

Blue Shield Drug Formulary, Standard Booklet

2014-2015
December 2015 update

Introduction to the drug formulary

The Blue Shield Drug Formulary, Standard serves as a guide for members, physicians, and other healthcare professionals in the selection of cost-effective drug therapy. To ensure that the medications prescribed are covered, and to minimize member out-of-pocket expenses, we recommend that members and prescribers consult the Blue Shield Drug Formulary, Standard before writing or filling prescriptions.

The Blue Shield Drug Formulary, Standard is a list of preferred generic and brand medications that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the Blue Shield outpatient prescription drug benefit.

Blue Shield outpatient prescription drug benefits

The drug formulary includes generic drugs, preferred brand drugs, select non-preferred brand drugs and specialty drugs. Prior authorization approval may be required for coverage of some drugs. If coverage for a non-preferred brand drug requiring prior authorization is approved, members are responsible for the non-preferred brand copayment.

Copayments for generic drugs are typically lower than the copayments for preferred brand, non-preferred brand, and specialty drugs. For most plans, if members select a brand drug when a generic equivalent is available, they will pay their generic copayment plus the difference between Blue Shield's cost for the brand drug and its generic equivalent.

Because there are thousands of medications included in Blue Shield's outpatient prescription drug benefit plan, we list only the most commonly prescribed ones. Please remember that this is not a complete list of medications covered under all plans. The fact that a drug is listed in the formulary does not guarantee that it will be prescribed by a physician. Additional information about specific prescription drug benefits and drug benefit exclusions can be found in the Blue Shield Summary of Benefits and *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI)/Policy. Blue Shield's customer service can also provide additional information about specific plans. The Blue Shield customer service number is listed on the Blue Shield member ID card.

The formulary is current as of the date listed on the back cover. This formulary is subject to change on a quarterly basis. For the most current information, the Blue Shield, Standard formulary can be accessed on our website at blueshieldca.com by clicking on the *Members* tab and then selecting *Pharmacy*.

Note: Blue Shield Drug Formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

How to read the formulary

Drugs are listed in the drug formulary by therapeutic class, and a Table of Contents and Index of Drugs are provided for quick and easy reference. Additional information should be noted when consulting this formulary:

- Generic drugs begin with lowercase letters.
- Brand drugs begin with capital letters.
- The column titled "Tier" identifies the copayment tier for a drug.
 - Commonly used drugs on Tier 3 are listed in this formulary.
 - All other non-specialty brand drugs not listed are on Tier 3.

Tier number	Tier name	Description
1	Generic	Generic drugs
2	Preferred brand	Preferred brand drugs
3	Non-preferred brand	Non-preferred brand drugs
4	Specialty	Covered specialty drugs*

* See your *Evidence of Coverage* for further details about coverage of Specialty drugs in your benefit.

- The column titled "Limits/Notes" identifies coverage restrictions or limits for drugs when applicable.

Limits/Notes	Definition	Description
AL	Age Limit	Coverage restricted by age
GL	Gender Limit	Coverage restricted for gender
PA	Prior Authorization	Prior authorization required to determine coverage
QL	Quantity Limit	Coverage restricted by prescription quantity
ST	Step Therapy	Coverage determined based on use of other first-line therapies/drugs

How is the drug formulary developed?

The formulary is developed, maintained, and updated quarterly by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. Voting members of the P&T Committee are licensed physicians and pharmacists in community practice who are not employees of Blue Shield. The P&T Committee reviews medical literature concerning safety, effectiveness, and current use in therapy to determine whether the drug should be included in our formulary.

What is a brand drug?

A brand drug is a medication that has been approved by the FDA for sale and marketing in the United States, and that has patent protection that limits which manufacturer(s) can make and sell the medication. Generic versions of brand drugs cannot be made or sold until the patent has expired. Once the patent has expired, generic versions of the medication can be sold alongside the brand version. The Blue Shield Drug Formulary, Standard includes many brand drugs.

What is a generic drug?

A generic drug has the same active ingredient and dosage form (e.g., tablet or capsule), and works in exactly the same way as its brand counterpart. When the patent protection on a brand drug expires, other drug manufacturers can apply to the FDA to make a generic version of the drug. The FDA approves generic drugs when manufacturers have proven that the generic version is equally safe and effective as the brand counterpart. Generic drugs usually cost less than the brand equivalent. Therefore, using generic drugs instead of a brand drug is one of the easiest ways to reduce your prescription costs. Most Blue Shield health plans provide a lower copayment for generic drugs, compared with brand drugs. Most generic drugs are covered even if they are not listed in the drug formulary.

What is a contraceptive drug or device?

Contraceptive drugs or devices include generic drugs, brand drugs, diaphragms, or cervical caps used predominantly for the purpose of preventing pregnancy. All generic contraceptive drugs and most contraceptive devices are covered at no charge to members.* Most brand contraceptives require a copayment, which may be waived based on medical necessity. Physicians or members may provide medical necessity information using the prior authorization process, by calling or faxing a form to Blue Shield Pharmacy Services.

Contraceptive drugs or devices covered at no charge to members are listed in the formulary with an "X," while those requiring a copayment are listed with an "XX."

* Does not apply to grandfathered plans.

What are preventive health drugs?

Preventive health drugs are select drugs required by Health Reform to be covered at no charge to members.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit our website at blueshieldca.com and click on the *Members* tab and then selecting *Pharmacy*.

What are specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty drugs are obtained from a Blue Shield Network Specialty Pharmacy, and may require prior authorization for medical necessity by Blue Shield. If coverage is approved, the drug can be obtained only through one of our Network Specialty Pharmacies.

What is prior authorization?

Drug prior authorization is a process to obtain advance approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some select drugs require a physician to provide information about the patient's prescription and medical history to determine coverage for medical necessity. Physicians or members may provide information for a prior authorization review by calling or faxing a form to Blue Shield Pharmacy Services.

Drugs requiring prior authorization for medical necessity are listed in the formulary with "PA."

What is step therapy?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line treatment for safety and cost-effectiveness, then progressing to other drugs that may have more side effects or risks or that are more costly. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Other common terms used for step therapy are: "prerequisite therapy," "prior therapy," or "step therapy protocol." If step therapy coverage requirements are not met for a prescription and a physician feels that the medication is medically necessary for a patient, a physician may request an exception to the coverage requirements by requesting a prior authorization review by contacting Blue Shield Pharmacy Services by phone or fax.

Drugs requiring step therapy for medical necessity are listed in the formulary with an "ST."

Participating retail pharmacies

Prescriptions may be filled at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Based on the outpatient prescription drug plan, members may be limited to no more than a 30-day supply of medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit our website at blueshieldca.com and click on the *Members* tab and then selecting *Pharmacy*.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy, PrimeMail. Using the mail service drug program can save time and money, and is a convenient way to fill maintenance medications for up to a 90-day supply, depending on the plan. Maintenance medications are those prescribed to treat chronic conditions (like asthma, diabetes) and taken on a regular basis to maintain health. For more information on using the mail service prescription benefit, please visit *Mail Service Prescriptions in the Members* tab under the *Pharmacy* section of blueshieldca.com.

* Does not apply to grandfathered plans.

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Drug	Tier	Limits/Notes
Analgesics		
Analgesics		
bupap oral tablet 50-300 mg	1	QL (6 tabs/day)
butalbital-acetaminop-caf-cod	1	QL (9 caps/day)
butalbital-acetaminophen	1	QL (9 tabs/day)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	1	QL (6 caps/day)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule	1	
fioricet oral capsule	1	QL (9 caps/day)
tencon oral tablet 50-325 mg	1	QL (9 tabs/day)
vanatol lq	1	QL (90 ml/day)
Nonsteroidal Anti-Inflammatory Drugs		
carisoprodol-aspirin	1	AL (PA required for those 65 years of age or older)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 caps/day)
celecoxib oral capsule 400 mg	1	QL (1 cap/day)
choline,magnesium salicylate	1	
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
diflunisal	1	
etodolac	1	
fenoprofen	1	
flurbiprofen	1	
hydrocodone-ibuprofen oral tablet 10-200 mg	1	QL (9 tabs/day)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	1	QL (8 tabs/day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-oxycodone	1	QL (28 tabs/fill)
indomethacin oral	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral	1	AL (PA required for those 65 years of age or older)
meclofenamate oral	1	
mefenamic acid	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST (use two prescription strength NSAIDs; one of which is naproxen, first)
oxaprozin	1	
oxycodone-aspirin	1	QL (18 tabs/day)
piroxicam	1	
reprexain oral tablet 10-200 mg	1	QL (9 tabs/day)
salsalate	1	
sulindac oral	1	
tolmetin	1	

AL - Age Limit GL - Gender Limit PA - Prior Authorization QL - Quantity Limit
ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
xylon 10	1	QL (9 tabs/day)
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	1	PA QL (20 patches/month)
fentanyl transdermal patch 72 hour 75 mcg/hr	1	QL (20 patches/month)
hydromorphone oral tablet extended release 24 hr 12 mg	1	PA QL (5 tabs/day)
hydromorphone oral tablet extended release 24 hr 16 mg	1	PA QL (4 tabs/day)
hydromorphone oral tablet extended release 24 hr 32 mg	1	PA QL (2 tabs/day)
hydromorphone oral tablet extended release 24 hr 8 mg	1	PA QL (1 tab/day)
levorphanol tartrate	1	PA QL (9 tabs/day)
methadone intensol	1	PA QL (18 ml/day)
methadone oral concentrate	1	PA QL (18 ml/day)
methadone oral solution 10 mg/5 ml	1	PA QL (90 ml/day)
methadone oral solution 5 mg/5 ml	1	PA QL (180 ml/day)
methadone oral tablet 10 mg	1	PA QL (18 tabs/day)
methadone oral tablet 5 mg	1	PA QL (36 tabs/day)
methadone oral tablet,soluble	1	PA QL (5 tabs/day)
methadose oral tablet,soluble	1	PA QL (5 tabs/day)
morphine oral capsule, er multiphase 24 hr 120 mg	1	QL (13 caps/day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg	1	PA QL (1 cap/day)
morphine oral capsule, er multiphase 24 hr 90 mg	1	PA QL (3 caps/day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 30 mg, 50 mg	1	PA QL (2 caps/day)
morphine oral capsule,extend.release pellets 20 mg	1	PA QL (4 caps/day)
morphine oral capsule,extend.release pellets 60 mg, 80 mg	1	PA QL (3 caps/day)
morphine oral tablet extended release 100 mg, 200 mg	1	PA QL (3 tabs/day)
morphine oral tablet extended release 15 mg, 30 mg	1	PA QL (6 tabs/day)
morphine oral tablet extended release 60 mg	1	PA QL (5 tabs/day)
morphine rectal suppository 10 mg	1	QL (27 suppositories/day)
morphine rectal suppository 20 mg	1	QL (14 suppositories/day)
morphine rectal suppository 30 mg	1	QL (9 suppositories/day)
morphine rectal suppository 5 mg	1	QL (54 suppositories/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	1	PA QL (9 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg	1	PA QL (6 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 80 mg	1	PA QL (4 tabs/day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 40 mg	1	PA QL (4 tabs/day)
tramadol oral capsule,er biphasic 24 hr 17-83	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphasic 24 hr 25-75 150 mg	1	ST QL (use tramadol [Ultram] ir or er first; 2 caps/day)
tramadol oral tablet extended release 24 hr 100 mg	1	ST QL (use tramadol IR first; 3 tabs/day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	1	ST QL (use tramadol IR first; 1 tab/day)
tramadol oral tablet, er multiphase 24 hr	1	ST QL (use tramadol IR first; 1 tab/day)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL (170 ml/day)

