACID SYNTHESIS DISORDER AGENTS***	41
BIOLOGICALS MISC	41
CALCIUM CHANNEL BLOCKERS	41
CARDIOTONICS	42
CARDIOVASCULAR AGENTS - MISC.	42
CEPHALOSPORINS	43

CONTRACEPTIVES	44
CORTICOSTEROIDS	47
COUGH/COLD/ALLERGY	48
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	48
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	48
DERMATOLOGICALS	48
DIAGNOSTIC PRODUCTS	55
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	56
DIGESTIVE AIDS	56
*DIRECT-ACTING P2Y12 INHIBITORS***	56
DIURETICS	56
ENDOCRINE AND METABOLIC AGENTS - MISC.	57
ESTROGENS	59
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***	60
*FARNESOID X RECEPTOR (FXR) AGONISTS***	61
FLUOROQUINOLONES	61
GASTROINTESTINAL AGENTS - MISC.	61
GENITOURINARY AGENTS - MISCELLANEOUS	63
GOUT AGENTS	63
HEMATOLOGICAL AGENTS - MISC.	63
HEMATOPOIETIC AGENTS	64
HEMOSTATICS	65
*HEPATITIS C AGENT - COMBINATIONS***	66
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**	66
HYPNOTICS	66
*HYPOPHOSPHATASIA (HPP) AGENTS***	66
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***	66
*INTEGRIN RECEPTOR ANTAGONISTS***	66
*INTERLEUKIN ANTAGONISTS***	66
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	67
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***	67
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***	67
LAXATIVES	67
*LEPTIN ANALOGUES***	67
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***	67
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***	67
MACROLIDES	67
MIGRAINE PRODUCTS	68
MINERALS & ELECTROLYTES	69
*MIXED ALLERGENIC EXTRACTS***	70
MOUTH/THROAT/DENTAL AGENTS	70
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***	70
MULTIVITAMINS	70
MUSCULOSKELETAL THERAPY AGENTS	71
NASAL AGENTS - SYSTEMIC AND TOPICAL	71
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	72
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***	72
NEUROMUSCULAR AGENTS	72
OPHTHALMIC AGENTS	72
*OREXIN RECEPTOR ANTAGONISTS***	76
OTIC AGENTS	76
OXYTOCICS	76
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	76
PASSIVE IMMUNIZING AGENTS	76
*PCSK9 INHIBITORS***	76

PENICILLINS	77
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	77
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	77
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	77
*POTASSIUM REMOVING AGENTS***	77
PROGESTINS	77
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***	78
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	78
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	82
*PULMONARY FIBROSIS AGENTS***	82
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	82
RESPIRATORY AGENTS - MISC.	82
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***	82
*SEROTONIN MODULATORS***	82
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***	82
*SINUS NODE INHIBITORS**	82
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	82
SULFONAMIDES	83
TETRACYCLINES	83
THYROID AGENTS	83
ULCER DRUGS	84
URINARY ANTI-INFECTIVES	85
URINARY ANTISPASMODICS	86
VAGINAL PRODUCTS	86
VASOPRESSORS	87
VITAMINS	87

Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
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 notes

Drug	Status	Notes
<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)
metadate er oral tablet extendedrelease* 20 mg	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

