blue of california

Blue Shield 65 Plus Choice Plan (HMO)

2015 Formulary

(List of Covered Drugs)

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

Formulary ID 00015186, Version 37

This formulary was updated on **10/27/2015**. For more recent information or other questions, please contact Blue Shield 65 Plus Choice Plan Member Services at (800) 776-4466 or, for TTY users, 711, 7 a.m. to 8 p.m., seven days a week, from October 1 through February 14. However, after February 14, your call will be handled by our automated phone system on weekends and holidays, or visit blueshieldca.com/med_formulary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Blue Shield of California. When it refers to "plan" or "our plan," it means Blue Shield 65 Plus Choice Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/27/2015**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

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What is the Blue Shield 65 Plus Choice Plan Formulary?

A formulary is a list of covered drugs selected by Blue Shield 65 Plus Choice Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Shield 65 Plus Choice Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of **10/27/2015**. To get updated information about the drugs covered by Blue Shield 65 Plus Choice Plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive 60 days notice via mail and the changes will be posted on our website at blueshieldca.com/med_formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 54. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue Shield 65 Plus Choice Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Shield 65 Plus Choice Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, Blue Shield 65 Plus Choice Plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30 days for *sumatriptan* (generic for IMITREX) This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Blue Shield 65 Plus Choice Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue Shield 65 Plus Choice Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Shield 65 Plus Choice Plan formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Blue Shield 65 Plus Choice Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask Blue Shield 65 Plus Choice Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Shield 65 Plus Choice Plan Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Shield 65 Plus Choice Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Blue Shield 65 Plus Choice Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the Blue Shield 65 Plus Choice Plan formulary,
- Part D drugs on the Blue Shield 65 Plus Choice Plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are in any of the following scenarios:

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

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by Blue Shield 65 Plus Choice Plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield 65 Plus Choice Plan Member Services for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at https://www.blueshieldca.com/sites/medicare/plans-with-drug-coverage/prescription-drug-reference/formulary/authorization-forms.sp, and are also provided upon request to members and prescribers, via mail, email or fax. Per our transition policy, in conjunction with network pharmacies, a temporary

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

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days, in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield 65 Plus Choice Plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill of the drug during the first 90 days of the new plan year.
Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum cost-sharing amounts for LIS-eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary, after an exception process has been completed.

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

Please note that our transition policy applies only to those drugs that are "Part D drugs" obtained at a network pharmacy. The transition policy cannot be used to purchase a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

For more detailed information about your Blue Shield 65 Plus Choice Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Shield 65 Plus Choice Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Blue Shield 65 Plus Choice Plan Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue Shield 65 Plus Choice Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

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

Key to Formulary Abbreviations

Tier	Supply	Cost Share
1 Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$3 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	$9 Copay
2 Non-Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	$3 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	$6 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$7 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	$21 Copay

Tier	Supply	Cost Share
3 Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	$30 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	$60 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$35 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	$105 Copay
4 Non-Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	$65 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	$130 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$70 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	$210 Copay
5 Injectable Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	25% of Blue Shield's contracted rate
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	
	Standard retail cost-sharing (in-network) (30-day supply)	
	Standard retail cost-sharing (in-network) (90-day supply)	
6 Specialty Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	33% of Blue Shield's contracted rate
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	
	Standard retail cost-sharing (in-network) (30-day supply)	
	Standard retail cost-sharing (in-network) (90-day supply)	

Cost-sharing for drugs on Tiers 1 through 4 obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail (30-day supply) cost-sharing. Cost-sharing for Tier 5 drugs obtained from out-of-network pharmacies (30-day supply) is 25% of the submitted cost. Cost-sharing for Tier 6 drugs obtained from out-of-network pharmacies (30-day supply) is 33% of the submitted cost. Cost-sharing for drugs on Tiers 1 through 6 obtained from network long-term care pharmacies (31-day supply) is the same as the in-network standard retail (30-day supply) cost-sharing.

Requirements/Limit Codes

Code	***Definition***
AG	This prescription drug has coverage limits based on age groups. The limits may be based upon how the U.S. Food and Drug Administration (FDA) approved the drug for use or special cautions for use by people in certain age groups. For new prescriptions, discuss alternatives with your physician. Your pharmacy or physician may call Blue Shield for assistance with coverage for ongoing use.
B/D	This prescription drug requires prior authorization review to determine whether coverage is under Part B or Part D of the Medicare benefit, based on Medicare coverage rules. Call Blue Shield to provide the necessary information to determine coverage.
LA	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 776-4466, 7 a.m. to 8 p.m. Pacific Standard Time from October 1 through February 14. However, after February 14, your call will be handled by our automated phone system on weekends and holidays. TTY users should call 711.
QL	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
PA	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage.
ST	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
†	Medication is NOT available through Blue Shield's mail service pharmacy.
*	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Form Codes

Abbreviation	*Definition*
AERS	Aerosol
CAPS	Capsule
CHEW	Chewable
CONC	Concentrate
CP24	Capsule - Extended Release 24-hour
CPDR	Capsule - Delayed-Release
CREA	Cream
EA	Each
ELIX	Elixir
FOAM	Foam
GEL	Gel
LOTN	Lotion
OIL	Oil
OINT	Ointment

Abbreviation	*Definition*
PACK	Pack
PTTW	Patch - Biweekly
PTWK	Patch - Weekly
SOLN	Solution
SOLR	Solution - Reconstituted
SUSP	Suspension
SUSR	Suspension - Reconstituted
SYRP	Syrup
TABS	Tablet
TB24	Tablet - Extended Release 24-hour
TBDP	Tablet - Dispersible
TBEC	Tablet - Enteric Coated
TBEF	Tablet - Effervescent