AL - Age Limit GL - Gender Limit PA - Prior Authorization QL - Quantity Limit
ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
acetaminophen-codeine oral solution 240 mg-24 mg /10 ml (10 ml)	1	QL (170ml/day)
acetaminophen-codeine oral tablet 300-15 mg	1	QL (20 tabs/day)
acetaminophen-codeine oral tablet 300-30 mg	1	QL (18 tabs/day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (9 tabs/day)
butorphanol tartrate nasal	1	QL (4 canisters/month at 2 canisters/fill)
carisoprodol-asa-codeine	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
codeine sulfate oral tablet 15 mg	1	QL (36 tabs/day)
codeine sulfate oral tablet 30 mg	1	QL (18 tabs/day)
codeine sulfate oral tablet 60 mg	1	QL (9 tabs/day)
dihydrocode-acetaminophen-caff oral capsule	1	PA QL (10 caps/day)
dihydrocodeine-aspirin-caff	1	QL (17 caps/day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
endocet oral tablet 5-325 mg	1	QL (12 tabs/day)
endodan	1	QL (18 tabs/day)
fentanyl citrate	1	PA QL (4 lozenges/day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	PA QL (185 ml/day)
hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml	1	QL (180 ml/day)
hydrocodone-acetaminophen oral solution 5-163 mg/7.5ml(7.5ml)	1	PA QL (180 ml/day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (270 ml/day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	QL (20 tabs/day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
hydromorphone oral liquid	1	QL (120 ml/day)
hydromorphone oral tablet 2 mg	1	QL (60 tabs/day)
hydromorphone oral tablet 4 mg	1	QL (30 tabs/day)
hydromorphone oral tablet 8 mg	1	QL (15 tabs/day)
hydromorphone rectal	1	QL (9 suppositories/day)
lorcet (hydrocodone)	1	QL (18 tabs/day)
lorcet hd	1	QL (18 tabs/day)
lorcet plus oral tablet 7.5-325 mg	1	QL (18 tabs/day)
lortab 10-325	1	QL (18 tabs/day)
lortab 5-325	1	QL (18 tabs/day)
lortab 7.5-325	1	QL (18 tabs/day)
lortab elixir oral solution 10-300 mg/15 ml	1	QL (67.5 ml/day)
meperidine oral solution	1	AL QL (PA required for those 65 years of age or older; 180 ml/day)
meperidine oral tablet 100 mg	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
meperidine oral tablet 50 mg	1	AL QL (PA required for those 65 years of age or older; 36 tabs/day)
meperitab	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
morphine concentrate oral solution	1	QL (14 ml/day)
morphine oral solution 10 mg/5 ml	1	QL (135 ml/day)
morphine oral solution 20 mg/5 ml	1	QL (68 ml/day)
morphine oral tablet 15 mg	1	QL (18 tabs/day)
morphine oral tablet 30 mg	1	QL (9 tabs/day)

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Drug	Tier	Limits/Notes
oxycodone oral capsule	1	QL (12 caps/day)
oxycodone oral concentrate	1	QL (12 ml/day)
oxycodone oral solution	1	QL (240 ml/day)
oxycodone oral tablet 10 mg	1	QL (36 tabs/day)
oxycodone oral tablet 15 mg	1	QL (24 tabs/day)
oxycodone oral tablet 20 mg	1	QL (18 tabs/day)
oxycodone oral tablet 30 mg, 5 mg	1	QL (12 tabs/day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (12 tabs/day)
oxymorphone oral tablet	1	PA QL (12 tabs/day)
pentazocine-naloxone	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
primlev	1	QL (20 tabs/day)
tramadol oral tablet	1	
tramadol-acetaminophen	1	QL (12 tabs/day)
verdrocet	1	QL (18 tabs/day)
vicodin	1	QL (18 tabs/day)
vicodin es	1	QL (20 tabs/day)
vicodin hp	1	QL (20 tabs/day)
Anesthetics		
Local Anesthetics		
ethyl chloride	1	
glydo	1	
lidocaine hcl mucous membrane gel	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl topical	1	
lidocaine topical adhesive patch, medicated	1	QL (90 patches/month)
lidocaine topical ointment	1	
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate	1	
disulfiram	1	
revia	1	
Opioid Antagonists		
buprenorphine hcl sublingual tablet 2 mg	1	PA QL (16 tabs/day)
buprenorphine hcl sublingual tablet 8 mg	1	PA QL (4 tabs/day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA QL (16 tabs/day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA QL (4 tabs/day)
naltrexone oral	1	
Smoking Cessation Agents		
buproban	1	QL (2 tabs/day)
bupropion hcl oral tablet extended release 150 mg	1	QL (2 tabs/day)
CHANTIX	3	QL (2 tabs/day, max 24 weeks treatment/year)

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Drug	Tier	Limits/Notes
CHANTIX CONTINUING MONTH BOX	3	QL (2 tabs/day, max 24 weeks treatment/year)
CHANTIX CONTINUING MONTH PAK	3	QL (2 tabs/day, max 24 weeks treatment/year)
CHANTIX STARTING MONTH BOX	3	QL (1 starting month box/28 days, max 24 weeks treatment/year)
CHANTIX STARTING MONTH PAK	3	QL (1 starting month box/28 days, max 24 weeks treatment/year)
Antibacterials		
Aminoglycosides		
garamycin ophthalmic drops	1	
gentak ophthalmic ointment	1	
gentamicin ophthalmic	1	
gentamicin topical	1	
neomycin	1	
neomycin-polymyxin b gu	1	PA QL (1 ml/day)
neomycin-polymyxin-gramicidin	1	
neosporin (neo-polym-gramicid)	1	
paromomycin	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin	1	
tobramycin-dexamethasone	1	
ZYLET	2	
Antibacterials, Other		
ak-poly-bac	1	
amoxicil-clarithromy-lansopraz	1	QL (one 14-day course/month)
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
clindacin etz topical swab	1	
clindacin p	1	
clindamycin hcl	1	
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
clindamycin phosphate topical foam	1	QL (1 can/month)
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal	1	
hydrocortisone-iodoquinol-aloe	1	
indiomib	1	QL (4 caps/day)
linezolid oral	1	PA
methenamine hippurate	1	
methenamine mandelate	1	
metronidazole	1	
mupirocin	1	
mupirocin calcium	1	
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	

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Drug	Tier	Limits/Notes
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
neo-polycin	1	
neo-polycin hc	1	
nitrofurantoin macrocrystal	1	AL (PA required for those 65 years of age or older)
nitrofurantoin monohyd/m-cryst	1	AL (PA required for those 65 years of age or older)
nitrofurantoin oral	1	AL (PA required for those 65 years of age or older)
polycin	1	
polymyxin b sulf-trimethoprim	1	
relagard	1	
rosadan topical cream	1	
rosadan topical gel	1	
silver sulfadiazine	1	
trimethoprim	1	
vancomycin oral	1	
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	QL (14 tabs/fill)
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime	1	
cefprozil	1	
ceftibuten	1	
cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET,CHEWABLE	2	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet, er multiphase 24 hr	1	QL (10 tabs/fill)
amoxicillin oral tablet,chewable 125 mg, 250 mg, 400 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	1	
amoxicillin-pot clavulanate oral tablet 875-125 mg	1	QL (2 tabs/day)
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin	1	

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Drug	Tier	Limits/Notes
dicloxacillin	1	
penicillin v potassium	1	
Macrolides		
azithromycin oral	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	QL (42 tabs/fill)
clarithromycin oral tablet extended release 24 hr	1	QL (42 tabs/fill)
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic	1	
erythromycin oral capsule, delayed release (dr/ec)	1	
erythromycin oral tablet	1	
Quinolones		
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	1	QL (14 tabs/fill)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	1	QL (3 tabs/fill)
ciprofloxacin hcl ophthalmic	1	
ciprofloxacin hcl oral	1	QL (2 tabs/day)
ciprofloxacin hcl otic	1	
ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml	1	QL (2 bottles/fill)
ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml	1	QL (3 bottles/fill)
gatifloxacin	1	QL (one 2.5 ml bottle/month)
levofloxacin ophthalmic	1	
levofloxacin oral solution	1	QL (300 ml/fill)
levofloxacin oral tablet	1	QL (10 tabs/fill)
MOXEZA	3	
moxifloxacin	1	QL (10 tabs/fill)
ofloxacin ophthalmic	1	
ofloxacin oral tablet 400 mg	1	
ofloxacin otic	1	
VIGAMOX	3	
Sulfonamides		
sulfacetamide sodium (acne)	1	
sulfacetamide sodium ophthalmic drops	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
Tetracyclines		
avidoxy	1	
demeclocycline oral	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 75 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg	1	QL (1 tab/day)
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	

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Drug	Tier	Limits/Notes
minocycline oral tablet extended release 24 hr	1	PA
mondoxyne nl	1	
morgidox	1	
tetracycline	1	
Anticonvulsants		
Anticonvulsants, Other		
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr 500 mg	1	QL (6 tabs/day)
levetiracetam oral tablet extended release 24 hr 750 mg	1	QL (4 tabs/day)
phenobarbital	1	
Calcium Channel Modifying Agents		
ethosuximide	1	
zonisamide	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
divalproex	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
primidone	1	
tiagabine	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution	1	
Glutamate Reducing Agents		
felbamate	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	PA QL (1 starter pack/month)
lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	1	ST QL (use generic lamotrigine immediate-release first; 1 tab/day)
lamotrigine oral tablet extended release 24hr 200 mg	1	ST QL (use generic lamotrigine immediate-release first; 3 tabs/day)
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	1	ST QL (use generic lamotrigine immediate-release first; 2 tabs/day)
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet, disintegrating	1	PA
topiramate oral capsule, sprinkle	1	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg	1	PA QL (1 cap/day)
topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg	1	PA QL (2 caps/day)
topiramate oral tablet	1	
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	2	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 80 ml/day)
BANZEL ORAL TABLET	2	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	

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Drug	Tier	Limits/Notes
oxcarbazepine oral suspension	1	QL (40 ml/day)
oxcarbazepine oral tablet 150 mg, 300 mg	1	QL (2 tabs/day)
oxcarbazepine oral tablet 600 mg	1	QL (4 tabs/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST QL (use oxcarbazepine immediate release first; 1 tab/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST QL (use oxcarbazepine immediate release first; 4 tabs/day)
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid	1	AL (PA required for those 65 years of age or older)
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST QL (use donepezil 5mg or 10mg first; 1 tab/day)
donepezil oral tablet, disintegrating	1	
galantamine	1	
rivastigmine	1	QL (1 patch/day)
rivastigmine tartrate	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral solution	1	
memantine oral tablet	1	QL (2 tabs/day)
memantine oral tablets, dose pack	1	
NAMENDA ORAL SOLUTION	2	
NAMENDA XR	3	QL (1 cap/day)
NAMZARIC	3	QL (1 cap/day)
Antidepressants		
Antidepressants, Other		
bupropion hcl oral tablet 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet 75 mg	1	QL (6 tabs/day)
bupropion hcl oral tablet extended release 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet extended release 200 mg	1	QL (2 tabs/day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 tab/day)
maprotiline	1	
mirtazapine	1	
nefazodone	1	
trazodone	1	
Monoamine Oxidase Inhibitors		
phenelzine	1	
tranylcypromine	1	
Ssris/SnrIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram	1	QL (40 mg/day)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg	1	QL (3 caps/day)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	1	QL (1 cap/day)
duloxetine oral capsule, delayed release(dr/ec) 60 mg	1	QL (2 caps/day)

