

Blue Shield Rx Plus (PDP)
2018 Formulary
(List of Covered Drugs)

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

Formulary ID 00018329, Version 20

This formulary was updated on **10/23/2018**. For more recent information or other questions, please contact Blue Shield Rx Plus Member Services, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1st through February 14th, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from February 15th through September 30th, or visit blueshieldca.com/med_formulary.

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 Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield Rx Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/23/2018**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Blue Shield Rx Plus Formulary?

A formulary is a list of covered drugs selected by Blue Shield Rx Plus 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. Blue Shield Rx Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Shield Rx Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **10/23/2018**. To get updated information about the drugs covered by Blue Shield Rx Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive 60 days notice via mail and the changes will be posted on our website at blueshieldca.com/med_formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 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 79**. 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?

Blue Shield Rx Plus 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:** Blue Shield Rx Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield Rx Plus before you fill your prescriptions. If you don't get approval, Blue Shield Rx Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield Rx Plus limits the amount of the drug that Blue Shield Rx Plus will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Shield Rx Plus 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, Blue Shield Rx Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield Rx Plus 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 1. 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 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 Blue Shield Rx Plus 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 Blue Shield Rx Plus's 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 Blue Shield Rx Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Shield Rx Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Shield Rx Plus.
- You can ask Blue Shield Rx Plus 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 Blue Shield Rx Plus' Formulary?

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the Blue Shield Rx Plus formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the Blue Shield Rx Plus formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a plan year,
- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a plan year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by Blue Shield Rx Plus and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new contract year. The transition policy will be extended across contract years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield Rx Plus Member Services for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at blueshieldca.com/med_formulary (select “prior authorization forms”), and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS-approved coverage criteria, and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non- formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield Rx Plus. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide

up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS-eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send you a written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days, in which case we will cover multiple fills to provide a 91- to 98-day supply during the first 90 days you are enrolled in our Plan, beginning on the your effective date of coverage. Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

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

If you have questions about Blue Shield Rx Plus, 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 www.medicare.gov.

Blue Shield Rx Plus' Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue Shield Rx Plus. If you have trouble finding your drug in the list, turn to the Index that begins on **page 79**.

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

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

Tier	Supply	Cost
1 Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$2 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	\$4 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$8 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$24 Copay
2 Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$6 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	\$12 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$14 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$42 Copay
3 Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$31 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	\$62 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$38 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$114 Copay

Tier	Supply	Cost
4 Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	25% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	
	Standard retail cost-sharing (in-network) (30-day supply)	27% coinsurance
	Standard retail cost-sharing (in-network) (90-day supply)	
5 Injectable Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) (30-day supply)	25% coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (90-day supply)	
6 Specialty Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (30-day supply)	25% coinsurance
	Preferred retail cost-sharing (in-network) or standard retail cost-sharing (in-network) (90-day supply)	A long-term supply is not available for drugs in Tier 6.

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 6 obtained from network long-term care pharmacies (31- day supply) is the same as the in-network standard retail cost-sharing (30-day supply).

Requirements/Limit Codes

<i>Code</i>	<i>Definition</i>
AG	This prescription drug has coverage limits based on age groups. The limits may be based upon how the U.S. Food and Drug Administration (FDA) approved the drug for use or special cautions for use by people in certain age groups. For new prescriptions, discuss alternatives with your physician. Your pharmacy or physician may call Blue Shield for assistance with coverage for ongoing use.
B/D	This prescription drug requires prior authorization review to determine whether coverage is under Part B or Part D of the Medicare benefit, based on Medicare coverage rules. Call Blue Shield to provide the necessary information to determine coverage.
LA	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services number at (888) 239-6469 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.
QL	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
PA	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage.
ST	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
†	Medication is NOT available for long-term supply.

Drug Form Codes

<i>Abbreviation</i>	<i>Definition</i>
EA	Each
ML	Milliliter
SOLN	Solution

Drug Name	Drug Tier	Requirement /Limits
Analgesics		
<i>Analgesics</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (2700 ML per 30 days); †
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 EA per 30 days); †
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (182 EA per 30 days); †
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PA; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG	3	(eligible for tier exception review); QL (84 EA per 30 days); †
ENDOCET ORAL TABLET 5-325 MG	3	(eligible for tier exception review); QL (168 EA per 30 days); †
ENDOCET ORAL TABLET 7.5-325 MG	3	(eligible for tier exception review); QL (112 EA per 30 days); †
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (2520 ML per 30 days); †
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (126 EA per 30 days); †
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	QL (168 EA per 30 days); †
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	(eligible for tier exception review); QL (84 EA per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	(eligible for tier exception review); QL (168 EA per 30 days); †
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	(eligible for tier exception review); QL (112 EA per 30 days); †
<i>tramadol-acetaminophen oral tablet</i>	3	(eligible for tier exception review); QL (112 EA per 30 days); †
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diflunisal oral tablet</i>	4	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>flurbiprofen oral tablet</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension</i>	3	(eligible for tier exception review)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirement /Limits
<i>indomethacin oral capsule, extended release</i>	2	PA
<i>meloxicam oral tablet</i>	2	
<i>nabumetone oral tablet</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>sulindac oral tablet</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	5	B/D; QL (5400 ML per 30 days); †
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	5	B/D; QL (2700 ML per 30 days); †
<i>fentanyl citrate buccal lozenge on a handle</i>	6	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; (eligible for tier exception review); QL (10 EA per 30 days); †
FENTORA BUCCAL TABLET, EFFERVESCENT	6	PA; QL (120 EA per 30 days)
<i>methadone injection solution</i>	5	B/D; QL (90 ML per 30 days); †
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; QL (450 ML per 30 days); †
<i>methadone oral solution 5 mg/5 ml</i>	4	PA; QL (900 ML per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>methadone oral tablet 10 mg</i>	4	PA; QL (90 EA per 30 days); †
<i>methadone oral tablet 5 mg</i>	4	PA; QL (180 EA per 30 days); †
<i>morphine concentrate oral solution</i>	3	(eligible for tier exception review); QL (70 ML per 30 days); †
<i>morphine oral solution 10 mg/5 ml</i>	3	(eligible for tier exception review); QL (630 ML per 30 days); †
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	(eligible for tier exception review); QL (315 ML per 30 days); †
<i>morphine oral tablet</i>	2	QL (120 EA per 30 days); †
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	3	(generic MS Contin); (eligible for tier exception review); QL (60 EA per 30 days); †
<i>morphine oral tablet extended release 15 mg</i>	3	(generic MS Contin); (eligible for tier exception review); QL (180 EA per 30 days); †
Opioid Analgesics, Short-Acting		
<i>fentanyl citrate buccal lozenge on a handle</i>	6	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; (eligible for tier exception review); QL (10 EA per 30 days); †
FENTORA BUCCAL TABLET, EFFERVESCENT	6	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>hydromorphone oral liquid</i>	4	QL (675 ML per 30 days); †
<i>hydromorphone oral tablet 2 mg</i>	3	(eligible for tier exception review); QL (154 EA per 30 days); †
<i>hydromorphone oral tablet 4 mg</i>	3	(eligible for tier exception review); QL (84 EA per 30 days); †
<i>hydromorphone oral tablet 8 mg</i>	3	(eligible for tier exception review); QL (42 EA per 30 days); †
<i>morphine concentrate oral solution</i>	3	(eligible for tier exception review); QL (70 ML per 30 days); †
<i>morphine intravenous syringe 10 mg/ml</i>	5	B/D; QL (270 ML per 30 days); †
<i>morphine intravenous syringe 2 mg/ml</i>	5	B/D; QL (1350 ML per 30 days); †
<i>morphine intravenous syringe 4 mg/ml</i>	5	B/D; QL (690 ML per 30 days); †
<i>morphine intravenous syringe 8 mg/ml</i>	5	B/D; QL (330 ML per 30 days); †
<i>morphine oral solution 10 mg/5 ml</i>	3	(eligible for tier exception review); QL (630 ML per 30 days); †
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	(eligible for tier exception review); QL (315 ML per 30 days); †
<i>morphine oral tablet</i>	2	QL (120 EA per 30 days); †
<i>oxycodone oral concentrate</i>	4	QL (120 ML per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>oxycodone oral solution</i>	3	(eligible for tier exception review); QL (840 ML per 30 days); †
<i>oxycodone oral tablet 10 mg</i>	3	(eligible for tier exception review); QL (84 EA per 30 days); †
<i>oxycodone oral tablet 15 mg</i>	3	(eligible for tier exception review); QL (56 EA per 30 days); †
<i>oxycodone oral tablet 20 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days); †
<i>oxycodone oral tablet 30 mg</i>	3	(eligible for tier exception review); QL (28 EA per 30 days); †
<i>oxycodone oral tablet 5 mg</i>	3	(eligible for tier exception review); QL (168 EA per 30 days); †
<i>tramadol oral tablet</i>	2	(generic Ultram); QL (240 EA per 30 days); †

Anesthetics

Local Anesthetics

<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	5	
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	5	
<i>lidocaine hcl mucous membrane jelly</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	3

Drug Name	Drug Tier	Requirement /Limits
<i>lidocaine topical adhesive patch,medicated</i>	3	PA; (eligible for tier exception review); QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	4	
<i>lidocaine viscous mucous membrane solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-Craving

<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	
<i>disulfiram oral tablet</i>	4	
<i>naltrexone oral tablet</i>	2	

Opioid Dependence Treatments

<i>buprenorphine hcl sublingual tablet 2 mg</i>	3	PA; (eligible for tier exception review); QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	3	PA; (eligible for tier exception review); QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	(eligible for tier exception review); QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>naltrexone oral tablet</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	QL (150 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (90 EA per 30 days)

Opioid Reversal Agents

<i>naloxone injection solution</i>	5	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	QL (2 EA per 30 days)

Smoking Cessation Agents

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	4	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK	4	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	

Antibacterials

Aminoglycosides

<i>amikacin injection solution 500 mg/2 ml</i>	5	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (224 ML per 28 days)
<i>gentak ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>gentamicin injection solution 40 mg/ml</i>	5	B/D
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>gentamicin topical cream</i>	3	(eligible for tier exception review)
<i>gentamicin topical ointment</i>	2	
<i>neomycin oral tablet</i>	2	
<i>paramomycin oral capsule</i>	3	(eligible for tier exception review)
<i>streptomycin intramuscular recon soln</i>	5	B/D
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	6	PA; QL (280 ML per 28 days)
<i>tobramycin ophthalmic (eye) drops</i>	2	
<i>tobramycin sulfate injection solution</i>	5	
ZANOSAR INTRAVENOUS RECON SOLN	5	
Antibacterials, Other		
<i>acetic acid otic (ear) solution</i>	2	
<i>alcohol pads topical pads, medicated</i>	2	
<i>bacitracin ophthalmic (eye) ointment</i>	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>clindamycin palmitate hcl oral recon soln</i>	4	
<i>clindamycin phosphate topical gel</i>	3	
<i>clindamycin phosphate topical lotion</i>	3	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin phosphate vaginal cream</i>	4	
DALVANCE INTRAVENOUS SOLUTION	6	PA
<i>daptomycin intravenous recon soln 500 mg</i>	6	
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	4	PA
<i>linezolid oral tablet</i>	4	PA
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	5	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole topical cream</i>	3	(eligible for tier exception review)
<i>metronidazole topical gel 0.75 %</i>	2	
<i>metronidazole topical gel 1 %</i>	4	
<i>metronidazole topical lotion</i>	4	
<i>metronidazole vaginal gel</i>	2	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>mupirocin topical ointment</i>	2	(ointment)	<i>cefadroxil oral tablet</i>	4	
<i>nitrofurantoin macrocrystal oral capsule</i>	3	PA; (eligible for tier exception review)	<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	5	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	PA; (eligible for tier exception review)	<i>cefdinir oral capsule</i>	2	
ORBACTIV INTRAVENOUS RECON SOLN	6	PA; QL (9 EA per 30 days)	<i>cefdinir oral suspension for reconstitution</i>	3	(eligible for tier exception review)
SIVEXTRO INTRAVENOUS RECON SOLN	6	PA	<i>cefepime injection recon soln</i>	5	
SIVEXTRO ORAL TABLET	6	PA; QL (6 EA per 30 days)	<i>cefixime oral suspension for reconstitution</i>	4	
SULFAMYLON TOPICAL CREAM	4		<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	5	
<i>tigecycline intravenous recon soln</i>	6		<i>cefoxitin intravenous recon soln</i>	5	
<i>trimethoprim oral tablet</i>	2		<i>cefpodoxime oral suspension for reconstitution</i>	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	5		<i>cefpodoxime oral tablet</i>	4	
<i>vancomycin oral capsule</i>	4		<i>cefprozil oral suspension for reconstitution</i>	3	(eligible for tier exception review)
VANDAZOLE VAGINAL GEL	3		<i>cefprozil oral tablet</i>	3	(eligible for tier exception review)
Antibacterials			<i>ceftazidime injection recon soln</i>	5	
<i>colistin (colistimethate na) injection recon soln</i>	5	B/D	<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	5	
SYNERCID INTRAVENOUS RECON SOLN	6		<i>cefuroxime axetil oral tablet</i>	3	(eligible for tier exception review)
Beta-Lactam, Cephalosporins			<i>cefuroxime sodium injection recon soln 750 mg</i>	5	
<i>cefaclor oral capsule</i>	3	(eligible for tier exception review)	<i>cefuroxime sodium intravenous recon soln</i>	5	
<i>cefadroxil oral capsule</i>	2		<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	(eligible for tier exception review)			