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
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)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 CAPSULES per 30 Days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	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
ALTERNATIVE MEDICINES		
<i>COENZYME Q10 ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</i>	Tier-3	PA
AMEBICIDES		
YODOXIN ORAL TABLET	Tier-3	
AMINOGLYCOSIDES		
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	SP
<i>tobramycin inhalation nebulization solution</i>	Tier-1	SP
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA INTRAVENOUS* SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS*	Tier-2	PA; SP; QL (4 Syringes per 28 days)
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-2	PA; SP; QL (4 VIALS per 28 Days)
<i>CELECOXIB ORAL CAPSULE</i>	Tier-2	PA
<i>diclofenac potassium oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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-2	PA; SP; QL (8 Syringes per 28 days)
ENBREL SUBCUTANEOUS* 50 MG/ML	Tier-2	PA; SP; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS* KIT	Tier-2	PA; SP; QL (8 Vials per 28 Days)
ENBREL SURECLICK SUBCUTANEOUS*	Tier-2	PA; SP; 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>fenopropfen calcium oral tablet</i>	Tier-1	
<i>flurbiprofen oral tablet</i>	Tier-1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN SUBCUTANEOUS*	Tier-2	PA; SP; QL (2 Syringes per 28 days)
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA SUBCUTANEOUS*	Tier-2	PA; SP; 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-2	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	Tier-1	
<i>meclofenamate sodium oral capsule</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>mefenamic acid oral capsule</i>	Tier-1	
<i>meloxicam oral suspension</i>	Tier-1	
<i>meloxicam oral tablet</i>	Tier-1	
<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	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG	Tier-2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
ORENCIA CLICKJECT SUBCUTANEOUS*	Tier-3	PA; SP; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA; SP
ORENCIA SUBCUTANEOUS*	Tier-3	PA; SP; QL (4 Syringes per 28 days)
OTREXUP SUBCUTANEOUS* 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML	Tier-3	
<i>oxaprozin oral tablet</i>	Tier-1	
<i>piroxicam oral capsule</i>	Tier-1	
RASUVO SUBCUTANEOUS*	Tier-3	
RHEUMATREX ORAL TABLET 2.5 MG	Tier-2	^ (CM)
RIDAURA ORAL CAPSULE	Tier-2	
SIMPONI ARIA INTRAVENOUS* SOLUTION	Medical Benefit	PA
SIMPONI SUBCUTANEOUS*	Tier-2	PA; SP; 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	
XELJANZ ORAL TABLET	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	PA; SP; QL (30 TABLETS per 30 days)
ANALGESICS - NONNARCOTIC		
BUPAP ORAL TABLET	Tier-3	
<i>butalbital compound/asa oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
<i>diflunisal oral tablet</i>	Tier-1	
<i>salsalate oral tablet</i>	Tier-1	
ANALGESICS - OPIOID		
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)
endocet oral tablet	Tier-1	
endodan oral tablet	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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
HYDROMORPHONE HCL ER ORAL	Tier-2	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid†</i>	Tier-1	
<i>hydromorphone hcl oral tablet</i>	Tier-1	
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 extended release*</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	
MORPHINE SULFATE SUPPOSITORY 30 MG	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>OXYCODONE HCL ER ORAL 10 MG, 20 MG, 40 MG, 80 MG</i>	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	
<i>oxycodone-ibuprofen oral tablet</i>	Tier-1	
OXYCONTIN ORAL	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	
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HR* 15 MG, 7.5 MG	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	
PRIMLEV ORAL TABLET	Tier-3	
PROBUPHINE IMPLANT KIT SUBCUTANEOUS* IMPLANT	Medical Benefit	PA
<i>roxicet oral tablet 5-325 mg</i>	Tier-1	
SUBOXONE SUBLINGUAL FILM	Tier-3	PA
SUBSYS SUBLINGUAL LIQUID†	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	
XARTEMIS XR ORAL TABLET EXTENDEDRELEASE*	Tier-3	QL (120 TABLETS per 30 days)
<i>xylon oral tablet</i>	Tier-1	
<i>zamicet oral solution</i>	Tier-1	
ZOLVIT ORAL SOLUTION	Tier-3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET	Tier-3	
ANDRODERM TRANSDERMAL PATCH 24 HR	Tier-2	
ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%)	Tier-3	
android oral capsule	Tier-1	
ANDROXY ORAL TABLET	Tier-3	
<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	
<i>TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%), 12.5 MG/ACT (1%)</i>	Tier-2	
ANORECTAL AGENTS		
colocort enema	Tier-1	
CORTIFOAM FOAM	Tier-2	
<i>HYDROCORTISONE ACE-PRAMOXINE KIT</i>	Tier-2	
<i>hydrocortisone cream 2.5 %</i>	Tier-1	
<i>hydrocortisone enema</i>	Tier-1	
proctocream hc cream	Tier-1	
PROCTOFOAM HC FOAM	Tier-3	
proctozone-hc cream	Tier-1	
RECTIV OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
UCERIS FOAM	Tier-2	
ANTHELMINTICS		
ALBENZA ORAL TABLET	Tier-3	
BILTRICIDE ORAL TABLET	Tier-3	
<i>ivermectin oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ANTIANGINAL AGENTS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE*	Tier-3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
<i>isosorbide dinitrate er oral tablet extended release*</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	
<i>isosorbide mononitrate oral tablet</i>	Tier-1	
minitran transdermal patch 24 hr	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	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL	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	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR*	Tier-2	
ANTIANSIETY AGENTS		
<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	
lorazepam intensol oral concentrate	Tier-1	
<i>lorazepam oral concentrate</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>meprobamate oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>oxazepam oral capsule</i>	Tier-1	
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
DOFETILIDE ORAL CAPSULE	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	
<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 extended release*</i>	Tier-1	
<i>quinidine sulfate er oral tablet extended release*</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 Days)
ADVAIR HFA INHALATION AEROSOL†	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	
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-3	QL (1 INHALER per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
ATROVENT HFA INHALATION AEROSOL, SOLUTION	Tier-2	QL (6 EA per 90 Days)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-3	QL (180 vials per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>budesonide inhalation suspension</i>	Tier-1	QL (180 VIALS per 90 Days)
COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION	Tier-2	QL (6 EA per 90 Days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	QL (360 Vials per 90 Days)
DALIRESP ORAL TABLET	Tier-3	
ELIXOPHYLLIN ORAL ELIXIR	Tier-2	
FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 Days)
FLOVENT HFA INHALATION AEROSOL†	Tier-2	QL (6 UNITS per 90 Days)
FORADIL AEROLIZER INHALATION CAPSULE	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)
LEVALBUTEROL TARTRATE HFA INHALATION AEROSOL†	Tier-2	QL (6 EA per 90 Days)
LUFYLLIN ORAL TABLET	Tier-3	
MAXAIR AUTOHALER INHALATION AEROSOL, BREATH ACTIVATED	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	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	QL (180 VIALS per 90 Days)
PROAIR HFA INHALATION AEROSOL, SOLUTION	Tier-2	QL (6 UNITS per 90 Days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 days)
PROVENTIL HFA INHALATION AEROSOL, SOLUTION	Tier-3	QL (6 UNITS per 90 Days)
QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT	Tier-2	QL (6 EA per 90 Days)
SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 Days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (3 UNITS per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	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	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
theochron oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg	Tier-1	
<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	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL TABLET	Tier-2	
XARELTO STARTER PACK ORAL	Tier-2	¥ (1 FILL PER LIFE OF PLAN)
ANTICONVULSANTS		
APTIOM ORAL TABLET	Tier-3	PA
BANZEL ORAL SUSPENSION	Tier-2	QL (1840 ML per 30 Days)
BANZEL ORAL TABLET 200 MG	Tier-2	QL (1440 TABLETS per 90 Days)
BANZEL ORAL TABLET 400 MG	Tier-2	QL (720 TABLETS per 90 Days)
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	
epitol oral tablet	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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)
<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	
LYRICA ORAL CAPSULE	Tier-3	STPA
LYRICA ORAL SOLUTION	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	PA
ONFI ORAL TABLET	Tier-3	PA
<i>oxcarbazepine oral suspension</i>	Tier-1	
<i>oxcarbazepine oral tablet</i>	Tier-1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 300 MG	Tier-3	QL (30 TABLETS per 30 Days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 600 MG	Tier-3	QL (120 TABLETS per 30 Days)
PEGANONE ORAL TABLET	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	
POTIGA ORAL TABLET	Tier-3	PA
<i>primidone oral tablet</i>	Tier-1	
SABRIL ORAL PACKET	Tier-2	SP
SABRIL ORAL TABLET	Tier-2	SP
STAVZOR ORAL CAPSULE DELAYED RELEASE	Tier-3	
<i>tiagabine hcl oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>TOPIRAMATE ER ORAL 100 MG, 200 MG, 25 MG, 50 MG</i>	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	
VIMPAT ORAL SOLUTION	Tier-2	PA; QL (1200 ML per 30 Days)
VIMPAT ORAL TABLET	Tier-2	PA; QL (180 TABLETS per 90 Days)
<i>zonisamide oral capsule</i>	Tier-1	
ANTIDEPRESSANTS		
<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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
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	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR*	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>tranlycypromine 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	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	STPA
<i>venlafaxine hcl oral tablet</i>	Tier-1	
ANTIDIABETICS		
<i>acarbose oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
<i>chlorpropamide oral tablet</i>	Tier-1	
CYCLOSET ORAL TABLET	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	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
GLUCAGON EMERGENCY INJECTION KIT	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	
HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS*	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS*	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS*	Tier-2	
HUMALOG SUBCUTANEOUS* SOLUTION	Tier-2	
HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION	Tier-2	
HUMULIN N SUBCUTANEOUS* SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION	Tier-2	
INVOKANA ORAL TABLET	Tier-2	
JANUMET ORAL TABLET	Tier-2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
JANUVIA ORAL TABLET	Tier-2	
JARDIANCE ORAL TABLET	Tier-3	
JENTADUETO ORAL TABLET	Tier-2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	
KORLYM ORAL TABLET	Tier-2	PA; QL (120 TABLETS per 30 Days)
LANTUS SOLOSTAR SUBCUTANEOUS*	Tier-2	
LANTUS SUBCUTANEOUS* SOLUTION	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	
MIGLITOL ORAL TABLET	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	
PROGLYCEM ORAL SUSPENSION	Tier-3	
<i>repaglinide oral tablet</i>	Tier-1	
<i>repaglinide-metformin hcl oral tablet</i>	Tier-1	
RIOMET ORAL SOLUTION	Tier-3	
SYMLINPEN 120 SUBCUTANEOUS*	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS*	Tier-3	
TANZEUM SUBCUTANEOUS*	Tier-3	
<i>tolazamide oral tablet</i>	Tier-1	
<i>tolbutamide oral tablet</i>	Tier-1	
TOUJEO SOLOSTAR SUBCUTANEOUS*	Tier-2	
TRADJENTA ORAL TABLET	Tier-2	
TRULICITY SUBCUTANEOUS*	Tier-2	
VICTOZA SUBCUTANEOUS*	Tier-2	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid†</i>	Tier-1	
<i>diphenoxylate-atropine oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
FULYZAQ ORAL TABLET DELAYED RELEASE	Tier-2	PA
<i>loperamide hcl oral capsule</i>	Tier-1	
MOTOFEN ORAL TABLET	Tier-3	
ANTIDOTES		
CETYLEV ORAL TABLET EFFERVESCENT	Tier-3	
CHEMET ORAL CAPSULE	Tier-3	
EVZIO INJECTION	Tier-3	¥ (Max of 2 kits (4 units) per 30 days); QL (1 Kit per 1 Fill)
EXJADE ORAL TABLET SOLUBLE	Tier-2	SP
FERRIPROX ORAL SOLUTION	Tier-2	PA; QL (150 ML per 30 days)
FERRIPROX ORAL TABLET	Tier-2	PA; QL (30 TABLETS per 30 Days)
JADENU ORAL TABLET	Tier-2	SP
<i>naltrexone hcl oral tablet</i>	Tier-1	
NARCAN NASAL LIQUID†	Tier-3	¥ (Max of 4 units per 30 days); QL (2 Units per 1 Fill)
VISTOGARD ORAL PACKET	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED	Medical Benefit	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
ANZEMET ORAL TABLET	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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SANCUSO TRANSDERMAL PATCH	Tier-3	QL (1 PATCH per 7 Days)
<i>trimethobenzamide hcl oral capsule</i>	Tier-1	
VARUBI ORAL TABLET	Tier-3	¥ (Max 6 capsules per 30 days); QL (2 TABLETS per 1 Fill)
ZUPLENZ ORAL FILM	Tier-3	QL (10 FILMS per 7 Days)
ANTIFUNGALS		
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)
SPORANOX ORAL SOLUTION	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)
ANTIHISTAMINES		
<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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	
<i>promethazine hcl oral syrup</i>	Tier-1	
<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	
ANTHYPERLIPIDEMICS		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HR*	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	
FENOFIBRATE ORAL CAPSULE	Tier-2	
FENOFIBRATE ORAL TABLET 145 MG, 48 MG	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	
JUXTAPID ORAL CAPSULE	Tier-2	PA; QL (28 EA per 28 days)
KYNAMRO SUBCUTANEOUS*	Tier-2	PA; SP; QL (4 EA per 28 days)
<i>lovastatin oral tablet</i>	Tier-1	
NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDEDRELEASE*	Tier-2	
<i>niacor oral tablet</i>	Tier-1	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE	Tier-2	
<i>pravastatin sodium oral tablet</i>	Tier-1	
<i>prevalite oral powder</i>	Tier-1	
ROSUVASTATIN CALCIUM ORAL TABLET	Tier-2	PA
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	
<i>simvastatin oral tablet</i>	Tier-1	
VYTORIN ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
WELCHOL ORAL PACKET	Tier-3	
WELCHOL ORAL TABLET	Tier-3	
ZETIA ORAL TABLET	Tier-3	
ANTIHYPERTENSIVES		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-1	
AMLODIPINE-OLMESARTAN ORAL TABLET	Tier-2	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-1	
AMTURNIDE ORAL TABLET	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	
CANDESARTAN CILEXETIL ORAL TABLET	Tier-2	
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET	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	
DEMSER ORAL CAPSULE	Tier-3	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
<i>enalapril maleate oral tablet</i>	Tier-1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
EPANED ORAL SOLUTION RECONSTITUTED	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
<i>minoxidil oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>moexipril-hydrochlorothiazide oral tablet</i>	Tier-1	
OLMESARTAN MEDOXOMIL ORAL TABLET	Tier-2	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET	Tier-2	
OLMESARTAN-AMLODIPINE-HCTZ ORAL TABLET	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	
TARKA ORAL TABLET EXTENDEDRELEASE*	Tier-3	
TEKAMLO ORAL TABLET	Tier-3	
TEKURNA ORAL TABLET	Tier-3	
TELMISARTAN ORAL TABLET	Tier-2	
TELMISARTAN-AMLODIPINE ORAL TABLET	Tier-2	
TELMISARTAN-HCTZ ORAL TABLET	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	
VECAMYL ORAL TABLET	Tier-3	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-3	
ALINIA ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>atovaquone oral suspension</i>	Tier-1	
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-1	
<i>dapsone oral tablet</i>	Tier-1	
FIRST-VANCOMYCIN 25 ORAL SOLUTION	Tier-3	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	Tier-3	
IMPAVIDO ORAL CAPSULE	Tier-2	
KETEK ORAL TABLET	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)
ANTIMALARIALS		
ATOVAQUONE-PROGUANIL HCL ORAL TABLET	Tier-2	
<i>chloroquine phosphate oral tablet</i>	Tier-1	
COARTEM ORAL TABLET	Tier-2	QL (24 TABLETS per 180 Days)
DARAPRIM ORAL TABLET	Tier-2	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	
<i>mefloquine hcl oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>PRIMAQUINE PHOSPHATE ORAL TABLET</i>	Tier-2	
<i>quinine sulfate oral capsule</i>	Tier-1	
ANTIMYASTHENIC AGENTS		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
MESTINON ORAL SYRUP	Tier-3	
MYTELASE ORAL TABLET	Tier-3	
<i>pyridostigmine bromide er oral tablet extendedrelease*</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral capsule</i>	Tier-1	
<i>ethambutol hcl oral tablet</i>	Tier-1	
isonarif oral capsule	Tier-1	
<i>isoniazid oral syrup</i>	Tier-1	
<i>isoniazid oral tablet</i>	Tier-1	
PASER ORAL PACKET	Tier-3	
PRIFTIN ORAL TABLET	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	