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Analgesics		
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	2	†; QL (180 EA per 30 days)
butalbital-acetaminophen	2	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	3	*; QL (270 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	2	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	2	QL (180 EA per 30 days)
GRALISE 30-DAY STARTER PACK	4	PA; QL (78 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; QL (30 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (90 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	3	PA; *; QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	3	PA; *; QL (30 EA per 30 days)
diclofenac-misoprostol	3	*
ibuprofen oral tablet 800 mg	1	
meclofenamate oral	3	*
mefenamic acid	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
VOLTAREN TOPICAL	3	PA
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	†; *; QL (20 EA per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 12 MCG/HR	3	†; QL (20 EA per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour	4	PA; †; QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour	6	PA; †; QL (10 EA per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	4	†; QL (90 EA per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 40 MG	4	†; QL (60 EA per 30 days)
levorphanol tartrate	2	†; QL (270 EA per 30 days)
methadone injection	5	B/D; †
methadone oral solution 10 mg/5 ml	2	†; QL (2700 ML per 30 days)
methadone oral solution 5 mg/5 ml	2	†; QL (5400 ML per 30 days)
methadone oral tablet 10 mg	2	†; QL (540 EA per 30 days)
methadone oral tablet 5 mg	2	†; QL (1080 EA per 30 days)
morphine oral capsule, er multiphase 24 hr 120 mg	4	†; QL (390 EA per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg	4	†; QL (30 EA per 30 days)
morphine oral capsule, er multiphase 24 hr 90 mg	4	†; QL (90 EA per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 30 mg, 50 mg	4	†; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
morphine oral capsule,extend.release pellets 20 mg	4	†; QL (120 EA per 30 days)
morphine oral capsule,extend.release pellets 60 mg, 80 mg	4	†; QL (90 EA per 30 days)
morphine oral tablet 15 mg	2	†; QL (540 EA per 30 days)
morphine oral tablet 30 mg	2	†; QL (270 EA per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	2	†; QL (90 EA per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	2	†; QL (180 EA per 30 days)
morphine oral tablet extended release 60 mg	2	†; QL (135 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	4	PA; †; QL (270 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg	4	PA; †; QL (180 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 80 mg	4	PA; †; QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	4	PA; †; QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	4	PA; †; QL (60 EA per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	4	ST; †; QL (60 EA per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	4	ST; †; QL (120 EA per 30 days)
tramadol oral tablet extended release 24 hr 100 mg	3	ST; †; *; QL (90 EA per 30 days)
tramadol oral tablet extended release 24 hr 200 mg	3	ST; †; *; QL (30 EA per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	3	ST; †; *; QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	2	†; QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	†; QL (390 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	2	†; QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	†; QL (180 EA per 30 days)
ascomp with codeine	2	†; QL (270 EA per 30 days)
butorphanol tartrate injection	5	B/D; †
butorphanol tartrate nasal	3	†; *; QL (10 ML per 30 days)
carbinoxamine maleate oral tablet	2	†
codeine sulfate oral tablet 15 mg	2	†; QL (1080 EA per 30 days)
codeine sulfate oral tablet 30 mg	2	†; QL (540 EA per 30 days)
codeine sulfate oral tablet 60 mg	2	†; QL (270 EA per 30 days)
DURAMORPH (PF)	5	B/D; †
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	†; QL (360 EA per 30 days)
fentanyl citrate	6	PA; †; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	†; QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	†; QL (390 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	†; QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	†; QL (225 EA per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	5	B/D; †
hydromorphone oral liquid	2	†; QL (3600 ML per 30 days)
hydromorphone oral tablet 2 mg	2	†; QL (1800 EA per 30 days)
hydromorphone oral tablet 4 mg	2	†; QL (900 EA per 30 days)
hydromorphone oral tablet 8 mg	2	†; QL (450 EA per 30 days)
LAZANDA	6	PA; †; QL (30 EA per 30 days)
morphine concentrate oral solution	2	†; QL (405 ML per 30 days)
morphine intravenous syringe	5	B/D; †
morphine oral solution 10 mg/5 ml	2	†; QL (4050 ML per 30 days)
morphine oral solution 20 mg/5 ml	2	†; QL (2025 ML per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	4	†; QL (210 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	†; QL (180 EA per 30 days)
oxycodone oral capsule	2	†; QL (360 EA per 30 days)
oxycodone oral concentrate	2	†; QL (180 ML per 30 days)
oxycodone oral solution	2	†; QL (7200 ML per 30 days)
oxycodone oral tablet 10 mg	2	†; QL (1080 EA per 30 days)
oxycodone oral tablet 15 mg	2	†; QL (720 EA per 30 days)
oxycodone oral tablet 20 mg	2	†; QL (540 EA per 30 days)
oxycodone oral tablet 30 mg, 5 mg	2	†; QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	†; QL (360 EA per 30 days)
oxycodone-aspirin	2	†; QL (360 EA per 30 days)
oxymorphone oral tablet	3	†; *; QL (360 EA per 30 days)
tramadol oral tablet	2	†
tramadol-acetaminophen	2	†; QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
lidocaine hcl injection solution 20 mg/ml (2 %)	5	
lidocaine hcl mucous membrane gel	2	
lidocaine hcl mucous membrane solution	2	
lidocaine hcl urethral	2	
lidocaine topical adhesive patch,medicated	4	QL (90 EA per 30 days)
lidocaine topical ointment	2	
lidocaine-prilocaine topical cream	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate	3	*
disulfiram	2	
naltrexone oral	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual tablet 2 mg	3	PA; *; QL (480 EA per 30 days)
buprenorphine hcl sublingual tablet 8 mg	3	PA; *; QL (120 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	3	PA; *; QL (480 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine-naloxone sublingual tablet 8-2 mg	3	PA; *; QL (120 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PA; QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PA; QL (480 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PA; QL (240 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	PA; QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	4	PA; QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	PA; QL (60 EA per 30 days)
Opioid Reversal Agents		
naloxone injection syringe 1 mg/ml	5	
Smoking Cessation Agents		
buproban	2	QL (60 EA per 30 days)
CHANTIX	3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	3	QL (60 EA per 30 days)
NICOTROL	3	
NICOTROL NS	3	
Antibacterials		
Aminoglycosides		
BETHKIS	6	PA; QL (224 ML per 28 days)
gentamicin injection solution 40 mg/ml	5	B/D
gentamicin ophthalmic drops	1	
gentamicin ophthalmic ointment	2	
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	5	B/D
gentamicin topical	2	
neomycin	2	
paromomycin	2	
streptomycin intramuscular	5	B/D
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
tobramycin	1	
tobramycin in 0.225 % nacl	6	PA; QL (280 ML per 28 days)
tobramycin sulfate injection solution	5	
TOBREX OPHTHALMIC OINTMENT	3	
Antibacterials, Other		
alcohol pads	2	
bacitracin ophthalmic	2	
bacitracin-polymyxin b ophthalmic	2	
BACTROBAN NASAL	4	
chloramphenicol sod succinate	5	B/D
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl	2	
clindamycin in 5 % dextrose	5	
clindamycin pediatric	2	
clindamycin phosphate vaginal	2	
colistin (colistimethate na)	5	B/D
CORTISPORIN TOPICAL OINTMENT	4	

Drug Name	Drug Tier	Requirements/ Limits
CUBICIN	6	
DALVANCE	6	PA; QL (6 EA per 30 days)
LINCOCIN	5	
linezolid	6	PA
MACRODANTIN ORAL CAPSULE 25 MG	3	PA
methenamine hippurate	3	*
metronidazole in nacl (iso-os)	5	
metronidazole oral	2	
metronidazole topical cream	2	
metronidazole topical gel 0.75 %	2	
metronidazole topical gel 1 %	3	*
metronidazole topical lotion	3	*
MONUROL	4	
mupirocin	2	
mupirocin calcium	3	*
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	2	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	PA
nitrofurantoin monohyd/m-cryst	2	PA
nitrofurantoin oral	2	PA
polymyxin b sulfate	5	
polymyxin b sulf-trimethoprim	2	
PRIMSOL	4	
silver sulfadiazine	2	
SIVEXTRO INTRAVENOUS	6	PA
SIVEXTRO ORAL	6	PA; QL (6 EA per 30 days)
SULFAMYLON TOPICAL CREAM	4	
SYNERCID	6	
trimethoprim	2	
TYGACIL	6	
vancomycin intravenous recon soln 1,000 mg, 10 gram	5	
VANCOMYCIN INTRAVENOUS RECON SOLN 500 MG	5	
vancomycin oral capsule	6	
vandazole	2	
XIFAXAN ORAL TABLET 200 MG	6	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	6	PA; QL (90 EA per 30 days)
ZYVOX ORAL	6	PA
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	5	
cefdinir	2	
cefepime	5	
cefepime in dextrose 5 %	5	
cefixime	4	