Drug Name	Drug Tier	Requirement /Limits
<i>cephalexin oral suspension for reconstitution</i>	2	
SUPRAX ORAL CAPSULE	4	
TEFLARO INTRAVENOUS RECON SOLN	6	
Beta-Lactam, Other		
<i>aztreonam injection recon soln 1 gram</i>	5	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (84 ML per 28 days)
<i>imipenem-cilastatin intravenous recon soln</i>	5	
INVANZ INJECTION RECON SOLN	5	
<i>meropenem intravenous recon soln</i>	5	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml</i>	3	(eligible for tier exception review)
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	3	(eligible for tier exception review)
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	5	
<i>ampicillin-sulbactam injection recon soln</i>	5	
BICILLIN C-R INTRAMUSCULAR SYRINGE	5	
BICILLIN L-A INTRAMUSCULAR SYRINGE	5	
<i>dicloxacillin oral capsule</i>	2	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	5	
<i>penicillin g potassium injection recon soln 20 million unit</i>	5	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	5	
<i>penicillin g sodium injection recon soln</i>	5	
<i>penicillin v potassium oral recon soln</i>	2	
<i>penicillin v potassium oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	5	
Macrolides		
AZASITE OPTHALMIC (EYE) DROPS	4	
<i>azithromycin intravenous recon soln</i>	5	
<i>azithromycin oral packet</i>	3	(eligible for tier exception review)
<i>azithromycin oral suspension for reconstitution</i>	3	(eligible for tier exception review)
<i>azithromycin oral tablet 250 mg</i>	2	QL (6 EA per 5 days)
<i>azithromycin oral tablet 250 mg (6 pack)</i>	2	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack)</i>	2	QL (3 EA per 3 days)
<i>azithromycin oral tablet 600 mg</i>	2	QL (8 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	4	
<i>clarithromycin oral tablet</i>	3	
<i>clarithromycin oral tablet extended release 24 hr</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	5	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>erythromycin oral tablet</i>	4	

Drug Name	Drug Tier	Requirement /Limits
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
Quinolones		
BAXDELA INTRAVENOUS RECON SOLN	6	B/D; QL (28 EA per 30 days)
BAXDELA ORAL TABLET	6	PA; QL (28 EA per 30 days)
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSIO N	3	
CILOXAN OPTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	5	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	5	
<i>levofloxacin intravenous solution</i>	5	
<i>levofloxacin ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet 250 mg</i>	1	QL (10 EA per 10 days)
⁸ <i>levofloxacin oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirement /Limits
MOXEZA	3	
OPHTHALMIC (EYE) DROPS, VISCOUS		
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin oral tablet</i>	4	
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic (ear) drops</i>	3	(eligible for tier exception review)
Sulfonamides		
<i>silver sulfadiazine topical cream</i>	2	
SSD TOPICAL CREAM	3	
<i>sulfacetamide sodium (acne) topical suspension</i>	3	(eligible for tier exception review)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfadiazine oral tablet</i>	3	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	(eligible for tier exception review)
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
Tetracyclines		
<i>doxy-100 intravenous recon soln</i>	5	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	(eligible for tier exception review)
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	5	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	6	PA; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	4	QL (40 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	QL (20 EA per 30 days)
DIASTAT RECTAL KIT	4	QL (5 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	3	(eligible for tier exception review); QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	5	
<i>levetiracetam intravenous solution</i>	5	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	(eligible for tier exception review); QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>roweepira xr oral tablet extended release 24 hr 500 mg</i>	2	QL (180 EA per 30 days)
<i>roweepira xr oral tablet extended release 24 hr 750 mg</i>	2	QL (120 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	PA; QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	PA; QL (60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; QL (120 EA per 30 days)

Calcium Channel Modifying Agents

CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule</i>	4	
<i>ethosuximide oral solution</i>	4	

Drug Name	Drug Tier	Requirement /Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
<i>zonisamide oral capsule</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	3	(eligible for tier exception review); QL (1200 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	(eligible for tier exception review); QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	(eligible for tier exception review); QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	3	(eligible for tier exception review); QL (360 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 ml</i>	3	(eligible for tier exception review)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
ONFI ORAL SUSPENSION	4	ST; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	ST; QL (60 EA per 30 days)
<i>phenobarbital oral elixir</i>	4	
<i>phenobarbital oral tablet</i>	4	
<i>primidone oral tablet</i>	2	
SABRIL ORAL TABLET	6	PA; QL (180 EA per 30 days)
<i>tiagabine oral tablet</i>	4	PA
<i>valproate sodium intravenous solution</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>vigabatrin oral powder in packet</i>	6	PA; QL (180 EA per 30 days)
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (90 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	3	(eligible for tier exception review)
<i>topiramate oral capsule, sprinkle</i>	3	(eligible for tier exception review)
<i>topiramate oral tablet</i>	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG	4	PA; QL (90 EA per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; QL (60 EA per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	4	PA; QL (210 EA per 30 days)
Sodium Channel Agents		

Drug Name	Drug Tier	Requirement /Limits
APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION	4	ST; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	4	ST; QL (60 EA per 30 days)
BANZEL ORAL TABLET 400 MG	4	ST; QL (240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet, chewable</i>	2	
DILANTIN ORAL CAPSULE	4	
<i>epitol oral tablet</i>	2	
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	5	
<i>oxcarbazepine oral suspension</i>	4	PA
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (30 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (120 EA per 30 days)
PEGANONE ORAL TABLET	4	
PHENYTEK ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirement /Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
VIMPAT INTRAVENOUS SOLUTION	5	PA
VIMPAT ORAL SOLUTION	4	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	4	PA; QL (60 EA per 30 days)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid oral tablet</i>	4	PA
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	4	
<i>rivastigmine tartrate oral capsule</i>	3	(eligible for tier exception review)
<i>rivastigmine transdermal patch 24 hour</i>	4	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	QL (30 EA per 30 days)
<i>memantine oral tablet</i>	2	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (30 EA per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	4	QL (30 EA per 30 days)

Antidepressants

Antidepressants, Other

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
<i>aripiprazole oral solution</i>	6	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (120 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	6	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	2	QL (60 EA per 30 days)
<i>maprotiline oral tablet</i>	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet,disintegrating</i>	3	(eligible for tier exception review)
<i>nefazodone oral tablet</i>	4	
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trazodone oral tablet 300 mg</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	6	PA
MARPLAN ORAL TABLET	4	
<i>phenelzine oral tablet</i>	3	(eligible for tier exception review)
<i>tranylcypromine oral tablet</i>	4	
Ssris/ Snris		
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine oral tablet extended release 24 hr</i>	4	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	ST; (eligible for tier exception review); QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)	<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	(generic Effexor XR); QL (90 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)	<i>venlafaxine oral tablet</i>	2	(generic Effexor)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)	VIIBRYD ORAL TABLET	4	ST; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	3	(eligible for tier exception review)	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet</i>	2		Tricyclics		
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PA; QL (30 EA per 30 days)	<i>amitriptyline oral tablet</i>	2	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	PA; QL (30 EA per 30 days)	<i>amoxapine oral tablet</i>	3	(eligible for tier exception review)
<i>fluoxetine oral capsule</i>	2		<i>clomipramine oral capsule</i>	4	PA
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	QL (4 EA per 28 days)	<i>desipramine oral tablet</i>	4	
<i>fluoxetine oral solution</i>	2		<i>doxepin oral capsule</i>	4	PA
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	4		<i>doxepin oral concentrate</i>	4	PA
<i>fluvoxamine oral tablet</i>	3	(eligible for tier exception review)	<i>imipramine hcl oral tablet</i>	4	PA
<i>paroxetine hcl oral tablet</i>	1		<i>nortriptyline oral capsule</i>	2	
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)	<i>nortriptyline oral solution</i>	2	
<i>sertraline oral concentrate</i>	3	(eligible for tier exception review)	<i>protriptyline oral tablet</i>	4	
<i>sertraline oral tablet</i>	1		<i>trimipramine oral capsule</i>	4	PA
TRINTELLIX ORAL TABLET	4	ST; QL (30 EA per 30 days)	Antiemetics		
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	(generic Effexor XR); QL (60 EA per 30 days)	Antiemetics, Other		
			<i>chlorpromazine injection solution</i>	5	
			<i>chlorpromazine oral tablet</i>	4	
			COMPRO RECTAL SUPPOSITORY	3	
			<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution</i>	5	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>perphenazine oral tablet</i>	3	(eligible for tier exception review)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine oral tablet</i>	4	PA
<i>scopolamine base transdermal patch 3 day</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 80 mg</i>	4	PA
<i>aprepitant oral capsule 40 mg</i>	4	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule, dose pack</i>	4	PA
<i>dronabinol oral capsule</i>	4	PA; QL (180 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (3 EA per 7 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	5	B/D
<i>granisetron hcl intravenous solution</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>granisetron hcl oral tablet</i>	3	B/D; (eligible for tier exception review); QL (60 EA per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	5	B/D
<i>ondansetron hcl (pf) injection syringe</i>	5	B/D
<i>ondansetron hcl oral solution</i>	3	B/D; (eligible for tier exception review); QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D; QL (15 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D; QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating</i>	2	B/D; QL (90 EA per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	6	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	6	B/D
<i>amphotericin b injection recon soln</i>	5	B/D
<i>caspofungin intravenous recon soln</i>	6	PA
<i>ciclopirox topical cream</i>	2	
<i>ciclopirox topical solution</i>	4	
<i>ciclopirox topical suspension</i>	2	
<i>clotrimazole mucous membrane troche</i>	2	
<i>clotrimazole topical cream</i>	2	
<i>clotrimazole topical solution</i>	3	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
CRESEMBA INTRAVENOUS RECON SOLN	6	PA	NOXAFIL ORAL SUSPENSION	6	PA
CRESEMBA ORAL CAPSULE	6	PA	NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	6	PA; QL (90 EA per 30 days)
<i>econazole topical cream</i>	3	(eligible for tier exception review)	<i>nyamyc topical powder</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	5	B/D	<i>nystatin oral suspension</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	5		<i>nystatin oral tablet</i>	2	
<i>fluconazole oral suspension for reconstitution</i>	3	(eligible for tier exception review)	<i>nystatin topical cream</i>	2	
<i>fluconazole oral tablet</i>	2		<i>nystatin topical ointment</i>	2	
<i>flucytosine oral capsule</i>	6		<i>nystatin topical powder</i>	2	
<i>griseofulvin microsize oral suspension</i>	2		<i>nystop topical powder</i>	2	
<i>griseofulvin microsize oral tablet</i>	3	(eligible for tier exception review)	<i>terbinafine hcl oral tablet</i>	2	QL (30 EA per 30 days)
<i>griseofulvin ultramicrosize oral tablet</i>	3	(eligible for tier exception review)	<i>terconazole vaginal cream</i>	2	
<i>itraconazole oral capsule</i>	4	PA	<i>terconazole vaginal suppository</i>	2	
<i>ketoconazole oral tablet</i>	4		<i>voriconazole intravenous solution</i>	5	
<i>ketoconazole topical cream</i>	2		<i>voriconazole oral suspension for reconstitution</i>	6	PA
<i>ketoconazole topical shampoo</i>	2		<i>voriconazole oral tablet 200 mg</i>	6	PA
MYCAMINE INTRAVENOUS RECON SOLN	6		<i>voriconazole oral tablet 50 mg</i>	4	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3		ZOLINZA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
			Antigout Agents		
			Antigout Agents		
			<i>allopurinol oral tablet</i>	2	
			<i>colchicine oral capsule</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
			<i>colchicine oral tablet</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
			<i>probenecid oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>probenecid-colchicine oral tablet</i>	2	
Anti-Inflammatory Agents		
Glucocorticoids		
<i>betamethasone dipropionate topical cream</i>	3	(eligible for tier exception review)
<i>betamethasone dipropionate topical lotion</i>	3	(eligible for tier exception review)
<i>betamethasone dipropionate topical ointment</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical cream</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical lotion</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical ointment</i>	3	(eligible for tier exception review)
<i>betamethasone, augmented topical cream</i>	3	(eligible for tier exception review)
<i>betamethasone, augmented topical gel</i>	3	(eligible for tier exception review)
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
<i>cortisone oral tablet</i>	4	
<i>dexamethasone oral elixir</i>	3	(eligible for tier exception review)
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	3	(eligible for tier exception review)
<i>methylprednisolone acetate injection suspension</i>	5	
<i>methylprednisolone oral tablet</i>	3	(eligible for tier exception review)
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5	
<i>methylprednisolone sodium succ intravenous recon soln</i>	5	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	3	(eligible for tier exception review)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	(eligible for tier exception review)
<i>prednisone intensol oral concentrate</i>	3	(eligible for tier exception review)
<i>prednisone oral solution</i>	3	(eligible for tier exception review)
<i>prednisone oral tablet</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>celecoxib oral capsule 400 mg</i>	4	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diflunisal oral tablet</i>	4	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>flurbiprofen oral tablet</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension</i>	3	(eligible for tier exception review)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule</i>	2	PA
<i>indomethacin oral capsule, extended release</i>	2	PA
<i>meloxicam oral tablet</i>	2	
<i>nabumetone oral tablet</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>sulindac oral tablet</i>	2	

