



# FHCP's PREMIER PLAN (HMO) and FHCP's PREMIER PLUS PLAN (HMO-POS) 2016 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on **October 25, 2016**. For more recent information or other questions, please contact us, FHCP's Member Services, at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours are 7 days a week, 8 am to 8 pm, or visit [www.fhcp.com/medicare-formulary-brevard](http://www.fhcp.com/medicare-formulary-brevard).

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

When this drug list (formulary) refers to "we," "us", or "our," it means Florida Health Care Plans. When it refers to "plan" or "our plan," it means FHCP's Premier or FHCP's Premier Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of **December 1, 2016**. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## **Disclaimers:**

- You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on **January 1, 2016**, and from time to time during the year.
- This information is available for free in other languages. Please contact our Member Services number at 1-877-615-4022 for additional information. (TTY users should call TRS Relay 711). Hours are 8 am to 8 pm, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
- Esta informacion esta disponible gratis en otros lenguajes. Por favor pongase en contacto con nuestro Servicios de Miembros a 1-877-615-4022 para informacion adicional. Usuarios de TTY deben de llamar TRS Relay 711. Horas son de 8 am hasta 8 pm, 7 dias de la semana. Servicios de Miembros tambien tiene servicios de interpretacion de lenguajes gratis disponible para personas que no hablan ingles.

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## **What is the FHCP's Premier and FHCP's Premier Plus Formulary?**

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

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

Generally, if you are taking a drug on our **2016** formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the **2016** coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **December 1, 2016**. To get updated information about the drugs covered by FHCP, please contact us. Our contact information appears on the front and back cover pages. FHCP's formulary is periodically updated. For an up-to-date formulary please visit our website at [www.fhcp.com](http://www.fhcp.com).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on **page 6**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Disease." If you know what your drug is used for, look for the category name in the alphabetical listing that begins on **page 6**. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 72**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescriptions. If you don't get approval, FHCP may not cover the drug.
- **Quantity Limits:** For certain drugs, FHCP limits the amount of the drug that FHCP will cover. For example, FHCP provides 12 tablets per 31-day prescription for MAXALT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FHCP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FHCP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FHCP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 6**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a description of our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask FHCP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the FHCP's formulary?" on **page 2** for information about how to request an exception.

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

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

If you learn that FHCP does not cover your drug, you have two options:

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

## **How do I request an exception to FHCP's Premier and FHCP's Premier Plus Formulary?**

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Patients discharged from an inpatient stay at a hospital may be eligible for a 7-day transition supply of non-formulary medications at a covered rate after hospital discharge. Patients must furnish prescription and hospital discharge paperwork to Florida Health Care Plans Pharmacy to be eligible for transition supply.

### **For more information**

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## Florida Health Care Plan's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by FHCP. If you have trouble finding your drug in the list, turn to the Index that begins on **page 72**.

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

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

### KEY FOR REQUIREMENTS/LIMITS COLUMN

**B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**MO:** Mail Order Drug. This prescription drug is available through a mail-order service.

**PA:** Prior Authorization. - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

**QL:** Quantity Limit.

**ST:** Step Therapy - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

\* **75% Usage Rule** – Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the member (based on the dosage schedule prescribed by the physician).

**90% Usage Rule** – Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

**Tiers 1 & 2 in the Drug Tier Column** – For FHCP's Premier Plus plan we provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

## Medicare 2016 Formulary

	<b>Drug Tier</b>	
	<b>T1</b> = Preferred Generics	
	<b>T2</b> = Non-Preferred Generics	
<b>lowercase italics</b> = Generic T1 drugs, Generic T2 drugs, Generic T5 drugs, Generic T6 drugs	<b>T3</b> = Preferred Brands	<b>Requirements/Limits</b>
<b>UPPERCASE</b> = Brand name T3 drugs, Brand name T4 drugs, Brand name T5 drugs, Brand name T6 drugs	<b>T4</b> = Non-Preferred Brands	<b>LA</b> = Limited Access
	<b>T5</b> = Specialty	<b>PA-NS</b> = PA Applies to New Starts Only
	<b>T6</b> = Injectables	<b>ST-NS</b> = Step Applies to New Starts Only

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>analgesics</i>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	T2	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	T2	
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	T2	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	T2	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T2	PA
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	T2	QL (1800 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	T2	(5/325mg only)
<b>nonsteroidal anti-inflammatory drugs</b>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	T2	(not XR)
<i>diclofenac sodium transdermal gel 3 %</i>	T2	PA; QL (100 per 30 days)
<i>etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg</i>	T2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin er oral capsule extended release* 75 mg</i>	T2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	(not 25mg & ER)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	T6	
<i>ketorolac tromethamine oral tablet 10 mg</i>	T2	QL (20 per 31 days)
<i>meloxicam oral suspension 7.5 mg/5ml</i>	T2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	
<i>naproxen oral suspension 125 mg/5ml</i>	T2	
<i>naproxen oral tablet 250 mg</i>	T2	
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1	
<i>naproxen sodium oral tablet 550 mg</i>	T2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	
VOLTAREN TRANSDERMAL GEL 1 %	T4	PA; QL (500 per 30 days)
<b><i>opioid analgesics, long-acting</i></b>		
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	T6	B/D
FENTANYL CITRATE BUCCAL LOLLIPOP 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T4	PA; QL (120 per 31 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T2	PA; 12,25,50,75,100 mcgs only
METHADONE HCL INJECTION SOLUTION 10 MG/ML	T6	B/D
<i>methadone hcl oral solution 5 mg/5ml</i>	T2	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	T2	
<i>morphine sulfate er oral tablet extendedrelease* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	T2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	T2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	T2	
<b><i>opioid analgesics, short-acting</i></b>		
<i>butorphanol tartrate injection solution 1 mg/ml</i>	T6	B/D
FENTANYL CITRATE BUCCAL LOLLIPOP 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T4	PA; QL (120 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T2	PA
<i>hydromorphone hcl oral liquid† 1 mg/ml</i>	T2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	T2	
<i>meperidine hcl injection solution 50 mg/ml</i>	T6	B/D
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	T2	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	T2	not liquid or caps
<i>tramadol hcl oral tablet 50 mg</i>	T2	(not ER)
<b>Anesthetics</b>		
<b><i>local anesthetics</i></b>		
<i>lidocaine external ointment 5 %</i>	T2	(oint only); QL (35.44 per 2 days)
<i>lidocaine external patch 5 %</i>	T2	PA
<i>lidocaine hcl (pf) injection solution 0.5 %</i>	T6	B/D
<i>lidocaine viscous mouth/throat solution 2 %</i>	T2	QL (360 per 3 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	T2	QL (30 per 1 day)
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b><i>alcohol deterrents/ anti-craving</i></b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	T2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T2	
<i>naltrexone hcl oral tablet 50 mg</i>	T2	(tabs only)
<b><i>opioid dependence treatments</i></b>		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	T6	B/D
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	T2	PA
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	T2	PA
<i>naltrexone hcl oral tablet 50 mg</i>	T2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	T4	PA-NS
<b><i>opioid reversal agents</i></b>		
<i>naloxone hcl injection solution 1 mg/ml</i>	T6	B/D
<b><i>smoking cessation agents</i></b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hr* 150 mg</i>	T2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	T4	
NICOTROL INHALATION INHALER 10 MG	T3	PA; QL (168 per 10 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antibacterials</b>		
<b><i>aminoglycosides</i></b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	T6	B/D
<i>gentak ophthalmic ointment 0.3 %</i>	T2	
<i>gentamicin sulfate external cream 0.1 %</i>	T2	QL (30 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	T2	QL (30 per 30 days)
<i>gentamicin sulfate injection solution 40 mg/ml</i>	T6	B/D
<i>gentamicin sulfate intravenous* solution 10 mg/ml</i>	T6	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	T2	
<i>neomycin sulfate oral tablet 500 mg</i>	T2	(tablet)
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG	T3	
STREPTOMYCIN SULFATE INTRAMUSCULAR* SOLUTION RECONSTITUTED 1 GM	T6	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	T3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T5	B/D
<i>tobramycin ophthalmic solution 0.3 %</i>	T2	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T6	B/D
TOBREX OPHTHALMIC OINTMENT 0.3 %	T3	
<b><i>antibacterials, other</i></b>		
<i>acetic acid otic solution 2 %</i>	T2	
<i>chloramphenicol sod succinate intravenous* solution reconstituted 1 gm</i>	T6	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	T6	B/D
<i>clindamycin hcl oral capsule 150 mg</i>	T2	(not 300mg)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	T2	
<i>clindamycin phosphate external swab 1 %</i>	T2	QL (60 per 15 days)
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	T6	
<i>clindamycin phosphate vaginal cream 2 %</i>	T2	(vag.)
CUBICIN INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	T6	B/D
<i>global alcohol prep ease pad 70 %</i>	T2	
<i>linezolid intravenous* solution 600 mg/300ml</i>	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	T2	
<i>linezolid oral tablet 600 mg</i>	T2	
<i>metronidazole external cream 0.75 %</i>	T2	QL (45 per 30 days)
<i>metronidazole external gel 0.75 %</i>	T2	QL (30 per 30 days)
<i>metronidazole external gel 1 %</i>	T2	QL (60 per 30 days)
<i>metronidazole external lotion 0.75 %</i>	T2	QL (60 per 30 days)
<i>metronidazole in nacl intravenous* solution 500-0.79 mg/100ml-%</i>	T6	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T2	(not ER)
<i>metronidazole vaginal gel 0.75 %</i>	T2	(vag); QL (70 per 10 days)
<i>mupirocin external ointment 2 %</i>	T2	(oint only); QL (22 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	PA
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	T2	
<i>nitrofurantoin oral capsule 100 mg</i>	T2	PA
<i>trimethoprim oral tablet 100 mg</i>	T2	
<b>TYGACIL INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG</b>	T6	B/D
<i>vancomycin hcl intravenous* solution reconstituted 1000 mg</i>	T6	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	T5	PA
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>	T3	PA
<b>ZYVOX ORAL TABLET 600 MG</b>	T3	PA
<b><i>antibacterials</i></b>		
<i>colistimethate sodium injection solution reconstituted 150 mg</i>	T6	B/D
<b>SYNERCID INTRAVENOUS* SOLUTION RECONSTITUTED 150-350 MG</b>	T6	B/D
<b><i>beta-lactam, cephalosporins</i></b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	T2	(susp only)
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	T6	B/D
<i>cefdinir oral capsule 300 mg</i>	T2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	T6	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	T2	(SUPRAX)
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	T6	B/D
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	T2	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	T6	B/D
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	T2	(tabs only)
<i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>	T6	B/D
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
SUPRAX ORAL CAPSULE 400 MG	T4	
<i>tazicef injection solution reconstituted 1 gm</i>	T6	B/D
TAZICEF INJECTION SOLUTION RECONSTITUTED 2 GM	T6	B/D
TEFLARO INTRAVENOUS* SOLUTION RECONSTITUTED 600 MG	T6	
<b><i>beta-lactam, other</i></b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	T6	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	T5	
<i>imipenem-cilastatin intravenous* solution reconstituted 500 mg</i>	T6	
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	T6	B/D
<i>meropenem intravenous* solution reconstituted 500 mg</i>	T6	
<b><i>beta-lactam, penicillins</i></b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	T2	
<i>amoxicillin oral tablet 875 mg</i>	T2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hr* 1000-62.5 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	T2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	T2	
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	T6	B/D
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	T6	B/D
BICILLIN L-A INTRAMUSCULAR* SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML	T6	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	T2	(caps only)
<i>oxacillin sodium injection solution reconstituted 2 gm</i>	T6	B/D
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	T6	B/D
PENICILLIN G PROCAINE INTRAMUSCULAR* SUSPENSION 600000 UNIT/ML	T6	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	T2	
<i>piperacillin sod-tazobactam so intravenous* solution reconstituted 3.375 (3-0.375) gm</i>	T6	
<b>macrolides</b>		
<i>azithromycin intravenous* solution reconstituted 500 mg (2mg/ml)</i>	T6	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	T2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T2	(not XL)
E.E.S. 400 ORAL TABLET 400 MG	T3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	T6	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG	T3	
<i>erythromycin external solution 2 %</i>	T2	QL (60 per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	T2	QL (3.5 per 7 days)
<b>quinolones</b>		
CILOXAN OPHTHALMIC OINTMENT 0.3 %	T3	
CIPRO IN D5W INTRAVENOUS* SOLUTION 400 MG/200ML	T6	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	T2	QL (15 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T2	(not susp or XR)
<i>levofloxacin in d5w intravenous* solution 500 mg/100ml</i>	T6	
<i>levofloxacin ophthalmic solution 0.5 %</i>	T2	QL (15 per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>	T2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T2	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	T3	QL (3 per 7 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	T2	QL (15 per 9 days)
<i>ofloxacin otic solution 0.3 %</i>	T2	(otic)
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	T3	QL (3 per 7 days)
<b>sulfonamides</b>		
<i>silver sulfadiazine external cream 1 %</i>	T2	
<i>ssd external cream 1 %</i>	T2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	T2	QL (15 per 10 days)
<i>sulfadiazine oral tablet 500 mg</i>	T2	
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS* SOLUTION 400-80 MG/5ML	T6	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T2	
<b>tetracyclines</b>		
<i>doxycycline hyclate intravenous* solution reconstituted 100 mg</i>	T6	B/D
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline hyclate oral tablet 100 mg, 20 50, 20 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	T2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	T2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	T2	
<b>Anticonvulsants</b>		
<b><i>anticonvulsants, other</i></b>		
BRIVIACT INTRAVENOUS* SOLUTION 50 MG/5ML	T6	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	T5	PA-NS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T5	PA-NS
DIAZEPAM GEL 10 MG, 20 MG	T4	
<i>levetiracetam er oral tablet extended release 24 hr* 500 mg, 750 mg</i>	T2	
<i>levetiracetam intravenous* solution 500 mg/5ml</i>	T6	
<i>levetiracetam oral solution 100 mg/ml</i>	T2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	T2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	T4	
SPRITAM ORAL 1000 MG, 250 MG, 500 MG, 750 MG	T4	
<b><i>calcium channel modifying agents</i></b>		
CELONTIN ORAL CAPSULE 300 MG	T4	
<i>ethosuximide oral capsule 250 mg</i>	T2	
<i>ethosuximide oral solution 250 mg/5ml</i>	T2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	T4	ST-NS; QL (93 per 31 days)
LYRICA ORAL SOLUTION 20 MG/ML	T4	ST-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T2	
<b><i>gamma-aminobutyric acid (gaba) augmenting agents</i></b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	(not wafers)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg</i>	T2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	PA-NS
<i>diazepam oral solution 1 mg/ml</i>	T2	PA-NS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	PA-NS
<i>divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium oral 125 mg</i>	T2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	T2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T2	
<i>gabapentin oral solution 250 mg/5ml</i>	T2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T2	
<b>GABITRIL ORAL TABLET 16 MG</b>	T4	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<b>ONFI ORAL SUSPENSION 2.5 MG/ML</b>	T4	PA-NS
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T4	PA-NS
<i>phenobarbital oral elixir 20 mg/5ml</i>	T2	PA-NS
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T2	PA-NS
<i>primidone oral tablet 250 mg, 50 mg</i>	T2	
<b>SABRIL ORAL PACKET 500 MG</b>	T4	PA-NS; LA
<b>SABRIL ORAL TABLET 500 MG</b>	T4	PA-NS; LA
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	T2	
<i>valproate sodium intravenous* solution 500 mg/5ml</i>	T6	
<i>valproate sodium oral syrup 250 mg/5ml</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>glutamate reducing agents</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	T2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	T2	
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	T4	PA-NS
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T4	PA-NS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T2	(not XR or ODT)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	T2	(not XR or ODT)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<b>sodium channel agents</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG</b>	T4	PA-NS
<b>BANZEL ORAL SUSPENSION 40 MG/ML</b>	T4	PA-NS
<b>BANZEL ORAL TABLET 200 MG, 400 MG</b>	T4	PA-NS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T2	
<i>carbamazepine oral tablet 200 mg</i>	T2	(not XR)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral tablet chewable 100 mg</i>	T2	(not XR)
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	T6	B/D
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	T2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T2	
PEGANONE ORAL TABLET 250 MG	T4	
<i>phenytoin oral suspension 125 mg/5ml</i>	T2	
<i>phenytoin oral tablet chewable 50 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	T6	B/D
VIMPAT INTRAVENOUS* SOLUTION 200 MG/20ML	T6	
VIMPAT ORAL SOLUTION 10 MG/ML	T4	PA-NS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T4	PA-NS