SIRTURO ORAL TABLET	Tier-2	PA
TRECTOR ORAL TABLET	Tier-3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	Tier-2	PA
VENCLEXTA STARTING PACK ORAL	Tier-2	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ACTIMMUNE SUBCUTANEOUS* SOLUTION	Tier-2	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-2	PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)
AFINITOR ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)
ALECENSA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ALKERAN ORAL TABLET	Tier-2	^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>anastrozole oral tablet</i>	Tier-1	^ (CM)
<i>bexarotene oral capsule</i>	Tier-1	SP; ^ (CM)
<i>bicalutamide oral tablet</i>	Tier-1	^ (CM)
BOSULIF ORAL TABLET 100 MG	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
BOSULIF ORAL TABLET 500 MG	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)
CABOMETYX ORAL TABLET	Tier-2	PA; SP
<i>capecitabine oral tablet 150 mg</i>	Tier-1	SP; ^ (CM); QL (168 TABLETS per 14 days)
<i>capecitabine oral tablet 500 mg</i>	Tier-1	SP; ^ (CM); QL (84 TABLETS per 14 days)
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; ^ (CM); QL (60 TABLETS per 30 Days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; ^ (CM); QL (30 TABLETS per 30 Days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COTELLIC ORAL TABLET	Tier-2	PA; SP; ^ (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-2	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>etoposide oral capsule</i>	Tier-1	^ (CM)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
FARESTON ORAL TABLET	Tier-2	^ (CM)
FARYDAK ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier-2	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE	Tier-3	^ (CM)
HEXALEN ORAL CAPSULE	Tier-2	^ (CM)
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier-2	PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
HYCAMTIN ORAL CAPSULE 1 MG	Tier-2	PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
ICLUSIG ORAL TABLET 15 MG	Tier-2	PA; SP; ^ (CM); QL (60 EA per 30 Days)
ICLUSIG ORAL TABLET 45 MG	Tier-2	PA; SP; ^ (CM); QL (30 EA per 30 Days)
<i>imatinib mesylate oral tablet</i>	Tier-1	SP; ^ (CM)
IMBRUVICA ORAL CAPSULE	Tier-2	PA; ^ (CM)
INLYTA ORAL TABLET	Tier-2	PA; SP; ^ (CM)
INTRON A INJECTION SOLUTION	Tier-2	SP
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-2	SP
IRESSA ORAL TABLET	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-2	PA; SP; ^ (CM)
KADCYLA INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
LENVIMA 10 MG DAILY DOSE ORAL	Tier-2	PA; ^ (CM)
LENVIMA 14 MG DAILY DOSE ORAL	Tier-2	PA; ^ (CM)
LENVIMA 20 MG DAILY DOSE ORAL	Tier-2	PA; ^ (CM)
LENVIMA 24 MG DAILY DOSE ORAL	Tier-2	PA; ^ (CM)
<i>letrozole oral tablet</i>	Tier-1	^ (CM)
<i>leucovorin calcium oral tablet</i>	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-2	^ (CM)
<i>leuprolide acetate injection kit</i>	Tier-1	SP; # (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)
<i>lomustine oral capsule</i>	Tier-1	^ (CM)
LONSURF ORAL TABLET	Tier-2	PA; SP; ^ (CM)
LYSODREN ORAL TABLET	Tier-2	^ (CM)
MATULANE ORAL CAPSULE	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-2	PA; SP; ^ (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-2	^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NEXAVAR ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
<i>nilutamide oral tablet</i>	Tier-1	^ (CM)
NINLARO ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ODOMZO ORAL CAPSULE	Tier-2	PA; ^ (CM)
PERJETA INTRAVENOUS* SOLUTION	Medical Benefit	PA
POMALYST ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
PROVENGE INTRAVENOUS* SUSPENSION	Medical Benefit	PA
PURIXAN ORAL SUSPENSION	Tier-3	^ (CM)
RITUXAN INTRAVENOUS* SOLUTION	Medical Benefit	PA
SOLTAMOX ORAL SOLUTION	Tier-2	^ (CM)
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)
STIVARGA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (84 TABLETS per 28 Days)
SUTENT ORAL CAPSULE	Tier-2	PA; SP; ^ (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-2	SP; QL (4 VIALS per 28 days)
TABLOID ORAL TABLET	Tier-2	^ (CM)
TAFINLAR ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
TAGRISSO ORAL TABLET 40 MG	Tier-2	PA; ^ (CM); QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	Tier-2	PA; ^ (CM)
<i>tamoxifen citrate oral tablet</i>	Tier-1	^ (CM)
TARCEVA ORAL TABLET 100 MG, 150 MG	Tier-2	SP; ^ (CM); QL (30 TABLETS per 30 Days)
TARCEVA ORAL TABLET 25 MG	Tier-2	SP; ^ (CM); QL (90 TABLETS per 30 Days)
TARGRETIN ORAL CAPSULE	Tier-3	SP; ^ (CM)
TASIGNA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>temozolomide oral capsule</i>	Tier-1	SP; ^ (CM)
<i>tretinoin oral capsule</i>	Tier-1	^ (CM)
TREXALL ORAL TABLET	Tier-2	^ (CM)
TYKERB ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (180 TABLETS per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
VOTRIENT ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
XALKORI ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
XTANDI ORAL CAPSULE	Tier-2	PA; SP; ^ (CM); QL (120 CAPSULES per 30 Days)
ZELBORAF ORAL TABLET	Tier-2	PA; SP; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZYKADIA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZYTIGA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS*	Tier-3	PA
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HR*	Tier-3	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral syrup</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	
APOKYN SUBCUTANEOUS* SOLUTION	Tier-2	SP
AZILECT ORAL TABLET	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	
DUOPA SUSPENSION 4.63-20 MG/ML	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY DISCMELT ORAL TABLET DISPERSIBLE	Tier-3	STPA; QL (60 TABLETS per 30 Days)
<i>ARIPIPRAZOLE ORAL SOLUTION</i>	Tier-2	STPA; QL (900 ML per 90 days)
<i>ARIPIPRAZOLE ORAL TABLET</i>	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 extended release*</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-2	PA; SP; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>PALIPERIDONE ER ORAL TABLET EXTENDED RELEASE 24 HR*</i>	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	
<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
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	Tier-2	
ANTISEPTICS & DISINFECTANTS		
PHISOHEX EXTERNAL LIQUID†	Tier-3	
ANTIVIRALS		
<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	
APTIVUS ORAL CAPSULE	Tier-2	
APTIVUS ORAL SOLUTION	Tier-2	
ATRIPLA ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
BARACLUDE ORAL SOLUTION	Tier-2	
COMPLERA ORAL TABLET	Tier-2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-2	
DESCOVY ORAL TABLET	Tier-2	
<i>didanosine oral capsule delayed release</i>	Tier-1	
EDURANT ORAL TABLET	Tier-2	
EMTRIVA ORAL CAPSULE	Tier-2	
EMTRIVA ORAL SOLUTION	Tier-2	
<i>ENTECAVIR ORAL TABLET</i>	Tier-2	
EPIVIR HBV ORAL SOLUTION	Tier-2	
EVOTAZ ORAL TABLET	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
FUZEON SUBCUTANEOUS* KIT	Tier-2	SP
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-2	SP
GENVOYA ORAL TABLET	Tier-2	
INTELENCE ORAL TABLET	Tier-2	
INVIRASE ORAL CAPSULE	Tier-2	
INVIRASE ORAL TABLET	Tier-2	
ISENTRESS ORAL PACKET	Tier-2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	Tier-2	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
KALETRA ORAL SOLUTION	Tier-2	
KALETRA ORAL TABLET	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
LEXIVA ORAL TABLET	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	
NORVIR ORAL CAPSULE	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NORVIR ORAL SOLUTION	Tier-2	
NORVIR ORAL TABLET	Tier-2	
ODEFSEY ORAL TABLET	Tier-2	
PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION	Tier-2	SP; QL (4 PENS per 28 Days)
PEGASYS SUBCUTANEOUS* KIT	Tier-2	SP; QL (1 KIT per 28 Days)
PEGASYS SUBCUTANEOUS* SOLUTION	Tier-2	SP; QL (4 VIALS per 28 Days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEG-INTRON REDIPEN SUBCUTANEOUS* KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEGINTRON SUBCUTANEOUS* KIT	Tier-3	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS* KIT	Tier-3	SP; QL (4 VIALS per 28 Days)
PREZCOBIX ORAL TABLET	Tier-2	
PREZISTA ORAL SUSPENSION	Tier-2	
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	Tier-2	
REBETOL ORAL SOLUTION	Tier-3	SP; QL (35 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED	Tier-2	QL (20 UNITS per 365 Days)
RESCRIPTOR ORAL TABLET	Tier-2	
REYATAZ ORAL CAPSULE	Tier-2	
REYATAZ ORAL PACKET	Tier-2	
ribasphere oral capsule	Tier-1	SP; QL (7 EA per 1 day)
ribasphere oral tablet 200 mg	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral capsule</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 TABLETS per 30 Days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 TABLETS per 30 Days)
SOVALDI ORAL TABLET	Tier-3	PA; SP; # (genotypes 2 - 4)
<i>stavudine oral capsule</i>	Tier-1	
<i>stavudine oral solution reconstituted</i>	Tier-1	
STRIBILD ORAL TABLET	Tier-2	
SUSTIVA ORAL CAPSULE	Tier-2	
SUSTIVA ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
TAMIFLU ORAL CAPSULE	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)
TIVICAY ORAL TABLET	Tier-2	
TRIUMEQ ORAL TABLET	Tier-2	
TRUVADA ORAL TABLET 200-300 MG	Tier-2	
TYZEKA ORAL TABLET	Tier-2	
<i>valacyclovir hcl oral tablet</i>	Tier-1	
VALCYTE ORAL TABLET	Tier-2	
<i>VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED</i>	Tier-2	
<i>valganciclovir hcl oral tablet</i>	Tier-1	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
VIRACEPT ORAL TABLET	Tier-2	
VIREAD ORAL POWDER	Tier-2	
VIREAD ORAL TABLET	Tier-2	
VITEKTA ORAL TABLET	Tier-2	
ZIAGEN ORAL SOLUTION	Tier-3	
<i>zidovudine oral capsule</i>	Tier-1	
<i>zidovudine oral syrup</i>	Tier-1	
<i>zidovudine oral tablet</i>	Tier-1	
ASSORTED CLASSES		
AZASAN ORAL TABLET	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
CUPRIMINE ORAL CAPSULE 250 MG	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	
DEPEN TITRATABS ORAL TABLET	Tier-2	
<i>kionex oral suspension</i>	Tier-1	
<i>mycophenolate mofetil oral capsule</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
RAPAMUNE ORAL SOLUTION	Tier-3	
REVLIMID ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>sirolimus oral tablet</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
SYPRINE ORAL CAPSULE	Tier-3	
<i>tacrolimus oral capsule</i>	Tier-1	
THALOMID ORAL CAPSULE	Tier-3	SP; ^ (CM)
VELTASSA ORAL PACKET	Tier-2	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
ZORTRESS ORAL TABLET	Tier-2	SP; QL (180 TABLETS per 90 Days)
BETA BLOCKERS		
<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	
BYSTOLIC ORAL TABLET	Tier-3	
<i>carvedilol oral tablet</i>	Tier-1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-1	
LEVATOL ORAL TABLET	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	
<i>METOPROLOL TARTRATE ORAL TABLET 37.5 MG, 75 MG</i>	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	Tier-2	PA
BIOLOGICALS MISC		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
CALCIUM CHANNEL BLOCKERS		
<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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
matzim la oral tablet extended release 24 hr*	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-1	
nifediac cc oral tablet extended release 24 hr*	Tier-1	
nifedical xl oral tablet extended release 24 hr*	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	
taztia xt oral capsule extended release 24 hour	Tier-1	
<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	
CARDIOTONICS		
<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	
CARDIOVASCULAR AGENTS - MISC.		
ADCIRCA ORAL TABLET	Tier-3	PA; SP
ADEMPAS ORAL TABLET	Tier-2	PA; SP
AMLODIPINE-ATORVASTATIN ORAL TABLET	Tier-2	
BIDIL ORAL TABLET	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
FLOLAN INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
LETAIRIS ORAL TABLET	Tier-2	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
LEVITRA ORAL TABLET	Tier-3	QL (4 TABLETS per 30 Days); Age Limit (Min 18 Years)
MUSE URETHRAL PELLETT	Tier-3	
OPSUMIT ORAL TABLET	Tier-2	PA; SP
ORENTRAM ORAL TABLET EXTENDEDRELEASE*	Tier-2	PA
REMODULIN INJECTION SOLUTION	Medical Benefit	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; SP
<i>sildenafil citrate oral tablet</i>	Tier-1	PA; SP
STAXYN ORAL TABLET DISPERSIBLE	Tier-3	QL (4 EA per 30 days); Age Limit (Min 18 Years)
STENDRA ORAL TABLET	Tier-3	QL (4 EA per 30 days); Age Limit (Min 18 Years)
TRACLEER ORAL TABLET	Tier-2	PA; SP
TYVASO INHALATION SOLUTION	Medical Benefit	PA
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA
VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA
VIAGRA ORAL TABLET	Tier-3	QL (4 EA per 30 Days); Age Limit (Min 18 Years)
CEPHALOSPORINS		
<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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
<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	
CONTRACEPTIVES		
amethia lo oral tablet	Tier-1	^ (WH)
amethia oral tablet	Tier-1	^ (WH)
amethyst oral tablet	Tier-1	^ (WH)
apri oral tablet	Tier-1	^ (WH)
aranelle oral tablet	Tier-1	^ (WH)
aviane oral tablet	Tier-1	^ (WH)
azurette oral tablet	Tier-1	^ (WH)
balziva oral tablet	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	^ (WH)
BREVICON (28) ORAL TABLET	Tier-3	^ (WH)
camila oral tablet	Tier-1	^ (WH)
camrese lo oral tablet	Tier-1	^ (WH)
camrese oral tablet	Tier-1	^ (WH)
cryselle-28 oral tablet	Tier-1	^ (WH)
cyclafem 1/35 oral tablet	Tier-1	^ (WH)
cyclafem 7/7/7 oral tablet	Tier-1	^ (WH)
CYCLESSA ORAL TABLET	Tier-3	^ (WH)
DESOGEN ORAL TABLET	Tier-3	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
enpresse-28 oral tablet	Tier-1	^ (WH)
errin oral tablet	Tier-1	^ (WH)
ESTROSTEP FE ORAL TABLET	Tier-3	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
gianvi oral tablet	Tier-1	^ (WH)
jolessa oral tablet	Tier-1	^ (WH)
jolivette oral tablet	Tier-1	^ (WH)
junel 1.5/30 oral tablet	Tier-1	^ (WH)
junel 1/20 oral tablet	Tier-1	^ (WH)
junel fe 1.5/30 oral tablet	Tier-1	^ (WH)
junel fe 1/20 oral tablet	Tier-1	^ (WH)
kariva oral tablet	Tier-1	^ (WH)
lessina oral tablet	Tier-1	^ (WH)
levora 0.15/30 (28) oral tablet	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)
low-ogestrel oral tablet	Tier-1	^ (WH)
lutra oral tablet	Tier-1	^ (WH)
microgestin 1.5/30 oral tablet	Tier-1	^ (WH)
microgestin 1/20 oral tablet	Tier-1	^ (WH)
microgestin fe 1.5/30 oral tablet	Tier-1	^ (WH)
microgestin fe 1/20 oral tablet	Tier-1	^ (WH)
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
MIRCETTE ORAL TABLET	Tier-3	^ (WH)
mononessa oral tablet	Tier-1	^ (WH)
NATAZIA ORAL TABLET	Tier-3	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
necon 1/35 (28) oral tablet	Tier-1	^ (WH)
necon 1/50 (28) oral tablet	Tier-1	^ (WH)
NECON 10/11 (28) ORAL TABLET	Tier-2	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
necon 7/7/7 oral tablet	Tier-1	^ (WH)
next choice one dose oral tablet	Tier-1	^ (WH)
next choice oral tablet	Tier-1	^ (WH)
nora-be oral tablet	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)
nortrel 1/35 (21) oral tablet	Tier-1	^ (WH)
nortrel 1/35 (28) oral tablet	Tier-1	^ (WH)
nortrel 7/7/7 oral tablet	Tier-1	^ (WH)
NUVARING VAGINAL RING	Tier-2	^ (WH)
ocella oral tablet	Tier-1	^ (WH)
ogestrel oral tablet	Tier-1	^ (WH)
orsythia oral tablet	Tier-1	^ (WH)
ORTHO EVRA TRANSDERMAL PATCH WEEKLY	Tier-3	^ (WH)
ORTHO MICRONOR ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN LO ORAL TABLET	Tier-3	^ (WH)
ORTHO-CEPT (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 1/35 (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	Tier-3	^ (WH)
OVCON-35 (28) ORAL TABLET	Tier-3	^ (WH)
PLAN B ONE-STEP ORAL TABLET	Tier-3	^ (WH)
portia-28 oral tablet	Tier-1	^ (WH)
previfem oral tablet	Tier-1	^ (WH)
QUARTETTE ORAL TABLET	Tier-3	^ (WH)
quasense oral tablet	Tier-1	^ (WH)
reclipsen oral tablet	Tier-1	^ (WH)
SAFYRAL ORAL TABLET	Tier-3	^ (WH)
SEASONIQUE ORAL TABLET	Tier-3	^ (WH)
sprintec 28 oral tablet	Tier-1	^ (WH)
tilia fe oral tablet	Tier-1	^ (WH)
tri-estarylla oral tablet	Tier-1	^ (WH)
tri-legest fe oral tablet	Tier-1	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
trinessa (28) oral tablet	Tier-1	^ (WH)
TRI-NORINYL (28) ORAL TABLET	Tier-3	^ (WH)
tri-previfem oral tablet	Tier-1	^ (WH)
tri-sprintec oral tablet	Tier-1	^ (WH)
trivora (28) oral tablet	Tier-1	^ (WH)
velivet oral tablet	Tier-1	^ (WH)
YASMIN 28 ORAL TABLET	Tier-3	^ (WH)
YAZ ORAL TABLET	Tier-3	^ (WH)
zovia 1/35e (28) oral tablet	Tier-1	^ (WH)
zovia 1/50e (28) oral tablet	Tier-1	^ (WH)
CORTICOSTEROIDS		
baycadron oral elixir	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	
PREDNISONO 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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation solution</i>	Tier-1	
<i>benzonatate oral capsule</i>	Tier-1	
bromfed dm oral syrup	Tier-1	
<i>cheratussin ac oral syrup</i>	Tier-1	
<i>cheratussin dac oral solution</i>	Tier-1	
<i>guaiaatussin ac oral syrup</i>	Tier-1	
<i>guaifenesin ac oral syrup</i>	Tier-1	
<i>guaifenesin dac oral solution</i>	Tier-1	
<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	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	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	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL TABLET 200-125 MG	Tier-2	PA; SP; QL (112 EA per 28 days)
DERMATOLOGICALS		
8-MOP ORAL CAPSULE	Tier-3	
<i>acitretin oral capsule</i>	Tier-1	
acticin external cream	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