Antimigraine Agents

Ergot Alkaloids

<i>dihydroergotamine injection solution</i>	5	
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Drug Name	Drug Tier	Requirement /Limits
<i>dihydroergotamine nasal spray, non-aerosol</i>	6	PA; QL (8 ML per 30 days)
MIGERGOT RECTAL SUPPOSITORY	4	QL (20 EA per 30 days)
Prophylactic		
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
<i>timolol maleate oral tablet</i>	4	
<i>topiramate oral capsule, sprinkle</i>	3	(eligible for tier exception review)
<i>topiramate oral tablet</i>	2	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan oral tablet</i>	3	(eligible for tier exception review); QL (18 EA per 30 days)
<i>rizatriptan oral tablet</i>	3	(eligible for tier exception review); QL (24 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	(eligible for tier exception review); QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	5	QL (8 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>sumatriptan succinate subcutaneous pen injector</i>	5	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	5	QL (8 ML per 30 days)

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine oral tablet</i>	3	(eligible for tier exception review)
<i>pyridostigmine bromide oral tablet</i>	2	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone oral tablet</i>	2	
PRIFTIN ORAL TABLET	4	
<i>rifabutin oral capsule</i>	4	

Antituberculars

CAPASTAT INJECTION RECON SOLN	5	
<i>ethambutol oral tablet</i>	2	
<i>isoniazid injection solution</i>	5	
<i>isoniazid oral solution</i>	3	(eligible for tier exception review)
<i>isoniazid oral tablet</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous recon soln</i>	5	
<i>rifampin oral capsule</i>	2	
RIFATER ORAL TABLET	4	
SIRTURO ORAL TABLET	6	PA; QL (24 EA per 28 days)
TRECATOR ORAL TABLET	4	

Antineoplastics

Alkylating Agents

Drug Name	Drug Tier	Requirement /Limits
<i>busulfan intravenous solution</i>	5	B/D
<i>cyclophosphamide oral capsule</i>	4	B/D
HEXALEN ORAL CAPSULE	6	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	6	
<i>melphalan hcl intravenous recon soln</i>	5	B/D
<i>thiotepa injection recon soln</i>	5	B/D
VALCHLOR TOPICAL GEL	6	PA; QL (60 GM per 30 days)
Antiandrogens		
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	6	PA; QL (120 EA per 30 days)
<i>flutamide oral capsule</i>	3	(eligible for tier exception review)
<i>nilutamide oral tablet</i>	6	QL (30 EA per 30 days)
XTANDI ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	6	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	6	PA; QL (60 EA per 30 days)
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	6	PA; LA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	6	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
EMCYT ORAL CAPSULE	4	
FARESTON ORAL TABLET	6	
SOLTAMOX ORAL SOLUTION	4	
<i>tamoxifen oral tablet</i>	2	
Antimetabolites		
DROXIA ORAL CAPSULE	3	
<i>gemcitabine intravenous recon soln 1 gram</i>	5	B/D
<i>hydroxyurea oral capsule</i>	2	
LONSURF ORAL TABLET 15-6.14 MG	6	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	6	PA; QL (80 EA per 28 days)
PURIXAN ORAL SUSPENSION	6	PA
TABLOID ORAL TABLET	4	
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	6	B/D
<i>fludarabine intravenous recon soln</i>	5	B/D
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	5	B/D
<i>leucovorin calcium oral tablet</i>	3	
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B/D
<i>mitoxantrone intravenous concentrate</i>	3	B/D
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	6	PA; LA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SYLATRON SUBCUTANEOUS KIT	6	PA
SYNRIBO SUBCUTANEOUS RECON SOLN	6	B/D
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	6	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	6	PA
Antineoplastics		
ALIMTA INTRAVENOUS RECON SOLN	6	B/D
ARRANON INTRAVENOUS SOLUTION	6	B/D
AVASTIN INTRAVENOUS SOLUTION	5	B/D
<i>azacitidine injection recon soln</i>	6	B/D
BELEODAQ INTRAVENOUS RECON SOLN	6	PA
BICNU INTRAVENOUS RECON SOLN	5	B/D
<i>bleomycin injection recon soln 30 unit</i>	5	B/D
<i>bortezomib intravenous recon soln</i>	6	B/D
<i>carboplatin intravenous solution</i>	5	B/D
<i>cisplatin intravenous solution</i>	5	B/D
<i>cladribine intravenous solution</i>	6	B/D
<i>clofarabine intravenous solution</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	5	B/D
<i>cytarabine injection solution</i>	5	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	5	B/D
<i>dactinomycin intravenous recon soln</i>	6	B/D
<i>daunorubicin intravenous solution</i>	5	B/D
<i>decitabine intravenous recon soln</i>	6	PA
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	5	B/D
<i>doxorubicin, peg-liposomal intravenous suspension</i>	6	B/D
ELITEK INTRAVENOUS RECON SOLN	6	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	5	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	6	B/D
ERWINAZE INJECTION RECON SOLN	6	B/D
FASLODEX INTRAMUSCULAR SYRINGE	6	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	

Drug Name	Drug Tier	Requirement /Limits
HALAVEN INTRAVENOUS SOLUTION	6	B/D
HERCEPTIN INTRAVENOUS RECON SOLN	6	B/D
<i>idarubicin intravenous solution</i>	5	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	5	B/D
<i>irinotecan intravenous solution 100 mg/5 ml</i>	5	B/D
ISTODAX INTRAVENOUS RECON SOLN	6	B/D
JEVTANA INTRAVENOUS SOLUTION	6	B/D
KADCYLA INTRAVENOUS RECON SOLN	6	PA
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B/D
LYNPARZA ORAL CAPSULE	6	PA; QL (480 EA per 30 days)
LYNPARZA ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
<i>mesna intravenous solution</i>	5	
MESNEX ORAL TABLET	6	
<i>mitomycin intravenous recon soln</i>	5	B/D
MUSTARGEN INJECTION RECON SOLN	6	B/D
MYLOTARG INTRAVENOUS RECON SOLN	6	PA
NINLARO ORAL CAPSULE	6	PA; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN	6	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	5	B/D
<i>paclitaxel intravenous concentrate</i>	5	B/D
PROLEUKIN INTRAVENOUS RECON SOLN	6	B/D
RUBRACA ORAL TABLET	6	PA; QL (120 EA per 30 days)
TREANDA INTRAVENOUS RECON SOLN	6	B/D
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	6	B/D
VELCADE INJECTION RECON SOLN	6	B/D
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	6	PA; QL (84 EA per 365 days)
<i>vinblastine intravenous solution</i>	5	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	5	B/D
<i>vincristine intravenous solution 1 mg/ml</i>	5	B/D
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
VYXEOS INTRAVENOUS RECON SOLN	6	PA
YONDELIS INTRAVENOUS RECON SOLN	5	PA
ZEJULA ORAL CAPSULE	6	PA; QL (90 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet</i>	2	
<i>exemestane oral tablet</i>	4	
<i>letrozole oral tablet</i>	2	
<i>Enzyme Inhibitors</i>		
ALIQOPA INTRAVENOUS RECON SOLN	6	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	5	B/D
<i>etoposide intravenous solution</i>	3	B/D
FARYDAK ORAL CAPSULE	6	PA; QL (6 EA per 21 days)
IBRANCE ORAL CAPSULE	6	PA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	6	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	6	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	6	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	6	PA; QL (21 EA per 28 days)

Drug Name	Drug Tier	Requirement /Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	6	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	6	PA; QL (63 EA per 28 days)
<i>topotecan intravenous recon soln</i>	6	B/D
VERZENIO ORAL TABLET	6	PA; QL (60 EA per 30 days)
ZOLINZA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET	6	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	6	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	6	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	6	PA; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	6	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	6	PA; LA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	6	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET	6	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE	6	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	6	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	6	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	6	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	6	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	6	PA; QL (84 EA per 28 days)
COTELLIC ORAL TABLET	6	PA; LA; QL (63 EA per 28 days)
ERIVEDGE ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET	6	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	6	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	6	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	6	PA; QL (240 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	6	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	6	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	6	PA; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	6	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	6	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET	6	PA; LA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET	6	PA; QL (60 EA per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	6	PA

Drug Name	Drug Tier	Requirement /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	6	PA; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	6	PA; LA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	6	PA; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	6	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	6	PA; QL (30 EA per 30 days)
NERLYNX ORAL TABLET	6	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE	6	PA; LA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
RYDAPT ORAL CAPSULE	6	PA; QL (224 EA per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	6	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	6	PA; QL (180 EA per 30 days)
SPRYCEL ORAL TABLET 50 MG	6	PA; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG, 80 MG	6	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	6	PA; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	6	PA; QL (210 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SUTENT ORAL CAPSULE 25 MG	6	PA; QL (90 EA per 30 days)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG	6	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG	6	PA; QL (90 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	6	PA; QL (180 EA per 30 days)
TASIGNA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
TYKERB ORAL TABLET	6	PA; QL (660 EA per 30 days)
VOTRIENT ORAL TABLET	6	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
ZELBORAF ORAL TABLET	6	PA; QL (240 EA per 30 days)
ZYKADIA ORAL CAPSULE	6	PA; QL (150 EA per 30 days)
Monoclonal Antibody/Antibody-Drug Conjugate		
BAVENCIO INTRAVENOUS SOLUTION	6	PA
CYRAMZA INTRAVENOUS SOLUTION	6	PA
DARZALEX INTRAVENOUS SOLUTION	6	PA; LA
EMPLICITI INTRAVENOUS RECON SOLN	6	PA
IMFINZI INTRAVENOUS SOLUTION	6	PA
KEYTRUDA INTRAVENOUS SOLUTION	6	PA

Drug Name	Drug Tier	Requirement /Limits
LARTRUVO INTRAVENOUS SOLUTION	6	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	6	PA
RITUXAN INTRAVENOUS CONCENTRATE	6	PA
SYLVANT INTRAVENOUS RECON SOLN	6	PA
TECENTRIQ INTRAVENOUS SOLUTION	6	PA
Retinoids		
<i>bexarotene oral capsule</i>	6	PA; QL (300 EA per 30 days)
PANRETIN TOPICAL GEL	6	PA
TARGRETIN TOPICAL GEL	6	PA; QL (60 GM per 30 days)
<i>tretinoin (chemotherapy) oral capsule</i>	6	
Antiparasitics		
Anthelmintics		
ALBENZA ORAL TABLET	4	
BILTRICIDE ORAL TABLET	3	
<i>ivermectin oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL TABLET	4	QL (6 EA per 3 days)
<i>atovaquone oral suspension</i>	6	PA
<i>atovaquone-proguanil oral tablet</i>	3	(eligible for tier exception review)
BENZNIDAZOLE ORAL TABLET 100 MG	4	QL (240 EA per 365 days)

Drug Name	Drug Tier	Requirement /Limits
BENZNIDAZOLE ORAL TABLET 12.5 MG	4	QL (720 EA per 365 days)
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	4	QL (24 EA per 2 days)
DARAPRIM ORAL TABLET	4	PA
<i>hydroxychloroquine oral tablet</i>	2	
<i>mefloquine oral tablet</i>	2	
NEBUPENT INHALATION RECON SOLN	4	B/D
PENTAM INJECTION RECON SOLN	5	B/D
<i>primaquine oral tablet</i>	3	(eligible for tier exception review)
<i>quinine sulfate oral capsule</i>	4	PA; QL (180 EA per 30 days)
Pediculicides/Scabicides		
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>lindane topical shampoo</i>	2	
<i>malathion topical lotion</i>	3	(eligible for tier exception review)
<i>permethrin topical cream</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine oral tablet</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>trihexyphenidyl oral elixir</i>	2	
<i>trihexyphenidyl oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>entacapone oral tablet</i>	4	QL (240 EA per 30 days)
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE	6	PA
<i>bromocriptine oral capsule</i>	3	(eligible for tier exception review)
<i>bromocriptine oral tablet</i>	3	(eligible for tier exception review)
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline oral tablet</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>selegiline hcl oral capsule</i>	3	(eligible for tier exception review)
<i>selegiline hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
1st Generation/Typical		
<i>chlorpromazine injection solution</i>	5	
<i>chlorpromazine oral tablet</i>	4	
<i>fluphenazine decanoate injection solution</i>	5	
<i>fluphenazine hcl injection solution</i>	5	
<i>fluphenazine hcl oral concentrate</i>	3	(eligible for tier exception review)
<i>fluphenazine hcl oral elixir</i>	3	(eligible for tier exception review)
<i>fluphenazine hcl oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	5	
<i>haloperidol lactate injection solution</i>	5	
<i>haloperidol lactate intramuscular syringe</i>	5	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>loxapine succinate oral capsule</i>	2	
<i>perphenazine oral tablet</i>	3	(eligible for tier exception review)
<i>pimozide oral tablet</i>	3	(eligible for tier exception review)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral tablet</i>	2	
<i>thioridazine oral tablet</i>	4	PA
<i>thiothixene oral capsule</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>trifluoperazine oral tablet</i>	3	(eligible for tier exception review)
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
<i>aripiprazole oral solution</i>	6	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (120 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	6	QL (60 EA per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	6	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	PA; QL (8 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	6	PA

Drug Name	Drug Tier	Requirement /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	5	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE	6	PA
LATUDA ORAL TABLET 120 MG, 80 MG	6	PA; QL (60 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	6	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	6	PA; LA; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln</i>	5	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet,disintegrating</i>	4	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	6	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	6	PA; QL (60 EA per 30 days)
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
REXULTI ORAL TABLET	6	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	6	

Drug Name	Drug Tier	Requirement /Limits
<i>risperidone oral solution</i>	3	(eligible for tier exception review)
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet, disintegrating</i>	4	
SAPHRIS SUBLINGUAL TABLET	4	PA; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
Treatment-Resistant		
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
VERSACLOZ ORAL SUSPENSION	6	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	QL (90 EA per 30 days)
<i>dantrolene oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>ganciclovir sodium intravenous recon soln</i>	5	
<i>valganciclovir oral recon soln</i>	6	
<i>valganciclovir oral tablet</i>	6	