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Drug	Tier	Limits/Notes
escitalopram oxalate	1	
fluoxetine oral capsule	1	
fluoxetine oral capsule, delayed release (dr/ec)	1	QL (4 caps/month)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	
fluvoxamine oral capsule, extended release 24hr 100 mg	1	ST QL (use fluvoxamine ir tabs first; 3 caps/day)
fluvoxamine oral capsule, extended release 24hr 150 mg	1	ST QL (use fluvoxamine ir tabs first; 2 caps/day)
fluvoxamine oral tablet	1	
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	
PRISTIQ	3	ST QL (use venlafaxine ER or regular release, or a drug from the SSRI class first; 1 tab/day)
sertraline	1	
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg	1	QL (2 caps/day)
venlafaxine oral capsule, extended release 24hr 75 mg	1	QL (3 caps/day)
venlafaxine oral tablet	1	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL (1 tab/day)
Tricyclics		
amitriptyline	1	
amoxapine	1	
clomipramine	1	
desipramine oral	1	
imipramine hcl	1	
imipramine pamoate	1	
nortriptyline	1	
protriptyline	1	
trimipramine	1	
Antiemetics		
Antiemetics, Other		
chlorpromazine oral	1	
compazine rectal	1	
compro	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	AL (PA required for those 65 years of age or older)
hydroxyzine hcl oral tablet	1	AL (PA required for those 65 years of age or older)
hydroxyzine pamoate	1	AL (PA required for those 65 years of age or older)
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet, disintegrating 10 mg	1	QL (4 tabs/day)
metoclopramide hcl oral tablet, disintegrating 5 mg	1	PA QL (4 tabs/day)
phenadoz	1	AL (PA required for those 65 years of age or older)
phenergan rectal	1	AL (PA required for those 65 years of age or older)
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine oral	1	AL (PA required for those 65 years of age or older)
promethazine rectal	1	AL (PA required for those 65 years of age or older)
promethegan	1	AL (PA required for those 65 years of age or older)

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Drug	Tier	Limits/Notes
TRANSDERM-SCOP	3	
trimethobenzamide oral	1	AL (PA required for those 65 years of age or older)
Emetogenic Therapy Adjuncts		
dronabinol	1	QL (6 caps/day)
granisetron hcl oral	1	QL (2 tabs/fill)
ondansetron	1	QL (3 tabs/day)
ondansetron hcl oral solution	1	QL (1 bottle/fill)
ondansetron hcl oral tablet 24 mg	1	QL (1 tab/fill)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (3 tabs/day)
Antifungals		
miconazole-3 vaginal suppository	1	
Antifungals		
ciclodan	1	
ciclopirox	1	
clotrimazole mucous membrane	1	
clotrimazole-betamethasone	1	
dermazene	1	
econazole topical	1	
exoderm	1	
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
gynazole-1	1	
iodoquinol-hc	1	
itraconazole	1	PA
ketoconazole oral	1	
ketoconazole topical cream	1	
ketoconazole topical foam	1	ST (use topical ketoconazole 2% cream or shampoo first)
ketoconazole topical shampoo	1	
naftifine	1	ST (use one preferred topical antifungal first)
nyamyc	1	
nystatin	1	
nystatin-triamcinolone	1	
nystop	1	
selenium sulfide	1	
terbinafine hcl oral	1	QL (30 tabs/month)
terconazole	1	
voriconazole oral	1	PA
Antigout Agents		
Antigout Agents		
allopurinol	1	
colchicine oral capsule	1	QL (2 caps/day)
colchicine oral tablet	1	QL (4 tabs/day)
colchicine-probenecid	1	
probenecid	1	

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Drug	Tier	Limits/Notes
Anti-Inflammatory Agents		
Glucocorticoids		
acetazol hc	1	
hydrocortisone-acetic acid	1	
hydrocortisone-pramoxine topical	1	
methylprednisolone	1	
pramcort	1	
Skin And Mucous Membrane Preparations Anti-Inflammatory Agents		
lidocaine hcl-hydrocortison ac topical	1	
Antimigraine Agents		
Antimigraine Agents		
isometh-dichloral-acetaminophn	1	QL (15 caps/day)
isomethepten-caf-acetaminophen oral tablet 65-20-325 mg	1	QL (10 tabs/day)
nodolor	1	QL (15 caps/day)
Ergot Alkaloids		
dihydroergotamine injection	1	PA
dihydroergotamine nasal	1	QL (8 vials/month)
migergot	1	QL (5 suppositories/week)
Serotonin (5-HT) 1B/1D Receptor Agonists		
almotriptan malate	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 24 tabs/month)
naratriptan	1	QL (18 tabs/month)
rizatriptan	1	QL (24 tabs/month)
sumatriptan	1	QL (18 nasal sprays/month)
sumatriptan succinate oral	1	QL (18 tabs/month)
sumatriptan succinate subcutaneous cartridge	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous pen injector	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous solution	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (16 injections/month at 4 injections/fill)
zolmitriptan	1	QL (18 tabs/month)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine	1	
pyridostigmine bromide oral tablet	1	QL (25 tabs/day)
pyridostigmine bromide oral tablet extended release	1	QL (6 tabs/day)
Antimycobacterials		
Antimycobacterials, Other		
dapsone	1	
rifabutin	1	
Antituberculars		
cycloserine	1	
ethambutol	1	
isoniazid oral	1	
PRIFTIN	2	
pyrazinamide	1	
rifampin oral	1	

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Drug	Tier	Limits/Notes
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	
GLEOSTINE	2	
LEUKERAN	2	
lomustine oral capsule 100 mg, 40 mg	2	
MATULANE	2	
Antiandrogens		
bicalutamide	1	GL (covered for males only)
flutamide	1	
XTANDI	4	PA QL (4 caps/day)
Antiangiogenic Agents		
REVLIMID	4	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA QL (2 caps/day)
Antiestrogens/Modifiers		
FARESTON	2	
tamoxifen	1	
Antimetabolites		
hydroxyurea	1	
mercaptopurine	1	
Antineoplastics, Other		
PICATO TOPICAL GEL 0.015 %	3	QL (3 doses/month)
PICATO TOPICAL GEL 0.05 %	3	QL (2 doses/month)
Antineoplastics		
leucovorin calcium oral	1	
MESNEX ORAL	2	
ZOLINZA	4	PA QL (4 caps/day)
Aromatase Inhibitors, 3Rd Generation		
anastrozole	1	AL GL (covered for female > 45 years of age)
exemestane	1	AL GL (covered for female > 45 years of age)
letrozole	1	AL GL (covered for female > 45 years of age)
Enzyme Inhibitors		
etoposide oral	4	
HYCAMTIN ORAL	2	
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 7.5 MG	4	PA QL (2 tabs/day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	4	PA QL (1 tab/day)
CAPRELSA ORAL TABLET 100 MG	4	PA QL (2 tabs/day)
CAPRELSA ORAL TABLET 300 MG	4	PA QL (1 tab/day)
GLEEVEC ORAL TABLET 100 MG	4	PA QL (8 tabs/day)
GLEEVEC ORAL TABLET 400 MG	4	PA QL (2 tabs/day)
NEXAVAR	4	PA QL (4 tabs/day)
SPRYCEL ORAL TABLET 100 MG, 140 MG	4	PA QL (1 tab/day)
SPRYCEL ORAL TABLET 20 MG, 50 MG	4	PA QL (3 tabs/day)
SPRYCEL ORAL TABLET 70 MG, 80 MG	4	PA QL (2 tabs/day)
STIVARGA	4	PA QL (4 tabs/day)

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Drug	Tier	Limits/Notes
SUTENT ORAL CAPSULE 12.5 MG	4	PA QL (3 caps/day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PA QL (1 cap/day)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA QL (1 tab/day)
TARCEVA ORAL TABLET 25 MG	4	PA QL (3 tabs/day)
TASIGNA	4	PA QL (4 caps/day)
TYKERB	4	PA QL (22 tabs/day)
VOTRIENT	4	PA QL (4 tabs/day)
XALKORI	4	PA QL (2 caps/day)
Retinoids		
PANRETIN	2	PA
tretinoin (chemotherapy)	1	QL (9 caps/day)
Antiparasitics		
Anthelmintics		
ALBENZA	2	
BILTRICIDE	2	
ivermectin oral	1	QL (20 tabs/fill)
Antiprotozoals		
atovaquone	1	PA
atovaquone-proguanil oral tablet 250-100 mg	1	QL (1 tab/day)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (3 tabs/day)
chloroquine phosphate oral	1	
COARTEM	2	QL (24 tabs/fill)
DARAPRIM	2	
hydroxychloroquine oral	1	
mefloquine	1	QL (4 tabs/fill)
primaquine	1	
quinine sulfate	1	QL (6 caps/day)
finidazole oral tablet 250 mg	1	QL (40 tabs/fill)
finidazole oral tablet 500 mg	1	QL (20 tabs/fill)
Pediculicides/Scabicides		
elimite	1	
lindane	1	
malathion	1	
permethrin topical cream	1	
spinosad	1	QL (1 bottle/fill)
Antiparkinson Agents		
Anticholinergics		
benztropine oral	1	
trihexyphenidyl	1	
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	1	
entacapone	1	QL (8 tabs/day)
tolcapone	1	QL (6 tabs/day)
Dopamine Agonists		
APOKYN	4	PA
bromocriptine	1	
pramipexole oral tablet	1	

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Drug	Tier	Limits/Notes
pramipexole oral tablet extended release 24 hr	1	QL (1 tab/day)
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr 12 mg	1	QL (2 tabs/day)
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg	1	QL (1 tab/day)
ropinirole oral tablet extended release 24 hr 8 mg	1	QL (3 tabs/day)
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	QL (8 tabs/day)
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	2	QL (1 tab/day)
selegiline hcl	1	
Antipsychotics		
1St Generation/Typical		
fluphenazine hcl oral	1	
haloperidol	1	
haloperidol lactate oral	1	
loxapine succinate	1	
ORAP	2	
perphenazine	1	
perphenazine-amitriptyline	1	
pimozide	1	
thioridazine	1	AL (PA required for those 65 years of age or older)
thiothixene	1	
trifluoperazine	1	
2Nd Generation/Atypical		
aripiprazole	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	ST QL (use risperidone, quetiapine, Seroquel XR, or olanzapine-fluoxetine first; 1 tab/day)
LATUDA ORAL TABLET 80 MG	2	ST QL (use risperidone, quetiapine, Seroquel XR, or olanzapine-fluoxetine first; 2 tabs/day)
olanzapine oral	1	
olanzapine-fluoxetine	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	PA QL (1 tab/day)
paliperidone oral tablet extended release 24hr 6 mg	1	PA QL (2 tabs/day)
quetiapine	1	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet,disintegrating	1	
SAPHRIS (BLACK CHERRY)	2	QL (2 tabs/day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
ziprasidone hcl	1	
Dihydroindolones		
molindone	1	