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
<i>ammonium lactate external cream</i>	Tier-1	
<i>ammonium lactate external lotion</i>	Tier-1	
amneestem oral capsule	Tier-1	
APEXICON E EXTERNAL CREAM	Tier-3	
APEXICON EXTERNAL OINTMENT	Tier-3	
avita external cream	Tier-1	PA
avita external gel	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	
bacitraycin plus external ointment 500 unit/gm	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
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	
CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL OINTMENT	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
<i>CALCITRIOL EXTERNAL OINTMENT</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	
ciclodan external cream	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)
claravis oral capsule	Tier-1	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
CLINDAGEL EXTERNAL GEL	Tier-3	
clindamax external gel	Tier-1	
clindamax external lotion	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	
CLINDAMYCIN-TRETINOIN EXTERNAL GEL	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	
CLOBETASOL PROPIONATE EXTERNAL LIQUID†	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
CONDYLOX EXTERNAL GEL	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-3	
CORTISPORIN EXTERNAL CREAM	Tier-3	
CORTISPORIN EXTERNAL OINTMENT	Tier-3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML	Tier-2	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SUBCUTANEOUS*	Tier-2	PA; SP; 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	
DICLOFENAC SODIUM TRANSDERMAL GEL 1 %	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	
DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE	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	
EURAX EXTERNAL CREAM	Tier-2	
EURAX EXTERNAL LOTION	Tier-2	
EXELDERM EXTERNAL CREAM	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
FINACEA EXTERNAL FOAM	Tier-2	
FINACEA EXTERNAL GEL	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)
<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)
FLUROPLEX EXTERNAL CREAM	Tier-2	
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
FLURANDRENOLIDE EXTERNAL CREAM	Tier-2	
FLURANDRENOLIDE EXTERNAL LOTION	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	
HALOG EXTERNAL CREAM	Tier-3	
HALOG EXTERNAL OINTMENT	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	
KERALYT EXTERNAL GEL 3 %	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>ketoconazole external cream</i>	Tier-1	
<i>ketoconazole external foam</i>	Tier-1	
<i>ketoconazole external shampoo</i>	Tier-1	
laclotion external lotion	Tier-1	
lavoclen-4 acne wash external kit	Tier-1	
lavoclen-8 acne wash external kit	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)
<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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
nystop external powder	Tier-1	
OPTASE EXTERNAL GEL	Tier-3	
<i>oxiconazole nitrate external cream</i>	Tier-1	
OXISTAT EXTERNAL LOTION	Tier-2	
OXSORALEN EXTERNAL LOTION	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)
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	
refissa external cream	Tier-1	PA
REGRANEX EXTERNAL GEL	Tier-2	
rosadan external cream	Tier-1	
rosadan external gel	Tier-1	
salacyn external cream	Tier-1	
salacyn external lotion	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)
ssd external cream	Tier-1	
STELARA SUBCUTANEOUS* 45 MG/0.5ML	Tier-2	PA; SP; QL (1 Syringe per 84 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
STELARA SUBCUTANEOUS* 90 MG/ML	Tier-2	PA; SP; ¥ (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-3	PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TARGRETIN EXTERNAL GEL	Tier-2	SP
TAZORAC EXTERNAL CREAM	Tier-2	PA
TAZORAC EXTERNAL GEL	Tier-2	PA
thermazene external cream	Tier-1	
<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)
<i>UREA EXTERNAL CREAM 10 %, 20 %, 39 %, 40 %, 45 %, 50 %</i>	Tier-2	
<i>UREA EXTERNAL GEL</i>	Tier-2	
VALCHLOR EXTERNAL GEL	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)
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
FREESTYLE LITE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
FREESTYLE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION PCX IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION PCX PLUS TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION POINT OF CARE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION QID TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION SOF-TACT TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
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	
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-2	
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	
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	Tier-3	
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
ETHACRYNIC ACID ORAL TABLET	Tier-2	
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i>	Tier-1	
FUROSEMIDE ORAL SOLUTION 8 MG/ML	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	
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR HP INJECTION GEL	Tier-2	SP
<i>alendronate sodium oral tablet</i>	Tier-1	
BUPHENYL ORAL TABLET	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	
CARBAGLU ORAL TABLET	Tier-2	PA
CETROTIDE SUBCUTANEOUS* KIT	Tier-2	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>chorionic gonadotropin intramuscular* solution reconstituted</i>	Tier-1	SP
<i>clomiphene citrate oral tablet</i>	Tier-1	
CYSTADANE ORAL POWDER	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-3	PA; SP
<i>etidronate disodium oral tablet</i>	Tier-1	
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
FOLLISTIM AQ INJECTION SOLUTION	Tier-3	PA; SP
FOLLISTIM AQ SUBCUTANEOUS* SOLUTION	Tier-3	PA; SP
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	Tier-2	PA; SP
FORTICAL NASAL SOLUTION	Tier-3	
<i>GANIRELIX ACETATE SUBCUTANEOUS* SOLUTION</i>	Tier-3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	Tier-2	PA; SP
GONAL-F RFF PEN SUBCUTANEOUS* SOLUTION	Tier-2	PA; SP
GONAL-F RFF SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-2	PA; SP
HP ACTHAR INJECTION GEL	Tier-2	SP
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS* SOLUTION	Tier-2	PA; SP
KUVAN ORAL PACKET	Tier-2	PA; SP
KUVAN ORAL TABLET SOLUBLE	Tier-2	PA; SP
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
MENOPUR SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-2	PA; SP
MIACALCIN INJECTION SOLUTION	Tier-2	
NATPARA SUBCUTANEOUS*	Tier-2	PA; QL (2 Cartridges per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier-2	PA; SP
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS* SOLUTION 30 MG/3ML	Tier-2	PA; SP
novarel intramuscular* solution reconstituted	Tier-1	PA; SP
ORFADIN ORAL CAPSULE	Tier-2	PA
ORFADIN ORAL SUSPENSION	Tier-2	PA
OSPHENA ORAL TABLET	Tier-3	
OVIDREL SUBCUTANEOUS* INJECTABLE	Tier-2	SP
<i>paricalcitol oral capsule</i>	Tier-1	
pregnyl intramuscular* solution reconstituted	Tier-1	PA; SP
PROLIA SUBCUTANEOUS* SOLUTION	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID†	Tier-3	PA; SP
<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	SP; QL (14 TABLETS per 7 Days)
SENSIPAR ORAL TABLET	Tier-2	SP
SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-2	PA; SP
SIGNIFOR LAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS* SOLUTION	Tier-2	PA; QL (60 Ampules per 30 Days)
SKELID ORAL TABLET	Tier-2	
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	Tier-3	PA; SP
SYNAREL NASAL SOLUTION	Tier-2	
XGEVA SUBCUTANEOUS* SOLUTION	Medical Benefit	PA
ZORBTIVE SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-2	PA; SP
ESTROGENS		
ALORA TRANSDERMAL PATCH BIWEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CENESTIN ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
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	
<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>jevantage 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	
PREFEST ORAL TABLET	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-3	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	Tier-2	PA; SP; QL (30 TABLETS per 30 days)
FLUOROQUINOLONES		
<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	
MOXIFLOXACIN HCL ORAL TABLET	Tier-2	
NOROXIN ORAL TABLET	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-1	
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl oral tablet</i>	Tier-1	
AMITIZA ORAL CAPSULE	Tier-3	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
ASACOL HD ORAL TABLET DELAYED RELEASE	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	
CANASA SUPPOSITORY	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS* KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS* KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)
CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG	Tier-2	PA; SP; QL (2 Injections per 28 days)
<i>cromolyn sodium oral concentrate</i>	Tier-1	
DELZICOL ORAL CAPSULE DELAYED RELEASE	Tier-2	
DIPENTUM ORAL CAPSULE	Tier-2	
<i>enulose oral solution</i>	Tier-1	
FOSRENOL ORAL PACKET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Tier-2	
GATTEX SUBCUTANEOUS* KIT	Tier-2	PA; SP; QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
LIALDA ORAL TABLET DELAYED RELEASE	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	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG	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	
PENTASA ORAL CAPSULE EXTENDED RELEASE*	Tier-2	
PHOSLYRA ORAL SOLUTION	Tier-2	
RELISTOR ORAL TABLET	Tier-2	
RELISTOR SUBCUTANEOUS* KIT	Tier-2	
RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier-2	
REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
RENAGEL ORAL TABLET	Tier-2	
REVELA ORAL PACKET	Tier-2	
REVELA ORAL TABLET	Tier-2	
SFROWASA ENEMA	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	
VELPHORO ORAL TABLET CHEWABLE	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hr*</i>	Tier-1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-3	
CYSTAGON ORAL CAPSULE	Tier-3	SP
<i>DUTASTERIDE ORAL CAPSULE</i>	Tier-2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
ELMIRON ORAL CAPSULE	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	
GOUT AGENTS		
<i>allopurinol oral tablet</i>	Tier-1	
<i>COLCHICINE ORAL CAPSULE</i>	Tier-2	
<i>colchicine oral tablet</i>	Tier-1	QL (180 EA per 90 days)
<i>colchicine-probenecid oral tablet</i>	Tier-1	
KRYSTEXXA INTRAVENOUS* SOLUTION	Medical Benefit	PA
<i>probenecid oral tablet</i>	Tier-1	
ULORIC ORAL TABLET	Tier-3	STPA
ZURAMPIC ORAL TABLET	Tier-3	PA
HEMATOLOGICAL AGENTS - MISC.		
adynovate intravenous* solution reconstituted	Medical Benefit	PA
AFSTYLA INTRAVENOUS* KIT	Medical Benefit	PA
ALPROLIX INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</i>	Tier-2	
<i>cilostazol oral tablet</i>	Tier-1	
CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
COAGADEX INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>dipyridamole oral tablet</i>	Tier-1	
EFFIENT ORAL TABLET	Tier-3	
FIRAZYR SUBCUTANEOUS* SOLUTION	Tier-2	PA; SP; QL (3 ML per 1 Fill)
IDELVION INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
NOVOEIGHT INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
NUWIQ INTRAVENOUS* KIT	Medical Benefit	PA
NUWIQ INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
obizur intravenous* solution reconstituted	Medical Benefit	PA
<i>pentoxifylline er oral tablet extendedrelease*</i>	Tier-1	
SOLIRIS INTRAVENOUS* SOLUTION	Medical Benefit	PA
<i>ticlopidine hcl oral tablet</i>	Tier-1	
TRETTEN INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
VONVENDI INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION	Tier-2	SP; 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-2	SP; QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier-2	PA; QL (28 EA per 28 days)
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>cyanocobalamin injection solution</i>	Tier-1	
DROXIA ORAL CAPSULE	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-2	SP; QL (10 vials per 14 Days)
FERIVA ORAL CAPSULE	Tier-3	
FERRALET 90 ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS*	Tier-2	SP; 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-2	SP; QL (6 vials per 14 Days)
MAXARON FORTE ORAL CAPSULE	Tier-3	
MAXARON FORTE ORAL TABLET	Tier-3	
MIRCERA INJECTION	Tier-2	QL (2 Syringes per 28 days)
NASCOBAL NASAL SOLUTION	Tier-2	
NEULASTA DELIVERY KIT SUBCUTANEOUS*	Tier-2	SP; QL (1 Syringe per 14 days)
NEULASTA SUBCUTANEOUS*	Tier-2	SP; QL (1 Syringe per 14 days)
NEUPOGEN INJECTION	Tier-3	SP; QL (10 Syringes per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-2	SP; QL (10 VIALS per 14 Days)
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Tier-3	
NPLATE SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
PROCRIT INJECTION SOLUTION	Tier-2	SP; QL (10 vials per 14 Days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	Tier-2	PA; SP; QL (30 TABLETS per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier-2	PA; SP; QL (60 TABLETS per 30 days)
VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
ZARXIO INJECTION	Tier-2	SP; QL (10 Syringes per 14 days)
ZAVESCA ORAL CAPSULE	Tier-2	PA
HEMOSTATICS		
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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*HEPATITIS C AGENT - COMBINATIONS***		
VIEKIRA PAK ORAL	Tier-2	PA; SP; # (genotype 1)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	PA; SP; # (genotype 1)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	Tier-2	QL (120 Packets per 30 days)
HYPNOTICS		
<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-3	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)
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)
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS* SOLUTION	Tier-2	PA; QL (24 VIALS per 28 days)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	Tier-3	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS* SOLUTION	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
NUCALA SUBCUTANEOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS* SOLUTION	Medical Benefit	PA
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED	Medical Benefit	PA
LAXATIVES		
<i>constulose oral solution</i>	Tier-1	
<i>gavilyte-c oral solution reconstituted</i>	Tier-1	^ (ACA)
GOLYTELY ORAL SOLUTION RECONSTITUTED	Tier-2	
HALFLYTELY WITH FLAVOR PACKS ORAL KIT	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)
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS* SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	Tier-3	PA
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS* SOLUTION	Medical Benefit	PA
MACROLIDES		
<i>azithromycin oral packet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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
e.e.s. 400 oral tablet	Tier-1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	Tier-2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	Tier-2	
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier-2	
erythrocin stearate oral tablet 250 mg	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-1	
<i>ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED</i>	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	
MIGRAINE PRODUCTS		
<i>almotriptan malate oral tablet</i>	Tier-1	QL (6 EA 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	
MIGERGOT SUPPOSITORY	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 of 1 box (8 units) per 30 days); QL (8 Units per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
RELPAK 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)
<i>sumatriptan succinate refill subcutaneous*</i>	Tier-1	QL (4 INJECTIONS 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)
MINERALS & ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT	Tier-3	
GALZIN ORAL CAPSULE	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
*MIXED ALLERGENIC EXTRACTS***		
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
MOUTH/THROAT/DENTAL AGENTS		
APHTHASOL MOUTH/THROAT PASTE	Tier-3	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	
<i>clotrimazole mouth/throat troche</i>	Tier-1	
EPISIL MOUTH/THROAT LIQUID†	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	
GELCLAIR MOUTH/THROAT GEL	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	
oralone mouth/throat paste	Tier-1	
periogard mouth/throat solution	Tier-1	
<i>pilocarpine hcl oral tablet</i>	Tier-1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***		
VIMIZIM INTRAVENOUS* SOLUTION	Medical Benefit	PA
MULTIVITAMINS		
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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
<i>VOL-TAB RX ORAL TABLET</i>	Tier-3	
MUSCULOSKELETAL THERAPY AGENTS		
<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; SP
<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	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>azelastine hcl nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
BACTROBAN NASAL NASAL OINTMENT	Tier-3	
<i>BUDESONIDE NASAL SUSPENSION</i>	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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>MOMETASONE FUROATE NASAL SUSPENSION</i>	Tier-2	QL (6 EA per 90 days)
<i>OLOPATADINE HCL NASAL SOLUTION</i>	Tier-2	QL (3 EA per 90 days)
<i>TRIAMCINOLONE ACETONIDE NASAL AEROSOL†</i>	Tier-2	QL (3 EA per 90 days)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	Tier-3	PA
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	Tier-3	PA
NEUROMUSCULAR AGENTS		
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
OPHTHALMIC AGENTS		
<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	
ALREX OPHTHALMIC SUSPENSION	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	
AZOPT OPHTHALMIC SUSPENSION	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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
BETIMOL OPHTHALMIC SOLUTION	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	
<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	
CYSTARAN OPHTHALMIC SOLUTION	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	
garamycin ophthalmic ointment	Tier-1	
GATIFLOXACIN OPHTHALMIC SOLUTION	Tier-2	QL (1 Bottle per 7 Days)
gentak ophthalmic ointment	Tier-1	
<i>gentamicin sulfate ophthalmic ointment</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
ilotycin ophthalmic ointment	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	
<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	
neo-polycin hc ophthalmic ointment	Tier-1	
neo-polycin ophthalmic ointment	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
OLOPATADINE HCL OPHTHALMIC SOLUTION	Tier-2	
<i>parcaine ophthalmic solution</i>	Tier-1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
PILOPINE HS OPHTHALMIC GEL	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	
PRED MILD OPHTHALMIC SUSPENSION	Tier-2	
PRED-G OPHTHALMIC SUSPENSION	Tier-2	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<i>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</i>	Tier-3	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	
RESCULA OPHTHALMIC SOLUTION	Tier-3	
RESTASIS OPHTHALMIC EMULSION	Tier-3	PA
SIMBRINZA OPHTHALMIC SUSPENSION	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	
<i>SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SUSPENSION</i>	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier-1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Tier-3	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-1	
TOBEX OPHTHALMIC OINTMENT	Tier-3	
TRAVATAN Z OPHTHALMIC SOLUTION	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	
VEXOL OPHTHALMIC SUSPENSION	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
VIGAMOX OPHTHALMIC SOLUTION	Tier-3	QL (1 BOTTLE per 10 Days)
ZIOPTAN OPHTHALMIC SOLUTION	Tier-3	STPA; QL (90 EA per 90 Days)
ZIRGAN OPHTHALMIC GEL	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
OTIC AGENTS		
acetazol hc otic solution	Tier-1	
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
CIPRODEX OTIC SUSPENSION	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
COLY-MYCIN S OTIC SUSPENSION	Tier-3	
cortisporin otic solution	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	
OXYTOCICS		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS* KIT	Medical Benefit	PA
PASSIVE IMMUNIZING AGENTS		
SYNAGIS INTRAMUSCULAR* SOLUTION	Tier-3	PA; SP
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS*	Tier-3	PA; SP; # (Non-preferred product); QL (2 Syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS*	Tier-2	PA; SP; # (Preferred product); QL (1 System per 28 days)
REPATHA SUBCUTANEOUS*	Tier-2	PA; SP; # (Preferred product); QL (2 Syringes per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS*	Tier-2	PA; SP; # (Preferred product); QL (2 Autoinjectors per 28 days)
PENICILLINS		
<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	
<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	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ZYDELIG ORAL TABLET	Tier-2	PA; ^ (CM)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL 10 & 20 & 30 MG	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
OTEZLA ORAL TABLET	Tier-2	PA; SP; QL (60 EA per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL CAPSULE	Tier-2	PA; ^ (CM)
*POTASSIUM REMOVING AGENTS***		
<i>kionex oral suspension</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
PROGESTINS		
MAKENA INTRAMUSCULAR* OIL	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	Tier-3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR*	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
AUBAGIO ORAL TABLET	Tier-2	SP; QL (28 TABLETS per 28 Days)
AVONEX INTRAMUSCULAR* KIT	Tier-2	SP; QL (4 VIALS per 28 Days)
AVONEX PEN INTRAMUSCULAR*	Tier-2	SP; QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR*	Tier-2	SP; QL (4 Syringes per 28 days)
BETASERON SUBCUTANEOUS* KIT	Tier-2	SP; 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-2	SP; QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS* 40 MG/ML	Tier-2	SP; 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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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	
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-2	SP; QL (30 EA per 30 days)
GLATOPA SUBCUTANEOUS*	Tier-2	SP; 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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	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	
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	
NUEDEXTA ORAL CAPSULE	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-2	SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY SUBCUTANEOUS*	Tier-2	SP; 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-2	SP; QL (12 Syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS*	Tier-2	SP; QL (12 Syringes per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
REBIF SUBCUTANEOUS*	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS*	Tier-2	SP; 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
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 TABLETS per 90 Days)
SM Nicotine MOUTH/THROAT GUM	No Copayment	
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-2	SP; QL (60 CAPSULES per 30 Days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-2	SP; QL (60 CAPSULES per 30 Days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-1	PA; SP; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-1	PA; SP; 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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR*	No Copayment	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	Tier-3	PA; QL (60 EA per 30 days)
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	Tier-3	PA; SP; QL (270 EA per 30 days)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL	Tier-3	PA; SP
UPTRAVI ORAL TABLET	Tier-3	PA; SP
RESPIRATORY AGENTS - MISC.		
KALYDECO ORAL PACKET	Tier-2	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
PULMOZYME INHALATION SOLUTION	Tier-2	SP
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	Tier-3	PA
*SEROTONIN MODULATORS***		
<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
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI ORAL TABLET	Tier-3	
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET	Tier-3	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
INVOKAMET ORAL TABLET	Tier-2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HR*	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SYNJARDY ORAL TABLET	Tier-3	
SULFONAMIDES		
<i>SULFADIAZINE ORAL TABLET</i>	Tier-3	
TETRACYCLINES		
<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	
<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	
<i>MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HR*</i>	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	
VIBRAMYCIN ORAL SYRUP	Tier-3	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	Tier-2	
<i>levothyroid 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	
NATURE-THROID ORAL TABLET	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYROLAR-1 ORAL TABLET	Tier-3	
THYROLAR-1/2 ORAL TABLET	Tier-3	
THYROLAR-1/4 ORAL TABLET	Tier-3	
THYROLAR-2 ORAL TABLET	Tier-3	
THYROLAR-3 ORAL TABLET	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
unithroid direct oral tablet	Tier-1	
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	Tier-1	
ULCER DRUGS		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
CANTIL ORAL TABLET	Tier-3	
CARAFATE ORAL SUSPENSION	Tier-3	
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier-1	
CIMETIDINE HCL ORAL SOLUTION	Tier-2	
CIMETIDINE ORAL TABLET	Tier-2	
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	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	Tier-2	QL (300 ML per 30 Days)
FIRST-OMEPRAZOLE ORAL SUSPENSION	Tier-2	QL (300 ML per 30 Days)
<i>glycopyrrolate oral tablet</i>	Tier-1	
hyomax-sl sublingual tablet sublingual	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<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)
<i>NIZATIDINE ORAL CAPSULE</i>	Tier-2	
<i>NIZATIDINE ORAL SOLUTION</i>	Tier-2	
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE	Tier-2	
<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)
PYLERA ORAL CAPSULE	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	
URINARY ANTI-INFECTIVES		
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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
URINARY ANTISPASMODICS		
<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	
GELNIQUE TRANSDERMAL GEL	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	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-1	
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier-1	
VESICARE ORAL TABLET	Tier-2	
VAGINAL PRODUCTS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
CLINDESSE VAGINAL CREAM	Tier-3	
CRINONE VAGINAL GEL	Tier-3	
ENDOMETRIN VAGINAL INSERT	Tier-3	
ESTRACE VAGINAL CREAM	Tier-2	
ESTRING VAGINAL RING	Tier-2	
FEMRING VAGINAL RING	Tier-2	
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY	Tier-2	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>metronidazole vaginal gel</i>	Tier-1	
NUVESSA VAGINAL GEL	Tier-3	
PREMARIN VAGINAL CREAM	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
VAGIFEM VAGINAL TABLET 10 MCG	Tier-2	
vandazole vaginal gel	Tier-1	
VASOPRESSORS		
AUVI-Q INJECTION	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)
EPIPEN 2-PAK INJECTION	Tier-2	QL (2 INJECTORS per 1 Fill)
EPIPEN JR 2-PAK INJECTION	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>midodrine hcl oral tablet</i>	Tier-1	
VITAMINS		
<i>ergocalciferol oral capsule</i>	Tier-1	
MEPHYTON ORAL TABLET	Tier-2	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

