

2015 Drug Formulary

**For HealthPlus Partners Medicaid
and Healthy Michigan members**



HealthPlus Partners

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PREFACE TO THE CURRENT EDITION

Recommendations in the formulary are intended to promote the most cost-effective therapy while maintaining a high quality drug benefit. The drug formulary is not meant to take the place of the product package insert, and users are encouraged to refer to the full prescribing information provided with the product.

Input and suggestions for inclusion in the 2016 edition are encouraged. Please direct your comments and suggestions to:

HealthPlus of Michigan
Pharmacy Department
2050 S Linden Road
P.O. Box 1700
Flint, MI 48501-1700

Or e-mail:

rx@healthplus.org

Formulary information is also available at www.healthplus.org.

Formulary information is also available through various e-prescribing applications (along with eligibility verification and prescription history).

HOW TO USE THIS FORMULARY

ORGANIZATION

The HealthPlus Partners drug formulary contains information about drug coverage, generic and formulary brand prescriptions, and information about HealthPlus pharmacy policies, procedures and programs.

There are two ways to find a drug in the formulary:

Category of Drug/Medical Condition

The drugs in this formulary are grouped into categories based on the type of drug or medical conditions they are used to treat. For example, drugs used to treat infections are listed under the category “ANTI-INFECTIVE AGENTS.” If you know what a drug is used for, look for the drug category name under the Table of Contents that follows. Then look under the category name for your drug.

Alphabetical Listing

You may also look for the drug name in the formulary Index. The Index is an alphabetical list of all of the drugs on the formulary. Both brand name drugs (in bold capital letters) and generic drugs (in lower case italic letters) are listed. Find the drug in the Index and then scroll to that page to find the drug and coverage information.

CONTENT

The HealthPlus Partners drug formulary is a list of covered drugs selected by HealthPlus with a team of health care providers including doctors and pharmacists, called the Pharmacy & Therapeutics Committee. Recommendations for the HealthPlus Partners formulary are developed through the Pharmacy & Therapeutics Committee and are based on a review of current drug information and medical literature. HealthPlus recognizes that it is the sole responsibility of the physician to determine the best course of care for a particular patient.

The HealthPlus Partners drug formulary is a closed formulary. This means that drugs that are listed on the formulary are covered. Drugs that are not listed on the formulary, also called non-formulary, are not covered. For covered drugs that are listed on the formulary, restrictions may still apply (for example, step therapy, prior authorization, quantity limits). The process for requesting addition of a non-formulary drug to the formulary is included under the heading “Formulary Updates and Revisions” on page 10.

DRUG LISTING

For each drug category, drugs are listed alphabetically. Generic drugs are listed in *lower case italic* letters. Brand name drugs are listed in **UPPER CASE bold** letters. The copayment level/drug tier is included for each medication, along with any type of restrictions such as prior authorization (PA), quantity limits, etc.

Drug Tier

Tier 1= Generic drugs

Tier 2= Formulary brand drugs

Tier 4= Specialty medications

Tier 5= Carved out to MDCH and covered by MiHealth

Tier 6 = Medical (administered in an office or facility)

Members and providers can view or print the drug formulary, or formulary updates, at www.healthplus.org. A printed copy of formulary documents is also available upon request.

HealthPlus encourages the use of OTC (over-the-counter) products when appropriate. HealthPlus Partners covers a small list of OTC products as required by the State of Michigan. Please refer to the HealthPlus Partners OTC summary list (Appendix B) on page 9.

COPAYS

For HealthPlus Partners Medicaid, there is a ZERO copayment for all drug tiers for medications covered by HealthPlus Partners. However, copayments may apply for drugs that are covered by the State Medicaid program.

For HealthPlus Partners Healthy Michigan Plan, there is a \$1 copayment for generic prescriptions and a \$3 copayment for brand prescriptions. The copayment will not be collected by the pharmacy. Copayments will be tracked for six months to determine the member's copayment contribution into his/her MIHealth account. Copayments only apply for members who are age 21 and older.

MEMBER PRESCRIPTION BENEFIT

For HealthPlus Partners, prescriptions must be written by a participating physician, or a non-participating physician with the required referral. If the medication is a covered benefit, members may fill their prescription at a participating HealthPlus pharmacy by presenting their identification card. A list of participating pharmacies may be found in the Provider Directory, on-line at www.healthplus.org or by contacting the Customer Service department.

GENERIC SUBSTITUTION

When a drug is generically available, HealthPlus Partners covers the generic drug (not the brand equivalent). These drugs appear in *lower case italic* letters in the formulary. A generic drug has the same active ingredient as the brand name drug. Generic drugs cost less than brand name drugs but they are equivalent. Brand name drugs (when there is a generic equivalent) are non-formulary (not covered).

HealthPlus Partners has an exception process to review requests for the brand name drug due to medical necessity. Please see the Exception Process section below for details.

STEP THERAPY/PRIOR AUTHORIZATION PROGRAM

HealthPlus requires step therapy or prior authorization for certain formulary drugs based on clinical, safety, or cost reasons. A copy of the Pharmacy Prior Authorization/Exception Request form is included as Appendix C on page 12. Prior Authorization means that there are established criteria that must be met before the drug is covered. In some cases, prior authorization is based on step therapy. Step therapy means that there are "first step" drugs that must be used before the "second step" drug is covered. Established criteria for prior authorization are included in this drug formulary and are also available at the HealthPlus website.

To request approval for a formulary drug that requires prior authorization:

- The physician or office staff may complete the Pharmacy Prior Authorization/Exception Request form.
- The form may be faxed to the HealthPlus Pharmacy department:
FAX (810) 720-2757 (FLINT)

If the patient presents a prescription to the pharmacy and prior authorization has not been requested, the pharmacy should contact the prescribing physician and suggest preferred alternatives or instruct the physician to complete the Pharmacy Prior Authorization/Exception Request form. For medications included in the specialty pharmacy program, the physician may initiate the request for medication through the specialty vendor. The specialty vendor will then contact HealthPlus.

HealthPlus processes all prior authorization requests in a timely manner based on required timeframes and circumstances. Requests are reviewed by HealthPlus pharmacy staff, including pharmacists. If a request is approved, HealthPlus notifies the physician by fax. If a request is denied, HealthPlus notifies the physician by fax and also mails a copy of the denial notice to the member. This notice contains the reason for the denial and an explanation of the appeal process.

EXCEPTION PROCESS

The HealthPlus Partners drug formulary is a closed formulary. This means that drugs that are not listed on the formulary (also called non-formulary drugs) are not covered.

HealthPlus has an exception process to review requests for non-formulary/non-covered drugs. Physicians or members may request an exception, but it must be based on medical necessity. If a member makes the request, HealthPlus pharmacy staff will obtain the necessary information from the member's physician in order to review the request, using the Pharmacy Prior Authorization/Exception Request form. If the member's physician does not provide the information to support the request, the request will be denied.

To request an exception to the formulary:

- The physician or office staff may complete the Pharmacy Prior Authorization/Exception Request form.
- The form may be faxed to the HealthPlus Pharmacy department:
FAX (810) 720-2757 (FLINT)

HealthPlus processes exception requests within 24 hours after receipt of complete information to review the request. Requests are reviewed by HealthPlus pharmacy staff, including pharmacists. If a request is approved, HealthPlus notifies the physician by fax. If a request is denied, HealthPlus notifies the physician by fax and also mails a copy of the denial notice to the member. This notice contains the reason for the denial and an explanation of the appeal process.

HealthPlus uses the following established exception criteria to review all requests for non-formulary/non-covered drugs:

1. Based on specific documented patient circumstances, each/all of the formulary drugs/alternatives are not appropriate because:
 - a. Medication(s) are contraindicated or unsafe, or
 - b. Patient is intolerant or allergic, or
 - c. Patient had an inadequate or inappropriate response; **AND**
2. Chart documentation to support this medical necessity has been provided; **AND**
3. The requested drug and dosage is FDA-approved for the patient's diagnosis; **AND**
4. If established (commercial) HealthPlus prior authorization criteria exists, the prior authorization criteria will also apply.

PREFERRED MEDICATION PROGRAM

HealthPlus administers a Preferred Medication Program to promote the use of certain brand drugs. HealthPlus uses messaging with the claim to provide information to the dispensing pharmacist.

PHARMACY AUDIT PROGRAM

HealthPlus (or its designee) performs pharmacy audits to help ensure consistent and accurate electronic submission of prescription claims by the pharmacy network. Prescription claim audit activities may include a review of utilization by pharmacies, physicians, and members. The pharmacy audit program includes desk (paper) audits, on-site audits, and an appeals process.

DRUG RECALL SURVEILLANCE PROGRAM

When a drug product is recalled or withdrawn from the market due to safety reasons, HealthPlus reviews prescription use to identify members receiving that drug. HealthPlus notifies members and physicians affected by the recall, as appropriate.

DOSE OPTIMIZATION PROGRAM

HealthPlus administers a Dose Optimization Program for specific drugs taken once a day or drugs with maximum dosing limits. This program may result in quantity limits for some formulary medications but it also improves medication adherence. For requests above the allowed quantity, the physician may submit the standard Pharmacy Prior Authorization/Exception Request form, with information that includes a current diagnosis and medical necessity for the dosage regimen.

DRUG UTILIZATION REVIEW (DUR)

HealthPlus administers a comprehensive DUR program to help ensure the quality and safety of prescribing and dispensing medications to members. The program includes point-of-service quality and safety edits to the pharmacist when a prescription is being filled, and retrospective analysis of claims data (with integration of medical and pharmacy data) to identify opportunities for educational intervention and improve quality and outcomes. For more information regarding the DUR program, please contact the HealthPlus Pharmacy department at 1-810-720-2758 or toll-free at 1-877-710-0993.

CONTROLLED SUBSTANCES PHARMACY PROGRAM (CSPP)

HealthPlus offers services through a Controlled Substances Pharmacy Program to support the appropriate management of pain, ensure patient safety of narcotic use, and monitor for and prevent potential fraud and abuse of narcotics. For more information about the CSPP program, please contact the HealthPlus Pharmacy department at 1-810-720-2758 or toll-free at 1-877-710-0993.

MANDATORY SPECIALTY PHARMACY PROGRAM

HealthPlus administers a MANDATORY specialty pharmacy program for oral and injectable specialty medications. This means that specific formulary drugs must be obtained through a HealthPlus-contracted specialty pharmacy. The specialty pharmacy will mail the medication to the physician's office or the member's home.

For more information about the specialty pharmacy program or specialty drugs, please contact the HealthPlus Customer Service department at 1-800-332-9161.

DENTAL FORMULARY

The HealthPlus Partners dental formulary is a restricted list of drugs that are covered when prescribed by dentists. Drugs that are not listed on the dental formulary are not a covered benefit when prescribed by a dentist. HealthPlus Partners covers the generic drug (not the brand equivalent). A copy of the dental formulary is printed on the next page.

HEALTHPLUS PARTNERS DENTAL FORMULARY

	<u>Antifungals</u>	
nystatin		MYCOSTATIN*
	<u>Antivirals</u>	
acyclovir		ZOVIRAX*
valacyclovir		VALTREX*
	<u>Antibiotics</u>	
	<u>Cephalosporins</u>	
cephalexin HCL		KEFLEX* (NOT 750MG)
cefadroxil		DURICEF*
cefuroxime		CEFTIN*
	<u>Erythromycins</u>	
erythromycin		ERYTHROMYCIN*
	<u>Penicillins</u>	
amoxicillin		AMOXIL*
amoxicillin-clavulanate potassium		AUGMENTIN*
penicillin V potassium		PENVEEK*
	<u>Tetracyclines</u>	
doxycycline hyclate		VIBRAMYCIN*, VIBRATABS*
tetracycline HCL		(NOT DORYX, ORACEA)
	<u>Miscellaneous Antibiotics</u>	
clindamycin HCL		CLEOCIN 150mg*
	<u>Miscellaneous Anti-Infectives</u>	
metronidazole		FLAGYL*
	<u>Nonsteroidal Anti-Inflammatory Agents</u>	
ibuprofen		RX MOTRIN*
indomethacin		INDOCIN CAPSULES*
naproxen		NAPROSYN*
	<u>Narcotic Analgesics</u>	
acetaminophen/codeine		TYLENOL W/CODEINE*
acetaminophen 325/oxycodone 5		PERCOCET*
aspirin/caffeine/dihydrocodeine		SYNALGOS-DC*
aspirin/codeine		EMPIRIN W/CODEINE*
aspirin 325/oxycodone 5		PERCODAN*
butalbital/aspirin/caffeine/codeine		FIORINAL W/CODEINE*
acetaminophen 325/hydrocodone 10		NORCO*
acetaminophen 325/hydrocodone 7.5		NORCO*
acetaminophen 325/hydrocodone 5		NORCO*
ibuprofen 200/hydrocodone 7.5		VICOPROFEN*
	<u>Systemic Corticosteroids</u>	
methylprednisolone		MEDROL DOSE PAK*
	<u>Miscellaneous Rinses</u>	
chlorhexidine gluconate		PERIDEX*
	<u>Miscellaneous</u>	
lidocaine viscous solution/ointment		LIDOCAINE*

*generic available

APPENDIX B OVER-THE-COUNTER (OTC) MEDICATIONS

Michigan Medicaid regulations include a requirement for coverage of selected over-the-counter (OTC) medications as part of the prescription benefit. HealthPlus Partners covers all OTC products covered by Michigan Medicaid FFS, with a written prescription (condoms do not require a prescription from a physician). If the OTC product is available as a generic, the generic product is covered. A summary list (alphabetic by brand name) of covered OTC products is included below:

Abreva (docosanol)	Imodium (loperamide) caplet
Allegra (fexofenadine)	Imodium AD (loperamide) liquid
Allegra-D (fexofenadine/pseudoephedrine)	Maalox (aluminum/magnesium hydrox) suspension
Artificial Tears solution	Metamucil (psyllium) powder
Aspirin tablets (regular, buffered and enteric-coated), suppositories	Monistat-7 (miconazole) vaginal cream, suppositories
Bacitracin ointment	Motrin (ibuprofen) tablets, suspension, chewables
Benadryl (diphenhydramine) capsules, elixir	Neosporin (bacitracin/neomycin/polymixin) ointment
Calcium carbonate tablets, suspension	Nicotine patch, inhaler, nasal spray, gum/lozenges
Chlor-Trimeton (chlorpheniramine) tablets, syrup	Nix (permethrin cream rinse)
Claritin (loratadine) tablets, reditabs, syrup	Pepto-Bismol caplet, chewable, suspension
Claritin-D (loratadine/pseudoephedrine)	Peri-Colace (docusate sodium w/ casanthranol) capsules
Colace (docusate sodium) capsules, liquid	Prevacid 24 Hour (lansoprazole) capsules
Condoms (<i>condoms do not require a prescription from a physician</i>)	Tavist (clemastine) tablets, syrup
Dulcolax (bisacodyl) tablets, suppositories	Tylenol (acetaminophen) tablets, drops, elixir, suppositories
Ferrous gluconate	Zaditor (ketotifen)
Ferrous sulfate tablets, solution	Zyrtec (cetirizine) tablets, chewable, liquid gels, solution
Fluoride	
Folic acid	
Gyne-Lotrimin (vaginal cream, suppositories)	
Hydrocortisone cream, ointment	

Note: This is a summary list and does not include all covered OTC products.

PHARMACY & THERAPEUTICS COMMITTEE

The Pharmacy & Therapeutics Committee is a group of doctors and pharmacists from the community, in addition to HealthPlus staff. The committee may invite persons within or outside the organization who can contribute specialized or unique knowledge, skills, and judgments. The function of the committee is to serve in an evaluative, educational, and advisory capacity to the physician providers in all matters pertaining to drug use. The committee also provides strategic guidance for pharmacy programs. The committee is involved in the development and updating of pharmaceutical management procedures. In addition, the committee meets at least four times annually to evaluate drugs for the formulary. The recommendations of the Pharmacy & Therapeutics Committee are communicated to the Medical Affairs Committee and finally sent to the Board of Directors for approval.

FORMULARY UPDATES AND REVISIONS

The HealthPlus Partners formulary is revised regularly through recommendations from the Pharmacy & Therapeutics Committee. HealthPlus reviews drugs and drug categories on an ongoing basis to help ensure that the formulary provides an ample, up-to-date selection of quality, cost-effective medication choices. The formulary is revised and republished annually with notification to members and providers, with periodic updates on the website at www.healthplus.org; providers and members may also receive a printed copy of the formulary upon request. HealthPlus routinely provides updated information to physicians, pharmacies and members with updates at the website and articles in the newsletters. The formulary is also available for providers through various e-prescribing software applications. Specifically for negative changes to the formulary (addition of prior authorization requirements, step therapy, or a change in status from formulary to non-formulary when a generic equivalent is not available), HealthPlus notifies affected members and their prescribers of the change.

Members may also obtain up-to-date formulary and cost information specific to their benefit at www.healthplus.org. For more information, please contact the HealthPlus Pharmacy department at 1-810-230-2118.

Physician requests for additions to the formulary must be made on a Request for Addition to the Formulary form, which includes the reason for the request and any clinical data supporting that request. Please refer to APPENDIX A (page 11) for a copy of the Request for Addition to the HealthPlus Partners Formulary form. Member requests for additions to the formulary are forwarded to the Pharmacy department for appropriate review and consideration.

SMOKING CESSATION PHARMACOTHERAPY

All OTC and prescription FDA-approved smoking cessation products are covered. These products are covered with no copay and prior authorization is not required. Duration limits may apply for specific products.

APPENDIX A
REQUEST FOR ADDITION TO THE HEALTHPLUS PARTNERS FORMULARY

Completed forms will be reviewed by the Pharmacy & Therapeutics Committee. The need for the drug, alternative therapy available, efficacy, safety and cost-effectiveness will be considered. It is *essential* that this form be completed for proper evaluation.

1. Generic Names: _____

2. Brand Name & Manufacturer: _____

3. Dosage Form(s) & Strength(s): _____

4. Specific pharmacologic action and indications for use:

5. Comparable drugs currently on the formulary: _____

6. If the requested drug is added to the formulary, can any of the brand drugs above be removed from the formulary?

7. List the therapeutic advantages of the requested drugs over those already listed on the formulary. Supply references to support these advantages:

8. Estimate the anticipated cost impact if the requested drug is added to the Formulary:

DATE

PRINT NAME

SIGNATURE

Send to: HealthPlus
ATTN: Pharmacy Department
2050 S Linden Road; PO Box 1700
Flint, MI 48501-1700
FAX: 810-720-2757
E-MAIL: rx@healthplus.org

APPENDIX C

**PHARMACY PRIOR AUTHORIZATION/EXCEPTION
REQUEST FORM**

Forward form to the HealthPlus Pharmacy Department via facsimile:

Flint facsimile: 810-720-2757

For questions or to request via telephone:

Flint local phone: 810-720-2758 Toll free phone: 877-710-0993

FOR A TIMELY RESPONSE, PLEASE PROVIDE **COMPLETE** INFORMATION.

HealthPlus ID#: _____ Patient Name: _____

Date of Birth: _____ Height: _____ Weight: _____ BMI: _____

This is a request for (check one): **DAW** **Medication Requiring P/A** **P/A for Dosage Regimen**

MedicarePlus Advantage Part D: **Exception Request** **Medically Urgent**

Closed Formulary: **Exception Request**

Prescribed Drug and Dosing Regimen: _____

Reason for Use (Diagnosis): _____

Previous Medications: _____

Please attach pertinent laboratory test(s) or procedure(s): (if applicable)

Reason why an alternative drug (or dosing regimen) cannot be used: _____

DEA#: _____ HealthPlus Provider ID#: _____

Office Phone: (____) _____ Office Facsimile: (____) _____

Pharmacy Name (optional): _____ Pharmacy Phone: _____

Infusions/Injections (if applicable)

Lab Results (if applicable)

Place of Infusion/injection: _____

CrCL: _____

Provider ID: _____

TG: _____

I represent to the best of my knowledge and belief that the information provided is true, complete, and fully disclosed. A person may be committing insurance fraud if false or deceptive information with the intent to defraud is provided.

Physician's Name (please print) _____ Physician's Signature _____

Office Contact Person: _____

For HealthPlus Use Only

Request Date: _____ LOB: _____ L _____ E _____ N _____

Non-Urgent Request: _____ Urgent Request: _____

Exception Request: _____

CPT Review Time _____ RPh Review Time _____ Med Dir Review Time _____

Comments: _____

Approved Partial Approval Denied

Approved by: _____ Reason for Denial: _____

Effective Date: _____

Faxed to Indigent Program: _____

If you would like to discuss this case with a pharmacist or physician reviewer, please call (800) 332-9161.

****THIS DOCUMENT MAY BE PHOTOCOPIED, or you may request additional copies by calling the HealthPlus Pharmacy Department at the telephone number(s) listed above.**

Rev January 2015

PRESCRIPTION BENEFIT LIMITATIONS

APPENDIX E

HealthPlus Partners Limitations

Complete limitations and restrictions are included in the table of formulary drugs. For your convenience, a summary of major limitations and restrictions is listed here:

- Coverage is limited to medications on the formulary.
- Medications that are not on the formulary are not covered. Requests for exception will be reviewed against established criteria based on medical necessity.
- Covered medications are limited to a 31-day supply at participating retail pharmacies. Refills may be obtained when 85% of the day supply received has passed.
- Coverage for formulary drugs is limited to the reasonable cost of generically-available products, unless no generically-available product exists or a member-specific review for medical necessity determines the need for the brand name medication.
- Coverage for formulary drugs is limited to FDA-approved indications when reviewed, unless a member-specific review for medical necessity determines the need for a particular medication for an off-label use.
- Prescriptions written by a dentist are limited to those medications on the HealthPlus dental formulary.
- Prescriptions for formulary testosterone drugs are limited to male members only, unless a member-specific review for a female member determines medical necessity or if the medication is being used for an FDA-approved indication.
- Prescriptions for formulary drugs that contain estrogen are limited to female members only.
- Prior Authorization based on specific criteria is required for formulary drugs included in the Pharmacy Prior Authorization Program including the Dose Optimization Program.
- Coverage for formulary medications included in the Dose Optimization Program is limited to an allowed quantity based on once daily dosing or maximum dose recommendations; unless a member specific review determines medical necessity for the specified dosing regimen.
- Coverage for specific formulary migraine medications is limited to 9 tablets per month, unless a member specific review determines that the member is also currently taking medication for the prophylaxis of migraine and still requires more than 9 tablets per month.
- Formulary medications for weight loss require Prior Authorization, initiated through the Pharmacy department
- Prescriptions for formulary compounded medications require Prior Authorization based on established criteria for safety and appropriateness.
- There is no coverage for replacement of lost, stolen or destroyed medication.