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Drug	Tier	Limits/Notes
Treatment-Resistant		
clozapine	1	
Antispasticity Agents		
baclofen	1	
dantrolene oral capsule 25 mg, 50 mg	1	
Antispasticity Agents		
dantrolene oral capsule 100 mg	1	
tizanidine	1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
VALCYTE ORAL RECON SOLN	2	
valganciclovir	1	
ZIRGAN	2	QL (1 tube/month)
Anti-Hepatitis B (Hbv) Agents		
adefovir	4	QL (1 tab/day)
BARACLUDE ORAL SOLUTION	4	QL (3 bottles/month)
entecavir	4	QL (1 tab/day)
EPIVIR HBV ORAL SOLUTION	2	PA QL (3 bottles/month)
INTRON A INJECTION	4	PA
lamivudine oral tablet 100 mg	1	PA QL (1 tab/day)
PEGASYS PROCLICK	4	PA QL (1 pen/week)
PEGASYS SUBCUTANEOUS SOLUTION	4	PA QL (1 vial/week)
PEGASYS SUBCUTANEOUS SYRINGE	4	PA QL (1 syringe/week)
TYZEKA	4	PA QL (1 tab/day)
Anti-Hepatitis C (Hcv) Agents		
moderiba	1	
PEGINTRON	4	PA
PEGINTRON REDIPEN	4	PA
ribasphere	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
TECHNIVIE	4	PA QL (2 tabs/day)
VIEKIRA PAK	4	PA QL (4 tabs/day)
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir topical	1	QL (1 tube/fill)
famciclovir	1	
trifluridine	1	
valacyclovir	1	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS	2	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT	2	
INTELENCE	2	ST (use in combination with other antiretroviral therapy)

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Drug	Tier	Limits/Notes
nevirapine	1	
RESCRIPTOR	2	
SUSTIVA	2	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir	1	
abacavir-lamivudine-zidovudine	1	
didanosine	1	
EMTRIVA	2	
EPZICOM	2	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	
stavudine	1	
TRUVADA	2	
VIREAD ORAL POWDER	2	QL (3 bottles/month)
VIREAD ORAL TABLET	2	QL (1 tab/day)
zidovudine	1	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	4	QL (1 kit/month)
SELZENTRY	2	PA
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS	2	ST (use in combination with other antiretroviral therapy)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	
REYATAZ ORAL POWDER IN PACKET	2	QL (5 packs/day)
VIRACEPT ORAL TABLET	2	
Anti-Influenza Agents		
amantadine hcl	1	
RELENZA DISKHALER	2	QL (2 inhalers/6 months)
rimantadine	1	
TAMIFLU ORAL CAPSULE 30 MG	2	QL (40 caps/6 months)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	QL (20 caps/6 months)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL (6 bottles/6 months)
Anxiolytics		
Anxiolytics, Other		
alprazolam intensol	1	QL (4 ml/day)
alprazolam oral tablet 0.25 mg	1	QL (40 tabs/day)
alprazolam oral tablet 0.5 mg	1	QL (20 tabs/day)
alprazolam oral tablet 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet 2 mg	1	QL (5 tabs/day)
alprazolam oral tablet extended release 24 hr 0.5 mg	1	QL (20 tabs/day)

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Drug	Tier	Limits/Notes
alprazolam oral tablet extended release 24 hr 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet extended release 24 hr 2 mg	1	QL (5 tabs/day)
alprazolam oral tablet extended release 24 hr 3 mg	1	QL (3 tabs/day)
alprazolam oral tablet,disintegrating 0.25 mg	1	QL (40 tabs/day)
alprazolam oral tablet,disintegrating 0.5 mg	1	QL (20 tabs/day)
alprazolam oral tablet,disintegrating 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet,disintegrating 2 mg	1	QL (5 tabs/day)
amitriptyline-chlordiazepoxide	1	AL (PA required for those 65 years of age or older)
bupirone	1	
chlordiazepoxide hcl oral capsule 10 mg	1	AL QL (PA required for those 65 years of age or older; 30 tabs/day)
chlordiazepoxide hcl oral capsule 25 mg	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
chlordiazepoxide hcl oral capsule 5 mg	1	AL QL (PA required for those 65 years of age or older; 60 tabs/day)
clonazepam oral tablet 0.5 mg	1	QL (40 tabs/day)
clonazepam oral tablet 1 mg	1	QL (20 tabs/day)
clonazepam oral tablet 2 mg	1	QL (10 tabs/day)
clonazepam oral tablet,disintegrating	1	
diazepam intensol	1	QL (12 bottles/month)
diazepam oral concentrate	1	QL (12 bottles/month)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (60 ml/day)
diazepam oral tablet 10 mg	1	QL (6 tabs/day)
diazepam oral tablet 2 mg	1	QL (30 tabs/day)
diazepam oral tablet 5 mg	1	QL (12 tabs/day)
diazepam rectal	1	QL (1 kit [2 doses]/fill)
doxepin oral	1	
estazolam oral tablet 1 mg	1	QL (2 tabs/day)
estazolam oral tablet 2 mg	1	QL (1 tab/day)
lorazepam intensol	1	QL (150 ml/month)
lorazepam oral concentrate	1	QL (150 ml/month)
lorazepam oral tablet 0.5 mg	1	QL (20 tabs/day)
lorazepam oral tablet 1 mg	1	QL (10 tabs/day)
lorazepam oral tablet 2 mg	1	QL (5 tabs/day)
meprobamate	1	AL (PA required for those 65 years of age or older)
oxazepam oral capsule 10 mg	1	QL (12 caps/day)
oxazepam oral capsule 15 mg	1	QL (8 caps/day)
oxazepam oral capsule 30 mg	1	QL (4 caps/day)
Benzodiazepines		
clorazepate dipotassium oral tablet 15 mg	1	QL (6 tabs/day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 tabs/day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 tabs/day)
flurazepam oral capsule 15 mg	1	AL QL (PA required for those 65 years of age or older; 2 caps/day)
flurazepam oral capsule 30 mg	1	AL QL (PA required for those 65 years of age or older; 1 cap/day)
temazepam oral capsule 15 mg	1	QL (2 caps/day)
temazepam oral capsule 22.5 mg, 30 mg	1	QL (1 cap/day)

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Drug	Tier	Limits/Notes
temazepam oral capsule 7.5 mg	1	QL (4 caps/day)
triazolam oral tablet 0.125 mg	1	QL (4 tabs/day)
triazolam oral tablet 0.25 mg	1	QL (2 tabs/day)
Bipolar Agents		
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
epitol	1	
EQUETRO	2	
lithium carbonate	1	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1	
AVANDIA	3	ST (use pioglitazone first)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 4 pens/month)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 4 vials/month)
BYETTA	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 1 pen/month)
chlorpropamide	1	AL (PA required for those 65 years of age or older)
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
glyburide	1	AL (PA required for those 65 years of age or older)
glyburide micronized	1	AL (PA required for those 65 years of age or older)
glyburide-metformin	1	AL (PA required for those 65 years of age or older)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST QL (use a sulfonylurea, TZD, or metformin first; 2 tabs/day)
INVOKAMET ORAL TABLET 50-500 MG	3	ST QL (use a sulfonylurea, TZD, or metformin first; 4 tabs/day)
INVOKANA	3	ST QL (use a sulfonylurea, TZD, or metformin first; 1 tab/day)
JANUMET	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 2 tabs/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 1 tab/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 2 tabs/day)
JANUVIA	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 1 tab/day)
KAZANO	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 2 tabs/day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST QL (use metformin, a sulfonylurea, or a TZD first; 2 tabs/day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST QL (use metformin, a sulfonylurea, or a TZD first; 1 tab/day)

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Drug	Tier	Limits/Notes
metformin	1	
nateglinide	1	
NESINA	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 1 tab/day)
ONGLYZA	3	ST QL (use metformin, a sulfonylurea, or a TZD first; 1 tab/day)
OSENI	3	ST QL (use metformin, sulfonylurea, or TZD first; 1 tab/day)
pioglitazone	1	
pioglitazone-glimepiride	1	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
pioglitazone-metformin	1	ST QL (use metformin or pioglitazone first; 3 tabs/day)
repaglinide	1	
repaglinide-metformin	1	PA QL (5 tabs/day)
tolazamide	1	
tolbutamide	1	
WELCHOL	2	
Glycemic Agents		
GLUCAGEN HYPOKIT	2	QL (2 injections/fill)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 kits/fill)
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	QL (40 ml/month)
LANTUS SOLOSTAR	2	QL (45 ml/month)
LEVEMIR	2	QL (40 ml/month)
LEVEMIR FLEXTOUCH	2	QL (45 ml/month)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 tabs/day; not to exceed 70 tabs/6 months)
ELIQUIS ORAL TABLET 5 MG	3	QL (2 tabs/day)
enoxaparin subcutaneous solution	4	QL (2 ml/day, max 14 days therapy/2 months)
enoxaparin subcutaneous syringe	4	QL (2 syringes/day, max 14 days therapy/2 months)
heparin (porcine) injection solution	1	
jantoven	1	
warfarin	1	
XARELTO ORAL TABLET	3	QL (1 tab/day)
XARELTO ORAL TABLETS,DOSE PACK	3	QL (1 starter pack/12 months)
Blood Formation Modifiers		
anagrelide	1	
GRANIX	4	PA

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Drug	Tier	Limits/Notes
NEULASTA SUBCUTANEOUS SYRINGE	4	PA
NEUPOGEN	4	PA
PROCRIT	4	PA
Coagulants		
BRILINTA	2	QL (2 tabs/day)
tranexamic acid oral	1	PA QL (30 tabs/month)
Platelet Modifying Agents		
aspirin-dipyridamole	1	
cilostazol	1	
clopidogrel oral tablet 75 mg	1	QL (1 tab/day)
dipyridamole oral	1	AL (PA required for those 65 years of age or older)
EFFIENT	2	QL (1 tab/day)
ticlopidine	1	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	1	
clonidine hcl oral tablet	1	
clonidine hcl oral tablet extended release 12 hr	1	PA QL (4 tabs/day)
clorpres	1	
guanfacine oral tablet	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
midodrine	1	
Alpha-Adrenergic Blocking Agents		
phenoxybenzamine	1	
reserpine	1	
Angiotensin II Receptor Antagonists		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
amlodipine-valsartan oral tablet 5-320 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan or valsartan/hctz first; 1 tab/day)
amlodipine-valsartan-hcthiacid	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
candesartan oral tablet 16 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan oral tablet 32 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
candesartan oral tablet 4 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 8 tabs/day)
candesartan oral tablet 8 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 4 tabs/day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)