^ = Mandates May Apply
¥ = Additional Limits May Apply
= Drug specific notes

Index

8-MOP.....	48	<i>alfuzosin hcl er</i>	63	AMPYRA	78
<i>abacavir sulfate</i>	36	ALINIA	28	AMTURNIDE	27
ABACAVIR		ALKERAN	30	ANADROL-50	13
SULFATE-LAMIVUDINE	36	<i>allopurinol</i>	63	<i>anagrelide hcl</i>	63
<i>abacavir-lamivudine-zidovudine</i>		<i>almotriptan malate</i>	68	<i>anastrozole</i>	31
.....	36	ALOCRI	72	ANDRODERM	13
ABILIFY DISCMELT	35	ALOMIDE	72	ANDROGEL	13
ABSTRAL	10	ALORA	59	android.....	13
<i>acamprosate calcium</i>	78	<i>alosetron hcl</i>	61	ANDROXY	13
<i>acarbose</i>	21	ALPHAGAN P	72	ANGELIQ	59
<i>acebutolol hcl</i>	40	<i>alprazolam</i>	14	ANORO ELLIPTA	15
<i>acetaminophen-codeine #3</i>	10	ALPROLIX	63	<i>antibiotic ear</i>	76
<i>acetaminophen-codeine #4</i>	10	ALREX	72	ANZEMET	24
acetasol hc.....	76	ALSUMA	68	APEXICON	49
<i>acetazolamide</i>	57	ALTABAX	49	APEXICON E	49
<i>acetazolamide er</i>	56	<i>amantadine hcl</i>	34	APHTHASOL	70
<i>acetic acid</i>	76	<i>amcinonide</i>	49	APLENZIN	20
<i>acetylcysteine</i>	48	AMCINONIDE	49	APOKYN	34
<i>acitretin</i>	48	amethia.....	44	<i>apraclonidine hcl</i>	72
ACTEMRA	7	amethia lo.....	44	apri.....	44
ACTEMRA	7	amethyst.....	44	APRISO	61
ACTHAR HP	57	AMICAR	65	APTIOM	18
acticin.....	48	<i>amiloride hcl</i>	57	APTIVUS	36
ACTIMMUNE	30	<i>amiloride-hydrochlorothiazide</i>	57	aranelle.....	44
ACTOPLUS MET XR	22	<i>aminocaproic acid</i>	65	ARANESP (ALBUMIN FREE)	
<i>acyclovir</i>	36, 48	<i>aminophylline</i>	15	.....	64
<i>adapalene</i>	48, 49	<i>amiodarone hcl</i>	15	ARCALYST	7
ADCIRCA	42	AMITIZA	61	ARIPIPRAZOLE	35
ADDERALL	5	<i>amitriptyline hcl</i>	20	ARMODAFINIL	5
ADDERALL XR	5	<i>amlodipine besy-benazepril hcl</i>		ARMOUR THYROID	83
ADDYI	82	.....	27	ARNUITY ELLIPTA	15
<i>adefovir dipivoxil</i>	36	<i>amlodipine besylate</i>	41	ASACOL HD	61
ADEMPAS	42	<i>amlodipine besylate-valsartan</i>	27	ASPIRIN-DIPYRIDAMOLE ER	
ADVAIR DISKUS	15	AMLODIPINE-ATORVASTATIN		.....	63
ADVAIR HFA	15	.....	42	ATABEX EC	70
ADVICOR	26	AMLODIPINE-OLMESARTAN		<i>atenolol</i>	40
adynovate.....	63	.....	27	<i>atenolol-chlorthalidone</i>	27
AFINITOR	30	<i>amlodipine-valsartan-hctz</i>	27	<i>atorvastatin calcium</i>	26
AFINITOR DISPERZ	30	<i>ammonium lactate</i>	49	<i>atovaquone</i>	29
AFSTYLA	63	amnestem.....	49	ATOVAQUONE-PROGUANIL	
AKNE-MYCIN	49	<i>amoxapine</i>	20	HCL	29
<i>ak-poly-bac</i>	72	<i>amoxicill-clarithro-lansopraz</i>	84	ATRIPLA	36
AKYNZEO	24	<i>amoxicillin</i>	77	<i>atropine sulfate</i>	72
<i>ala cort</i>	49	AMOXICILLIN ER	77	ATROVENT HFA	15
ALBENZA	13	<i>amoxicillin-pot clavulanate</i>	77	AUBAGIO	78
<i>albuterol sulfate</i>	15	<i>amoxicillin-pot clavulanate er</i>	77	AUGMENTIN	77
<i>albuterol sulfate er</i>	15	<i>amphetamine-dextroamphet er</i>	5	AURYXIA	61
<i>alclometasone dipropionate</i>	49	<i>amphetamine-dextroamphetamine</i>		AUVI-Q	87
ALECENSA	30	.....	5	aviane.....	44
<i>alendronate sodium</i>	57	<i>ampicillin</i>	77	avita.....	49

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

AVONEX	78	<i>bicalutamide</i>	31	<i>cabergoline</i>	57
AVONEX PEN	78	BIDIL	42	CABOMETYX	31
AVONEX PREFILLED	78	BILTRICIDE.....	13	CAFERGOT.....	68
AZASAN	39	BIONECT.....	49, 50	<i>calcipotriene</i>	50
AZASITE.....	72	<i>bisoprolol fumarate</i>	40	CALCIPOTRIENE-BETAMETH	
<i>azathioprine</i>	39	<i>bisoprolol-hydrochlorothiazide</i>		DIPROP	50
<i>azathioprine sodium</i>	39	.....	27	<i>calcitonin (salmon)</i>	57
<i>azelastine hcl</i>	71, 72	BLEPHAMIDE.....	73	CALCITRENE.....	50
AZELEX.....	49	BLEPHAMIDE S.O.P.....	73	CALCITRIOL	50
AZILECT	34	BOSULIF	31	<i>calcitriol</i>	57
<i>azithromycin</i>	67, 68	BOTOX.....	72	<i>calcium acetate (phos binder)</i>	61
AZOPT	72	BREO ELLIPTA.....	15	camila.....	44
azurette.....	44	BREVICON (28).....	44	camrese.....	44
<i>bacitracin</i>	49, 72	BRILINTA.....	56	camrese lo.....	44
<i>bacitracin zinc</i>	49	<i>brimonidine tartrate</i>	73	CANASA	61
<i>bacitracin-polymyxin b</i>	49, 72	BRIVIACT.....	18	CANDESARTAN CILEXETIL	27
<i>bacitra-neomycin-polymyxin-hc</i>		BROMDAY.....	73	CANDESARTAN	
.....	72	bromfed dm.....	48	CILEXETIL-HCTZ	27
bacitraycin plus.....	49	<i>bromfenac sodium</i>	73	CANTIL.....	84
<i>baclofen</i>	71	<i>bromfenac sodium (once-daily)</i>		<i>capecitabine</i>	31
BACTROBAN NASAL.....	71	.....	73	CAPEX.....	50
<i>balsalazide disodium</i>	61	<i>bromocriptine mesylate</i>	34	CAPITAL/CODEINE.....	10
balziva.....	44	BROVANA.....	15	CAPRELSA	31
BANZEL	18	budeprion sr.....	20	<i>captopril</i>	27
BARACLUDE	37	<i>budesonide</i>	16	<i>captopril-hydrochlorothiazide</i>	27
baycadron.....	47	BUDESONIDE	71	CARAFATE.....	84
BELBUCA.....	10	<i>budesonide er</i>	47	CARBAGLU	57
BELSOMRA.....	76	<i>bumetanide</i>	57	<i>carbamazepine</i>	18
BELVIQ.....	5	BUNAVAIL.....	10	<i>carbamazepine er</i>	18
BELVIQ XR.....	5	BUPAP.....	9	<i>carbidopa</i>	34
<i>benazepril hcl</i>	27	BUPHENYL.....	57	<i>carbidopa-levodopa</i>	34
<i>benazepril-hydrochlorothiazide</i>		<i>buprenorphine hcl</i>	10	<i>carbidopa-levodopa er</i>	34
.....	27	<i>buprenorphine hcl-naloxone hcl</i>		<i>carbidopa-levodopa-entacapone</i>	
BENLYSTA.....	39	.....	10	.....	34
<i>benzonatate</i>	48	BUPROBAN.....	78	<i>carbinoxamine maleate</i>	25
<i>benzoyl peroxide-erythromycin</i>	49	<i>bupropion hcl</i>	20	CARDENE SR.....	41
BENZPHETAMINE HCL	5	BuPROPion HCl ER (Smoking		CARDURA XL.....	63
<i>benzphetamine hcl</i>	5	Det).....	78	<i>carisoprodol</i>	71
<i>benztropine mesylate</i>	34	<i>bupropion hcl er (sr)</i>	20	<i>carisoprodol-aspirin</i>	71
BESIVANCE.....	72	<i>bupropion hcl er (xl)</i>	20	<i>carisoprodol-aspirin-codeine</i>	71
<i>betamethasone dipropionate</i>	49	<i>bupirone hcl</i>	14	<i>carteolol hcl</i>	73
<i>betamethasone dipropionate aug</i>		<i>butalbital compound/asa</i>	9	cartia xt.....	41
.....	49	<i>butalbital compound/codeine</i>	10	<i>carvedilol</i>	40
<i>betamethasone valerate</i>	49	<i>butalbital-acetaminophen</i>	10	CAVERJECT.....	42
BETASERON	78	<i>butalbital-apap-caff-cod</i>	10	CAYSTON	29
<i>betaxolol hcl</i>	40, 73	<i>butalbital-apap-caffeine</i>	10	<i>cefaclor</i>	43
<i>bethanechol chloride</i>	86	<i>butalbital-asa-caff-codeine</i>	10	CEFACTOR ER	43
BETHKIS.....	7	<i>butalbital-asa-caffeine</i>	10	<i>cefadroxil</i>	43
BETIMOL	73	<i>butalbital-aspirin-caffeine</i>	10	<i>cefdinir</i>	43
BETOPTIC-S.....	73	<i>butorphanol tartrate</i>	10	<i>cefditoren pivoxil</i>	43
<i>bexarotene</i>	31	BUTRANS.....	10	<i>cefixime</i>	43
BEYAZ.....	44	BYSTOLIC.....	40	<i>cefpodoxime proxetil</i>	43, 44

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>cefpodoxil</i>	44	CITRANATAL DHA.....	70	COMPLERA	37
<i>ceftibuten</i>	44	CITRANATAL RX.....	70	CONCERTA.....	5
CEFTIN.....	44	claravis.....	50	CONDYLOX.....	51
<i>cefuroxime axetil</i>	44	<i>clarithromycin</i>	68	<i>constulose</i>	67
CELECOXIB	7	<i>clarithromycin er</i>	68	CONTRAVE.....	34
CELONTIN.....	18	<i>clemastine fumarate</i>	25	COPAXONE	78
CENESTIN.....	59	CLEOCIN.....	86	CORDRAN.....	51
<i>cephalexin</i>	44	CLIMARA PRO.....	60	CORLANOR.....	82
CERDELGA	64	CLINDACIN-P.....	50	CORTIFOAM	13
CEREZYME.....	64	CLINDAGEL.....	50	<i>cortisone acetate</i>	47
CESAMET.....	24	clindamax.....	50	CORTISPORIN.....	51
CETROTIDE	57	<i>clindamycin hcl</i>	29	cortisporin.....	76
CETYLEV.....	24	<i>clindamycin palmitate hcl</i>	29	CORTISPORIN-TC.....	76
CHANTIX.....	78	<i>clindamycin phos-benzoyl perox</i>	50	COSENTYX	51
CHANTIX CONTINUING		.....	50	COSENTYX SENSOREADY	
MONTH PAK.....	78	<i>clindamycin phosphate</i>	50, 86	PEN	51
CHANTIX STARTING MONTH		CLINDAMYCIN-TRETINOIN	50	COSOPT PF.....	73
PAK.....	78	CLINDESSE.....	86	COTELIC	31
CHEMET.....	24	<i>clobetasol propionate</i>	50	COVERA-HS.....	41
<i>cheratussin ac</i>	48	CLOBETASOL PROPIONATE	50	CREON	56
<i>cheratussin dac</i>	48	<i>clobetasol propionate emulsion</i>	50	CRESEMBA.....	25
<i>chloral hydrate</i>	66	.....	50	CRINONE.....	86
<i>chlordiazepoxide-amitriptyline</i>	78	<i>clocortolone pivalate</i>	51	CRIVAN	37
<i>chlordiazepoxide-clidinium</i>	84	<i>clocortolone pivalate pump</i>	51	<i>cromolyn sodium</i>	16, 61, 73
<i>chlorhexidine gluconate</i>	70	<i>clomiphene citrate</i>	58	cryselle-28.....	44
<i>chloroquine phosphate</i>	29	<i>clomipramine hcl</i>	20	CUPRIMINE	39
<i>chlorothiazide</i>	57	<i>clonazepam</i>	18	CVS Nicotine.....	78
<i>chlorpromazine hcl</i>	35	<i>clonidine hcl</i>	27	CVS Nicotine Polacrilex.....	78
<i>chlorpropamide</i>	22	<i>clonidine hcl er</i>	5	<i>cyanocobalamin</i>	64
<i>chlorthalidone</i>	57	<i>clopidogrel bisulfate</i>	63	cyclafem 1/35.....	44
<i>chlorzoxazone</i>	71	<i>clotrimazole</i>	70	cyclafem 7/7/7.....	44
CHOLBAM	41	<i>clotrimazole-betamethasone</i>	51	CYCLESSA.....	44
<i>chorionic gonadotropin</i>	58	<i>clozapine</i>	35	<i>cyclobenzaprine hcl</i>	71
CIALIS.....	42	COAGADEx.....	63	<i>cyclopentolate hcl</i>	73
ciclodan.....	50	COARTEM	29	CYCLOPHOSPHAMIDE	31
<i>ciclopirox</i>	50	<i>codeine sulfate</i>	10	<i>cyclophosphamide</i>	31
<i>ciclopirox olamine</i>	50	COENZYME Q10	7	<i>cycloserine</i>	30
<i>ciclopirox treatment</i>	50	COLCHICINE	63	CYCLOSET	22
<i>cilostazol</i>	63	<i>colchicine</i>	63	<i>cyclosporine</i>	39
CILOXAN.....	73	<i>colchicine-probenecid</i>	63	<i>cyclosporine modified</i>	39
CIMETIDINE	84	<i>colestipol hcl</i>	26	<i>cyproheptadine hcl</i>	25
CIMETIDINE HCL	84	colocort.....	13	CYRAMZA.....	31
CIMZIA	61	COLY-MYCIN S.....	76	CYSTADANE.....	58
CIMZIA PREFILLED	61	COMBIGAN.....	73	CYSTAGON.....	63
CIMZIA STARTER KIT	61	COMBIPATCH.....	60	CYSTARAN	73
CINQAIR.....	67	COMBIVENT RESPIMAT	16	DALIRESP.....	16
CINRYZE.....	63	COMETRIQ (100 MG DAILY		<i>danazol</i>	13
CIPRO HC.....	76	DOSE)	31	<i>dantrolene sodium</i>	71
CIPRODEX	76	COMETRIQ (140 MG DAILY		<i>dapsone</i>	29
<i>ciprofloxacin hcl</i>	61, 73, 76	DOSE)	31	DARAPRIM	29
<i>ciprofloxacin-ciproflox hcl er</i>	61	COMETRIQ (60 MG DAILY		DARIFENACIN	
<i>citalopram hydrobromide</i>	20	DOSE)	31	HYDROBROMIDE ER	86