## **Antidementia Agents**

### ***antidementia agents, other***

*ergoloid mesylates oral tablet 1 mg*

T2

(not LC)

### ***cholinesterase inhibitors***

*donepezil hcl oral tablet 10 mg, 5 mg*

T2

(not 23mg or XR)

*donepezil hcl oral tablet dispersible 10 mg, 5 mg*

T2

(not 23mg or XR)

*galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg*

T2

*galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg*

T2

### ***n-methyl-d-aspartate (nmda) receptor antagonist***

*memantine hcl oral solution 2 mg/ml*

T2

*memantine hcl oral tablet 10 mg, 5 mg*

T2

NAMENDA ORAL TABLET 10 MG, 5 MG

T3

## **Antidepressants**

### ***antidepressants, other***

ABILIFY MAINTENA INTRAMUSCULAR\* SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE), 400 MG

T6

B/D

*aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg*

T2

PA-NS

*aripiprazole oral tablet dispersible 10 mg, 15 mg*

T2

PA-NS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl er (sr) oral tablet extended release 12 hr* 100 mg, 150 mg</i>	T2	(not 200mg)
<i>bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg, 300 mg</i>	T2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T2	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	T2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	T2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	T2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	T2	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	T4	
<i>trazodone hcl oral tablet 100 mg, 50 mg</i>	T1	(not 300mg)
<i>trazodone hcl oral tablet 150 mg</i>	T2	(not 300mg)
<b>monoamine oxidase inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HR 6 MG/24HR, 9 MG/24HR	T4	PA-NS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	T4	
<i>phenelzine sulfate oral tablet 15 mg</i>	T2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	T2	
<b>ssris/ snris</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>desvenlafaxine er oral tablet extended release 24 hr* 100 mg, 50 mg</i>	T2	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	T4	PA-NS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	T1	(not 40mg)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	T2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	(not CR)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg, 25 mg, 37.5 mg</i>	T2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	
PAXIL ORAL SUSPENSION 10 MG/5ML	T4	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 25 MG, 50 MG	T3	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	T2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T4	PA-NS
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	T4	
<b><i>tricyclics</i></b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	PA-NS
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	T2	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	T2	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	PA-NS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	T2	PA-NS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	PA-NS; (not PM)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	T1	
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	T2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	T2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	T2	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	T4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antiemetics</b>		
<i>antiemetics, other</i>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T6	B/D
<i>hydroxyzine hcl intramuscular* solution 50 mg/ml</i>	T6	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	T2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	PA
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	PA
<i>meclizine hcl oral tablet 25 mg</i>	T2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	T6	B/D
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	T2	
<i>metoclopramide hcl oral tablet 10 mg</i>	T1	
<i>metoclopramide hcl oral tablet 5 mg</i>	T2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>phenadoz suppository 12.5 mg</i>	T2	QL (12 per 2 days)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	T6	B/D
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>prochlorperazine suppository 25 mg</i>	T2	QL (12 per 6 days)
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	T6	B/D
<i>promethazine hcl oral tablet 25 mg</i>	T2	PA
<i>promethazine hcl suppository 12.5 mg, 25 mg, 50 mg</i>	T2	QL (12 per 2 days)
<i>promethegan suppository 25 mg, 50 mg</i>	T2	QL (12 per 2 days)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HR 1 MG/3DAYS	T4	PA
<i>trimethobenzamide hcl oral capsule 300 mg</i>	T2	
<b>emetogenic therapy adjuncts</b>		
ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML	T6	B/D; (inj only)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T2	PA; QL (60 per 30 days)
EMEND ORAL CAPSULE 40 MG, 80 & 125 MG, 80 MG	T4	PA
<i>ondansetron hcl injection solution 4 mg/2ml, 4 mg/2ml (2ml syringe)</i>	T6	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	T2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	B/D; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T2	B/D; QL (90 per 30 days)
<b>Antifungals</b>		
<i>antifungals</i>		
AMBISOME INTRAVENOUS* SUSPENSION RECONSTITUTED 50 MG	T6	B/D
<i>amphotericin b injection solution reconstituted 50 mg</i>	T6	B/D
CANCIDAS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	T6	
<i>ciclopirox external gel 0.77 %</i>	T2	QL (120 per 30 days)
<i>ciclopirox external solution 8 %</i>	T2	QL (6.6 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	T2	QL (120 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	T2	(not shampoo); QL (60 per 30 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	T2	PA; QL (70 per 14 days)
<i>econazole nitrate external cream 1 %</i>	T2	QL (120 per 30 days)
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T6	
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	T6	B/D
<i>fluconazole in dextrose intravenous* solution 400 mg/200ml</i>	T6	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	T2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	T2	
<i>fluconazole oral tablet 150 mg</i>	T2	QL (2 per 3 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T2	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	T2	(suspension only)
<i>itraconazole oral capsule 100 mg</i>	T2	PA
<i>ketoconazole external cream 2 %</i>	T2	(not shampoo); QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	T2	(not shampoo)
NATACYN OPHTHALMIC SUSPENSION 5 %	T3	
NOXAFIL ORAL SUSPENSION 40 MG/ML	T5	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	T5	PA
<i>nystatin external cream 100000 unit/gm</i>	T2	QL (120 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	T2	QL (120 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	T2	(not pwd)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin oral tablet 500000 unit</i>	T2	(not pwd)
SPORANOX ORAL SOLUTION 10 MG/ML	T4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	T2	
<i>terconazole vaginal cream 0.4 %</i>	T2	
<i>terconazole vaginal cream 0.8 %</i>	T2	QL (20 per 3 days)
<i>terconazole vaginal suppository 80 mg</i>	T2	QL (3 per 3 days)
<i>voriconazole intravenous* solution reconstituted 200 mg</i>	T6	B/D
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	T2	PA
<i>voriconazole oral tablet 200 mg</i>	T2	PA
ZOLINZA ORAL CAPSULE 100 MG	T5	PA-NS
<b>Antigout Agents</b>		
<i>antigout agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral tablet 0.6 mg</i>	T2	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	T2	
<i>probenecid oral tablet 500 mg</i>	T2	
<b>Anti-Inflammatory Agents</b>		
<i>glucocorticoids</i>		
A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG	T6	B/D
<i>betamethasone dipropionate external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	T2	QL (120 per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	T2	QL (60 per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	T2	QL (120 per 30 days)
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	T3	QL (15 per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	T3	
<i>cortisone acetate oral tablet 25 mg</i>	T2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	T2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	T6	B/D
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	T2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T6	B/D
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	T2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	T6	B/D
<b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>	T3	QL (10 per 15 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	T2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	T2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	T2	
<i>prednisone oral solution 5 mg/5ml</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG</b>	T6	B/D
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	T2	QL (15 per 30 days)
<b><i>nonsteroidal anti-inflammatory drugs</i></b>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	T2	
<i>etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg</i>	T2	
<i>etodolac oral capsule 200 mg</i>	T2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin er oral capsule extended release* 75 mg</i>	T2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	T6	
<i>ketorolac tromethamine oral tablet 10 mg</i>	T2	QL (20 per 31 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	
<i>naproxen oral suspension 125 mg/5ml</i>	T2	
<i>naproxen oral tablet 250 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1	
<i>naproxen sodium oral tablet 550 mg</i>	T2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	
<b>Antimigraine Agents</b>		
<i>antimigraine agents</i>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	T2	
<i>ergot alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML	T4	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	T3	
<i>migergot suppository 2-100 mg</i>	T2	QL (12 per 14 days)
<i>prophylactic</i>		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	T6	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	T6	B/D
<i>divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg</i>	T2	
<i>divalproex sodium oral 125 mg</i>	T2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	T2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<i>valproate sodium oral syrup 250 mg/5ml</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<i>serotonin (5-ht) 1b/1d receptor agonists</i>		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	T2	QL (18 per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	T2	QL (18 per 31 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	T2	QL (6 per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (9 per 31 days)
<i>sumatriptan succinate subcutaneous* 6 mg/0.5ml</i>	T2	QL (4 per 31 days)
<b>Antimyasthenic Agents</b>		
<i>parasympathomimetics</i>		
<i>guanidine hcl oral tablet 125 mg</i>	T2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MESTINON ORAL TABLET EXTENDEDRELEASE* 180 MG	T3	
<i>pyridostigmine bromide er oral tablet extendedrelease* 180 mg</i>	T2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T2	
<b>Antimycobacterials</b>		
<i>antimycobacterials, other</i>		
DAPSONE ORAL TABLET 100 MG, 25 MG	T3	