HealthPlus Partners Exclusions

A complete list of exclusions is included in the member's HealthPlus Partners subscriber contract.

- Drugs, dietary and other supplements, articles, and supplies provided on an outpatient basis which are not specifically listed in the HealthPlus Partners formulary.
- Specialty pharmacy drugs on the Mandatory Specialty Drug List when filled at a non-affiliated specialty pharmacy provider.

State of Michigan Requirements for HealthPlus Partners

- Coverage is limited to the generic product when a generic product is available.
- Combination cough and cold products are not a covered benefit.
- Certain Over-the-Counter (OTC) products (as mandated by the State) are covered when written as a prescription and dispensed by the pharmacy, with coverage limited to the generic product when the product is generically available.
- Condoms are a covered benefit, limited to a maximum of 12 condoms per fill and 36 condoms per month.
- All FDA-approved smoking cessation products (prescription and OTC) are covered.
- Medications used to treat infertility are not a covered benefit.
- Medications for erectile dysfunction are not a covered benefit.
- Behavioral health medications, HIV medications and specific medications in other categories are carved out and covered by Michigan Department of Community Health (MDCH) through MiHealth.

**HealthPlus Partners Formulary
For HealthPlus Partners Medicaid and Healthy Michigan Plan**

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**HealthPlus Partners Formulary
For HealthPlus Partners Medicaid and Healthy Michigan Plan**

CURRENT AS OF 8/18/2015

	Drug Tier	Notes
	Tier 1 = Generic	DDS = Dental Formulary Drug
	Tier 2 = Preferred Brand	Infert. = Infertility Drug
	Tier 3 = Not Covered	PA = Prior Authorization
	Tier 4 = Specialty Preferred	PA New St = Prior Auth-New Starts Only
	Tier 5 = Carved Out to MDCH	QL = Quantity Limit
	Tier 6 = Medical Benefit	QL/DS = Quantiy & Day Supply Limits
	Tier 8 = Specialty Non-Preferred	Specialty = Must fill at Specialty Pharmacy
lowercase italics = Generic drugs		Specialty = Specialty Pharmacy Contact Info
UPPERCASE BOLD = Brand name drugs		

Drug Name	Drug Tier	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Narcotic Agonists		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA; QL (4 lozenges per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/12 hr, 25 mcg/12 hr, 50 mcg/12 hr, 75 mcg/12 hr</i>	Tier 1	QL (15 patches per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine concentrate oral syringe 20 mg/ml</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	PA; QL (3 tablets per 1 day)
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
Analgesic Narcotic Codeine Combinations		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	DDS (Also covered when written by a dentist.); QL (13 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (12 capsules per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	DDS (Also covered when written by a dentist.); QL (12 capsules per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	DDS (Also covered when written by a dentist.); QL (12 capsules per 1 day)

Drug Name	Drug Tier	Notes
Analgesic Narcotic Dihydrocodeine Combinations		
<i>dihydrocodeine-aspirin-caff oral capsule 16-356.4-30 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Analgesic Narcotic Hydrocodone Combinations		
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml), 7.5-325 mg/15 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	DDS (Also covered when written by a dentist.); QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 1	QL (12 tablets per 1 day)
Analgesic Narcotic Oxycodone Combinations		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	DDS (Also covered when written by a dentist.); QL (12 tablets per 1 day)
ENDODAN ORAL TABLET 4.8355-325 MG	Tier 1	DDS (Also covered when written by a dentist.)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	QL (28 tablets per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	DDS (Also covered when written by a dentist.); QL (12 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Analgesic Narcotic Partial-Mixed Agonists		
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 2	PA; QL (4 patches per 28 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Or Antipyretic Non-Narcotic		
ACEPHEN RECTAL SUPPOSITORY 325 MG, 650 MG	Tier 1	
ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG	Tier 1	
<i>acetaminophen oral drops,suspension 80 mg/0.8 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>acetaminophen oral elixir 160 mg/5 ml</i>	Tier 1	
<i>acetaminophen oral liquid 500 mg/5 ml</i>	Tier 1	
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml</i>	Tier 1	
<i>acetaminophen oral suspension 160 mg/5 ml</i>	Tier 1	
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	
<i>acetaminophen oral tablet extended release 650 mg</i>	Tier 1	
<i>acetaminophen oral tablet, chewable 80 mg</i>	Tier 1	
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	Tier 1	
<i>acetaminophen rectal suppository 120 mg</i>	Tier 1	
FEVERALL RECTAL SUPPOSITORY 325 MG, 650 MG	Tier 1	
INFANT'S NON-ASPIRIN ORAL DROPS,SUSPENSION 100 MG/ML	Tier 1	
JR. ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 160 MG	Tier 1	
NON-ASPIRIN EXTRA STRENGTH ORAL CAPSULE 500 MG	Tier 1	
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML	Tier 1	
NON-ASPIRIN JR STRENGTH ORAL TABLET,CHEWABLE 160 MG	Tier 1	
NORTEMP ORAL DROPS 80 MG/0.8 ML	Tier 1	
PAIN RELIEVER JR STRENGTH ORAL TABLET,CHEWABLE 160 MG	Tier 1	
Q-PAP ORAL DROPS 80 MG/0.8 ML	Tier 1	
SILAPAP ORAL DROPS 80 MG/0.8 ML	Tier 1	
Analgesic Or Antipyretic Non-Narcotic/Sedative Combinations		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
MARGESIC ORAL CAPSULE 50-325-40 MG	Tier 1	
MARTEN-TAB ORAL TABLET 50-325 MG	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	

Drug Name	Drug Tier	Notes
Anti-Inflammatory - Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
HUMIRA CROHN'S DIS START PCK SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA PED CROHN'S STARTER PK SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
HUMIRA PSORIASIS STARTER PACK SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - Antimalarials		
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
Dmard - Antimetabolites		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib.		
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - B Cell Targeted Agents		
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	PA

Drug Name	Drug Tier	Notes
Dmard - Immunosuppressives		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Dmard - Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL TABLET 5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Dmard - Other		
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
MINOCYCLINE ORAL TABLET 100 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>sulfazine ec oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	
<i>sulfazine oral tablet 500 mg</i>	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Dmard - Pyrimidine Synthesis Inhibitors		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Nsaid Analgesic & Prostaglandin Analog Combinations		
<i>diclofenac-misoprostol oral tablet, ir & delay rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	PA
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	QL (5 mls per 1 day)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
ALEVE ORAL CAPSULE 220 MG	Tier 2	
ALL DAY PAIN RELIEF ORAL TABLET 220 MG	Tier 1	
ALL DAY RELIEF ORAL TABLET 220 MG	Tier 1	
CHILD IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	Tier 1	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
IBUPROFEN IB ORAL TABLET 200 MG	Tier 1	
IBUPROFEN IB ORAL TABLET,CHEWABLE 100 MG	Tier 1	
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Tier 1	
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral capsule 220 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	Tier 1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older); DDS (Also covered when written by a dentist.)
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	AR (PA required for age 66 and older); DDS (Also covered when written by a dentist.)
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations		
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics		
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
ASPIR-81 ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
ASPIRIN LOW DOSE ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
<i>aspirin oral tablet 325 mg</i>	Tier 1	
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 1	
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 500 mg, 81 mg</i>	Tier 1	
<i>aspirin rectal suppository 300 mg, 600 mg</i>	Tier 1	
ASPIR-LOW ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	

Drug Name	Drug Tier	Notes
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
Anesthetics		
Local Anesthetic - Amides		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>lidocaine topical ointment 5 %</i>	Tier 1	
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5 %</i>	Tier 1	
PROCTO-PAK RECTAL CREAM 1 %	Tier 1	
PROCTOSOL HC RECTAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Antidote Others		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 2	

Drug Name	Drug Tier	Notes
Chelating Agents - Iron		
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FERRIPROX ORAL TABLET 500 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Chelating Agents - Lead Poisoning		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 2	PA
Narcotic Antagonists		
DEPADE ORAL TABLET 50 MG	Tier 5	
<i>naltrexone oral tablet 50 mg</i>	Tier 5	
Anti-Infective Agents		
Amebicides		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic		
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Aminopenicillin Antibiotic		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Anthelmintic Agents - Benzimidazole Derivatives		
ALBENZA ORAL TABLET 200 MG	Tier 2	
Anthelmintic Agents Other		
BILTRICIDE ORAL TABLET 600 MG	Tier 2	PA
PIN-X ORAL SUSPENSION 50 MG/ML	Tier 2	
PIN-X ORAL TABLET, CHEWABLE 250 MG	Tier 2	
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML	Tier 1	

Drug Name	Drug Tier	Notes
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
Antibacterial Folate Antagonist Others		
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antifungal - Allylamines		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin oral powder 500 million unit</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Imidazoles		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
Antifungal - Triazoles		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antileprotic - Immunomodulators		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antileprotic - Sulfone Agents		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
Antimalarials		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
Antiprotozoal Agents - Other		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole oral capsule 375 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)

Drug Name	Drug Tier	Notes
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 5	
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	
ISENTRESS ORAL TABLET 400 MG	Tier 5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 5	
TIVICAY ORAL TABLET 50 MG	Tier 5	
VITEKTA ORAL TABLET 150 MG, 85 MG	Tier 5	
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT ORAL TABLET 25 MG	Tier 5	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 5	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 5	
<i>nevirapine oral tablet 200 mg</i>	Tier 5	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 5	
RESCRIPTOR ORAL TABLET 200 MG	Tier 5	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	Tier 5	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 5	
SUSTIVA ORAL TABLET 600 MG	Tier 5	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	Tier 5	
VIRAMUNE ORAL TABLET 200 MG	Tier 5	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 400 MG	Tier 5	

Drug Name	Drug Tier	Notes
Antiretroviral - Nucleoside & Nucleotide Analogs, Integrase Inhibitors		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral tablet 300 mg</i>	Tier 5	
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i>	Tier 5	
EMTRIVA ORAL CAPSULE 200 MG	Tier 5	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	
RETROVIR ORAL CAPSULE 100 MG	Tier 5	
RETROVIR ORAL SYRUP 10 MG/ML	Tier 5	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 5	
<i>stavudine oral recon soln 1 mg/ml</i>	Tier 5	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 5	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG, 200 MG, 250 MG, 400 MG	Tier 5	
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	Tier 5	
ZERIT ORAL RECON SOLN 1 MG/ML	Tier 5	
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 5	
ZIAGEN ORAL TABLET 300 MG	Tier 5	
<i>zidovudine oral capsule 100 mg</i>	Tier 5	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 5	
<i>zidovudine oral tablet 300 mg</i>	Tier 5	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 5	

Drug Name	Drug Tier	Notes
Antiretroviral Combinations - Nrti's		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 5	
COMBIVIR ORAL TABLET 150-300 MG	Tier 5	
EPZICOM ORAL TABLET 600-300 MG	Tier 5	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 5	
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 5	
Antiretroviral Combinations - Nucleoside & Nucleotide Analog Rtis		
TRUVADA ORAL TABLET 200-300 MG	Tier 5	
Antiretroviral Combinations - Nucleoside Analogs & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 5	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 5	
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 5	
Antiretroviral-Nucleoside& Nucleotide Analogs& Non-Nucleoside Rti Comb		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 5	
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	
Antitubercular - D-Alanine Analogs		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Rifamycin And Derivatives		
<i>rifabutin oral capsule 150 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftibuten oral capsule 400 mg</i>	Tier 1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
Cmv Antiviral Agent - Nucleoside Analogs		
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>valganciclovir oral tablet 450 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Fluoroquinolone Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
Glycopeptide Antibiotics		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir oral tablet 10 mg</i>	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Hepatitis C - Interferons		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	Tier 4	PA New St; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA New St; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA New St; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis C - Nucleoside Analogs		
REBETOL ORAL SOLUTION 40 MG/ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RIBASPHERE ORAL CAPSULE 200 MG	Tier 1	
RIBASPHERE ORAL TABLET 200 MG, 400 MG	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Influenza Antiviral Agents - Neuraminidase Inhibitors		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Tier 2	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 2	
Influenza-A Antiviral Agents		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics		
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>clindamycin hcl oral capsule 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
Macrolides		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)

Drug Name	Drug Tier	Notes
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Oxazolidinone Antibiotics		
<i>linezolid oral tablet 600 mg</i>	Tier 1	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 2	
Penicillin Antibiotic - Natural		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 5	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	Tier 5	
Protease Inhibitors (Peptidic) Antiretroviral		
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 5	
INVIRASE ORAL CAPSULE 200 MG	Tier 5	
INVIRASE ORAL TABLET 500 MG	Tier 5	
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 5	

Drug Name	Drug Tier	Notes
LEXIVA ORAL TABLET 700 MG	Tier 5	
NORVIR ORAL CAPSULE 100 MG	Tier 5	
NORVIR ORAL SOLUTION 80 MG/ML	Tier 5	
NORVIR ORAL TABLET 100 MG	Tier 5	
NORVIR SOFT GELATIN ORAL CAPSULE 100 MG	Tier 5	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	Tier 5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	
Rifamycins And Related Derivative Antibiotics		
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Tetracycline Antibiotics		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>doxycycline monohydrate oral capsule 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	PA
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1)&Her-2 (ErbB2)R.Inhib		
TYKERB ORAL TABLET 250 MG	Tier 5	
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
ZYTIGA ORAL TABLET 250 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN ORAL TABLET 2 MG	Tier 2	
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN ORAL CAPSULE 50 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE ORAL CAPSULE 50 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN ORAL TABLET 2 MG	Tier 2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1	
Antineoplastic - Alkylating Agent - Triazines		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antineoplastic - Antiadrenals		
LYSODREN ORAL TABLET 500 MG	Tier 2	
Antineoplastic - Antiandrogens		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
<i>flutamide oral capsule 125 mg</i>	Tier 1	
NILANDRON ORAL TABLET 150 MG	Tier 2	
XTANDI ORAL CAPSULE 40 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ZYTIGA ORAL TABLET 250 MG	Tier 2	
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	
TABLOID ORAL TABLET 40 MG	Tier 2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	
<i>exemestane oral tablet 25 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	
Antineoplastic - Epidermal Growth Factor Receptor (Egfr) - Specific		
IRESSA ORAL TABLET 250 MG	Tier 5	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 5	
Antineoplastic - Epipodophyllotoxins		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Antineoplastic - Estrogens		
EMCYT ORAL CAPSULE 140 MG	Tier 2	
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic - Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA New St; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Multikinase Inhibitors		
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1]), 140 MG/DAY(80 MG[1]-20 MG[3]), 60 MG/DAY (20 MG [3]/DAY)	Tier 5	
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 5	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	
NEXAVAR ORAL TABLET 200 MG	Tier 5	

Drug Name	Drug Tier	Notes
STIVARGA ORAL TABLET 40 MG	Tier 5	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	
ZELBORAF ORAL TABLET 240 MG	Tier 5	
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	
Antineoplastic - Progestins		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Antineoplastic - Proteasome Enzyme Inhibitors		
VELCADE INJECTION RECON SOLN 3.5 MG	Tier 5	
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF ORAL TABLET 100 MG, 500 MG	Tier 5	
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 5	
GLEEVEC ORAL TABLET 100 MG, 400 MG	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG [1]/DAY), 14 MG (10 MG[1] -4 MG[1])/DAY, 20 MG/DAY (10 MG [2]/DAY), 24 MG (10 MG[2] -4 MG[1])/DAY	Tier 5	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 5	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 5	
VOTRIENT ORAL TABLET 200 MG	Tier 5	
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	
ZYKADIA ORAL CAPSULE 150 MG	Tier 5	
Antineoplastic - Retinoids		
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	Tier 1	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic - Thalidomide Analogs		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
POMALYST ORAL CAPSULE 4 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antineoplastic- Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL CAPSULE 50 MG	Tier 5	
Methotrexate Rescue Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX ORAL TABLET 400 MG	Tier 2	
Antiseptics & Disinfectants		
Antiseptic - Alcohols		
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 1	
Antiseptic - Iodine/Iodophores		
IODINE TOPICAL TINCTURE 2 %	Tier 1	
<i>iodine-sodium iodide topical tincture , 2 %</i>	Tier 1	
Antiseptic - Others		
FORMADON TOPICAL SOLUTION 10 %	Tier 1	
<i>formaldehyde topical solution with applicator 10 %</i>	Tier 1	
Disinfectants - Aldehydes		
FORMADON TOPICAL SOLUTION 10 %	Tier 1	
Disinfectants - Other		
ALCOH-WIPE TOWELETTE 70 %	Tier 1	
Biologicals		
Live Vaccines		
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Vaccine Viral - Varicella		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Vaccine Viral Combinations		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blockers (Arbs)		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
Antianginal - Coronary Vasodilators (Nitrates)		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	Tier 1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	Tier 2	PA
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
Antiarrhythmic - Class Ib		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 5	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 5	
Antiarrhythmic - Class Ic		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ii		
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class Iii		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
Antiarrhythmic - Class Iv		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	

Drug Name	Drug Tier	Notes
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
Antihyperlipidemic - Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
<i>atorvastatin oral tablet 10 mg</i>	Tier 1	QL (1 tablet per day per 1 day)
<i>atorvastatin oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pravastatin oral tablet 10 mg</i>	Tier 1	QL (1 tablet per day per 1 day)
<i>pravastatin oral tablet 20 mg</i>	Tier 1	
<i>pravastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 1	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
ZETIA ORAL TABLET 10 MG	Tier 2	PA
Antihyperlipidemic Agents - Dietary Source		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	PA
Antihyperlipidemic Agents - Dietary Source Combinations		
<i>vitamin e oral capsule 100 unit, 400 unit</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Beta Blockers Cardiac Selective		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective		
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml, 40 mg/5 ml</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,ext release degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT RELEASE DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nymalize oral solution 60 mg/20 ml</i>	Tier 2	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic & Related Comb.		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml (1:1,000), 0.3 mg/0.3 ml (1:1,000)</i>	Tier 1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (1:1,000)	Tier 2	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (1:2,000)	Tier 2	
Cardiovascular Sympathomimetics		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic & Related Comb.		
<i>methylodopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methylodopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides		
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
Direct Acting Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide & Related Combinations		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG	Tier 2	PA; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Notes
SAMSCA ORAL TABLET 30 MG	Tier 2	PA; QL (2 tablets per 1 day)
Diuretic - Thiazides And Related		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Ganglionic Blocking, Non-Depolarizing		
VECAMYL ORAL TABLET 2.5 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic & Related Comb.		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Peripheral Alpha-1 Receptor Blockers		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Peripheral Vasodilators, Single Agents		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
Plasma Kallikrein Inhibitor Agents		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 5	
Pulmonary Antihypertensive Agents - Endothelin Receptor Antagonists		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Pulmonary Antihypertensive Agents - Selective C-Gmp Pde Type 5 Inhib.		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>sildenafil oral tablet 20 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Renin Inhibitor, Direct		
TEKTRNA ORAL TABLET 150 MG, 300 MG	Tier 2	
Renin Inhibitor, Direct And Calcium Channel Blocker Combinations		
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	Tier 2	
Renin Inhibitor, Direct And Diuretic Combinations		
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 2	
Reserpine And Derivatives		
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	Tier 1	
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antianxiety Agent - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 5	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 5	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 5	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 5	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 5	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 5	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 5	
<i>diazepam oral solution 5 mg/5 ml</i>	Tier 5	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 5	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 5	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 5	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 5	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 5	
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	Tier 5	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 5	

Drug Name	Drug Tier	Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	Tier 5	
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 5	
Antianxiety Agent - Non-Benzodiazepine		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 5	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	
Anticonvulsant - Barbiturates And Derivatives		
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 5	
<i>phenobarbital oral elixir 20 mg/5 ml</i>	Tier 5	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 5	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 5	
Anticonvulsant - Benzodiazepines		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 5	
DIASTAT RECTAL KIT 2.5 MG	Tier 5	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 5	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 5	
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 5	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 5	
Anticonvulsant - Carbamates		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 5	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 5	

Drug Name	Drug Tier	Notes
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 5	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML)	Tier 5	
DEPAKENE ORAL CAPSULE 250 MG	Tier 5	
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 5	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 5	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 5	
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE 125 MG	Tier 5	
<i>divalproex oral capsule, sprinkle 125 mg</i>	Tier 5	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 5	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 5	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 5	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 5	
<i>valproic acid oral capsule 250 mg</i>	Tier 5	
Anticonvulsant - Functionalized Amino Acid		
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 5	
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 5	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 5	
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 5	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 5	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 5	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 5	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 5	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 5	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 5	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	Tier 5	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 5	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 5	
SABRIL ORAL TABLET 500 MG	Tier 5	
Anticonvulsant - Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 5	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 5	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG, 30 MG	Tier 5	
DILANTIN ORAL CAPSULE 30 MG	Tier 5	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 5	
PEGANONE ORAL TABLET 250 MG	Tier 5	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 5	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	Tier 5	
<i>phenytoin oral tablet,chewable 50 mg</i>	Tier 5	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 5	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 5	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 5	

Drug Name	Drug Tier	Notes
Anticonvulsant - Iminostilbene Derivatives		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 5	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 5	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	Tier 5	
<i>carbamazepine oral tablet 200 mg</i>	Tier 5	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Tier 5	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 5	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 5	
EPITOL ORAL TABLET 200 MG	Tier 5	
<i>oxcarbazepine oral suspension 300 mg/5 ml</i>	Tier 5	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 5	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 5	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 5	
TEGRETOL ORAL TABLET 200 MG	Tier 5	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 5	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML	Tier 5	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 5	
Anticonvulsant - Monosaccharide Derivatives		
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 5	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 5	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 5	