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

DAYTRANA	5	DILANTIN	18	EGRIFTA	58
DELESTROGEN	60	DILATRATE-SR	14	ELELYSO	64
DELZICOL	61	<i>dilt-cd</i>	41	ELESTRIN	60
<i>demeclocycline hcl</i>	83	<i>diltiazem hcl</i>	41	ELETONE	51
DEMSEER	27	<i>diltiazem hcl cd</i>	41	ELIDEL	51
DENAVIR	51	<i>diltiazem hcl er</i>	41	ELIQUIS	17
DEPEN TITRATABS	39	<i>diltiazem hcl er beads</i>	41	ELIXOPHYLLIN	16
DEPLIN	56	<i>diltiazem hcl er coated beads</i>	41	ELLA	44
DEPLIN 15	56	<i>dilt-xr</i>	41	ELMIRON	63
DEPLIN 7.5	56	<i>diltzac</i>	41	EMADINE	73
DEPRIZINE FUSEPAQ	84	DIPENTUM	61	EMBEDA	10
DESCOVY	37	<i>diphenhydramine hcl</i>	26	EMCYT	31
<i>desipramine hcl</i>	20	<i>diphenoxylate-atropine</i>	23	EMEND	24
<i>desloratadine</i>	25	<i>dipyridamole</i>	64	EMSAM	20
<i>desmopressin ace spray refrig</i>	58	<i>disopyramide phosphate</i>	15	EMTRIVA	37
<i>desmopressin acetate</i>	58	<i>disulfiram</i>	78	<i>enalapril maleate</i>	27
DESOGEN	44	DIURIL	57	<i>enalapril-hydrochlorothiazide</i>	27
<i>desonide</i>	51	<i>divalproex sodium</i>	18	ENBREL	8
<i>desoximetasone</i>	51	<i>divalproex sodium er</i>	18	ENBREL SURECLICK	8
DESVENLAFAXINE ER	20	DIVIGEL	60	endocet	10
DESVENLAFAXINE FUMARATE		DOFETILIDE	15	endodan	10
ER	20	<i>donepezil hcl</i>	78, 79	ENDOMETRIN	86
<i>dexamethasone</i>	47	DONNATAL	84	ENJUVIA	60
<i>dexamethasone sodium phosphate</i>		DONNATAL EXTENTABS	84	<i>enoxaparin sodium</i>	17
	73	DORYX	83	enpresse-28	45
<i>dexchlorpheniramine maleate</i>	25	<i>dorzolamide hcl</i>	73	<i>entacapone</i>	34
<i>dexmethylphenidate hcl</i>	5	<i>dorzolamide hcl-timolol mal</i>	73	ENTECAVIR	37
DEXMETHYLPHENIDATE HCL		<i>doxazosin mesylate</i>	27	ENTRESTO	72
ER	5	<i>doxepin hcl</i>	20	ENTYVIO	66
DEXPAK 10 DAY	47	<i>doxercalciferol</i>	58	<i>enulose</i>	61
DEXPAK 13 DAY	47	DOXYCYCLINE	51	EPANED	27
DEXPAK 6 DAY	47	<i>doxycycline hyclate</i>	83	<i>epinastine hcl</i>	73
<i>dextroamphetamine sulfate</i>	5, 6	<i>doxycycline monohydrate</i>	83	<i>epinephrine</i>	87
DEXTROAMPHETAMINE		<i>dronabinol</i>	24	EPIPEN 2-PAK	87
SULFATE ER	5	DROXIA	64	EPIPEN JR 2-PAK	87
DIASTAT ACUDIAL	18	DUAVEE	60	EPISIL	70
DIASTAT PEDIATRIC	18	DULOXETINE HCL	20	epitol	18
<i>diazepam</i>	14, 18	DUOPA	34	EPIVIR HBV	37
<i>diclofenac potassium</i>	7	DUTASTERIDE	63	<i>eplerenone</i>	27
<i>diclofenac sodium</i>	8, 51, 73	<i>dutasteride-tamsulosin hcl</i>	63	EPOGEN	64
DICLOFENAC SODIUM	51	DUTOPROL	27	epoprostenol sodium	42
<i>diclofenac sodium er</i>	8	DYANAVEL XR	6	<i>eprosartan mesylate</i>	27
<i>dicloxacillin sodium</i>	77	DYNACIRC CR	41	EQ Nicotine	79
DICOPANOL FUSEPAQ	26	DYRENIUM	57	EQ Nicotine Polacrilex	79
<i>dicyclomine hcl</i>	84	DYSPORT	72	EQ Nicotine Step 3	79
<i>didanosine</i>	37	e.e.s. 400	68	EQL Nicotine	79
<i>diethylpropion hcl</i>	6	<i>econazole nitrate</i>	51	EQL Nicotine Polacrilex	79
DIFICID	68	EDEX	42	EQUETRO	35
<i>diflorasone diacetate</i>	51	<i>ed-spaz</i>	84	<i>ergocalciferol</i>	87
<i>diflunisal</i>	10	EDURANT	37	<i>ergoloid mesylates</i>	79
<i>digoxin</i>	42	EFFER-K	69	ERGOMAR	68
<i>dihydroergotamine mesylate</i>	68	EFFIENT	64	ERIVEDGE	31

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

errin	45	FARYDAK	31	<i>fluorometholone</i>	73
ERTACZO	51	<i>felbamate</i>	18	FLUOROPLEX	52
<i>ery</i>	51	<i>felodipine er</i>	41	<i>fluorouracil</i>	52
ERYPED 200	68	FEMRING	86	<i>fluoxetine hcl</i>	21
ERYPED 400	68	FEMTRACE	60	FLUOXETINE HCL	21
ERY-TAB	68	<i>FENOFIBRATE</i>	26	<i>fluphenazine hcl</i>	35
erythrocin stearate	68	<i>fenofibrate</i>	26	FLURANDRENOLIDE	52
<i>erythromycin</i>	51, 73	<i>fenofibrate micronized</i>	26	<i>flurbiprofen</i>	8
<i>erythromycin base</i>	68	<i>fenofibric acid</i>	26	<i>flurbiprofen sodium</i>	73
ERYTHROMYCIN		<i>fenopropfen calcium</i>	8	<i>flutamide</i>	31
ETHYLSUCCINATE	68	<i>fentanyl</i>	10	<i>fluticasone propionate</i>	52, 71
<i>erythromycin ethylsuccinate</i>	68	<i>fentanyl citrate</i>	10	<i>fluvastatin sodium</i>	26
<i>erythromycin stearate</i>	68	FERIVA	64	<i>fluvoxamine maleate</i>	21
ESBRIET	82	FERRALET 90	64	FLUVOXAMINE MALEATE ER	
<i>escitalopram oxalate</i>	20	FERRIPROX	24		21
ESOMEPRAZOLE MAGNESIUM		FINACEA	52	FML	73
	84	<i>finasteride</i>	63	FML FORTE	73
ESOMEPRAZOLE STRONTIUM		FIRAZYR	64	FOCALIN XR	6
	84	FIRST-BXN MOUTHWASH	70	<i>folic acid</i>	65
<i>estazolam</i>	66	FIRST-DUKES MOUTHWASH		FOLLISTIM AQ	58
ESTRACE	86		70	<i>fondaparinux sodium</i>	17
<i>estradiol</i>	60	FIRST-LANSOPRAZOLE	84	FORADIL AEROLIZER	16
ESTRADIOL	60	FIRST-MARYS MOUTHWASH		FORFIVO XL	21
<i>estradiol-norethindrone acet</i>	60		70	FORTEO	58
ESTRASORB	60	FIRST-OMEPRAZOLE	84	FORTICAL	58
ESTRING	86	FIRST-PROGESTERONE VGS		<i>fosinopril sodium</i>	27
ESTROGEL	60	100	86	<i>fosinopril sodium-hctz</i>	27
<i>estropipate</i>	60	FIRST-PROGESTERONE VGS		FOSRENOL	61, 62
ESTROSTEP FE	45	200	86	FRAGMIN	17
<i>eszopiclone</i>	66	FIRST-PROGESTERONE VGS		FREESTYLE INSULINX TEST	
ETHACRYNIC ACID	57	25	86		55
<i>ethambutol hcl</i>	30	FIRST-PROGESTERONE VGS		FREESTYLE LITE TEST	55
<i>ethosuximide</i>	18	400	86	FREESTYLE TEST	56
<i>etidronate disodium</i>	58	FIRST-PROGESTERONE VGS		FRESHKOTE	73
<i>etodolac</i>	8	50	86	FULYZAQ	24
<i>etodolac er</i>	8	FIRST-TESTOSTERONE	13	<i>furosemide</i>	57
<i>etoposide</i>	31	FIRST-TESTOSTERONE MC		FUROSEMIDE	57
EUFLEXXA	71		13	FUSION PLUS	65
EURAX	51	FIRST-VANCOMYCIN 25	29	FUZEON	37
EVAMIST	60	FIRST-VANCOMYCIN 50	29	FYCOMPA	18
EVOTAZ	37	FLAREX	73	<i>gabapentin</i>	18, 19
EVZIO	24	<i>flavoxate hcl</i>	86	GABITRIL	19
EXELDERM	51, 52	<i>flecainide acetate</i>	15	<i>galantamine hydrobromide</i>	79
EXELON	79	FLOLAN	42	<i>galantamine hydrobromide er</i>	79
<i>exemestane</i>	31	FLOVENT DISKUS	16	GALZIN	69
EXJADE	24	FLOVENT HFA	16	GANIRELIX ACETATE	58
FABIOR	52	<i>fluconazole</i>	25	<i>garamycin</i>	73
FABRAZYME	58	<i>flucytosine</i>	25	GATIFLOXACIN	73
<i>famciclovir</i>	37	<i>fludrocortisone acetate</i>	47	GATTEX	62
FAMOTIDINE	84	<i>flunisolide</i>	71	<i>gavilyte-c</i>	67
<i>famotidine</i>	84	<i>fluocinolone acetonide</i>	52, 76	GELCLAIR	70
FARESTON	31	<i>fluocinonide</i>	52	GELNIQUE	86

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>gemfibrozil</i>	26	HETLIOZ.....	66	HYQVIA.....	76
GENERESS FE.....	45	HEXALEN	31	<i>ibandronate sodium</i>	58
<i>generlac</i>	62	HM Nicotine.....	79	IBRANCE	48
gentak.....	73	HM Nicotine Polacrilex.....	79	<i>ibuprofen</i>	8
<i>gentamicin sulfate</i>	52, 73, 74	HORIZANT.....	79	ICLUSIG	32
GENVOYA	37	HP ACTHAR	58	IDELVION.....	64
GESTICARE DHA.....	70	HUMALOG	22	ILARIS.....	8
gianvi.....	45	HUMALOG KWIKPEN	22	ILEVRO.....	74
GILENYA	79	HUMALOG MIX 50/50	22	ilotycin.....	74
GILOTRIF	31	HUMALOG MIX 50/50	22	<i>imatinib mesylate</i>	32
GLATOPA	79	KWIKPEN	22	IMBRUVICA	32
GLEOSTINE.....	31	HUMALOG MIX 75/25	22	<i>imipramine hcl</i>	21
<i>glimepiride</i>	22	HUMALOG MIX 75/25	22	<i>imipramine pamoate</i>	21
<i>glipizide</i>	22	KWIKPEN	22	<i>imiquimod</i>	52
<i>glipizide er</i>	22	HUMIRA	8	IMPAVIDO	29
<i>glipizide xl</i>	22	HUMIRA PEDIATRIC	8	INCRELEX	58
<i>glipizide-metformin hcl</i>	22	CROHNS START	8	<i>indapamide</i>	57
GLUCAGEN HYPOKIT	22	HUMIRA PEN	8	INDOCIN.....	8
GLUCAGON EMERGENCY	22	HUMIRA PEN-CROHNS	8	<i>indomethacin</i>	8
<i>glyburide</i>	22	STARTER	8	<i>indomethacin er</i>	8
<i>glyburide micronized</i>	22	HUMIRA PEN-PSORIASIS	8	INLYTA	32
<i>glyburide-metformin</i>	22	STARTER	8	INNOPRAN XL.....	40
<i>glycopyrrolate</i>	84	HUMULIN 70/30	22	INTEGRA F.....	65
GLYXAMBI.....	82	HUMULIN N	22	INTEGRA PLUS.....	65
GNP Nicotine Mini.....	79	HUMULIN R	22	INTELENCE	37
GNP Nicotine Polacrilex.....	79	HUMULIN R U-500	22	INTRON A	32
GOLYTELY	67	(CONCENTRATED)	22	INVIRASE	37
GONAL-F	58	HYCAMTIN	31, 32	INVOKAMET	82
GONAL-F RFF	58	<i>hydralazine hcl</i>	27	INVOKAMET XR	82
GONAL-F RFF PEN	58	<i>hydrochlorothiazide</i>	57	INVOKANA	22
<i>granisetron hcl</i>	24	<i>hydrocod polst-cpm polst er</i>	48	<i>iophen c-nr</i>	48
GRANISOL.....	24	<i>hydrocodone-acetaminophen</i>	11	IOPIDINE.....	74
GRANIX	65	<i>hydrocodone-homatropine</i>	48	<i>ipratropium bromide</i>	16, 71
GRASTEK.....	41	<i>hydrocodone-ibuprofen</i>	11	<i>ipratropium-albuterol</i>	16
<i>griseofulvin microsize</i>	25	<i>hydrocortisone</i>	13, 47, 52	<i>irbesartan</i>	27
<i>griseofulvin ultramicrosize</i>	25	HYDROCORTISONE	13	<i>irbesartan-hydrochlorothiazide</i>	27
<i>guaiaatussin ac</i>	48	ACE-PRAMOXINE	13	IRESSA	32
<i>guaifenesin ac</i>	48	<i>hydrocortisone butyr lipo base</i>	52	IROSPAN 24/6.....	65
<i>guaifenesin dac</i>	48	<i>hydrocortisone butyrate</i>	52	ISENTRESS	37
<i>guaifenesin-codeine</i>	48	<i>hydrocortisone valerate</i>	52	isonarif.....	30
<i>guanfacine hcl</i>	27	<i>hydrocortisone-acetic acid</i>	76	<i>isoniazid</i>	30
GUANFACINE HCL ER	6	<i>hydromet</i>	48	ISORDIL TITRADOSE.....	14
GUANIDINE HCL	30	<i>hydromorphone hcl</i>	11	<i>isosorbide dinitrate</i>	14
GYNAZOLE-1	86	HYDROMORPHONE HCL ER	11	<i>isosorbide dinitrate er</i>	14
HALFLYTELY WITH	67	<i>hydroxychloroquine sulfate</i>	29	<i>isosorbide mononitrate</i>	14
FLAVOR PACKS	67	<i>hydroxyurea</i>	32	<i>isosorbide mononitrate er</i>	14
<i>halobetasol propionate</i>	52	<i>hydroxyzine hcl</i>	14	<i>isradipine</i>	41
HALOG.....	52	<i>hydroxyzine pamoate</i>	14	ISTALOL.....	74
<i>haloperidol</i>	35	hyomax-sl.....	84	<i>itraconazole</i>	25
<i>haloperidol lactate</i>	35	<i>hyoscyamine sulfate</i>	84, 85	<i>ivermectin</i>	13
<i>heparin sodium (porcine)</i>	17	<i>hyoscyamine sulfate er</i>	84	IXINITY	64