Drug Name	Drug Tier	Requirement /Limits
ZIRGAN OPHTHALMIC (EYE) GEL	4	QL (5 GM per 30 days)
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir oral tablet</i>	6	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days)
<i>entecavir oral tablet</i>	6	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	6	PA
INTRON A INJECTION SOLUTION	6	PA
<i>lamivudine oral solution</i>	3	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>ribasphere oral capsule</i>	2	
<i>ribasphere oral tablet</i>	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet</i>	6	QL (30 EA per 30 days)
VIREAD ORAL POWDER	4	QL (225 GM per 30 days)
VIREAD ORAL TABLET 150 MG	6	QL (60 EA per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	6	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
DAKLINZA ORAL TABLET	6	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
EPCLUSA ORAL TABLET	6	PA; QL (28 EA per 28 days)
HARVONI ORAL TABLET	6	PA; QL (28 EA per 28 days)
MAVYRET ORAL TABLET	6	PA; QL (84 EA per 28 days)
SOVALDI ORAL TABLET	6	PA; QL (30 EA per 30 days)
VOSEVI ORAL TABLET	6	PA; QL (28 EA per 28 days)
ZEPATIER ORAL TABLET	6	PA; QL (28 EA per 28 days)
Anti-Hepatitis C (Hcv) Agents, Others		
INTRON A INJECTION RECON SOLN	6	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	6	PA
MODERIBA ORAL TABLET	4	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	6	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 30 days)
<i>ribasphere oral capsule</i>	2	
<i>ribasphere oral tablet</i>	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOVALDI ORAL TABLET	6	PA; QL (30 EA per 30 days)
SYLATRON SUBCUTANEOUS KIT	6	PA
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	5	B/D
<i>famciclovir oral tablet</i>	3	(eligible for tier exception review)
<i>trifluridine ophthalmic (eye) drops</i>	3	
<i>valacyclovir oral tablet</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	6	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	6	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	6	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	6	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	6	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (180 EA per 30 days)
STRIBILD ORAL TABLET	6	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	6	QL (60 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	6	QL (30 EA per 30 days)
EDURANT ORAL TABLET	6	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>efavirenz oral capsule 200 mg</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)	CIMDUO ORAL TABLET	6	QL (30 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	3	(eligible for tier exception review); QL (180 EA per 30 days)	DESCOVY ORAL TABLET	6	QL (30 EA per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)	<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	6	QL (120 EA per 30 days)	EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	6	QL (60 EA per 30 days)	EMTRIVA ORAL SOLUTION	4	QL (720 ML per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (360 EA per 30 days)	JULUCA ORAL TABLET	6	QL (30 EA per 30 days)
<i>nevirapine oral tablet</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)	<i>lamivudine oral solution</i>	3	QL (900 ML per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90 EA per 30 days)	<i>lamivudine oral tablet 100 mg</i>	3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 EA per 30 days)	<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
RESCRIPTOR ORAL TABLET	4	QL (180 EA per 30 days)	<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	QL (360 EA per 30 days)	<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	3	QL (1200 ML per 30 days)	ODEFSEY ORAL TABLET	6	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)			RETROVIR INTRAVENOUS SOLUTION	5	
<i>abacavir oral solution</i>	4	QL (900 ML per 30 days)	<i>stavudine oral capsule</i>	2	QL (60 EA per 30 days)
<i>abacavir oral tablet</i>	4	QL (60 EA per 30 days)	SYMFI LO ORAL TABLET	6	QL (30 EA per 30 days)
<i>abacavir-lamivudine oral tablet</i>	6	QL (30 EA per 30 days)	SYMFI ORAL TABLET	6	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	6	QL (60 EA per 30 days)	<i>tenofovir disoproxil fumarate oral tablet</i>	6	QL (30 EA per 30 days)
ATRIPLA ORAL TABLET	6	QL (30 EA per 30 days)	TRUVADA ORAL TABLET	6	QL (30 EA per 30 days)
			VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	
			VIDEX EC ORAL CAPSULE, DELAYE D RELEASE(DR/EC) 125 MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
VIREAD ORAL POWDER	4	QL (225 GM per 30 days)	CRIXIVAN ORAL CAPSULE 400 MG	3	QL (180 EA per 30 days)
VIREAD ORAL TABLET 150 MG	6	QL (60 EA per 30 days)	EVOTAZ ORAL TABLET	6	QL (30 EA per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	6	QL (30 EA per 30 days)	<i>fosamprenavir oral tablet</i>	6	QL (120 EA per 30 days)
ZERIT ORAL RECON SOLN	3	QL (2400 ML per 30 days)	INVIRASE ORAL CAPSULE	6	QL (300 EA per 30 days)
<i>zidovudine oral capsule</i>	2	QL (180 EA per 30 days)	INVIRASE ORAL TABLET	6	QL (120 EA per 30 days)
<i>zidovudine oral syrup</i>	2	QL (1800 ML per 30 days)	KALETRA ORAL TABLET 100-25 MG	4	QL (300 EA per 30 days)
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)	KALETRA ORAL TABLET 200-50 MG	6	QL (120 EA per 30 days)
Anti-Hiv Agents, Other			LEXIVA ORAL SUSPENSION	4	QL (1680 ML per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	6	QL (60 EA per 30 days)	<i>lopinavir-ritonavir oral solution</i>	6	QL (390 ML per 30 days)
SELZENTRY ORAL SOLUTION	4	QL (1800 ML per 30 days)	NORVIR ORAL CAPSULE	4	QL (360 EA per 30 days)
SELZENTRY ORAL TABLET 150 MG	6	QL (60 EA per 30 days)	NORVIR ORAL POWDER IN PACKET	4	QL (360 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 EA per 30 days)	NORVIR ORAL SOLUTION	4	QL (450 ML per 30 days)
SELZENTRY ORAL TABLET 300 MG	6	QL (120 EA per 30 days)	PREZCOBIX ORAL TABLET	6	QL (30 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 EA per 30 days)	PREZISTA ORAL SUSPENSION	6	QL (360 ML per 30 days)
TRIUMEQ ORAL TABLET	6	QL (30 EA per 30 days)	PREZISTA ORAL TABLET 150 MG	4	QL (120 EA per 30 days)
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)	PREZISTA ORAL TABLET 600 MG	6	QL (60 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors			PREZISTA ORAL TABLET 75 MG	4	
APTIVUS ORAL CAPSULE	6	QL (120 EA per 30 days)	PREZISTA ORAL TABLET 800 MG	6	QL (30 EA per 30 days)
APTIVUS ORAL SOLUTION	6	QL (300 ML per 30 days)	REYATAZ ORAL POWDER IN PACKET	6	QL (240 EA per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	6	QL (60 EA per 30 days)	<i>ritonavir oral tablet</i>	4	QL (360 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	6	QL (30 EA per 30 days)	VIRACEPT ORAL TABLET 250 MG	6	QL (270 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QL (270 EA per 30 days)	VIRACEPT ORAL TABLET 625 MG	6	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>oseltamivir oral capsule 30 mg</i>	3	QL (56 EA per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	3	QL (42 EA per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	3	QL (28 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	4	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 180 days)
<i>rimantadine oral tablet</i>	2	

Anxiolytics

Anxiolytics, Other

<i>bupirone oral tablet</i>	2	
<i>doxepin oral capsule</i>	4	PA
<i>doxepin oral concentrate</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>triazolam oral tablet 0.125 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	3	(eligible for tier exception review); QL (1200 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	(eligible for tier exception review); QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	(eligible for tier exception review); QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	3	(eligible for tier exception review); QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)	<i>olanzapine oral tablet</i>	2	
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)	<i>olanzapine oral tablet, disintegrating</i>	4	
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)	<i>quetiapine oral tablet</i>	2	
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)	<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
Ssris/ Snris			RISPERDAL	5	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)	CONSTA		
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)	INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML		
<i>escitalopram oxalate oral solution</i>	3	(eligible for tier exception review)	RISPERDAL	6	
<i>escitalopram oxalate oral tablet</i>	2		CONSTA		
<i>paroxetine hcl oral tablet</i>	1		INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML		
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)	<i>risperidone oral solution</i>	3	(eligible for tier exception review)
<i>sertraline oral concentrate</i>	4	(eligible for tier exception review)	<i>risperidone oral tablet</i>	2	
<i>sertraline oral tablet</i>	1		<i>risperidone oral tablet, disintegrating</i>	4	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	(generic Effexor XR); QL (60 EA per 30 days)	SAPHRIS	4	PA; QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	(generic Effexor XR); QL (90 EA per 30 days)	SUBLINGUAL TABLET		
<i>venlafaxine oral tablet</i>	2	(generic Effexor)	VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
			VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)
			<i>ziprasidone hcl oral capsule</i>	4	
			ZYPREXA	5	
			RELPREVV		
			INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		
Bipolar Agents			Mood Stabilizers		
Bipolar Agents, Other			<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	(eligible for tier exception review)
GEODON	5		<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	(eligible for tier exception review)
INTRAMUSCULAR RECON SOLN					
<i>olanzapine intramuscular recon soln</i>	5				

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>carbamazepine oral tablet</i>	2		GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	3	(eligible for tier exception review)	INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QL (60 EA per 30 days)
<i>carbamazepine oral tablet, chewable</i>	2		INVOKAMET ORAL TABLET 50-500 MG	3	QL (120 EA per 30 days)
<i>divalproex oral capsule, delayed release sprinkle</i>	4		INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	QL (60 EA per 30 days)
<i>divalproex oral tablet extended release 24 hr</i>	2		INVOKANA ORAL TABLET 100 MG	3	QL (60 EA per 30 days)
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2		INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
<i>epitol oral tablet</i>	2		JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
<i>lamotrigine oral tablet</i>	2		JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	3	(eligible for tier exception review)	JENTADUETO ORAL TABLET	3	QL (60 EA per 30 days)
<i>lithium carbonate oral capsule</i>	2		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
<i>lithium carbonate oral tablet</i>	2		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
<i>lithium carbonate oral tablet extended release</i>	2		<i>metformin oral tablet</i>	1	(generic Glucophage)
<i>lithium citrate oral solution 8 meq/5 ml</i>	2		<i>metformin oral tablet extended release 24 hr</i>	1	(generic Glucophage XR)
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2		<i>miglitol oral tablet</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>valproic acid oral capsule</i>	2		<i>nateglinide oral tablet 120 mg</i>	2	QL (90 EA per 30 days)
Blood Glucose Regulators			<i>nateglinide oral tablet 60 mg</i>	2	QL (180 EA per 30 days)
Antidiabetic Agents			<i>pioglitazone oral tablet</i>	2	
<i>acarbose oral tablet</i>	2		<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>colesevelam oral tablet</i>	3				
<i>glimepiride oral tablet</i>	1				
<i>glipizide oral tablet</i>	1				
<i>glipizide oral tablet extended release 24hr</i>	1				
<i>glyburide micronized oral tablet</i>	2	PA			
<i>glyburide oral tablet</i>	2	PA			

Drug Name	Drug Tier	Requirement /Limits
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; QL (12 ML per 30 days)
SYNJARDY ORAL TABLET	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30 EA per 30 days)
<i>tolazamide oral tablet</i>	2	
<i>tolbutamide oral tablet</i>	3	(eligible for tier exception review)
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	QL (2 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (9 ML per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	
WELCHOL ORAL TABLET	3	
Blood Glucose Regulators		
<i>glipizide-metformin oral tablet</i>	2	
<i>glyburide-metformin oral tablet</i>	2	PA
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO ORAL TABLET	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	4	ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet</i>	3	ST; (eligible for tier exception review)
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	QL (2 EA per 2 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	QL (2 EA per 2 days)
KORLYM ORAL TABLET	6	PA; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION	4	
Insulins		
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	3	
<i>gauze pad topical bandage 2 x 2 "</i>	2	

Drug Name	Drug Tier	Requirement /Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	

Drug Name	Drug Tier	Requirement /Limits
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	QL (45 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (40 ML per 30 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	QL (15 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	QL (15 ML per 30 days)
Blood Products/ Modifiers/ Volume Expanders		
<i>Anticoagulants</i>		
COUMADIN ORAL TABLET	4	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (70 EA per 180 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	3	QL (148 EA per 365 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>enoxaparin subcutaneous solution</i>	5	QL (60 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	6	PA; QL (4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	5	QL (60 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; QL (4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	5	QL (48 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 40 MCG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	5	QL (18 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	6	PA; QL (2 ML per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	5	QL (24 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML	6	PA; QL (1.2 ML per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	5	QL (36 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	6	PA; QL (1.6 ML per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	6	QL (24 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	5	PA; QL (1.68 ML per 28 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	5	QL (15 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	6	PA; QL (2.4 ML per 28 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	6	QL (12 ML per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	6	PA; QL (4 ML per 28 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	6	QL (18 ML per 30 days)			
<i>heparin (porcine) injection solution</i>	5				
<i>jantoven oral tablet</i>	1				
<i>warfarin oral tablet</i>	1				
XARELTO ORAL TABLET	3	QL (30 EA per 30 days)			
XARELTO ORAL TABLETS,DOSE PACK	3	QL (102 EA per 365 days)			
Blood Formation Modifiers					
<i>anagrelide oral capsule</i>	2				