Drug Name	Drug Tier	Notes
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 5	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 5	
Anticonvulsant - Phenyltriazine Derivatives		
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 5	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 5	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 5	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 5	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 5	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 2 MG, 25 MG, 5 MG	Tier 5	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	Tier 5	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	Tier 5	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	Tier 5	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 5	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	Tier 5	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 5	

Drug Name	Drug Tier	Notes
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 5	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 5	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 5	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 5	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	Tier 5	
Anticonvulsant - Potassium Channel Opener		
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	Tier 5	
Anticonvulsant - Pyrrolidine Derivatives		
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 5	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 5	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 5	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	Tier 5	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 5	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 5	
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Tier 5	
<i>ethosuximide oral capsule 250 mg</i>	Tier 5	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 5	
ZARONTIN ORAL CAPSULE 250 MG	Tier 5	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 5	
Anticonvulsant - Sulfonamide Derivatives		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 5	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
Anticonvulsant - Triazole Derivatives		
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 5	
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 5	
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 5	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 5	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	Tier 5	
Antidepressant - Mao Inhibitor Nonselective & Irreversible -Types A,B		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 5	
NARDIL ORAL TABLET 15 MG	Tier 5	
PARNATE ORAL TABLET 10 MG	Tier 5	
<i>phenelzine oral tablet 15 mg</i>	Tier 5	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 5	
Antidepressant - Norepinephrine & Dopamine Reuptake Inhibitors (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 5	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 5	
<i>bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg</i>	Tier 5	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 5	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 5	
WELLBUTRIN ORAL TABLET 100 MG, 75 MG	Tier 5	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG, 150 MG, 200 MG	Tier 5	

Drug Name	Drug Tier	Notes
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 5	
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 5	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 5	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 5	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 5	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 5	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 5	
<i>fluoxetine oral capsule, delayed release (dr/lec) 90 mg</i>	Tier 5	
<i>fluoxetine oral solution 20 mg/5 ml</i>	Tier 5	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 5	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 5	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 5	
LEXAPRO ORAL SOLUTION 5 MG/5 ML	Tier 5	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 5	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 5	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 5	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 5	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 5	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 5	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 5	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 5	
PROZAC WEEKLY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 90 MG	Tier 5	
SARAFEM ORAL TABLET 10 MG, 20 MG	Tier 5	

Drug Name	Drug Tier	Notes
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 5	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 5	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 5	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 5	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 5	
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 5	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 5	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Tier 5	
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg, 50 mg</i>	Tier 5	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 5	
<i>desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg</i>	Tier 5	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 5	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 5	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 5	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 5	
IRENKA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	Tier 5	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	Tier 5	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 5	

Drug Name	Drug Tier	Notes
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 5	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 5	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 5	
Antidepressant - Ssri & 5Ht1a Partial Agonist		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 5	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16)	Tier 5	
Antidepressant - Ssri & Serotonin (5-Ht) Receptor Modulator		
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 5	
Antidepressant - Tricyclic & Antipsychotic, Phenothiazine Comb		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 5	
Antidepressant - Tricyclic-Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 5	
Antidepressant - Tricyclics & Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 5	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 5	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 5	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 5	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 5	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 5	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 5	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 5	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 5	
NORPRAMIN ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 5	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 5	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 5	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 5	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 5	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 5	
TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG	Tier 5	
Antidepressant-Ssri & Atypical Antipsych, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 5	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Tier 5	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
<i>tolcapone oral tablet 100 mg</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 5	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 5	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 5	
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 5	
Antipsychotic - Atypical Dopamine Partial Agonist-Serotonin Mixed		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 5	
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 5	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 5	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 5	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 5	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	Tier 5	

Drug Name	Drug Tier	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 5	
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 5	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
<i>risperidone oral solution 1 mg/ml</i>	Tier 5	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 5	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 5	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 5	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 5	
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	Tier 5	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	
Antipsychotic - Butyrophenone Derivatives		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Tier 5	
HALDOL INJECTION SOLUTION 5 MG/ML	Tier 5	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 5	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 5	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 5	
Antipsychotic - Dibenzoxazepine Derivatives		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 5	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
ORAP ORAL TABLET 1 MG, 2 MG	Tier 5	
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 5	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 5	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 5	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 5	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 5	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 5	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 5	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 5	
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 5	
Antipsychotic - Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 5	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 5	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 5	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 5	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 5	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 5	
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 5	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 5	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 5	
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 5	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Tier 5	
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 5	

Drug Name	Drug Tier	Notes
AMPHETAMINE SALT COMBO ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 5	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Tier 5	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 5	
DESOXYN ORAL TABLET 5 MG	Tier 5	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 5	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 5	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 5	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	Tier 5	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 5	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 5	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 5	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 5	
<i>methamphetamine oral tablet 5 mg</i>	Tier 5	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Tier 5	

Drug Name	Drug Tier	Notes
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 5	
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 5	
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg, 30 mg</i>	Tier 5	
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 5	
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 5	
<i>methylphenidate oral tablet extended release 10 mg, 20 mg</i>	Tier 5	
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 5	
<i>methylphenidate oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 5	
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 5	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 5	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 5	
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 5	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Tier 5	
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 5	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	Tier 5	
<i>carbamazepine oral tablet 200 mg</i>	Tier 5	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Tier 5	
<i>carbamazepine oral tablet,chewable 100 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 5	
DEPAKENE ORAL CAPSULE 250 MG	Tier 5	
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 5	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 5	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 5	
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE 125 MG	Tier 5	
<i>divalproex oral capsule, sprinkle 125 mg</i>	Tier 5	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 5	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 5	
EPITOL ORAL TABLET 200 MG	Tier 5	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 5	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 5	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 5	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 5	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 5	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	Tier 5	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	Tier 5	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	Tier 5	

Drug Name	Drug Tier	Notes
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 5	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	Tier 5	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 5	
TEGRETOL ORAL TABLET 200 MG	Tier 5	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	Tier 5	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 5	
<i>valproic acid oral capsule 250 mg</i>	Tier 5	
Bipolar Therapy Agents - Atypical Antipsychotics		
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 5	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 5	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 5	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 5	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 5	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 5	
RISPERDAL M-TAB ORAL TABLET, DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 5	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	
<i>risperidone oral solution 1 mg/ml</i>	Tier 5	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 5	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 5	
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 5	

Drug Name	Drug Tier	Notes
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 5	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 5	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 5	
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 5	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 5	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 5	
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 5	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 5	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 5	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 5	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 5	
Cns Stimulant - Amphetamine Combinations		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 5	
AMPHETAMINE SALT COMBO ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	Tier 5	
Cns Stimulant - Amphetamines		
DESOXYN ORAL TABLET 5 MG	Tier 5	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 5	

Drug Name	Drug Tier	Notes
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 5	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	Tier 5	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 5	
<i>methamphetamine oral tablet 5 mg</i>	Tier 5	
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Tier 5	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
Cns Stimulant - Analeptics		
<i>caffeine citrated oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
Fibromyalgia Agents - Gaba Analogs		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 5	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 5	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	Tier 5	
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	Tier 5	
Hypnotics - Melatonin M1/M2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 5	
ROZEREM ORAL TABLET 8 MG	Tier 5	
Migraine Therapy - Analgesic-Vasoconstrictors		
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	Tier 1	
<i>prodrin oral tablet 65-20-325 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Migraine Therapy - Analgesic-Vasoconstrictor-Sedative Combinations		
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	Tier 1	
MIGRAGESIC IDA ORAL CAPSULE 65-100-325 MG	Tier 1	
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 5	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 5	
Migraine Therapy - Ergot Combinations		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	PA; QL (20 suppositories per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
Movement Disorder Therapy - Huntington's Disease		
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Narcolepsy & Cataplexy Therapy Agents - Sedative-Type		
XYREM ORAL SOLUTION 500 MG/ML	Tier 5	
Narcolepsy Therapy Agents - Non-Symphathomimetic		
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 5	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Tier 5	
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 5	
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Tier 5	
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 5	
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 5	
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 5	
<i>methylphenidate oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 5	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 5	
Narcolepsy Therapy Agents- Stimulant-Type,Symphathomimetic,Amphetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
AMPHETAMINE SALT COMBO ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 5	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 5	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 5	
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 5	
Sedative-Hypnotic - Antihistamines		
COMPOZ ORAL TABLET 25 MG	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
SIMPLY SLEEP ORAL TABLET 25 MG	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Tier 1	
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG	Tier 1	
Sedative-Hypnotic - Barbiturates		
BUTISOL ORAL TABLET 30 MG	Tier 5	
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	Tier 5	
<i>phenobarbital oral elixir 20 mg/5 ml</i>	Tier 5	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 5	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 5	
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 5	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 5	
HALCION ORAL TABLET 0.25 MG	Tier 5	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 5	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 5	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 5	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 5	
Sedative-Hypnotic - Gaba-Receptor Modulators		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	Tier 5	

Drug Name	Drug Tier	Notes
AMBIEN ORAL TABLET 10 MG, 5 MG	Tier 5	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 5	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 5	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG	Tier 5	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 5	
SONATA ORAL CAPSULE 10 MG, 5 MG	Tier 5	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 5	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 5	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 5	
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 5	
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 5	
Sedative-Hypnotic - Tricyclic Antidepressant Type		
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 5	
Chemical Dependency, Agents To Treat		
Agents For Narcotic Withdrawal		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	Tier 5	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 5	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 5	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Tier 5	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 5	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
Alcohol Deterrents		
ANTABUSE ORAL TABLET 250 MG, 500 MG	Tier 5	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 5	
Smoking Deterrents - Ne & Dopamine Reuptake Inhibitor (Ndri)-Type		
BUPROBAN ORAL TABLET EXTENDED RELEASE 150 MG	Tier 1	
<i>bupropion hcl oral tablet extended release 150 mg</i>	Tier 5	
Smoking Deterrents - Nicotine-Type		
NICORELIEF BUCCAL GUM 2 MG, 4 MG	Tier 1	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 22 mg/24 hr, 7 mg/24 hr</i>	Tier 1	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 2	
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 2	
QUIT 2 BUCCAL GUM 2 MG	Tier 1	
QUIT 2 BUCCAL LOZENGE 2 MG	Tier 1	
QUIT 4 BUCCAL GUM 4 MG	Tier 1	
QUIT 4 BUCCAL LOZENGE 4 MG	Tier 1	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 2	
CHANTIX STARTING MONTH PAK ORAL TABLETS, DOSE PACK 0.5 MG (11)-1 MG (42)	Tier 2	
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives		
Contraceptive Oral - Biphasic		
AMETHIA LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 1	
AMETHIA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	
AZURETTE (28) ORAL TABLET 0.15-0.02 MG X 21 / 0.01 MG X 5	Tier 1	
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 1	
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	
DAYSEE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 / 0.01 mg x 5</i>	Tier 1	
KARIVA (28) ORAL TABLET 0.15-0.02 MG X 21 / 0.01 MG X 5	Tier 1	
<i>l norgestle.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 2	PA
NECON 10/11 (28) ORAL TABLET 0.5-35/1-35 MG-MCG/MG-MCG	Tier 1	

Drug Name	Drug Tier	Notes
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	
Contraceptive Oral - Monophasic		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
AMETHYST ORAL TABLET 90-20 MCG	Tier 2	
APRI ORAL TABLET 0.15-0.03 MG	Tier 1	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24)	Tier 2	PA
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 1	
CHATEAL ORAL TABLET 0.15-0.03 MG	Tier 1	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 1	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 1	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	

Drug Name	Drug Tier	Notes
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	
GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 1	
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	Tier 1	
GILDESS 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1	
GILDESS FE ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	
GILDESS ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	Tier 1	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15-30 MG-MCG	Tier 1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15-30 MG-MCG	Tier 1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
KURVELO ORAL TABLET 0.15-0.03 MG	Tier 1	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	
LARIN FE ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg</i>	Tier 1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15-30 mg-mcg</i>	Tier 1	
<i>levora 0.15/30 (28) oral tablet 0.15-0.03 mg</i>	Tier 1	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1	

Drug Name	Drug Tier	Notes
LOMEDIA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1	
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	
MARLISSA ORAL TABLET 0.15-0.03 MG	Tier 1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 2	PA
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	Tier 1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 1	
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Tier 1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	
<i>norgestrel-ethinyl estradiol oral tablet 0.5-50 mg-mcg</i>	Tier 1	

Drug Name	Drug Tier	Notes
NORINYL 1+35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	Tier 1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	
PIRMELLA ORAL TABLET 1-35 MG-MCG	Tier 1	
PORTIA ORAL TABLET 0.15-0.03 MG	Tier 1	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15-30 MG-MCG	Tier 1	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21/7)	Tier 2	PA
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 1	
ZARAH ORAL TABLET 3-0.03 MG	Tier 1	
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	
ZENCHENT FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 1	

Drug Name	Drug Tier	Notes
ZEOSA ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	Tier 1	
Contraceptive Oral - Progestin		
CAMILA ORAL TABLET 0.35 MG	Tier 1	
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	
ERRIN ORAL TABLET 0.35 MG	Tier 1	
HEATHER ORAL TABLET 0.35 MG	Tier 1	
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	
JOLIVETTE ORAL TABLET 0.35 MG	Tier 1	
LYZA ORAL TABLET 0.35 MG	Tier 1	
NORA-BE ORAL TABLET 0.35 MG	Tier 1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	
NORLYROC ORAL TABLET 0.35 MG	Tier 1	
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	
Contraceptive Oral - Quadrphasic		
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 2	PA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 2	PA
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	
CAZIAN (28) ORAL TABLET 0.1/1.125/1.15-25 MG-MCG	Tier 1	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	

Drug Name	Drug Tier	Notes
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	
MYZILRA ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET 0.18/0.215 MG/ 0.25 MG-25 MCG	Tier 2	PA
PIRMELLA ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 1	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 1	
Contraceptive Transdermal Combinations		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 2	PA
Contraceptives - Intravaginal, Systemic		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 2	PA
Emergency Contraceptives		
<i>ella oral tablet 30 mg</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
<i>ella oral tablet 30 mg</i>	Tier 2	
Emergency Contraceptives - Progestin Type		
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	
Dermatological		
Acne Therapy Systemic - Retinoids & Derivatives		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
Acne Therapy Topical - Anti-Infective		
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	Tier 1	

Drug Name	Drug Tier	Notes
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
Acne Therapy Topical - Keratolytic		
<i>benzoyl peroxide topical cleanser 10 %, 4 %, 5 %, 7 %</i>	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	Tier 1	
<i>benzoyl peroxide topical lotion 10 %</i>	Tier 1	
<i>potassium hydroxide topical solution 5 %</i>	Tier 1	
Acne Therapy Topical - Retinoids & Derivatives		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	Tier 1	
AVITA TOPICAL CREAM 0.025 %	Tier 1	AR (PA required for 25 years and older)
AVITA TOPICAL GEL 0.025 %	Tier 1	AR (PA required for 25 years and older)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	AR (PA required for 25 years and older--must have documented diagnosis of acne)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	AR (PA required for 25 years and older--must have documented diagnosis of acne)
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
Dermatological - Antibacterial Mixtures		
<i>bacitracin-polymyxin b topical packet 500-10,000 unit/gram</i>	Tier 1	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Tier 1	
Dermatological - Antibacterial Other		
<i>mupirocin topical ointment 2 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Dermatological - Antibacterial Polymyxins And Derivatives		
<i>bacitracin zinc topical ointment 500 unit/gram</i>	Tier 1	
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM	Tier 1	
Dermatological - Antibacterial Povidone-Iodine Preparations		
HOSPITAL ANTISEPTIC TOPICAL SOLUTION 10 %	Tier 1	
<i>povidone-iodine topical ointment 10 %</i>	Tier 1	
<i>povidone-iodine topical solution 10 %</i>	Tier 1	
Dermatological - Antibacterial Sulfonamides		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
Dermatological - Antibacterial, Antifungal Agent With Glucocorticoid		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 2	PA
Dermatological - Antibacterial-Local Anesthetic Combinations		
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Tier 1	
Dermatological - Antifungal Allylamines		
LAMISIL (AEROSOL) TOPICAL AEROSOL, SPRAY 1 %	Tier 2	PA
<i>terbinafine hcl topical cream 1 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	

Drug Name	Drug Tier	Notes
Dermatological - Antifungal Benzylamines		
MENTAX TOPICAL CREAM 1 %	Tier 2	PA
Dermatological - Antifungal Combinations Other		
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
Dermatological - Antifungal Hydroxypyridinone		
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	PA
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	
Dermatological - Antifungal Imidazole & Related Agents		
AZOLEN TINCTURE TOPICAL TINCTURE 2 %	Tier 1	
BAZA ANTIFUNGAL TOPICAL CREAM 2 %	Tier 1	
CLOTRIMAZOLE FOOT TOPICAL CREAM 1 %	Tier 1	
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
CRITIC-AID CLEAR AF TOPICAL OINTMENT 2 %	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	
FUNGI CURE TOPICAL SPRAY, NON-AEROSOL 1 %	Tier 1	
<i>ketconazole topical cream 2 %</i>	Tier 1	
<i>ketconazole topical shampoo 2 %</i>	Tier 1	
MICATIN TOPICAL CREAM 2 %	Tier 1	
<i>miconazole nitrate topical cream 2 %</i>	Tier 1	
TRIPLE PASTE AF TOPICAL OINTMENT 2 %	Tier 1	
Dermatological - Antifungal Oxaborole		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 2	PA
Dermatological - Antifungal Triazole		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 2	PA

Drug Name	Drug Tier	Notes
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM 1-1 %	Tier 1	
<i>iodoquinol-hc topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antineoplastic Antimetabolites		
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
Dermatological - Antineoplastic Or Premalign. Lesions -Diterpene Esters		
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA
Dermatological - Antineoplastic Retinoids		
PANRETIN TOPICAL GEL 0.1 %	Tier 2	PA
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Notes
Dermatological - Antipsoriatic Agents Topical		
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	QL (200 grams per 7 days)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dermatological - Antiseborrheic		
SEB-PREV TOPICAL CLEANSER 10 %	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
<i>selenium sulfide topical suspension 2.5 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser,gel extended release 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	Tier 1	
Dermatological - Antiviral, Herpes		
ABREVA TOPICAL CREAM 10 %	Tier 2	
Dermatological - Burn Products Anti-Infective		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
Dermatological - Calcineurin Inhibitors		
ELIDEL TOPICAL CREAM 1 %	Tier 2	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	PA
Dermatological - Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
CARB-O-PHILIC TOPICAL CREAM 10 %, 20 %	Tier 1	

Drug Name	Drug Tier	Notes
GERI-HYDROLAC TOPICAL LOTION 12 %	Tier 1	
<i>lactic acid topical lotion 10 %</i>	Tier 1	
<i>urea topical cream 39 %</i>	Tier 1	
Dermatological - Enzyme Combinations		
Other		
GRANULEX TOPICAL AEROSOL,SPRAY 0.12-87 MG/GRAM	Tier 1	
Dermatological - Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 2	
Dermatological - Glucocorticoid		
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
ANTI-ITCH (HC) TOPICAL AEROSOL,SPRAY 1 %	Tier 1	
ANTI-ITCH (HC) TOPICAL CREAM 1 %	Tier 1	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 %	Tier 1	
AQUANIL HC TOPICAL LOTION 1 %	Tier 1	
BETA-HC TOPICAL LOTION 1 %	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>clobetasol topical cream 0.05 %</i>	Tier 1	PA
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	PA
<i>clobetasol topical solution 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 2	
CORDRAN TAPE SMALL ROLL TOPICAL TAPE 4 MCG/CM2	Tier 2	
CORTIZONE-10 TOPICAL CREAM 1 %	Tier 1	
CORTIZONE-10 TOPICAL GEL 1 %	Tier 1	
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinolone-shower cap topical oil 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluticasone topical cream 0.05 %</i>	Tier 1	
<i>fluticasone topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HYDRO SKIN TOPICAL LOTION 1 %	Tier 1	
<i>hydrocortisone acetate topical cream 0.5 %</i>	Tier 1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations		
U-CORT TOPICAL CREAM 1-10 %	Tier 1	
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA
Dermatological - Keratolytic-Antimitotic Single Agents		
CEM-UREA TOPICAL GEL 45 %	Tier 1	

Drug Name	Drug Tier	Notes
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
REMEVEN TOPICAL CREAM 50 %	Tier 1	
SALACYN TOPICAL LOTION 6 %	Tier 1	
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical gel 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
<i>trichloroacetic acid topical recon soln 25 %</i>	Tier 1	
<i>urea topical cream 40 %, 45 %, 50 %</i>	Tier 1	
<i>urea topical lotion 40 %, 45 %</i>	Tier 1	
Dermatological - Local Anesthetic Combinations		
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	
Dermatological - Local Anesthetic Gas Single Agents		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Topical		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
Dermatological - Topical Local Anesthetic Amides		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
<i>lidocaine hcl mucous membrane gel 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 % (700 mg/patch)</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Scabicide & Pediculicide Combinations		
LICE TREATMENT TOPICAL KIT 0.33-4 %	Tier 1	
LICE TREATMENT TOPICAL LIQUID	Tier 1	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 %	Tier 1	
Scabicide & Pediculicide Single Agents		
LICE CREAM RINSE TOPICAL LIQUID 1 %	Tier 1	
LICE TREATMENT TOPICAL LIQUID 1 %	Tier 1	
<i>lindane topical lotion 1 %</i>	Tier 1	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>permethrin topical liquid 1 %</i>	Tier 1	
Diagnostic Agents		
Diagnostic - Blood Glucose Tests		
FREESTYLE INSULINX STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE LITE STRIPS STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE TEST STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
Eating Disorder Therapy		
Anorexiants Combinations		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 2	PA
Anorexiants		
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	PA
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	PA
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Notes
Anti-Obesity - Fat Absorption Decreasing Agents		
XENICAL ORAL CAPSULE 120 MG	Tier 2	PA
Anti-Obesity - Opioid Antag/Norepinephrine & Dopamine Reuptake Inhibit		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 2	PA
Anti-Obesity - Serotonin 2C Receptor Agonists		
BELVIQ ORAL TABLET 10 MG	Tier 2	PA
Appetite Stimulants - Progestin Hormone Type		
MEGACE ES ORAL SUSPENSION 625 MG/5 ML	Tier 2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	Tier 1	
Electrolyte Balance-Nutritional Products		
B-Complex Vitamin Combinations		
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
<i>b-complex with vitamin c oral tablet</i>	Tier 1	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 1	
DIALYVITE ORAL TABLET 100-1 MG	Tier 1	
FOLBEE PLUS ORAL TABLET 5 MG, 5-1.5-25 MG	Tier 1	
NEPHROCAPS ORAL CAPSULE 1 MG	Tier 1	
NEPHRO-VITE ORAL TABLET 0.8 MG	Tier 1	
RENO CAPS ORAL CAPSULE 1 MG	Tier 1	
SUPER B COMPLEX-VITAMIN C ORAL TABLET	Tier 1	
SUPERPLEX-T ORAL TABLET	Tier 1	
TOTAL B/C ORAL TABLET	Tier 1	
VIRT-VITE PLUS ORAL TABLET 5 MG	Tier 1	
B-Complex Vitamins And Combinations		
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	Tier 1	