Drug Name	Drug Tier	Requirements/ Limits
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	5	
cefoxitin	5	
cefpodoxime	2	
cefprozil	2	
ceftazidime in d5w	5	
ceftazidime injection recon soln 1 gram, 6 gram	5	
ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg	5	
ceftriaxone intravenous recon soln	5	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	5	
cefuroxime sodium intravenous	5	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	2	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG	5	
TEFLARO INTRAVENOUS RECON SOLN 600 MG	6	
Beta-Lactam, Other		
aztreonam injection recon soln 1 gram	5	
CAYSTON	6	PA; QL (84 ML per 28 days)
IMIPENEM-CILASTATIN	5	
INVANZ INJECTION	5	
meropenem intravenous recon soln 500 mg	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	2	
ampicillin	2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	5	
ampicillin-sulbactam injection recon soln 15 gram, 3 gram	5	
ampicillin-sulbactam intravenous recon soln 1.5 gram	5	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R	5	
BICILLIN L-A	5	
dicloxacillin	2	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	5	
NAFCILLIN INJECTION RECON SOLN 1 GRAM	5	
NAFCILLIN INJECTION RECON SOLN 10 GRAM	6	

Drug Name	Drug Tier	Requirements/ Limits
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	5	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	6	
oxacillin injection recon soln 10 gram	6	
OXACILLIN INTRAVENOUS RECON SOLN 2 GRAM	5	
penicillin g potassium injection recon soln 5 million unit	5	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	5	
penicillin g sodium	5	
penicillin v potassium	1	
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram	5	
Macrolides		
azithromycin intravenous	5	
azithromycin oral packet	2	
azithromycin oral suspension for reconstitution	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	2	QL (6 EA per 5 days)
azithromycin oral tablet 500 mg	2	QL (3 EA per 3 days)
azithromycin oral tablet 600 mg	2	QL (8 EA per 30 days)
clarithromycin oral suspension for reconstitution	2	
clarithromycin oral tablet	2	QL (42 EA per 14 days)
clarithromycin oral tablet extended release 24 hr	2	QL (42 EA per 14 days)
ery pads	2	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	
erythrocin intravenous recon soln 500 mg	5	
erythromycin ethylsuccinate oral tablet	2	
erythromycin ophthalmic	2	
erythromycin oral tablet	2	
erythromycin with ethanol topical gel	2	
erythromycin with ethanol topical solution	2	
KETEK ORAL TABLET 300 MG	3	QL (20 EA per 30 days)
KETEK ORAL TABLET 400 MG	3	QL (20 EA per 10 days)
PCE	3	
ZMAX	4	QL (60 EA per 30 days)
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO HC	4	
CIPRODEX	4	
ciprofloxacin	3	*
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	2	QL (14 EA per 14 days)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	2	QL (3 EA per 3 days)

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl ophthalmic	1	
ciprofloxacin hcl oral	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	5	
ciprofloxacin lactate intravenous solution 400 mg/40 ml	5	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	5	
levofloxacin intravenous	5	
levofloxacin ophthalmic	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	1	QL (10 EA per 10 days)
MOXEZA	3	
moxifloxacin	3	*; QL (10 EA per 10 days)
ofloxacin ophthalmic	2	
ofloxacin oral tablet 400 mg	2	
ofloxacin otic	2	
VIGAMOX	3	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
sulfadiazine oral	2	
sulfamethoxazole-trimethoprim intravenous	5	
sulfamethoxazole-trimethoprim oral suspension	2	
sulfamethoxazole-trimethoprim oral tablet	1	
Tetracyclines		
demeclocycline oral	4	
DOXY-100	5	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline hyclate oral tablet 50 mg	3	*
doxycycline hyclate oral tablet,delayed release (dr/ec)	4	
doxycycline monohydrate oral capsule	2	
doxycycline monohydrate oral suspension for reconstitution	3	*
doxycycline monohydrate oral tablet 150 mg, 75 mg	3	*
minocycline oral capsule	2	
minocycline oral tablet	3	*
ORACEA	3	
tetracycline	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	4	PA; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (90 EA per 30 days)
levetiracetam in nacl (iso-os)	5	
levetiracetam intravenous	5	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam oral tablet extended release 24 hr 500 mg	2	QL (180 EA per 30 days)
levetiracetam oral tablet extended release 24 hr 750 mg	2	QL (120 EA per 30 days)
phenobarbital	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (90 EA per 30 days)
POTIGA ORAL TABLET 50 MG	4	QL (270 EA per 30 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	4	PA; QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	4	PA; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	4	PA; QL (900 ML per 30 days)
zonisamide	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clonazepam oral tablet 0.5 mg	2	QL (1200 EA per 30 days)
clonazepam oral tablet 1 mg	2	QL (600 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg	2	QL (1200 EA per 30 days)
clonazepam oral tablet,disintegrating 1 mg	2	QL (600 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	2	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	2	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	QL (360 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg	4	QL (40 EA per 30 days)
diazepam rectal kit 2.5 mg	4	QL (5 EA per 30 days)
DIAZEPAM RECTAL KIT 5-7.5-10 MG	4	QL (20 EA per 30 days)
divalproex	2	
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5 ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	4	PA
lamotrigine oral tablet,disintegrating	4	PA
ONFI ORAL SUSPENSION	4	PA; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; QL (60 EA per 30 days)
primidone	2	
SABRIL	6	PA; QL (180 EA per 30 days)
tiagabine	3	PA; *
valproate sodium	5	
valproic acid	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
Glutamate Reducing Agents		
felbamate	2	
LAMICTAL STARTER (BLUE) KIT	3	
LAMICTAL STARTER (GREEN) KIT	3	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER (ORANGE) KIT	3	
lamotrigine oral tablet	2	
lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	3	ST; *; QL (30 EA per 30 days)
lamotrigine oral tablet extended release 24hr 200 mg	3	ST; *; QL (90 EA per 30 days)
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	3	ST; *
lamotrigine oral tablet, chewable dispersible	2	
topiramate oral capsule, sprinkle	2	PA
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	3	PA; *; QL (30 EA per 30 days)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	3	PA; *; QL (60 EA per 30 days)
topiramate oral tablet	2	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG	4	PA; QL (90 EA per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	6	PA; QL (60 EA per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	4	PA; QL (210 EA per 30 days)
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	3	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
BANZEL ORAL TABLET 400 MG	3	PA; QL (240 EA per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	3	*
carbamazepine oral suspension 100 mg/5 ml	3	*
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	3	*
carbamazepine oral tablet,chewable	1	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	5	B/D
DILANTIN	3	
epitol	2	
EQUETRO	4	
oxcarbazepine	2	PA
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (30 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (120 EA per 30 days)
PEGANONE	3	
phenytoin oral suspension 125 mg/5 ml	2	
phenytoin oral tablet,chewable	2	
phenytoin sodium extended	2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	
VIMPAT INTRAVENOUS	5	PA
VIMPAT ORAL SOLUTION	4	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	4	PA; QL (60 EA per 30 days)
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	3	ST; *
donepezil oral tablet,disintegrating	3	*
EXELON TRANSDERMAL	3	
galantamine oral capsule,ext rel. pellets 24 hr	3	*; QL (30 EA per 30 days)
galantamine oral solution	3	*
galantamine oral tablet	3	*
rivastigmine tartrate	2	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral tablet	3	*; QL (60 EA per 30 days)
memantine oral tablets,dose pack	3	*
NAMENDA ORAL SOLUTION	3	QL (360 ML per 30 days)
NAMENDA ORAL TABLET	3	QL (60 EA per 30 days)
NAMENDA TITRATION PAK	3	QL (49 EA per 28 days)
NAMENDA XR	3	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
BRINTELLIX	4	ST; QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg	2	QL (120 EA per 30 days)
bupropion hcl oral tablet 75 mg	2	QL (180 EA per 30 days)
bupropion hcl oral tablet extended release 100 mg	2	QL (120 EA per 30 days)
bupropion hcl oral tablet extended release 150 mg	2	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 200 mg	2	QL (60 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	2	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	QL (30 EA per 30 days)
FORFIVO XL	4	ST; QL (30 EA per 30 days)
maprotiline	2	
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	2	
nefazodone	2	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	3	*
Monoamine Oxidase Inhibitors		
EMSAM	6	PA
MARPLAN	3	
phenelzine	2	
tranylcypromine	3	*
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram oral solution	2	
citalopram oral tablet	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	3	*; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	3	*; QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	3	*; QL (60 EA per 30 days)
escitalopram oxalate oral solution	3	*
escitalopram oxalate oral tablet	1	
FETZIMA	4	PA; QL (30 EA per 30 days)
fluoxetine oral capsule	1	
fluoxetine oral capsule,delayed release(dr/ec)	3	*; QL (4 EA per 28 days)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	
FLUVOXAMINE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (90 EA per 30 days)
FLUVOXAMINE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; QL (60 EA per 30 days)
fluvoxamine oral tablet	2	
KHEDEZLA	4	ST; QL (30 EA per 30 days)
olanzapine-fluoxetine	3	*
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	3	*
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)
PEXEVA ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
PEXEVA ORAL TABLET 20 MG	4	ST; QL (90 EA per 30 days)
PEXEVA ORAL TABLET 30 MG	4	ST; QL (60 EA per 30 days)
PEXEVA ORAL TABLET 40 MG	4	ST; QL (30 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	ST; QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	ST; QL (30 EA per 30 days)
sertraline oral concentrate	3	*
sertraline oral tablet	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	QL (60 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	QL (90 EA per 30 days)
venlafaxine oral tablet	2	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	3	*; QL (30 EA per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	QL (30 EA per 30 days)
VIIBRYD ORAL TABLET	4	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	4	ST; QL (30 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	ST; QL (30 EA per 30 days)
Tricyclics		
amitriptyline	1	
amoxapine	2	