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

JADENU	24	<i>lamivudine-zidovudine</i>	37	<i>lindane</i>	53
JAKAFI	32	<i>lamotrigine</i>	19	<i>linezolid</i>	29
jantoven.....	17	LAMOTRIGINE	19	LINZESS	62
JANUMET	22	LAMOTRIGINE ER	19	<i>liothyronine sodium</i>	83
JANUMET XR	22	LANOXIN	42	<i>lisinopril</i>	27
JANUVIA	23	LANSOPRAZOLE	85	<i>lisinopril-hydrochlorothiazide</i>	28
JARDIANCE.....	23	LANTUS	23	LITHIUM	35
JENTADUETO	23	LANTUS SOLOSTAR	23	<i>lithium carbonate</i>	35
JENTADUETO XR	23	<i>latanoprost</i>	74	<i>lithium carbonate er</i>	35
jevantique.....	60	LATUDA	35	L-METHYLFOLATE	56
jinteli.....	60	lavoclen-4 acne wash.....	53	LO LOESTRIN FE	45
jolessa.....	45	lavoclen-8 acne wash.....	53	LOCOID	53
jolivette.....	45	LAZANDA	11	LOESTRIN 1.5/30 (21)	45
junel 1.5/30.....	45	<i>leflunomide</i>	8	LOESTRIN 1/20 (21)	45
junel 1/20.....	45	LEMTRADA	79	LOESTRIN 24 FE	45
junel fe 1.5/30.....	45	LENVIMA 10 MG DAILY		LOESTRIN FE 1.5/30	45
junel fe 1/20.....	45	DOSE	32	LOESTRIN FE 1/20	45
JUXTAPID	26	LENVIMA 14 MG DAILY		<i>lomustine</i>	32
KADCYLA	32	DOSE	32	LONSURF	32
KADIAN	11	LENVIMA 20 MG DAILY		<i>loperamide hcl</i>	24
KALETRA	37	DOSE	32	<i>lorazepam</i>	14
KALYDECO	82	LENVIMA 24 MG DAILY		lorazepam intensol.....	14
KANUMA	67	DOSE	32	lorcet.....	11
kariva.....	45	lessina.....	45	lorcet 10/650.....	11
KERALYT	52	LETAIRIS	42	lorcet hd.....	11
KETEK	29	<i>letrozole</i>	32	lorcet plus.....	11
<i>ketoconazole</i>	25, 53	<i>leucovorin calcium</i>	32	<i>losartan potassium</i>	28
<i>ketoprofen</i>	8	LEUKERAN	32	<i>losartan potassium-hctz</i>	28
<i>ketoprofen er</i>	8	LEUKINE	65	LOSEASONIQUE	45
<i>ketorolac tromethamine</i>	8, 74	<i>leuprolide acetate</i>	32	LOTEMAX	74
KEVEYIS	57	<i>levabuterol hcl</i>	16	<i>lovastatin</i>	26
KINERET	8	LEVALBUTEROL TARTRATE		low-ogestrel.....	45
kionex.....	39, 77	<i>HFA</i>	16	<i>loxapine succinate</i>	35
KITABIS PAK	7	LEVATOL	40	LUFYLLIN	16
klor-con.....	69	<i>levetiracetam</i>	19	LUMIGAN	74
klor-con 10.....	69	<i>levetiracetam er</i>	19	LURIDE	69
klor-con m10.....	69	LEVITRA	43	lutura.....	45
KLOR-CON M15	69	<i>levobunolol hcl</i>	74	LYNPARZA	77
klor-con m20.....	69	<i>levocarnitine</i>	58	LYRICA	19
KORLYM	23	<i>levofloxacin</i>	61, 74	LYSODREN	32
KRISTALOSE	67	levora 0.15/30 (28).....	45	MACRODANTIN	85
KRYSTEXXA	63	<i>levorphanol tartrate</i>	11	MAGNACET	11
k-sol.....	69	levothroid.....	83	MAKENA	77
KUVAN	58	<i>levothyroxine sodium</i>	83	<i>malathion</i>	53
KYNAMRO	26	levoxyl.....	83	<i>maprotiline hcl</i>	21
<i>labetalol hcl</i>	40	LEXIVA	37	MARNATAL-F	70
laclotion.....	53	LIALDA	62	MARPLAN	21
LACRISERT	74	<i>lidocaine</i>	53	MATULANE	32
<i>lactulose</i>	67	<i>lidocaine hcl</i>	53, 70	matzim la.....	42
LAMICTAL	19	<i>lidocaine viscous</i>	70	MAXAIR AUTOHALER	16
LAMISIL	25	<i>lidocaine-prilocaine</i>	53	MAXARON FORTE	65
<i>lamivudine</i>	37	LIDOVIR	53	MAXIDEX	74

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>meclizine hcl</i>	24	<i>methylprednisolone (pak)</i>	47	<i>mupirocin</i>	53
<i>meclofenamate sodium</i>	8	<i>metipranolol</i>	74	MUSE.....	43
MEDROL.....	47	<i>metoclopramide hcl</i>	62	MYALEPT.....	67
<i>medroxyprogesterone acetate</i>	78	METOCLOPRAMIDE HCL	62	<i>mycophenolate mofetil</i>	39, 40
<i>mefenamic acid</i>	9	<i>metolazone</i>	57	<i>mycophenolic acid</i>	40
<i>mefloquine hcl</i>	29	<i>metoprolol succinate er</i>	40	MYLERAN	32
<i>megestrol acetate</i>	32	<i>metoprolol tartrate</i>	40	<i>mynephrocaps</i>	71
MEGESTROL ACETATE	78	METOPROLOL TARTRATE	40	MYOBLOC.....	72
MEKINIST	32	<i>metoprolol-hydrochlorothiazide</i>		MYRBETRIQ.....	86
<i>meloxicam</i>	9	.....	28	MYTELASE.....	30
MEMANTINE HCL	79	<i>metronidazole</i>	29, 53, 87	<i>mytussin dac</i>	48
MENEST.....	60	<i>mexiletine hcl</i>	15	<i>nabumetone</i>	9
MENOPUR	58	MIACALCIN	58	<i>nadolol</i>	40
MENOSTAR.....	60	microgestin 1.5/30.....	45	<i>naftifine hcl</i>	53
MENTAX.....	53	microgestin 1/20.....	45	NAFTIN.....	53
<i>meperidine hcl</i>	11	microgestin fe 1.5/30.....	45	NALFON.....	9
MEPHYTON	87	microgestin fe 1/20.....	45	<i>naltrexone hcl</i>	24
<i>meprobamate</i>	14	<i>midodrine hcl</i>	87	NAMENDA XR	80
<i>mercaptapurine</i>	32	MIGERGOT	68	NAMENDA XR TITRATION	
MESALAMINE	62	MIGLITOL	23	PACK	80
MESNEX.....	32	MIGRANAL.....	68	<i>naphazoline hcl</i>	74
MESTINON.....	30	MILLIPRED.....	47	<i>naproxen</i>	9
METADATE CD.....	6	mimvey.....	60	<i>naproxen dr</i>	9
metadate er.....	6	MINASTRIN 24 FE.....	45	<i>naproxen sodium</i>	9
<i>metaproterenol sulfate</i>	16	minitran.....	14	NAPROXEN SODIUM ER	9
<i>metaxalone</i>	71	MINIVELLE.....	60	<i>naratriptan hcl</i>	68
<i>metformin hcl</i>	23	<i>minocycline hcl</i>	83	NARCAN.....	24
<i>metformin hcl er</i>	23	MINOCYCLINE HCL ER	83	NASCOBAL	65
METFORMIN HCL ER (MOD)		<i>minoxidil</i>	28	NATACYN.....	74
.....	23	MIRCERA	65	NATAZIA.....	45
<i>metformin hcl er (osm)</i>	23	MIRCETTE.....	45	<i>nateglinide</i>	23
<i>methadone hcl</i>	11	<i>mirtazapine</i>	21	NATPARA	58
methadose.....	11	<i>misoprostol</i>	85	NATROBA.....	53
<i>methamphetamine hcl</i>	6	MODAFINIL	6	NATURE-THROID	83
<i>methazolamide</i>	57	<i>moexipril hcl</i>	28	NEBUPENT.....	29
<i>methenamine hippurate</i>	85	<i>moexipril-hydrochlorothiazide</i>	28	NEBUSAL	48
<i>methimazole</i>	83	<i>mometasone furoate</i>	53	NECON 0.5/35 (28).....	45
METHITEST	13	MOMETASONE FUROATE	72	necon 1/35 (28).....	45
<i>methocarbamol</i>	71	mononessa.....	45	necon 1/50 (28).....	45
<i>methotrexate</i>	32	<i>montelukast sodium</i>	16	NECON 10/11 (28)	45
<i>methoxsalen rapid</i>	53	MONUROL.....	85	necon 7/7/7.....	46
<i>methscopolamine bromide</i>	85	<i>morphine sulfate</i>	11	NEEVO DHA.....	71
<i>methyclothiazide</i>	57	MORPHINE SULFATE	11	<i>nefazodone hcl</i>	82
<i>methyl dopa</i>	28	<i>morphine sulfate (concentrate)</i>	11	NEO-FRADIN	7
<i>methylergonovine maleate</i>	76	<i>morphine sulfate er</i>	11	<i>neomycin sulfate</i>	7
METHYLIN	6	<i>morphine sulfate er beads</i>	11	<i>neomycin-bacitracin zn-polymyx</i>	
<i>methylphenidate hcl</i>	6	MOTOFEN.....	24	.....	74
<i>methylphenidate hcl er</i>	6	MOVANTIK.....	62	<i>neomycin-polymyxin-dexameth</i>	74
METHYLPHENIDATE HCL ER	6	MOVIPREP.....	67	<i>neomycin-polymyxin-gramicidin</i>	
<i>methylphenidate hcl er (cd)</i>	6	MOXEZA.....	74	.....	74
<i>methylphenidate hcl er (la)</i>	6	MOXIFLOXACIN HCL	61	<i>neomycin-polymyxin-hc</i>	74, 76
<i>methylprednisolone</i>	47	MULTAQ.....	15	neo-polycin.....	74

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

neo-polycin hc	74	NORITATE	53	OPSUMIT	43
NEULASTA	65	NOROXIN	61	OPTASE	54
NEULASTA DELIVERY KIT		NORPACE CR	15	ORALAIR	70
	65	NOR-QD	46	oralone	70
NEUPOGEN	65	NORTHERA	72	ORENCIA	9
NEUPOGEN	65	nortrel 1/35 (21)	46	ORENCIA CLICKJECT	9
NEUPRO	34	nortrel 1/35 (28)	46	ORENITRAM	43
NEVANAC	74	nortrel 7/7/7	46	ORFADIN	59
<i>nevirapine</i>	37	<i>nortriptyline hcl</i>	21	ORKAMBI	48
<i>nevirapine er</i>	37	NORVIR	37, 38	<i>orphenadrine citrate er</i>	71
NEXAVAR	33	NOVAFERRUM	65	<i>orphenadrine compound-ds</i>	71
NEXIUM	85	novarel	59	<i>orphenadrine-aspirin-caffeine</i>	71
next choice	46	NOVOEIGHT	64	orsythia	46
next choice one dose	46	NPLATE	65	ORTHO EVRA	46
NIACIN ER		NUCALA	67	ORTHO MICRONOR	46
(ANTIHYPERLIPIDEMIC)	26	NUCORT	53	ORTHO TRI-CYCLEN (28)	46
niacor	26	NUDEXTA	80	ORTHO TRI-CYCLEN LO	46
<i>nicardipine hcl</i>	42	NUMOISYN	70	ORTHO-CEPT (28)	46
Nicotine	80	NUPLAZID	35	ORTHO-CYCLEN (28)	46
Nicotine Mini	80	NUVARING	46	ORTHO-NOVUM 1/35 (28)	46
Nicotine Polacrilex	80	NUVESSA	87	ORTHO-NOVUM 7/7/7 (28)	46
Nicotine Step 1	80	NUWIQ	64	OSMOPREP	67
Nicotine Step 2	80	<i>nystatin</i>	25, 53, 70	OSPHERA	59
Nicotine Step 3	80	<i>nystatin-triamcinolone</i>	53	OTEZLA	77
NICOTROL	80	nystop	54	OTOZIN	76
NICOTROL NS	80	obizur	64	OTREXUP	9
nifediac cc	42	OCALIVA	61	OVCON-35 (28)	46
nifedical xl	42	ocella	46	OVIDREL	59
<i>nifedipine</i>	42	ODEFSEY	38	<i>oxandrolone</i>	13
<i>nifedipine er</i>	42	ODOMZO	33	<i>oxaprozin</i>	9
<i>nifedipine er osmotic release</i>	42	OFEV	82	<i>oxazepam</i>	15
<i>nilutamide</i>	33	<i>ofloxacin</i>	61, 74, 76	<i>oxcarbazepine</i>	19
<i>nimodipine</i>	42	ogestrel	46	<i>oxiconazole nitrate</i>	54
NINLARO	33	<i>olanzapine</i>	35	OXISTAT	54
<i>nisoldipine er</i>	42	<i>olanzapine-fluoxetine hcl</i>	80	OXSORALEN	54
NITRO-BID	14	OLEPTRO	82	OXTELLAR XR	19
NITRO-DUR	14	OLMESARTAN MEDOXOMIL	28	<i>oxybutynin chloride</i>	86
<i>nitrofurantoin</i>	85	OLMESARTAN		<i>oxybutynin chloride er</i>	86
<i>nitrofurantoin macrocrystal</i>	85	MEDOXOMIL-HCTZ	28	<i>oxycodone hcl</i>	12
<i>nitrofurantoin monohyd macro</i>	85	OLMESARTAN-AMLODIPINE-H		OXYCODONE HCL ER	12
NITROGLYCERIN	14	CTZ	28	<i>oxycodone-acetaminophen</i>	12
<i>nitroglycerin</i>	14	OLOPATADINE HCL	72, 74	<i>oxycodone-aspirin</i>	12
<i>nitroglycerin er</i>	14	OMEGA-3-ACID ETHYL ESTERS		<i>oxycodone-ibuprofen</i>	12
NIZATIDINE	85		26	OXYCONTIN	12
nora-be	46	OMEPRAZOLE	85	<i>oxymorphone hcl</i>	12
NORDETTE (28)	46	OMEPRAZOLE-SODIUM		<i>oxymorphone hcl er</i>	12
NORDITROPIN FLEXPRO	59	BICARBONATE	85	OXYMORPHONE HCL ER	12
NORDITROPIN NORDIFLEX		<i>ondansetron</i>	24	pacerone	15
PEN	59	<i>ondansetron hcl</i>	24	PALIPERIDONE ER	36
<i>norethindrone acetate</i>	78	ONFI	19	PANCREAZE	56
<i>norethindrone-eth estradiol</i>	60	ONMEL	25	<i>pancrelipase (lip-prot-amyl)</i>	56
NORINYL 1+35 (28)	46	ONZETRA XSAIL	68	PANDEL	54

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

PANRETIN	54	PLEGRIDY	80	PREQUE 10	71
PANTOPRAZOLE SODIUM	85	PLEGRIDY STARTER PACK		PREVACID SOLUTAB	85
parcaine	74		80	prevalite	26
paricalcitol	59	<i>pnv-dha+docusate</i>	71	previfem	46
paromomycin sulfate	7	PNV-OB/DHA	71	PREZCOBIX	38
paroxetine hcl	21	podofilox	54	PREZISTA	38
paroxetine hcl er	21	polycin	75	PRIFTIN	30
PASER	30	polycin b	75	PRILOSEC	85
PCE	68	poly-dex	75	PRIMAQUINE PHOSPHATE	30
peg 3350/electrolytes	67	POMALYST	33	primidone	19
PEGANONE	19	portia-28	46	PRIMLEV	12
PEGASYS	38	potassium chloride crys er	69	PRIMSOL	29
PEGASYS PROCLICK	38	potassium chloride er	69	PRISTIQ	21
PEGINTRON	38	potassium citrate er	63	PROAIR HFA	16
PEG-INTRON	38	POTIGA	19	PROAIR RESPICLICK	16
PEG-INTRON REDIPEN	38	PRADAXA	17	<i>probenecid</i>	63
PEG-INTRON REDIPEN PAK 4	4	PRALUENT	76	PROBUPHINE IMPLANT KIT	
	38	<i>pramipexole dihydrochloride</i>	35		12
<i>penicillin v potassium</i>	77	<i>pramipexole dihydrochloride er</i>	34	PROCENTRA	6
PENTASA	62	PRAMOSONE E	54	<i>prochlorperazine</i>	36
<i>pentazocine-acetaminophen</i>	12	<i>pravastatin sodium</i>	26	<i>prochlorperazine maleate</i>	36
<i>pentazocine-naloxone hcl</i>	12	<i>prazosin hcl</i>	28	PROCRIT	65
<i>pentoxifylline er</i>	64	PRECISION PCX	56	proctocream hc	13
PERFOROMIST	16	PRECISION PCX PLUS TEST		PROCTOFOAM HC	13
<i>perindopril erbumine</i>	28		56	proctozone-hc	13
periogard	70	PRECISION POINT OF CARE		<i>progesterone micronized</i>	78
PERJETA	33	TEST	56	PROGLYCEM	23
<i>permethrin</i>	54	PRECISION QID TEST	56	PROLENSA	75
<i>perphenazine</i>	36	PRECISION SOF-TACT TEST		PROLIA	59
<i>perphenazine-amitriptyline</i>	80		56	PROMACTA	65
PERTZYE	56	PRECISION XTRA BLOOD		<i>promethazine hcl</i>	26
PEXEVA	21	GLUCOSE	56	<i>promethazine-dm</i>	48
<i>phendimetrazine tartrate</i>	6	PRED MILD	75	promethegan	26
<i>phenelzine sulfate</i>	21	PRED-G	75	<i>propafenone hcl</i>	15
<i>phenobarbital</i>	66	PRED-G S.O.P.	75	<i>propafenone hcl er</i>	15
<i>phenoxybenzamine hcl</i>	28	<i>prednicarbate</i>	54	<i>proparacaine hcl</i>	75
<i>phentermine hcl</i>	6	<i>prednisolone acetate</i>	75	<i>propranolol hcl</i>	40, 41
<i>phenytoin</i>	19	<i>prednisolone sodium phosphate</i>		<i>propranolol hcl er</i>	40
<i>phenytoin sodium extended</i>	19		47	<i>propylthiouracil</i>	83
PHISOHEX	36	PREDNISOLONE SODIUM		PROTONIX	85
PHOSLYRA	62	PHOSPHATE	75	<i>protriptyline hcl</i>	21
PHOSPHOLINE IODIDE	74	<i>prednisone</i>	47	PROVENGE	33
PICATO	54	<i>prednisone (pak)</i>	47	PROVENTIL HFA	16
<i>pilocarpine hcl</i>	70, 75	PREDNISONE INTENSOL	47	PRUDOXIN	54
PILOPINE HS	75	PREFEST	60	PULMOZYME	82
<i>pimozide</i>	80	pregnyl	59	PURIXAN	33
<i>pindolol</i>	40	PREMARIN	60, 87	PYLERA	85
<i>pioglitazone hcl</i>	23	PREMPHASE	60	<i>pyrazinamide</i>	30
<i>pioglitazone hcl-glimepiride</i>	23	PREMPRO	60	<i>pyridostigmine bromide</i>	30
<i>pioglitazone hcl-metformin hcl</i>	23	PRENATAL PLUS IRON	71	<i>pyridostigmine bromide er</i>	30
<i>piroxicam</i>	9	PREPOPIK	67	QC Nicotine Polacrilex	80
PLAN B ONE-STEP	46			QSYMIA	6