Drug Name	Drug Tier	Notes
VOL-CARE RX ORAL TABLET 1-60-300 MG-MG-MCG	Tier 1	
Bioflavonoid Combinations		
RISANOID PLUS ORAL TABLET 200-100 MG	Tier 1	
Electrolyte Depleters - Ion Exchange Resin		
KIONEX ORAL POWDER	Tier 1	
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
MARLEXATE ORAL POWDER	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	Tier 1	
SPS ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
Minerals & Electrolytes - Calcium Replacement		
CALCI-CHEW ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG)	Tier 1	
CALCI-MIX ORAL CAPSULE 500 MG CALCIUM (1,250 MG)	Tier 1	
CALCITRATE ORAL TABLET 200 MG (950 MG)	Tier 1	
CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	Tier 1	
CALCIUM 500 ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG)	Tier 1	
CALCIUM 600 ORAL TABLET 600 MG (1,500 MG)	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	Tier 1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg (1,500 mg), 650 mg calcium (1,625 mg)</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg)</i>	Tier 1	
NATURAL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG)	Tier 1	
OYSCO-500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	Tier 1	
OYST-CAL-500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	Tier 1	
Minerals & Electrolytes - Calcium Replacement Combinations		
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet, chewable 600 mg calcium- 800 unit-40 mg</i>	Tier 1	
CALCIUM 600 + MINERALS ORAL TABLET 600 MG CALCIUM- 200 UNIT, 600 MG CALCIUM- 400 UNIT	Tier 1	
CALCIUM 600+D3 PLUS ORAL TABLET 600 MG CALCIUM- 800 UNIT-50 MG	Tier 1	
<i>calcium carb-mag oxide-vit d3 oral tablet, chewable 500-40-250 mg-mg-unit</i>	Tier 1	
<i>calcium carbonate-vit d3-min oral tablet 600 mg calcium- 400 unit</i>	Tier 1	
<i>calcium carbonate-vit d3-min oral tablet, chewable 600 mg (1,500 mg)-200 unit, 600 mg (1,500 mg)-400 unit</i>	Tier 1	
Minerals & Electrolytes - Calcium Replacement/Vitamin D Combinations		
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -400 UNIT	Tier 1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) -400 UNIT	Tier 1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) -200 UNIT	Tier 1	
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE 600 MG(1,500MG) -400 UNIT, 600 MG(1,500MG) -500 UNIT	Tier 1	
CALCIUM 600 WITH VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT	Tier 1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -100 unit, 600 mg(1,500mg) -500 unit</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg(1,250mg) -400 unit, 500-100 mg-unit</i>	Tier 1	
CALCIUM CITRATE + D ORAL TABLET 315-200 MG-UNIT	Tier 1	
CALTRATE 600 + D ORAL TABLET, CHEWABLE 600 MG (1,500 MG)-800 UNIT	Tier 1	
CALTRATE-600 + D VIT D3 (800) ORAL TABLET 600 MG(1,500MG) -800 UNIT	Tier 1	
CITRUS CALCIUM ORAL TABLET 315-250 MG-UNIT	Tier 1	
HI-CAL PLUS VIT D ORAL TABLET 500 MG(1,250MG) -200 UNIT	Tier 1	
OYSCO 500/D ORAL TABLET 500 MG(1,250MG) -200 UNIT	Tier 1	
OYSCO D ORAL TABLET 250-125 MG-UNIT	Tier 1	
OYSTER SHELL CALCIUM WITH D ORAL TABLET 250 (625)-125 MG-UNIT	Tier 1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250-125 MG-UNIT, 500 MG(1,250MG) -200 UNIT, 500 MG(1,250MG) -400 UNIT	Tier 1	
OYSTERCAL-D ORAL TABLET 500 MG(1,250MG) -400 UNIT	Tier 1	
PARVA-CAL 500 ORAL TABLET 500 MG CALCIUM -200 UNIT	Tier 1	
Minerals & Electrolytes - Iodine		
LUGOLS ORAL SOLUTION 5 %	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
Minerals & Electrolytes - Iron		
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
FERATE ORAL TABLET 240 MG (27 MG IRON)	Tier 1	
FER-IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 1	

Drug Name	Drug Tier	Notes
FEROSUL ORAL SOLUTION 220 MG (44 MG IRON)/5 ML	Tier 1	
FEROSUL ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (36 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron), 325 mg (36 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral syringe 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet extended release 140 mg (45 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Tier 1	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON)	Tier 1	
IRON (DRIED) ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON)	Tier 1	
IRON CHEWS ORAL TABLET, CHEWABLE 15 MG	Tier 1	
IRON HIGH POTENCY ORAL TABLET 240 MG (27 MG IRON)	Tier 1	
IRON ORAL CAPSULE, EXTENDED RELEASE 325 MG (65 MG IRON)	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON), 159 MG (45 MG IRON), 160 MG (50 MG IRON), 47.5 MG IRON	Tier 1	
WEE CARE ORAL SUSPENSION 15 MG/1.25 ML	Tier 1	

Drug Name	Drug Tier	Notes
Minerals & Electrolytes - Iron Combinations		
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG	Tier 1	
FERROGELS FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	Tier 1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	Tier 1	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
HEMETAB ORAL TABLET 22-6-1-25 MG-MG-MG-MCG	Tier 1	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
Minerals & Electrolytes - Magnesium		
MAG 64 ORAL TABLET EXTENDED RELEASE 64 MG	Tier 1	
MAG-DELAY ORAL TABLET EXTENDED RELEASE 64 MG	Tier 1	
<i>magnesium gluconate oral tablet 27 mg (500 mg), 27.5 mg (500 mg), 30 mg (550 mg)</i>	Tier 1	
<i>magnesium oral tablet 250 mg</i>	Tier 1	
<i>magnesium oxide oral capsule 500 mg</i>	Tier 1	
<i>magnesium oxide oral tablet 400 mg, 500 mg</i>	Tier 1	
PHILLIPS ORAL TABLET 500 MG	Tier 1	
Minerals & Electrolytes - Oral Electrolytes		
ORALYTE ORAL SOLUTION	Tier 1	
PEDIATRIC ELECTROLYTE ORAL SOLUTION	Tier 1	
Minerals & Electrolytes - Phosphate		
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	Tier 1	

Drug Name	Drug Tier	Notes
VIRT-PHOS 250 NEUTRAL ORAL TABLET 250 MG	Tier 1	
Minerals & Electrolytes - Potassium Combinations		
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	Tier 1	
Minerals & Electrolytes - Potassium, Oral		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
K-EFFERVESCENT ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	Tier 1	
<i>potassium gluconate oral tablet 600 mg (99 mg)</i>	Tier 1	
<i>potassium oral tablet 99 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Minerals & Electrolytes - Zinc		
<i>zinc sulfate oral capsule 220 (50) mg</i>	Tier 1	
Multiple Vitamins And Mineral Combinations		
SUPPORT ORAL LIQUID	Tier 1	
V-C FORTE ORAL CAPSULE 1 MG	Tier 1	
Multivitamins		
SE-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
Pediatric Vitamins		
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	Tier 1	
TRI-VITA ORAL DROPS 1,500-35-400 UNIT-MG-UNIT/ML	Tier 1	
TRI-VITAMIN ORAL DROPS 1,500-35-400 UNIT-MG-UNIT/ML	Tier 1	
Pediatric Vitamins And Mineral Combinations		
AQUADEKS PEDIATRIC ORAL DROPS 400 MCG/ML	Tier 2	
Prenatal Vitamins And Minerals		
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
<i>prenatal vit#96-ferrous fum-fa oral tablet 27 mg iron- 800 mcg</i>	Tier 1	
PRENATAL VITAMIN ORAL TABLET	Tier 1	
Vitamins - B-1, Thiamine And Derivatives		
VITAMIN B-1 ORAL TABLET 100 MG	Tier 1	
Vitamins - B-3, Niacin And Derivatives		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG	Tier 1	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 250 mg, 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
<i>niacinamide oral tablet extended release 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Vitamins - B-6, Pyridoxine And Derivatives		
<i>pyridoxine oral tablet 25 mg</i>	Tier 1	
VITAMIN B-6 ORAL TABLET 100 MG	Tier 1	
Vitamins - D Derivatives		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 10,000 unit, 5,000 unit</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral liquid 400 unit/5 ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit, 2,000 unit, 5,000 unit</i>	Tier 1	
D-2000 ORAL CAPSULE 2,000 UNIT	Tier 1	
DECARA ORAL CAPSULE 50,000 UNIT	Tier 1	
DELTA D3 ORAL TABLET 400 UNIT	Tier 1	
D-VI-SOL ORAL DROPS 400 UNIT/ML	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	Tier 1	
OPTIMAL D3 ORAL CAPSULE 50,000 UNIT	Tier 1	
THERA-D 4000 ORAL TABLET 4,000 UNIT	Tier 1	
THERA-D ORAL TABLET 2,000 UNIT	Tier 1	
VITAMIN D3 ORAL CAPSULE 1,000 UNIT, 2,000 UNIT, 4,000 UNIT, 400 UNIT	Tier 1	
VITAMIN D3 ORAL TABLET 400 UNIT	Tier 1	
VITAMIN D3 ORAL TABLET,CHEWABLE 1,000 UNIT	Tier 1	
Vitamins - E		
AQUASOL E ORAL DROPS 50 UNIT/ML	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 1,000 unit, 200 unit</i>	Tier 1	
VITAMIN E NATURAL BLEND ORAL CAPSULE 1,000 UNIT	Tier 1	
<i>vitamin e oral capsule 1,000 unit, 100 unit, 200 unit, 400 unit, 600 unit</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>vitamin e oral drops 50 unit/ml</i>	Tier 1	
Vitamins - Folic Acid And Derivatives		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	
Vitamins - K, Phytonadione And Derivatives		
MEPHYTON ORAL TABLET 5 MG	Tier 2	
Endocrine		
Adrenocorticotrophic Hormones		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	Tier 5	
Agents To Treat Hypoglycemia (Hyperglycemics)		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	Tier 2	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
Anabolic Steroid - Single Agents		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA
Androgen - Single Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (1 %), 20.25 MG/1.25 GRAM (1.62 %)	Tier 2	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/actuation (1 %), 10 mg/0.5 gram lactuation</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 1	PA

Drug Name	Drug Tier	Notes
Antidiuretic And Vasopressor Hormones		
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
TRADJENTA ORAL TABLET 5 MG	Tier 2	QL (1 tablet per 1 day)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii)		
KORLYM ORAL TABLET 300 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic - SglT-2 Inhibitor & Biguanide Combinations		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SglT2) Inhibitors		
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	QL (1 tablet per 1 day)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
Antihyperglycemic - Sulfonylurea Derivatives		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type		
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	Tier 2	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	
Antihyperglycemic-Dipeptidyl Peptidase-4 (Dpp-4) Inhibitor & Biguanide		
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Calcitonins		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i>	Tier 1	
Estrogen & Progestin With Antimineralocorticoid Activity, Combinations		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 2	PA
Estrogen-Androgen		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	AR (PA required for age 66 and older)
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	AR (PA required for age 66 and older)
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	AR (PA required for age 66 and older)
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	AR (PA required for age 66 and older)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Tier 1	AR (PA required for age 66 and older)
Glucocorticoids		
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 1	DDS (Also covered when written by a dentist.)
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>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)</i>	Tier 1	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Growth Hormones		
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Human Insulins - Fixed Combinations		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	
Human Insulins - Intermediate Acting		
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
Human Insulins - Short Acting		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	
HUMULIN R U-500 "CONCENTRATED" SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	

Drug Name	Drug Tier	Notes
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	
Insulin Analogs - Long Acting		
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	
Insulin Analogs - Rapid Acting		
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	Tier 2	
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
Insulin Response Enhancers - Biguanides		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Luteal Phase Supporting, Progesterone-Type		
<i>crinone vaginal gel 8 %</i>	Tier 2	PA
<i>endometrin vaginal insert 100 mg</i>	Tier 2	PA
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
BRISDELLE ORAL CAPSULE 7.5 MG	Tier 5	
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	
Progestins		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serms)		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	
Somatostatic Agents		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	AR (PA required for age 66 and older)
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
NP THYROID ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
Gastrointestinal Therapy Agents		
Antacid - Aluminum		
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	Tier 1	
Antacid - Antacid Combinations		
FOAMING ANTACID ORAL SUSPENSION 95-358 MG/15 ML	Tier 1	
Antacid - Bicarbonate		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	
Antacid - Calcium		
ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG)	Tier 1	

Drug Name	Drug Tier	Notes
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG)	Tier 1	
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG (1,000 MG)	Tier 1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG), 320 MG (750 MG)	Tier 1	
CALCIUM ANTACID TROPICAL ORAL TABLET,CHEWABLE 300 MG (750 MG)	Tier 1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG (1,000 MG)	Tier 1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	Tier 1	
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)</i>	Tier 1	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Tier 1	
CHILDREN'S PEPTO ORAL TABLET,CHEWABLE 400 MG	Tier 1	
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 400 MG	Tier 1	
Antacid - Simethicone Combinations		
ALMACONE ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 1	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 1	
COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 1	
FLANAX ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
MI-ACID ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Tier 1	

Drug Name	Drug Tier	Notes
MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 1	
MINTOX ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
RI-GEL II ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 1	
RI-GEL ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
RI-MOX ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 1	
Antidiarrheal - Antiperistaltic Agents		
ANTI-DIARRHEA ORAL TABLET 2 MG	Tier 1	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG	Tier 1	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/5 ML	Tier 1	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG	Tier 1	
DIAMODE ORAL TABLET 2 MG	Tier 1	
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>loperamide oral liquid 1 mg/5 ml, 1 mg/7.5 ml</i>	Tier 1	
<i>loperamide oral tablet 2 mg</i>	Tier 1	
Antidiarrheal - Bismuth Agents		
BISMATROL ORAL SUSPENSION 262 MG/15 ML	Tier 1	
BISMATROL ORAL TABLET,CHEWABLE 262 MG	Tier 1	
BISMUTH ORAL SUSPENSION 262 MG/15 ML	Tier 1	
BISMUTH ORAL TABLET 262 MG	Tier 1	
BISMUTH ORAL TABLET,CHEWABLE 262 MG	Tier 1	
<i>bismuth subsalicylate oral suspension 262 mg/15 ml</i>	Tier 1	
DIOTAME INSTYDOSE ORAL SUSPENSION IN PACKET 524 MG/30 ML	Tier 1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML	Tier 1	
KAOPECTATE EX STR (BISMUTH SS) ORAL SUSPENSION 525 MG/15 ML	Tier 1	

Drug Name	Drug Tier	Notes
PEP-T-MED ORAL TABLET,CHEWABLE 262 MG	Tier 1	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML	Tier 1	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET 262 MG	Tier 1	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE 262 MG	Tier 1	
SOOTHE REGULAR STRENGTH ORAL SUSPENSION 262 MG/15 ML	Tier 1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML	Tier 1	
STOMACH RELIEF ORAL TABLET 262 MG	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors		
FULYZAQ ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antiemetic - Anticholinergics		
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1.5 MG (1 MG OVER 3 DAYS)	Tier 2	PA
Antiemetic - Antihistamines		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Cannabinoids		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antiemetic - Phenothiazines		
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	AR (PA required for age 66 and older)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
Colonic Acidifier (Ammonia Inhibitor)		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 5	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 5	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Digestive Enzyme Mixtures		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-25,000 -43,750 UNIT, 16,800-40,000 -70,000 UNIT, 21,000-37,000 -61,000 UNIT, 4,200-10,000 -17,500 UNIT	Tier 2	
PANCRELIPASE 5000 ORAL CAPSULE, DELAYED RELEASE(DR/EC) 5,000-17,000 -27,000 UNIT	Tier 1	
ULTRESA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 13,800-27,600 UNIT, 20,700-41,400 UNIT, 23,000-46,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 2	

Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	Tier 2	
Digestive Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg, 30 mg</i>	Tier 1	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	Tier 1	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 2	PA; QL (1 tablet per 1 day)
Gastric Acid Secretion Reducing- Proton Pump Inhibitor & Antacid Comb.		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	Tier 1	

Drug Name	Drug Tier	Notes
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 1	
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Gi Antispasmodic Combinations Other		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	Tier 2	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	Tier 1	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 2	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 2	PA; QL (1 suppository per 1 day)
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 400 MG	Tier 2	PA
DIPENTUM ORAL CAPSULE 250 MG	Tier 2	PA
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 2	PA
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>	Tier 1	
SULFAZINE EC ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 1	
SULFAZINE ORAL TABLET 500 MG	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids		
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
HUMIRA PED CROHN'S STARTER PK SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Laxative - Bulk Forming		
FIBER ORAL TABLET,CHEWABLE 2 GRAM	Tier 1	
FIBER SMOOTH (SUCROSE) ORAL POWDER	Tier 1	
FIBER SMOOTH ORAL POWDER	Tier 1	
FIBER THERAPY (PSYLLIUM/SUGAR) ORAL POWDER	Tier 1	
REGULOID, SUGAR FREE ORAL POWDER	Tier 1	
Laxative - Saline And Osmotic		
CLEARLAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GENTLELAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
GLYCOLAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	Tier 1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	Tier 1	
PURELAX ORAL POWDER 17 GRAM/DOSE	Tier 1	

Drug Name	Drug Tier	Notes
PURELAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
Laxative - Saline/Osmotic Mixtures		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	Tier 1	
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	Tier 1	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	
Laxative - Stimulant		
<i>bisacodyl oral tablet, delayed release (drlec) 5 mg</i>	Tier 1	
Laxative - Surfactant		
COLACE ORAL CAPSULE 100 MG	Tier 1	
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	
DULCOLAX STOOL SOFTENER (DSS) ORAL CAPSULE 100 MG	Tier 1	
STOOL SOFTENER ORAL CAPSULE 100 MG	Tier 1	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
ELIPHOS ORAL TABLET 667 MG	Tier 1	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 2	PA

Drug Name	Drug Tier	Notes
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 2	PA
REVELA ORAL TABLET 800 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Short Bowel Syndrome (Sbs) Agents		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Genitourinary Therapy		
Cystinosis Therapy (Cystine Depleting Agents)		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
G.U. Irrigants		
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
Interstitial Cystitis Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i>	Tier 1	
Urinary Acidifier - Phosphates		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 2	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	Tier 1	
VIRT-PHOS 250 NEUTRAL ORAL TABLET 250 MG	Tier 1	
Urinary Alkalinizer - Citrates		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
Urinary Analgesics		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine & Salts		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
Urinary Antibacterial - Nitrofurantoin Derivatives		
MACRODANTIN ORAL CAPSULE 25 MG	Tier 2	AR (PA required for age 66 and older)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
UR N-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	

Drug Name	Drug Tier	Notes
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 2	PA; QL (1 tablet per 1 day)
Urinary Antispasmodic - Smooth Muscle Relaxants		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	PA
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 2	PA; QL (1 tablet per 1 day)
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	

Drug Name	Drug Tier	Notes
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Anti-Inhibitor Coagulation Complex		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 400-650 UNIT, 651-1,200 UNIT	Tier 5	
Antiporphyrria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 313 MG	Tier 5	
C1 Esterase Inhibitor Agents		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 5	
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	
Direct Factor Xa Inhibitors		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	QL (2 tablets per 1 day)
XARELTO ORAL TABLET 10 MG	Tier 2	QL (35 tablets per 1 episode)
XARELTO ORAL TABLET 15 MG	Tier 2	
XARELTO ORAL TABLET 20 MG	Tier 2	QL (1 tablet per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	
Erythropoietins		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
BENEFIX INTRAVENOUS KIT 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
Factor Viii Preparations (Ahf)		
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 5	
HUMATE-P INTRAVENOUS KIT 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5	
KOATE-DVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
WILATE INTRAVENOUS KIT 1,000-1,000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	Tier 5	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS KIT 1,000-1,600 UNIT	Tier 5	

Drug Name	Drug Tier	Notes
Granulocyte Colony-Stimulating Factor (G-Csf)		
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Hematorheologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 5	
AMICAR ORAL TABLET 1,000 MG, 500 MG	Tier 5	
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	Tier 5	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Human Monoclonal Antibody Complement (C5) Inhibitors		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 5	
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 1	
Plasma Proteins Which Facilitate Anticoagulation		
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 5	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA ORAL TABLET 90 MG	Tier 2	QL (2 tablets per 1 day)
Platelet Aggregation Inhib - Pdesterase & Adenosine Deaminase Inhibitor		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	AR (PA required for age 66 and older)
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates		
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
ASPIR-81 ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG	Tier 1	
ASPIRIN LOW DOSE ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 1	

Drug Name	Drug Tier	Notes
ASPIRIN LOW-STRENGTH ORAL TABLET,CHEWABLE 81 MG	Tier 1	
<i>aspirin oral tablet 325 mg</i>	Tier 1	
<i>aspirin oral tablet,chewable 81 mg</i>	Tier 1	
<i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i>	Tier 1	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
CHILD ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 1	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 1	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 tablet per 1 day)
<i>ticlopidine oral tablet 250 mg</i>	Tier 1	
Platelet Proliferation Stimulants (Interleukins)		
NEUMEGA SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Protein C Preparations		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 5	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 5	
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	