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Drug	Tier	Limits/Notes
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
EDARBI	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
EDARBYCLOR	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
eprosartan	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
irbesartan	1	QL (1 tab/day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (2 tabs/day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (1 tab/day)
losartan oral tablet 100 mg	1	QL (1 tab/day)
losartan oral tablet 25 mg	1	QL (4 tabs/day)
losartan oral tablet 50 mg	1	QL (2 tabs/day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (1 tab/day)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (2 tabs/day)
telmisartan oral tablet 20 mg, 40 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
telmisartan oral tablet 80 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
telmisartan-amlodipine	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 3 tabs/day)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 tabs/day)
valsartan oral tablet 320 mg	1	QL (1 tab/day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (2 tabs/day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	QL (1 tab/day)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg	1	QL (1 cap/day)
amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	
amlodipine-benazepril oral capsule 5-40 mg	1	QL (2 caps/day)
benazepril oral tablet 10 mg, 20 mg, 5 mg	1	QL (1 tab/day)
benazepril oral tablet 40 mg	1	QL (2 tabs/day)
benazepril-hydrochlorothiazide	1	
captopril	1	
captopril-hydrochlorothiazide	1	
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
fosinopril oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
fosinopril oral tablet 40 mg	1	QL (2 tabs/day)

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Drug	Tier	Limits/Notes
fosinopril-hydrochlorothiazide	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
moexipril	1	
moexipril-hydrochlorothiazide	1	
perindopril erbumine oral tablet 2 mg, 4 mg	1	QL (1 tab/day)
perindopril erbumine oral tablet 8 mg	1	QL (2 tabs/day)
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
trandolapril	1	
trandolapril-verapamil	1	
Antiarrhythmics		
amiodarone oral	1	
diltiazem hcl oral capsule, extended release	1	
diltiazem hcl oral capsule,ext release degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	
diltiazem hcl oral tablet	1	
dilt-xr	1	
disopyramide phosphate oral capsule	1	
flecainide	1	
mexiletine	1	
NORPACE CR	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate	1	
sorine	1	
sotalol af	1	
sotalol oral	1	
taztia xt	1	
TIKOSYN	2	
Beta-Adrenergic Blocking Agents		
acebutolol	1	
atenolol	1	
atenolol-chlorthalidone	1	
betaxolol oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
carvedilol	1	
labetalol oral	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	
nadolol	1	
nadolol-bendroflumethiazide	1	

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Drug	Tier	Limits/Notes
pindolol	1	
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
afeditab cr	1	
amlodipine	1	
amlodipine-atorvastatin	1	QL (1 tab/day)
cartia xt	1	
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet extended release 24 hr	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine oral	1	
nifedical xl	1	
nifedipine oral capsule	1	AL (PA required for those 65 years of age or older)
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine	1	
nisoldipine	1	
verapamil oral	1	
Cardiovascular Agents, Other		
digitek oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digitek oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digox oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digox oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digoxin oral solution 50 mcg/ml	1	AL QL (PA required if 65 years of age or older and > 2.5 ml/day)
digoxin oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digoxin oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
isoxsuprine	1	
pentoxifylline	1	
vecamyl	1	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet	1	
dorzolamide	1	
methazolamide oral	1	
Diuretics, Loop		
bumetanide oral	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml	1	
furosemide oral tablet	1	

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Drug	Tier	Limits/Notes
toremide oral	1	
Diuretics, Potassium-Sparing		
amiloride oral	1	
amiloride-hydrochlorothiazide	1	
eplerenone	1	
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
triamterene-hydrochlorothiazid	1	
Diuretics, Thiazide		
chlorothiazide	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg	1	QL (1 cap/day)
fenofibrate micronized oral capsule 43 mg	1	QL (2 caps/day)
fenofibrate nanocrystallized oral tablet 145 mg	1	QL (1 tab/day)
fenofibrate nanocrystallized oral tablet 48 mg	1	QL (2 tabs/day)
fenofibrate oral capsule 150 mg	1	ST QL (use fenofibrate [generic tricor] first; 1 cap/day)
fenofibrate oral capsule 50 mg	1	ST QL (use fenofibrate [generic tricor] first; 2 caps/day)
fenofibrate oral tablet 120 mg, 160 mg	1	QL (1 tab/day)
fenofibrate oral tablet 40 mg, 54 mg	1	QL (2 tabs/day)
fenofibric acid (choline)	1	QL (1 cap/day)
fenofibric acid oral tablet 105 mg	1	QL (1 tab/day)
fenofibric acid oral tablet 35 mg	1	QL (2 tabs/day)
gemfibrozil oral	1	QL (2.5 tabs/day)
lofibra oral capsule	1	QL (1 cap/day)
lofibra oral tablet 160 mg	1	QL (1 tab/day)
lofibra oral tablet 54 mg	1	QL (2 tabs/day)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin	1	QL (1 tab/day)
CRESTOR	3	QL (1 tab/day)
fluvastatin oral capsule	1	QL (1 cap/day)
fluvastatin oral tablet extended release 24 hr	1	QL (1 tab/day)
lovastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
lovastatin oral tablet 40 mg	1	QL (2 tabs/day)
pravastatin	1	QL (1 tab/day)
simvastatin	1	QL (1 tab/day)
Dyslipidemics, Other		
cholestyramine (with sugar)	1	
cholestyramine light	1	
colestipol	1	
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	1	QL (2 tabs/day)
niacin oral tablet extended release 24 hr 500 mg	1	QL (4 tabs/day)
niacor	1	

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Drug	Tier	Limits/Notes
omega-3 acid ethyl esters	1	PA QL (4 caps/day)
prevalite	1	
Vasodilators, Direct-Acting Arterial/Venous		
isochron	1	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
minitran	1	
nitroglycerin oral	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
nitromist	1	
NITROSTAT	3	
nitro-time	1	
Vasodilators, Direct-Acting Arterial		
hydralazine oral	1	
minoxidil oral	1	
Central Nervous System Agents		
benzphetamine	1	PA
phendimetrazine tartrate oral capsule, extended release	1	PA
phendimetrazine tartrate oral tablet	1	PA AL (PA required for those 65 years of age or older)
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	2	QL (2 caps/day)
amphetamine salt combo oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1	QL (4 tabs/day)
amphetamine salt combo oral tablet 12.5 mg	1	QL (5 tabs/day)
amphetamine salt combo oral tablet 20 mg	1	QL (3 tabs/day)
amphetamine salt combo oral tablet 30 mg	1	QL (2 tabs/day)
dextroamphetamine oral capsule, extended release 10 mg	1	QL (6 caps/day)
dextroamphetamine oral capsule, extended release 15 mg	1	QL (4 caps/day)
dextroamphetamine oral capsule, extended release 5 mg	1	QL (12 caps/day)
dextroamphetamine oral solution	1	QL (40 ml/day)
dextroamphetamine oral tablet 10 mg	1	QL (4 tabs/day)
dextroamphetamine oral tablet 5 mg	1	QL (8 tabs/day)
dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 7.5 mg	1	QL (4 tabs/day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	QL (2 tabs/day)
methamphetamine	1	QL (8 tabs/day)
procentra	1	PA QL (40 ml/day)
VYVANSE	3	QL (1 cap/day)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
dexmethylphenidate oral capsule, er biphasic 50-50	1	QL (1 cap/day)
dexmethylphenidate oral tablet	1	QL (2 tabs/day)
guanfacine oral tablet extended release 24 hr	1	ST QL (use guanfacine ir, clonidine extended release, methylphenidate, or a drug in the amphetamine class first, 1 tab/day)
metadate er	1	QL (3 tabs/day)
methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	1	QL (2 caps/day)

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Drug	Tier	Limits/Notes
methylphenidate oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	1	QL (1 cap/day)
methylphenidate oral capsule,er biphasic 50-50 20 mg, 30 mg	1	QL (2 caps/day)
methylphenidate oral capsule,er biphasic 50-50 40 mg	1	QL (1 cap/day)
methylphenidate oral solution 10 mg/5 ml	1	QL (30 ml/day)
methylphenidate oral solution 5 mg/5 ml	1	QL (60 ml/day)
methylphenidate oral tablet 10 mg	1	QL (6 tabs/day)
methylphenidate oral tablet 20 mg	1	QL (3 tabs/day)
methylphenidate oral tablet 5 mg	1	QL (12 tabs/day)
methylphenidate oral tablet extended release 10 mg	1	QL (6 tabs/day)
methylphenidate oral tablet extended release 20 mg	1	QL (3 tabs/day)
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	QL (1 tab/day)
methylphenidate oral tablet extended release 24hr 36 mg	1	QL (2 tabs/day)
methylphenidate oral tablet,chewable	1	QL (6 tabs/day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG	3	QL (4 caps/day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (1 cap/day)
STRATTERA ORAL CAPSULE 40 MG	3	QL (2 caps/day)
Central Nervous System, Other		
adipex-p oral capsule	1	PA AL (PA required for those 65 years of age or older)
ascomp with codeine	1	QL (9 caps/day)
butalbital compound w/codeine	1	QL (9 caps/day)
caffeine citrated oral	1	
diethylpropion	1	PA
phentermine	1	PA AL (PA required for those 65 years of age or older)
riluzole	1	
Multiple Sclerosis Agents		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 syringe/day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (12 syringes/month)
GILENYA	4	PA QL (1 cap/day)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline	1	
oralone	1	
pilocarpine hcl oral	1	
triamcinolone acetonide dental	1	
Dermatological Agents		
Dermatological Agents		
acitretin	1	
adapalene	1	AL (PA required if > 40 years of age)
alclometasone	1	
amcinonide	1	
amnestem	1	
apexicon e	1	
avar topical cleanser	1	
avar-e	1	
avar-e green	1	

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Drug	Tier	Limits/Notes
bensal hp topical ointment 3 %	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented	1	
bp 10-1	1	
bp-50% urea	1	ST (use two preferred urea products first)
bpo topical gel	1	
calcipotriene	1	
calcipotriene-betamethasone	1	PA QL (400 gm/month)
calcitrene	1	
calcitriol topical	1	
cem-urea	1	ST (use two preferred urea products first)
claravis	1	
cleansing wash topical cleanser	1	
clindamycin-benzoyl peroxide	1	
clobetasol scalp	1	
clobetasol topical cream	1	
clobetasol topical foam	1	PA
clobetasol topical gel	1	
clobetasol topical lotion	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical ointment	1	
clobetasol topical shampoo	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical spray,non-aerosol	1	ST QL (use clobetasol cream, ointment, solution, gel, or cream emollient first; 125 ml/month)
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	PA
clocortolone pivalate	1	
clodan	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
cormax scalp	1	
desonide	1	
desoximetasone	1	
diclofenac sodium topical drops	1	PA QL (1 bottle/month)
diclofenac sodium topical gel	1	
diflorasone	1	
doxycycline monohydrate oral capsule,ir & delay rel,biphase	1	QL (1 cap/day)
ELIDEL	2	ST AL QL (PA required for those 12 years of age or older; use medium, high, or very high potency topical steroid first; 1 tube/fill)
EPIDUO	3	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
EPIDUO FORTE	3	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
ery pads	1	
erygel	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	