Drug Name	Drug Tier	Requirement /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 60 MCG/0.3 ML	5	PA; QL (1.2 ML per 28 days)
GRANIX SUBCUTANEOUS SYRINGE	6	PA
LEUKINE INJECTION RECON SOLN	6	PA
MOZOBIL SUBCUTANEOUS SOLUTION	6	PA
NEULASTA SUBCUTANEOUS SYRINGE	6	PA
NEUPOGEN INJECTION SOLUTION	6	PA
NEUPOGEN INJECTION SYRINGE	6	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	6	PA
PROMACTA ORAL TABLET 12.5 MG	6	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG, 50 MG	6	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	6	PA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET	6	PA; QL (60 EA per 30 days)
Hemostasis Agents		
<i>tranexamic acid intravenous solution</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>tranexamic acid oral tablet</i>	3	QL (30 EA per 30 days)
Platelet Modifying Agents		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	
BRILINTA ORAL TABLET	3	QL (60 EA per 30 days)
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	2	QL (30 EA per 30 days)
<i>prasugrel oral tablet</i>	2	QL (30 EA per 30 days)
ZONTIVITY ORAL TABLET	4	QL (30 EA per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	4	
<i>guanfacine oral tablet</i>	2	
<i>methyldopa oral tablet</i>	2	
<i>midodrine oral tablet</i>	3	
NORTHERA ORAL CAPSULE 100 MG	6	PA; QL (252 EA per 90 days)
NORTHERA ORAL CAPSULE 200 MG	6	PA; QL (126 EA per 90 days)
NORTHERA ORAL CAPSULE 300 MG	6	PA; QL (84 EA per 90 days)
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet</i>	2	
<i>prazosin oral capsule</i>	2	
<i>terazosin oral capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg</i>	3	ST; (eligible for tier exception review); QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>candesartan oral tablet 4 mg</i>	3	ST; (eligible for tier exception review); QL (240 EA per 30 days)
<i>candesartan oral tablet 8 mg</i>	3	ST; (eligible for tier exception review); QL (120 EA per 30 days)
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>eprosartan oral tablet</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)
<i>irbesartan oral tablet</i>	2	QL (30 EA per 30 days)
<i>losartan oral tablet</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>captopril oral tablet</i>	3	(eligible for tier exception review)
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril oral tablet 10 mg</i>	1	QL (240 EA per 30 days)
<i>fosinopril oral tablet 20 mg</i>	1	QL (120 EA per 30 days)
<i>fosinopril oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>moexipril oral tablet</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 8 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>quinapril oral tablet</i>	1	QL (60 EA per 30 days)
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	2	QL (60 EA per 30 days)
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide oral capsule</i>	4	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	3	(eligible for tier exception review)
MULTAQ ORAL TABLET	3	QL (60 EA per 30 days)
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone oral tablet</i>	3	(eligible for tier exception review)
<i>quinidine gluconate oral tablet extended release</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>atenolol oral tablet</i>	1	
<i>betaxolol oral tablet</i>	4	
<i>bisoprolol fumarate oral tablet</i>	3	(eligible for tier exception review)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
<i>carvedilol oral tablet</i>	1	
<i>labetalol oral tablet</i>	3	(eligible for tier exception review)
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	
<i>metoprolol tartrate intravenous solution</i>	5	
<i>metoprolol tartrate intravenous syringe</i>	5	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	3	(eligible for tier exception review)
<i>propranolol oral tablet</i>	2	
<i>timolol maleate oral tablet</i>	4	
Calcium Channel Blocking Agents		
<i>afeditab cr oral tablet extended release</i>	2	
<i>amlodipine oral tablet</i>	1	
<i>cartia xt oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>	3	(generic Cardizem SR); (eligible for tier exception review)
<i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	(generic Tiazac)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	(generic Cardizem CD, Cartia XT)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	2	(generic Tiazac)
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	
<i>felodipine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>nicardipine oral capsule</i>	2	
<i>nifedipine oral tablet extended release</i>	2	
<i>nifedipine oral tablet extended release 24hr</i>	2	
<i>nimodipine oral capsule</i>	4	
<i>taztia xt oral capsule,extended release 24 hr</i>	2	
<i>verapamil intravenous solution</i>	5	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	4	
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release</i>	2	
Cardiovascular Agents, Other		
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
<i>digitek oral tablet</i>	1	PA
<i>digox oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirement /Limits
<i>digoxin oral solution 50 mcg/ml</i>	3	PA; (eligible for tier exception review)
<i>digoxin oral tablet</i>	1	PA
<i>pentoxifylline oral tablet extended release</i>	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	4	ST; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	6	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	6	PA; QL (200 EA per 180 days)
Cardiovascular Agents		
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	
<i>amlodipine-benazepril oral capsule 5-40 mg</i>	2	QL (60 EA per 30 days)
<i>amlodipine-valsartan oral tablet</i>	4	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
BYVALSON ORAL TABLET	4	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
DEMSER ORAL CAPSULE	6	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	4	QL (30 EA per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	QL (120 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	QL (30 EA per 30 days)
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	3	(eligible for tier exception review)
<i>moexipril-hydrochlorothiazide oral tablet</i>	3	(eligible for tier exception review)
<i>propranolol-hydrochlorothiazid oral tablet</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	2	QL (30 EA per 30 days)
<i>spironolacton-hydrochlorothiaz oral tablet</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release</i>	4	
<i>acetazolamide oral tablet</i>	3	(eligible for tier exception review)
<i>methazolamide oral tablet</i>	4	
Diuretics, Loop		
<i>bumetanide injection solution</i>	5	
<i>bumetanide oral tablet</i>	2	
<i>furosemide injection solution</i>	5	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral tablet</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet</i>	3	(eligible for tier exception review)
<i>eplerenone oral tablet</i>	4	
<i>spironolactone oral tablet</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	3	(eligible for tier exception review)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirement /Limits
<i>indapamide oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>metolazone oral tablet</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg</i>	3	ST; (generic Antara); (eligible for tier exception review); QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 200 mg</i>	3	(generic Lofibra); (eligible for tier exception review); QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	3	ST; (generic Antara); (eligible for tier exception review); QL (60 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	(generic Tricor); QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	(generic Tricor); QL (90 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	(generic Lofibra); QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)	<i>niacin oral tablet extended release 24 hr 500 mg</i>	4	QL (120 EA per 30 days)
<i>fenofibric acid oral tablet</i>	3	(eligible for tier exception review)	<i>niacor oral tablet</i>	2	
<i>gemfibrozil oral tablet</i>	2	QL (75 EA per 30 days)	<i>omega-3 acid ethyl esters oral capsule</i>	4	QL (120 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors			PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 28 days)
<i>atorvastatin oral tablet</i>	1	QL (30 EA per 30 days)	PREVALITE ORAL POWDER IN PACKET	3	
<i>lovastatin oral tablet 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)	REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	6	PA; QL (3.5 ML per 28 days)
<i>lovastatin oral tablet 40 mg</i>	2	QL (60 EA per 30 days)	REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)	REPATHA SYRINGE SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 28 days)
<i>pravastatin oral tablet 80 mg</i>	2	QL (30 EA per 30 days)	WELCHOL ORAL POWDER IN PACKET	3	
<i>simvastatin oral tablet</i>	1	QL (30 EA per 30 days)	WELCHOL ORAL TABLET	3	
Dyslipidemics, Other			Vasodilators, Direct-Acting Arterial/ Venous		
<i>cholestyramine (with sugar) oral powder in packet</i>	3	(eligible for tier exception review)	<i>isosorbide dinitrate oral tablet</i>	3	(eligible for tier exception review)
<i>cholestyramine light oral powder</i>	3	(eligible for tier exception review)	<i>isosorbide dinitrate oral tablet extended release</i>	3	(eligible for tier exception review)
<i>colesevelam oral tablet</i>	3		<i>isosorbide mononitrate oral tablet</i>	2	
<i>colestipol oral packet</i>	3	(eligible for tier exception review)	<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>colestipol oral tablet</i>	3	(eligible for tier exception review)	<i>minitran transdermal patch 24 hour</i>	2	
<i>ezetimibe oral tablet</i>	4	QL (30 EA per 30 days)	NITRO-BID TRANSDERMAL OINTMENT	3	
JUXTAPID ORAL CAPSULE	6	PA; QL (30 EA per 30 days)			
KYNAMRO SUBCUTANEOUS SYRINGE	6	PA; QL (4 ML per 28 days)			
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	QL (60 EA per 30 days)			

Drug Name	Drug Tier	Requirement /Limits
<i>nitroglycerin sublingual tablet</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	3	(eligible for tier exception review)

Vasodilators, Direct-Acting Arterial

<i>hydralazine oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>	3	(eligible for tier exception review); QL (150 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>atomoxetine oral capsule 40 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	2	QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	(generic Concerta); QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	(generic Concerta); QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	(generic Ritalin); QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	(generic Ritalin); QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet 5 mg</i>	2	(generic Ritalin); QL (360 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	3	(generic Metadate ER); (eligible for tier exception review); QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	3	(generic Metadate ER); (eligible for tier exception review); QL (90 EA per 30 days)

Central Nervous System, Other

AUSTEDO ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
NUEDEXTA ORAL CAPSULE	3	QL (60 EA per 30 days)
44 <i>riluzole oral tablet</i>	4	

Drug Name	Drug Tier	Requirement /Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	6	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	6	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	6	PA; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET	6	PA; QL (30 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	6	PA; QL (12 ML per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	6	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	6	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	6	PA; QL (30 ML per 30 days)
<i>mitoxantrone intravenous concentrate</i>	3	B/D
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC)	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
TYSABRI INTRAVENOUS SOLUTION	6	PA; LA
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
KEPIVANCE INTRAVENOUS RECON SOLN	6	B/D
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
<i>periogard mucous membrane mouthwash</i>	2	
<i>pilocarpine hcl oral tablet</i>	3	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	6	
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
<i>betamethasone dipropionate topical lotion</i>	3	(eligible for tier exception review)
<i>calcipotriene scalp solution</i>	4	
<i>calcipotriene topical cream</i>	4	
<i>calcipotriene topical ointment</i>	4	
<i>calcitriol topical ointment</i>	4	
<i>claravis oral capsule 10 mg</i>	4	

Drug Name	Drug Tier	Requirement /Limits
<i>clotrimazole- betamethasone topical cream</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	4	
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	(eligible for tier exception review)
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	5	B/D
<i>fluorouracil topical cream 5 %</i>	3	(eligible for tier exception review)
<i>fluorouracil topical solution</i>	3	
<i>fluticasone topical cream</i>	2	
<i>fluticasone topical ointment</i>	2	
<i>imiquimod topical cream in packet</i>	2	QL (24 EA per 30 days)
<i>podofilox topical solution</i>	3	(eligible for tier exception review)
<i>prednicarbate topical cream</i>	4	
REGRANEX TOPICAL GEL	6	PA; QL (15 GM per 2 days)
SANTYL TOPICAL OINTMENT	4	QL (180 GM per 30 days)
<i>selenium sulfide topical lotion</i>	2	
<i>tacrolimus topical ointment</i>	4	ST; QL (100 GM per 30 days)
<i>tazarotene topical cream</i>	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA

Drug Name	Drug Tier	Requirement /Limits
TOLAK TOPICAL CREAM	4	
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
VALCHLOR TOPICAL GEL	6	PA; QL (60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/ Mineral Replacement</i>		
CARBAGLU ORAL TABLET, DISPERSIBLE	6	PA
<i>fluoride (sodium) oral tablet</i>	1	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con 8 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>klor-con sprinkle oral capsule, extended release</i>	2	
<i>magnesium sulfate injection solution</i>	5	
PHYSIOLYTE IRRIGATION SOLUTION	4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	5	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>potassium chloride intravenous solution</i>	5	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet, er particles/crystals</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	5	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	5	
<i>sodium chloride 3 % intravenous parenteral solution</i>	5	
<i>sodium chloride 5 % intravenous parenteral solution</i>	5	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	5	
<i>sodium chloride irrigation solution</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
DEPEN TITRATABS ORAL TABLET	6	PA

Drug Name	Drug Tier	Requirement /Limits
EXJADE ORAL TABLET, DISPERSIBLE	6	LA
FERRIPROX ORAL SOLUTION	6	PA
FERRIPROX ORAL TABLET	6	PA
JADENU ORAL TABLET	6	
JADENU SPRINKLE ORAL GRANULES IN PACKET	6	
<i>kionex (with sorbitol) oral suspension</i>	3	
<i>plenamine intravenous parenteral solution</i>	5	B/D
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>trientine oral capsule</i>	6	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	5	B/D
<i>clinisol sf 15 % intravenous parenteral solution</i>	5	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	5	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	5	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	5	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	5	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	5	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	5	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	5	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	5	B/D
<i>lactated ringers intravenous parenteral solution</i>	5	
<i>lactated ringers irrigation solution</i>	2	
<i>levocarnitine oral tablet</i>	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	5	
NUTRILIPID INTRAVENOUS EMULSION	5	B/D
<i>plenamine intravenous parenteral solution</i>	5	B/D
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	5	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
<i>prenatal vitamin plus low iron oral tablet</i>	2	
<i>ringer's intravenous parenteral solution</i>	5	
<i>ringer's irrigation solution</i>	2	