Drug Name	Drug Tier	Notes
Thrombin Inhibitor - Selective Direct & Reversible		
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Tier 2	QL (2 capsules per 1 day)
Thrombopoietin Receptor Agonists		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	Tier 1	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 2	
Immunosuppressive - Purine Analogs		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Locomotor System		
Als Agent - Benzothiazoles		
<i>riluzole oral tablet 50 mg</i>	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
Antimyasthenic Agents Other		
<i>guanidine oral tablet 125 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies & Dme - Equipment Cleaning Agents		
ALCOH-WIPE TOWELETTE 70 %	Tier 1	
Medical Supplies & Dme - Insulin Needles-Syringes & Admin. Supplies		
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 31 X 5/16"	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML	Tier 1	
Medical Supplies & Dme - Male Condoms		
CONDOMS-PREM LUBRICATED DEVICE	Tier 1	QL (36 condoms per 30 days)

Drug Name	Drug Tier	Notes
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MAXX CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 1	
KIMONO MICROTHIN CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX LATEX CONDOM DEVICE	Tier 1	
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 1	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
Medical Supplies & Dme - Peak Flow Meters		
AIRZONE PEAK FLOW METER DEVICE	Tier 2	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 31 X 5/16"	Tier 1	
CONDOMS-PREM LUBRICATED DEVICE	Tier 1	QL (36 condoms per 30 days)
FREESTYLE INSULINX STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE LITE STRIPS STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)

Drug Name	Drug Tier	Notes
FREESTYLE TEST STRIP	Tier 1	QL/DS (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MAXX CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 1	
KIMONO MICROTHIN CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML	Tier 1	
TRUSTEX LATEX CONDOM DEVICE	Tier 1	
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 1	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 1	QL (36 condoms per 30 days)
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Fabry's Disease		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 5	
Metabolic Disease Enzyme Replacement, Gaucher's Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 5	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 5	

Drug Name	Drug Tier	Notes
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 5	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 5	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 5	
Metabolic Disease Enzyme Replacement, Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 5	
MYOZYME INTRAVENOUS RECON SOLN 50 MG	Tier 5	
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	Tier 5	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 5	
CARNITOR ORAL TABLET 330 MG	Tier 5	
CARNITOR SUGAR-FREE ORAL SOLUTION 100 MG/ML	Tier 5	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 5	
<i>levocarnitine oral tablet 330 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	
ZAVESCA ORAL CAPSULE 100 MG	Tier 5	
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	Tier 5	
Metabolic Modifier - Homocystinuria Treatment Agents		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 5	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 5	
BUPHENYL ORAL TABLET 500 MG	Tier 5	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 1	
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 5	
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 5	
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase		
KUVAN ORAL POWDER IN PACKET 100 MG	Tier 5	
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 5	
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride dental solution 0.2 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>sodium fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	Tier 1	
Mouth And Throat - Antifungals		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	DDS (Also covered when written by a dentist.)
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	DDS (Also covered when written by a dentist.)
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
Mouth And Throat - Glucocorticoids		
ORALONE DENTAL PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane gel 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Interferons		
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Multiple Sclerosis Agent - Others		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Multiple Sclerosis Agent - Potassium Channel Blocker		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Ophthalmic Agents		
Artificial Tears And Lubricant Combinations		
ADVANCED EYE RELIEF OPHTHALMIC DROPS 1-0.3 %	Tier 1	
ARTIFICIAL TEARS (PF) OPHTHALMIC DROPPERETTE , 0.1-0.3 %	Tier 1	
ARTIFICIAL TEARS OPHTHALMIC DROPS 0.1-0.3 %, 0.5-0.6 %	Tier 1	
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC DROPS 1-0.3 %	Tier 1	
Artificial Tears And Lubricant Single Agents		
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC DROPS 1.4 %	Tier 1	
LUBRICANT DRY EYE RELIEF OPHTHALMIC DROPS, LIQUID GEL 1 %	Tier 1	
LUBRICANT EYE (POLYV ALCOHOL) OPHTHALMIC DROPS 1.4 %	Tier 1	
LUBRICANT EYE DROPS OPHTHALMIC DROPPERETTE 0.5 %	Tier 1	
LUBRICATING PLUS OPHTHALMIC DROPPERETTE 0.5 %	Tier 1	
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	Tier 2	
Miotics - Direct Acting		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i>	Tier 1	
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic drops 1 %</i>	Tier 1	
<i>atropine ophthalmic ointment 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic drops 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC DROPS 5 %	Tier 1	
<i>homatropine hbr ophthalmic drops 5 %</i>	Tier 1	
<i>tropicamide ophthalmic drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antihistamines		
ALLERGY EYE (KETOTIFEN) OPHTHALMIC DROPS 0.025 % (0.035 %)	Tier 1	
<i>azelastine ophthalmic drops 0.05 %</i>	Tier 1	
EMADINE OPHTHALMIC DROPS 0.05 %	Tier 2	PA
<i>epinastine ophthalmic drops 0.05 %</i>	Tier 1	PA
<i>ketotifen fumarate ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	Tier 2	PA; QL (2 units per 1 day)
Ophthalmic - Anti-Inflammatory, Nsaids		
<i>diclofenac sodium ophthalmic drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i>	Tier 1	
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	Tier 2	PA
<i>dorzolamide ophthalmic drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents		
CYSTARAN OPHTHALMIC DROPS 0.44 %	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Ophthalmic - Decongestants		
<i>naphazoline ophthalmic drops 0.1 %</i>	Tier 1	
<i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol ophthalmic drops 0.5 %</i>	Tier 1	
<i>carteolol ophthalmic drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier 1	
<i>metipranolol ophthalmic drops 0.3 %</i>	Tier 1	
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Ophthalmic - Local Anesthetic Esters		
<i>tetracaine hcl (pf) ophthalmic drops 0.5 %</i>	Tier 1	
Ophthalmic - Mast Cell Stabilizers		
ALOMIDE OPHTHALMIC DROPS 0.1 %	Tier 2	PA
<i>cromolyn ophthalmic drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures		
AK-POLY-BAC OPHTHALMIC OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK OPHTHALMIC OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic drops 0.3 %</i>	Tier 1	
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i>	Tier 1	
<i>tobramycin ophthalmic drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones		
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic drops 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides		
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides		
BLEPH-10 OPHTHALMIC DROPS 10 %	Tier 1	
<i>sulfacetamide sodium ophthalmic drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
Ophthalmic Antivirals		
<i>trifluridine ophthalmic drops 1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
<i>apraclonidine ophthalmic drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic drops 0.15 %, 0.2 %</i>	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>latanoprost ophthalmic drops 0.005 %</i>	Tier 1	
<i>travoprost (benzalkonium) ophthalmic drops 0.004 %</i>	Tier 1	
Otic		
Otic - Anti-Infective Mixtures		
<i>acetic acid-aluminum acetate otic drops 2 %</i>	Tier 1	
Otic - Anti-Infective-Glucocorticoid Combinations		
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %	Tier 2	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic - Anti-Infectives Other		
<i>acetic acid otic solution 2 %</i>	Tier 1	
Otic - Fluoroquinolones		
<i>ciprofloxacin hcl otic dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic drops 0.3 %</i>	Tier 1	
Otic - Glucocorticoids		
ACETASOL HC OTIC DROPS 1-2 %	Tier 1	
<i>fluocinolone acetonide oil otic drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	Tier 1	
Respiratory Therapy Agents		
Antihistamine - 1St Generation - Alkylamines		
ALLER-CHLOR ORAL SYRUP 2 MG/5 ML	Tier 1	
ALLER-CHLOR ORAL TABLET 4 MG	Tier 1	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	Tier 1	

Drug Name	Drug Tier	Notes
ED-CHLORPED ORAL DROPS 2 MG/ML	Tier 1	
ED-CHLORTAN ORAL TABLET 4 MG	Tier 1	
Antihistamine - 1St Generation - Ethanolamines		
ALLERGY RELIEF (CLEMASTINE) ORAL TABLET 1.34 MG	Tier 1	
ALLERHIST-1 ORAL TABLET 1.34 MG	Tier 1	
ARBINOXA ORAL LIQUID 4 MG/5 ML	Tier 1	
ARBINOXA ORAL TABLET 4 MG	Tier 1	
BANOPHEN ALLERGY ORAL LIQUID 12.5 MG/5 ML	Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Tier 1	
BANOPHEN ORAL TABLET 25 MG	Tier 1	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Tier 1	
BENADRYL ALLERGY ORAL TABLET 25 MG	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,DISINTEGRATING 12.5 MG	Tier 1	
<i>clemastine oral syrup 0.67 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 1.34 mg, 2.68 mg</i>	Tier 1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG	Tier 1	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	Tier 1	
DIPHENHIST ORAL CAPSULE 25 MG	Tier 1	
DIPHENHIST ORAL LIQUID 12.5 MG/5 ML	Tier 1	
DIPHENHIST ORAL TABLET 25 MG	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML	Tier 1	
VICKS QLEARQUIL NIGHTTIME RLF ORAL TABLET 25 MG	Tier 1	

Drug Name	Drug Tier	Notes
Antihistamine - 1St Generation - Phenothiazines		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation		
ALLER-CHLOR ORAL SYRUP 2 MG/5 ML	Tier 1	
ALLER-CHLOR ORAL TABLET 4 MG	Tier 1	
ALLERGY RELIEF (CLEMASTINE) ORAL TABLET 1.34 MG	Tier 1	
ALLERHIST-1 ORAL TABLET 1.34 MG	Tier 1	
ARBINOXA ORAL LIQUID 4 MG/5 ML	Tier 1	
ARBINOXA ORAL TABLET 4 MG	Tier 1	
BANOPHEN ALLERGY ORAL LIQUID 12.5 MG/5 ML	Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Tier 1	
BANOPHEN ORAL TABLET 25 MG	Tier 1	
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Tier 1	
BENADRYL ALLERGY ORAL TABLET 25 MG	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,DISINTEGRATING 12.5 MG	Tier 1	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine oral syrup 0.67 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 1.34 mg, 2.68 mg</i>	Tier 1	
COMPOZ ORAL TABLET 25 MG	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
DAYHIST ALLERGY ORAL TABLET 1.34 MG	Tier 1	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	Tier 1	
DIPHENHIST ORAL CAPSULE 25 MG	Tier 1	
DIPHENHIST ORAL LIQUID 12.5 MG/5 ML	Tier 1	
DIPHENHIST ORAL TABLET 25 MG	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	Tier 1	
ED-CHLORPED ORAL DROPS 2 MG/ML	Tier 1	
ED-CHLORTAN ORAL TABLET 4 MG	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML	Tier 1	
SIMPLY SLEEP ORAL TABLET 25 MG	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG	Tier 1	
VICKS QLEARQUIL NIGHTTIME RLF ORAL TABLET 25 MG	Tier 1	
Antihistamines - 2Nd Generation		
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL CAPSULE 10 MG	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET,CHEWABLE 10 MG	Tier 1	
ALL DAY ALLERGY RELIEF(CETIR) ORAL TABLET 10 MG	Tier 1	

Drug Name	Drug Tier	Notes
ALLERGY RELIEF (CETIRIZINE) ORAL CAPSULE 10 MG	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 60 MG	Tier 1	
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	Tier 1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	Tier 1	
CHILDREN'S CETIRIZINE ORAL TABLET, CHEWABLE 10 MG, 5 MG	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	Tier 1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	PA
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	PA
LORADAMED ORAL TABLET 10 MG	Tier 1	
<i>loratadine oral solution 5 mg/5 ml</i>	Tier 1	
<i>loratadine oral tablet 10 mg</i>	Tier 1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperazines		
ALL DAY ALLERGY (CETIRIZINE) ORAL CAPSULE 10 MG	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	Tier 1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	PA
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	PA
Antihistamines - 2Nd Generation - Piperidines		
ALAVERT ORAL TABLET, DISINTEGRATING 10 MG	Tier 1	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	Tier 2	PA

Drug Name	Drug Tier	Notes
<i>desloratadine oral tablet 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	Tier 1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	Tier 1	
LORADAMED ORAL TABLET 10 MG	Tier 1	
<i>loratadine oral solution 5 mg/5 ml</i>	Tier 1	
<i>loratadine oral tablet 10 mg</i>	Tier 1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	Tier 1	
Antitussives - Nonnarcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
Asthma Therapy - Glucocorticoids		
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 2	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 400 mg, 600 mg</i>	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 500 MCG	Tier 2	PA
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>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, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 2	PA

Drug Name	Drug Tier	Notes
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	QL (6 doses per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Tier 2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	Tier 5	
KALYDECO ORAL TABLET 150 MG	Tier 5	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03%, 0.06%</i>	Tier 1	

Drug Name	Drug Tier	Notes
Nasal Antihistamines		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	PA
Nasal Corticosteroids		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	
<i>fluticasone nasal spray,suspension 50 mcg/lactuation</i>	Tier 1	
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 1	
Nasal Mast Cell Stabilizers		
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	Tier 1	
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
Vaginal Antifungal - Imidazoles		
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %)	Tier 1	
3-DAY VAGINAL VAGINAL CREAM 2 %	Tier 1	
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 %	Tier 1	
<i>gynazole-1 vaginal cream 2 %</i>	Tier 2	PA
MICONAZOLE 7 VAGINAL CREAM 2 %	Tier 1	
MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG	Tier 1	
<i>miconazole nitrate vaginal comb pack,prefill appl & cream 4 % (200 mg)- 2% (9 gram)</i>	Tier 1	
<i>miconazole nitrate vaginal kit 1,200-2 mg-%</i>	Tier 1	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM)	Tier 1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
MONISTAT 3 VAGINAL COMB PACK,PREFILL APPL & CREAM 4 % (200 MG)- 2% (9 GRAM)	Tier 1	

Drug Name	Drug Tier	Notes
MONISTAT 7 VAGINAL CREAM 2 %	Tier 1	
Vaginal Antifungal - Triazoles		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
Vaginal Progestins		
<i>crinone vaginal gel 4 %</i>	Tier 2	PA

Medical Benefit

Drug Name	Drug Tier	Notes
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML, 5 GRAM/100 ML, 500 MG/10 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>azacitidine injection recon soln 100 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BENLYSTA INTRAVENOUS RECON SOLN 400 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BICNU INTRAVENOUS RECON SOLN 100 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
CA-DTPA INTRAVENOUS SOLUTION 200 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>daunorubicin intravenous recon soln 20 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
DAUNOXOME INTRAVENOUS SOLUTION 2 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
DEPOCYT (PF) INTRATHECAL SUSPENSION 50 MG/5 ML (10 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/2 ml (final), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml), 80 mg/8 ml (final)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH), 30 MG (4 MONTH), 45 MG (6 MONTH), 7.5 MG (1 MONTH)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>fluorouracil intravenous solution 500 mg/10 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAGARD S-D (IGA &LT< 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 6	Specialty
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
INFED INJECTION SOLUTION 100 MG/2 ML (50 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>istodax intravenous recon soln 10 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 18.6 MG/24 HOUR (3 YEARS)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LIPODOX 50 INTRAVENOUS SUSPENSION 2 MG/ML	Tier 6	Specialty
LIPODOX INTRAVENOUS SUSPENSION 2 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)

Drug Name	Drug Tier	Notes
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--800-722-8720 Walgreens Specialty--888-282-5166)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MAKENA INTRAMUSCULAR OIL 250 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HR (5 YEARS)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
MUSTARGEN INJECTION RECON SOLN 10 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ONXOL INTRAVENOUS CONCENTRATE 6 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 6	PA; Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RECLAST INTRAVENOUS SOLUTION 5 MG/100 ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>rocuronium intravenous solution 10 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HOUR (3 YEARS)	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 6	Specialty; Specialty (Diplomat) Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TESTOPEL IMPLANT PELLET 75 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>topotecan intravenous recon soln 4 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TREANDA INTRAVENOUS SOLUTION 180 MG/2 ML, 45 MG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
TRELSTAR DEPOT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TRELSTAR LA INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG, 500 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZN-DTPA INTRAVENOUS SOLUTION 200 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

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NEUMEGA	140	NP THYROID	123	<i>oxycodone-aspirin</i>	20
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TRI-LEGEST FE	94	VALIUM	60	VPRIV	144
TRILEPTAL	64	<i>valproate sodium</i>	62	VYFEMLA (28)	92
TRI-LINYAH	94	<i>valproic acid</i>	62, 80	VYVANSE	78
TRILYTE WITH FLAVOR		<i>valproic acid (as sodium salt)</i>		<i>warfarin</i>	136
PACKETS	132	62, 80	WEE CARE	110

WELLBUTRIN	67	ZOVIA 1/50E (28)	93
WELLBUTRIN SR	67	ZUBSOLV	86
WELLBUTRIN XL	68	ZYDELIG	46
WERA (28)	92	ZYKADIA	46
WESTHROID	123	ZYPREXA	76, 81
WILATE	137	ZYPREXA ZYDIS	76, 81
WP THYROID	123	ZYTIGA	41, 43
WYMZYA FE	92	ZYVOX	40
XALKORI	46		
XANAX	60		
XANAX XR	61		
XARELTO	136		
XELJANZ	24		
XENAZINE	83		
XENICAL	106		
XGEVA	184		
XOLAIR	184		
XOPENEX HFA	160		
XTANDI	43		
XULANE	94		
XYREM	84		
YERVOY	184		
<i>zafirlukast</i>	159		
<i>zaleplon</i>	86		
ZANOSAR	184		
ZARAH	92		
ZARONTIN	66		
ZAVESCA	146		
ZEBUTAL	21		
ZELBORAF	46		
<i>zenatane</i>	95		
ZENCHENT (28)	92		
ZENCHENT FE	92		
ZENPEP	128		
ZENZEDI	78, 82, 85		
ZEOSA	93		
ZERIT	34		
ZETIA	52		
ZEVALIN (Y-90)	184		
ZIAGEN	34		
<i>zidovudine</i>	34		
<i>zinc sulfate</i>	113		
ZINECARD (AS HCL)	184		
<i>ziprasidone hcl</i>	73, 81		
ZN-DTPA	184		
ZOLADEX	45		
ZOLINZA	44		
ZOLOFT	69		
<i>zolpidem</i>	86		
ZOLPIMIST	86		
ZONEGRAN	66		
<i>zonisamide</i>	66		
ZORTRESS	141		
ZOSTAVAX (PF)	48, 184		
ZOVIA 1/35E (28)	93		

HEALTHPLUS PARTNERS
PRIOR AUTHORIZATION CRITERIA
For HealthPlus Partners Medicaid and Healthy Michigan Plan

CATEGORY/DRUG	QTY LIMIT	CRITERIA
<u>Aminoglycosides</u> <i>tobramycin solution</i> (Tobi Solution) Tobi Podhaler		1. The patient must have a diagnosis of Cystic Fibrosis; AND 2. The drug is given for 28 days followed by 28 days off, in repeat cycles.
<u>Analgesics</u> <i>fentanyl citrate oral transmucosal</i> (Actiq®)		1. The patient has a documented current diagnosis of cancer. 2. The patient is already receiving and is tolerant to opioid therapy for underlying persistent cancer pain. NOTE: System will automatically approve if written by an oncologist (or if there are prescription claims for chemotherapy-related medications) and the patient is receiving opioid pain medications.
<i>All acetaminophen-containing narcotic analgesics</i>		DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims with a monthly quantity that exceeds the MAX recommended dose of 4gm/day of acetaminophen. Physician must submit signed request stating that he/she is allowing the patient to exceed the MAX recommended dose of acetaminophen.
OxyContin® (<i>oxycodone</i>)	Qty limit 90 in 30 days	1. The patient must have a current documented diagnosis of active cancer. NOTE: System will automatically approve if written by an oncologist (or if there are prescription claims for chemotherapy-related medications) and the patient is receiving opioid pain medications.
Butrans® (<i>buprenorphine patch</i>)		For indications other than cancer: 1. The patient must have documented failure or prescription claims for at least two formulary alternatives within the last 3 months; OR 2. Based on chart documentation, all formulary alternatives are inappropriate. NOTE: System will automatically approve if written by an oncologist or if there are prescription claims for chemotherapy-related medications.
<u>Androgens</u> AndroGel® (<i>testosterone gel</i>) <i>generic testosterone gel</i>		1. The patient is male, ≥ 18 years old, and has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year.
Depo-Testosterone® (<i>testosterone cypionate</i>) <i>fluoxymesterone</i> (Androxy®) <i>oxandrolone</i> (Oxandrin®)		1. The patient is male and has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year; OR 1. The patient has a documented diagnosis of delayed puberty; OR 1. The patient is female and has a documented diagnosis of breast cancer

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
<i>danazol</i> (Danocrine®)		1. The patient has a diagnosis of endometriosis, fibrocystic breast disease, or hereditary angioedema.
Antifungal Agents <i>Ala-Quin</i> ® (<i>clioquinol/hydrocortisone</i>) <i>Jublia</i> ® (<i>efinaconazole</i>) <i>Kerydin</i> ® (<i>tavaborole</i>) <i>Mentax</i> ® (<i>butenafine</i>) <i>Lamisil</i> ® (<i>terbinafine spray</i>)		1. The patient must have documented failure and Rx claims for four generic antifungals (e.g., Loprox, Nizoral, Spectazole and Grifulvin V).
<i>ciclopirox 1% shampoo</i>		1. The patient must have a documented failure or Rx claims for generic ketoconazole 2% shampoo.
Anti-Glaucoma Agents <i>Azopt</i> ® (<i>brinzolamide</i>)		1. The patient must have a documented failure or Rx claims for generic Trusopt (dorzolamide).
Anti-Histamines <i>olopatadine</i> (Patanase®)		1. The patient must have a documented failure or Rx claims for generic Astelin (azelastine) and a generic nasal steroid (i.e., fluticasone, flunisolide)
<i>desloratadine</i> (Clarinetx®) <i>levocetirizine</i> (Xyzal®)		1. The patient must have a documented failure or Rx claims for generic Zyrtec (cetirizine) and generic Claritin (loratadine).
Anti-Infectives <i>Gynazole 1</i> ® (<i>butoconazole</i>)		1. The patient must have a documented failure or Rx claims for at least 1 vaginal antifungal (i.e., terconazole, metronidazole)
Anti-Migraine Agents <i>Migergot</i> ® (ergotamine/caffeine rectal suppositories)	Qty limited to 20 supps per 30 days	1. The patient must have a diagnosis of migraine headaches; AND 2. The patient must have chart documented failure or prescription claims for an oral generic triptan medication (i.e. generic Imitrex, generic Amerge); AND 3. The patient has a chart documented contraindication or intolerance to triptan medications.
Oral Triptans	Qty for all triptans combined are limited to 9 tablets per month	CRITERIA FOR MORE THAN NINE TABLETS PER MONTH 1. Patient is currently receiving medication therapy for the prophylaxis of migraines based on Rx claims in the past 120 days and still requires more than nine tablets per month, OR 2. Patient has had documented failure of all options for migraine prophylaxis and still requires more than nine tablets per month.
Imitrex Injection® (sumatriptan injection)	All injectable sumatriptan products limited to 6 injections for 30 days	Criteria for more than 6 injections per month 1. Patient is currently receiving medication therapy for the prophylaxis of migraines based on Rx claims in the past 120 days and still requires more than 6 injections per month, OR 2. Patient has had documented failure or contraindication to all options for migraine prophylaxis and requires more than 6 injections per month
Anti-Nausea Agents <i>Transderm-Scop</i> ® patches (scopolamine)		1. The patient must have a diagnosis of vertigo; AND 2. The patient has a contraindication or treatment failure with 2 generic formulary alternatives; AND 3. Transderm-Scop will not be approved for travel related motion sickness.