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Drug	Tier	Limits/Notes
fluocinolone	1	
fluocinolone acetonide oil	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
fluorouracil topical cream 0.5 %	1	QL (1 tube/month)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
fluticasone topical	1	
halobetasol propionate	1	
hydrocortisone butyrate	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine rectal	1	
imiquimod	1	QL (24 packs/month, max of 48 packs/6 months)
lactic acid	1	
lactic acid e	1	
latrix	1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
lidocaine-hydrocortisone-aloe rectal gel	1	
methoxsalen rapid	1	
mometasone topical solution	1	
myorisan	1	
podocon	1	
podofilox	1	
prednicarbate	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
rea lo 39	1	ST (use two preferred urea products first)
rea lo 40	1	
remeven	1	
rosanil	1	
salacyn	1	
salicylic acid topical cream	1	
salicylic acid topical cream,extended release	1	
salicylic acid topical film forming liquid w/appl 27.5 %	1	
salicylic acid topical foam	1	
salicylic acid topical gel	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion	1	

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Drug	Tier	Limits/Notes
salicylic acid topical lotion,extended release	1	QL (400 gm/month)
salicylic acid topical shampoo	1	
scalacort	1	
seb-prev	1	
ss 10-2	1	
sss 10-5	1	
sulfacetamide sodium topical cleanser	1	
sulfacetamide sodium topical shampoo	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %	1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical foam	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA
sulfacetamide sod-sulfur-urea topical cleanser	1	
sulfacleanse 8-4	1	PA
tacrolimus topical ointment 0.03 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 13 years of age or older; 1 tube/fill)
tacrolimus topical ointment 0.1 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 15 years of age and younger; 1 tube/fill)
tretinoin microspheres	1	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)
tretinoin topical	1	AL (PA required if > 40 years of age)
triamcinolone acetonide topical aerosol	1	ST (use triamcinolone and one other preferred medium potency topical steroid first)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
trianex	1	
triderm topical cream	1	
u-cort	1	
umecta topical foam	1	ST (use two preferred urea products first)
urea nail stick	1	
urea topical cream 39 %	1	ST (use two preferred urea products first)
urea topical cream 40 %, 45 %, 50 %	1	
urea topical cream 47 %	1	ST QL (use two preferred urea products first; 1 bottle/month)
urea topical foam	1	ST (use two preferred urea products first)
urea topical gel 45 %	1	ST (use two preferred urea products first)
urea topical lotion 40 %	1	
urea topical lotion 45 %	1	ST (use two preferred urea products first)
urea topical nail film suspension	1	ST (use two preferred urea products first)

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Drug	Tier	Limits/Notes
VOLTAREN TOPICAL	3	QL (5 tubes/month)
zenatane oral capsule 10 mg, 20 mg, 40 mg	1	
zencia	1	
Enzyme Replacement/Modifiers		
CREON	2	
Enzyme Replacement/Modifiers		
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	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	1	
belladonna-opium	1	
chlordiazepoxide-clidinium	1	AL (PA required for those 65 years of age or older)
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
ed-spaz	1	
glycopyrrolate oral	1	
hyoscyamine sulfate	1	
hyosyne	1	
methscopolamine oral	1	
nulev	1	
oscimin	1	
oscimin sl	1	
oscimin sr	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
propantheline	1	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
Gastrointestinal Agents, Other		
anucort-hc	1	
anusol-hc rectal suppository	1	
cromolyn oral	1	
diphenoxylate-atropine	1	
hemmorex-hc	1	
hydrocortisone acetate rectal suppository	1	
loperamide oral capsule	1	
opium tincture	1	
paregoric	1	
ursodiol	1	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension	1	
famotidine oral tablet 40 mg	1	

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Drug	Tier	Limits/Notes
nizatidine	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 300 mg	1	
Irritable Bowel Syndrome Agents		
alosetron	1	PA
AMITIZA	2	ST AL QL (PA required for those less than 18 years of age; use lactulose first; 2 caps/day)
Laxatives		
constulose	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-h and bisacodyl	1	
gavilyte-n	1	
generlac	1	
lactulose	1	
peg 3350-electrolytes	1	
peg-3350 with flavor packs	1	
peg-electrolyte soln	1	
peg-prep	1	
polyethylene glycol 3350 oral	1	
SUPREP BOWEL PREP KIT	3	
trilyte with flavor packets	1	
Protectants		
sucalfate oral tablet	1	
Proton Pump Inhibitors		
DEXILANT	3	ST QL (use omeprazole, pantoprazole, rabeprazole or lansoprazole first; 1 cap/day)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	ST (use omeprazole, pantoprazole, rabeprazole, and lansoprazole 30mg cap first)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
omeprazole oral capsule, delayed release(dr/ec)	1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST QL (use omeprazole, pantoprazole, rabeprazole, lansoprazole 30mg cap, and Dexilant first; 1 cap/day)
pantoprazole oral	1	
rabeprazole	1	
Genitourinary Agents		
Antispasmodics, Urinary		
azuphen mb	1	
flavoxate	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST QL (use Vesicare or Myrbetriq and either oxybutynin ir/er or trospium ir/er first; 1 bottle/month)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST QL (use Vesicare or Myrbetriq and either oxybutynin ir/er or trospium ir/er first; 1 pack/day)
hyolev mb	1	
hyophen	1	
MYRBETRIQ	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)

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Drug	Tier	Limits/Notes
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg	1	QL (3 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 15 mg	1	QL (2 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	QL (1 tab/day)
phosphasal	1	
tolterodine oral capsule,extended release 24hr	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
tolterodine oral tablet	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
trospium oral capsule,extended release 24hr	1	QL (1 cap/day)
trospium oral tablet	1	QL (2 tabs/day)
uramit mb	1	
urimar-t	1	
urin ds	1	
uro-blue	1	
uro-l	1	
urolet mb	1	
uro-mp	1	
urophen mb	1	
uryl	1	
ustell	1	
uta (with phenyl salicylate)	1	
utira-c	1	
VESICARE ORAL TABLET 10 MG	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
VESICARE ORAL TABLET 5 MG	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
Benign Prostatic Hypertrophy Agents		
alfuzosin	1	
doxazosin	1	
dutasteride	1	PA QL (1 cap/day)
dutasteride-tamsulosin	1	PA QL (1 cap/day)
finasteride oral tablet 5 mg	1	
prazosin oral	1	
tamsulosin	1	
terazosin	1	
Genitourinary Agents, Other		
bethanechol chloride	1	
phenazopyridine oral tablet 100 mg, 200 mg	1	
ur n-c	1	
Phosphate Binders		
RENVELA	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
fludrocortisone	1	
hydrocortisone butyr-emollient	1	
hydrocortisone oral	1	
mometasone topical cream	1	

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Drug	Tier	Limits/Notes
mometasone topical ointment	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin nasal	1	
desmopressin oral	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA QL (2 vials/day)
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	4	PA QL (1 vial/day)
NUTROPIN AQ NUSPIN	4	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
misoprostol	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone	1	PA
Androgens		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA QL (2 bottles/month)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA QL (1 packet/day)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA QL (2 packets/day)
androxy	1	PA QL (4 tabs/day)
covaryx	1	AL (PA required for those 65 years of age or older)
covaryx h.s.	1	AL (PA required for those 65 years of age or older)
danazol oral	1	
eemt	1	AL (PA required for those 65 years of age or older)
eemt hs	1	AL (PA required for those 65 years of age or older)
estrogens-methyltestosterone	1	AL (PA required for those 65 years of age or older)
methyltestosterone oral capsule	1	PA
testosterone cypionate	1	QL (10 ml/month)
testosterone enanthate	1	QL (5 ml/month)
testosterone transdermal gel	1	PA QL (10 grams/day)
testosterone transdermal gel in metered-dose pump 1.25 gram/actuation (1 %)	1	PA QL (300 grams/month)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA QL (2 bottles/month)
testosterone transdermal gel in packet	1	PA QL (300 grams/month)
Estrogens		
altavera (28)	1	X
alyacen 1/35 (28)	1	X
alyacen 7/7/7 (28)	1	X
amethia	1	X
amethia lo	1	X
amethyst	1	QL (1 pack/month) X
apri	1	X

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Drug	Tier	Limits/Notes
aranelle (28)	1	X
ashlyna	1	X
aubra	1	X
aviane	1	X
azurette (28)	1	X
balziva (28)	1	X
bekyree (28)	1	X
BEYAZ	3	XX
blisovi 24 fe	1	X
blisovi fe 1/20 (28)	1	X
briellyn	1	X
camrese	1	X
camrese lo	1	X
caziant (28)	1	X
chateal	1	X
cryselle (28)	1	X
cyclafem 1/35 (28)	1	X
cyclafem 7/7/7 (28)	1	X
cyred	1	X
dasetta 1/35 (28)	1	X
dasetta 7/7/7 (28)	1	X
daysee	1	X
delyla (28)	1	X
desog-e.estradiol/e.estradiol	1	X
desogestrel-ethinyl estradiol	1	X
drospirenone-ethinyl estradiol	1	X
elimest	1	X
emoquette	1	X
enpresse	1	X
enskyce	1	X
estarylla	1	X
estradiol oral	1	AL (PA required for those 65 years of age or older)
estradiol transdermal patch semiweekly	1	AL QL (PA required for those 65 years of age or older, 16 patches/28 days)
estradiol transdermal patch weekly	1	AL QL (PA required for those 65 years of age or older; 8 patches/28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
ESTRING	3	
estropipate	1	AL (PA required for those 65 years of age or older)
falmina (28)	1	X
gianvi (28)	1	X
gildagia	1	X
gildess 1.5/30 (21)	1	X
gildess 1/20 (21)	1	X
gildess 24 fe	1	X
gildess fe 1.5/30 (28)	1	X

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Drug	Tier	Limits/Notes
gildess fe 1/20 (28)	1	X
introvale	1	X
jevantique lo	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
jinteli	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
jolessa	1	X
juleber	1	X
junel 1.5/30 (21)	1	X
junel 1/20 (21)	1	X
junel fe 1.5/30 (28)	1	X
junel fe 1/20 (28)	1	X
junel fe 24	1	X
kariva (28)	1	X
kelnor 1/35 (28)	1	X
kimidess (28)	1	X
kurvelo	1	X
l norgest/e.estradiol-e.estrad	1	X
larin 1.5/30 (21)	1	X
larin 1/20 (21)	1	X
larin 24 fe	1	X
larin fe 1.5/30 (28)	1	X
larin fe 1/20 (28)	1	X
leena 28	1	X
lessina	1	X
levonest (28)	1	X
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	X
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	QL (1 pack/month) X
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	X
levonorg-eth estrad triphasic	1	X
levora 0.15/30 (28)	1	X
levora-28	1	X
lomedica 24 fe	1	X
lopreeza	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
loryna (28)	1	X
low-ogestrel (28)	1	X
lutera (28)	1	X
marlissa	1	X
microgestin 1.5/30 (21)	1	X
microgestin 1/20 (21)	1	X
microgestin fe 1.5/30 (28)	1	X
microgestin fe 1/20 (28)	1	X
mimvey	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
mimvey lo	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
MINASTRIN 24 FE	3	XX