Drug Name	Drug Tier	Requirements/ Limits
clomipramine	2	
desipramine oral	3	*
doxepin oral	2	
imipramine hcl	2	
imipramine pamoate	4	
nortriptyline	2	
perphenazine-amitriptyline	2	
protriptyline	2	
SURMONTIL	4	
Antiemetics		
Antiemetics, Other		
meclizine oral tablet 12.5 mg, 25 mg	1	
morphine oral capsule,extend.release pellets 100 mg	4	†; QL (60 EA per 30 days)
TRANSDERM-SCOP	4	
Emetogenic Therapy Adjuncts		
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	5	PA
anzemet oral	3	PA; *; QL (1 EA per 5 days)
dronabinol oral capsule 10 mg	6	PA; QL (180 EA per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	4	PA; QL (180 EA per 30 days)
EMEND ORAL CAPSULE 125 MG, 80 MG	4	PA
EMEND ORAL CAPSULE 40 MG	4	PA; QL (1 EA per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	4	PA
granisetron (pf) intravenous solution 100 mcg/ml	5	PA
granisetron hcl intravenous solution 1 mg/ml (1 ml)	5	PA
granisetron hcl oral	3	PA; *; QL (60 EA per 30 days)
ondansetron	2	B/D; QL (90 EA per 30 days)
ondansetron hcl (pf)	5	B/D
ondansetron hcl oral solution	2	B/D; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	2	B/D; QL (15 EA per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D; QL (90 EA per 30 days)
Antifungals		
Antifungals		
ABELCET	6	B/D
AMBISOME	6	B/D
amphotericin b	5	B/D
CANCIDAS	6	PA
ciclopirox topical cream	2	
ciclopirox topical gel	3	*
ciclopirox topical shampoo	3	*
ciclopirox topical solution	2	
ciclopirox topical suspension	2	
clotrimazole mucous membrane	2	
clotrimazole topical	2	
CRESEMBA INTRAVENOUS	6	PA
econazole topical	2	
EXELDERM	4	
fluconazole	2	
fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml	5	
flucytosine	6	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	3	*

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin ultramicrosize	3	*
gynazole-1 vaginal cream	2	
itraconazole	4	PA
ketoconazole	2	
MENTAX	4	
miconazole-3 vaginal suppository	2	
MYCAMINE	6	
naftifine	4	
NAFTIN TOPICAL CREAM 1 %	4	
NAFTIN TOPICAL GEL	4	
NATACYN	3	
NOXAFIL ORAL SUSPENSION	6	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	6	PA; QL (90 EA per 30 days)
nyamyc	2	
nystatin oral suspension	2	
nystatin oral tablet	2	
nystatin topical	2	
nystatin-triamcinolone	2	
nystop	2	
OXISTAT	4	
SPORANOX ORAL SOLUTION	6	PA
terbinafine hcl oral	2	QL (30 EA per 30 days)
terconazole	2	
voriconazole intravenous	5	
voriconazole oral	6	PA
Antigout Agents		
Antigout Agents		
allopurinol	1	
colchicine oral capsule	3	*; QL (60 EA per 30 days)
colchicine oral tablet	3	*
colchicine-probenecid	2	
probenecid	2	
ULORIC	3	ST; QL (30 EA per 30 days)
Anti-Inflammatory Agents		
Nonsteroidal Anti-Inflammatory Drugs		
diclofenac potassium	2	
diclofenac sodium oral	2	
diclofenac sodium topical gel	4	
diflunisal	2	
etodolac	2	
fenoprofen oral tablet	2	
flurbiprofen	2	
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg	1	
INDOCIN ORAL	4	
indomethacin oral capsule	2	
indomethacin oral capsule, extended release	3	*
ketoprofen oral capsule	2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	2	
meloxicam oral suspension	2	
meloxicam oral tablet	1	
nabumetone	2	
naproxen oral suspension	2	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	2	
oxaprozin	2	
piroxicam	2	
sulindac oral	2	