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PRIOR AUTHORIZATION CRITERIA

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
<i>dronabinol</i> (Marinol®)		1. The patient must have an active diagnosis of cancer. NOTE: System will automatically approve if written by an oncologist or if there are prescription claims for chemotherapy-related medications.
Anti-Parasite Agents Biltricide® (praziquantel)		1. The patient must have a documented failure or Rx claims for OTC Pin-X (pyrantel).
Anti-Spasmodics, urinary Vesicare® (solifenacin) <i>tolterodine</i> (Detrol®) <i>tolterodine ER</i> (Detrol LA®)	Vesicare & Detrol LA limited to 1 per day	1. The patient must have documented failure or Rx claim for generic oxybutynin tablets in the past year.
Anti-Ulcer Agents Prevacid Solutab® (lansoprazole)	Qty limited to 1 per day	1. The patient must have a documented inability to swallow a solid dosage form.
Bronchodilators Xopenex/HFA® (levalbuterol)		1. The patient must have documented intolerant side effects to albuterol (e.g., palpitations, tremors and tachycardia).
Cholesterol Medications Generic Omega-3 Fatty Acids		1. The patient's triglyceride (TG) levels are >500mg/dL (with chart documentation provided) OR 2. The patient must have documented failure or Rx claims in the past six months for at least two or more lipid-lowering agents, with at least one being a generic product (i.e., statins, fenofibrate, nicotinic acid).
Zetia® (ezetimibe)	Qty limited to 1 per day	1. The patient must have a Rx claim for a statin medication in the previous year; OR 2. The patient must have a chart documented contraindication to all statin medications.
Contraceptives All Brand Oral Contraceptives Amethyst® Angeliq® Beyaz® Generess FE® Lo Minastrin FE® Lo Loestrin FE® Minastrin 24 FE® Natazia® NuvaRing® Ortho Tri-Cyclen Lo® Quartette® Safyral® Xulane		1. The patient must have a documented trial or Rx claims for at least two generically available oral contraceptives in the past year before any brand product will be covered.
Dermatologicals Elidel® (pimecrolimus)		1. The patient must have documented failure or Rx claims for at least two generically available steroid creams in the past 6 months OR 2. Be under the treatment of a dermatologist.
<i>tacrolimus</i> (Protopic®)		1. The patient must have documented failure or Rx claims with at least two generically available topical steroids AND pimecrolimus in the past 180 days.

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
<i>clobetasol cream and ointment</i> (Temovate®, Cormax®)		1. The patient must have documented failure or Rx claims for generic Diprolene/AF (augmented betamethasone) or generic Ultravate (halobetsol) cream or ointment in the past 60 days.
<i>diclofenac 3% gel</i> (Solaraze®)		1. The patient must have a chart documented diagnosis of actinic keratosis.
All Tretinoin Products		1. Age Restriction: Patients ≥ 25 years of age must have a documented diagnosis of acne.
All Generic Isotretinoin Products Amnesteem (isotretinoin) Claravis (isotretinoin) Myorisan (isotretinoin) Zenatane (isotretinoin)		1. The patient has a documented diagnosis of severe recalcitrant nodular or refractory acne OR severe refractory rosacea; AND 2. The patient has tried and failed treatment with at least 3 generic topical acne products AND one oral generic antibiotic; OR 1. The patient has neuroblastoma or cutaneous T-cell lymphoma (CTCL).
<i>acitretin</i> (Soriatane®)		1. The patient must have a diagnosis of severe psoriasis; AND 2. The patient has tried and failed treatment with a topical steroid and methotrexate.
<i>imiquimod</i> (Aldara®)		1. The patient must have a diagnosis of actinic keratosis; AND 2. The patient must have documented failure or prescription claims for generic 5-fluorouracil cream; OR 1. The patient has a diagnosis of superficial basal cell carcinoma; AND 2. The prescriber is a dermatologist or oncologist; OR 1. The patient has a diagnosis of external genital or perianal warts; AND 2. The patient is over the age of 12 years old; AND 3. The patient has documented failure or Rx claims for generic podofilox gel or solution.
Veregen® (sinecatechins)		1. The patient has a diagnosis of external genital or perianal warts; AND 2. The patient is 18 years of age or older; AND 3. The patient has documented failure or Rx claims for generic imiquimod and podofilox gel or solution.
Panretin® (alitretinoin)		1. The patient has a diagnosis of cutaneous lesions due to AIDS-related Kaposi's sarcoma; AND 2. The patient is not in need of systemic anti-KS therapy (e.g., more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement)
Anti-Gout Uloric® (febuxostat)	Qty limited to 1 per day	1. Patient must have documented failure or prescription claims with allopurinol, OR 2. The patient cannot tolerate therapeutic doses or is not an appropriate candidate for allopurinol based on documentation provided.

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
<u>Cardiovascular Agents</u> Ranexa® (ranolazine)		1. The patient must have a documented diagnosis of chronic angina; in addition, there must be a pharmacy claim for amlodipine or beta-blocker or non-acute nitrates.
<u>Endometriosis</u> Lupron Depot 3.75 Kit® (leuprolide acetate)		1. Confirmation of diagnosis. NOTE: Not covered for infertility (infertility services are excluded).
<u>Gastrointestinal agents</u> Relistor® (methylnaltrexone)		1. The patient must have a diagnosis of opioid-induced constipation; AND 2. The patient has advanced illness and receiving palliative care with a life expectancy of less than 6 months; AND 3. The patient has documented failure or contraindication of 2 other laxative drugs.
Fulyzaq® (crofelemer)		1. The patient is currently being treated for diarrhea associated with antiretroviral therapy for the treatment of HIV/AIDS.
Amitiza® (lubiprostone)		1. The patient must have documented treatment failure with at least 2 generic/OTC cathartics (e.g., bisacodyl, docusate sodium, lactulose, mineral oil, etc) OR 2. A documented D(x) of constipation predominant IBS.
<u>Inflammatory Bowel Disease</u> Dipentum® (olsalazine sodium) Lialda® (mesalamine) Delzicol® (mesalamine) Canasa® (mesalamine) suppos. Pentasa® (mesalamine)	Canasa limited to 1 suppository per day	1. The patient must have documented failure or Rx claims for at least two formulary agents (e.g., generic Azulfidine, Colazal, or Asacol) in the past year.
<u>Immunological Agents</u> mycophenolate suspension (Cellcept®)		1. The patient must have a documented inability to swallow a solid dosage form.
Ridaura (auranofin)		1. Documented indication for acute or chronic treatment of the signs and symptoms of rheumatoid arthritis; AND 2. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.). Adequate course of therapy is defined as a full therapeutic dose on a scheduled basis for at least 1-2 weeks.

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
NSAIDs celecoxib (Celebrex®)	Cox-2 drugs and Mobic are limited to a qty of 30 units per month	1. Documented indication for acute or chronic treatment of the signs and symptoms of osteoarthritis or rheumatoid arthritis, AND 2. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.). Adequate course of therapy is defined as a full therapeutic dose on a scheduled basis for at least 1-2 weeks; OR 3. The patient is identified as "high risk" for developing GI complications: a. Age over 60 years old AND any one of the following risks: b. Requiring prolonged use of max dose of traditional NSAIDS OR c. Concomitant use of steroids OR d. Documented history of ulcer/bleed/perforation, OR 4. Active ulcer or recent documented history of ulcer (within 6 months) or history of GI bleed/perforation.
<i>diclofenac sodium/misoprostol</i> (Arthrotec®)		1. The patient has a diagnosis of osteoarthritis or rheumatoid arthritis and is at high risk of developing NSAID-induced gastric and duodenal ulcers.
Ophthalmics Alomide® (lodoxamide tromethamide) Emadine® (emedastine difumarate) <i>epinastine</i> (Elestat®)		1. The patient must have documented failure or Rx claim for generic OTC Zaditor in the past 90 days (covered with written prescription).
Cystaran® (cysteamine) drops		1. Patient must have diagnosis of corneal cysteine crystal accumulation.
Restasis® (cyclosporine)	Qty is limited to 2 units per day	1. Patient has a diagnosis of tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca (chronic dry eye disease), Sjogren's Syndrome, or is being treated for Graft vs. Host Disease or Corneal Transplant Rejection AND all of the following: 2. Patient must have a functioning lacrimal gland; AND 3. Member has failed at least two separate 30-day trials using two different OTC ocular lubricants / artificial tear solutions 4x/day during each trial; AND 4. Must be prescribed by an ophthalmologist or optometrist; AND 5. Patient is not less than 16; AND 6. Patient has not had an ocular infection, surgery, or injury in the last 6 months; AND 7. Patient is not using daily contacts; AND 8. Authorization is limited to 3 months. Extended authorizations are dependent on response and use.

HEALTHPLUS PARTNERS
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For HealthPlus Partners Medicaid and Healthy Michigan Plan

CATEGORY/DRUG	QTY LIMIT	CRITERIA
Phosphate Binders Renvela® (sevelamer carbonate) packets Phoslyra® (calcium acetate) solution		1. The patient must have a documented inability to swallow a solid dosage form.
Sensipar® (cinacalcet)		1. The patient must have a diagnosis of Secondary Hyperparathyroidism (HPT) in patients with chronic kidney disease on dialysis; AND 2. Serum calcium level must be ≥ 8.4 mg/dL; AND 3. The patient must have documented failure with at least one phosphate binder; AND 4. iPTH level must be > 300 pg/mL or biPTH > 160 ; OR 1. The patient has a diagnosis of hypercalcemia and Parathyroid Carcinoma.
Progestins Endometrin® (progesterone insert) Crinone® (progesterone gel)		1. The patient must currently be pregnant.
Pulmonary Daliresp® (roflumilast)		1. The patient has severe COPD associated with chronic bronchitis; AND 2. The patient had at least 1 COPD exacerbation requiring systemic corticosteroids or hospitalization in the previous year; AND 3. The patient has documented treatment failure with an inhaled corticosteroid with a long-acting beta agonist.
Tetracyclines Vibramycin® syrup (doxycycline)		1. The patient must have a documented inability to swallow a solid dosage form.
Vasodilating Agents Revatio® (sildenafil) Adcirca® (tadalafil) Letairis® (ambrisentan) Tracleer® (bosentan) Veletri® (epoprostenol) <i>epoprostenol</i> (Flolan®) Ventavis® (iloprost) Opsumit® (macitentan) Adempas® (riociguat) Orenitram ER® (treprostinil) Tyvaso® (treprostinil) neb Remodulin® (treprostinil)		1. The patient must have a documented diagnosis of pulmonary arterial hypertension.

HEALTHPLUS PARTNERS
 PRIOR AUTHORIZATION CRITERIA
 For HealthPlus Partners Medicaid and Healthy Michigan Plan

CATEGORY/DRUG	QTY LIMIT	CRITERIA
<p>Weight Management All medications for the treatment of obesity <u>Examples:</u> <i>phentermine</i> (Adipex®) Belviq® (lorcaserin) Contrave ER (naltrexone/bupropion) Qsymia® (phentermine/ topiramate) Xenical® (orlistat)</p>		<ol style="list-style-type: none"> 1. The patient is an adult ≥ 18 years of age; AND 2. The patient has a body mass index (BMI) of ≥30kg/m², OR 3. The patient has a body mass index (BMI) of ≥27kg/m² with any of the following co-morbidities: <ul style="list-style-type: none"> -established coronary heart disease -atherosclerotic disease -type 2 diabetes -sleep apnea, OR 4. The patient has a body mass index (BMI) of ≥27kg/m², <ol style="list-style-type: none"> A. With at least three of the following risk factors: <ul style="list-style-type: none"> -hypertension -high LDL cholesterol -low HDL cholesterol -impaired fasting glucose -smoking -family history of early cardiovascular disease -age ≥45 years for men or age ≥55 years for women, AND B. The patient has undergone evaluation to rule out other treatable causes of obesity, not presence of malabsorption syndrome, thyroid conditions, cholestasis, pregnancy, and/or lactation, AND C. There has been a previous weight loss attempt for at least 6-12 months within one (1) year through a physician supervised diet and exercise program consisting of low calorie diet, AND D. The patient has a strong desire, willingness and cognitive ability to make changes in diet and activity level, AND E. The medication is part of a continued treatment plan, which includes a calorie and fat reduced diet, and a regular exercise program. AND 5. If the medication is a brand name product, the patient must have tried a generically available product (i.e. phentermine, diethylpropion) in the past year. <p>If the preceding criteria are met, the request for a weight loss medication will be approved for 1 year (365 days) of total coverage.</p>

HEALTHPLUS PARTNERS
 PRIOR AUTHORIZATION CRITERIA
 For HealthPlus Partners Medicaid and Healthy Michigan Plan

CATEGORY/DRUG	QTY LIMIT	CRITERIA
<u>Non-Sterile Compounded Prescriptions</u>		<ol style="list-style-type: none"> 1. The compounded product contains at least one FDA-approved prescription ingredient; AND 2. Each prescription drug or active ingredient in the compounded product is approved by the Food & Drug Administration (FDA) for medical use in the United States; AND 3. The active prescription medication component(s) are in therapeutic amounts; AND 4. The compounded product is not a copy of any commercially available FDA-approved drug product; AND 5. The use for which the compounded product is being prescribed is supported by FDA approval of the active ingredient(s), or is supported by two or more articles from peer reviewed journals demonstrating the safety and efficacy of the prescribed therapy for that diagnosis and method or route of delivery; AND 6. If any prescription ingredient in the compounded product is included in the HealthPlus Prior Authorization program, the patient must meet the criteria designated for that prescription ingredient. <p>Based on limitations or exclusions in the subscriber certificate, coverage will NOT be provided for compounds under the following circumstances:</p> <ol style="list-style-type: none"> 1. Any compound that does not contain a FDA-approved prescription ingredient otherwise covered by the plan; OR 2. Any compound that contains a non-FDA approved or non-HealthPlus covered prescription ingredient. 3. Compounded formulations that contain any bulk powders that are not FDA approved or HealthPlus approved; OR 4. Compounded formulations that are being used for cosmetic purposes; OR 5. Compounded formulations that are using prescription ingredients for non-FDA approved indications or purposes that are not supported by peer-reviewed literature; OR 6. Compounded formulations that may be considered investigational or experimental; OR 7. Compounded formulations that use drugs withdrawn or removed from the market for safety reasons; OR 8. Prescription ingredient(s) compounded for the purpose of convenience only. <ol style="list-style-type: none"> a. Exceptions include: <ol style="list-style-type: none"> i. Compounded medications for those patients that cannot swallow or have trouble swallowing and require administration with an oral liquid, or administration by topical, rectal or other appropriate non-oral routes; ii. Compounded medications for those patients who have sensitivity to dyes, preservatives, or fillers in commercial products and require allergy-free medications as documented in the medical record; iii. Compounded medications for children who require prescription medications for which there are no liquid formulations available.

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CATEGORY/DRUG	QTY LIMIT	CRITERIA
Quantity Limit QL Specific request for a dose, quantity or duration that exceeds the established limits		1. The physician must provide documentation of the clinical rationale for requesting a dosage, quantity, or duration of medication greater than the criteria specified in the formulary. 2. If the dosage exceeds the manufacturer product labeling/prescribing information, the physician must submit documentation of two articles from peer reviewed journals demonstrating the safety and efficacy of the prescribed therapy.

Exception Requests

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Exceptions Criteria (for all non-covered drugs in a closed formulary)		1. Based on specific documented patient circumstances, each/all of the formulary drugs/alternatives are not appropriate because: <ol style="list-style-type: none"> a. Medication(s) are contraindicated or unsafe, or b. Patient is intolerant or allergic, or c. Patient had an inadequate or inappropriate response; AND 2. Chart documentation to support this medical necessity has been provided; AND 3. The requested drug and dosage is FDA-approved for the patient's diagnosis; AND 4. If established (commercial) HealthPlus prior authorization criteria exists, the prior authorization criteria will also apply.

**HEALTHPLUS PARTNERS
PRIOR AUTHORIZATION CRITERIA FOR SPECIALTY/INJECTABLE DRUGS
For HealthPlus Partners Medicaid and Healthy Michigan Plan**

HEALTHPLUS PARTNERS
High Risk Medications in the Elderly (≥66 years old)

Based on the availability of safer alternatives, the following medications have been added to the Prior Authorization Program for members 66 years of age and older for HealthPlus Partners with the following criteria:

- 1) The recommended alternative treatment(s) are not appropriate, are contraindicated or are unsafe for the patient based on specific documented patient circumstances, **OR**
- 2) The patient has a documented trial and failure (or prescription claims) for the recommended alternative treatment(s).

Name	Concern	Alternative Treatment
Estrogens (estradiol)	Evidence of breast/Endometrial cancer; No cardio or cognitive protection in older women	Hot flashes: non-pharmacological therapy, Zoloft, Paxil, Effexor Bone density: Calcium with vitamin D ² , Fosamax, Evista ¹
Promethazine (Phenergan)	Anticholinergic effects (i.e., urinary retention, confusion, sedation)	Antihistamine: Claritin ^{1,2} , Zyrtec ² Antiemetic: Antivert, Zofran ¹ Cough: Dextromethorphan
Nitrofurantoin (Macrochantin)	Nephrotoxicity	Depends on site of infection, culture, and sensitivity. Bactrim, Vibramycin, Azithromycin, Fluoroquinolone ¹
Thyroid USP (Armour Thyroid, Desiccated)	Cardiac adverse effects	Levothyroxine (LT4): Synthroid, Levoxyl
Glyburide (Micronase)	Associated with an increased risk of hypoglycemia compared to other agents	Diabetes: Glucotrol, Amaryl, Metaglip
Glyburide-Metformin (Glucovance)		
Chlorpropamide (Diabinese)		
Hydroxyzine (Vistaril, Atarax)	Anticholinergic effects, urinary retention, confusion, sedation	Antihistamine: Claritin ² , Zyrtec ²
Cyclobenzaprine (Flexeril)	Anticholinergic effects, sedation, cognitive impairment, weakness, urinary retention	Physiotherapy: correct seating & footwear Spasticity: Baclofen, Zanaflex. Treat underlying problems
Orphenadrine (Norflex)		
Chlorzoxazone (Parafon Forte)		
Methocarbamol (Robaxin)		
Trimethobenzamide (Tigan)	Extrapyramidal side effects, poor efficacy	Nausea: Zofran, Compazine, or Reglan
Ketorolac (Toradol)	GI bleeding	Pain: Tylenol ² , Motrin ² , Norco
Indomethacin		
Dipyridamole (Persantine)	Orthostatic hypotension, poor efficacy	For secondary prevention of non-cardioembolic stroke or TIA: Plavix, Aspirin

¹ Drug may require prior authorization or may have limited coverage depending on member's benefit plan, ² Available OTC

**HEALTHPLUS PARTNERS
PRIOR AUTHORIZATION CRITERIA FOR SPECIALTY/INJECTABLE DRUGS
For HealthPlus Partners Medicaid and Healthy Michigan Plan**

Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Antihyperlipidemics Juxtapid® (Iomitapide mesylate)</p>	<ol style="list-style-type: none"> 1. The patient must be over 18 years old; AND 2. The patient must have a previous Rx claim for a HMG-CoA reductase inhibitor (i.e. statin); AND 3. The patient must have clinical and/or laboratory determined presence of homozygous familial hypercholesterolemia. Acceptable documentation includes*: <ol style="list-style-type: none"> a. Chart documentation confirming the presence of xanthomas before the age of 10, an untreated LDL of >500mg/dL, a treated LDL of ≥300mg/dL, or a treated non-HDL ≥330mg/dL; OR b. Genetic testing showing 2 mutated alleles at the LDL-Receptor, ApoB, PCSK9, or ARH adaptor protein gene locus; AND 4. If the patient is female and of childbearing potential, a negative pregnancy test must be completed just prior to initiating therapy; AND 5. The patient must have ALT, AST, alkaline phosphate, total bilirubin, INR, and SCr testing obtained just prior to initiating therapy; AND 6. The results from liver function tests must be normal (no clinically significant or unexplainable abnormalities); AND 7. The dose must be appropriate based on manufacturer recommendations. 	<p>Approval of prior authorization requests is limited to 12 months.</p>	<p>Recent lab results (within 3 months) are required for each renewal.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Antineoplastic Jakafi® (ruxolitinib)</p>	<ol style="list-style-type: none"> 1. Patient must have a diagnosis of myelofibrosis with a risk category of intermediate (2 prognostic factors) or high (3 or more prognostic factors) based on the International Working Group Consensus Criteria (IWG). Prognostic factors include: <ol style="list-style-type: none"> a. Age >65 years old b. WBC > 25 X 10⁹/L c. Hgb < 10g/dl d. Peripheral blasts 1% or higher e. Constitutional symptoms (e.g., fatigue, weakness, shortness of breath, weight loss, night sweats, or bone pain), AND 2. Prescription must be prescribed by an Oncologist or Hematologist, AND 3. Patient must have documented palpable splenomegaly ≥ 5cm below costal margin, AND 4. Patient must have a recent (with in the last month) creatinine clearance >15 ml/min, AND 5. Patient must have a recent (with in the last month) CBC with platelet count >50 X 10⁹/L. 6. Duration of approval is for 12 months. 7. For purposes of re-authorization, there is documentation supporting reduction of spleen size or symptom improvement. <p>New Starts Only</p>		<p>System edits apply for prescription claims submitted for more than twice daily dosing.</p> <p>Jakafi® is considered a specialty drug and will be included in the Mandatory Specialty Program.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Antivirals Intron A® (interferon alpha-2b)</p>	<ol style="list-style-type: none"> 1. For diagnosis of hairy cell leukemia, malignant melanoma, follicular lymphoma, AIDS related Kaposi's Sarcoma and CML, patients must be >18 years of age; OR 2. For the diagnosis of condylomata acuminata, documented failure of, or intolerance to, traditional treatment modalities (e.g., podofilox, imiquimod, acid-therapy, or surgical options); OR 3. For the diagnosis of chronic hepatitis B, patients must have documented liver disease and hepatitis B viral replication; OR 4. For the diagnosis of chronic hepatitis C, allow 6-month initial authorization and 6-month renewal permitted if the patient has Genotype 1 HCV; or has initial viral load >2 million copies/mL. 	<p>Approvals for diagnosis of condylomata acuminata should be approved for 4 months.</p> <p>Approvals for all other diagnoses should be approved for 6 months.</p>	
<p>Actimmune (Interferon-1b)</p>	<ol style="list-style-type: none"> 1. The patient has a diagnosis of Chronic Granulomatous Disease; OR 2. The patient has a diagnosis of clinically severe, malignant osteoporosis. 		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Antivirals, continued On Formulary with PA: Pegasys, Proclick® (pegylated interferon alfa-2a)</p>	<p>1. Patient has diagnosis of Hepatitis B or C, AND 2. Approval is for 48 weeks provided that HCV-RNA levels are not indicative of treatment futility. Viral loads (HCV RNA test) must be drawn to evaluate treatment futility.</p> <p>New Starts Only</p>	<p>Initial authorization approved for 6 months.</p> <p>Renewal approved for 6 months. -renewal permitted if the patient has Genotype 1 HCV; or has initial viral load >2 million copies/mL.</p>	<p>For pegylated interferon in combination with ribavirin, prior authorization will be rescinded if HCV-RNA is detectable after 24 weeks.</p>
<p>Alferon N (interferon alfa-n3)</p>	<p>1. Patient must have diagnosis of refractory or recurring external condylomata acuminata, due to the human papillomavirus infection.</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Antivirals, continued Synagis® (palivizumab)</p>	<ol style="list-style-type: none"> 1. Infants and children younger than 2 years of age with documented chronic lung disease (CLD), born less than 32 weeks gestation, who have required medical therapy (e.g., supplemental oxygen, bronchodilator, diuretics, or corticosteroid therapy) for their CLD within 6 months before the anticipated RSV season may receive a maximum of 5 monthly doses; OR 2. Infants born at 28 weeks gestation (up to and including 28 weeks, 6 days) or earlier without CLD and who are 12 months of age or younger may receive a maximum of 5 monthly doses; OR 3. Infants and children who are 12 months or younger with hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) or severe immunodeficiencies may receive a maximum of 5 doses. 4. Infants and children who have either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions may receive a maximum of 5 doses during the first year of life. 5. Infants and children less than 24 months of age who undergo cardiac transplantation during the RSV season. 6. Infants and children less than 24 months of age who are profoundly immunocompromised (e.g., solid organ or hematopoietic stem cell transplantation or receiving chemotherapy) during the RSV season. 	<p>Approved for 5 months interval, during the region's RSV season, beginning as soon as October and ending as late as April.</p>	<p>Monthly prophylaxis should be discontinued for any child who is hospitalized for RSV.</p>

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<p><u>Blood Formation Modifiers</u> Promacta (eltrombopag)</p>	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of Chronic Immune (Idiopathic) Thrombocytopenia Purpura (ITP); AND 2. Had a trial of or contraindication to corticosteroids, immunoglobulins, or an insufficient response to splenectomy; AND 3. For renewal, the patient had a clinical response as defined by an increase in platelet count of greater than or equal to 50 X10⁹/L at the max dose of 75 mg per day for 4 weeks; OR 4. The patient has a diagnosis of Hepatitis C; AND 5. Is currently taking interferon therapy. 	<p>ITP: Initial 1 month Renewal: 12 months</p> <p>Hep C: 12 months</p>	
<p><u>Metabolic Bone Disease Agents</u> Reclast® (zoledronic acid)</p>	<ol style="list-style-type: none"> 1. Creatinine clearance is > 35 ml/min; AND 2. Documented failure of, or intolerance to, an oral bisphosphonate agent; AND 3. Patient has a diagnosis of osteoporosis or is postmenopausal with osteopenia as indicated by a t-score <-1; OR 4. Diagnosis of Paget's disease; OR 5. Patient is considered high-risk (e.g., recent low-trauma hip fracture) and Reclast® is indicated for secondary fracture prophylaxis. 	<p>Approved for 1 year</p> <p>Dose optimization not to exceed 5mg once a year (with the exception of Paget's disease)</p>	<p>Retreatment may be necessary for patients with Paget's disease who have relapsed, so there is no defined dosing frequency.</p> <p>When treating Paget's disease, patients should receive 1500 mg elemental calcium daily in divided doses (750 mg two times a day, or 500 mg three times a day) and 800 IU vitamin D daily, particularly in the 2 weeks following administration to prevent hypocalcemia.</p> <p>For osteoporosis treatment (postmenopausal, in men, and glucocorticoid induced), concomitant treatment with an average of at least 1200 mg calcium and 800-1000 IU vitamin D daily is recommended .</p>

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<u>Metabolic Bone Disease Agents, cont.</u> Forteo (teriparatide)	1. Patient must have a diagnosis of osteoporosis; AND 2. Patient must have a contraindication or Rx claims for Alendronate.		
Prolia (denosumab)	1. Patient has a history of osteoporotic fractures or 2 or more factors for fracture (i.e., history of multiple recent low trauma fractures, BMD T-score less than or equal to -2.5, corticosteroid use, or use of gonadotropin-releasing hormone analogues); OR 2. The patient has a contraindication to or has failed a 6 month trial of bisphosphonates.		
<u>Androgens</u> Testopel® (testosterone implant pellets)	1. The patient is male, ≥ 18 years old, and has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year; AND 3. The patient has a morning free serum testosterone level less than the lower limit of the lab reference range of normal based on age; AND 4. The patient must have documented failure or Rx claims with testosterone cypionate or enanthate for a minimum of 2 months; OR 1. The patient has a documented diagnosis of delayed puberty; AND 2. The patient must have documented failure or Rx claims with testosterone cypionate or enanthate.		

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<p><u>Erythrocyte Stimulating Agents</u> Aranesp® (darbepoetin alfa) Epogen® (epoetin alfa) Procrit® (epoetin alfa)</p>	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of anemia associated with <ol style="list-style-type: none"> a. chronic renal failure, OR b. cancer treated with chemotherapy, OR c. zidovudine-treated HIV infection, OR d. hepatitis C, OR e. chronic disease, OR f. prematurity, OR g. myelodysplastic syndrome, OR h. rheumatoid arthritis, AND 2. Hgb level is < 11g/dL or < 10g/dL if on cancer chemotherapy; <p>OR</p> <ol style="list-style-type: none"> 1. Treatment is needed to reduce the need for allogenic blood transfusion prior to surgery for anemic patients (Hgb >10 to ≤ 13g/dL) who are at high risk for perioperative blood loss from elective, non-cardiac, non-vascular surgery. 		<p>For each of the conditions listed (except for allogenic blood transfusion), therapy is to be discontinued when Hgb level > 11g/dL OR after 8 weeks of therapy if there has been no response as measured by hemoglobin levels.</p>

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<p><u>Growth Factor, Recombinant Insulin-like</u> Increlex® (mecasermin [rDNA origin] injection)</p>	<ol style="list-style-type: none"> 1. Patient has a diagnosis of primary IGF-1 deficiency or GH gene deletion, AND 2. Increlex is prescribed by or after consultation with a pediatric endocrinologist, AND 3. Patient is 2 years to 18 years of age, AND 4. Epiphyses are open, AND 5. Patient's bone age is < 16 years for males or < 14 years for females 	<p>1 year</p>	<p>Starting dose: 0.04 to 0.08 mg/kg (40 to 80 mcg/kg) subcutaneously twice daily. If well-tolerated for at least one week, the dose may be increased by 0.04 mg/kg per dose, to the maximum dose of 0.12 mg/kg given twice daily.</p> <p>Funduscopy exam is recommended at the initiation</p> <p>Limitations of use: Increlex® is not a substitute to GH for approved GH indications.</p>

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<p><u>Growth Hormones</u> Norditropin Products (somatropin)</p>	<p>Pediatric patients:</p> <ol style="list-style-type: none"> 1. Diagnosis of chronic renal failure and growth retardation; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Diagnosis of growth hormone (GH) deficiency; AND Patient must meet 3 of the 4 following criteria for documentation of growth failure: <ol style="list-style-type: none"> a. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND b. Growth velocity is subnormal (age specific growth rate at less than the 25th percentile); AND c. Bone age is delayed; AND d. Documented failure of at least one GH stimulation tests (defined as a peak growth hormone level of less than 10mcg/L after GH stimulation by insulin, arginine, clonidine, glucagon, or levodopa). GH stimulation tests not required with diagnosis of Turner Syndrome, Noonan Syndrome, or Prader-Willi Syndrome; OR 4. Diagnosis of Idiopathic Short Stature (ISS); AND <ol style="list-style-type: none"> a. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND b. Documentation that epiphyses are not closed. <p>Adult patients:</p> <ol style="list-style-type: none"> 1. Diagnosis of HIV and an unintentional weight loss of 10% over 12 months, 7.5% over 6 months or a BMI <20mg/kg; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Documented GH deficiency; OR 4. Diagnosis of Short Bowel Syndrome; AND 5. Patient is currently receiving specialized nutrition support directed by a healthcare professional (Total Parenteral Nutrition (TPN), Peripheral Parenteral Nutrition (PPN), or high-complex carbohydrate, low-fat diet) 	<p>Approved for 1 year</p> <p>Documentation required for pediatric renewal:</p> <ol style="list-style-type: none"> 1. Growth rate has exceeded 2.5cm/year 2. Epiphyses remain open 	<p>Contraindicated for:</p> <ul style="list-style-type: none"> -Diabetic retinopathy -Epiphyseal closure -Respiratory insufficiency -Sleep Apnea -Product specific hypersensitivities (Cresol, Benzyl Alcohol, Glycerin) -Active neoplastic disease -Intracranial hypertension -Acute critical illness -Prader-Willi Syndrome in Children

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<p><u>Growth Hormones</u> Serostim (somatropin)</p>	<p>Pediatric patients:</p> <ol style="list-style-type: none"> 1. Diagnosis of chronic renal failure and growth retardation; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Diagnosis of growth hormone (GH) deficiency; AND Patient must meet 3 of the 4 following criteria for documentation of growth failure: <ol style="list-style-type: none"> e. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND f. Growth velocity is subnormal (age specific growth rate at less than the 25th percentile); AND g. Bone age is delayed; AND h. Documented failure of at least one GH stimulation tests (defined as a peak growth hormone level of less than 10mcg/L after GH stimulation by insulin, arginine, clonidine, glucagon, or levodopa). GH stimulation tests not required with diagnosis of Turner Syndrome, Noonan Syndrome, or Prader-Willi Syndrome; OR 5. Diagnosis of Idiopathic Short Stature (ISS); AND <ol style="list-style-type: none"> c. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND d. Documentation that epiphyses are not closed. <p>Adult patients:</p> <ol style="list-style-type: none"> 1. Diagnosis of HIV and an unintentional weight loss of 10% over 12 months, 7.5% over 6 months or a BMI <20mg/kg; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Documented GH deficiency; OR 4. Diagnosis of Short Bowel Syndrome; AND 5. Patient is currently receiving specialized nutrition support directed by a healthcare professional (Total Parenteral Nutrition (TPN), Peripheral Parenteral Nutrition (PPN), or high-complex carbohydrate, low-fat diet) <p>Both Pediatric and Adult patients:</p> <ol style="list-style-type: none"> 1. Patient must have documented failure of, or intolerance to Norditropin. 	<p>Approved for 1 year</p> <p>Documentation required for pediatric renewal: 1. Growth rate has exceeded 2.5cm/year 2. Epiphyses remain open</p>	<p>Contraindicated for:</p> <ul style="list-style-type: none"> -Diabetic retinopathy -Epiphyseal closure -Respiratory insufficiency -Sleep Apnea -Product specific hypersensitivities (Cresol, Benzyl Alcohol, Glycerin) -Active neoplastic disease -Intracranial hypertension -Acute critical illness -Prader-Willi Syndrome in Children

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Growth Hormones, continued Egrifta (tesamorelin)	1. The patient must be being treated for HIV-associated lipodystrophy.		
Somavert (pegvisomant)	1. The patient must be being treated for acromegaly and have had an inadequate response to surgery, radiation therapy, or for whom these therapies are not appropriate.		
Hormones Lupron Depot® (leuprolide) Eligard (leuprolide)	1. The patient must have a diagnosis of uterine fibroid tumors, endometriosis, ovarian cancer or prostate cancer; AND 2. The patient must be 18 years of age or older.		
Lupron Depot-Ped® (leuprolide)	1. The patient has Central Precocious Puberty (CPP) and displays onset of secondary sexual characteristics earlier than age 8 for girls and 9 for boys; AND 2. The patient is less than 13 years old; AND 3. Diagnosis is confirmed by a pubertal gonadal sex steroid level or a pubertal LH response to stimulation by native GnRH; AND 4. Tumor has been ruled out by lab tests, CT, MRI or ultrasound.		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators Actemra® (tocilizumab)</p>	<p>1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Actemra; AND 3. Patient has no active infection (including bacterial sepsis, tuberculosis, invasive fungal and other opportunistic infections); AND 4. Patient has ANC >2000/mm³ AND Platelets >100,000/mm³ AND ALT or AST <1.5x upper limits of normal; AND 5. Patient is not also receiving TNF antagonists, or other biologics (Enbrel, Humira, Remicade, Simponi, Cimzia, Kineret, Rituxan, Orencia), or live vaccines and diagnostic specific criteria are met.</p> <p>Rheumatoid Arthritis: 6. Diagnosis of moderate to severe rheumatoid arthritis; AND 7. Patient has documented failure of, or intolerance to, both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 8. The patient is not physically able to administer or is not an appropriate candidate for a subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND 9. Documented failure of, intolerance or contraindication to, two other disease modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine).</p> <p>Juvenile Idiopathic Arthritis (JIA)/Juvenile Rheumatoid Arthritis (JRA) / polyarticular juvenile idiopathic arthritis (PJIA): 6. Patient is ≥ 2 years old; AND 7. Patient has a diagnosis of active systemic JIA/JRA/PJIA. AND 8. Patient has documented failure of, or intolerance to, both formulary subcutaneous biologic agents (e.g., Humira and Enbrel).</p>		<p>The dose of Actemra is 4mg/kg IV every 4 weeks; may increase to 8 mg/kg IV based on clinical response (Max: 800mg per infusion). Infuse over 60 minutes with infusion set.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Firazyr® (icatibant)</p>	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of hereditary angiodema or C1 inhibitor deficiency 2. The prescription must be written by an allergist, immunologist, or hematologist 3. The patient must be 18 years of age or older. 		
<p>Enbrel® (etanercept)</p>	<ol style="list-style-type: none"> 1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Enbrel; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Humira, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met. <p>Arthritis:</p> <ol style="list-style-type: none"> 5. Diagnosis of rheumatoid arthritis (RA), juvenile RA (JRA), juvenile idiopathic arthritis (JIA), or psoriatic arthritis (JRA/JIA approved for ages 2-17). <p>Psoriasis:</p> <ol style="list-style-type: none"> 5. Diagnosis of plaque psoriasis; AND 6. Prescription is written by a dermatologist; AND 7. Documented failure of, intolerance or contraindication to, at least 2 traditional therapies (e.g., PUVA, UVB, methotrexate, or cyclosporine). <p>Spondylitis:</p> <ol style="list-style-type: none"> 5. Diagnosis of ankylosing spondylitis or juvenile spondyloarthropathy. 	<p>Approved for 1 year</p> <p>Dose Optimization not to exceed 50mg twice a week</p>	<p>Patients with a latex allergy or sensitivity should not handle the prefilled syringe or autoinjector syringe since the needle cap(s) contain latex.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Humira® (adalimumab)</p>	<p>1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Humira; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Enbrel, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met.</p> <p>Ankylosing Spondylitis OR Psoriatic Arthritis: 5. Diagnosis of ankylosing spondylitis or psoriatic arthritis. 6. The dose of Humira is 40mg administered subcutaneously every other week.</p> <p>Crohn's Disease: 5. Diagnosis of moderate to severe Crohn's disease; AND 6. Documented failure of, intolerance or contraindication to, conventional therapy (azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 7. The dose of Humira is 160mg on day 1, 80mg on day 15 and then 40mg every other week starting on day 28.</p> <p>Juvenile Idiopathic Arthritis (JIA)/Juvenile Rheumatoid Arthritis (JRA): 5. Patient is 4 years of age and older; AND 6. Patient has moderately to severely active polyarticular JIA/JRA. 7. The dose of Humira for patients: - 15 kg (33 lbs) to <30 kg (66 lbs) is 20 mg administered subcutaneously every other week. - ≥30 kg (66 lbs) is 40 mg administered subcutaneously every other week.</p>	<p>Approved for 1 year</p>	<p>Patients with a latex allergy or sensitivity should not handle the needle cover of the syringe as it contains latex.</p>

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<p>Immunomodulators, continued Humira® (adalimumab), continued</p>	<p>Psoriasis: 5. Diagnosis of chronic moderate to severe plaque psoriasis; AND 6. Documented failure of, intolerance or contraindication to, at least 2 traditional therapies (e.g. PUVA, UVB, methotrexate, or cyclosporine); AND 7. Prescription is written by a dermatologist. 8. The dose of Humira is 80 mg subcutaneously followed by 40 mg every other week starting 1 week after the initial dose.</p> <p>Rheumatoid Arthritis: 5. Diagnosis of rheumatoid arthritis; AND 6. The dose of Humira is 40mg every other week.</p> <p>Ulcerative Colitis: 5. Diagnosis of moderate-to-severe ulcerative colitis; AND 6. Documented failure of, intolerance or contraindication to, conventional therapy (azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 7. The dose of Humira is 160mg on day 1, 80mg on day 15 and then 40mg every other week thereafter. Documentation of clinical remission must be submitted to continue therapy beyond 12 weeks.</p>		

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<p><u>Immunomodulators, continued</u></p> <p>(FDA approved indications vary by product)</p> <p><u>Immune Globulin (IM)</u> GamaSTAN™</p> <p><u>Immune Globulin (IV)</u> Bivigam Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Hyqvia Octagam Privigen®</p> <p><u>Immune Globulin (SQ)</u> Gamunex-C® Hizentra®</p>	<p>Primary Immunodeficiencies [X-linked (congenital) agamma-globulinemia, X-linked (congenital) immunodeficiency with hyper-IgM, Hypogammaglobulinemia, Common variable immunodeficiency, and Combined immunodeficiency syndromes including: Wiskott-aldrich syndrome; severe combined immunodeficiency syndrome (SCIDs)]</p> <p>1. A serum trough IgG of ≤400 mg/dl. (In rare circumstances where serum trough level is recommended >600 mg/dl, documentation should support rationale)</p>	<p>1 year</p>	
	<p>Selective IgG subclass deficiencies with severe infection including Specific Antibody Deficiency (SAD)</p> <p>1. Documentation of IgG subclass deficiency (Appendix 1), -or-</p> <p>2. Documentation of severe polysaccharide non-responsiveness (inability to make IgG antibody against diphtheria and tetanus toxoids, pneumococcal polysaccharide vaccine, or both), -or-</p> <p>3. Documentation of antigen testing with less than 4 fold increase in specific antibody titer and lack of protective antibody titer (specific IgG antibody titer <1.3 mcg/ml), -and-</p> <p>4. Documented trial and failure of an antibiotic within the last year (for initial authorization only).</p>	<p>1 year</p>	