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Drug	Tier	Limits/Notes
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	AL QL (PA required for those 65 years of age or older; 16 patches/28 days)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	AL QL (PA required for those 65 years of age or older, 16 patches/28 days)
mono-linyah	1	X
mononessa (28)	1	X
myzilra	1	X
NATAZIA	3	X
necon 0.5/35 (28)	1	X
necon 1/35 (28)	1	X
necon 1/50 (28)	1	X
necon 10/11 (28)	1	X
necon 7/7/7 (28)	1	X
nikki (28)	1	X
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	X
norethindrone-e.estradiol-iron	1	X
norgestimate-ethinyl estradiol	1	X
norgestrel-ethinyl estradiol	1	X
nortrel 0.5/35 (28)	1	X
nortrel 1/35 (21)	1	X
nortrel 1/35 (28)	1	X
nortrel 7/7/7 (28)	1	X
NUVARING	3	QL (1 ring/month) X
ocella	1	X
ogestrel (28)	1	X
orsythia	1	X
philith	1	X
pimtrea (28)	1	X
pirmella	1	X
portia	1	X
PREMARIN ORAL	3	AL (PA required for those 65 years of age or older)
PREMARIN VAGINAL	3	
PREMPRO	3	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
previfem	1	X
quasense	1	X
reclipsen (28)	1	X
setlakin	1	X
sprintec (28)	1	X
sronyx	1	X
syeda	1	X
tarina fe 1/20 (28)	1	X
filia fe	1	X
tri-estarylla	1	X
tri-legest fe	1	X
tri-linyah	1	X

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Drug	Tier	Limits/Notes
trinessa (28)	1	X
tri-previfem (28)	1	X
tri-sprintec (28)	1	X
trivora (28)	1	X
velivet triphasic regimen (28)	1	X
vestura (28)	1	X
viorele (28)	1	X
vyfemla (28)	1	X
wera (28)	1	X
wymzya fe	1	X
xulane	1	QL (3 patches/month) X
zarah	1	X
zenchent (28)	1	X
zenchent fe	1	X
zeosa	1	X
zovia 1/35e (28)	1	X
zovia 1/50e (28)	1	X
Progestins		
camila	1	X
deblitane	1	X
econtra ez	1	QL (1 tab/fill) X
errin	1	X
heather	1	X
jencycla	1	X
jolivette	1	X
levonorgestrel oral tablet 1.5 mg	1	QL (1 tab/fill) X
lyza	1	X
medroxyprogesterone oral	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
megestrol oral tablet	1	
my way	1	QL (1 tab/fill) X
next choice one dose	1	QL (1 tab/fill) X
nora-be	1	X
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	X
norethindrone (contraceptive)	1	X
norethindrone acetate	1	
norlyroc	1	X
progesterone	1	
progesterone in oil	1	
progesterone micronized	1	
sharobel	1	X
Selective Estrogen Receptor Modifying Agents		
ralone	1	GL QL (covered for females only; 1 tab/day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	AL (PA required for those 65 years of age or older)

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Drug	Tier	Limits/Notes
levothyroxine oral	1	
liothyronine oral	1	
SYNTHROID	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	PA
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1	QL (16 tabs/month)
leuprolide subcutaneous kit	4	PA
octreotide acetate	4	PA
SYNAREL	4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
Immunological Agents		
Immune Suppressants		
azathioprine	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL SUBCUTANEOUS RECON SOLN	4	PA QL (8 vials/28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA QL (8 syringes/28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA QL (4 syringes/28 days)
ENBREL SURECLICK	4	PA QL (4 pen injectors/28 days)
gengraf	1	
HUMIRA	4	PA QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHN'S START	4	PA QL (3 or 6 syringes/year, dependent upon package size)
HUMIRA PEN	4	PA QL (2 syringes/28 days)
HUMIRA PEN CROHN'S-UC-HS START	4	PA QL (6 syringes/year)
HUMIRA PEN PSORIASIS STARTER	4	PA QL (4 syringes/year)
methotrexate sodium (pf) injection solution	1	QL (8 ml/month)
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
RAPAMUNE ORAL SOLUTION	2	
SANDIMMUNE ORAL	2	
sirolimus	1	
tacrolimus oral	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	2	QL (2 tabs/day)
ZORTRESS ORAL TABLET 0.5 MG	2	QL (4 tabs/day)
Immunomodulators		
AVONEX (WITH ALBUMIN)	4	QL (4 inj./month)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	QL (4 inj./month)
AVONEX INTRAMUSCULAR SYRINGE	4	QL (4 inj./month)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	QL (4 inj./month)

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Drug	Tier	Limits/Notes
leflunomide	1	
REBIF (WITH ALBUMIN)	4	QL (12 inj./month)
REBIF REBIDOSE	4	QL (12 inj./month)
REBIF TITRATION PACK	4	QL (12 inj./month)
RIDAURA	2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	4	QL (1 pack/month)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 caps/day)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL (4 caps/day)
balsalazide	1	QL (9 caps/day)
LIALDA	3	QL (4 tabs/day)
mesalamine rectal	1	
Glucocorticoids		
budesonide oral	1	
colocort	1	
cortisone	1	
dexamethasone	1	
dexamethasone intensol	1	
hydrocortisone rectal enema	1	
millipred dp	1	
millipred oral tablet	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone intensol	1	
prednisone oral	1	
Sulfonamides		
sulfasalazine	1	
sulfazine	1	
sulfazine ec	1	
Metabolic Bone Disease Agents		
Mast Cell Stabilizers		
paricalcitol oral capsule 1 mcg, 2 mcg	1	
Metabolic Bone Disease Agents		
alendronate oral solution	1	QL (4 bottles/month)
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL (4 tabs/month)
alendronate oral tablet 40 mg	1	QL (1 tab/day)
calcitonin (salmon)	1	PA QL (1 bottle/month)
calcitriol oral	1	
doxercalciferol oral	1	
etidronate disodium	1	
ibandronate oral	1	ST QL (use alendronate first; 1 tab/month)
paricalcitol oral capsule 4 mcg	1	

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Drug	Tier	Limits/Notes
risedronate oral tablet 150 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/month)
risedronate oral tablet 30 mg	1	PA
risedronate oral tablet 35 mg	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
risedronate oral tablet 5 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/day)
risedronate oral tablet, delayed release (dr/ec)	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACCU-CHEK AVIVA TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK MULTICLIX LANCET	2	
ACCU-CHEK SAFE-T-PRO	2	
ACCU-CHEK SAFE-T-PRO PLUS	2	
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK SOFTCLIX LANCETS	2	
ADVOCATE SYRINGES	2	
AEROCHAMBER MINI	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS FLOW-VU,L MSK	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	
AEROCHAMBER PLUS FLOW-VU,S MSK	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER PLUS Z STAT LG MSK	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	
AEROCHAMBER PLUS Z STAT SM MSK	2	
AEROCHAMBER WITH FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS-FLW SG	2	
ASSURE ID INSULIN SAFETY	2	
BD INSULIN SYRINGE	2	
COMFORT EZ SYRINGE	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EXEL INSULIN	2	
FEMCAP VAGINAL DEVICE 26 MM, 30 MM	2	X
FLEXICHAMBER	2	
FREESTYLE PRECISION	2	
INSULIN SYRINGE MICROFINE	2	
insulin syringe needleless	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE ULTRAFINE	2	
insulin syringe- needle	2	
KETO-DIASTIX	2	

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Drug	Tier	Limits/Notes
KETOSTIX	2	
lancets	2	
levocarnitine (with sugar)	1	
levocarnitine oral tablet	1	
LITE TOUCH INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYRNG	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 X 5/16"	2	
MAXI-COMFORT INSULIN SYRINGE	2	
methylegonovine oral	1	
MONOJECT INSULIN SAFETY SYRING	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT INSULIN	2	
ONETOUCH ULTRA TEST STRIP	2	QL (200 strips/month)
ONETOUCH VERIO TEST STRIPS	2	QL (200 strips/month)
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND LG MASK	2	
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
OPTICHAMBER DIAMOND-SML MASK	2	
PRODIGY INSULIN SYRINGE	2	
SAFESNAP INSULIN SYRINGE	2	
SURE-JECT INSULIN SYRINGE	2	
TERUMO INSULIN SYRINGE	2	
THINPRO INSULIN SYRINGE	2	
ULTICARE SYRINGE 0.3 ML 29 X 1/2", 0.3 ML 30 X 1/2", 0.3 ML 30 X5/16", 0.3 ML 31 X 5/16", 1 ML 29 X 1/2", 1 ML 30 X 1/2", 1 ML 30 X 5/16", 1 ML 31 X 5/16", 1/2 ML 29 X 1/2", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16", 1/2 ML30 X 5/16"	2	
ULTILET INSULIN SYRINGE	2	
ULTRA CMFT INS SYR HALF UNIT	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 X 1/2", 0.3 ML 30, 0.3 ML 30 X 5/16", 0.3 ML 31 X 5/16", 1 ML 28, 1 ML 28 X 1/2", 1 ML 29, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 7/16", 1 ML 30 X 5/16", 1 ML 31 X 5/16", 1/2 ML 28, 1/2 ML 28 X 1/2", 1/2 ML 29, 1/2 ML 29 X 1/2", 1/2 ML 30, 1/2 ML 30 X 5/16", 1/2 ML 31 X 5/16"	2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 X 5/16", 0.3 ML 31 X 5/16", 1 ML 30 X 5/16", 1/2 ML 30 X 5/16", 1/2 ML 31 X 5/16"	2	
ULTRA-THIN II INSULIN SYRINGE	2	
VANISHPOINT SYRINGE	2	
WIDE-SEAL DIAPHRAGM 65	2	X
WIDE-SEAL DIAPHRAGM 70	2	X
WIDE-SEAL DIAPHRAGM 75	2	X
WIDE-SEAL DIAPHRAGM 80	2	X
WIDE-SEAL DIAPHRAGM 85	2	X
WIDE-SEAL DIAPHRAGM 90	2	X
WIDE-SEAL DIAPHRAGM 95	2	X
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanamide Analogs		
bimatoprost	1	ST QL (use travoprost or latanoprost first; 5 ml/month)

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Drug	Tier	Limits/Notes
latanoprost	1	QL (5 ml/month)
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	ST QL (use travoprost or latanoprost first; 5 ml/month)
TRAVATAN Z	2	ST QL (use travoprost or latanoprost first; 5 ml/day)
travoprost (benzalkonium)	1	QL (1 bottle/month)
Ophthalmic Agents, Other		
atropine ophthalmic	1	
homatropaire	1	
homatropine hbr	1	
naphazoline	1	
phenylephrine hcl ophthalmic	1	
proparacaine	1	
RESTASIS	3	QL (2 droppers/day)
sulfacetamide sodium ophthalmic ointment	1	
tropicamide ophthalmic	1	
Ophthalmic Anti-Allergy Agents		
azelastine ophthalmic	1	
cromolyn ophthalmic	1	
epinastine	1	
LASTACAPT	3	QL (1 bottle/month)
olopatadine ophthalmic	1	ST QL (use two ophthalmic anti-allergenic formulary alternatives, one of which is Pataday or Pazeo; 10 ml/month)
PATADAY	3	QL (1 bottle/month)
PAZEO	3	QL (1 bottle/month)
Ophthalmic Antiglaucoma Agents		
acetazolamide oral capsule, extended release	1	
apraclonidine	1	
AZOPT	3	
betaxolol ophthalmic	1	
brimonidine	1	
carteolol	1	
dorzolamide-timolol	1	
levobunolol ophthalmic drops 0.5 %	1	
metipranolol	1	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	
SIMBRINZA	3	
timolol maleate ophthalmic	1	
Ophthalmic Anti-Inflammatories		
bromfenac	1	
CIPRODEX	3	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
fluorometholone	1	
flurbiprofen sodium	1	
ILEVRO	3	QL (1 bottle/month)
ketorolac ophthalmic	1	
LOTEMAX OPHTHALMIC DROPS,GEL	3	