PRIFTIN ORAL TABLET 150 MG	T4	
<i>rifabutin oral capsule 150 mg</i>	T2	
<i>antituberculars</i>		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	T6	B/D
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	T2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T2	
PASER ORAL PACKET 4 GM	T4	
<i>pyrazinamide oral tablet 500 mg</i>	T2	
<i>rifampin intravenous* solution reconstituted 600 mg</i>	T6	
<i>rifampin oral capsule 150 mg, 300 mg</i>	T2	
SIRTURO ORAL TABLET 100 MG	T4	
TRECTOR ORAL TABLET 250 MG	T4	
<b>Antineoplastics</b>		
<i>alkylating agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T2	B/D
HEXALEN ORAL CAPSULE 50 MG	T3	
LEUKERAN ORAL TABLET 2 MG	T3	
MATULANE ORAL CAPSULE 50 MG	T3	
THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG	T5	
VALCHLOR EXTERNAL GEL 0.016 %	T5	
YONDELIS INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG	T5	B/D
<i>antiandrogens</i>		
<i>bicalutamide oral tablet 50 mg</i>	T2	
<i>flutamide oral capsule 125 mg</i>	T2	
NILANDRON ORAL TABLET 150 MG	T3	
<i>nilutamide oral tablet 150 mg</i>	T5	
XTANDI ORAL CAPSULE 40 MG	T5	PA-NS; LA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYTIGA ORAL TABLET 250 MG	T5	PA-NS; LA
<b><i>antiangiogenic agents</i></b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA-NS; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	T5	PA-NS; LA; QL (31 per 31 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	T5	PA-NS; LA
<b><i>antiestrogens/modifiers</i></b>		
EMCYT ORAL CAPSULE 140 MG	T3	
FARESTON ORAL TABLET 60 MG	T3	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	T3	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	T2	
<b><i>antimetabolites</i></b>		
DROXIA ORAL CAPSULE 200 MG	T3	
<i>hydroxyurea oral capsule 500 mg</i>	T2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T5	PA-NS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	T5	LA
TABLOID ORAL TABLET 40 MG	T3	
<b><i>antineoplastics, other</i></b>		
ABRAXANE INTRAVENOUS* SUSPENSION RECONSTITUTED 100 MG	T6	B/D
<i>amifostine intravenous* solution reconstituted 500 mg</i>	T6	B/D
<i>fludarabine phosphate intravenous* solution reconstituted 50 mg</i>	T6	
<i>leucovorin calcium injection solution reconstituted 100 mg</i>	T6	B/D
<i>leucovorin calcium oral tablet 5 mg</i>	T2	
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	T6	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	T6	B/D
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	T5	PA-NS; QL (31 per 31 days)
SYNRIBO SUBCUTANEOUS* SOLUTION RECONSTITUTED 3.5 MG	T5	
YERVOY INTRAVENOUS* SOLUTION 50 MG/10ML	T5	PA; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZALTRAP INTRAVENOUS* SOLUTION 100 MG/4ML	T6	PA-NS
<b><i>antineoplastics</i></b>		
ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	T5	B/D
AVASTIN INTRAVENOUS* SOLUTION 100 MG/4ML, 400 MG/16ML	T5	PA
<i>azacitidine injection suspension reconstituted 100 mg</i>	T6	B/D
BELEODAQ INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	T5	B/D
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 30 UNIT	T6	B/D
<i>carboplatin intravenous* solution 150 mg/15ml</i>	T6	
<i>cisplatin intravenous* solution 100 mg/100ml</i>	T6	
<i>daunorubicin hcl intravenous* injectable 5 mg/ml</i>	T6	B/D
<i>decitabine intravenous* solution reconstituted 50 mg</i>	T6	B/D
<i>docetaxel intravenous* solution 80 mg/8ml</i>	T6	
<i>doxorubicin hcl intravenous* solution 2 mg/ml</i>	T6	
ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG	T5	PA
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	T6	B/D
FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML	T6	
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG	T4	
GLEOSTINE ORAL CAPSULE 100 MG	T3	
HERCEPTIN INTRAVENOUS* SOLUTION RECONSTITUTED 440 MG	T6	B/D
<i>irinotecan hcl intravenous* solution 100 mg/5ml</i>	T6	
KADCYLA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T6	B/D
LYNPARZA ORAL CAPSULE 50 MG	T5	PA-NS; LA
MESNA INTRAVENOUS* SOLUTION 100 MG/ML	T6	
MESNEX ORAL TABLET 400 MG	T4	
MITOMYCIN INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	T6	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxaliplatin intravenous* solution 100 mg/20ml</i>	T6	
<i>paclitaxel intravenous* concentrate 300 mg/50ml</i>	T6	
PERJETA INTRAVENOUS* SOLUTION 420 MG/14ML	T6	B/D
PROLEUKIN INTRAVENOUS* SOLUTION RECONSTITUTED 22000000 UNIT	T5	
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T5	B/D
TRISENOX INTRAVENOUS* SOLUTION 10 MG/10ML	T6	B/D
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	T5	B/D
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T4	PA-NS
VENCLEXTA ORAL TABLET 100 MG	T5	PA-NS
VENCLEXTA STARTING PACK ORAL 10 & 50 & 100 MG	T5	PA-NS
<i>vincristine sulfate intravenous* solution 1 mg/ml</i>	T6	
<b><i>aromatase inhibitors, 3rd generation</i></b>		
<i>anastrozole oral tablet 1 mg</i>	T2	
<i>exemestane oral tablet 25 mg</i>	T2	
<i>letrozole oral tablet 2.5 mg</i>	T2	
<b><i>enzyme inhibitors</i></b>		
<i>etoposide intravenous* solution 500 mg/25ml</i>	T6	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T5	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA-NS; LA
<i>topotecan hcl intravenous* solution reconstituted 4 mg</i>	T6	
ZOLINZA ORAL CAPSULE 100 MG	T5	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA-NS
<b><i>molecular target inhibitors</i></b>		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T5	
ALECENSA ORAL CAPSULE 150 MG	T5	PA-NS
BOSULIF ORAL TABLET 100 MG, 500 MG	T5	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	T5	PA-NS
CAPRELSA ORAL TABLET 100 MG, 300 MG	T5	LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	T5	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T5	PA-NS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	T5	PA-NS
COTELLIC ORAL TABLET 20 MG	T5	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	T5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T5	PA-NS
GLEEVEC ORAL TABLET 100 MG, 400 MG	T5	
ICLUSIG ORAL TABLET 15 MG, 45 MG	T5	PA-NS; LA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	T5	
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA-NS; LA
INLYTA ORAL TABLET 1 MG, 5 MG	T5	LA
IRESSA ORAL TABLET 250 MG	T5	PA-NS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA-NS; LA
LENVIMA 10 MG DAILY DOSE ORAL 10 MG	T5	PA-NS; LA
LENVIMA 14 MG DAILY DOSE ORAL 10 & 4 MG	T5	PA-NS; LA
LENVIMA 18 MG DAILY DOSE ORAL 10 & 4 (2) MG	T5	PA-NS; LA
LENVIMA 20 MG DAILY DOSE ORAL 10 (2) MG	T5	PA-NS; LA
LENVIMA 24 MG DAILY DOSE ORAL 10 (2) & 4 MG	T5	PA-NS; LA
LENVIMA 8 MG DAILY DOSE ORAL 4 (2) MG	T5	PA-NS; LA
LENVIMA 8MG DAILY DOSE ORAL 4 (2) MG (60 PACK)	T5	PA-NS; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T5	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	T5	LA
ODOMZO ORAL CAPSULE 200 MG	T5	PA-NS; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	
STIVARGA ORAL TABLET 40 MG	T5	LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	T5	LA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T5	PA-NS; LA
TAGRISSEO ORAL TABLET 40 MG, 80 MG	T5	PA-NS; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	T5	LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA-NS
TYKERB ORAL TABLET 250 MG	T5	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	T5	LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	T5	PA-NS
ZELBORAF ORAL TABLET 240 MG	T5	PA-NS; LA
ZYKADIA ORAL CAPSULE 150 MG	T5	PA-NS
<b><i>monoclonal antibodies</i></b>		
CYRAMZA INTRAVENOUS* SOLUTION 100 MG/10ML, 500 MG/50ML	T5	B/D
DARZALEX INTRAVENOUS* SOLUTION 100 MG/5ML	T5	B/D
EMPLICITI INTRAVENOUS* SOLUTION RECONSTITUTED 300 MG, 400 MG	T6	B/D
KEYTRUDA INTRAVENOUS* SOLUTION 100 MG/4ML	T5	B/D
KEYTRUDA INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	T5	B/D
OPDIVO INTRAVENOUS* SOLUTION 40 MG/4ML	T5	B/D; LA
RITUXAN INTRAVENOUS* SOLUTION 500 MG/50ML	T5	PA
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T5	PA-NS
TECENTRIQ INTRAVENOUS* SOLUTION 1200 MG/20ML	T6	B/D
<b><i>retinoids</i></b>		
PANRETIN EXTERNAL GEL 0.1 %	T5	
TARGRETIN EXTERNAL GEL 1 %	T5	QL (60 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	T5	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	T2	PA; QL (30 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T2	PA; QL (30 per 30 days)
TRETINOIN ORAL CAPSULE 10 MG	T5	PA-NS
<b>Antiparasitics</b>		
<b><i>anthelmintics</i></b>		
ALBENZA ORAL TABLET 200 MG	T4	
<i>ivermectin oral tablet 3 mg</i>	T2	
<b><i>antiprotozoals</i></b>		
ALINIA ORAL TABLET 500 MG	T3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atovaquone oral suspension 750 mg/5ml</i>	T2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	T2	
<i>chloroquine phosphate oral tablet 500 mg</i>	T2	
COARTEM ORAL TABLET 20-120 MG	T4	
DARAPRIM ORAL TABLET 25 MG	T4	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T2	
<i>mefloquine hcl oral tablet 250 mg</i>	T2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	T4	B/D
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	T6	B/D
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG	T3	
<i>quinine sulfate oral capsule 324 mg</i>	T2	PA
<b><i>pediculicides/ scabicides</i></b>		
<i>malathion external lotion 0.5 %</i>	T2	QL (60 per 7 days)
<i>permethrin external cream 5 %</i>	T2	QL (60 per 30 days)
<b>Antiparkinson Agents</b>		
<b><i>anticholinergics</i></b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T6	B/D
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	T2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	T2	
<b><i>antiparkinson agents, other</i></b>		
<i>amantadine hcl oral capsule 100 mg</i>	T2	
<i>entacapone oral tablet 200 mg</i>	T2	
<b><i>dopamine agonists</i></b>		
APOKYN SUBCUTANEOUS* SOLUTION 10 MG/ML	T5	PA; LA
<i>bromocriptine mesylate oral capsule 5 mg</i>	T2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	T2	
NEUPRO TRANSDERMAL PATCH 24 HR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	T4	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T2	(not ER)
<i>ropinirole hcl er oral tablet extended release 24 hr* 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T2	
<b><i>dopamine precursors/ l-amino acid decarboxylase inhibitors</i></b>		
<i>carbidopa-levodopa er oral tablet extendedrelease* 25-100 mg, 50-200 mg</i>	T2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T2	
<b><i>monoamine oxidase b (mao-b) inhibitors</i></b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	T4	PA
<i>selegiline hcl oral capsule 5 mg</i>	T2	
<i>selegiline hcl oral tablet 5 mg</i>	T2	
<b>Antipsychotics</b>		
<b><i>1st generation/ typical</i></b>		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	T6	B/D
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	T6	B/D
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	T6	B/D
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	T2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	
<i>haloperidol decanoate intramuscular* solution 50 mg/ml</i>	T6	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T6	B/D
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	T2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	T2	
ORAP ORAL TABLET 1 MG, 2 MG	T4	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	T2	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	T6	B/D
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<b>2nd generation/ atypical</b>		
ABILIFY MAINTENA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 300 MG, 300 MG (1.5ML SYRINGE), 400 MG	T6	B/D
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	PA-NS
ARISTADA INTRAMUSCULAR* 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	T6	PA-NS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T4	PA-NS
GEODON INTRAMUSCULAR* SOLUTION RECONSTITUTED 20 MG	T6	PA-NS
INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* 1.5 MG, 3 MG, 6 MG, 9 MG	T3	
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	T6	B/D
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	T4	PA-NS
NUPLAZID ORAL TABLET 17 MG	T5	PA-NS
<i>olanzapine intramuscular* solution reconstituted 10 mg</i>	T6	PA-NS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	T2	
<i>paliperidone er oral tablet extended release 24 hr* 1.5 mg, 3 mg, 6 mg, 9 mg</i>	T2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T4	PA-NS
RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 25 MG, 50 MG	T6	B/D
<i>risperidone oral solution 1 mg/ml</i>	T2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	T2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	T4	PA-NS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	T4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T5	PA-NS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	T6	B/D
<b><i>treatment-resistant</i></b>		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	T2	
FAZACLO ORAL TABLET DISPERSIBLE 150 MG, 200 MG	T4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	T4	
<b>Antispasticity Agents</b>		
<b><i>antispasticity agents</i></b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	T6	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	T6	B/D
<i>dantrolene sodium oral capsule 50 mg</i>	T2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	T2	(tabs only)
<b>Antivirals</b>		
<b><i>anti-cytomegalovirus (cmv) agents</i></b>		
<i>ganciclovir sodium intravenous* solution reconstituted 500 mg</i>	T6	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	T3	
<i>valganciclovir hcl oral tablet 450 mg</i>	T2	(VALCYTE)
ZIRGAN OPHTHALMIC GEL 0.15 %	T4	QL (5 per 7 days)
<b><i>anti-hepatitis b (hbv) agents</i></b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	T2	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T2	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	T6	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	T6	
<i>lamivudine oral solution 10 mg/ml</i>	T2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T2	
<i>ribasphere oral capsule 200 mg</i>	T2	
<i>ribavirin oral capsule 200 mg</i>	T2	
TYZEKA ORAL TABLET 600 MG	T4	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	T5	B/D
VIREAD ORAL POWDER 40 MG/GM	T3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	T3	
<b><i>anti-hepatitis c (hcv) agents</i></b>		
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	T6	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	T6	
PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML	T5	PA
<i>ribasphere oral capsule 200 mg</i>	T2	
<i>ribavirin oral capsule 200 mg</i>	T2	
SOVALDI ORAL TABLET 400 MG	T5	PA
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG	T5	PA-NS
TECHNIVIE ORAL TABLET 12.5-75-50 MG	T5	PA
VIEKIRA PAK ORAL 12.5-75-50	T5	PA
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 200-8.33-50- 33.33 MG	T5	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	T5	B/D
<b><i>antiherpetic agents</i></b>		
<i>acyclovir external ointment 5 %</i>	T2	
<i>acyclovir oral capsule 200 mg</i>	T2	
<i>acyclovir oral suspension 200 mg/5ml</i>	T2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T2	
<i>acyclovir sodium intravenous* solution 50 mg/ml</i>	T6	
<i>famciclovir oral tablet 500 mg</i>	T2	
<i>trifluridine ophthalmic solution 1 %</i>	T2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>anti-hiv agents, integrase inhibitors (insti)</i></b>		
GENVOYA ORAL TABLET 150-150-200-10 MG	T3	
ISENTRESS ORAL PACKET 100 MG	T3	
ISENTRESS ORAL TABLET 400 MG	T3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	T3	
STRIBILD ORAL TABLET 150-150-200-300 MG	T3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	T3	
VITEKTA ORAL TABLET 150 MG, 85 MG	T3	
<b><i>anti-hiv agents, non-nucleoside reverse transcriptase inhibitors (nrti)</i></b>		
COMPLERA ORAL TABLET 200-25-300 MG	T3	
EDURANT ORAL TABLET 25 MG	T3	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	T3	
<i>nevirapine er oral tablet extended release 24 hr* 100 mg, 400 mg</i>	T2	
<i>nevirapine oral suspension 50 mg/5ml</i>	T2	
<i>nevirapine oral tablet 200 mg</i>	T2	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	T3	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	T3	
SUSTIVA ORAL TABLET 600 MG	T3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG	T3	
<b><i>anti-hiv agents, nucleoside and nucleotide reverse transcriptase inhibitors (nrti)</i></b>		
<i>abacavir sulfate oral tablet 300 mg</i>	T2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	T2	
ATRIPLA ORAL TABLET 600-200-300 MG	T3	
DESCOVY ORAL TABLET 200-25 MG	T3	
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	T2	
EMTRIVA ORAL CAPSULE 200 MG	T3	
EMTRIVA ORAL SOLUTION 10 MG/ML	T3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPZICOM ORAL TABLET 600-300 MG	T3	
<i>lamivudine oral solution 10 mg/ml</i>	T2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	T2	
ODEFSEY ORAL TABLET 200-25-25 MG	T3	
RETROVIR INTRAVENOUS* SOLUTION 10 MG/ML	T6	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	T2	
<i>stavudine oral solution reconstituted 1 mg/ml</i>	T2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T3	
VIREAD ORAL POWDER 40 MG/GM	T3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	T3	
ZIAGEN ORAL SOLUTION 20 MG/ML	T3	
<i>zidovudine oral capsule 100 mg</i>	T2	
<i>zidovudine oral syrup 50 mg/5ml</i>	T2	
<i>zidovudine oral tablet 300 mg</i>	T2	
<b><i>anti-hiv agents, other</i></b>		
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG	T3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	T3	
TRIUMEQ ORAL TABLET 600-50-300 MG	T3	
<b><i>anti-hiv agents, protease inhibitors</i></b>		
APTIVUS ORAL CAPSULE 250 MG	T3	
APTIVUS ORAL SOLUTION 100 MG/ML	T3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	
EVOTAZ ORAL TABLET 300-150 MG	T3	
INVIRASE ORAL CAPSULE 200 MG	T3	
INVIRASE ORAL TABLET 500 MG	T3	
KALETRA ORAL SOLUTION 400-100 MG/5ML	T3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	T3	
LEXIVA ORAL SUSPENSION 50 MG/ML	T3	
LEXIVA ORAL TABLET 700 MG	T3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVIR ORAL CAPSULE 100 MG	T3	
NORVIR ORAL SOLUTION 80 MG/ML	T3	
NORVIR ORAL TABLET 100 MG	T3	
PREZCOBIX ORAL TABLET 800-150 MG	T3	
PREZISTA ORAL SUSPENSION 100 MG/ML	T3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T3	
REYATAZ ORAL PACKET 50 MG	T3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	T3	
<b><i>anti-influenza agents</i></b>		
<i>amantadine hcl oral capsule 100 mg</i>	T2	
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER	T4	
<i>rimantadine hcl oral tablet 100 mg</i>	T2	
<b>Anxiolytics</b>		
<b><i>anxiolytics, other</i></b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	T2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	PA-NS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	T2	PA-NS
<i>hydroxyzine hcl intramuscular* solution 50 mg/ml</i>	T6	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	T2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	PA
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	T2	
<b><i>benzodiazepines</i></b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	(not XR)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg</i>	T2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	PA-NS
<i>diazepam oral solution 1 mg/ml</i>	T2	PA-NS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<b><i>ssris/ snris</i></b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg, 25 mg, 37.5 mg</i>	T2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	
PAXIL ORAL SUSPENSION 10 MG/5ML	T4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	T2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	
<b>Bipolar Agents</b>		
<b><i>bipolar agents, other</i></b>		
GEODON INTRAMUSCULAR* SOLUTION RECONSTITUTED 20 MG	T6	PA-NS
<i>olanzapine intramuscular* solution reconstituted 10 mg</i>	T6	PA-NS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	T2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	
RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 25 MG, 50 MG	T6	B/D
<i>risperidone oral solution 1 mg/ml</i>	T2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	T2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	T4	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	T4	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T2	
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	T6	B/D
<b>mood stabilizers</b>		
carbamazepine oral suspension 100 mg/5ml	T2	
carbamazepine oral tablet 200 mg	T2	
carbamazepine oral tablet chewable 100 mg	T2	
divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg	T2	
divalproex sodium oral 125 mg	T2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T2	
lamotrigine oral tablet chewable 25 mg, 5 mg	T2	
lithium carbonate er oral tablet extended release* 450 mg	T2	
lithium carbonate oral capsule 150 mg	T2	
lithium carbonate oral capsule 300 mg	T1	
lithium oral solution 8 meq/5ml	T2	
valproate sodium oral syrup 250 mg/5ml	T2	
valproic acid oral capsule 250 mg	T2	
<b>Blood Glucose Regulators</b>		
<b>antidiabetic agents</b>		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T2	
BYDUREON SUBCUTANEOUS* 2 MG	T4	PA
BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML	T4	PA; QL (3 per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML	T4	PA; QL (2 per 28 days)
chlorpropamide oral tablet 100 mg, 250 mg	T2	
FARXIGA ORAL TABLET 10 MG, 5 MG	T3	ST-NS
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide oral tablet 10 mg, 5 mg	T1	(not XL)
glyburide micronized oral tablet 3 mg	T2	PA
glyburide oral tablet 1.25 mg	T2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	T1	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T4	PA; QL (31 per 31 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	T3	ST-NS
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	T3	ST-NS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG	T3	ST-NS
<i>metformin hcl er oral tablet extended release 24 hr* 500 mg, 750 mg</i>	T2	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T2	
ONGLYZA ORAL TABLET 2.5 MG	T4	PA; QL (31 per 31 days)
ONGLYZA ORAL TABLET 5 MG	T4	PA
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	T2	
SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML	T3	PA
SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML	T3	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T3	ST
TANZEUM SUBCUTANEOUS* 30 MG, 50 MG	T3	ST-NS
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T2	
<i>tolbutamide oral tablet 500 mg</i>	T2	
TRADJENTA ORAL TABLET 5 MG	T3	ST-NS
WELCHOL ORAL TABLET 625 MG	T4	PA
<b><i>glycemic agents</i></b>		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	T3	QL (1 per 15 days)
KORLYM ORAL TABLET 300 MG	T5	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T4	
<b><i>insulins</i></b>		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	T2	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	T2	
<i>cvs gauze sterile pad 2"x2"</i>	T2	
<i>exel comfort point pen needle 29g x 12mm</i>	T2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML	T3	(u-500 only)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML	T4	(no pens)
LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML	T3	
LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML	T3	
NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	T3	(no pens)
NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML	T3	(no pens)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T3	(no pens)
NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML	T3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML	T3	
NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	T3	
NOVOLOG PENFILL SUBCUTANEOUS* 100 UNIT/ML	T3	
NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML	T3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	T2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	T2	
TRESIBA FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML	T3	
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<b><i>anticoagulants</i></b>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T3	
<i>enoxaparin sodium subcutaneous* solution 100 mg/ml, 150 mg/ml</i>	T6	QL (28 per 14 days)
<i>enoxaparin sodium subcutaneous* solution 120 mg/0.8ml, 80 mg/0.8ml</i>	T6	QL (22.4 per 14 days)
<i>enoxaparin sodium subcutaneous* solution 30 mg/0.3ml</i>	T6	QL (8.4 per 14 days)
<i>enoxaparin sodium subcutaneous* solution 40 mg/0.4ml</i>	T6	QL (11.2 per 14 days)
<i>enoxaparin sodium subcutaneous* solution 60 mg/0.6ml</i>	T6	QL (16.8 per 14 days)
<i>fondaparinux sodium subcutaneous* solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T6	B/D
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T3	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
XARELTO ORAL TABLET 10 MG	T3	(hip and knee repair)
XARELTO ORAL TABLET 15 MG, 20 MG	T3	
XARELTO STARTER PACK ORAL 15 & 20 MG	T3	
<b><i>blood formation modifiers</i></b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	T2	
ARANESP (ALBUMIN FREE) INJECTION 100 MCG/0.5ML, 40 MCG/0.4ML, 60 MCG/0.3ML	T6	PA
ARANESP (ALBUMIN FREE) INJECTION 300 MCG/0.6ML	T5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T6	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	T5	PA
LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG	T5	B/D
MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML	T6	B/D
NEULASTA SUBCUTANEOUS* 6 MG/0.6ML	T5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T6	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	T5	PA-NS; LA
<b><i>coagulants</i></b>		
<i>tranexamic acid intravenous* solution 1000 mg/10ml</i>	T6	
<i>tranexamic acid oral tablet 650 mg</i>	T2	
<b><i>platelet modifying agents</i></b>		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG	T3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	T2	
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	T4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T2	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	T2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T2	
<b>Cardiovascular Agents</b>		
<b><i>alpha-adrenergic agonists</i></b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T1	(not tts)
<i>clonidine hcl oral tablet 0.3 mg</i>	T2	(not tts)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	T2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<b>NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG</b>	T5	PA; LA
<b><i>alpha-adrenergic blocking agents</i></b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	T2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b><i>angiotensin ii receptor antagonists</i></b>		
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T2	(not HCT)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	T2	(DIOVAN)
<b><i>angiotensin-converting enzyme (ace) inhibitors</i></b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	(not HCT)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	T2	(not HCT)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril oral tablet 30 mg</i>	T2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>antiarrhythmics</i></b>		
<i>amiodarone hcl intravenous* solution 150 mg/3ml</i>	T6	
<i>amiodarone hcl oral tablet 200 mg</i>	T2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	T2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	T2	
MULTAQ ORAL TABLET 400 MG	T4	PA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T4	
PROCAINAMIDE HCL INJECTION SOLUTION 500 MG/ML	T6	B/D
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	T2	(not SR)
<i>quinidine gluconate er oral tablet extendedrelease* 324 mg</i>	T2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	
<i>sorine oral tablet 120 mg</i>	T2	(Sotalol)
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	T2	(not AF)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	T4	
<b><i>beta-adrenergic blocking agents</i></b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	T2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T2	
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	T6	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	(not HCT)
<i>propranolol hcl intravenous* solution 1 mg/ml</i>	T6	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	T2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	(not LA)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>calcium channel blocking agents</i></b>		
<i>afeditab cr oral tablet extended release 24 hr* 30 mg, 60 mg</i>	T2	(ADALAT CC)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	T2	(not 360mg)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T2	(not SR & LA)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T2	(not XL)
NIMODIPINE ORAL CAPSULE 30 MG	T4	
<i>verapamil hcl er oral tablet extended release* 180 mg, 240 mg</i>	T2	
<i>verapamil hcl intravenous* solution 2.5 mg/ml</i>	T6	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	T2	
<b><i>cardiovascular agents, other</i></b>		
<i>digoxin injection solution 0.25 mg/ml</i>	T6	B/D
<i>digoxin oral solution 0.05 mg/ml</i>	T2	
<i>digoxin oral tablet 125 mcg</i>	T2	QL (31 per 31 days)
<i>digoxin oral tablet 250 mcg</i>	T2	PA; QL (31 per 31 days)
<i>pentoxifylline er oral tablet extended release* 400 mg</i>	T2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG	T3	PA
TEKTRUNA ORAL TABLET 150 MG, 300 MG	T4	ST-NS
<b><i>cardiovascular agents</i></b>		
DEMSER ORAL CAPSULE 250 MG	T5	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	T2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T2	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<b><i>diuretics, carbonic anhydrase inhibitors</i></b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	T2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T2	
<b><i>diuretics, loop</i></b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	T6	B/D
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	T1	
<i>bumetanide oral tablet 2 mg</i>	T2	
EDECRIN ORAL TABLET 25 MG	T3	(sulfa allergic pts only)
<i>furosemide injection solution 10 mg/ml</i>	T6	B/D
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<b><i>diuretics, potassium-sparing</i></b>		
<i>amiloride hcl oral tablet 5 mg</i>	T2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T2	
<i>spironolactone oral tablet 25 mg, 50 mg</i>	T2	(not 100mg)
<b><i>diuretics, thiazide</i></b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	T2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
DIURIL ORAL SUSPENSION 250 MG/5ML	T4	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<b><i>dyslipidemics, fibric acid derivatives</i></b>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	T2	(TRICOR)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	T2	(TRILIPIX)
<i>gemfibrozil oral tablet 600 mg</i>	T2	
<b><i>dyslipidemics, hmg coa reductase inhibitors</i></b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	T3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T2	
<b><i>dyslipidemics, other</i></b>		
<i>cholestyramine light oral packet 4 gm</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	T5	PA
KYNAMRO SUBCUTANEOUS* 200 MG/ML	T5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release* 1000 mg, 500 mg, 750 mg</i>	T2	
NIACOR ORAL TABLET 500 MG	T3	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	T2	
WELCHOL ORAL TABLET 625 MG	T4	PA
ZETIA ORAL TABLET 10 MG	T3	
<b><i>vasodilators, direct-acting arterial/venous</i></b>		
<i>isosorbide dinitrate er oral tablet extended release* 40 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T2	
<i>isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg</i>	T2	
<i>nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	T3	
<b><i>vasodilators, direct-acting arterial</i></b>		
<i>hydralazine hcl injection solution 20 mg/ml</i>	T6	B/D
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T2	
<b>Central Nervous System Agents</b>		
<b><i>attention deficit hyperactivity disorder agents, amphetamines</i></b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T2	QL (31 per 31 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	T2	QL (62 per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T3	QL (31 per 31 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>attention deficit hyperactivity disorder agents, non-amphetamines</i></b>		
<i>guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	PA
<i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 50 mg, 60 mg</i>	T2	QL (31 per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hr* 18 mg, 27 mg, 54 mg</i>	T2	QL (31 per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hr* 36 mg</i>	T2	QL (62 per 31 days)
<i>methylphenidate hcl er oral tablet extended release* 20 mg</i>	T2	QL (93 per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	T3	
<b><i>central nervous system, other</i></b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	T4	PA
<i>riluzole oral tablet 50 mg</i>	T2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	T5	
XENAZINE ORAL TABLET 25 MG	T5	PA
<b><i>fibromyalgia agents</i></b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	T4	ST-NS; QL (93 per 31 days)
LYRICA ORAL SOLUTION 20 MG/ML	T4	ST-NS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 50 MG	T3	
<b><i>multiple sclerosis agents</i></b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR* 10 MG	T5	LA
AVONEX INTRAMUSCULAR* KIT 30 MCG	T5	
AVONEX PEN INTRAMUSCULAR* 30 MCG/0.5ML	T5	
AVONEX PREFILLED INTRAMUSCULAR* 30 MCG/0.5ML	T5	
BETASERON SUBCUTANEOUS* KIT 0.3 MG	T5	
COPAXONE SUBCUTANEOUS* 20 MG/ML	T5	(not 40mg)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILENYA ORAL CAPSULE 0.5 MG	T5	PA; QL (28 per 28 days)
<i>glatopa subcutaneous* 20 mg/ml</i>	T5	
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	T6	
REBIF REBIDOSE SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	T5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	T5	
REBIF SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	T5	
REBIF TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	T5	
TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML	T6	PA

### **Dental And Oral Agents**

#### ***dental and oral agents***

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	T2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	T2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	T2	
<i>pilocarpine hcl oral tablet 5 mg</i>	T2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	T2	

### **Dermatological Agents**

#### ***dermatological agents***

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	T5	PA
<i>betamethasone dipropionate external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>calcipotriene external cream 0.005 %</i>	T2	QL (60 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	T2	QL (60 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	T2	QL (60 per 30 days)
CLARAVIS ORAL CAPSULE 30 MG	T5	PA
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	T2	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	T2	QL (60 per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	T3	
CORTISPORIN EXTERNAL OINTMENT 1 %	T3	QL (15 per 7 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium transdermal gel 1 %</i>	T2	PA; QL (500 per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	T2	PA; QL (100 per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	T2	
ELIDEL EXTERNAL CREAM 1 %	T4	QL (30 per 30 days)
<i>fluorouracil external cream 5 %</i>	T2	QL (40 per 15 days)
<i>fluorouracil external solution 5 %</i>	T2	
<i>fluorouracil intravenous* solution 2.5 gm/50ml</i>	T6	
<i>fluticasone propionate external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	T2	QL (120 per 30 days)
<i>imiquimod external cream 5 %</i>	T2	QL (12 per 10 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	T2	
<i>myorisan oral capsule 10 mg</i>	T2	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	T2	QL (120 per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	T2	QL (120 per 30 days)
<i>podofilox external solution 0.5 %</i>	T2	QL (14 per 28 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	T4	QL (30 per 10 days)
<i>selenium sulfide external lotion 2.5 %</i>	T2	QL (120 per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	T4	PA; QL (30 per 30 days)
TAZORAC EXTERNAL GEL 0.1 %	T4	PA; QL (30 per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	T2	PA; QL (30 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T2	PA; QL (30 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	T5	
VOLTAREN TRANSDERMAL GEL 1 %	T4	PA; QL (500 per 30 days)
<i>zenatane oral capsule 20 mg, 40 mg</i>	T2	PA
<b>Enzyme Replacement/ Modifiers</b>		
<i>enzyme replacement/ modifiers</i>		
ADAGEN INTRAMUSCULAR* SOLUTION 250 UNIT/ML	T5	B/D
ALDURAZYME INTRAVENOUS* SOLUTION 2.9 MG/5ML	T5	B/D
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	T5	PA

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	T3	
CYSTADANE ORAL POWDER	T4	
<i>cystagon oral capsule 150 mg</i>	T2	
ELAPRASE INTRAVENOUS* SOLUTION 6 MG/3ML	T5	PA
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG	T5	PA; LA
KUVAN ORAL PACKET 500 MG	T5	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	T5	PA
NAGLAZYME INTRAVENOUS* SOLUTION 1 MG/ML	T5	PA
RAVICTI ORAL LIQUID† 1.1 GM/ML	T5	PA
VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	T5	B/D
ZAVESCA ORAL CAPSULE 100 MG	T4	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 40000 UNIT, 5000 UNIT	T4	

## Gastrointestinal Agents

### *antispasmodics, gastrointestinal*

<i>atropine sulfate injection solution 0.1 mg/ml</i>	T6	B/D
<i>dicyclomine hcl oral capsule 10 mg</i>	T2	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T2	PA
<i>dicyclomine hcl oral tablet 20 mg</i>	T2	PA
<i>glycopyrrolate injection solution 4 mg/20ml</i>	T6	B/D
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HR 1 MG/3DAYS	T4	PA

### *gastrointestinal agents, other*

<i>diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml</i>	T2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T2	
GATTEX SUBCUTANEOUS* KIT 5 MG	T5	PA
<i>loperamide hcl oral capsule 2 mg</i>	T2	(caps only)
<i>metoclopramide hcl injection solution 5 mg/ml</i>	T6	B/D
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	T2	
<i>metoclopramide hcl oral tablet 10 mg</i>	T1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl oral tablet 5 mg</i>	T2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T3	PA
<i>proctozone-hc cream 2.5 %</i>	T2	QL (30 per 30 days)
RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML	T6	PA
<i>ursodiol oral capsule 300 mg</i>	T2	
<b><i>histamine2 (h2) receptor antagonists</i></b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	T2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	
<b><i>irritable bowel syndrome agents</i></b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	T2	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	T4	PA
<i>budesonide oral capsule delayed release particles 3 mg</i>	T2	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	PA
<b><i>laxatives</i></b>		
<i>golytely oral solution reconstituted 236 gm</i>	T2	QL (4000 per 1 day)
<i>lactulose oral solution 10 gm/15ml</i>	T2	QL (960 per 3 days)
<i>polyethylene glycol 3350 oral powder</i>	T2	QL (527 per 31 days)
<b><i>protectants</i></b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	T3	
<i>misoprostol oral tablet 200 mcg</i>	T2	
<i>sucralfate oral tablet 1 gm</i>	T2	
<b><i>proton pump inhibitors</i></b>		
<i>lansoprazole oral capsule delayed release 30 mg</i>	T2	(not ODT)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	T2	(not 40mg)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	T2	
PROTONIX INTRAVENOUS* SOLUTION RECONSTITUTED 40 MG	T6	B/D
<b>Genitourinary Agents</b>		
<b><i>antispasmodics, urinary</i></b>		
<i>flavoxate hcl oral tablet 100 mg</i>	T2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 50 MG	T4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 15 mg, 5 mg</i>	T2	PA; (not XL)
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	(not XL)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG	T3	
<b><i>benign prostatic hypertrophy agents</i></b>		
<i>alfuzosin hcl er oral tablet extended release 24 hr* 10 mg</i>	T2	
AVODART ORAL CAPSULE 0.5 MG	T3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T2	(not XL)
<i>dutasteride oral capsule 0.5 mg</i>	T2	
<i>finasteride oral tablet 5 mg</i>	T2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	T2	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	T2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b><i>genitourinary agents, other</i></b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	
CUPRIMINE ORAL CAPSULE 250 MG	T3	
ELMIRON ORAL CAPSULE 100 MG	T4	PA
<i>potassium citrate er oral tablet extended release* 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	T2	
<b><i>phosphate binders</i></b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	T2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	T4	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	T4	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b><i>hormonal agents, stimulant/ replacement/ modifying (adrenal)</i></b>		
A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG	T6	B/D
<i>betamethasone dipropionate external cream 0.05 %</i>	T2	QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	T2	QL (120 per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	T2	QL (60 per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	T2	QL (60 per 30 days)
<b>CORDRAN EXTERNAL TAPE 4 MCG/SQCM</b>	T3	
<i>cortisone acetate oral tablet 25 mg</i>	T2	
<i>desonide external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>desonide external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>desonide external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	T2	QL (120 per 30 days)
<i>desoximetasone external gel 0.05 %</i>	T2	QL (120 per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	T2	QL (120 per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	T2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	T2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	T6	B/D
<i>diflorasone diacetate external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	T2	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	T2	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	T2	QL (120 per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	T2	QL (60 per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	T2	QL (20 per 14 days)
<i>fluocinonide external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluocinonide external gel 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluocinonide external solution 0.05 %</i>	T2	QL (60 per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	T2	QL (120 per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	T2	QL (120 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone external lotion 2.5 %</i>	T2	QL (60 per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	T2	QL (120 per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T6	B/D
<i>methylprednisolone oral 4 mg</i>	T2	
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	T2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	T6	B/D
<i>mometasone furoate external cream 0.1 %</i>	T2	QL (120 per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>	T2	QL (120 per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	T2	QL (60 per 30 days)
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	T2	
<i>prednisone oral solution 5 mg/5ml</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	
<i>proctozone-hc cream 2.5 %</i>	T2	QL (30 per 30 days)
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG</b>	T6	B/D
<i>triamcinolone acetate external cream 0.025 %, 0.1 %, 0.5 %</i>	T2	(not A); QL (120 per 30 days)
<i>triamcinolone acetate external lotion 0.025 %, 0.1 %</i>	T2	(not A); QL (60 per 30 days)
<i>triamcinolone acetate external ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	(not A); QL (120 per 30 days)
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b><i>hormonal agents, stimulant/ replacement/ modifying (pituitary)</i></b>		
<i>chorionic gonadotropin intramuscular* solution reconstituted 10000 unit</i>	T6	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	T2	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	T6	B/D
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	T2	
<b>INCRELEX SUBCUTANEOUS* SOLUTION 40 MG/4ML</b>	T5	PA
<b>OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML</b>	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG	T6	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	T3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>hormonal agents, stimulant/ replacement/ modifying (prostaglandins)</i>		
<i>misoprostol oral tablet 200 mcg</i>	T2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>anabolic steroids</i>		
<i>oxandrolone oral tablet 2.5 mg</i>	T2	PA
<i>androgens</i>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T4	QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	T4	QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	T4	QL (75 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg</i>	T2	
<i>testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml</i>	T6	
<i>testosterone enanthate intramuscular* solution 200 mg/ml</i>	T6	
<i>estrogens</i>		
DUAVEE ORAL TABLET 0.45-20 MG	T3	
ESTRACE VAGINAL CREAM 0.1 MG/GM	T4	QL (84 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	PA
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	T2	PA; QL (4 per 31 days)
<i>estradiol valerate intramuscular* oil 20 mg/ml</i>	T6	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	T2	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	T4	PA-NS
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	T3	QL (42 per 28 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>hormonal agents, stimulant/ replacement/ modifying (sex hormones/ modifiers)</i></b>		
<i>apri oral tablet 0.15-30 mg-mcg</i>	T2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	T2	
<i>budesonide oral capsule delayed release particles 3 mg</i>	T2	PA
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	T2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	T2	
<i>enpresse-28 oral tablet</i>	T2	
<i>gianvi oral tablet 3-0.02 mg</i>	T2	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	T2	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	T2	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	T2	
<i>levonorg-eth estrad triphasic oral tablet</i>	T2	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	T2	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	T2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	T2	(not 7/7/7)
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	T2	(not 7/7/7)
<i>necon 10/11 (28) oral tablet 35 mcg</i>	T2	(not 7/7/7)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	T2	(not 7/7/7)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	T2	(not 7/7/7)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	T2	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	T2	
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>	T3	
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	T3	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	T2	(not Lo)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	T2	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	T2	(not Lo)
<i>trivora (28) oral tablet</i>	T2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	T2	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	T2	
<b><i>progestins</i></b>		
<i>camila oral tablet 0.35 mg</i>	T2	
<i>errin oral tablet 0.35 mg</i>	T2	
<i>jolivette oral tablet 0.35 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone acetate intramuscular* suspension 150 mg/ml</i>	T6	PA
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	PA
<i>megestrol acetate oral suspension 40 mg/ml</i>	T2	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	T2	
<i>norethindrone acetate oral tablet 5 mg</i>	T2	
<i>nor-qd oral tablet 0.35 mg</i>	T2	
<b><i>selective estrogen receptor modifying agents</i></b>		
<i>raloxifene hcl oral tablet 60 mg</i>	T2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b><i>hormonal agents, stimulant/ replacement/ modifying (thyroid)</i></b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b><i>hormonal agents, suppressant (adrenal)</i></b>		
LYSODREN ORAL TABLET 500 MG	T3	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b><i>hormonal agents, suppressant (parathyroid)</i></b>		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	T3	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b><i>hormonal agents, suppressant (pituitary)</i></b>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	T2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	T2	
<i>cabergoline oral tablet 0.5 mg</i>	T2	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	T6	B/D
LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 3.75 MG, 7.5 MG	T6	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG	T6	B/D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	T6	
OCTREOTIDE ACETATE INJECTION SOLUTION 1000 MCG/ML, 500 MCG/ML	T5	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT 30 MG	T5	
SIGNIFOR LAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED 20 MG, 40 MG, 60 MG	T5	PA
SIGNIFOR SUBCUTANEOUS* SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	T5	PA
SOMATULINE DEPOT SUBCUTANEOUS* SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	T5	PA
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG	T5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	T4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>antithyroid agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T2	
<i>propylthiouracil oral tablet 50 mg</i>	T2	
<b>Immunological Agents</b>		
<i>angioedema (hae) agents</i>		
CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT	T5	PA
FIRAZYR SUBCUTANEOUS* SOLUTION 30 MG/3ML	T5	PA
<i>immune suppressants</i>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	T5	
AFINITOR ORAL TABLET 2.5 MG	T5	
ATGAM INTRAVENOUS* INJECTABLE 50 MG/ML	T6	PA
<i>azathioprine oral tablet 50 mg</i>	T2	B/D
BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 120 MG, 400 MG	T5	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	T2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T2	B/D
ELIDEL EXTERNAL CREAM 1 %	T4	QL (30 per 30 days)
ENBREL SUBCUTANEOUS* 50 MG/ML	T5	PA
ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED 25 MG	T5	PA
ENBREL SURECLICK SUBCUTANEOUS* 50 MG/ML	T5	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML	T5	PA
HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML	T5	PA
HUMIRA SUBCUTANEOUS* 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	T5	PA
KINERET SUBCUTANEOUS* 100 MG/0.67ML	T5	PA
<i>mercaptopurine oral tablet 50 mg</i>	T2	
<i>methotrexate oral tablet 2.5 mg</i>	T2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	T6	(inj)
<i>mycophenolate mofetil oral capsule 250 mg</i>	T2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	T2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	T2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T2	B/D
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 360 MG	T5	B/D
NULOJIX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG	T5	PA-NS
ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG	T5	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	T5	B/D
REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	T2	B/D
<i>sirolimus oral tablet 2 mg</i>	T5	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T2	B/D
XELJANZ ORAL TABLET 5 MG	T5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR* 11 MG	T5	PA
ZORTRESS ORAL TABLET 0.25 MG	T4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	T5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>immunizing agents, passive</i></b>		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	T6	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	T6	PA; LA
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	T5	B/D
<b><i>immunological agents</i></b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T2	
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	T5	B/D
<b><i>immunomodulators</i></b>		
ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML	T5	PA-NS
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG	T5	PA; LA
ILARIS SUBCUTANEOUS* SOLUTION RECONSTITUTED 180 MG	T5	PA
KEYTRUDA INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	T5	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T2	
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	T5	PA-NS
TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML	T6	PA
<b><i>vaccines</i></b>		
ACTHIB INTRAMUSCULAR* SOLUTION RECONSTITUTED	T6	
ADACEL INTRAMUSCULAR* SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	
BCG VACCINE INJECTION INJECTABLE	T6	B/D
BEXSERO INTRAMUSCULAR*	T6	
BOOSTRIX INTRAMUSCULAR* SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	T6	
CERVARIX INTRAMUSCULAR* SUSPENSION	T6	
DAPTACEL INTRAMUSCULAR* SUSPENSION 10-15-5	T6	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR* SUSPENSION 25-5 LFU/0.5ML	T6	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 10 MCG/0.5ML (0.5ML SYRINGE), 20 MCG/ML	T6	B/D
GARDASIL 9 INTRAMUSCULAR*	T6	
GARDASIL 9 INTRAMUSCULAR* SUSPENSION	T6	
GARDASIL INTRAMUSCULAR* SUSPENSION , (0.5ML SYRINGE)	T6	
HAVRIX INTRAMUSCULAR* SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	T6	
IMOVAX RABIES INTRAMUSCULAR* INJECTABLE 2.5 UNIT/ML	T6	
INFANRIX INTRAMUSCULAR* SUSPENSION 25-58-10	T6	
IPOL INJECTION INJECTABLE	T6	
IXIARO INTRAMUSCULAR* SUSPENSION	T6	
MENACTRA INTRAMUSCULAR* INJECTABLE	T6	
MENHIBRIX INTRAMUSCULAR* SOLUTION RECONSTITUTED 5-5-2.5 MCG	T6	
MENOMUNE SUBCUTANEOUS* INJECTABLE	T6	
MENVEO INTRAMUSCULAR* SOLUTION RECONSTITUTED	T6	
M-M-R II SUBCUTANEOUS* INJECTABLE	T6	
PEDVAX HIB INTRAMUSCULAR* SUSPENSION 7.5 MCG/0.5ML	T6	
PROQUAD SUBCUTANEOUS* INJECTABLE	T6	
QUADRACEL INTRAMUSCULAR* SUSPENSION	T6	
RABAERT INTRAMUSCULAR* SUSPENSION RECONSTITUTED	T6	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	T6	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	T3	
ROTATEQ ORAL SOLUTION	T4	
TENIVAC INTRAMUSCULAR* INJECTABLE 5-2 LFU	T6	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TETANUS-DIPHtheria TOXoids TD INTRAMUSCULAR* SUSPENSION 2-2 LF/0.5ML	T6	
TWINRIX INTRAMUSCULAR* SUSPENSION 720-20	T6	
TYPHIM VI INTRAMUSCULAR* SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	T6	
VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	
VARIVAX SUBCUTANEOUS* INJECTABLE 1350 PFU/0.5ML	T6	
YF-VAX SUBCUTANEOUS* INJECTABLE	T6	
ZOSTAVAX SUBCUTANEOUS* SOLUTION RECONSTITUTED 19400 UNT/0.65ML	T6	
<b>Inflammatory Bowel Disease Agents</b>		
<i>aminosalicylates</i>		
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	T3	
<i>balsalazide disodium oral capsule 750 mg</i>	T2	
CANASA SUPPOSITORY 1000 MG	T3	QL (30 per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	T4	
<i>mesalamine oral tablet delayed release 800 mg</i>	T2	
<i>mesalamine-cleanser kit 4 gm</i>	T2	QL (1680 per 28 days)
<i>glucocorticoids</i>		
A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG	T6	B/D
<i>budesonide oral capsule delayed release particles 3 mg</i>	T2	PA
<i>colocort enema 100 mg/60ml</i>	T2	QL (420 per 7 days)
<i>cortisone acetate oral tablet 25 mg</i>	T2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	T2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	T2	
<i>hydrocortisone enema 100 mg/60ml</i>	T2	QL (420 per 7 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T6	B/D
<i>methylprednisolone oral 4 mg</i>	T2	
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	T2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone acetate ophthalmic suspension 1 %</i>	T2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	T2	
<i>prednisone oral solution 5 mg/5ml</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	
<i>proctosol hc cream 2.5 %</i>	T2	QL (28.35 per 30 days)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG	T6	B/D
<b><i>sulfonamides</i></b>		
<i>sulfasalazine oral tablet 500 mg</i>	T2	(not EC)
<b>Metabolic Bone Disease Agents</b>		
<b><i>metabolic bone disease agents</i></b>		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	T2	
<i>alendronate sodium oral tablet 70 mg</i>	T1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	T2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	
<i>calcitriol oral solution 1 mcg/ml</i>	T2	
<i>etidronate disodium oral tablet 400 mg</i>	T2	
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	T5	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T4	
NATPARA SUBCUTANEOUS* 100 MCG, 25 MCG, 50 MCG, 75 MCG	T5	PA; LA
<i>pamidronate disodium intravenous* solution 6 mg/ml</i>	T6	B/D
<i>paricalcitol intravenous* solution 2 mcg/ml</i>	T6	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	T2	PA
PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML	T6	PA
XGEVA SUBCUTANEOUS* SOLUTION 120 MG/1.7ML	T6	PA
<i>zoledronic acid intravenous* concentrate 4 mg/5ml</i>	T6	B/D
<i>zoledronic acid intravenous* solution 5 mg/100ml</i>	T6	B/D
<b>Ophthalmic Agents</b>		
<b><i>ophthalmic agents, other</i></b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	T2	
RESTASIS OPHTHALMIC EMULSION 0.05 %	T3	QL (30 per 15 days)
<b><i>ophthalmic agents</i></b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	T2	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	T3	QL (15 per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	T3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	T2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	T2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	T2	QL (10 per 7 days)
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	T3	QL (15 per 30 days)
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	T3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	T2	QL (15 per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	T2	QL (10 per 6 days)
<b><i>ophthalmic anti-allergy agents</i></b>		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	T3	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	T2	QL (6 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	T2	
<b><i>ophthalmic antiglaucoma agents</i></b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	T2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	T2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T3	QL (10 per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T2	(not P); QL (10 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carteolol hcl ophthalmic solution 1 %</i>	T2	QL (10 per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	T2	QL (10 per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	T2	QL (10 per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	QL (10 per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	T3	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	T1	(not XE); QL (10 per 30 days)
<b><i>ophthalmic anti-inflammatories</i></b>		
ALREX OPHTHALMIC SUSPENSION 0.2 %	T4	QL (5 per 12 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	T2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	T2	QL (5 per 14 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	T2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	T2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	T3	QL (10 per 16 days)
FML OPHTHALMIC OINTMENT 0.1 %	T3	QL (10 per 7 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	T3	QL (1.7 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T2	QL (5 per 4 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T2	QL (5 per 31 days)
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	T4	QL (15 per 30 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	T3	QL (3 per 14 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T3	QL (10 per 15 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	T2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	T2	
<b><i>ophthalmic prostaglandin and prostamide analogs</i></b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	T2	QL (3 per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	T3	QL (2.5 per 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Otic Agents</b>		
<i>otic agents</i>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	T3	QL (7 per 7 days)
<i>neomycin-polymyxin-hc otic solution 1 %</i>	T2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	T2	(not TC)
<b>Respiratory Tract/ Pulmonary Agents</b>		
<i>antihistamines</i>		
<i>azelastine hcl nasal solution 0.1 %</i>	T2	QL (30 per 30 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	T2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T6	B/D
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	T2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	PA
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	PA
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	T2	
<i>olopatadine hcl nasal solution 0.6 %</i>	T2	QL (31 per 30 days)
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	T6	B/D
<i>promethazine hcl oral tablet 25 mg</i>	T2	PA
<b><i>anti-inflammatories, inhaled corticosteroids</i></b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T4	QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T4	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	T3	QL (30 per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	T3	QL (1 per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	T3	QL (1 per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	T3	QL (1 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT	T3	QL (13 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/BLIST	T3	
FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT	T3	QL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL† 220 MCG/ACT	T3	QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL† 44 MCG/ACT	T3	QL (10.6 per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	T2	QL (60 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	T2	QL (16 per 30 days)
<b><i>antileukotrienes</i></b>		
<i>montelukast sodium oral packet 4 mg</i>	T2	
<i>montelukast sodium oral tablet 10 mg</i>	T2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	T2	
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG	T4	
<b><i>bronchodilators, anticholinergic</i></b>		
ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT	T3	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5 MCG/INH	T3	QL (30 per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	T2	QL (31.1 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	T2	QL (15 per 30 days)
<b><i>bronchodilators, sympathomimetic</i></b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T4	QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T4	QL (12 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	T2	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	T3	QL (60 per 30 days)
DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT	T3	QL (13 per 30 days)
EPIPEN 2-PAK INJECTION 0.3 MG/0.3ML	T3	(1 syringe only); QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION 0.15 MG/0.3ML	T3	(1 syringe only); QL (2 per 30 days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	T2	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	T2	
SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE	T3	
STRIVERDI RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	T3	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	T2	
VENTOLIN HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT	T3	QL (36 per 30 days)
<b><i>cystic fibrosis agents</i></b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	T5	
KALYDECO ORAL TABLET 150 MG	T5	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	T5	PA; QL (150 per 28 days)
<b><i>mast cell stabilizers</i></b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	T2	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	T2	
<b><i>phosphodiesterase inhibitors, airways disease</i></b>		
<i>aminophylline intravenous* solution 25 mg/ml</i>	T6	
DALIRESP ORAL TABLET 500 MCG	T3	PA
<i>theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg, 450 mg</i>	T2	
<i>theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg</i>	T2	
<i>theophylline oral solution 80 mg/15ml</i>	T2	
<b><i>pulmonary antihypertensives</i></b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T5	PA; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OPSUMIT ORAL TABLET 10 MG	T5	PA; LA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	T6	PA; LA
<i>sildenafil citrate oral tablet 20 mg</i>	T2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	T5	PA; LA
<b><i>respiratory tract agents, other</i></b>		
<i>acetylcysteine inhalation solution 10 %</i>	T2	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5-25 MCG/INH	T3	QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5 MCG/INH	T3	QL (30 per 30 days)
PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG, 1000 MG	T5	B/D; LA
ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG	T6	
<b><i>respiratory tract/ pulmonary agents</i></b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T4	QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T4	QL (12 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	T5	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	T5	PA; QL (150 per 28 days)
SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	T4	QL (10.2 per 30 days)
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG	T5	PA; LA
<b>Skeletal Muscle Relaxants</b>		
<b><i>skeletal muscle relaxants</i></b>		
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	T2	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T2	PA
<b>Sleep Disorder Agents</b>		
<b><i>gaba receptor modulators</i></b>		
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	T2	PA
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	(not 7.5)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	PA
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	T2	PA
<b><i>sleep disorders, other</i></b>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T2	PA-NS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	T2	PA-NS
HETLIOZ ORAL CAPSULE 20 MG	T5	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T2	PA; QL (31 per 31 days)
ROZEREM ORAL TABLET 8 MG	T4	PA
XYREM ORAL SOLUTION 500 MG/ML	T4	PA; LA
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>		
<b><i>electrolyte/ mineral modifiers</i></b>		
CHEMET ORAL CAPSULE 100 MG	T3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	T5	PA; LA
FERRIPROX ORAL TABLET 500 MG	T5	PA
<i>kionex oral powder</i>	T2	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	T2	
SYPRINE ORAL CAPSULE 250 MG	T4	
<b><i>electrolyte/ mineral replacement</i></b>		
CARBAGLU ORAL TABLET 200 MG	T5	PA
<i>klor-con 10 oral tablet extendedrelease* 10 meq</i>	T2	
<i>klor-con oral tablet extendedrelease* 8 meq</i>	T2	
MAGNESIUM SULFATE INJECTION SOLUTION 50 % (10ML SYRINGE)	T6	B/D
<i>potassium chloride er tablet extendedrelease* 8 meq oral 8 meq</i>	T2	
<i>potassium chloride intravenous* solution 2 meq/ml</i>	T6	
<i>sodium chloride intravenous* solution 0.45 %</i>	T2	
<i>sodium chloride intravenous* solution 0.9 %</i>	T1	
<i>sodium chloride irrigation solution 0.9 %</i>	T2	
<b><i>therapeutic nutrients/ minerals/ electrolytes</i></b>		
DEXTROSE IN LACTATED RINGERS INTRAVENOUS* SOLUTION 5 %	T6	
<i>dextrose intravenous* solution 10 %</i>	T1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose intravenous* solution 5 %</i>	T6	
<i>dextrose-nacl intravenous* solution 5-0.45 %, 5-0.9 %</i>	T6	
<i>fomepizole intravenous* solution 1 gm/ml</i>	T6	B/D
INTRALIPID INTRAVENOUS* EMULSION 30 %	T6	B/D
<i>kcl in dextrose-nacl intravenous* solution 20-5-0.45 meq/l-%-%</i>	T6	
KCL-LACTATED RINGERS-D5W INTRAVENOUS* SOLUTION 20 MEQ/L	T6	
LACTATED RINGERS INTRAVENOUS* SOLUTION	T6	
<i>ringers irrigation irrigation solution</i>	T2	
<i>sterile water for irrigation irrigation solution</i>	T2	
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TTY: TRS Relay 711,  
Fax: 386-676-7149,  
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