Drug Name	Drug Tier	Requirement /Limits
TPN	5	B/D
ELECTROLYTES INTRAVENOUS SOLUTION		
<i>water for irrigation, sterile irrigation solution</i>	2	
Vitamins		
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con 8 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>klor-con sprinkle oral capsule, extended release</i>	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
<i>propantheline oral tablet</i>	4	
<i>scopolamine base transdermal patch 3 day</i>	4	
Gastrointestinal Agents, Other		
CHOLBAM ORAL CAPSULE 250 MG	6	PA; QL (150 EA per 30 days)
CHOLBAM ORAL CAPSULE 50 MG	6	PA; QL (120 EA per 30 days)
GATTEX 30-VIAL SUBCUTANEOUS KIT	6	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT	6	PA; QL (30 EA per 30 days)
<i>loperamide oral capsule</i>	2	
<i>metoclopramide hcl injection solution</i>	5	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
OCALIVA ORAL TABLET	6	PA; QL (30 EA per 30 days)
<i>proctozone-hc topical cream with perineal applicator</i>	2	
RELISTOR ORAL TABLET	6	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	6	PA
RELISTOR SUBCUTANEOUS SYRINGE	6	PA
<i>ursodiol oral capsule</i>	4	
<i>ursodiol oral tablet</i>	3	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine (pf) intravenous solution</i>	5	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>ranitidine hcl oral syrup</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
Irritable Bowel Syndrome Agents		
<i>alosetron oral tablet</i>	6	PA
AMITIZA ORAL CAPSULE	3	QL (60 EA per 30 days)
<i>budesonide oral capsule,delayed,extend .release</i>	6	PA

Drug Name	Drug Tier	Requirement /Limits
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>gavilyte-c oral recon soln</i>	2	
<i>gavilyte-g oral recon soln</i>	2	
<i>gavilyte-n oral recon soln</i>	2	
<i>generlac oral solution</i>	2	
GOLYTELY ORAL POWDER IN PACKET	3	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
<i>peg 3350-electrolytes oral recon soln</i>	2	
<i>peg-electrolyte soln oral recon soln</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>trilyte with flavor packets oral recon soln</i>	2	
Protectants		
<i>misoprostol oral tablet</i>	2	
<i>sucrafate oral tablet</i>	2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3	ST; QL (30 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	3	(eligible for tier exception review)
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	4	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INTRAMUSCULAR SOLUTION	6	
ALDURAZYME INTRAVENOUS SOLUTION	6	
CERDELGA ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	6	PA
CREON ORAL CAPSULE,DELAYE D RELEASE(DR/EC)	3	
CYSTADANE ORAL POWDER	6	
CYSTAGON ORAL CAPSULE	4	PA
FABRAZYME INTRAVENOUS RECON SOLN	6	B/D
KUVAN ORAL POWDER IN PACKET	6	PA
KUVAN ORAL TABLET,SOLUBLE	6	PA
<i>miglustat oral capsule</i>	6	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION	6	B/D
ORFADIN ORAL CAPSULE	6	PA
ORFADIN ORAL SUSPENSION	6	PA
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	6	PA

Drug Name	Drug Tier	Requirement /Limits
RAVICTI ORAL LIQUID	6	PA; QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	6	PA
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML	6	PA; LA; QL (38.4 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	6	PA; LA
VPRIV INTRAVENOUS RECON SOLN	6	
ZAVESCA ORAL CAPSULE	6	PA; QL (90 EA per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	4	

Genitourinary Agents

Antispasmodics, Urinary

MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg</i>	2	QL (90 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	QL (180 EA per 30 days)
<i>tolterodine oral tablet</i>	4	ST; QL (60 EA per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	4	QL (30 EA per 30 days)
<i>trospium oral tablet</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG	4	ST; QL (30 EA per 30 days)
VESICARE ORAL TABLET 5 MG	4	ST; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>doxazosin oral tablet</i>	2	
<i>dutasteride oral capsule</i>	4	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	
<i>prazosin oral capsule</i>	2	
<i>tamsulosin oral capsule</i>	2	
<i>terazosin oral capsule</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
DEPEN TITRATABS ORAL TABLET	6	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	6	PA; QL (56 EA per 28 days)
<i>potassium citrate oral tablet extended release</i>	4	
<i>sodium phenylbutyrate oral powder</i>	6	PA
THIOLA ORAL TABLET	6	PA
Phosphate Binders		
<i>calcium acetate oral capsule</i>	3	

Drug Name	Drug Tier	Requirement /Limits
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>lanthanum oral tablet, chewable</i>	6	
REVELA ORAL POWDER IN PACKET	3	
REVELA ORAL TABLET	3	
<i>sevelamer carbonate oral powder in packet</i>	3	(eligible for tier exception review)
<i>sevelamer carbonate oral tablet</i>	3	(eligible for tier exception review)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR H.P. INJECTION GEL	6	PA
<i>alclometasone topical cream</i>	3	(eligible for tier exception review)
<i>alclometasone topical ointment</i>	3	(eligible for tier exception review)
<i>betamethasone dipropionate topical cream</i>	3	(eligible for tier exception review)
<i>betamethasone dipropionate topical ointment</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical cream</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical lotion</i>	3	(eligible for tier exception review)
<i>betamethasone valerate topical ointment</i>	3	(eligible for tier exception review)
<i>betamethasone, augmented topical cream</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>betamethasone, augmented topical gel</i>	3	(eligible for tier exception review)
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>clobetasol scalp solution</i>	3	
<i>clobetasol topical cream</i>	2	(eligible for tier exception review)
<i>clobetasol topical gel</i>	3	
<i>clobetasol topical ointment</i>	3	(eligible for tier exception review)
<i>cortisone oral tablet</i>	4	
<i>dexamethasone oral elixir</i>	3	(eligible for tier exception review)
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	5	
<i>fludrocortisone oral tablet</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	
<i>fluocinolone topical cream</i>	3	(eligible for tier exception review)
<i>fluocinolone topical ointment</i>	3	(eligible for tier exception review)
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical gel</i>	4	
<i>fluocinonide topical ointment</i>	4	
<i>fluocinonide topical solution</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>fluocinonide-e topical cream</i>	3	(eligible for tier exception review)	<i>mometasone topical ointment</i>	2	
<i>fluticasone topical cream</i>	2		<i>mometasone topical solution</i>	2	
<i>fluticasone topical ointment</i>	2		<i>prednicarbate topical ointment</i>	4	
<i>hydrocortisone butyrate topical ointment</i>	4	ST	<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>hydrocortisone butyrate topical solution</i>	4	ST	<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>hydrocortisone oral tablet</i>	3	(eligible for tier exception review)	<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	(eligible for tier exception review)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2		<i>prednisone intensol oral concentrate</i>	3	(eligible for tier exception review)
<i>hydrocortisone topical lotion 2.5 %</i>	2		<i>prednisone oral solution</i>	3	(eligible for tier exception review)
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2		<i>prednisone oral tablet</i>	2	
<i>hydrocortisone valerate topical cream</i>	4	ST	<i>procto-pak topical cream with perineal applicator</i>	2	
<i>hydrocortisone valerate topical ointment</i>	4	ST	<i>proctozone-hc topical cream with perineal applicator</i>	2	
<i>methylprednisolone acetate injection suspension</i>	5		<i>triamcinolone acetonide topical cream</i>	2	
<i>methylprednisolone oral tablet</i>	3	(eligible for tier exception review)	<i>triamcinolone acetonide topical lotion</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2		<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5		<i>triderm topical cream 0.1 %</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln</i>	5		Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>micort-hc topical cream with perineal applicator 2.5 %</i>	2		Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>mometasone topical cream</i>	2		<i>desmopressin injection solution</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>desmopressin nasal spray, non-aerosol</i>	4	
<i>desmopressin oral tablet</i>	3	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	6	PA; QL (60 EA per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION	6	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN	6	PA; LA; QL (60 EA per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	6	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	6	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)

<i>misoprostol oral tablet 200 mcg</i>	2	
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Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Anabolic Steroids

ANADROL-50 ORAL TABLET	6	
<i>oxandrolone oral tablet 10 mg</i>	6	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
Androgens		
<i>danazol oral capsule</i>	4	
<i>testosterone cypionate intramuscular oil</i>	5	B/D
<i>testosterone enanthate intramuscular oil</i>	5	B/D; QL (5 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet</i>	3	PA; QL (300 GM per 30 days)
Estrogens		
ALORA TRANSDERMAL PATCH SEMIWEEKLY	4	PA; QL (16 EA per 28 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL	5	B/D
<i>estradiol oral tablet</i>	4	PA
<i>estradiol transdermal patch semiweekly</i>	2	PA; QL (16 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PA; QL (8 EA per 28 days)
ESTRING VAGINAL RING	3	QL (1 EA per 84 days)
<i>marlissa oral tablet</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA
PREMARIN VAGINAL CREAM	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>alyacen 1/35 (28) oral tablet</i>	2	
<i>apri oral tablet</i>	2	
<i>aranelle (28) oral tablet</i>	2	
<i>aubra oral tablet</i>	2	
<i>aviane oral tablet</i>	2	
<i>balziva (28) oral tablet</i>	2	
<i>bekyree (28) oral tablet</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet</i>	4	
<i>blisovi fe 1/20 (28) oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>briellyn oral tablet</i>	2	
<i>budesonide oral capsule, delayed, extend release</i>	6	PA
<i>caziant (28) oral tablet</i>	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	PA; QL (8 EA per 28 days)
<i>cryselle (28) oral tablet</i>	2	
<i>cyclafem 1/35 (28) oral tablet</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	
<i>deblitane oral tablet</i>	3	(eligible for tier exception review)
<i>delyla (28) oral tablet</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>emoquette oral tablet</i>	2	
<i>enpresse oral tablet</i>	2	
<i>estarylla oral tablet</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>falmina (28) oral tablet</i>	2	
<i>femynor oral tablet</i>	2	
<i>fyavolv oral tablet 1-5 mg-mcg</i>	4	PA
<i>gianvi (28) oral tablet</i>	4	
<i>incassia oral tablet</i>	3	
<i>introvale oral tablets, dose pack, 3 month</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>isibloom oral tablet</i>	2	
<i>jinteli oral tablet</i>	4	PA
<i>juleber oral tablet</i>	2	
<i>junel 1.5/30 (21) oral tablet</i>	2	
<i>junel 1/20 (21) oral tablet</i>	2	
<i>junel fe 1.5/30 (28) oral tablet</i>	4	
<i>junel fe 1/20 (28) oral tablet</i>	2	
<i>kariva (28) oral tablet</i>	2	
<i>kelnor 1/35 (28) oral tablet</i>	2	
<i>kelnor 1-50 oral tablet</i>	2	
<i>kimidess (28) oral tablet</i>	2	
<i>larin 1.5/30 (21) oral tablet</i>	2	
<i>larin 1/20 (21) oral tablet</i>	2	
<i>larin fe 1.5/30 (28) oral tablet</i>	4	
<i>larin fe 1/20 (28) oral tablet</i>	2	
<i>larissia oral tablet</i>	2	
<i>lessina oral tablet</i>	2	
<i>levonest (28) oral tablet</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	2	
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	
<i>loryna (28) oral tablet</i>	4	
<i>low-ogestrel (28) oral tablet</i>	2	
<i>lutera (28) oral tablet</i>	2	
<i>marlissa oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>microgestin 1.5/30 (21) oral tablet</i>	2		<i>pimtreea (28) oral tablet</i>	2	
<i>microgestin 1/20 (21) oral tablet</i>	2		<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	4		<i>portia oral tablet</i>	2	
<i>microgestin fe 1/20 (28) oral tablet</i>	2		<i>previfem oral tablet</i>	2	
<i>mili oral tablet</i>	2		<i>quasense oral tablets,dose pack,3 month</i>	2	
<i>mononessa (28) oral tablet</i>	2		<i>reclipsen (28) oral tablet</i>	2	
<i>necon 0.5/35 (28) oral tablet</i>	2		<i>setlakin oral tablets,dose pack,3 month</i>	2	
<i>necon 7/7/7 (28) oral tablet</i>	2		<i>sharobel oral tablet</i>	3	(eligible for tier exception review)
<i>nikki (28) oral tablet</i>	4		<i>sprintec (28) oral tablet</i>	2	
<i>nora-be oral tablet</i>	3	(eligible for tier exception review)	<i>sronyx oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2		<i>syeda oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA	<i>tarina fe 1/20 (28) oral tablet</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2		<i>tri-legest fe oral tablet</i>	2	
<i>norlyroc oral tablet</i>	3	(eligible for tier exception review)	<i>tri-mili oral tablet</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	2		<i>trinessa (28) oral tablet</i>	2	
<i>nortrel 1/35 (21) oral tablet</i>	2		<i>tri-previfem (28) oral tablet</i>	2	
<i>nortrel 1/35 (28) oral tablet</i>	2		<i>tri-sprintec (28) oral tablet</i>	2	
<i>nortrel 7/7/7 (28) oral tablet</i>	2		<i>trivora (28) oral tablet</i>	2	
NUVARING VAGINAL RING	3	QL (1 EA per 28 days)	<i>tri-vylibra oral tablet</i>	2	
<i>ocella oral tablet</i>	2		<i>velivet triphasic regimen (28) oral tablet</i>	2	
<i>orsythia oral tablet</i>	2		<i>vienva oral tablet</i>	2	
			<i>vyfemla (28) oral tablet</i>	2	
			<i>vylibra oral tablet</i>	2	
			<i>zenchent (28) oral tablet</i>	2	
			<i>zovia 1/35e (28) oral tablet</i>	2	