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<p><u>Immunomodulators, continued</u></p> <p>(FDA approved indications vary by product)</p> <p><u>Immune Globulin (IM)</u> GamaSTAN™</p> <p><u>Immune Globulin (IV), continued</u></p> <p>Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Privigen®</p> <p><u>Immune Globulin (SQ)</u></p> <p>Gamunex-C® Hizentra®</p>	<p>Idiopathic Thrombocytopenia Purpura (ITP)</p> <p><u>Acute ITP</u></p> <p>1. Platelet count <50,000/ul and rapid rise in platelet count is necessary prior to surgery, or to avoid/defer splenectomy, or patient is at risk for acute bleeding.</p> <p><u>Chronic ITP</u></p> <p>1. Platelet count is low < 30,000/ul, -and-</p> <p>2. Age ≥10 years of age, -and-</p> <p>3. Duration of illness > 6 months, -and-</p> <p>4. Documented failure of, intolerance, or contraindication to at least 3 of the following: corticosteroids, rituximab, danazol, colchicine, dapsone, cyclophosphamide, azathioprine, mycophenolate, cyclosporine, chemotherapy -or-</p> <p>5. Splenectomy</p> <p><u>ITP in pregnancy</u></p> <p>1. Platelets <30,000/ul in 3rd trimester, -or-</p> <p>2. Previously delivered infants with autoimmune thrombocytopenia and platelet counts <75,000/ul during current pregnancy, -and-</p> <p>3. Documented failure of, intolerance, or contraindication to corticosteroids, -or-</p> <p>4. Splenectomy</p>	<p><u>Acute ITP</u> 1 week</p> <p><u>Chronic ITP</u> 1 year</p> <p><u>ITP in pregnancy</u> 1year</p>	
	<p>Kawasaki syndrome/Mucocutaneous Lymph Node Syndrome (MCLS)</p> <p>1. Therapy is started within 10 days of fever, -and-</p> <p>2. Concurrent aspirin administration.</p>	1 week	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p><u>Immunomodulators, continued</u></p> <p>(FDA approved indications vary by product)</p> <p><u>Immune Globulin (IM)</u> GamaSTAN™</p> <p><u>Immune Globulin (IV), continued</u></p> <p>Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Privigen®</p>	<p>Allogeneic (genetically similar donor) bone marrow transplant</p> <ol style="list-style-type: none"> 1. Therapy is started within the first 100 days post transplant, -or- 2. Patient is 100 days post transplant, -and- 3. IgG levels < 400 mg/dl (exception made for patients who underwent transplantation for multiple myeloma or malignant macroglobulinemia because total IgG concentration is affected by their underlying paraproteinemia, -or- 4. Patient has history of CMV or RSV. 	4 months	
	<p>Chronic Lymphocytic Leukemia (CLL)</p> <ol style="list-style-type: none"> 1. Immunoglobulin (IgG) level of < 600 mg/dl, -and- 2. Documented trial and failure of an antibiotic within the last year (for initial authorization only) 	1 year	
<p><u>Immune Globulin (SQ)</u></p> <p>Gamunex-C® Hizentra®</p>	<p>Pediatric HIV infection</p> <ol style="list-style-type: none"> 1. Documentation of ≥2 bacterial infections in a 1 year period, -or- 2. Patient has HIV-associated thrombocytopenia, -or- 3. Patient has bronchiectasis, -or- 4. Documentation of T4 cell count ≥200 /mm³ 	1 year	

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<p><u>Immunomodulators,</u> continued</p> <p>(FDA approved indications vary by product)</p> <p><u>Immune Globulin (IM)</u> GamaSTAN™</p> <p><u>Immune Globulin (IV),</u> continued</p>	<p>Acute and Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)/Guillain-Barre Syndrome (GBS) For Chronic CIDP:</p> <ol style="list-style-type: none"> 1. Documented failure of, intolerance, or contraindication to prednisone or azathioprine, - or- 2. Documented plasma exchange. <p>For GBS</p> <ol style="list-style-type: none"> 1. Patient must initiate within first four weeks of illness. 	Not limited	
<p>Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Privigen®</p>	<p>Post transfusion purpura</p> <ol style="list-style-type: none"> 1. Platelet count less than 10,000/ul, -and- 2. Infusion must be within 14 days of bleeding post transfusion, -and- 3. Documented failure of, intolerance, or contraindication to corticosteroids, -or- 4. Documented plasma exchange. 	1 month (to account for relapse)	
<p><u>Immune Globulin (SQ)</u></p> <p>Gamunex-C® Hizentra®</p>	<p>Multiple Sclerosis (MS)</p> <ol style="list-style-type: none"> 1. Patient must have relapse-remitting MS only (not primary or secondary progressive MS), -and- 2. Documented treatment with, intolerance, or contraindication to any interferon therapy (Betaseron, Avonex, or Rebif). 	1 year	

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<p><u>Immunomodulators, continued</u></p> <p>(FDA approved indications vary by product)</p> <p><u>Immune Globulin (IM)</u> GamaSTAN™</p> <p><u>Immune Globulin (IV), continued</u></p> <p>Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Privigen®</p>	<p>Myasthenia Gravis (MG) and Lambert-Eaton (LE) Myasthenia</p> <p><i>MG:</i></p> <p>1. Documented failure of, intolerance, or contraindication to at least 2 of the following: anticholinesterases (eg., Mestinon, Prostigmin), corticosteroids, cyclosporine, cyclophosphamide, or azathioprine.</p> <p><i>LE :</i></p> <p>1. Documented failure of, intolerance, or contraindication to anticholinesterases (eg. Mestinon, Prostigmin), -or-</p> <p>2. Documented plasma exchange.</p>	1 week	
	<p>Dermatomyositis and Polymyositis</p> <p>1. Documented failure of, intolerance, or contraindication to at least 2 of the following: corticosteroids, methotrexate, azathioprine, cyclophosphamide, or cyclosporine.</p>	6 months	
<p><u>Immune Globulin (SQ)</u></p> <p>Gamunex-C® Hizentra®</p>	<p>Systemic Lupus Erythematosus (SLE)</p> <p>1. Documentation of severe (solid organ involvement), active SLE, -and-</p> <p>2. Documented failure of, intolerance, or contraindication to at least 2 of the following: corticosteroids. methotrexate, azathioprine, or cyclophosphamide</p>	Not limited	

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Immunomodulators, continued (FDA approved indications vary by product) Immune Globulin (IM) GamaSTAN™ Immune Globulin (IV), continued Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Privigen® Immune Globulin (SQ) Gamunex-C® Hizentra®	Autoimmune mucocutaneous blistering diseases, including Pemphigus vulgaris, Pemphigus foliaceus, Bullous pemphigoid, Mucous membrane pemphigoid, Epidermyolysis bullosa 1. Documented failure of, intolerance, or contraindication to atleast 2 of the following: corticosteroids. methotrexate, azathioprine, or cyclophosphamide, -or- 2. Documentation of rapidly progressive disease in which a clinical response could not be affected quickly enough using prerequisite therapies.	6 months	
	Multifocal Motor Neuropathy 1. Diagnosis is required	Not limited	
	Stiff Person Syndrome 1. Diagnosis is required	Not limited	
	Fetal/neonatal alloimmune thrombocytopenia (FAIT/NAIT) 1. Diagnosis is required	Not limited	
	Hemolytic disease of the newborn 1. Diagnosis is required	Not limited	
	Hemolytic Uremic Syndrome 1. Diagnosis is required	Not limited	
	Complications of transplanted organs (including solid organ and bone marrow) 1. Diagnosis is required	Not limited	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Orencia® (abatacept)</p>	<ol style="list-style-type: none"> 1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Orencia; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Cimzia, Kineret, Enbrel, or Remicade or other anti-TNF therapy; AND 5. For infused Orencia, the patient has documented failure of, intolerance to, or is not physically able to administer the subcutaneous formulation of Orencia; AND diagnosis specific criteria are met. <p>Arthritis:</p> <ol style="list-style-type: none"> 6. Diagnosis of moderate to severe rheumatoid arthritis; OR 7. Diagnosis of moderate to severe polyarticular juvenile rheumatoid arthritis (JRA)/juvenile idiopathic arthritis (JIA); (JRA/JIA approved for > 6 years of age). 8. Patient has documented failure of, intolerance or contraindication to, two other disease modifying antirheumatic drugs (DMARDS) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine); AND 9. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel). 	<p>Approved for 1 year</p>	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Remicade® (infliximab)</p>	<ol style="list-style-type: none"> 1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Remicade; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Enbrel, or Humira or other anti-TNF therapy; AND 5. Diagnosis specific criteria are met. <p>Ankylosing Spondylitis OR Psoriatic Arthritis:</p> <ol style="list-style-type: none"> 6. Diagnosis of ankylosing spondylitis or psoriatic arthritis; AND 7. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 8. Patient has documented failure of, or intolerance to, or inability to inject a formulary subcutaneously administered anti-TNF agent (e.g., Humira, Enbrel); AND 9. The maintenance dose is a maximum of 5 mg/kg every 6 weeks (Ankylosing Spondylitis) or every 8 weeks (Psoriatic Arthritis). <p>Crohn's Disease:</p> <ol style="list-style-type: none"> 6. Patient is \geq 6 years old; AND 7. Patient has a diagnosis of moderate to severe Crohn's disease; OR 8. Diagnosis of Crohn's disease with draining enterocutaneous fistulae; AND 9. Documented failure of, or intolerance to, mesalamine and corticosteroids and 6-mercaptopurine or azathioprine; AND 10. Patient has documented failure of, or intolerance to, or inability to inject a formulary subcutaneously administered anti-TNF agent (e.g., Humira); AND 11. The maintenance dose is a maximum of 10mg/kg every 8 weeks. 	<p>Approved for 1 year</p>	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Remicade® (infliximab) continued</p>	<p>Psoriasis: 6. Prescription is written by a dermatologist; AND 7. Patient has diagnosis of chronic, severe (i.e., extensive and/or disabling) plaque psoriasis; AND 8. Documented failure of, or intolerance to, at least 2 traditional therapies (e.g., PUVA, UVB, methotrexate, or cyclosporine); AND 9. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 10. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND 11. The maintenance dose is a maximum of 5 mg/kg every 8 weeks.</p> <p>Rheumatoid Arthritis: 6. Diagnosis of rheumatoid arthritis; AND 7. Patient has documented failure of, or intolerance to, two other disease modifying antirheumatic drugs(DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine); AND 8. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 9. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND 10. The maintenance dose is a maximum of 10mg/kg every 4 weeks.</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Remicade® (infliximab), continued</p>	<p>Ulcerative Colitis: 6. Patient has moderately to severely active ulcerative colitis and required high dose systemic corticosteroid use; OR 7. Patient has documented inadequate response to conventional therapy (e.g., mesalamine (5-ASA), azathioprine, mercaptopurine); AND 8. Patient has documented failure of, or intolerance to formulary subcutaneous biologic agents (e.g., Humira); OR 9. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira); AND 10. The maintenance dose is a maximum of 5 mg/kg every 8 weeks.</p> <p>Uveitis: 6. Diagnosis of Uveitis Associated with Behcet's Syndrome; AND 7. The maintenance dose is a maximum of 5 mg/kg every 8 weeks.</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Otezla® (apremilast)</p>	<p>Psoriatic Arthritis:</p> <ol style="list-style-type: none"> 1. Diagnosis of active psoriatic arthritis; AND 2. Documented failure of, intolerance or contraindication to, NSAID therapy; AND 3. Documented failure of, or intolerance to, one other disease modifying antirheumatic drug (DMARDS) (e.g., methotrexate, sulfasalazine, leflunomide); AND 4. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 5. The patient is not physically able to administer or is not an appropriate candidate for a subcutaneously administered biologic agent (e.g., Humira, Enbrel) <p>Psoriasis:</p> <ol style="list-style-type: none"> 1. Diagnosis of chronic moderate to severe plaque psoriasis; AND 2. Documented failure of, intolerance or contraindication to, at least 2 traditional therapies (e.g. PUVA, UVB, methotrexate, or cyclosporine); AND 3. Prescription is written by a dermatologist; AND 4. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 5. The patient is not physically able to administer or is not an appropriate candidate for a subcutaneously administered biologic agent (e.g., Humira, Enbrel) 		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Rituxan® (rituximab)</p>	<ol style="list-style-type: none"> 1. Prescription is written by an oncologist or hematologist; OR 2. The patient has a diagnosis of moderate to severe rheumatoid arthritis; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Cimzia, Kineret, Enbrel, or Remicade or other anti-TNF therapy; AND 5. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 6. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneous biologic agent (e.g., Humira, Enbrel); AND 7. Documented failure of, or intolerance to, two other disease modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine). 	<p>For a diagnosis of RA: Since safety and efficacy of re-treatment have not been established in controlled trials and a limited number of patients have received two to five courses (two infusions per course) of treatment in an uncontrolled setting, the duration of approval for RA should be limited to 5 courses (3 months) with re-evaluation based on individual response.</p>	<p>The dose for use in RA is 2 x 1000mg IV infusions separated by 2 weeks. Glucocorticoids, administered as methylprednisolone 100mg IV or its equivalent, given 30 minutes prior to each infusion, are recommended to reduce the incidence and severity of infusion reactions.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p>Immunomodulators, continued Tysabri® (natalizumab)</p>	<p>For patients with Multiple Sclerosis</p> <ol style="list-style-type: none"> 1. Patient must have a diagnosis of a relapsing form of multiple sclerosis; AND 2. Patient has had treatment failure, contraindication, or intolerance to Copaxone (glatiramer acetate); AND 3. Patient is intolerant to both Avonex (interferon beta 1a) and Rebif (interferon beta 1a) (i.e. severe or intolerable injection site reactions or side effects); OR 4. Patient has had treatment failure, contraindication, or allergy to interferon therapy; AND 5. Patient must not be currently on combination therapy with Avonex, Rebif, Betaseron, Extavia, Copaxone, or Gilyena; AND 6. Patient must not be on concurrent immunosuppressive therapy; AND 7. Documentation of an MRI scan must be obtained for each patient with MS to help differentiate potential, future symptoms from progressive multifocal leukoencephalopathy (PML). <p>For patients with Crohn's Disease</p> <ol style="list-style-type: none"> 1. Patient must have a diagnosis of moderate to severe of Crohn's disease; AND 2. Patient must have had documented failure of, intolerance or contraindication to, conventional Crohn's disease therapy (i.e. azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 3. Patient must have had documented failure of, intolerance or contraindication to a, TNF-α inhibitor (i.e. Humira, Cimzia, Remicade); AND 4. Patient must not be currently on combination therapy with immunosuppressants or TNF-α inhibitors. 		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p><u>Immunomodulators</u> Xgeva™ (denosumab)</p>	<p>1. Patient has a diagnosis of bone metastases secondary to solid tumor; OR 2. The patient has a diagnosis of giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.</p>	<p>1 year</p>	<p>Dose: 120 mg every 4 weeks subcutaneously. For giant cell tumor, additional 120 mg doses are given on day 8 and 15 of the first month of therapy.</p> <p>Administer calcium and Vit D PRN to treat or prevent hypocalcemia</p> <p>Not indicated in patients with multiple myeloma.</p>
<p><u>Miscellaneous</u> Samsca® (tolvaptan)</p>	<p>1. The patient must have clinically significant and euvolemic hyponatremia (serum sodium <125 mEq/L or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction); AND 2. Therapy will be initiated in an inpatient setting; AND 3. Maximum length of therapy is 30 days to minimize the risk of liver injury.</p>	<p>Duration of approval is 30 days</p>	<p>Quantity Limit: 15 mg (30 units per 30 days) 30 mg (60 units per 30 days)</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<p><u>Multiple Sclerosis, Adjunctive Agents</u> Non-Formulary Ampyra® (dalfampridine)</p>	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of Multiple Sclerosis; AND 2. The patient is ambulatory; AND 3. The patient has no history of a seizure disorder; AND 4. The patient must have a CrCl>50mL/min; AND 5. The patient must be receiving concurrent therapy with a disease modifying agent (i.e., Avonex, Betaseron, Copaxone); AND 6. The prescription is written by a neurologist; AND 7. For renewal, the patient has a documented 20% or greater improvement from baseline in a timed 25 foot walk. 	6 months	Quantity is limited to 60 units per 30 days.
<p><u>All Multiple Sclerosis, Disease-Modifying Agents</u> Avonex® (interferon beta 1a) Copaxone® (glatiramer acetate) Glatopa® (glatiramer acetate) Rebif® (interferon beta 1a)</p>	<ol style="list-style-type: none"> 1. Patient has a diagnosis of multiple sclerosis; OR 2. Patient has had signs and symptoms of Clinically Isolated Syndrome (CIS) suggestive of MS 	Long-term	
<p><u>All Multiple Sclerosis, Disease-Modifying Agents</u> Aubagio® (teriflunomide) Betaseron® (interferon beta 1b) Tecfidera® (dimethyl fumarate)</p>	<ol style="list-style-type: none"> 1. Patient has a diagnosis of multiple sclerosis; OR 2. Patient has had signs and symptoms of Clinically Isolated Syndrome (CIS) suggestive of MS; AND 3. Patient has had treatment failure, contraindication, or intolerance to Copaxone (glatiramer acetate); AND 4. Patient is intolerant to both Avonex (interferon beta 1a) and Rebif (interferon beta 1a) (i.e. severe or intolerable injection site reactions or side effects); OR 5. Patient has had treatment failure, contraindication, or allergy to interferon therapy. 		

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<u>Neurological</u> Xenazine® (tetraabenazine)	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of chorea associated with Huntington’s disease; AND 2. The patient must have documented failure of, intolerance to, or contraindication to at least two of the following: amantadine, an antipsychotic (fluphenazine, haloperidol, risperidone, ziprasidone, quetiapine or olanzapine), riluzole, or a benzodiazepine, AND 3. Prescription must be prescribed by a neurologist, AND 4. For doses greater than 50 mg/day, CYP2D6 genotyping is required. 	3 months	<p>Patients who do not express CYP2D6 (i.e., poor metabolizers of CYP2D6) require a daily dose of 37.5—50 mg, in 3 divided doses.</p> <p>Patients who do express CYP2D6 (i.e., intermediate or extensive metabolizers of CYP2D6) require a daily dose of at least 50 mg-100mg in 3 divided doses.</p>
<u>Neuromuscular Blocking Agent</u> Botox® Dysport® (botulism toxin type A)	<ol style="list-style-type: none"> 1. Patient must have a documented diagnosis of cervical dystonia. 	Approved 3 months	
<u>Parkinson’s</u> Apokyn® (apomorphine)	<ol style="list-style-type: none"> 1. Diagnosis of Parkinson’s Disease in advanced stages; AND 2. Documented two hours or more of “off” episodes (“end-of-dose wearing off” and unpredictable “on/off” episodes) despite aggressive oral therapy. 	Long-term	
Tasmar (tolcapone)	<ol style="list-style-type: none"> 1. Diagnosis of Parkinson’s Disease; AND 2. Used at adjunct to levodopa/carbidopa treatment; AND 3. History of treatment failure or intolerance to Comtan (entacapone). 		
<u>Pulmonary</u> Cayston® (aztreonam for inhalation)	<ol style="list-style-type: none"> 1. Patient must have pseudomonas aeruginosa in the lungs, AND 2. Patient must have cystic fibrosis, AND 3. Prescription must be written by a pulmonologist, or infectious disease specialist, AND 4. Patient must be 7 years of age or older, AND 5. FEV1 must be >25% or <75%. 		

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<p><u>Pulmonary, continued</u> Xolair® (omalizumab)</p>	<p>1. Patient is over 12 years of age; AND 2. Diagnosis specific criteria are met.</p> <p>Moderate to severe allergic asthma: 3. Patient has a positive skin test or in vitro reactivity to a perennial aeroallergen; AND 4. Failure of, or intolerance to, maximum dose of oral inhaled steroids (medication compliance should be taken into consideration); AND/OR 5. Patient required long-term (>3months) oral steroids previously and had at least 1 ED or hospital admission during the last 6 months; AND 6. Maximum dose is 750 mg every 4 weeks.</p> <p>Chronic idiopathic urticarial: 3. Patient has chart documented failure or contraindication to H1 antihistamines; AND 4. Maximum dose is 300 mg every 4 weeks.</p>	<p>Approved 3 months to determine patient response.</p> <p>Renewals may be authorized long-term.</p>	<p>The warnings for Xolair include malignancy and anaphylaxis.</p>
<p><u>Rheumatoid Arthritis Misc.</u> Xeljanz® (tofacitinib)</p>	<p>1. Diagnosis of moderate to severe rheumatoid arthritis; AND 2. A negative TB test before initiating therapy; OR 3. Treatment for latent TB infections must be initiated before treatment with Xeljanz; AND 4. Patient has no active infection (including bacterial sepsis, tuberculosis, invasive fungal and other opportunistic infections); AND 5. Patient has a lymphocyte count >500 cells/mm³, ANC > 1000 cells/mm³, and hemoglobin level >9g/dL; AND 6. Patient is not also receiving TNF antagonists, or other biologics (e.g. Enbrel, Humira, Remicade, Simponi, Cimzia, Kineret, Rituxan, Orencia); AND 7. Patient has documented failure of, intolerance or contraindication to, two other disease- modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine); AND 8. Patient has documented failure of, or intolerance to, both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 9. The patient is not physically able to administer or is not an appropriate candidate for a subcutaneously administered biologic agent (e.g., Humira, Enbrel).</p>		

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Appendix 1 (for Immune Globulin criteria):

Normal Immunoglobulin Levels (mg/dl)				Normal IgG Subclass Levels (mg/dl)				
AGE	IgA	IgG	IgM	AGE	IgG1	IgG2	IgG3	IgG4
1 - 2 mo	1 - 53	251 - 906	20 - 87	cord	435 - 1084	143 - 453	27 - 146	1 - 47
2 - 3 mo	3 - 47	206 - 601	17 - 105	0 - 3 mo	218 - 496	40 - 167	4 - 23	1 - 33
3 - 4 mo	4 - 73	176 - 581	24 - 101	3 - 6 mo	143 - 394	23 - 147	4 - 100	1 - 14
4 - 5 mo	8 - 84	172 - 814	33 - 108	6 - 9 mo	190 - 388	37 - 60	12 - 62	1 - 1
5 - 6 mo	8 - 68	215 - 704	35 - 102	9 mo - 3 yr	286 - 680	30 - 327	13 - 82	1 - 65
6 - 8 mo	11 - 90	217 - 904	34 - 125	3 - 5 yr	381 - 884	70 - 443	17 - 90	1 - 116
8 mo - 1 yr	16 - 84	294 - 1069	41 - 149	5 - 7 yr	292 - 816	83 - 513	8 - 111	1 - 121
1 - 2 yr	14 - 106	345 - 1213	43 - 173	7 - 9 yr	442 - 802	113 - 480	15 - 133	1 - 84
2 - 3 yr	14 - 123	424 - 1051	48 - 168	9 - 11 yr	456 - 938	163 - 513	26 - 113	1 - 121
3 - 4 yr	22 - 159	441 - 1135	47 - 200	11 - 13 yr	456 - 952	147 - 493	12 - 179	1 - 168
4 - 6 yr	25 - 154	463 - 1236	43 - 196	13 - 15 yr	347 - 993	140 - 440	23 - 117	1 - 183
6 - 9 yr	33 - 202	633 - 1280	48 - 207	15 yr & up	422 - 1292	117 - 747	41 - 129	1 - 291
9 - 11 yr	45 - 236	608 - 1572	52 - 242					
11 yr & up	70 - 312	639 - 1349	56 - 352					