Drug Name	Drug Tier	Requirements/ Limits
tolmetin	2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine injection	5	
dihydroergotamine nasal	3	*; QL (8 ML per 30 days)
migergot	3	*
Serotonin (5-Ht) 1B/1D Receptor Agonists		
naratriptan	2	QL (18 EA per 30 days)
RELPAX	4	QL (18 EA per 30 days)
rizatriptan	3	*; QL (24 EA per 30 days)
sumatriptan succinate oral	2	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge	5	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous pen injector	5	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous solution	5	QL (8 ML per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	5	QL (9 ML per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	5	QL (8 ML per 30 days)
zolmitriptan	4	QL (18 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine	2	
MESTINON ORAL SYRUP	4	
MESTINON TIMESPAN	4	
pyridostigmine bromide oral tablet	2	
pyridostigmine bromide oral tablet extended release	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone	2	
PRIFTIN	3	
rifabutin	4	
Antituberculars		
CAPASTAT	5	
ethambutol	2	
ISONIAZID INJECTION	5	
isoniazid oral solution	2	
isoniazid oral tablet	1	
PASER	4	
pyrazinamide	2	
rifampin intravenous	5	
rifampin oral	2	
RIFATER	4	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
BICNU	5	B/D
BUSULFEX	5	B/D
cyclophosphamide oral capsule	4	PA
dacarbazine intravenous recon soln 200 mg	5	B/D
HEXALEN	6	
ifosfamide intravenous recon soln 1 gram	5	B/D
LEUKERAN	3	
LOMUSTINE	3	
MATULANE	6	
melphalan hcl	5	B/D
MUSTARGEN	6	B/D
thiotepa	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG	6	B/D
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	6	B/D
ZANOSAR	5	
Antiandrogens		
bicalutamide	2	
flutamide	3	*
NILANDRON	6	
XTANDI	6	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
CAPRELSA ORAL TABLET 100 MG	6	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	6	PA; QL (30 EA per 30 days)
REVLIMID	6	PA; LA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	6	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	6	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	6	
FASLODEX	6	
SOLTAMOX	4	
tamoxifen	2	
Antimetabolites		
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	B/D
cladribine	6	B/D
CLOLAR	5	B/D
cytarabine	5	B/D
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	5	B/D
DROXIA	3	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	6	
FLUOROURACIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	5	B/D
gemcitabine intravenous recon soln 1 gram	5	B/D
hydroxyurea	2	
mercaptopurine	2	
NIPENT	5	B/D
PURIXAN	6	PA; QL (100 ML per 30 days)
TABLOID	3	
Antineoplastic Agents		
LYNPARZA	6	PA; QL (480 EA per 30 days)
Antineoplastics, Other		
ABRAXANE	5	B/D
amifostine crystalline	5	B/D
ARRANON	6	B/D
azacitidine	6	B/D
BELEODAQ	6	PA
bleomycin injection recon soln 30 unit	5	B/D
carboplatin intravenous solution	5	B/D
cisplatin	5	B/D
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1])	6	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG[1]-20 MG[3])	6	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG [3]/DAY)	6	PA; QL (84 EA per 28 days)
COSMEGEN	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
daunorubicin intravenous solution	5	B/D
decitabine	6	PA
dexrazoxane hcl intravenous recon soln 250 mg	5	B/D
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D
doxorubicin intravenous solution 50 mg/25 ml	5	B/D
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	5	B/D
epirubicin intravenous solution 50 mg/25 ml	5	B/D
ERIVEDGE	6	PA; QL (30 EA per 30 days)
ERWINAZE	6	B/D
fludarabine intravenous recon soln	5	B/D
FUSILEV	5	B/D
GILOTRIF	6	PA; QL (30 EA per 30 days)
HALAVEN	6	B/D
IDAMYCIN PFS	5	B/D
idarubicin	5	B/D
irinotecan intravenous solution 100 mg/5 ml	5	B/D
ISTODAX	6	B/D
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	6	B/D
JAKAFI	6	PA; QL (60 EA per 30 days)
JEVTANA	6	B/D
leucovorin calcium injection recon soln 100 mg, 350 mg	5	B/D
leucovorin calcium oral	2	