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

QUARTETTE	46	RHEUMATREX	9	SIGNIFOR LAR	59
quasense	46	ribasphere	38	<i>sildenafil citrate</i>	43
<i>quetiapine fumarate</i>	36	<i>ribavirin</i>	38	<i>silver sulfadiazine</i>	54
QUILLIVANT XR	7	RIDAURA	9	SILVRSTAT WOUND	
<i>quinapril hcl</i>	28	<i>rifabutin</i>	30	DRESSING	54
<i>quinapril-hydrochlorothiazide</i>	28	<i>rifampin</i>	30	SIMBRINZA	75
<i>quinidine gluconate er</i>	15	RIFATER	30	SIMCOR	26
<i>quinidine sulfate</i>	15	<i>riluzole</i>	72	SIMPONI	9
<i>quinidine sulfate er</i>	15	<i>rimantadine hcl</i>	38	SIMPONI ARIA	9
<i>quinine sulfate</i>	30	RIOMET	23	<i>simvastatin</i>	26
QVAR	16	<i>RISEDRONATE SODIUM</i>	59	<i>sirolimus</i>	40
RA Mini Nicotine	80	<i>risperidone</i>	36	SIRTURO	30
RA Nicotine	80	risperidone m-tab	36	SIVEXTRO	29
RA Nicotine Polacrilex	80	RITALIN	7	SKELID	59
<i>RABEPRAZOLE SODIUM</i>	85	RITALIN LA	7	SKLICE	54
RAGWITEK	41	RITALIN SR	7	SM Nicotine	81
<i>raloxifene hcl</i>	59	RITUXAN	33	SM Nicotine Polacrilex	81
<i>ramipril</i>	28	<i>rivastigmine</i>	81	<i>smz-tmp ds</i>	29
RANEXA	14	<i>rivastigmine tartrate</i>	81	<i>sodium fluoride</i>	70
<i>ranitidine hcl</i>	85	<i>rizatriptan benzoate</i>	69	<i>sodium polystyrene sulfonate</i>	40, 77
RAPAMUNE	40	<i>ropinirole hcl</i>	35	SOLIRIS	64
RASUVO	9	<i>ropinirole hcl er</i>	35	SOLTAMOX	33
RAVICTI	59	rosadan	54	SOMAVERT	59
REBETOL	38	<i>ROSUVASTATIN CALCIUM</i>	26	SOOLANTRA	54
REBIF	81	roxicet	12	<i>sotalol hcl</i>	41
REBIF REBIDOSE	80	ROZEREM	66	SOTYLIZE	41
REBIF REBIDOSE		SABRIL	19	SOVALDI	38
TITRATION PACK	80	SAFYRAL	46	<i>spinosad</i>	54
REBIF TITRATION PACK	81	salacyn	54	SPIRIVA HANDIHALER	16
reclipsen	46	<i>salicylic acid</i>	54	SPIRIVA RESPIMAT	17
RECTIV	13	<i>salsalate</i>	10	<i>spironolactone</i>	57
refissa	54	SAMSCA	59	<i>spironolactone-hctz</i>	57
REGRANEX	54	SANCUSO	25	SPORANOX	25
RELENZA DISKHALER	38	SANTYL	54	sprintec 28	46
RELISTOR	62	SARAFEM	81	SPRYCEL	33
RELPAK	69	SAVAYSA	17	SR Nicotine	81
REMICADE	62	SAVELLA	81	ssd	54
REMODULIN	43	SAXENDA	34	SSKI	70
RENAGEL	62	<i>se bpo wash</i>	54	<i>stavudine</i>	38
REVELA	62	SEASONIQUE	46	STAVZOR	19
<i>repaglinide</i>	23	SELECT-OB+DHA	71	STAXYN	43
<i>repaglinide-metformin hcl</i>	23	<i>selegiline hcl</i>	35	STELARA	54, 55
REPATHA	76	<i>selenium sulfide</i>	54	STELARA	66
REPATHA PUSHTRONEX		SELZENTRY	38	STENDRA	43
SYSTEM	76	SEMPREX-D	48	STIVARGA	33
REPATHA SURECLICK	77	SENSIPAR	59	STRATTERA	7
RESCRIPTOR	38	SEREVENT DISKUS	16	STRENSIQ	66
RESCULA	75	SEROQUEL XR	36	STRIANT	13
RESTASIS	75	SEROSTIM	59	STRIBILD	38
REVATIO	43	<i>sertraline hcl</i>	21	STRIVERDI RESPIMAT	17
REVLIMID	40	SFROWASA	62	SUBOXONE	12
REYATAZ	38	SIGNIFOR	59		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

SUBSYS	12	TECFIDERA	81	<i>tolcapone</i>	35
SUCLEAR	67	TEKAMLO	28	<i>tolmetin sodium</i>	9
SUCRAID	56	TEKTRNA	28	<i>tolterodine tartrate</i>	86
<i>sucralfate</i>	85	TELMISARTAN	28	TOLTERODINE TARTRATE ER	
<i>sulfacetamide sodium</i>	75	TELMISARTAN-AMLODIPINE			86
<i>sulfacetamide-prednisolone</i>	75		28	<i>topiramate</i>	20
SULFACETAMIDE-PREDNISOL		TELMISARTAN-HCTZ	28	TOPIRAMATE ER	20
ONE	75	<i>temazepam</i>	66	<i>torseamide</i>	57
SULFADIAZINE	83	<i>temozolomide</i>	33	TOUJEO SOLOSTAR	23
<i>sulfamethoxazole-trimethoprim</i>		<i>terazosin hcl</i>	28	TRACLEER	43
	29	<i>terbinafine hcl</i>	25	TRADJENTA	23
SULFAMYLON	55	<i>terbutaline sulfate</i>	17	<i>tramadol hcl</i>	12
<i>sulfasalazine</i>	62	<i>terconazole</i>	87	<i>tramadol hcl er</i>	12
sulfazine	62	TESTOSTERONE	13	<i>tramadol hcl er (biphasic)</i>	12
<i>sulindac</i>	9	<i>testosterone cypionate</i>	13	<i>tramadol-acetaminophen</i>	12
<i>sumatriptan</i>	69	<i>testosterone enanthate</i>	13	<i>trandolapril</i>	28
<i>sumatriptan succinate</i>	69	<i>tetrabenazine</i>	81	<i>trandolapril-verapamil hcl er</i>	28
<i>sumatriptan succinate refill</i>	69	<i>tetracycline hcl</i>	83	<i>tranexamic acid</i>	65
SUMAVEL DOSEPRO	69	TGT Nicotine	81	<i>tranylcyromine sulfate</i>	21
SUPRAX	44	TGT Nicotine Polacrilex	81	TRAVATAN Z	75
SUPRENZA	7	TGT Nicotine Step One	81	<i>trazodone hcl</i>	82
SUPREP BOWEL PREP	67	TGT Nicotine Step Three	81	TRECTOR	30
SUSTIVA	38	TGT Nicotine Step Two	81	<i>tretinoin</i>	33, 55
SUTENT	33	THALOMID	40	<i>tretinoin microsphere</i>	55
SW Nicotine Polacrilex	81	THEO-24	17	<i>tretinoin microsphere pump</i>	55
SYLATRON	33	theochron	17	TRETIN-X	55
SYLVANT	67	<i>theophylline</i>	17	TRETTEN	64
SYMLINPEN 120	23	<i>theophylline er</i>	17	TREXALL	33
SYMLINPEN 60	23	thermazene	55	<i>triamcinolone acetonide</i>	55, 70
SYNAGIS	76	<i>thioridazine hcl</i>	36	TRIAMCINOLONE ACETONIDE	
SYNAREL	59	<i>thiothixene</i>	36		72
SYNJARDY	83	THYROLAR-1	83	<i>triamterene-hctz</i>	57
SYNTHROID	83	THYROLAR-1/2	83	<i>triazolam</i>	66
SYPRINE	40	THYROLAR-1/4	83	tri-estarylla	46
TABLOID	33	THYROLAR-2	83	<i>trifluoperazine hcl</i>	36
<i>tacrolimus</i>	40	THYROLAR-3	83	<i>trifluridine</i>	75
TACROLIMUS	55	<i>tiagabine hcl</i>	19	<i>trihexyphenidyl hcl</i>	35
TAFINLAR	33	<i>ticlopidine hcl</i>	64	tri-legest fe	46
TAGRISSE	33	tilia fe	46	<i>trimethobenzamide hcl</i>	25
TALTZ	55	<i>timolol maleate</i>	41, 75	<i>trimethoprim</i>	29
TAMIFLU	39	TIMOPTIC OCUDOSE	75	<i>trimipramine maleate</i>	21
TAMIFLU	39	<i>tinidazole</i>	29	trinessa (28)	47
<i>tamoxifen citrate</i>	33	TIROSINT	83	TRI-NORINYL (28)	47
<i>tamsulosin hcl</i>	63	TIVICAY	39	<i>triple antibiotic</i>	75
TANZEUM	23	<i>tizanidine hcl</i>	71	tri-previfem	47
TARCEVA	33	TOBI PODHALER	7	tri-sprintec	47
TARGRETIN	33	TOBRADEX	75	TRIUMEQ	39
TARGRETIN	55	<i>tobramycin</i>	7, 75	trivora (28)	47
TARKA	28	<i>tobramycin-dexamethasone</i>	75	<i>tropicamide</i>	75
TASIGNA	33	TOBEX	75	<i>trospium chloride er</i>	86
TAZORAC	55	<i>tolazamide</i>	23	TRULICITY	23
taztia xt	42	<i>tolbutamide</i>	23	TRUVADA	39

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

TUDORZA PRESSAIR.....	17	VIBERZI.....	66	<i>zaleplon</i>	66
TUSSICAPS.....	48	VIBRAMYCIN.....	83	zamicet.....	12
TYBOST	36	VICTOZA	23	ZARXIO	65
TYKERB	33	VIDEX.....	39	ZAVESCA	65
TYSABRI.....	81	VIEKIRA PAK	66	ZELBORAF	34
TYVASO.....	43	VIEKIRA XR	66	ZENPEP.....	56
TYVASO REFILL.....	43	VIGAMOX.....	76	ZETIA.....	27
TYVASO STARTER.....	43	VIIBRYD.....	82	ZIAGEN.....	39
TYZEKA	39	VIIBRYD STARTER PACK.....	82	<i>zidovudine</i>	39
UCERIS	13	VIMIZIM.....	70	ZIOPTAN.....	76
UCERIS.....	47	VIMPAT	20	ZIPRASIDONE HCL	36
ULESFIA.....	55	VIOKACE.....	56	ZIRGAN.....	76
ULORIC.....	63	VIRACEPT	39	ZMAX.....	68
ULTRESA.....	56	VIREAD	39	ZOLINZA	34
unithroid.....	84	VISTOGARD	24	ZOLMITRIPTAN	69
unithroid direct.....	84	VITAFOL-OB+DHA.....	71	<i>zolpidem tartrate</i>	66
UPTRAVI.....	82	<i>vitamin d (ergocalciferol)</i>	87	ZOLPIDEM TARTRATE	66
UREA	55	VITEKTA	39	<i>zolpidem tartrate er</i>	66
uribel.....	85	VIVITROL.....	24	ZOLPIMIST.....	66
<i>ursodiol</i>	62	VOL-TAB RX	71	ZOLVIT.....	12
VAGIFEM	87	VONVENDI.....	64	ZOMIG.....	69
<i>valacyclovir hcl</i>	39	<i>voriconazole</i>	25	ZONALON.....	55
VALCHLOR	55	VOTRIENT	34	<i>zonisamide</i>	20
VALCYTE	39	VPRIV.....	65	ZONTIVITY.....	78
VALGANCICLOVIR HCL	39	VRAYLAR.....	36	ZORBTIVE	59
<i>valganciclovir hcl</i>	39	VYTORIN	26	ZORTRESS	40
<i>valproic acid</i>	20	VYVANSE.....	7	<i>zovia 1/35e (28)</i>	47
<i>valsartan</i>	28	<i>warfarin sodium</i>	18	<i>zovia 1/50e (28)</i>	47
<i>valsartan-hydrochlorothiazide</i>	28	WELCHOL.....	27	ZOVIRAX.....	55
<i>vancomycin hcl</i>	29	XALKORI	34	ZUBSOLV.....	12
vandazole.....	87	XARELTO	18	ZUPLENZ.....	25
VARUBI.....	25	XARELTO STARTER PACK	18	ZURAMPIC.....	63
VECAMYL.....	28	.....	18	ZYBAN.....	82
VELETRI.....	43	XARTEMIS XR.....	12	ZYCLARA.....	55
velivet.....	47	XCLAIR.....	55	ZYCLARA PUMP.....	55
VELPHORO.....	62	XELJANZ	9	ZYDELIG	77
VELTASSA	40	XELJANZ XR	9	ZYFLO.....	17
VENCLEXTA	30	XENICAL.....	7	ZYKADIA	34
VENCLEXTA STARTING		XEOMIN.....	72	ZYLET.....	76
PACK	30	XGEVA.....	59	ZYTIGA	34
<i>venlafaxine hcl</i>	21	XIAFLEX.....	40		
<i>venlafaxine hcl er</i>	21	XIFAXAN.....	29		
VENLAFAXINE HCL ER	21	XIIDRA.....	67		
VENTAVIS.....	43	XOLAIR.....	17		
VENTOLIN HFA.....	17	XTANDI	34		
<i>verapamil hcl</i>	42	XURIDEN	66		
<i>verapamil hcl er</i>	42	xylon.....	12		
VERIPRED 20.....	47	XYREM.....	81		
VERSACLOZ.....	36	YASMIN 28.....	47		
VESICARE	86	YAZ.....	47		
VEXOL	75	YODOXIN.....	7		
VIAGRA.....	43	<i>zafirlukast</i>	17		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes