

# 2017 Formulary (LIST OF COVERED DRUGS)



**Gateway Health Medicare Assured Diamond<sup>SM</sup> (HMO SNP)**  
**Gateway Health Medicare Assured Ruby<sup>SM</sup> (HMO SNP)**

**PLEASE READ:** This document contains information about  
the drugs we cover in these plans.



This formulary was updated on December 1, 2017.  
For more recent information or other questions, please contact us,  
Gateway Health Member Services, at:

**Pennsylvania:** 1-800-685-5209

**Ohio:** 1-888-447-4505

**North Carolina:** 1-855-847-6430

**Kentucky:** 1-855-847-6380

**All States:** TTY users, 711, 8 a.m. through 8 p.m.

**7 days a week, or visit [www.MedicareAssured.com](http://www.MedicareAssured.com)**

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**Medicare<sub>Rx</sub>**  
Prescription Drug Coverage

**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 Gateway Health<sup>SM</sup>. When it refers to “plan” or “our plan,” it means Gateway Health Medicare Assured Diamond<sup>SM</sup> and Gateway Health Medicare Assured Ruby<sup>SM</sup>.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

## **What is the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

A formulary is a list of covered drugs selected by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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. Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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, 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, 2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event we make a mid-year non-maintenance formulary change, you will be sent a formulary update notice to place in this printed formulary book.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 3. 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 Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 65. 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?

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby cover 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:** Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby limit the amount of the drug that we will cover. For example, we provide 60 tablets per prescription per 30 days for metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain 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 our plan 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 Gateway Health Medicare Assured Diamond, Gateway Health Medicare Assured Ruby and Gateway Health formulary?” on page iii 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 our plan does not cover your drug, you have two options:

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

### **How do I request an exception to the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-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.

If you experience a level of care change (i.e. are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 31-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

## **For more information**

For more detailed information about your Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby are HMO plans with a Medicare contract and a contract with Kentucky Medicaid, North Carolina Medicaid, Pennsylvania Medicaid, or Ohio Medicaid. Enrollment in Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby depends on contract renewal.



## Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

Plan Name	Drug Tier	Member Cost Share
Gateway Health Medicare Assured Diamond	1 – Generic/Brand	\$0, \$1.20 or \$3.30
	All Other Drugs	\$0, \$3.70 or \$8.25
Gateway Health Medicare Assured Ruby	1 – Generic/Brand	\$0, \$1.20, \$3.30 or 15%
	All Other Drugs	\$0, \$3.70, \$8.25 or 15%

### Drug Table Notes

The following table lists the notes as they appear in the formulary.

**PA** – Prior Authorization

**B/D** – This drug may be covered under Medicare 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.

**ST** – Step Therapy

**LA** – Limited Availability

**QL** – Quantity Limits

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**CURRENT AS OF 12/1/2017**

		<b>Requirements/Limits</b>
<i>italics</i> = Generic 1 drugs <b>UPPERCASE</b> = Brand name 1 drugs		<b>B/D</b> = This drug may be covered under Medicare Part B or D <b>LA</b> = Limited Access <b>PA</b> = Prior Authorization <b>PA (N/S)</b> = Prior Authorization for New Starts Only <b>QL</b> = Quantity Limits <b>ST</b> = Step Therapy
<b>Drug Tier</b> <b>1</b> = Covered Drug (Brand or Generic)		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Alkylating Agents</b>		
<b>Tetrahydroisoquinolines</b>		
YONDELIS	1	
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>Cetirizine HCl Oral SYRUP 1 MG/ML</i>	1	
<i>Cyproheptadine HCl Oral</i>	1	PA
<i>DiphenhydrAMINE HCl INJECTION</i>	1	
<i>Levocetirizine Dihydrochloride Oral</i>	1	
<i>Promethazine HCl Oral TABLET</i>	1	PA
<b>Anti-Infective Agents</b>		
<b>Amebicides</b>		
<i>Paromomycin Sulfate ORAL</i>	1	
<b>Aminoglycosides</b>		
<i>Amikacin Sulfate INJECTION SOLUTION 1 GM/4ML, 500 MG/2ML</i>	1	
<i>Gentamicin in Saline Intravenous SOLUTION 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	1	
<i>Gentamicin Sulfate INJECTION</i>	1	
<i>Neomycin Sulfate ORAL</i>	1	
<i>Tobramycin INHALATION</i>	1	B/D
<i>Tobramycin Sulfate INJECTION SOLUTION 10 MG/ML, 80 MG/2ML</i>	1	
<b>Anthelmintics</b>		
ALBENZA	1	
BILTRICIDE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antibacterials, Miscellaneous</b>		
<i>Clindamycin HCl Oral</i>	1	
<i>Clindamycin Palmitate HCl</i>	1	
<i>Clindamycin Phosphate Injection SOLUTION 300 MG/2ML, 900 MG/6ML</i>	1	
<i>Colistimethate Sodium INJECTION</i>	1	
CUBICIN	1	
<i>DAPTOmycin</i>	1	
<i>Linezolid in Sodium Chloride</i>	1	PA
<i>Linezolid Intravenous SOLUTION 600 MG/300ML</i>	1	PA
<i>Linezolid ORAL SUSPENSION RECONSTITUTED</i>	1	PA
<i>Linezolid ORAL TABLET</i>	1	PA; QL
SYNERCID	1	
<i>Vancomycin HCl Intravenous SOLUTION RECONSTITUTED 10 GM, 1000 MG, 500 MG, 5000 MG, 750 MG</i>	1	
<i>Vancomycin HCl Oral</i>	1	
<b>Antifungals</b>		
AMBISOME	1	B/D
<i>Amphotericin B INJECTION</i>	1	B/D
CANCIDAS	1	
<i>Fluconazole in Sodium Chloride Intravenous SOLUTION 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%</i>	1	
<i>Fluconazole Oral</i>	1	
<i>Flucytosine Oral</i>	1	
<i>Griseofulvin Microsize Oral</i>	1	
<i>Griseofulvin Ultramicrosize</i>	1	
<i>Itraconazole Oral</i>	1	
<i>Ketoconazole Oral</i>	1	
NOXAFIL ORAL SUSPENSION	1	PA
<i>Nystatin Mouth/Throat</i>	1	
<i>Nystatin ORAL TABLET</i>	1	
SPORANOX ORAL SOLUTION	1	
<i>Terbinafine HCl Oral</i>	1	QL
<i>Voriconazole Intravenous</i>	1	
<i>Voriconazole Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antimalarials</b>		
<i>Atovaquone ORAL</i>	1	
<i>Atovaquone-Proguanil HCl</i>	1	
<i>Chloroquine Phosphate ORAL</i>	1	
DARAPRIM	1	
<i>Hydroxychloroquine Sulfate Oral</i>	1	
<i>Mefloquine HCl</i>	1	
<i>Primaquine Phosphate ORAL</i>	1	
<i>QuiNINE Sulfate Oral</i>	1	
<b>Antimycobacterials, Miscellaneous</b>		
<i>Dapsone Oral</i>	1	
<b>Antiprotozoals, Miscellaneous</b>		
ALINIA	1	
<i>MetroNIDAZOLE in NaCl Intravenous SOLUTION 500-0.79 MG/100ML-%</i>	1	
<i>MetroNIDAZOLE Oral TABLET</i>	1	
NEBUPENT	1	B/D
PENTAM	1	
<b>Antiretrovirals</b>		
<i>Abacavir Sulfate ORAL TABLET</i>	1	
<i>Abacavir Sulfate-Lamivudine</i>	1	
<i>Abacavir-Lamivudine-Zidovudine</i>	1	
APTIVUS	1	
ATRIPLA	1	
COMPLERA	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DESCOVY	1	
<i>Didanosine</i>	1	
EDURANT	1	
EMTRIVA	1	
EPIVIR HBV ORAL SOLUTION	1	
EPZICOM	1	
EVOTAZ	1	QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	
GENVOYA	1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVIRASE	1	
ISENTRESS HD	1	QL
ISENTRESS ORAL PACKET	1	
ISENTRESS ORAL TABLET	1	QL
ISENTRESS ORAL TABLET CHEWABLE	1	
KALETRA ORAL SOLUTION	1	
KALETRA ORAL TABLET	1	
<i>LamiVUDine</i>	1	
<i>Lamivudine-Zidovudine</i>	1	
LEXIVA	1	
<i>Lopinavir-Ritonavir</i>	1	
<i>Nevirapine</i>	1	
<i>Nevirapine ER</i>	1	
NORVIR	1	
ODEFSEY	1	
PREZCOBIX	1	QL
PREZISTA ORAL SUSPENSION	1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	
RESCRIPTOR	1	
RETROVIR INTRAVENOUS	1	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	1	
REYATAZ ORAL PACKET	1	
SELZENTRY ORAL SOLUTION	1	QL
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	1	QL
<i>Stavudine</i>	1	
STRIBILD	1	
SUSTIVA	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	QL
TRIUMEQ	1	
TRUVADA	1	
VIDEX	1	
VIRACEPT ORAL TABLET	1	
VIREAD	1	
VITEKTA	1	QL
ZERIT ORAL SOLUTION RECONSTITUTED	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIAGEN ORAL SOLUTION	1	
<i>Zidovudine</i>	1	
<b>Antituberculosis Agents</b>		
CAPASTAT SULFATE	1	
<i>Ethambutol HCl ORAL</i>	1	
<i>Isoniazid ORAL</i>	1	
PASER	1	
PRIFTIN	1	
<i>Pyrazinamide ORAL</i>	1	
<i>Rifabutin</i>	1	
RIFAMATE	1	
<i>Rifampin Intravenous</i>	1	
<i>Rifampin ORAL</i>	1	
RIFATER	1	
TRECTOR	1	
<b>Antivirals</b>		
<i>Acyclovir Oral</i>	1	
<i>Acyclovir Sodium Intravenous SOLUTION</i>	1	B/D
<i>Acyclovir Sodium Intravenous SOLUTION RECONSTITUTED 500 MG</i>	1	B/D
<i>Adefovir Dipivoxil</i>	1	QL
BARACLUDE ORAL SOLUTION	1	PA (N/S); QL
BARACLUDE ORAL TABLET	1	PA (N/S); QL
<i>Entecavir</i>	1	PA (N/S); QL
EPCLUSA	1	PA; QL
<i>Famciclovir Oral</i>	1	
<i>Ganciclovir Sodium</i>	1	B/D
HARVONI	1	PA; QL
HEPSERA	1	QL
INTRON A	1	PA (N/S)
MAVYRET	1	PA; QL
<i>Moderiba 1200 Dose Pack</i>	1	
<i>Moderiba 800 Dose Pack</i>	1	
<i>Moderiba ORAL</i>	1	
<i>Moderiba ORAL TABLET 200 &amp; 400 MG, 200 MG</i>	1	
<i>Oseltamivir Phosphate Oral CAPSULE 30 MG, 45 MG</i>	1	
<i>Oseltamivir Phosphate Oral CAPSULE 75 MG</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Oseltamivir Phosphate Oral SUSPENSION RECONSTITUTED</i>	1	QL
PEGASYS PROCLICK	1	PA
PEGASYS SUBCUTANEOUS SOLUTION	1	PA
RELENZA DISKHALER	1	QL
<i>Ribasphere</i>	1	
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG, 600 MG	1	
<i>Ribavirin ORAL CAPSULE</i>	1	
<i>Ribavirin ORAL TABLET 200 MG</i>	1	
<i>Rimantadine HCl</i>	1	
SOVALDI	1	PA; QL
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	1	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	1	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	1	
TAMIFLU ORAL CAPSULE 75 MG	1	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	1	QL
TYZEKA	1	PA; QL
<i>ValACYclovir HCl Oral</i>	1	
VALCYTE	1	
<i>ValGANciclovir HCl</i>	1	
VOSEVI	1	PA; QL
ZEPATIER	1	PA; QL
<b>Cephalosporins</b>		
<i>Cefaclor ER</i>	1	
<i>Cefaclor ORAL CAPSULE</i>	1	
<i>Cefadroxil</i>	1	
<i>CeFAZolin Sodium INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 20 GM, 500 MG</i>	1	
<i>CeFAZolin Sodium Intravenous SOLUTION RECONSTITUTED</i>	1	
<i>Cefdinir</i>	1	
<i>Cefepime HCl Injection</i>	1	
<i>Cefixime</i>	1	
<i>Cefpodoxime Proxetil</i>	1	
<i>Cefprozil</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>CefTAZidime INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM</i>	1	
<i>CefTRIAxone Sodium Injection SOLUTION RECONSTITUTED 1 GM, 2 GM, 250 MG, 500 MG</i>	1	
<i>CefTRIAxone Sodium Intravenous</i>	1	
<i>Cefuroxime Axetil Oral TABLET</i>	1	
<i>Cefuroxime Sodium INJECTION SOLUTION RECONSTITUTED 1.5 GM, 7.5 GM, 750 MG</i>	1	
<i>Cefuroxime Sodium Intravenous SOLUTION RECONSTITUTED 1.5 GM</i>	1	
<i>Cephalexin Oral CAPSULE 250 MG, 500 MG</i>	1	
<i>Cephalexin Oral SUSPENSION RECONSTITUTED</i>	1	
<i>Cephalexin Oral TABLET</i>	1	
<i>Tazicef INJECTION</i>	1	
<i>Tazicef Intravenous SOLUTION RECONSTITUTED</i>	1	
TEFLARO	1	PA
<b>Chloramphenicol</b>		
<i>Chloramphenicol Sod Succinate</i>	1	B/D
<b>Macrolides</b>		
<i>Azithromycin Intravenous SOLUTION RECONSTITUTED 500 MG</i>	1	
<i>Azithromycin Oral SUSPENSION RECONSTITUTED</i>	1	
<i>Azithromycin Oral TABLET</i>	1	
<i>Clarithromycin ER</i>	1	
<i>Clarithromycin Oral</i>	1	
E.E.S. GRANULES	1	
ERYPED 200	1	
ERYPED 400	1	
ERY-TAB	1	
<i>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</i>	1	
<i>ERYTHROCIN STEARATE ORAL TABLET 250 MG</i>	1	
<i>Erythromycin Base Oral TABLET</i>	1	
<i>Erythromycin Ethylsuccinate ORAL SUSPENSION RECONSTITUTED</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Miscellaneous B-Lactam Antibiotics</b>		
AZACTAM IN DEXTROSE	1	
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	
<i>Aztreonam</i>	1	
CAYSTON	1	PA
<i>CefOXitin Sodium</i>	1	
<i>Imipenem-Cilastatin</i>	1	
<i>Meropenem</i>	1	
<b>Penicillins</b>		
<i>Amoxicillin Oral CAPSULE</i>	1	
<i>Amoxicillin Oral SUSPENSION RECONSTITUTED</i>	1	
<i>Amoxicillin ORAL TABLET</i>	1	
<i>Amoxicillin ORAL TABLET CHEWABLE 125 MG, 250 MG</i>	1	
<i>Amoxicillin-Pot Clavulanate ER</i>	1	
<i>Amoxicillin-Pot Clavulanate Oral</i>	1	
<i>Ampicillin</i>	1	
<i>Ampicillin Sodium INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 125 MG, 250 MG, 500 MG</i>	1	
<i>Ampicillin Sodium Intravenous SOLUTION RECONSTITUTED 1 GM, 10 GM</i>	1	
<i>Ampicillin-Sulbactam Sodium Injection</i>	1	
<i>Ampicillin-Sulbactam Sodium Intravenous SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 15 (10-5) GM</i>	1	
<i>Bactocill in Dextrose</i>	1	
BICILLIN L-A	1	
<i>Dicloxacillin Sodium</i>	1	
<i>Oxacillin Sodium</i>	1	
<i>Penicillin G Potassium INJECTION SOLUTION RECONSTITUTED 5000000 UNIT</i>	1	
<i>Penicillin V Potassium</i>	1	
<i>Pfizerpen-G INJECTION SOLUTION RECONSTITUTED 20000000 UNIT</i>	1	
<i>Piperacillin Sod-Tazobactam So</i>	1	
ZOSYN INTRAVENOUS SOLUTION	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Quinolones</b>		
AVELOX INTRAVENOUS	1	
<i>Ciprofloxacin HCl Oral</i>	1	
<i>Ciprofloxacin Intravenous SOLUTION 200 MG/20ML, 400 MG/40ML</i>	1	
<i>Ciprofloxacin ORAL</i>	1	
<i>Ciprofloxacin-Ciproflox HCl ER</i>	1	
<i>Levofloxacin Oral</i>	1	
<i>Moxifloxacin HCl Intravenous</i>	1	
<i>Moxifloxacin HCl Oral</i>	1	QL
<i>Ofloxacin ORAL TABLET 400 MG</i>	1	
<b>Sulfonamides (Systemic)</b>		
<i>SulfADIAZINE ORAL</i>	1	
<i>Sulfamethoxazole-Trimethoprim Intravenous</i>	1	
<i>Sulfamethoxazole-Trimethoprim Oral SUSPENSION 200-40 MG/5ML</i>	1	
<i>Sulfamethoxazole-Trimethoprim Oral TABLET</i>	1	
<i>SulfaSALazine ORAL</i>	1	
<b>Tetracyclines</b>		
<i>Demeclocycline HCl Oral</i>	1	
<i>Doxy 100</i>	1	B/D
<i>Doxycycline Hyclate Intravenous</i>	1	B/D
<i>Doxycycline Hyclate Oral CAPSULE</i>	1	
<i>Doxycycline Hyclate Oral TABLET 100 MG, 20 MG</i>	1	
<i>Doxycycline Monohydrate Oral</i>	1	
<i>Minocycline HCl Oral CAPSULE</i>	1	
<i>Minocycline HCl Oral TABLET 75 MG</i>	1	
<i>Morgidox ORAL CAPSULE 50 MG</i>	1	
<i>Tigecycline</i>	1	
TYGACIL	1	
VIBRAMYCIN ORAL SYRUP	1	
<b>Urinary Anti-Infectives</b>		
MACRODANTIN ORAL CAPSULE 25 MG	1	PA
<i>Methenamine Hippurate</i>	1	
<i>Nitrofurantoin Macrocrystal ORAL</i>	1	PA
<i>Nitrofurantoin Monohyd Macro</i>	1	PA
<i>Nitrofurantoin Oral SUSPENSION</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Trimethoprim Oral</i>	1	
<b>Anti-Infectives</b>		
<b>Anti-Infectives - Miscellaneous</b>		
<i>Clindamycin Phosphate INJECTION SOLUTION 600 MG/4ML, 9000 MG/60ML</i>	1	
<i>Clindamycin Phosphate Intravenous SOLUTION 150 MG/ML, 900 MG/6ML</i>	1	
<b>Penicillins</b>		
<i>Ampicillin Sodium Injection SOLUTION RECONSTITUTED 2 GM</i>	1	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
ABRAXANE	1	PA (N/S)
<i>Adriamycin Intravenous SOLUTION</i>	1	B/D
<i>Adrucil Intravenous SOLUTION 500 MG/10ML</i>	1	B/D
AFINITOR	1	PA (N/S); QL
AFINITOR DISPERZ	1	PA (N/S); QL
ALECENSA	1	PA (N/S)
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	PA (N/S)
ALUNBRIG	1	PA (N/S)
<i>Anastrozole Oral</i>	1	QL
ARRANON	1	B/D
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML	1	PA (N/S)
AVASTIN INTRAVENOUS SOLUTION 400 MG/16ML	1	
<i>AzaCITIDine</i>	1	B/D
BAVENCIO	1	PA (N/S)
BELEODAQ	1	PA (N/S)
<i>Bexarotene</i>	1	
<i>Bicalutamide</i>	1	
BICNU	1	B/D
<i>Bleomycin Sulfate INJECTION SOLUTION RECONSTITUTED 15 UNIT</i>	1	
<i>Bleomycin Sulfate INJECTION SOLUTION RECONSTITUTED 30 UNIT</i>	1	B/D
BOSULIF	1	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Busulfan</i>	1	B/D
BUSULFEX	1	B/D
CABOMETYX	1	PA (N/S)
<i>Camptosar Intravenous SOLUTION 40 MG/2ML</i>	1	
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA (N/S); LA; QL
<i>CARBOplatin Intravenous SOLUTION 150 MG/15ML</i>	1	B/D
<i>CARBOplatin Intravenous SOLUTION 450 MG/45ML, 50 MG/5ML, 600 MG/60ML</i>	1	
<i>CISplatin Intravenous SOLUTION 100 MG/100ML</i>	1	B/D
<i>CISplatin Intravenous SOLUTION 200 MG/200ML, 50 MG/50ML</i>	1	
<i>Cladribine Intravenous SOLUTION 10 MG/10ML</i>	1	B/D
<i>Clofarabine</i>	1	B/D
CLOLAR	1	B/D
COMETRIQ (100 MG DAILY DOSE)	1	PA (N/S)
COMETRIQ (140 MG DAILY DOSE)	1	PA (N/S)
COMETRIQ (60 MG DAILY DOSE)	1	PA (N/S)
COSMEGEN	1	B/D
COTELLIC	1	PA (N/S)
<i>Cyclophosphamide ORAL CAPSULE</i>	1	B/D
CYRAMZA	1	B/D
<i>Cytarabine (PF) INJECTION SOLUTION 100 MG/ML</i>	1	B/D
<i>Cytarabine (PF) INJECTION SOLUTION 20 MG/ML</i>	1	
<i>Cytarabine INJECTION SOLUTION</i>	1	B/D
<i>Dacarbazine Intravenous SOLUTION RECONSTITUTED 100 MG</i>	1	
<i>Dacarbazine Intravenous SOLUTION RECONSTITUTED 200 MG</i>	1	B/D
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	1	PA (N/S)
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	1	
<i>DAUNOrubicin HCl Intravenous INJECTABLE</i>	1	B/D
<i>Decitabine</i>	1	PA (N/S)
<i>DOCEtaxel Intravenous CONCENTRATE 140 MG/7ML, 160 MG/8ML</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>DOCEtaxel Intravenous CONCENTRATE 200 MG/10ML, 80 MG/4ML</i>	1	B/D
<i>DOCEtaxel Intravenous SOLUTION 160 MG/16ML, 20 MG/2ML, 200 MG/20ML</i>	1	
<i>DOCEtaxel Intravenous SOLUTION 80 MG/8ML</i>	1	B/D
DOXIL	1	B/D
<i>DOXOrubicin HCl</i>	1	B/D
<i>DOXOrubicin HCl Liposomal</i>	1	
DROXIA	1	
ELIGARD	1	PA (N/S)
EMCYT	1	
EMPLICITI	1	PA (N/S)
<i>Epirubicin HCl Intravenous SOLUTION 200 MG/100ML</i>	1	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	1	B/D
ERBITUX INTRAVENOUS SOLUTION 200 MG/100ML	1	
ERIVEDGE	1	PA (N/S)
ERWINAZE INJECTION	1	B/D
<i>Etoposide Intravenous SOLUTION 100 MG/5ML</i>	1	
<i>Etoposide Intravenous SOLUTION 500 MG/25ML</i>	1	B/D
<i>Exemestane</i>	1	
FARESTON	1	
FARYDAK	1	PA (N/S)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	1	PA (N/S); QL
FIRMAGON	1	PA (N/S)
<i>Fludarabine Phosphate</i>	1	B/D
<i>Fluorouracil Intravenous SOLUTION 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML</i>	1	B/D
<i>Flutamide</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	1	
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	1	B/D
<i>Gemcitabine HCl Intravenous SOLUTION</i>	1	B/D
<i>Gemcitabine HCl Intravenous SOLUTION RECONSTITUTED 1 GM</i>	1	B/D
GILOTRIF	1	PA (N/S); QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEOSTINE	1	
HALAVEN	1	PA (N/S)
HERCEPTIN	1	PA (N/S)
HEXALEN	1	
<i>Hydroxyurea ORAL</i>	1	
IBRANCE	1	PA (N/S)
ICLUSIG	1	PA (N/S)
<i>IDArubicin HCl Intravenous SOLUTION 10 MG/10ML</i>	1	B/D
<i>IDArubicin HCl Intravenous SOLUTION 20 MG/20ML, 5 MG/5ML</i>	1	
IDHIFA	1	PA (N/S)
<i>Ifosfamide Intravenous SOLUTION</i>	1	B/D
<i>Ifosfamide Intravenous SOLUTION RECONSTITUTED 1 GM</i>	1	B/D
<i>Imatinib Mesylate</i>	1	PA (N/S)
IMBRUVICA	1	PA (N/S); QL
IMFINZI	1	PA (N/S)
INLYTA	1	PA (N/S)
IRESSA	1	PA (N/S)
<i>Irinotecan HCl Intravenous SOLUTION 100 MG/5ML</i>	1	B/D
<i>Irinotecan HCl Intravenous SOLUTION 500 MG/25ML</i>	1	
ISTODAX	1	
ISTODAX (OVERFILL)	1	
JAKAFI	1	PA (N/S)
JEVTANA	1	B/D
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	B/D
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 160 MG	1	
KEYTRUDA	1	B/D
KISQALI 200 DOSE	1	PA (N/S)
KISQALI 400 DOSE	1	PA (N/S)
KISQALI 600 DOSE	1	PA (N/S)
KISQALI FEMARA 200 DOSE	1	PA (N/S)
KISQALI FEMARA 400 DOSE	1	PA (N/S)
KISQALI FEMARA 600 DOSE	1	PA (N/S)
KYPROLIS	1	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LARTRUVO	1	PA (N/S)
LENVIMA 10 MG DAILY DOSE	1	PA (N/S)
LENVIMA 14 MG DAILY DOSE	1	PA (N/S)
LENVIMA 18 MG DAILY DOSE	1	PA (N/S)
LENVIMA 20 MG DAILY DOSE	1	PA (N/S)
LENVIMA 24 MG DAILY DOSE	1	PA (N/S)
LENVIMA 8 MG DAILY DOSE	1	PA (N/S)
<i>Letrozole Oral</i>	1	
LEUKERAN	1	
<i>Leuprolide Acetate Injection</i>	1	PA (N/S)
LONSURF	1	PA (N/S)
LUPANETA PACK	1	PA
LUPRON DEPOT (1-MONTH)	1	PA (N/S)
LUPRON DEPOT (3-MONTH)	1	PA (N/S)
LUPRON DEPOT (4-MONTH)	1	PA (N/S)
LUPRON DEPOT (6-MONTH)	1	PA (N/S)
LUPRON DEPOT-PED (1-MONTH)	1	PA (N/S)
LYNPARZA	1	PA (N/S)
LYSODREN	1	
MATULANE	1	
<i>Megestrol Acetate Oral SUSPENSION 40 MG/ML</i>	1	PA (N/S)
<i>Megestrol Acetate ORAL SUSPENSION 625 MG/5ML</i>	1	
<i>Megestrol Acetate Oral TABLET</i>	1	PA (N/S)
MEKINIST ORAL TABLET 0.5 MG	1	PA (N/S)
MEKINIST ORAL TABLET 2 MG	1	PA (N/S); QL
<i>Melphalan HCl</i>	1	B/D
<i>Mercaptopurine Oral</i>	1	
<i>Methotrexate Oral</i>	1	B/D
<i>Methotrexate Sodium (PF) INJECTION SOLUTION 1 GM/40ML, 50 MG/2ML</i>	1	B/D
<i>Methotrexate Sodium (PF) INJECTION SOLUTION 100 MG/4ML, 200 MG/8ML, 250 MG/10ML</i>	1	
<i>Methotrexate Sodium INJECTION SOLUTION 50 MG/2ML</i>	1	
<i>Methotrexate Sodium Injection SOLUTION RECONSTITUTED</i>	1	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mitoxantrone HCl Intravenous CONCENTRATE 20 MG/10ML</i>	1	
<i>Mitoxantrone HCl Intravenous CONCENTRATE 25 MG/12.5ML</i>	1	B/D
MUSTARGEN	1	B/D
NERLYNX	1	PA (N/S)
NEXAVAR	1	PA (N/S); QL
NILANDRON	1	
<i>Nilutamide</i>	1	
NINLARO	1	PA (N/S)
NIPENT	1	B/D
ODOMZO	1	PA (N/S)
OPDIVO	1	PA (N/S)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.4ML	1	
<i>Oxaliplatin Intravenous SOLUTION 100 MG/20ML</i>	1	B/D
<i>Oxaliplatin Intravenous SOLUTION 50 MG/10ML</i>	1	
<i>Oxaliplatin Intravenous SOLUTION RECONSTITUTED 100 MG</i>	1	B/D
<i>PACLitaxel Intravenous CONCENTRATE 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML</i>	1	
<i>PACLitaxel Intravenous CONCENTRATE 300 MG/50ML</i>	1	B/D
PERJETA	1	PA (N/S)
POMALYST	1	PA (N/S)
PROLEUKIN	1	PA (N/S)
PURIXAN	1	
REVLIMID	1	PA (N/S); LA; QL
RITUXAN HYCELA	1	PA (N/S)
RITUXAN INTRAVENOUS SOLUTION	1	PA (N/S)
RUBRACA	1	PA (N/S)
RYDAPT	1	PA (N/S)
SOLTAMOX	1	
SPRYCEL	1	PA (N/S); QL
STIVARGA	1	PA (N/S)
SUTENT	1	PA (N/S); QL
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA (N/S)
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	1	
SYNRIBO	1	PA (N/S)
<i>Tabloid</i>	1	
TAFINLAR ORAL CAPSULE 50 MG	1	PA (N/S)
TAFINLAR ORAL CAPSULE 75 MG	1	PA (N/S); QL
TAGRISSE	1	PA (N/S)
<i>Tamoxifen Citrate Oral</i>	1	
TARCEVA	1	PA (N/S)
TARGRETIN ORAL	1	
TASIGNA ORAL CAPSULE 150 MG	1	PA (N/S)
TASIGNA ORAL CAPSULE 200 MG	1	PA (N/S); QL
TECENTRIQ	1	PA (N/S)
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG	1	B/D
<i>Thiotepa Injection</i>	1	B/D
<i>Toposar Intravenous SOLUTION 1 GM/50ML</i>	1	
<i>Topotecan HCl Intravenous SOLUTION RECONSTITUTED</i>	1	B/D
TORISEL	1	B/D
TREANDA INTRAVENOUS SOLUTION	1	B/D
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	B/D
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	1	
TRELSTAR MIXJECT	1	PA (N/S)
<i>Tretinoin Oral</i>	1	
TREXALL	1	B/D
TRISENOX	1	PA (N/S)
TYKERB	1	PA (N/S); QL
VALCHLOR	1	PA (N/S)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	1	B/D
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20ML	1	
VELCADE INJECTION	1	PA (N/S)
VENCLEXTA	1	
VENCLEXTA STARTING PACK	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>VinBLAS</i> tine Sulfate Intravenous SOLUTION	1	B/D
<i>Vincasar</i> PFS	1	B/D
<i>VinCRIS</i> tine Sulfate Intravenous	1	B/D
<i>Vinorelbine Tartrate</i> Intravenous SOLUTION 10 MG/ML	1	
<i>Vinorelbine Tartrate</i> Intravenous SOLUTION 50 MG/5ML	1	B/D
VOTRIENT	1	QL
VYXEOS	1	B/D
XALKORI	1	PA (N/S)
XTANDI	1	PA (N/S)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML	1	
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	1	PA (N/S)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	1	B/D
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8ML	1	
ZANOSAR	1	B/D
ZEJULA	1	PA (N/S)
ZELBORAF	1	PA (N/S)
ZOLINZA	1	PA (N/S); QL
ZYDELIG	1	PA (N/S); QL
ZYKADIA	1	PA (N/S)
ZYTIGA	1	PA (N/S)
<b>Autonomic Drugs</b>		
<b>Alpha- And Beta-Adrenergic Agonists</b>		
<i>EPINEPH</i> rine INJECTION SOLUTION 0.3 MG/0.3ML	1	
<i>EPINEPH</i> rine Injection Solution Auto-injector	1	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	1	
NORTHERA	1	PA
<b>Alpha-Adrenergic Agonists</b>		
<i>Midodrine HCl</i>	1	
<b>Antimuscarinics/Antispasmodics</b>		
ANORO ELLIPTA	1	QL
ATROVENT HFA	1	QL
<i>Dicyclomine HCl Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRUSE ELLIPTA	1	QL
<i>Ipratropium Bromide Inhalation</i>	1	B/D; QL
<i>Methscopolamine Bromide ORAL</i>	1	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	1	QL
STIOLTO RESPIMAT	1	QL
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX	1	ST; QL
CHANTIX CONTINUING MONTH PAK	1	ST; QL
CHANTIX STARTING MONTH PAK	1	ST
NICOTROL	1	
NICOTROL NS	1	
<b>Beta-Adrenergic Agonists</b>		
<i>Albuterol Sulfate ER</i>	1	
<i>Albuterol Sulfate INHALATION NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083%, (5 MG/ML) 0.5%, 0.63 MG/3ML, 1.25 MG/3ML</i>	1	B/D; QL
<i>Albuterol Sulfate ORAL</i>	1	
COMBIVENT RESPIMAT	1	QL
<i>Ipratropium-Albuterol</i>	1	B/D
<i>Metaproterenol Sulfate ORAL</i>	1	
SEREVENT DISKUS	1	QL
<i>Terbutaline Sulfate Oral</i>	1	
VENTOLIN HFA	1	QL
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<i>Bethanechol Chloride ORAL</i>	1	
<i>Cevimeline HCl</i>	1	
<i>Donepezil HCl</i>	1	QL
<i>Galantamine Hydrobromide ER</i>	1	QL
<i>Galantamine Hydrobromide ORAL TABLET</i>	1	QL
MESTINON ORAL SYRUP	1	
<i>Pilocarpine HCl ORAL</i>	1	
<i>Pyridostigmine Bromide ER</i>	1	
<i>Pyridostigmine Bromide Oral</i>	1	
<i>Rivastigmine</i>	1	QL
<i>Rivastigmine Tartrate</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Skeletal Muscle Relaxants</b>		
<i>Chlorzoxazone Oral TABLET 500 MG</i>	1	PA
<i>Cyclobenzaprine HCl Oral TABLET 10 MG, 5 MG</i>	1	PA; QL
<i>Dantrolene Sodium ORAL</i>	1	
<i>Methocarbamol Oral</i>	1	
<i>Orphenadrine Citrate ER</i>	1	
<i>TiZANidine HCl Oral</i>	1	
<b>Sympatholytic Adrenergic Blocking Agents</b>		
<i>Alfuzosin HCl ER</i>	1	
<i>Dihydroergotamine Mesylate INJECTION</i>	1	
<i>Dihydroergotamine Mesylate NASAL</i>	1	
<i>Tamsulosin HCl</i>	1	
<b>Blood Formation, Coagulation, And Thrombosis</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL	1	
ELIQUIS	1	
<i>Enoxaparin Sodium</i>	1	
<i>Fondaparinux Sodium</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	1	
<i>Heparin Sodium (Porcine) INJECTION SOLUTION 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML</i>	1	B/D
<i>Heparin Sodium (Porcine) PF</i>	1	
<i>Jantoven</i>	1	
PRADAXA	1	
<i>Warfarin Sodium Oral</i>	1	
XARELTO	1	
XARELTO STARTER PACK	1	
<b>Hematopoietic Agents</b>		
LEUKINE INTRAVENOUS	1	
MOZOBIL	1	PA; QL
NEULASTA ONPRO	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	1	PA
PROCRIPT	1	PA
PROMACTA	1	PA; LA; QL
<b>Hemorrhologic Agents</b>		
<i>Pentoxifylline ER</i>	1	
<b>Hemostatics</b>		
<i>Tranexamic Acid Intravenous SOLUTION 1000 MG/10ML</i>	1	
<i>Tranexamic Acid ORAL</i>	1	
<b>Platelet-Aggregation Inhibitors</b>		
BRILINTA	1	
<i>Cilostazol</i>	1	
<i>Clopidogrel Bisulfate Oral</i>	1	
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>Doxazosin Mesylate</i>	1	
<i>Prazosin HCl Oral</i>	1	
<i>Terazosin HCl ORAL</i>	1	
<b>Antiarrhythmic Agents</b>		
<i>Amiodarone HCl Intravenous SOLUTION 150 MG/3ML</i>	1	
<i>Amiodarone HCl Oral</i>	1	
<i>Dofetilide</i>	1	
<i>Flecainide Acetate</i>	1	
<i>Mexiletine HCl Oral</i>	1	
MULTAQ	1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>Propafenone HCl</i>	1	
<i>Propafenone HCl ER</i>	1	
<i>Quinidine Gluconate ER</i>	1	
<i>Quinidine Sulfate ORAL</i>	1	
<b>Antilipemic Agents</b>		
<i>Atorvastatin Calcium Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Cholestyramine Light</i>	1	
<i>Cholestyramine ORAL</i>	1	
<i>Colestipol HCl</i>	1	
<i>Ezetimibe</i>	1	ST; QL
<i>Fenofibrate Micronized</i>	1	
<i>Fenofibrate Oral TABLET 145 MG, 160 MG, 48 MG, 54 MG</i>	1	
<i>Fenofibric Acid ORAL TABLET</i>	1	
<i>Gemfibrozil Oral</i>	1	
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
<i>Lovastatin</i>	1	
<i>Niacin ER (Antihyperlipidemic)</i>	1	
<i>Niacor</i>	1	
<i>Omega-3-acid Ethyl Esters</i>	1	QL
<i>Pravastatin Sodium</i>	1	
<i>Prevalite ORAL POWDER</i>	1	
REPATHA	1	PA; QL
REPATHA PUSHTRONEX SYSTEM	1	PA; QL
REPATHA SURECLICK	1	PA; QL
<i>Rosuvastatin Calcium</i>	1	QL
<i>Simvastatin Oral</i>	1	
ZETIA	1	ST; QL
<b>Beta-Adrenergic Blocking Agents</b>		
<i>Acebutolol HCl Oral</i>	1	
<i>Atenolol Oral</i>	1	
<i>Atenolol-Chlorthalidone</i>	1	
<i>Betaxolol HCl Oral</i>	1	
<i>Bisoprolol Fumarate</i>	1	
<i>Bisoprolol-Hydrochlorothiazide</i>	1	
<i>Carvedilol</i>	1	
<i>Labetalol HCl Oral</i>	1	
<i>Metoprolol Succinate ER</i>	1	
<i>Metoprolol Tartrate Oral TABLET 100 MG, 25 MG, 50 MG</i>	1	
<i>Metoprolol-Hydrochlorothiazide</i>	1	
<i>Nadolol Oral TABLET 20 MG, 40 MG, 80 MG</i>	1	
<i>Pindolol</i>	1	
<i>Propranolol HCl ER</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Propranolol HCl Oral</i>	1	
<i>Propranolol-HCTZ</i>	1	
<i>Sorine</i>	1	
<i>Sotalol HCl (AF) Oral TABLET 120 MG</i>	1	
<i>Sotalol HCl Oral</i>	1	
<i>Timolol Maleate ORAL</i>	1	
<b>Calcium-Channel Blocking Agents</b>		
<i>Afeditab CR</i>	1	
<i>Amlodipine Besy-Benazepril HCl</i>	1	
<i>AmLODIPine Besylate Oral</i>	1	
<i>Amlodipine-Olmesartan</i>	1	
<i>AZOR</i>	1	
<i>Cartia XT</i>	1	
<i>Diltiazem HCl ER Beads ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG, 420 MG</i>	1	
<i>DiTIAZem HCl ER Coated Beads Oral CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG</i>	1	
<i>Diltiazem HCl ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</i>	1	
<i>Diltiazem HCl Intravenous</i>	1	
<i>Diltiazem HCl Oral</i>	1	
<i>Dilt-XR</i>	1	
<i>Felodipine ER</i>	1	
<i>Matzim LA</i>	1	
<i>Nifedical XL</i>	1	
<i>NIFEdipine ER</i>	1	
<i>NIFEdipine ER Osmotic Release</i>	1	
<i>NIFEdipine Oral</i>	1	PA
<i>NiMODipine ORAL</i>	1	
<i>Taztia XT</i>	1	
<i>Verapamil HCl ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	1	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	1	
<i>Verapamil HCl Oral</i>	1	
<b>Cardiac Drugs, Miscellaneous</b>		
<i>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG</i>	1	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Cardiotonic Agents</b>		
<i>Digitek ORAL TABLET 125 MCG</i>	1	
<i>Digitek ORAL TABLET 250 MCG</i>	1	ST
<i>Digoxin Injection</i>	1	
<i>Digoxin ORAL SOLUTION</i>	1	
<i>Digoxin Oral TABLET 125 MCG</i>	1	
<i>Digoxin Oral TABLET 250 MCG</i>	1	ST
<b>Hypotensive Agents</b>		
<i>CloNIDine HCl Oral</i>	1	
<i>CloNIDine HCl Transdermal</i>	1	
<i>Clorpres</i>	1	
<i>GuanFACINE HCl Oral</i>	1	
<i>HydrALAZINE HCl Oral</i>	1	
<i>Minoxidil ORAL</i>	1	
PROGLYCEM	1	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>Benazepril HCl Oral</i>	1	
<i>Benazepril-Hydrochlorothiazide</i>	1	
<i>Candesartan Cilexetil</i>	1	
<i>Candesartan Cilexetil-HCTZ</i>	1	
<i>Captopril Oral</i>	1	
<i>Captopril-Hydrochlorothiazide</i>	1	
<i>Enalapril Maleate Oral</i>	1	
<i>Enalapril-Hydrochlorothiazide</i>	1	
<i>Eplerenone</i>	1	
<i>Fosinopril Sodium</i>	1	
<i>Fosinopril Sodium-HCTZ</i>	1	
<i>Irbesartan</i>	1	
<i>Irbesartan-Hydrochlorothiazide</i>	1	
<i>Lisinopril Oral</i>	1	
<i>Lisinopril-Hydrochlorothiazide</i>	1	
<i>Losartan Potassium</i>	1	
<i>Losartan Potassium-HCTZ</i>	1	
<i>Quinapril HCl</i>	1	
<i>Quinapril-Hydrochlorothiazide</i>	1	
<i>Ramipril</i>	1	
<i>Spirolactone Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Spironolactone-HCTZ</i>	1	
<i>Valsartan</i>	1	
<i>Valsartan-Hydrochlorothiazide</i>	1	
<b>Vasodilating Agents</b>		
ADCIRCA	1	PA; QL
<i>Aspirin-Dipyridamole ER</i>	1	QL
ISORDIL TITRADOSE ORAL TABLET 40 MG	1	
<i>Isosorbide Dinitrate ER</i>	1	
<i>Isosorbide Dinitrate Oral</i>	1	
<i>Isosorbide Mononitrate</i>	1	
<i>Isosorbide Mononitrate ER</i>	1	
LETAIRIS	1	PA; QL
<i>Minitran</i>	1	
NITRO-BID	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>Nitroglycerin Sublingual</i>	1	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	1	
<i>Nitroglycerin TRANSLINGUAL</i>	1	
NITROSTAT	1	
<i>Sildenafil Citrate Oral</i>	1	PA; QL
VENTAVIS	1	PA
<b>Central Nervous System Agents</b>		
<b>Analgesics And Antipyretics, Misc.</b>		
<i>Butalbital-Acetaminophen ORAL TABLET 50-325 MG</i>	1	PA; QL
<i>Butalbital-APAP-Caffeine Oral TABLET 50-325-40 MG</i>	1	PA; QL
<i>Tencon Oral TABLET 50-325 MG</i>	1	QL
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
<i>Amphetamine-Dextroamphetamine</i>	1	QL
<i>Dexedrine Oral TABLET 10 MG, 5 MG</i>	1	QL
<i>Dextroamphetamine Sulfate ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG</i>	1	QL
<i>Dextroamphetamine Sulfate Oral TABLET 10 MG, 5 MG</i>	1	QL
<i>Modafinil</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Zenzedi ORAL TABLET 10 MG, 5 MG</i>	1	QL
<b>Anticonvulsants</b>		
BANZEL ORAL SUSPENSION	1	
BANZEL ORAL TABLET	1	PA (N/S)
BRIVIACT	1	PA (N/S)
<i>CarBAMazepine ER</i>	1	
<i>CarBAMazepine Oral</i>	1	
CELONTIN	1	
<i>Clonazepam Oral</i>	1	
<i>Clorazepate Dipotassium ORAL TABLET 15 MG, 3.75 MG, 7.5 MG</i>	1	QL
DIASTAT ACUDIAL	1	
DIASTAT PEDIATRIC	1	
<i>Diazepam Intensol</i>	1	QL
<i>Diazepam ORAL SOLUTION 1 MG/ML</i>	1	QL
<i>Diazepam Oral TABLET</i>	1	QL
<i>DiazePAM Rectal</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour</i>	1	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	1	
<i>Divalproex Sodium Oral Tablet Delayed Release</i>	1	
<i>Epitol</i>	1	
<i>Ethosuximide ORAL</i>	1	
<i>Felbamate</i>	1	
FYCOMPA ORAL SUSPENSION	1	QL
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG	1	QL
<i>Gabapentin Oral CAPSULE</i>	1	
<i>Gabapentin ORAL SOLUTION 250 MG/5ML</i>	1	
<i>Gabapentin Oral TABLET</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	1	
<i>LamoTRIGine ER</i>	1	
<i>LamoTRIGine Oral TABLET</i>	1	
<i>LamoTRIGine Oral TABLET CHEWABLE</i>	1	
<i>LevETIRAcetam ER</i>	1	
<i>LevETIRAcetam in NaCl</i>	1	
<i>LevETIRAcetam Intravenous</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>LevETIRAcetam Oral</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	QL
LYRICA ORAL SOLUTION	1	
ONFI ORAL SUSPENSION	1	
ONFI ORAL TABLET 10 MG, 20 MG	1	
<i>OXcarbazepine</i>	1	
<i>PHENobarbital ORAL ELIXIR</i>	1	
<i>PHENobarbital ORAL TABLET</i>	1	QL
<i>Phenytoin ORAL SUSPENSION 125 MG/5ML</i>	1	
<i>Phenytoin Oral TABLET CHEWABLE</i>	1	
<i>Phenytoin Sodium Extended</i>	1	
<i>Phenytoin Sodium INJECTION</i>	1	
POTIGA	1	QL
<i>Primidone Oral</i>	1	
<i>Roweepra</i>	1	
SABRIL	1	PA (N/S)
SPRITAM	1	PA (N/S)
<i>TiaGABine HCl</i>	1	
<i>Topiramate Oral</i>	1	
<i>Valproate Sodium Intravenous SOLUTION 500 MG/5ML</i>	1	
<i>Valproate Sodium Oral</i>	1	
<i>Valproic Acid Oral CAPSULE</i>	1	
<i>Valproic Acid ORAL SYRUP</i>	1	
<i>Vigabatrin</i>	1	PA (N/S)
VIMPAT	1	
<i>Zonisamide Oral</i>	1	
<b>Anticonvulsants, Miscellaneous</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	1	QL
FYCOMPA ORAL TABLET 10 MG, 12 MG	1	QL
HORIZANT ORAL TABLET EXTENDED RELEASE	1	QL
<i>Magnesium Sulfate INJECTION SOLUTION 50 %, 50 % (10ML SYRINGE)</i>	1	B/D
<b>Antidepressants</b>		
<i>Amitriptyline HCl Oral</i>	1	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Amoxapine</i>	1	
<i>Buproban</i>	1	
<i>BuPROPion HCl ER (Smoking Det)</i>	1	
<i>BuPROPion HCl ER (SR)</i>	1	
<i>BuPROPion HCl ER (XL)</i>	1	
<i>BuPROPion HCl Oral</i>	1	
<i>Citalopram Hydrobromide ORAL SOLUTION</i>	1	
<i>Citalopram Hydrobromide Oral TABLET 10 MG, 20 MG</i>	1	QL
<i>Citalopram Hydrobromide Oral TABLET 40 MG</i>	1	
<i>ClomiPRAMINE HCl Oral</i>	1	PA (N/S)
<i>Desipramine HCl Oral</i>	1	
<i>Desvenlafaxine Succinate ER</i>	1	QL
<i>Doxepin HCl Oral</i>	1	PA (N/S)
<i>DULOxetine HCl Oral CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG</i>	1	QL
<i>Escitalopram Oxalate Oral SOLUTION</i>	1	
<i>Escitalopram Oxalate Oral TABLET</i>	1	QL
FETZIMA	1	QL
FETZIMA TITRATION	1	QL
<i>FLUoxetine HCl (PMDD) ORAL CAPSULE 10 MG</i>	1	QL
<i>FLUoxetine HCl (PMDD) ORAL CAPSULE 20 MG</i>	1	
<i>FLUoxetine HCl (PMDD) Oral TABLET 10 MG, 20 MG</i>	1	QL
<i>FLUoxetine HCl Oral CAPSULE 10 MG</i>	1	QL
<i>FLUoxetine HCl Oral CAPSULE 20 MG, 40 MG</i>	1	
<i>FLUoxetine HCl ORAL SOLUTION</i>	1	
<i>FLUoxetine HCl Oral TABLET 10 MG, 20 MG</i>	1	QL
<i>FluvoxaMINE Maleate ORAL TABLET 100 MG</i>	1	
<i>FluvoxaMINE Maleate ORAL TABLET 25 MG, 50 MG</i>	1	QL
<i>Imipramine HCl ORAL</i>	1	PA (N/S)
<i>Maprotiline HCl</i>	1	
MARPLAN	1	
<i>Mirtazapine Oral TABLET 15 MG</i>	1	QL
<i>Mirtazapine Oral TABLET 30 MG, 45 MG, 7.5 MG</i>	1	
<i>Mirtazapine Oral TABLET DISPERSIBLE 15 MG</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mirtazapine Oral TABLET DISPERSIBLE 30 MG, 45 MG</i>	1	
<i>Nefazodone HCl</i>	1	
<i>Nortriptyline HCl Oral</i>	1	
<i>OLANzapine-FLUoxetine HCl</i>	1	QL
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG</i>	1	QL
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG</i>	1	
<i>PARoxetine HCl Oral TABLET 10 MG, 20 MG</i>	1	QL
<i>PARoxetine HCl Oral TABLET 30 MG, 40 MG</i>	1	
<i>PAXIL ORAL SUSPENSION</i>	1	
<i>Phenelzine Sulfate ORAL</i>	1	
<b>PRISTIQ</b>	1	QL
<i>Protriptyline HCl</i>	1	
<i>Sertraline HCl Oral CONCENTRATE</i>	1	
<i>Sertraline HCl Oral TABLET 100 MG</i>	1	
<i>Sertraline HCl Oral TABLET 25 MG, 50 MG</i>	1	QL
<i>Tranlycypromine Sulfate</i>	1	
<i>TraZODone HCl Oral</i>	1	
<i>Trimipramine Maleate Oral</i>	1	PA (N/S)
<b>TRINTELLIX</b>	1	QL
<i>Venlafaxine HCl</i>	1	
<i>Venlafaxine HCl ER Oral CAPSULE EXTENDED RELEASE 24 HOUR</i>	1	
<b>VIIBRYD ORAL TABLET</b>	1	QL
<b>VIIBRYD STARTER PACK</b>	1	QL
<b>Antimanic Agents</b>		
<i>Lithium</i>	1	
<i>Lithium Carbonate ER</i>	1	
<i>Lithium Carbonate Oral</i>	1	
<b>Antimigraine Agents</b>		
<i>Rizatriptan Benzoate Oral TABLET 10 MG</i>	1	QL
<i>Rizatriptan Benzoate Oral TABLET DISPERSIBLE</i>	1	QL
<i>SUMatriptan Succinate Oral TABLET 100 MG, 25 MG, 50 MG</i>	1	QL
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	1	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>SUMatriptan Succinate Subcutaneous SOLUTION 6 MG/0.5ML</i>	1	QL
<i>SUMatriptan Succinate Subcutaneous Solution Auto-injector 6 MG/0.5ML</i>	1	QL
<b>Antiparkinsonian Agents</b>		
<i>Amantadine HCl ORAL</i>	1	
APOKYN	1	
AZILECT	1	QL
<i>Benztropine Mesylate INJECTION</i>	1	PA
<i>Benztropine Mesylate Oral</i>	1	PA
<i>Bromocriptine Mesylate Oral</i>	1	
<i>Carbidopa-Levodopa</i>	1	
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i>	1	
<i>Carbidopa-Levodopa-Entacapone</i>	1	
EMSAM	1	QL
<i>Entacapone</i>	1	
NEUPRO	1	PA; QL
<i>Pramipexole Dihydrochloride</i>	1	
<i>Rasagiline Mesylate Oral</i>	1	QL
<i>ROPINIrole HCl</i>	1	
<i>ROPINIrole HCl ER</i>	1	
<i>Selegiline HCl Oral</i>	1	
<i>Tolcapone</i>	1	
<i>Trihexyphenidyl HCl</i>	1	PA
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE), 400 MG	1	PA (N/S); QL
<i>CloZAPine</i>	1	
<i>OLANZapine Intramuscular</i>	1	
<i>OLANZapine Oral TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</i>	1	QL
<i>OLANZapine Oral TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG</i>	1	QL
VERSACLOZ	1	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	PA (N/S); QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	PA; QL
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	1	PA (N/S); QL
<i>ARIPiprazole Oral TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG</i>	1	QL
<i>ARIPiprazole ORAL TABLET DISPERSIBLE 10 MG, 15 MG</i>	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	1	QL
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	1	
<i>ChlorproMAZINE HCl INJECTION SOLUTION 50 MG/2ML</i>	1	
<i>ChlorproMAZINE HCl ORAL</i>	1	
FANAPT	1	PA (N/S); QL
FANAPT TITRATION PACK	1	PA (N/S); QL
<i>FluPHENAZine Decanoate INJECTION</i>	1	
<i>FluPHENAZine HCl INJECTION</i>	1	
<i>FluPHENAZine HCl Oral</i>	1	
GEODON INTRAMUSCULAR	1	QL
HALDOL	1	
<i>Haloperidol Decanoate Intramuscular</i>	1	
<i>Haloperidol Lactate</i>	1	
<i>Haloperidol ORAL</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	PA (N/S); QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	PA (N/S); QL
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	1	QL
<i>Loxapine Succinate Oral</i>	1	
<i>Molindone HCl</i>	1	
NUPLAZID	1	PA (N/S); QL
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 6 MG, 9 MG</i>	1	QL
<i>Perphenazine Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Pimozide</i>	1	
<i>QUetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</i>	1	QL
<i>QUetiapine Fumarate Oral TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG</i>	1	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA (N/S); QL
RISPERDAL CONSTA	1	PA (N/S); QL
<i>RisperiDONE Oral SOLUTION</i>	1	QL
<i>RisperiDONE Oral TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	QL
<i>RisperiDONE Oral TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	QL
SAPHRIS	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	1	QL
<i>Thioridazine HCl ORAL</i>	1	PA (N/S)
<i>Thiothixene ORAL</i>	1	
<i>Trifluoperazine HCl ORAL</i>	1	
VRAYLAR ORAL CAPSULE	1	QL
VRAYLAR ORAL CAPSULE THERAPY PACK	1	
<i>Ziprasidone HCl Oral CAPSULE 20 MG, 40 MG, 60 MG, 80 MG</i>	1	QL
<b>Anxiolytics, Sedatives &amp; Hypnotics, Misc.</b>		
HETLIOZ	1	PA
ROZEREM	1	QL
<b>Anxiolytics, Sedatives And Hypnotics, Misc.</b>		
<i>BusPIRone HCl Oral</i>	1	
<i>HydrOXYzine HCl ORAL SYRUP</i>	1	PA (N/S)
<i>HydrOXYzine HCl Oral TABLET</i>	1	PA (N/S)
<i>HydrOXYzine Pamoate ORAL</i>	1	PA (N/S)
<i>Zaleplon</i>	1	ST; QL
<i>Zolpidem Tartrate Oral</i>	1	ST; QL
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
ALPRAZolam ER	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ALPRAZolam Intensol</i>	1	QL
<i>ALPRAZolam Oral TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	1	QL
<i>ALPRAZolam ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	1	QL
<i>ALPRAZolam XR Oral Tablet Extended Release 24 Hour 0.5 MG</i>	1	QL
<i>LORazepam Intensol</i>	1	QL
<i>LORazepam Oral TABLET</i>	1	QL
<b>Central Nervous System Agents, Misc.</b>		
<i>Acamprosate Calcium</i>	1	
<i>Atomoxetine HCl Oral CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG</i>	1	QL
<i>GuanFACINE HCl ER</i>	1	QL
<i>Memantine HCl ORAL SOLUTION</i>	1	QL
<i>Memantine HCl ORAL TABLET 10 MG, 5 (28)-10 (21) MG</i>	1	
<i>Memantine HCl Oral TABLET 5 MG</i>	1	QL
NAMENDA TITRATION PAK	1	
NUEDEXTA	1	PA; QL
<i>Riluzole</i>	1	
<i>STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG</i>	1	QL
<i>Tetrabenazine</i>	1	PA; LA
XYREM	1	LA
<b>Hydantoins</b>		
<i>Fosphenytoin Sodium</i>	1	
PEGANONE	1	
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>Celecoxib Oral</i>	1	QL
<i>Diclofenac Sodium ER</i>	1	
<i>Diclofenac Sodium Oral</i>	1	
<i>Diclofenac Sodium Transdermal GEL 1 %</i>	1	
<i>DiFlunisal Oral</i>	1	
<i>Etodolac ER</i>	1	
<i>Etodolac Oral</i>	1	
<i>Flurbiprofen Oral</i>	1	
<i>Ibuprofen Oral SUSPENSION</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Ibuprofen Oral TABLET 400 MG, 600 MG, 800 MG</i>	1	
<i>Ketoprofen ER</i>	1	
<i>Ketoprofen Oral</i>	1	
<i>Meloxicam Oral</i>	1	
<i>Nabumetone Oral</i>	1	
<i>Naproxen DR</i>	1	
<i>Naproxen Oral</i>	1	
<i>Naproxen Sodium Oral TABLET 275 MG, 550 MG</i>	1	
<i>Piroxicam Oral</i>	1	
<i>Sulindac Oral</i>	1	
<b>Opiate Agonists</b>		
<i>Acetaminophen-Codeine #2</i>	1	QL
<i>Acetaminophen-Codeine #3</i>	1	QL
<i>Acetaminophen-Codeine #4</i>	1	QL
<i>Acetaminophen-Codeine Oral SOLUTION</i>	1	QL
<i>Codeine Sulfate ORAL TABLET</i>	1	QL
<i>Duramorph</i>	1	B/D
<i>Endocet ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</i>	1	QL
<i>FentaNYL</i>	1	QL
<i>FentaNYL Citrate Buccal</i>	1	PA; QL
<i>Hydrocodone-Acetaminophen Oral TABLET 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG</i>	1	QL
<i>Hydrocodone-Ibuprofen Oral TABLET 7.5-200 MG</i>	1	QL
<i>HYDROmorphone HCl Injection SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML</i>	1	
<i>HYDROmorphone HCl Oral Liquid</i>	1	QL
<i>HYDROmorphone HCl Oral TABLET</i>	1	QL
<i>HYDROmorphone HCl PF INJECTION SOLUTION 10 MG/ML</i>	1	
<i>HYDROmorphone HCl PF INJECTION SOLUTION 50 MG/5ML</i>	1	B/D
<i>LAZANDA</i>	1	PA; QL
<i>Lorcet</i>	1	QL
<i>Lorcet HD</i>	1	QL
<i>Lorcet Plus Oral TABLET 7.5-325 MG</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Lortab Oral TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</i>	1	QL
<i>Meperidine HCl INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 25 MG/ML, 50 MG/ML</i>	1	PA; QL
<i>Meperidine HCl ORAL SOLUTION</i>	1	ST; QL
<i>Meperidine HCl Oral TABLET</i>	1	ST; QL
<i>Methadone HCl Oral TABLET</i>	1	QL
<i>Morphine Sulfate (Concentrate) Oral SOLUTION 100 MG/5ML</i>	1	QL
<i>Morphine Sulfate (PF) Intravenous SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</i>	1	B/D
<i>Morphine Sulfate ER Oral Tablet Extended Release</i>	1	QL
<b>MORPHINE SULFATE INJECTION SOLUTION 10 MG/ML, 8 MG/ML</b>	1	
<i>Morphine Sulfate Injection SOLUTION 15 MG/ML</i>	1	B/D
<i>Morphine Sulfate INJECTION SOLUTION 5 MG/ML</i>	1	
<b>MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML, 25 MG/ML, 50 MG/ML</b>	1	
<i>Morphine Sulfate Intravenous SOLUTION 150 MG/30ML</i>	1	
<i>Morphine Sulfate Oral SOLUTION</i>	1	QL
<i>Morphine Sulfate ORAL TABLET</i>	1	QL
<i>OxyCODONE HCl ORAL CAPSULE</i>	1	QL
<i>OxyCODONE HCl Oral CONCENTRATE 100 MG/5ML</i>	1	QL
<i>OxyCODONE HCl Oral SOLUTION</i>	1	QL
<i>OxyCODONE HCl Oral TABLET</i>	1	QL
<i>Oxycodone-Acetaminophen Oral TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	1	QL
<i>Oxycodone-Aspirin Oral TABLET 4.8355-325 MG</i>	1	QL
<i>Oxycodone-Ibuprofen</i>	1	QL
<i>Oxymorphone HCl</i>	1	QL
<i>OxyMORphone HCl ER</i>	1	QL
<b>PERCOCET ORAL TABLET 10-325 MG, 5-325 MG</b>	1	QL
<i>TraMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 300 MG</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>TraMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 300 MG</i>	1	QL
<i>TraMADol HCl Oral</i>	1	QL
<i>Tramadol-Acetaminophen</i>	1	QL
<i>Vicodin ES ORAL TABLET 7.5-300 MG</i>	1	QL
<i>Vicodin HP ORAL TABLET 10-300 MG</i>	1	QL
<i>Vicodin ORAL TABLET 5-300 MG</i>	1	QL
<b>Opiate Antagonists</b>		
<i>Naloxone HCl Injection SOLUTION</i>	1	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	1	
<i>Naltrexone HCl Oral</i>	1	
<b>Opiate Partial Agonists</b>		
<i>Buprenorphine HCl Sublingual TABLET SUBLINGUAL 2 MG, 8 MG</i>	1	QL
<i>Pentazocine-Naloxone HCl</i>	1	ST; QL
SUBOXONE SUBLINGUAL FILM	1	QL
TALWIN	1	PA; ST; QL
<b>Respiratory And Cns Stimulants</b>		
<i>Dexmethylphenidate HCl</i>	1	QL
<i>Dexmethylphenidate HCl ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG</i>	1	QL
<i>Metadate ER Oral Tablet Extended Release 20 MG</i>	1	QL
<i>Methylphenidate HCl ER Oral Tablet Extended Release 18 MG, 20 MG, 27 MG, 36 MG, 54 MG</i>	1	QL
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour</i>	1	QL
<i>Methylphenidate HCl Oral TABLET 10 MG, 20 MG, 5 MG</i>	1	QL
<b>Selective Serotonin Agonists</b>		
<i>Rizatriptan Benzoate Oral TABLET 5 MG</i>	1	QL
<i>SUMatriptan NASAL SOLUTION 20 MG/ACT</i>	1	QL
<b>Devices</b>		
<b>Devices</b>		
<i>Assure ID Insulin Safety Syr 29G X 1/2" 1 ML</i>	1	
<i>Comfort Assist Insulin Syringe 29G X 1/2" 1 ML</i>	1	
<i>Exel Comfort Point Pen Needle 29G X 12MM</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i>	1	
<i>Reli-On Insulin Syringe 29G 0.3 ML</i>	1	
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Acidifying Agents</b>		
<i>Ammonium Chloride Intravenous</i>	1	
<b>Alkalinizing Agents</b>		
<i>Potassium Citrate ER</i>	1	
SODIUM LACTATE INTRAVENOUS SOLUTION 5 MEQ/ML	1	
<b>Ammonia Detoxicants</b>		
CARBAGLU	1	PA
<i>Constulose</i>	1	
<i>Enulose</i>	1	
<i>Generlac</i>	1	
<i>Lactulose Oral SOLUTION 10 GM/15ML</i>	1	
RAVICTI	1	PA
<i>Sodium Phenylbutyrate ORAL POWDER 3 GM/TSP</i>	1	PA
<b>Caloric Agents</b>		
AMINOSYN II	1	B/D
AMINOSYN II/ELECTROLYTES	1	B/D
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	B/D
AMINOSYN-HBC	1	B/D
AMINOSYN-PF	1	B/D
<i>Dextrose Intravenous SOLUTION 10 %, 250 MG/ML, 30 %, 5 %, 50 %, 70 %</i>	1	
<i>Dextrose-NaCl Intravenous SOLUTION 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID	1	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	1	B/D
TRAVASOL	1	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Diuretics</b>		
<i>AMILoride HCl ORAL</i>	1	
<i>Amiloride-Hydrochlorothiazide</i>	1	
<i>Bumetanide Injection</i>	1	
<i>Bumetanide Oral</i>	1	
<i>Chlorothiazide ORAL</i>	1	
<i>Chlorthalidone Oral TABLET 25 MG, 50 MG</i>	1	
<i>DIURIL</i>	1	
<i>Furosemide Injection</i>	1	
<i>Furosemide ORAL SOLUTION 10 MG/ML, 8 MG/ML</i>	1	
<i>Furosemide Oral TABLET</i>	1	
<i>HydroCHLOROthiazide Oral</i>	1	
<i>Indapamide Oral</i>	1	
<i>Methyclothiazide ORAL</i>	1	
<i>Metolazone</i>	1	
<i>Torsemide Oral</i>	1	
<i>Triamterene-HCTZ Oral CAPSULE 37.5-25 MG</i>	1	
<i>Triamterene-HCTZ Oral TABLET</i>	1	
<b>Ion-Removing Agents</b>		
<i>Calcium Acetate (Phos Binder)</i>	1	
<i>Eliphos</i>	1	
<i>Kionex ORAL POWDER</i>	1	
<i>RENVELA ORAL TABLET</i>	1	
<i>Sodium Polystyrene Sulfonate ORAL SUSPENSION</i>	1	
<i>SPS</i>	1	
<b>Irrigating Solutions</b>		
<i>Sodium Chloride IRRIGATION SOLUTION 0.9 %</i>	1	
<i>Sterile Water for Irrigation</i>	1	
<b>Replacement Preparations</b>		
<i>Dextrose in Lactated Ringers</i>	1	
<i>KCl in Dextrose-NaCl Intravenous SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.33 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%</i>	1	
<i>KCl in Dextrose-NaCl Intravenous SOLUTION 20-5-0.45 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%</i>	1	B/D
<i>KLOR-CON 10</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Klor-Con M10</i>	1	
<i>Klor-Con M15</i>	1	
KLOR-CON M20	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
<i>Klor-Con Sprinkle</i>	1	
<i>Lactated Ringers Intravenous</i>	1	
<i>Potassium Chloride Crys ER</i>	1	
<i>Potassium Chloride ER</i>	1	
<i>Potassium Chloride Intravenous SOLUTION 10 MEQ/100ML, 2 MEQ/ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML</i>	1	
<i>Potassium Chloride Oral SOLUTION 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	1	
<i>Sodium Chloride INJECTION SOLUTION 2.5 MEQ/ML</i>	1	
<i>Sodium Chloride Intravenous SOLUTION 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	B/D
<b>Uricosuric Agents</b>		
<i>Colchicine-Probenecid</i>	1	
<i>Probenecid Oral</i>	1	
<b>Enzymes</b>		
<b>Enzymes</b>		
ADAGEN	1	PA; LA
ALDURAZYME	1	PA; LA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	1	PA; LA
ELAPRASE	1	PA
ELELYSO	1	PA
ELITEK	1	PA (N/S)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	1	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	1	
NAGLAZYME	1	PA
PULMOZYME	1	PA; QL
VPRIV	1	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Eye, Ear, Nose, And Throat (Eent) Preparations</b>		
<b>Antiallergic Agents</b>		
<i>Azelastine HCl NASAL SOLUTION 0.1 %, 0.15 %</i>	1	
<i>Olopatadine HCl Ophthalmic</i>	1	
PATADAY	1	
<b>Antiglaucoma Agents</b>		
<i>AcetaZOLAMIDE ER</i>	1	
<i>AcetaZOLAMIDE Oral</i>	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
<i>Betaxolol HCl OPHTHALMIC</i>	1	
BETOPTIC-S	1	
<i>Brimonidine Tartrate OPHTHALMIC</i>	1	
DORZOLAMIDE HCL OPHTHALMIC	1	
DORZOLAMIDE HCL-TIMOLOL MAL	1	
<i>Latanoprost OPHTHALMIC</i>	1	
<i>Levobunolol HCl Ophthalmic SOLUTION 0.5 %</i>	1	
<i>Methazolamide ORAL</i>	1	
PHOSPHOLINE IODIDE	1	
<i>Pilocarpine HCl Ophthalmic SOLUTION 1 %, 2 %, 4 %</i>	1	
<i>Timolol Maleate Ophthalmic</i>	1	
TIMOPTIC OCUDOSE	1	
TRAVATAN Z	1	
<b>Anti-Infectives (Eent)</b>		
<i>Acetasol HC</i>	1	
<i>Acetic Acid OTIC</i>	1	
<i>Bacitracin OPHTHALMIC</i>	1	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	1	
<i>Bacitra-Neomycin-Polymyxin-HC</i>	1	
BACTROBAN NASAL	1	
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>Chlorhexidine Gluconate Mouth/Throat</i>	1	
CILOXAN OPHTHALMIC OINTMENT	1	
CIPRODEX	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Ciprofloxacin HCl Ophthalmic</i>	1	
<i>Erythromycin Ophthalmic</i>	1	
<i>Gentak Ophthalmic Ointment</i>	1	
<i>Gentamicin Sulfate Ophthalmic</i>	1	
<i>Hydrocortisone-Acetic Acid</i>	1	
<i>Ilotycin</i>	1	
<i>Levofloxacin OPHTHALMIC</i>	1	
MOXEZA	1	
<i>Moxifloxacin HCl Ophthalmic</i>	1	
NATACYN	1	
<i>Neomycin-Bacitracin Zn-Polymyx</i>	1	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i>	1	
<i>Neomycin-Polymyxin-Dexameth OPHTHALMIC SUSPENSION 3.5-10000-0.1</i>	1	
<i>Neomycin-Polymyxin-Gramicidin OPHTHALMIC SOLUTION 1.75-10000-.025</i>	1	
<i>Neomycin-Polymyxin-HC OPHTHALMIC SUSPENSION 3.5-10000-1</i>	1	
<i>Neomycin-Polymyxin-HC OTIC SOLUTION 1 %</i>	1	
<i>Neomycin-Polymyxin-HC OTIC SUSPENSION</i>	1	
<i>Neosporin</i>	1	
<i>Ofloxacin Ophthalmic</i>	1	
<i>Ofloxacin Otic</i>	1	
<i>Periogard</i>	1	
<i>Polymyxin B-Trimethoprim</i>	1	
<i>Sulfacetamide Sodium OPHTHALMIC</i>	1	
<i>Sulfacetamide-Prednisolone Ophthalmic SOLUTION</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	1	
<i>Tobramycin Ophthalmic</i>	1	
<i>Tobramycin-Dexamethasone</i>	1	
TOBEX OPHTHALMIC OINTMENT	1	
<i>Trifluridine OPHTHALMIC</i>	1	
VIGAMOX	1	
ZIRGAN	1	
<b>Anti-Inflammatory Agents (Eent)</b>		
<i>Dexamethasone Sodium Phosphate OPHTHALMIC</i>	1	
<i>Diclofenac Sodium Ophthalmic</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUREZOL	1	
<i>Flunisolide Nasal SOLUTION 25 MCG/ACT (0.025%)</i>	1	
<i>Flurbiprofen Sodium</i>	1	
<i>Fluticasone Propionate Nasal</i>	1	QL
FML FORTE	1	
<i>Ketorolac Tromethamine OPTHALMIC</i>	1	
MAXIDEX	1	
PRED MILD	1	
<i>PrednisoLONE Acetate OPTHALMIC</i>	1	
<i>PrednisoLONE Sodium Phosphate OPTHALMIC</i>	1	
RESTASIS	1	
VEXOL	1	
<b>Eent Drugs, Miscellaneous</b>		
<i>Apraclonidine HCl</i>	1	
<i>Carteolol HCl</i>	1	
CYSTARAN	1	
IOPIDINE OPTHALMIC SOLUTION 1 %	1	
<i>Ipratropium Bromide NASAL</i>	1	QL
<b>Local Anesthetics (Eent)</b>		
<i>Lidocaine HCl EXTERNAL GEL</i>	1	
<i>Lidocaine HCl EXTERNAL SOLUTION</i>	1	
<i>Lidocaine HCl MOUTH/THROAT</i>	1	
<i>Lidocaine Viscous</i>	1	
<i>Proparacaine HCl OPTHALMIC</i>	1	
<b>Vasoconstrictors</b>		
<i>Naphazoline HCl OPTHALMIC</i>	1	
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
<i>Dronabinol</i>	1	PA; QL
<i>Ondansetron HCl INJECTION SOLUTION 4 MG/2ML (2ML SYRINGE)</i>	1	
<b>Antidiarrhea Agents</b>		
<i>Diphenoxylate-Atropine Oral TABLET</i>	1	
<i>Loperamide HCl Oral CAPSULE</i>	1	
<b>Antiemetics</b>		
<i>Aprepitant ORAL</i>	1	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Aprepitant Oral CAPSULE 125 MG, 40 MG, 80 &amp; 125 MG, 80 MG</i>	1	PA; QL
<i>Compro</i>	1	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	1	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	1	
EMEND TRI-PACK	1	PA; QL
<i>Meclizine HCl Oral TABLET</i>	1	
<i>Ondansetron</i>	1	B/D
<i>Ondansetron HCl Injection SOLUTION 4 MG/2ML, 40 MG/20ML</i>	1	
<i>Ondansetron HCl Oral</i>	1	B/D
<i>Prochlorperazine</i>	1	
<i>Prochlorperazine Edisylate Injection</i>	1	
<i>Prochlorperazine Maleate Oral</i>	1	
<i>Scopolamine</i>	1	
TRANSDERM-SCOP (1.5 MG)	1	
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
APRISO	1	QL
<i>Balsalazide Disodium</i>	1	
LIALDA	1	
<i>Mesalamine Oral Tablet Delayed Release 1.2 GM</i>	1	
<i>Mesalamine-Cleanser</i>	1	
PENTASA	1	
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>Amoxicill-Clarithro-Lansopraz</i>	1	
CARAFATE ORAL SUSPENSION	1	
<i>Cimetidine HCl Oral</i>	1	
<i>Cimetidine Oral</i>	1	
<i>Famotidine Intravenous SOLUTION 20 MG/2ML, 200 MG/20ML, 40 MG/4ML</i>	1	
<i>Famotidine Oral TABLET 20 MG, 40 MG</i>	1	
<i>Lansoprazole Oral CAPSULE DELAYED RELEASE</i>	1	QL
<i>Misoprostol Oral</i>	1	
<i>Omeprazole Oral CAPSULE DELAYED RELEASE</i>	1	QL
<i>Pantoprazole Sodium Intravenous</i>	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Pantoprazole Sodium Oral</i>	1	QL
<i>RABEprazole Sodium</i>	1	QL
<i>RaNITidine HCl INJECTION SOLUTION 150 MG/6ML, 50 MG/2ML</i>	1	
<i>Ranitidine HCl Oral CAPSULE</i>	1	
<i>Ranitidine HCl Oral SYRUP 15 MG/ML</i>	1	
<i>RaNITidine HCl Oral TABLET 150 MG, 300 MG</i>	1	
<i>Sucralfate Oral TABLET</i>	1	
<i>Zantac Injection SOLUTION 1000 MG/40ML, 50 MG/2ML</i>	1	
<b>Cathartics And Laxatives</b>		
AMITIZA	1	QL
<i>GaviLyte-C</i>	1	
<i>GaviLyte-G</i>	1	
<i>GaviLyte-H</i>	1	
<i>GaviLyte-N with Flavor Pack</i>	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	1	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	1	
<i>PEG-3350/Electrolytes</i>	1	
<i>Polyethylene Glycol 3350 Oral</i>	1	
<i>TriLyte</i>	1	
<b>Cholelitholytic Agents</b>		
CHENODAL	1	ST; LA
<i>Ursodiol Oral</i>	1	
<b>Digestants</b>		
PANCREAZE	1	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	1	
<b>Gi Drugs, Miscellaneous</b>		
<i>Alosetron HCl</i>	1	PA
GATTEX	1	PA
LINZESS	1	QL
MOVANTIK	1	QL
RELISTOR ORAL	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	1	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Prokinetic Agents</b>		
<i>Metoclopramide HCl INJECTION</i>	1	
<i>Metoclopramide HCl ORAL SOLUTION 5 MG/5ML</i>	1	
<i>Metoclopramide HCl Oral TABLET</i>	1	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	1	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	1	
DEPEN TITRATABS	1	
SYPRINE	1	PA
<b>Metallic Poison,Agents To Treat</b>		
EXJADE	1	PA
FERRIPROX ORAL TABLET	1	PA
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
<i>Budesonide ORAL</i>	1	
<i>Cortisone Acetate ORAL</i>	1	
<i>DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML</i>	1	
<i>Dexamethasone Intensol</i>	1	
<i>Dexamethasone ORAL</i>	1	
<i>Dexamethasone Sodium Phosphate INJECTION SOLUTION 10 MG/ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML</i>	1	
<i>Fludrocortisone Acetate ORAL</i>	1	
<i>Hydrocortisone Oral</i>	1	
<i>MethylPREDNISolone Acetate Injection SUSPENSION 40 MG/ML, 80 MG/ML</i>	1	
<i>MethylPREDNISolone ORAL</i>	1	
<i>MethylPREDNISolone Sodium Succ Injection SOLUTION RECONSTITUTED 125 MG, 40 MG</i>	1	
MILLIPRED ORAL TABLET	1	
<i>PrednisoLONE Sodium Phosphate ORAL SOLUTION 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML</i>	1	
<i>PredniSONE Intensol</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>PredniSONE ORAL SOLUTION</i>	1	
<i>PredniSONE ORAL TABLET</i>	1	
SOLU-MEDROL	1	
<b>Androgens</b>		
AXIRON	1	QL
<i>Danazol ORAL</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	
<i>Oxandrolone ORAL TABLET 10 MG, 2.5 MG</i>	1	PA; QL
<i>Testosterone Cypionate Intramuscular SOLUTION 100 MG/ML, 200 MG/ML</i>	1	
<i>Testosterone Enanthate Intramuscular SOLUTION</i>	1	
<i>Testosterone Transdermal SOLUTION</i>	1	QL
<b>Antidiabetic Agents</b>		
<i>Acarbose Oral TABLET 100 MG, 50 MG</i>	1	QL
<i>Acarbose Oral TABLET 25 MG</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	1	QL
<i>Glimepiride Oral TABLET 1 MG</i>	1	
<i>Glimepiride Oral TABLET 2 MG, 4 MG</i>	1	QL
<i>GlipiZIDE ER</i>	1	
<i>GlipiZIDE Oral TABLET 10 MG, 5 MG</i>	1	QL
<i>GlipiZIDE-MetFORMIN HCl ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG</i>	1	QL
GLYXAMBI	1	QL
HUMALOG	1	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	QL
HUMALOG MIX 50/50	1	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	QL
HUMALOG MIX 75/25	1	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	QL
HUMULIN 70/30	1	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN N	1	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	QL
HUMULIN R	1	QL
HUMULIN R U-500 (CONCENTRATED)	1	QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL
INVOKAMET	1	QL
INVOKAMET XR	1	QL
<i>Invokana ORAL TABLET 100 MG</i>	1	QL
INVOKANA ORAL TABLET 300 MG	1	QL
JANUMET	1	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	QL
JANUVIA	1	QL
JARDIANCE	1	QL
JENTADUETO	1	QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL
KORLYM	1	PA
LANTUS	1	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL
LEVEMIR	1	QL
LEVEMIR FLEXTOUCH	1	QL
<i>MetFORMIN HCl ER (MOD) Oral Tablet Extended Release 24 Hour 1000 MG, 500 MG</i>	1	QL
<i>MetFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 1000 MG, 1000 MG (osmotic), 500 MG</i>	1	QL
<i>MetFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG</i>	1	QL
<i>MetFORMIN HCl Oral TABLET 1000 MG, 500 MG, 850 MG</i>	1	QL
<i>Miglitol ORAL TABLET 100 MG, 50 MG</i>	1	QL
<i>Miglitol ORAL TABLET 25 MG</i>	1	
<i>Pioglitazone HCl</i>	1	QL
<i>Pioglitazone HCl-Glimepiride</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Pioglitazone HCl-Metformin HCl</i>	1	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
SYNJARDY	1	QL
TANZEUM	1	PA; QL
TOUJEO SOLOSTAR	1	QL
TRADJENTA	1	QL
TRESIBA FLEXTOUCH	1	QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL
<b>Antihypoglycemic Agents</b>		
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY	1	
<b>Contraceptives</b>		
<i>Alyacen 1/35</i>	1	
<i>Apri</i>	1	
<i>Aubra</i>	1	
<i>Aviane</i>	1	
<i>Balziva</i>	1	
<i>Bekyree</i>	1	
<i>Blisovi 24 Fe</i>	1	
<i>Blisovi Fe 1.5/30</i>	1	
<i>Blisovi FE 1/20</i>	1	
<i>Briellyn</i>	1	
<i>Camila</i>	1	
<i>Caziant</i>	1	
<i>Cryselle-28</i>	1	
<i>Cyclafem 1/35</i>	1	
<i>Cyclafem 7/7/7</i>	1	
<i>Deblitane</i>	1	
<i>Delyla</i>	1	
<i>Desogestrel-Ethinyl Estradiol</i>	1	
<i>Emoquette</i>	1	
<i>Enpresse-28</i>	1	
<i>Errin</i>	1	
<i>Ethinodiol Diac-Eth Estradiol ORAL TABLET 1-50 MG-MCG</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Falmina</i>	1	
<i>Femynor</i>	1	
<i>Gildagia</i>	1	
<i>Gildess 24 FE</i>	1	
<i>Introvale</i>	1	
<i>Isibloom</i>	1	
<i>Jolivette</i>	1	
<i>Juleber</i>	1	
<i>Junel FE 1.5/30</i>	1	
<i>Junel FE 1/20</i>	1	
<i>Junel Fe 24</i>	1	
<i>Kaitlib Fe</i>	1	
<i>Kariva</i>	1	
<i>Kelnor 1/35</i>	1	
<i>Kimidess</i>	1	
<i>Larin Fe 1.5/30</i>	1	
<i>Larin Fe 1/20</i>	1	
<i>Larissia</i>	1	
<i>Layolis FE</i>	1	
<i>Lessina</i>	1	
<i>Levonest</i>	1	
<i>Levonorgest-Eth Estrad 91-Day ORAL TABLET 0.15-0.03 MG</i>	1	
<i>Levonorgestrel-Ethinyl Estrad Oral TABLET 0.1-20 MG-MCG</i>	1	
<i>Levonorg-Eth Estrad Triphasic</i>	1	
<i>Levora 0.15/30 (28)</i>	1	
<i>Lomedia 24 FE</i>	1	
<i>Low-Ogestrel</i>	1	
<i>Lutera</i>	1	
<i>Lyza</i>	1	
<i>Marlissa</i>	1	
<i>Microgestin FE 1.5/30</i>	1	
<i>Microgestin FE 1/20</i>	1	
<i>MonoNessa</i>	1	
<i>Necon 0.5/35 (28)</i>	1	
<i>Necon 1/35 (28)</i>	1	
<i>Necon 10/11 (28)</i>	1	
<i>Necon 7/7/7</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Nora-BE</i>	1	
<i>Norethin Ace-Eth Estrad-FE Oral TABLET 1-20 MG-MCG(24)</i>	1	
<i>Norethindrone Oral</i>	1	
<i>Norethin-Eth Estradiol-Fe ORAL TABLET CHEWABLE 0.8-25 MG-MCG</i>	1	
<i>Norgestim-Eth Estrad Triphasic</i>	1	
<i>Norlyroc</i>	1	
<i>Nortrel 0.5/35 (28)</i>	1	
<i>Nortrel 1/35 (21)</i>	1	
<i>Nortrel 1/35 (28)</i>	1	
<i>Nortrel 7/7/7</i>	1	
<b>NUVARING</b>	1	QL
<i>Ogestrel</i>	1	
<i>Orsythia</i>	1	
<i>Pimtrea</i>	1	
<i>Pirmella 1/35</i>	1	
<i>Portia-28</i>	1	
<i>Previfem</i>	1	
<i>Quasense</i>	1	
<i>Reclipsen</i>	1	
<i>Setlakin</i>	1	
<i>Sharobel</i>	1	
<i>Sprintec 28</i>	1	
<i>Sronyx</i>	1	
<i>Tarina FE 1/20</i>	1	
<i>Tri-Legest Fe</i>	1	
<i>Tri-Lo-Estarylla</i>	1	
<i>Tri-Lo-Sprintec</i>	1	
<i>TriNessa (28)</i>	1	
<i>Tri-Previfem</i>	1	
<i>Tri-Sprintec</i>	1	
<i>Trivora (28)</i>	1	
<i>Velivet</i>	1	
<i>Vienva</i>	1	
<i>Vyfemla</i>	1	
<i>Zenchent</i>	1	
<i>Zovia 1/35E (28)</i>	1	
<i>Zovia 1/50E (28)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Estrogens And Antiestrogens</b>		
DUAVEE	1	PA
<i>Estradiol Oral</i>	1	PA (N/S)
ESTRING	1	
<i>Estropipate ORAL</i>	1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.9 MG, 1.25 MG	1	PA (N/S)
PREMARIN ORAL TABLET 0.45 MG, 0.625 MG	1	PA (N/S); QL
PREMARIN VAGINAL	1	
PREMPHASE	1	PA
PREMPRO	1	PA
<i>Raloxifene HCl</i>	1	
<b>Gonadotropins</b>		
<i>Chorionic Gonadotropin Intramuscular</i>	1	PA
<i>Novarel Intramuscular SOLUTION RECONSTITUTED 10000 UNIT</i>	1	PA
<i>Pregnyl</i>	1	PA
SYNAREL	1	
<b>Meglitinides</b>		
<i>Nateglinide</i>	1	
<i>Repaglinide ORAL TABLET 0.5 MG</i>	1	
<i>Repaglinide ORAL TABLET 1 MG, 2 MG</i>	1	QL
<b>Parathyroid</b>		
<i>Calcitonin (Salmon)</i>	1	B/D
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	1	QL
MIACALCIN INJECTION	1	B/D
NATPARA	1	
<b>Pituitary</b>		
<i>Desmopressin Ace Rhinal Tube</i>	1	
<i>Desmopressin Ace Spray Refrig</i>	1	
<i>Desmopressin Acetate Injection</i>	1	
<i>Desmopressin Acetate Oral</i>	1	
<i>Desmopressin Acetate Spray</i>	1	
NORDITROPIN FLEXPRO	1	PA
<b>Progestins</b>		
<i>MedroxyPROGESTERone Acetate Intramuscular SUSPENSION</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>MedroxyPROGESTERone Acetate Oral</i>	1	
<i>Norethindrone Acetate Oral</i>	1	
<b>Somatostatin Agonists</b>		
<i>Octreotide Acetate Injection SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	1	
SIGNIFOR	1	PA
<b>Somatotropin Agonists</b>		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	1	PA
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	
INCRELEX	1	PA
SOMATULINE DEPOT	1	PA (N/S)
<b>Somatotropin Antagonists</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	1	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	1	
<b>Thyroid And Antithyroid Agents</b>		
<i>Levothyroxine Sodium Oral</i>	1	
LEVOXYL	1	
<i>Liothyronine Sodium Intravenous</i>	1	
<i>Liothyronine Sodium Oral</i>	1	
<i>Methimazole Oral</i>	1	
<i>Propylthiouracil ORAL</i>	1	
SYNTHROID	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<b>Local Anesthetics</b>		
<b>Local Anesthetics (Parenteral)</b>		
<i>Lidocaine HCl (PF) Injection SOLUTION 0.5 %, 1 %, 4 %</i>	1	
<i>Lidocaine HCl INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<i>Dutasteride</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Finasteride Oral TABLET 5 MG</i>	1	
<b>Complement Inhibitors</b>		
CINRYZE	1	PA
FIRAZYR	1	PA; QL
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE	1	PA (N/S)
<i>Alendronate Sodium ORAL SOLUTION</i>	1	
<i>Alendronate Sodium Oral TABLET 10 MG, 35 MG, 40 MG, 5 MG</i>	1	QL
<i>Alendronate Sodium Oral TABLET 70 MG</i>	1	
<i>Allopurinol Oral</i>	1	
<i>Amifostine</i>	1	
AMPYRA	1	PA; QL
<i>Anagrelide HCl</i>	1	
ARCALYST	1	PA
ATGAM	1	B/D
AVONEX	1	PA; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; QL
<i>AzaTHIOprine Oral</i>	1	B/D
<i>AzaTHIOprine Sodium</i>	1	B/D
BENLYSTA	1	PA
BETASERON SUBCUTANEOUS KIT	1	PA; QL
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	1	PA
CELLCEPT	1	B/D
CELLCEPT INTRAVENOUS	1	B/D
<i>Colchicine Oral</i>	1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	PA; QL
<i>CycloSPORINE Intravenous</i>	1	B/D
<i>CycloSPORINE Modified</i>	1	B/D
<i>CycloSPORINE ORAL CAPSULE</i>	1	B/D
CYSTADANE	1	
CYSTAGON	1	PA
DEMSEER	1	
<i>Disulfiram ORAL</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELMIRON	1	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL
ETHYOL	1	
<i>Etidronate Disodium</i>	1	
<i>Gengraf</i>	1	B/D
GILENYA	1	PA; QL
<i>Glatopa</i>	1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	1	PA; QL
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA; QL
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	1	PA; QL
<i>Ibandronate Sodium Intravenous SOLUTION 3 MG/3ML</i>	1	
<i>Ibandronate Sodium ORAL</i>	1	
KUVAN	1	PA
<i>Leflunomide Oral TABLET 10 MG</i>	1	QL
<i>Leflunomide Oral TABLET 20 MG</i>	1	
<i>Leucovorin Calcium INJECTION SOLUTION RECONSTITUTED 100 MG, 350 MG</i>	1	B/D
<i>Leucovorin Calcium INJECTION SOLUTION RECONSTITUTED 200 MG, 50 MG, 500 MG</i>	1	
<i>Leucovorin Calcium ORAL</i>	1	
<i>LevOCARNitine Oral SOLUTION</i>	1	B/D
<i>LevOCARNitine ORAL TABLET</i>	1	B/D
<i>Levoleucovorin Calcium</i>	1	
<i>Mesna</i>	1	B/D
MESNEX ORAL	1	
<i>Mycophenolate Mofetil</i>	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mycophenolate Mofetil HCl</i>	1	B/D
<i>Mycophenolate Sodium</i>	1	B/D
<i>Mycophenolic Acid</i>	1	B/D
NULOJIX	1	B/D
ORFADIN	1	PA
<i>Pamidronate Disodium</i>	1	PA
PROGRAF	1	B/D
PROLIA	1	PA; QL
RAPAMUNE	1	B/D
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL
REMICADE	1	PA
<i>Risedronate Sodium ORAL TABLET 150 MG, 30 MG, 35 MG, 35 MG (12 PACK), 35 MG (4 PACK), 5 MG</i>	1	QL
<i>Risedronate Sodium ORAL TABLET DELAYED RELEASE</i>	1	QL
SANDIMMUNE ORAL SOLUTION	1	B/D
SANDOSTATIN LAR DEPOT	1	
SENSIPAR	1	
SIMULECT	1	
<i>Sirolimus ORAL</i>	1	B/D
<i>Tacrolimus Oral</i>	1	B/D
TECFIDERA	1	PA; QL
THALOMID	1	
THYMOGLOBULIN	1	B/D
TYBOST	1	
TYSABRI	1	PA
XELJANZ	1	PA; QL
XELJANZ XR	1	PA; QL
XGEVA	1	PA (N/S)
ZAVESCA	1	PA; LA
<i>Zoledronic Acid Intravenous CONCENTRATE</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS	1	B/D
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>Baclofen Oral</i>	1	
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	1	PA
<b>Nutritional/Supplements</b>		
<b>Vitamins</b>		
<i>Prenatal ORAL TABLET 27-1 MG</i>	1	
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
<i>CVS Gauze Sterile PAD 2"X2"</i>	1	
<i>Global Alcohol Prep Ease</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS	1	QL
ADVAIR HFA	1	QL
ARNUITY ELLIPTA	1	QL
ASMANEX 120 METERED DOSES	1	QL
ASMANEX 30 METERED DOSES	1	QL
ASMANEX 60 METERED DOSES	1	QL
ASMANEX HFA	1	QL
BREO ELLIPTA	1	
<i>Budesonide Inhalation SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML</i>	1	B/D
<i>Budesonide Inhalation SUSPENSION 1 MG/2ML</i>	1	B/D; QL
DULERA	1	QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
SYMBICORT	1	QL
<b>Cystic Fibrosis (Cftr) Potentiators</b>		
KALYDECO	1	PA; QL
ORKAMBI	1	PA; QL
<b>Leukotriene Modifiers</b>		
<i>Montelukast Sodium Oral</i>	1	QL
<i>Zafirlukast</i>	1	QL
<b>Mast-Cell Stabilizers</b>		
<i>Cromolyn Sodium Oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Mast-Cell Stabilizers</b>		
<i>Cromolyn Sodium Inhalation</i>	1	B/D; QL
<i>Cromolyn Sodium OPHTHALMIC</i>	1	
<b>Mucolytic Agents</b>		
<i>Acetylcysteine INHALATION</i>	1	B/D
<b>Respiratory Tract Agents, Miscellaneous</b>		
ADEMPAS	1	PA
DALIRESP	1	PA; QL
ESBRIET	1	PA
NUCALA	1	PA
OFEV	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL
UPTRAVI ORAL TABLET THERAPY PACK	1	PA
XOLAIR	1	PA
ZEMAIRA	1	PA
<b>Serums, Toxoids, And Vaccines</b>		
<b>Serums</b>		
GAMMAGARD	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	PA
<b>Toxoids</b>		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	
INFANRIX	1	
TENIVAC	1	
TETANUS-DIPHThERIA TOXOIDS TD	1	
<b>Vaccines</b>		
ACTHIB	1	
BEXSERO	1	
CERVARIX	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENGERIX-B INJECTION	1	B/D
GARDASIL	1	
GARDASIL 9	1	
HAVRIX	1	
HIBERIX INJECTION	1	
IMOVAX RABIES	1	
IPOL INJECTION INJECTABLE	1	
IXIARO	1	
KINRIX INTRAMUSCULAR SUSPENSION	1	
MENACTRA	1	
MENHIBRIX	1	
MENOMUNE	1	
MENVEO	1	
M-M-R II	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ ORAL SOLUTION	1	
<i>Shingrix</i>	1	QL
STAMARIL	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	
YF-VAX	1	
ZOSTAVAX	1	QL

### **Skin And Mucous Membrane Agents**

#### **Antibacterials (Skin And Mucous Membrane)**

<i>Benzoyl Peroxide-Erythromycin</i>	1	
<i>ClindaMax External GEL</i>	1	
<i>Clindamycin Phosphate EXTERNAL</i>	1	
<i>Clindamycin Phosphate VAGINAL</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Ery</i>	1	
<i>Erythromycin External GEL</i>	1	
<i>Erythromycin EXTERNAL SOLUTION</i>	1	
<i>Gentamicin Sulfate EXTERNAL</i>	1	
<i>MetroNIDAZOLE VAGINAL</i>	1	
<i>Mupirocin Calcium</i>	1	
<i>Mupirocin External</i>	1	
<i>Vandazole</i>	1	
<b>Antifungals (Skin And Mucous Membrane)</b>		
<i>Ciclopirox External SOLUTION</i>	1	
<i>Clotrimazole External</i>	1	
<i>Clotrimazole MOUTH/THROAT TROCHE</i>	1	
<i>Clotrimazole-Betamethasone</i>	1	
<i>Ketoconazole EXTERNAL</i>	1	
<i>Miconazole 3 VAGINAL SUPPOSITORY</i>	1	
<i>Nyamyc</i>	1	
<i>Nyata External POWDER</i>	1	
<i>Nystatin External</i>	1	
<i>Nystatin-Triamcinolone</i>	1	
<i>Nystop</i>	1	
<i>Terconazole</i>	1	
<i>Zazole Vaginal CREAM 0.8 %</i>	1	
<b>Anti-Inflammatory Agents (Skin And Mucous)</b>		
<i>Ala-Cort External CREAM</i>	1	
<i>Betamethasone Dipropionate Aug</i>	1	
<i>Betamethasone Dipropionate External</i>	1	
<i>Betamethasone Valerate External</i>	1	
<i>Clobetasol Propionate E</i>	1	
<i>Clobetasol Propionate External</i>	1	
<i>Clodan EXTERNAL SHAMPOO</i>	1	
<i>Colocort</i>	1	
<i>CORDRAN EXTERNAL TAPE</i>	1	
<i>Cormax Scalp Application</i>	1	
<i>Desonide EXTERNAL</i>	1	
<i>Desoximetasone External</i>	1	
<i>Fluocinolone Acetonide Body</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Fluocinolone Acetonide EXTERNAL</i>	1	
<i>Fluocinolone Acetonide Scalp</i>	1	
<i>Fluocinonide External CREAM 0.05 %</i>	1	
<i>Fluocinonide External GEL</i>	1	
<i>Fluocinonide External Ointment</i>	1	
<i>Fluocinonide External SOLUTION</i>	1	
<i>Fluocinonide-E</i>	1	
<i>Hydrocortisone External CREAM 1 %, 2.5 %</i>	1	
<i>Hydrocortisone External LOTION 2.5 %</i>	1	
<i>Hydrocortisone EXTERNAL OINTMENT 1 %, 2.5 %</i>	1	
<i>Hydrocortisone Rectal CREAM 2.5 %</i>	1	
<i>Hydrocortisone Rectal ENEMA</i>	1	
<i>Hydrocortisone Valerate</i>	1	
<i>LoKara</i>	1	
<i>Mometasone Furoate External</i>	1	
<i>Procto-Med HC</i>	1	
<i>Procto-Pak</i>	1	
<i>Proctosol HC</i>	1	
<i>Proctozone-HC Rectal</i>	1	
<i>Triamcinolone Acetonide External</i>	1	
<i>Triamcinolone Acetonide Mouth/Throat</i>	1	
<i>Triderm External CREAM 0.1 %</i>	1	
<b>Antipruritics And Local Anesthetics</b>		
<i>Lidocaine External Ointment</i>	1	
<i>Lidocaine EXTERNAL PATCH 5 %</i>	1	PA; QL
<i>Lidocaine-Prilocaine External CREAM</i>	1	B/D
<i>Lidopril XR</i>	1	
<i>Medolor Pak</i>	1	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>Acyclovir External</i>	1	
DENAVIR	1	
ZOVIRAX EXTERNAL CREAM	1	
<b>Cell Stimulants And Proliferants</b>		
<i>Avita</i>	1	
KEPIVANCE	1	PA
<i>Tretinoin EXTERNAL</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Emollients, Demulcents, And Protectants</b>		
<i>Ammonium Lactate External</i>	1	
<b>Local Anti-Infectives, Miscellaneous</b>		
<i>MetroNIDAZOLE EXTERNAL</i>	1	
<i>Selenium Sulfide External LOTION</i>	1	
<i>Silver Sulfadiazine External</i>	1	
<i>SSD</i>	1	
<i>Sulfacetamide Sodium EXTERNAL SUSPENSION</i>	1	
<b>Pigmenting Agents</b>		
8-MOP	1	
<i>Methoxsalen Rapid</i>	1	
UVADEX	1	B/D
<b>Scabicides And Pediculicides</b>		
EURAX	1	
<i>Lindane EXTERNAL SHAMPOO</i>	1	
<i>Malathion EXTERNAL</i>	1	
<i>Permethrin EXTERNAL CREAM</i>	1	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<i>Acitretin</i>	1	PA
<i>Adapalene EXTERNAL CREAM</i>	1	
<i>Adapalene EXTERNAL GEL</i>	1	
<i>Amnesteem</i>	1	
<i>Calcipotriene EXTERNAL</i>	1	
<i>Claravis</i>	1	
CONDYLOX EXTERNAL GEL	1	
<i>Diclofenac Sodium Transdermal GEL 3 %</i>	1	PA
DIFFERIN EXTERNAL LOTION	1	
ELIDEL	1	ST
<i>Fluorouracil EXTERNAL</i>	1	
<i>Imiquimod External</i>	1	
<i>Myorisan</i>	1	
PANRETIN	1	
<i>Podofilox External</i>	1	
SANTYL	1	
TARGRETIN EXTERNAL	1	PA (N/S)
<i>Tazarotene External</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZORAC	1	
<i>Zenatane</i>	1	
<b>Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
<i>FlavoxATE HCl</i>	1	
<i>Oxybutynin Chloride ER</i>	1	QL
<i>Oxybutynin Chloride ORAL</i>	1	
TOVIAZ	1	QL
<b>Respiratory Smooth Muscle Relaxants</b>		
<i>Aminophylline Intravenous</i>	1	
<i>Elixophyllin</i>	1	
<i>Theophylline</i>	1	
<i>Theophylline ER</i>	1	
<b>Vitamins</b>		
<b>Vitamin D</b>		
<i>Calcitriol Oral</i>	1	B/D
<i>Paricalcitol</i>	1	B/D



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# 2017 Formulary

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