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST ORAL TABLET 0.5 MG	6	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	6	PA; QL (30 EA per 30 days)
MENEST	4	PA
mesna	5	
MESNEX ORAL	3	
mitomycin intravenous recon soln 20 mg	5	B/D
mitoxantrone	3	B/D; *
ONCASPAR	6	B/D
oxaliplatin intravenous solution 100 mg/20 ml	6	B/D
paclitaxel	5	B/D
PICATO TOPICAL GEL 0.015 %	3	QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 EA per 30 days)
POMALYST	6	PA; QL (30 EA per 30 days)
PROLEUKIN	6	B/D
SYLATRON	6	PA
SYNRIBO	6	B/D
TAFINLAR	6	PA; QL (120 EA per 30 days)
TRISENOX	5	B/D
VELCADE	6	B/D
vinblastine intravenous solution	5	B/D
vincasar pfs intravenous solution 1 mg/ml	5	B/D
vincristine intravenous solution 1 mg/ml	5	B/D
vinorelbine intravenous solution 50 mg/5 ml	5	B/D
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	6	PA
ZOLINZA	6	PA; QL (120 EA per 30 days)
ZYTIGA	6	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastics		
AVASTIN	6	B/D
ZYKADIA	6	PA; QL (150 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole	2	
exemestane	3	*
letrozole	2	
Enzyme Inhibitors		
ETOPOPHOS	3	B/D
etoposide intravenous	5	B/D
FARYDAK	6	PA; QL (6 EA per 21 days)
IBRANCE	6	PA; QL (21 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG [1]/DAY)	6	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG (10 MG[1] -4 MG[1])/DAY, 20 MG/DAY (10 MG [2]/DAY)	6	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 24 MG (10 MG[2] -4 MG[1])/DAY	6	PA; QL (90 EA per 30 days)
topotecan intravenous recon soln	5	B/D
ZYDELIG	6	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	6	PA; QL (60 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	6	PA; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	6	PA; QL (30 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	6	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	6	PA; QL (30 EA per 30 days)
GLEEVEC ORAL TABLET 100 MG	6	PA; QL (240 EA per 30 days)
GLEEVEC ORAL TABLET 400 MG	6	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	6	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	6	PA; QL (30 EA per 30 days)
IMBRUVICA	6	PA; QL (120 EA per 30 days)
INLYTA ORAL TABLET 1 MG	6	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	6	PA; QL (120 EA per 30 days)
NEXAVAR	6	PA; LA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	6	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	6	PA; QL (180 EA per 30 days)
SPRYCEL ORAL TABLET 50 MG	6	PA; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG, 80 MG	6	PA; QL (60 EA per 30 days)
STIVARGA	6	PA; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	6	PA; QL (210 EA per 30 days)
SUTENT ORAL CAPSULE 25 MG	6	PA; QL (90 EA per 30 days)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG	6	PA; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG	6	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
TARCEVA ORAL TABLET 25 MG	6	PA; QL (180 EA per 30 days)
TASIGNA	6	PA; QL (120 EA per 30 days)
TYKERB	6	PA; QL (660 EA per 30 days)
VOTRIENT	6	PA; QL (120 EA per 30 days)
XALKORI	6	PA; QL (60 EA per 30 days)
ZELBORAF	6	PA; QL (240 EA per 30 days)
Monoclonal Antibodies		
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	6	PA
AVASTIN	6	B/D
CYRAMZA	6	PA
HERCEPTIN	6	B/D
KEYTRUDA INTRAVENOUS SOLUTION	6	PA
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	6	PA
RITUXAN	6	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG	6	PA
Retinoids		
bexarotene	6	
PANRETIN	6	PA
TARGRETIN ORAL	6	
tretinoin (chemotherapy)	6	
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	3	
ivermectin oral	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	QL (180 ML per 3 days)
ALINIA ORAL TABLET	4	QL (6 EA per 3 days)
ATOVAQUONE	6	PA
atovaquone-proguanil	3	*
chloroquine phosphate oral	2	
COARTEM	3	QL (24 EA per 2 days)
DARAPRIM	3	
hydroxychloroquine oral	2	
mefloquine	2	
NEBUPENT	3	B/D
PENTAM	5	B/D
primaquine	2	
quinine sulfate	3	PA; *
tinidazole	3	*
Pediculicides/Scabicides		
EURAX	3	
lindane	2	
malathion	3	*
permethrin topical cream	2	
Antiparkinson Agents		
Anticholinergics		
benztropine oral	2	
trihexyphenidyl	2	
Antiparkinson Agents, Other		
entacapone	3	*
tolcapone	6	
Dopamine Agonists		
APOKYN	6	PA
bromocriptine	2	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
NEUPRO	4	QL (30 EA per 30 days)
pramipexole oral tablet	2	
pramipexole oral tablet extended release 24 hr	4	QL (30 EA per 30 days)
ropinirole oral tablet	2	
ropinirole oral tablet extended release 24 hr 12 mg	3	*; QL (60 EA per 30 days)
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg	3	*; QL (30 EA per 30 days)
ropinirole oral tablet extended release 24 hr 8 mg	3	*; QL (90 EA per 30 days)
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa	4	
carbidopa-levodopa	2	
carbidopa-levodopa-entacapone	3	*
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	3	QL (30 EA per 30 days)
selegiline hcl oral capsule	3	*
selegiline hcl oral tablet	2	
Antipsychotics		
1St Generation/Typical		
chlorpromazine injection	5	
chlorpromazine oral	2	
compro	2	
fluphenazine decanoate	5	
fluphenazine hcl injection	5	
fluphenazine hcl oral	2	
haloperidol	2	
haloperidol decanoate	5	
haloperidol lactate injection	5	
haloperidol lactate oral	2	
loxapine succinate	2	
ORAP	3	
perphenazine	2	
prochlorperazine	2	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	5	B/D
prochlorperazine maleate oral	2	
thioridazine	2	PA
thiothixene	2	
trifluoperazine	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	6	PA
aripiprazole oral tablet	4	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	6	QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	QL (8 EA per 30 days)
GEODON INTRAMUSCULAR	5	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG	4	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG, 9 MG	6	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	6	PA

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	5	PA
LATUDA ORAL TABLET 120 MG	6	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
olanzapine intramuscular	5	
olanzapine oral tablet	2	
olanzapine oral tablet,disintegrating	3	*
quetiapine	2	
REXULTI	6	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA	5	
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet,disintegrating	3	*
SAPHRIS (BLACK CHERRY)	4	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
ziprasidone hcl	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	
clozapine oral tablet,disintegrating 150 mg, 200 mg	3	*
FAZACLO	4	
VERSACLOZ	6	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen	2	
dantrolene	3	*
tizanidine oral capsule	4	
tizanidine oral tablet	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
cidofovir	5	
GANCICLOVIR SODIUM	3	
VALCYTE ORAL RECON SOLN	6	
valganciclovir	6	
Anti-Hepatitis B (Hbv) Agents		
adefovir	6	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days)
entecavir	6	QL (30 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	6	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	6	PA
TYZEKA	6	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
DAKLINZA	6	PA; QL (30 EA per 30 days)
HARVONI	6	PA; QL (30 EA per 30 days)
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	6	PA

Drug Name	Drug Tier	Requirements/ Limits
moderiba	3	*
OLYSIO	6	PA; QL (30 EA per 30 days)
PEGASYS	6	PA
PEGASYS PROCLICK	6	PA
PEGINTRON	6	PA
PEGINTRON REDIPEN	6	PA
REBETOL ORAL SOLUTION	4	PA
ribasphere	3	*
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28)	6	PA
ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	6	PA
ribavirin oral capsule	3	*
ribavirin oral tablet 200 mg	3	*
SOVALDI	6	PA; QL (30 EA per 30 days)
TECHNIVIE	6	PA; QL (56 EA per 28 days)
VIEKIRA PAK	6	PA; QL (112 EA per 28 days)
VIRAZOLE	6	B/D
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	5	
acyclovir topical	4	QL (30 GM per 30 days)
DENAVIR	4	
famciclovir	3	*
trifluridine	3	*
valacyclovir	3	*
ZOVIRAX TOPICAL CREAM	4	QL (5 GM per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS ORAL POWDER IN PACKET	3	
VITEKTA	6	QL (30 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	6	
EDURANT	6	
INTELENCE ORAL TABLET 100 MG, 200 MG	6	
INTELENCE ORAL TABLET 25 MG	4	
nevirapine oral suspension	4	
nevirapine oral tablet	2	
NEVIRAPINE ORAL TABLET EXTENDED RELEASE 24 HR	4	
RESCRIPTOR	4	
STRIBILD	6	
SUSTIVA	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir	3	*
abacavir-lamivudine-zidovudine	6	
didanosine	2	
EMTRIVA	4	
EPIVIR HBV ORAL SOLUTION	3	PA
EPZICOM	6	
lamivudine oral solution	2	
lamivudine oral tablet 100 mg	3	PA; *; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine	3	*
RETROVIR INTRAVENOUS	5	
stavudine	2	
TRUVADA	6	
VIDEX 2 GRAM PEDIATRIC	3	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG	4	QL (60 EA per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	4	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	6	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION	4	
zidovudine	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	6	
ISENTRESS ORAL TABLET	6	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	6	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
SELZENTRY	6	
TIVICAY	6	QL (60 EA per 30 days)
TRIUMEQ	6	QL (30 EA per 30 days)
TYBOST	4	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS	6	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ	6	
INVIRASE ORAL CAPSULE	4	
INVIRASE ORAL TABLET	6	
KALETRA ORAL SOLUTION	6	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	6	
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	6	
NORVIR	4	
PREZCOBIX	6	
PREZISTA ORAL SUSPENSION	6	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	6	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	6	
REYATAZ ORAL POWDER IN PACKET	6	
VIRACEPT ORAL TABLET	6	
Anti-Influenza Agents		
amantadine hcl	2	
RELENZA DISKHALER	3	QL (60 EA per 180 days)
rimantadine	2	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (56 EA per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU ORAL CAPSULE 45 MG	3	QL (42 EA per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1080 ML per 365 days)
Antivirals		
ATRIPLA	6	
Anxiolytics		
Anxiolytics, Other		
alprazolam intensol	2	QL (300 ML per 30 days)
alprazolam oral tablet 0.25 mg	2	QL (1200 EA per 30 days)
alprazolam oral tablet 0.5 mg	2	QL (600 EA per 30 days)
alprazolam oral tablet 1 mg	2	QL (300 EA per 30 days)
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg	2	QL (600 EA per 30 days)
buspirone	2	
diazepam intensol	2	QL (360 ML per 30 days)
diazepam oral solution 5 mg/5 ml	2	QL (1800 ML per 30 days)
diazepam oral tablet 10 mg	2	QL (180 EA per 30 days)
diazepam oral tablet 2 mg	2	QL (900 EA per 30 days)
diazepam oral tablet 5 mg	2	QL (360 EA per 30 days)
estazolam oral tablet 1 mg	2	QL (60 EA per 30 days)
estazolam oral tablet 2 mg	2	QL (30 EA per 30 days)
lorazepam intensol	2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg	2	QL (600 EA per 30 days)
lorazepam oral tablet 1 mg	2	QL (300 EA per 30 days)
lorazepam oral tablet 2 mg	2	QL (150 EA per 30 days)
oxazepam oral capsule 10 mg	2	QL (360 EA per 30 days)
oxazepam oral capsule 15 mg	2	QL (240 EA per 30 days)
oxazepam oral capsule 30 mg	2	QL (120 EA per 30 days)
Benzodiazepines		
alprazolam oral tablet extended release 24 hr 1 mg	2	QL (300 EA per 30 days)
alprazolam oral tablet extended release 24 hr 2 mg	2	QL (150 EA per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg	2	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate	2	
lithium citrate oral solution 8 meq/5 ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	3	*
BYDUREON	5	ST; QL (4 EA per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	5	ST; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	5	ST; QL (1.2 ML per 30 days)
CYCLOSET	4	ST; QL (180 EA per 30 days)
glimepiride	1	
glipizide	1	