Progestins

Drug Name	Drug Tier	Requirement /Limits
<i>camila oral tablet</i>	3	(eligible for tier exception review)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	5	B/D
<i>errin oral tablet</i>	3	(eligible for tier exception review)
<i>hydroxyprogesterone caproate intramuscular oil</i>	6	PA
<i>jolivette oral tablet</i>	3	(eligible for tier exception review)
<i>marlissa oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	5	B/D
<i>medroxyprogesterone intramuscular syringe</i>	5	B/D
<i>medroxyprogesterone oral tablet</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; (eligible for tier exception review)
<i>megestrol oral suspension 625 mg/5 ml</i>	4	PA
<i>megestrol oral tablet</i>	2	PA
<i>norethindrone (contraceptive) oral tablet</i>	3	(eligible for tier exception review)
<i>norethindrone acetate oral tablet</i>	2	
<i>progesterone micronized oral capsule</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene oral tablet</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

Drug Name	Drug Tier	Requirement /Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET	3	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral tablet</i>	3	(eligible for tier exception review)
SYNTHROID ORAL TABLET	3	
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	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine oral capsule</i>	3	(eligible for tier exception review)
<i>bromocriptine oral tablet</i>	3	(eligible for tier exception review)
<i>cabergoline oral tablet</i>	3	QL (16 EA per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	6	B/D

Drug Name	Drug Tier	Requirement /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	B/D
<i>leuprolide subcutaneous kit</i>	5	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	6	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	6	
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	6	PA; (vial)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	5	PA; (ampul)
<i>octreotide acetate injection solution 200 mcg/ml</i>	5	PA; (vial)
<i>octreotide acetate injection solution 500 mcg/ml</i>	6	PA; (ampul)

Drug Name	Drug Tier	Requirement /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	6	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	6	PA
SOMAVERT SUBCUTANEOUS RECON SOLN	6	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL	6	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet</i>	3	(eligible for tier exception review)
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INTRAVENOUS KIT	6	PA
CINRYZE INTRAVENOUS RECON SOLN	6	B/D
FIRAZYR SUBCUTANEOUS SYRINGE	6	PA; QL (36 ML per 60 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	6	PA; LA
RUCONEST INTRAVENOUS RECON SOLN	6	PA
<i>Immune Suppressants</i>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	6	PA; QL (120 EA per 30 days)	<i>gengraf oral capsule 100 mg, 25 mg</i>	3	B/D; (eligible for tier exception review)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	6	PA; QL (30 EA per 30 days)	<i>gengraf oral solution</i>	3	B/D; (eligible for tier exception review)
AFINITOR ORAL TABLET 2.5 MG	6	PA; QL (30 EA per 30 days)			
<i>azathioprine oral tablet</i>	2	B/D	HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	6	PA
<i>azathioprine sodium injection recon soln</i>	5	B/D	HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	6	PA
BENLYSTA INTRAVENOUS RECON SOLN	6	PA	HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT	6	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	6	PA; QL (4 ML per 28 days)	HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	6	PA
BENLYSTA SUBCUTANEOUS SYRINGE	6	PA; QL (4 ML per 28 days)	HUMIRA SUBCUTANEOUS SYRINGE KIT	6	PA
<i>cyclosporine intravenous solution</i>	5	B/D	<i>mercaptopurine oral tablet</i>	2	
<i>cyclosporine modified oral capsule</i>	3	B/D; (eligible for tier exception review)	<i>methotrexate sodium (pf) injection recon soln</i>	5	B/D
<i>cyclosporine modified oral solution</i>	3	B/D; (eligible for tier exception review)	<i>methotrexate sodium (pf) injection solution</i>	5	B/D
<i>cyclosporine oral capsule</i>	4	B/D	<i>methotrexate sodium injection solution</i>	5	B/D
DEPEN TITRATABS ORAL TABLET	6	PA	<i>methotrexate sodium oral tablet</i>	2	
ENBREL SUBCUTANEOUS RECON SOLN	6	PA	<i>mycophenolate mofetil hcl intravenous recon soln</i>	5	PA
ENBREL SUBCUTANEOUS SYRINGE	6	PA	<i>mycophenolate mofetil oral capsule</i>	3	PA; (eligible for tier exception review)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	6	PA	<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>mycophenolate mofetil oral tablet</i>	3	PA; (eligible for tier exception review)	BIVIGAM INTRAVENOUS SOLUTION	6	PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	PA	<i>carimune nf nanofiltered intravenous recon soln 6 gram</i>	6	PA
NULOJIX INTRAVENOUS RECON SOLN	6	B/D	FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	6	PA
PROGRAF INTRAVENOUS SOLUTION	5	B/D	GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	PA
RAPAMUNE ORAL SOLUTION	6	PA	<i>gammagard liquid injection solution</i>	6	PA
REMICADE INTRAVENOUS RECON SOLN	6	PA	GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	6	PA
SANDIMMUNE ORAL SOLUTION	4	B/D	GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA	GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	6	PA
<i>sirolimus oral tablet 2 mg</i>	6	PA	GAMMAPLEX INTRAVENOUS SOLUTION	6	PA
<i>tacrolimus oral capsule</i>	3	B/D; (eligible for tier exception review)	GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
TORISEL INTRAVENOUS RECON SOLN	6	B/D	HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	5	
TREXALL ORAL TABLET	4		IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	5	B/D
XATMEP ORAL SOLUTION	6	PA; QL (120 ML per 30 days)	OCTAGAM INTRAVENOUS SOLUTION	6	PA
XELJANZ ORAL TABLET	6	PA; QL (60 EA per 30 days)	<i>privigen intravenous solution</i>	6	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	6	PA; QL (30 EA per 30 days)			
ZORTRESS ORAL TABLET 0.25 MG	4	B/D			
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	6	B/D			

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
SYNAGIS INTRAMUSCULAR SOLUTION	6	PA	BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
THYMOGLOBULIN INTRAVENOUS RECON SOLN	6	PA	BEXSERO INTRAMUSCULAR SYRINGE	5	
Immunological Agents			BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	
<i>leflunomide oral tablet</i>	2		BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA	DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	
Immunomodulators			ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	B/D
ACTIMMUNE SUBCUTANEOUS SOLUTION	6	PA	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	B/D
ARCALYST SUBCUTANEOUS RECON SOLN	6	PA	GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	
ILARIS (PF) SUBCUTANEOUS SOLUTION	6	PA	GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	
KEYTRUDA INTRAVENOUS SOLUTION	6	PA	HAVRIX (PF) INTRAMUSCULAR SUSPENSION	5	
<i>leflunomide oral tablet</i>	2		HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	
SYLVANT INTRAVENOUS RECON SOLN 100 MG	6	PA	HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	
TYSABRI INTRAVENOUS SOLUTION	6	PA; LA	IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	5	
Vaccines			INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5				
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	5				
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	5				

Drug Name	Drug Tier	Requirement /Limits
IPOL INJECTION SUSPENSION	5	
IXIARO (PF) INTRAMUSCULAR SYRINGE	5	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	5	
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	5	
MENVEO A-C-Y-W- 135-DIP (PF) INTRAMUSCULAR KIT	5	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	5	B/D

Drug Name	Drug Tier	Requirement /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QL (2 EA per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension</i>	5	
<i>tetanus-diphtheria toxoids-td intramuscular suspension</i>	5	
TRUMENBA INTRAMUSCULAR SYRINGE	5	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	B/D
TYPHIM VI INTRAMUSCULAR SOLUTION	5	
TYPHIM VI INTRAMUSCULAR SYRINGE	5	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	

Drug Name	Drug Tier	Requirement /Limits
VARIZIG INTRAMUSCULAR SOLUTION	5	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	QL (1 EA per 365 days)

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	QL (120 EA per 30 days)
<i>balsalazide oral capsule</i>	2	
CANASA RECTAL SUPPOSITORY	6	
DIPENTUM ORAL CAPSULE	6	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>mesalamine rectal enema</i>	4	

Glucocorticoids

<i>budesonide oral capsule,delayed,extended release</i>	6	PA
<i>colocort rectal enema</i>	4	
<i>cortisone oral tablet</i>	4	
<i>dexamethasone oral elixir</i>	3	(eligible for tier exception review)
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	3	(eligible for tier exception review)
<i>hydrocortisone rectal enema</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>methylprednisolone acetate injection suspension</i>	5	
<i>methylprednisolone oral tablet</i>	3	(eligible for tier exception review)
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln</i>	5	

<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	3	(eligible for tier exception review)
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<i>prednisolone oral solution 15 mg/5 ml</i>	2	
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<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	(eligible for tier exception review)
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<i>prednisone intensol oral concentrate</i>	3	(eligible for tier exception review)
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<i>prednisone oral solution</i>	3	(eligible for tier exception review)
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<i>prednisone oral tablet</i>	2	
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<i>proctosol hc topical cream with perineal applicator</i>	2	
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Sulfonamides

<i>sulfasalazine oral tablet</i>	2	
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<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	
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Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
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<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)
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<i>calcitonin (salmon) nasal spray,non-aerosol</i>	3	(eligible for tier exception review); QL (3.7 ML per 30 days)
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Drug Name	Drug Tier	Requirement /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	5	B/D
<i>calcitriol oral capsule</i>	2	B/D
<i>calcitriol oral solution</i>	3	B/D; (eligible for tier exception review)
<i>doxercalciferol intravenous solution</i>	5	B/D
<i>doxercalciferol oral capsule</i>	4	B/D
FORTEO SUBCUTANEOUS PEN INJECTOR	6	PA
<i>ibandronate intravenous solution</i>	5	PA
<i>ibandronate oral tablet</i>	2	QL (1 EA per 30 days)
MIACALCIN INJECTION SOLUTION	5	
NATPARA SUBCUTANEOUS CARTRIDGE	6	PA; QL (2 EA per 28 days)
<i>paricalcitol intravenous solution</i>	5	B/D
<i>paricalcitol oral capsule</i>	4	
PROLIA SUBCUTANEOUS SYRINGE	5	PA
SENSIPAR ORAL TABLET 30 MG	3	B/D
SENSIPAR ORAL TABLET 60 MG, 90 MG	6	B/D
TYMLOS SUBCUTANEOUS PEN INJECTOR	6	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION	6	PA; QL (1.7 ML per 28 days)
<i>zoledronic acid intravenous solution</i>	5	B/D
<i>zoledronic acid-mannitol-water intravenous piggyback</i>	5	

Drug Name	Drug Tier	Requirement /Limits
Non-Frf		
<i>Non-Frf</i>		
<i>8-mop oral capsule</i>	4	
ADCETRIS INTRAVENOUS RECON SOLN	6	PA; QL (2 EA per 2 days)
<i>amifostine crystalline intravenous recon soln</i>	6	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
<i>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral suspension for reconstitution</i>	3	(eligible for tier exception review)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	6	PA; QL (3 ML per 28 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA; QL (2.4 ML per 42 days)
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	6	PA
<i>aspirin-caffeine-dihydrocodein oral capsule</i>	2	QL (168 EA per 30 days); †
<i>aubra eq oral tablet</i>	2	
<i>bendamustine intravenous solution</i>	6	PA
BENDEKA INTRAVENOUS SOLUTION	6	PA
BESPONSА INTRAVENOUS RECON SOLN	6	PA
BRAFTOVI ORAL CAPSULE 50 MG	6	PA; LA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
BRAFTOVI ORAL CAPSULE 75 MG	6	PA; LA; QL (180 EA per 30 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †
<i>butalbital-aspirin-caffeine oral tablet</i>	2	QL (180 EA per 30 days)
CAMPATH INTRAVENOUS SOLUTION	6	B/D
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM	6	PA
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i>	5	
<i>cefditoren pivoxil oral tablet</i>	2	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	5	
<i>chateal eq oral tablet</i>	2	
<i>chlorthalidone oral tablet 100 mg</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	5	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback</i>	5	
<i>colesevelam oral powder in packet</i>	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSIO N	3	
<i>crotan topical lotion</i>	4	
<i>cyred oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>dalfampridine oral tablet extended release 12 hr</i>	6	PA; QL (60 EA per 30 days)
<i>daptomycin intravenous recon soln 350 mg</i>	6	
DENTA 5000 PLUS DENTAL CREAM	1	
DENTAGEL DENTAL GEL	1	
<i>desmopressin nasal solution</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desvenlafaxine fumarate oral tablet extended release 24hr</i>	4	ST; QL (30 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>didanosine oral capsule,delayed release(dr/ec) 125 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	(generic Tiazac)
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diphenhydramine hcl injection syringe</i>	5	B/D
<i>docetaxel intravenous solution 10 mg/ml</i>	5	B/D
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	QL (60 EA per 30 days)	<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	
<i>doxorubicin intravenous recon soln 50 mg</i>	5	B/D	<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	5	
<i>eliphos oral tablet</i>	3		GAMASTAN INTRAMUSCULAR SOLUTION	5	PA
<i>elite-ob oral tablet</i>	2		GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	PA
<i>endocet oral tablet 2.5-325 mg</i>	3	(eligible for tier exception review); QL (168 EA per 30 days); †	GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	6	PA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	B/D			
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	5	B/D			
<i>ertapenem injection recon soln</i>	5		<i>ganciclovir sodium intravenous solution</i>	5	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	5	B/D; QL (14 ML per 30 days)	GARDASIL (PF) INTRAMUSCULAR SUSPENSION	5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	6	PA	GARDASIL (PF) INTRAMUSCULAR SYRINGE	5	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	5		GAZYVA INTRAVENOUS SOLUTION	6	PA
<i>fluocinonide topical cream 0.05 %</i>	2		<i>gemcitabine intravenous solution 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D
<i>fluocinonide-e topical cream</i>	3	(eligible for tier exception review)			
<i>fluoride (sodium) dental solution</i>	1		GENGRAF ORAL CAPSULE 50 MG	3	B/D; (eligible for tier exception review)
<i>fluoride (sodium) oral drops</i>	1		<i>gentamicin ophthalmic (eye) ointment</i>	2	
<i>fluoridex daily defense dental paste</i>	1				
<i>fluoritab oral drops</i>	1				