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Drug	Tier	Limits/Notes
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC OINTMENT	3	QL (1 tube/month)
NEVANAC	3	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide-prednisolone	1	
Otic Agents		
acetic acid otic	1	
acetic acid-aluminum acetate	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
arbinoxa	1	
azelastine nasal	1	QL (1 bottle/month)
carbinoxamine maleate	1	
centergy	1	
centergy dm	1	
chlorpheniramine-pseudoephed	1	
clemastine oral tablet 2.68 mg	1	
cpm-pseudoephed-hydrocodone	1	
cyproheptadine	1	AL (PA required for those 65 years of age or older)
desloratadine	1	ST (use azelastine, flunisolide nasal, or Nasonex first)
ed a-hist dm oral liquid	1	
hydrocodone-chlorpheniramine	1	
levocetirizine	1	PA
olopatadine nasal	1	ST QL (use azelastine 0.15% nasal or azelastine 0.1% nasal first; 1 bottle/month)
promethazine vc	1	AL (PA required for those 65 years of age or older)
promethazine-codeine	1	AL (PA required for those 65 years of age or older)
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (1 inhaler/month)
ADVAIR HFA	2	QL (1 inhaler/month)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (4 ml/day)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (2 ml/day)
budesonide nasal	1	ST QL (use flunisolide nasal first; 2 bottles/month)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (2 bottles/month)
NASONEX	2	QL (1 bottle/month)
OMNARIS	2	ST QL (use flunisolide nasal and Nasonex first; 1 bottle/month)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (4 inhalers/month)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (2 inhalers/month)
Antileukotrienes		
montelukast oral granules in packet	1	QL (1 pack/day)
montelukast oral tablet	1	QL (1 tab/day)
montelukast oral tablet,chewable	1	QL (1 tab/day)
zafirlukast	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (2 inhalers/month)

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Drug	Tier	Limits/Notes
ipratropium bromide inhalation	1	QL (120 doses/month)
ipratropium bromide nasal spray,non-aerosol 0.03 %	1	QL (1 bottle/month)
ipratropium bromide nasal spray,non-aerosol 0.06 %	1	QL (3 bottles/month)
ipratropium-albuterol	1	QL (6 boxes [30 doses/box]/month)
TUDORZA PRESSAIR	3	QL (1 inhaler/month)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	QL (5 boxes/month)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (4 bottles/month)
albuterol sulfate oral	1	
epinephrine injection auto-injector	1	QL (4 injections/fill)
EPIPEN	2	QL (4 injections/fill)
EPIPEN 2-PAK	2	QL (4 injections/fill)
EPIPEN JR	2	QL (4 injections/fill)
EPIPEN JR 2-PAK	2	QL (4 injections/fill)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	QL (90 nebs/month)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	QL (90 vials/month)
metaproterenol oral	1	
PROAIR HFA	2	QL (2 inhalers/month)
PROAIR RESPICLICK	2	QL (2 inhalers/month)
STRIVERDI RESPIMAT	2	QL (1 inhaler/month)
terbutaline oral	1	
VENTOLIN HFA	3	QL (2 inhalers/month)
XOPENEX HFA	3	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
Mast Cell Stabilizers		
cromolyn inhalation	1	QL (2 boxes/month)
Phosphodiesterase Inhibitors, Airways Disease		
theochron	1	
theophylline oral solution	1	
theophylline oral tablet extended release	1	
theophylline oral tablet extended release 12 hr	1	
Pulmonary Antihypertensives		
ADCIRCA	4	PA QL (2 tabs/day)
LETAIRIS	4	PA QL (1 tab/day)
sildenafil oral	4	PA QL (3 tabs/day)
TRACLEER	4	PA QL (2 tabs/day)
Respiratory Tract Agents, Other		
acetylcysteine	1	
benzonatate	1	
hydrocodone-homatropine oral syrup	1	QL (45 ml/day)
hydrocodone-homatropine oral tablet	1	QL (9 tabs/day)
hydromet	1	QL (45 ml/day)
promethazine vc-codeine	1	AL (PA required for those 65 years of age or older)
promethazine-dm	1	AL (PA required for those 65 years of age or older)
promethazine-phenyleph-codeine	1	AL (PA required for those 65 years of age or older)
pulmosal	1	

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Drug	Tier	Limits/Notes
sodium chloride inhalation	1	
sski	1	
tussigon	1	QL (9 tabs/day)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 250 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
carisoprodol oral tablet 350 mg	1	AL (PA required for those 65 years of age or older)
chlorzoxazone	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 7.5 mg	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
metaxall	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
methocarbamol oral	1	AL (PA required for those 65 years of age or older)
orphenadrine citrate oral	1	AL (PA required for those 65 years of age or older)
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zaleplon oral capsule 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 caps/day)
zaleplon oral capsule 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 4 caps/day)
zolpidem oral tablet 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem oral tablet,ext release multiphase 12.5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet,ext release multiphase 6.25 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
Sleep Disorders, Other		
modafinil oral tablet 100 mg	1	PA QL (3 tabs/day)
modafinil oral tablet 200 mg	1	PA QL (2 tabs/day)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CHEMET	2	
CUPRIMINE	3	PA QL (16 caps/day)
DEPEN TITRATABS	2	PA QL (16 tabs/day)
kionex	1	
klor-con sprinkle	1	
sodium polystyrene (sorb free)	1	
sodium polystyrene sulfonate	1	
SYPRINE	2	QL (8 tabs/day)
Electrolyte/Mineral Replacement		
calcium acetate oral capsule	1	
calcium-folic acid-vitamin d	1	

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Drug	Tier	Limits/Notes
centratex	1	
c-nate dha	1	
corvita	1	
corvita 150	1	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
cytra-k	1	
effer-k oral tablet, effervescent 25 meq	1	
extra-virt plus dha	1	
ferocon	1	
ferraplus 90	1	
ferrex 150 forte plus	1	
ferrex 28	1	
ferrocite plus	1	
ferrogels forte	1	
focalgin dss	1	
folivane-f	1	
folivane-plus	1	
FOSAMAX PLUS D ORAL TABLET 70-2,800 MG-UNIT	2	QL (4 tabs/month)
hematinic plus vit/minerals	1	
hematinic/folic acid	1	
hematogen fa	1	
hematogen forte	1	
hemenatal ob	1	
hemetab	1	
iferex 150 forte	1	
k-effervescent	1	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
k-sol	1	
multigen	1	
multigen folic	1	
multigen plus	1	
myferon 150 forte	1	
newgen	1	
phospha 250 neutral	1	
pnv 29-1	1	
poly-iron 150 forte	1	
pot & sod citrate-citric acid	1	
potassium bicarb and chloride	1	
potassium bicarb-citric acid	1	

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Drug	Tier	Limits/Notes
potassium chloride oral	1	
potassium citrate	1	
potassium citrate-citric acid	1	
prena1 pearl	1	
prenatal plus	1	
prenatal vitamins low iron	1	
preplus	1	
purevit dualfe plus	1	
r-natal ob	1	
se-tan plus	1	
shohl's modified	1	
sodium citrate-citric acid	1	
softgels multivit-a,b,d,e,k,zn	1	
taron forte	1	
tl icon	1	
tl-hem 150	1	
tricitrates	1	
tricon	1	
trigels-f forte	1	
tri-vitamin with fluoride	1	
vinate dha	1	
virt-phos 250 neutral	1	
virtrate-3	1	
virt-select	1	
vp-ch plus	1	
vp-ch-pnv	1	
vp-ggr-b6	1	
vp-heme ob	1	
zingiber	1	
Vitamins		
av-vite fb forte	1	
bp vit 3 plus	1	
calcium pnv	1	
completenate	1	
cyanocobalamin (vitamin b-12) injection	1	
dothelle dha	1	
elite-ob	1	
elite-ob 400	1	
fabb	1	
folbecal	1	
folbee	1	
folbee plus	1	
folbic	1	
folbic rf	1	
folic acid oral tablet 1 mg	1	
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg, 2.5-25-1 mg	1	
folivane-ob	1	

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Drug	Tier	Limits/Notes
folplex 2.2	1	
inatal advance	1	
inatal ultra	1	
levomefolate dha	1	
lmthf-pyridoxine-cyanocobalamn	1	
macnatal cn dha	1	
multi-vit with fluoride & iron	1	
multivitamin with fluoride	1	
multi-vitamin with fluoride	1	
multivitamins with fluoride	1	
mynatal advance	1	
mynatal oral tablet	1	
mynatal plus	1	
mynatal-z	1	
mynate 90 plus	1	
mynephrocaps	1	
niva-fol	1	
niva-plus	1	
pnv-dha	1	
pnv-dha + docusate	1	
pnv-ferrous fumarate-docu-fa	1	
pnv-omega	1	
pnv-select	1	
pnv-vp-u	1	
prenaissance	1	
prenaissance next	1	
prenaissance plus	1	
prenatal 19	1	
prenatal 19 (with docusate)	1	
prenatal low iron	1	
prenatal plus (calcium carb)	1	
prenatal-u	1	
pretab	1	
relnate dha	1	
renal caps	1	
rena-vite rx	1	
reno caps	1	
rulavite dha	1	
se-natal 19	1	
se-natal 19 (with docusate)	1	
se-tan dha	1	
taron-c dha	1	
taron-prex prenatal-dha	1	
thrivite rx	1	
tl gard rx	1	
tl g-fol os	1	
tl-select	1	

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Drug	Tier	Limits/Notes
triadvance	1	
tricare	1	
trinatal gt	1	
trinatal rx 1	1	
triphrocaps	1	
triple vitamin with fluoride	1	
triveen-one	1	
triveen-prx nf	1	
triveen-u	1	
tri-vit with fluoride & iron	1	
ultimatecare one	1	
ultimatecare one nf	1	
vemavite-prx-2	1	
vinacal	1	
vinate care	1	
vinate gt	1	
vinate ii	1	
vinate m	1	
vinate one	1	
vinate pn care	1	
vinate ultra	1	
virt nate	1	
virt-advance	1	
virt-c dha	1	
virt-caps	1	
virt-care one	1	
virt-gard	1	
virt-nate	1	
virt-pn	1	
virt-pn dha	1	
virt-pn plus	1	
virtprex	1	
virt-vite	1	
virt-vite forte	1	
virt-vite gt	1	
virt-vite plus	1	
vitamin d2	1	
vitamins a,c,d & fluoride	1	
vitaspire	1	
vol-care rx	1	
vol-nate	1	
vol-plus	1	
vol-tab rx	1	
vp-heme one	1	
vp-vite rx	1	
zatean-ch	1	
zatean-pn dha	1	

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Drug	Tier	Limits/Notes
zatean-pn plus	1	

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