Drug Name	Drug Tier	Requirement /Limits
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 100 MG/10 ML	5	B/D
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	5	B/D
<i>gildagia oral tablet</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	6	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 5 MG	4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	5	
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	6	PA
HUMAPEN LUXURA HD SUBCUTANEOUS INSULIN PEN	3	PA; QL (1 EA per 365 days)
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	5	B/D
<i>ibandronate intravenous syringe</i>	5	PA
ILARIS (PF) SUBCUTANEOUS RECON SOLN	6	PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	
IPRIVASK SUBCUTANEOUS RECON SOLN	6	QL (24 EA per 68 days)
IXEMPRA INTRAVENOUS RECON SOLN	6	B/D
<i>ketoprofen oral capsule</i>	2	
KEYTRUDA INTRAVENOUS RECON SOLN	6	PA

Drug Name	Drug Tier	Requirement /Limits
KRYSTEXXA INTRAVENOUS SOLUTION	6	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	6	PA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	6	PA; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG	6	PA; LA; QL (30 EA per 30 days)
<i>levoleucovorin intravenous recon soln 175 mg</i>	5	B/D
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lillow oral tablet</i>	2	
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)</i>	1	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	6	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	6	
MARQIBO INTRAVENOUS KIT	6	PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	PA
MEKTOVI ORAL TABLET	6	PA; LA; QL (180 EA per 30 days)
<i>menest oral tablet 2.5 mg</i>	4	PA

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	5		multi-vit with fluoride-iron oral drops	2	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5		multi-vitamin with fluoride oral drops	1	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN	5		multivitamin with fluoride oral tablet,chewable	1	
methadose oral tablet 10 mg	4	PA; QL (90 EA per 30 days); †	multi-vitamin with fluoride oral tablet,chewable	1	
methotrexate sodium (pf) injection solution	5	B/D	multivitamins with fluoride oral tablet,chewable	1	
methylergonovine oral tablet	4		naphazoline ophthalmic (eye) drops	2	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1		NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION	4	QL (4 EA per 60 days)
molindone oral tablet	4		necon 1/35 (28) oral tablet	2	
mono-linyah oral tablet	2		necon 1/50 (28) oral tablet	2	
morphine (pf) injection solution 0.5 mg/ml	5	B/D; QL (1260 ML per 30 days)	necon 10/11 (28) oral tablet	2	
morphine in 0.9 % sodium chlor intravenous syringe 10 mg/10 ml (1 mg/ml)	5	B/D; QL (2700 ML per 30 days)	NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	6	PA
morphine injection syringe 2 mg/ml	5	B/D	nevirapine oral suspension	3	(eligible for tier exception review); QL (1200 ML per 30 days)
morphine intravenous cartridge 10 mg/ml	5	B/D; QL (63 ML per 30 days)	nifedical xl oral tablet extended release 24hr	2	
morphine intravenous cartridge 2 mg/ml	5	B/D; QL (1350 ML per 30 days)	nitroglycerin translingual aerosol,spray	1	
morphine intravenous cartridge 4 mg/ml	5	B/D; QL (690 ML per 30 days)	norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
morphine intravenous cartridge 8 mg/ml	5	B/D; QL (77 ML per 30 days)	NOXAFIL INTRAVENOUS SOLUTION	6	PA

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
NUPLAZID ORAL CAPSULE	6	PA; QL (30 EA per 30 days)	PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5	
NUPLAZID ORAL TABLET 10 MG	6	PA; QL (30 EA per 30 days)	PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION	5	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	6	QL (2520 ML per 180 days)	PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYR KIT	6	PA; QL (1 EA per 28 days)
<i>obstetrix one oral capsule</i>	2		<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	5	PA	<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	5	
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	6	PA	<i>pnv cmb#95-ferrous fumarate-fa oral tablet</i>	1	
ONIVYDE INTRAVENOUS DISPERSION	6	PA	<i>polyethylene glycol 3350 oral powder in packet</i>	2	
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	6	PA	PORTRAZZA INTRAVENOUS SOLUTION	6	PA
ORKAMBI ORAL GRANULES IN PACKET	6	PA; LA; QL (60 EA per 30 days)	POTELIGEO INTRAVENOUS SOLUTION	6	PA
<i>oxycodone-acetaminophen oral solution</i>	3	(eligible for tier exception review); QL (840 ML per 30 days); †	POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (90 EA per 30 days)
<i>paricalcitol hemodialysis port injection solution</i>	5	B/D	POTIGA ORAL TABLET 50 MG	4	QL (270 EA per 30 days)
<i>paroex oral rinse mucous membrane mouthwash</i>	2		PRALUENT SYRINGE SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 28 days)
<i>peg-3350 with flavor packs oral recon soln</i>	2		<i>praziquantel oral tablet</i>	3	
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	6	PA	<i>prenatal 19 (with docusate) oral tablet</i>	1	
PEGINTRON SUBCUTANEOUS KIT	6	PA	<i>prenatal low iron oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>prenatal plus (calcium carb) oral tablet</i>	2		<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	5	B/D
<i>prenatal plus oral tablet</i>	1		<i>sodium chlor 0.9% bacteriostat injection solution</i>	5	
<i>prenatal-u oral capsule</i>	2		<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>prevident dental gel</i>	1		<i>SOTALOL AF ORAL TABLET 160 MG, 80 MG</i>	2	
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	6	PA	<i>sotalol oral tablet 120 mg</i>	2	
PROLASTIN-C INTRAVENOUS SOLUTION	6	B/D	<i>stavudine oral recon soln</i>	3	(eligible for tier exception review); QL (2400 ML per 30 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	B/D	<i>subvenite oral tablet</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	QL (5.5 ML per 30 days)	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	5	QL (8 ML per 30 days)
<i>ribavirin inhalation recon soln</i>	6	B/D	SYMTUZA ORAL TABLET	6	QL (30 EA per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	6	PA	<i>tadalafil (antihypertensive) oral tablet</i>	6	PA; QL (60 EA per 30 days)
<i>romidepsin intravenous recon soln</i>	6	B/D	<i>temsirolimus intravenous recon soln</i>	6	B/D
<i>roxicet oral tablet</i>	3	(eligible for tier exception review); QL (168 EA per 30 days)	<i>teniposide intravenous solution</i>	5	B/D
<i>sf 5000 plus dental cream</i>	1		TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	
SF DENTAL GEL	1		<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QL (2 EA per 365 days)	TIBSOVO ORAL TABLET	6	PA; LA; QL (60 EA per 30 days)
SMOFLIPID INTRAVENOUS EMULSION	5	B/D	<i>tobramycin with nebulizer inhalation solution for nebulization</i>	6	PA; QL (280 ML per 56 days)
			<i>travoprost (benzalkonium) ophthalmic (eye) drops</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	5	B/D
<i>tri-vitamin with fluoride oral drops</i>	1	
<i>tulana oral tablet</i>	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	5	
TYZEKA ORAL TABLET	6	
UNITUXIN INTRAVENOUS SOLUTION	6	PA
<i>vancomycin in 0.9 % sodium chl intravenous piggyback</i>	5	
<i>vancomycin intravenous recon soln 250 mg</i>	5	
VESTURA (28) ORAL TABLET	4	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (9 ML per 30 days)
<i>vigadrone oral powder in packet</i>	6	PA; QL (180 EA per 30 days)
<i>virt-advance oral tablet</i>	2	
<i>virt-nate oral tablet</i>	2	
VITEKTA ORAL TABLET	6	QL (30 EA per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	6	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	6	PA

Drug Name	Drug Tier	Requirement /Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 -27,000 UNIT	4	
<i>zoledronic acid intravenous recon soln</i>	5	B/D
<i>zovia 1/50e (28) oral tablet</i>	2	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine ophthalmic (eye) drops</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS	6	PA; QL (60 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	QL (64 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>Ophthalmic Agents</i>		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	(eligible for tier exception review)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	(eligible for tier exception review)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
BEPREVE OPHTHALMIC (EYE) DROPS	4	
<i>cromolyn ophthalmic (eye) drops</i>	2	
<i>epinastine ophthalmic (eye) drops</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	(eligible for tier exception review); QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	(eligible for tier exception review); QL (3 ML per 30 days)

Ophthalmic Antiglaucoma Agents

Drug Name	Drug Tier	Requirement /Limits
<i>acetazolamide oral tablet</i>	3	(eligible for tier exception review)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops</i>	4	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
<i>betaxolol ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
BETIMOL OPHTHALMIC (EYE) DROPS	3	
<i>bimatoprost ophthalmic (eye) drops</i>	3	ST; (eligible for tier exception review); QL (5 ML per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	QL (60 EA per 30 days)
COSOPT OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>methazolamide oral tablet</i>	4	
<i>metipranolol ophthalmic (eye) drops</i>	2	
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	(eligible for tier exception review)
<i>timolol maleate ophthalmic (eye) drops</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	(eligible for tier exception review)
Ophthalmic Anti-Inflammatories		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	
DUREZOL OPTHALMIC (EYE) DROPS	4	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	4	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	4	QL (1.7 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXIDEX OPTHALMIC (EYE) DROPS,SUSPENSION	4	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	3	(eligible for tier exception review)
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
PROLENSA OPTHALMIC (EYE) DROPS	3	
Ophthalmic Prostaglandin And Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye) drops</i>	3	ST; (eligible for tier exception review); QL (5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops</i>	2	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	QL (5 ML per 30 days)
TRAVATAN Z OPTHALMIC (EYE) DROPS	3	QL (5 ML per 30 days)
Otic Agents		
Otic Agents		

Drug Name	Drug Tier	Requirement /Limits
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	4	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION	3	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	

Respiratory Tract/ Pulmonary Agents

Antihistamines

<i>azelastine nasal aerosol,spray</i>	2	QL (30 ML per 25 days)
<i>azelastine nasal spray,non-aerosol</i>	4	QL (30 ML per 25 days)
<i>clemastine oral tablet 2.68 mg</i>	4	PA
<i>cyproheptadine oral tablet</i>	4	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>levocetirizine oral tablet</i>	2	
<i>promethazine oral tablet</i>	4	PA

Anti-Inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)

Drug Name	Drug Tier	Requirement /Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (1 EA per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (22 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	3	ST; (eligible for tier exception review); QL (50 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>fluticasone nasal spray,suspension</i>	2	QL (16 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (2 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet</i>	4	QL (30 EA per 30 days)
<i>montelukast oral tablet</i>	2	QL (30 EA per 30 days)
<i>montelukast oral tablet,chewable</i>	2	QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL (52 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D; QL (360 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (45 ML per 28 days)
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml</i>	2	B/D; QL (180 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D; QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D; QL (40 ML per 30 days)
<i>albuterol sulfate oral tablet</i>	4	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	2	(generic Adrenaclick); QL (24 EA per 365 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	PA; QL (288 ML per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler</i>	2	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>terbutaline oral tablet</i>	4	
<i>terbutaline subcutaneous solution</i>	5	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	3	QL (36 GM per 30 days)

Drug Name	Drug Tier	Requirement /Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (84 ML per 28 days)
KALYDECO ORAL GRANULES IN PACKET	6	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	6	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	6	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION	6	B/D; QL (150 ML per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	6	PA; QL (60 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization</i>	3	B/D; (eligible for tier exception review); QL (240 ML per 30 days)
<i>cromolyn oral concentrate</i>	4	
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	5	
DALIRESP ORAL TABLET 250 MCG	4	PA; QL (28 EA per 180 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; QL (30 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	

Pulmonary Antihypertensives

Drug Name	Drug Tier	Requirement /Limits
ADCIRCA ORAL TABLET	6	PA; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET	6	PA; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG	6	PA; QL (30 EA per 30 days)
LETAIRIS ORAL TABLET 5 MG	6	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	6	PA; QL (30 EA per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	6	PA; QL (180 ML per 30 days)
<i>sildenafil (antihypertensive) oral tablet</i>	3	PA; QL (90 EA per 30 days)
TRACLEER ORAL TABLET 125 MG	6	PA; LA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET 62.5 MG	6	PA; LA; QL (120 EA per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	6	PA; QL (120 EA per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	6	B/D; QL (270 ML per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	6	B/D; QL (90 ML per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	2	B/D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	6	B/D

Drug Name	Drug Tier	Requirement /Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL (10.7 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (30 EA per 30 days)
LUMIZYME INTRAVENOUS RECON SOLN	6	B/D
PROLASTIN-C INTRAVENOUS RECON SOLN	6	B/D
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	4	QL (4 GM per 30 days)
ESBRIET ORAL CAPSULE	6	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	6	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	6	PA; QL (90 EA per 30 days)
FASENRA SUBCUTANEOUS SYRINGE	6	PA
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN	6	PA; LA; QL (1 EA per 28 days)
OFEV ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION	6	B/D; QL (150 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	3	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	3	QL (6.9 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	6	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	4	PA; QL (120 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>temazepam oral capsule 15 mg</i>	2	QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg</i>	4	PA; (generic Ambien); QL (30 EA per 30 days)
<i>zolpidem oral tablet 5 mg</i>	4	PA; (generic Ambien); QL (60 EA per 30 days)
Sleep Disorders, Other		
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin oral concentrate</i>	4	PA
HETLIOZ ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>modafinil oral tablet</i> 200 mg	4	PA; QL (60 EA per 30 days)
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	6	PA; LA; QL (540 ML per 30 days)

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