Drug Name	Drug Tier	Requirements/ Limits
glipizide-metformin	2	
glyburide	2	PA
glyburide micronized	2	PA
glyburide-metformin	2	PA
GLYSET	4	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 EA per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (60 EA per 30 days)
JANUVIA	3	ST; QL (30 EA per 30 days)
KAZANO	3	
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr 1,000 mg	4	
nateglinide oral tablet 120 mg	2	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	2	QL (180 EA per 30 days)
NESINA	3	ST
ONGLYZA	4	ST; QL (30 EA per 30 days)
OSENI	3	
pioglitazone	2	
pioglitazone-glimepiride	3	ST; *; QL (30 EA per 30 days)
pioglitazone-metformin	2	ST
repaglinide oral tablet 0.5 mg, 1 mg	4	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	4	QL (240 EA per 30 days)
RIOMET	4	
SYMLINPEN 120	5	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60	5	PA; QL (12 ML per 30 days)
tolazamide	2	
tolbutamide	2	
Glycemic Agents		
d10 % & 0.45 % sodium chloride	5	
d2.5 %-0.45 % sodium chloride	5	
d5 % and 0.9 % sodium chloride	5	
d5 %-0.45 % sodium chloride	5	
dextrose 10 % and 0.2 % nacl	5	
dextrose 10 % in water (d10w) intravenous parenteral solution	5	
dextrose 5 % in water (d5w) intravenous parenteral solution	5	
dextrose 5%-0.2 % sod chloride	5	

Drug Name	Drug Tier	Requirements/ Limits
dextrose 5%-0.3 % sod.chloride	5	
dextrose with sodium chloride	5	
GLUCAGEN HYPOKIT	3	QL (2 EA per 2 days)
GLUCAGON EMERGENCY KIT (HUMAN)	3	QL (2 EA per 2 days)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	5	
PROGLYCEM	4	
Insulins		
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50-50	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN N	1	
HUMULIN R	1	
HUMULIN R U-500 "CONCENTRATED"	1	
LANTUS	1	QL (40 ML per 30 days)
LANTUS SOLOSTAR	1	QL (45 ML per 30 days)
LEVEMIR	1	QL (40 ML per 30 days)
LEVEMIR FLEXTOUCH	1	QL (45 ML per 30 days)
NOVOLIN 70/30	4	
NOVOLIN N	4	
NOVOLIN R	4	
NOVOLOG	4	
NOVOLOG MIX 70-30	4	
Blood Products/Modifiers/ Volume Expanders		

Drug Name	Drug Tier	Requirements/ Limits
Anticoagulants		
FRAGMIN SUBCUTANEOUS SOLUTION	6	QL (7.6 ML per 60 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	6	QL (8.4 ML per 60 days)
Blood Formation Modifiers		
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	6	PA
Platelet Modifying Agents		
ZONTIVITY	4	PA; QL (30 EA per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN ORAL	4	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (70 EA per 180 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (60 EA per 30 days)
enoxaparin subcutaneous solution	5	QL (28 ML per 60 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	6	QL (28 ML per 60 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml	6	QL (22.4 ML per 60 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	5	QL (8.4 ML per 60 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	5	QL (11.2 ML per 60 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	5	QL (16.8 ML per 60 days)
enoxaparin subcutaneous syringe 80 mg/0.8 ml	5	QL (22.4 ML per 60 days)

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml	6	QL (11.2 ML per 60 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	5	QL (14 ML per 60 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	6	QL (5.6 ML per 60 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	6	QL (8.4 ML per 60 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML	6	QL (14 ML per 60 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	6	QL (16.8 ML per 60 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	6	QL (20.16 ML per 60 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	5	QL (5.6 ML per 60 days)
heparin (porcine) injection solution	5	
jantoven	1	
PRADAXA	4	PA
warfarin	1	
XARELTO ORAL TABLET	3	QL (30 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	QL (51 EA per 365 days)
Blood Formation Modifiers		
anagrelide	2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	6	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	6	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML	5	PA
GRANIX	6	PA
LEUKINE INJECTION RECON SOLN	6	PA
MIRCERA	5	PA; QL (0.6 ML per 28 days)
NEULASTA SUBCUTANEOUS SYRINGE	6	PA
NEUMEGA	6	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	6	PA

Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN INJECTION SYRINGE	6	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	6	PA
PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG	6	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	6	PA; QL (90 EA per 30 days)
Blood Products/Modifiers/Volume Expanders		
BERINERT INTRAVENOUS KIT	6	B/D
Coagulants		
CYKLOKAPRON	5	
tranexamic acid oral	3	PA; *; QL (30 EA per 30 days)
Platelet Modifying Agents		
AGGRENOX	4	
aspirin-dipyridamole	4	
BRILINTA ORAL TABLET 90 MG	3	QL (60 EA per 30 days)
cilostazol	2	
clopidogrel oral tablet 75 mg	2	
EFFIENT	3	QL (30 EA per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	3	*
clonidine hcl oral tablet	1	
clonidine hcl oral tablet extended release 12 hr	4	PA
CLORPRES	3	
guanfacine oral tablet	2	
methyldopa	2	
methyldopa-hydrochlorothiazide	2	
midodrine	2	
NORTHERA ORAL CAPSULE 100 MG	6	PA; QL (252 EA per 90 days)
NORTHERA ORAL CAPSULE 200 MG	6	PA; QL (126 EA per 90 days)
NORTHERA ORAL CAPSULE 300 MG	6	PA; QL (84 EA per 90 days)
Alpha-Adrenergic Blocking Agents		
prazosin oral	2	
reserpine	2	
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg	3	ST; *; QL (60 EA per 30 days)
candesartan oral tablet 32 mg	3	ST; *; QL (30 EA per 30 days)
candesartan oral tablet 4 mg	3	ST; *; QL (240 EA per 30 days)
candesartan oral tablet 8 mg	3	ST; *; QL (120 EA per 30 days)
EDARBI	3	ST
EDARBYCLOR	3	ST
eprosartan	2	ST; QL (30 EA per 30 days)
irbesartan	2	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	2	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	2	QL (30 EA per 30 days)
losartan	1	QL (30 EA per 30 days)
losartan-hydrochlorothiazide	1	QL (30 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg	3	ST; *; QL (30 EA per 30 days)
telmisartan oral tablet 80 mg	3	ST; *; QL (60 EA per 30 days)
telmisartan-amlodipine	3	ST; *; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-hydrochloro thiazid oral tablet 40-12.5 mg	3	ST; QL (90 EA per 30 days)
telmisartan-hydrochloro thiazid oral tablet 80-12.5 mg, 80-25 mg	3	ST; QL (60 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	2	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	2	QL (30 EA per 30 days)
valsartan-hydrochloroth iazide oral tablet 160-12.5 mg	2	QL (60 EA per 30 days)
valsartan-hydrochloroth iazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 EA per 30 days)
benazepril oral tablet 40 mg	1	QL (60 EA per 30 days)
benazepril-hydrochlorot hiazide	1	
captopril	1	
captopril-hydrochlorothi azide	1	
enalapril maleate	1	
enalapril-hydrochlorothi azide	1	
fosinopril	1	
fosinopril-hydrochloroth iazide	2	QL (120 EA per 30 days)
lisinopril	1	
lisinopril-hydrochlorothi azide	1	
moexipril	2	
moexipril-hydrochloroth iazide	2	
perindopril erbumine oral tablet 2 mg, 4 mg	2	QL (30 EA per 30 days)
perindopril erbumine oral tablet 8 mg	2	QL (60 EA per 30 days)
quinapril	1	QL (60 EA per 30 days)
quinapril-hydrochlorothi azide	2	QL (30 EA per 30 days)
ramipril	1	
trandolapril oral tablet 1 mg, 2 mg	2	QL (30 EA per 30 days)
trandolapril oral tablet 4 mg	2	QL (60 EA per 30 days)
Antiarrhythmics		
amiodarone intravenous solution	5	
amiodarone oral tablet 200 mg, 400 mg	2	
disopyramide phosphate oral capsule	2	
flecainide	2	
mexiletine	2	
MULTAQ	3	QL (60 EA per 30 days)
NORPACE CR	3	
propafenone oral capsule,extended release 12 hr	3	*
propafenone oral tablet	2	
quinidine gluconate oral	2	
quinidine sulfate oral tablet	2	
sorine	2	
sotalol af oral tablet 120 mg	2	
sotalol oral tablet 160 mg, 240 mg, 80 mg	2	
TIKOSYN	4	
Beta-Adrenergic Blocking Agents		
acebutolol	2	
atenolol	1	
atenolol-chlorthalidone	1	
betaxolol oral tablet 20 mg	2	
bisoprolol fumarate	2	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol-hydrochlorothiazide	2	
carvedilol	1	
COREG CR	4	ST
INNOPRAN XL	4	
labetalol oral	2	
metoprolol succinate	2	
metoprolol ta-hydrochlorothiaz	2	
metoprolol tartrate intravenous solution	5	
metoprolol tartrate oral	1	
nadolol	2	
nadolol-bendroflumethiazide	2	
pindolol	2	
propranolol intravenous	5	
propranolol oral capsule,extended release 24 hr	2	
propranolol oral solution	2	
propranolol oral tablet	1	
propranolol-hydrochlorothiazid	2	
timolol maleate oral	2	
Calcium Channel Blocking Agents		
afeditab cr	2	
amlodipine	1	
amlodipine-atorvastatin	4	QL (30 EA per 30 days)
amlodipine-benazepril	2	
amlodipine-valsartan	3	ST; *; QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid	3	ST; *; QL (30 EA per 30 days)
cartia xt	2	
diltiazem hcl intravenous recon soln	5	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 12 hr	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	2	
diltiazem hcl oral tablet	2	
dilt-xr	2	
felodipine oral tablet extended release 24 hr 10 mg, 5 mg	2	
isradipine	3	*
matzim la	3	*
nicardipine oral	2	
nifedical xl	2	
nifedipine oral tablet extended release 24hr	2	
NIMODIPINE	4	
nisoldipine	3	*
taztia xt	2	
verapamil intravenous solution	5	
verapamil oral capsule, 24 hr er pellet ct	2	
verapamil oral capsule,ext rel. pellets 24 hr	2	
verapamil oral tablet	1	
verapamil oral tablet extended release	2	
Cardiovascular Agents, Other		
DEMSER	4	
digoxin oral solution 50 mcg/ml	2	PA
digoxin oral tablet	1	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN ORAL TABLET 187.5 MCG	4	PA; QL (30 EA per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	4	PA; QL (60 EA per 30 days)
pentoxifylline	2	
RANEXA	4	ST; QL (60 EA per 30 days)
trandolapril-verapamil	3	*
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet	2	
Diuretics, Loop		
bumetanide oral	1	
EDECRIN	4	
furosemide injection solution	5	
furosemide oral solution 10 mg/ml, 40 mg/5 ml	1	
furosemide oral tablet	1	
torsemide oral	2	
Diuretics, Potassium-Sparing		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
amiloride oral	2	
amiloride-hydrochlorothiazide	1	
DYRENIUM	4	
eplerenone	3	*
spironolactone	1	
spironolacton-hydrochlorothiaz	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral capsule 50-25 mg	2	
triamterene-hydrochlorothiazid oral tablet	1	
Diuretics, Thiazide		
candesartan-hydrochlorothiazid	3	ST; *; QL (30 EA per 30 days)
chlorothiazide	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
DIURIL	4	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg	3	*; QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 43 mg	3	*; QL (60 EA per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg	2	QL (30 EA per 30 days)
fenofibrate nanocrystallized oral tablet 48 mg	2	QL (90 EA per 30 days)
fenofibrate oral capsule 150 mg	3	ST; *; QL (30 EA per 30 days)
fenofibrate oral capsule 50 mg	3	ST; *; QL (60 EA per 30 days)
fenofibrate oral tablet 160 mg	2	QL (30 EA per 30 days)
fenofibrate oral tablet 54 mg	2	QL (60 EA per 30 days)
fenofibric acid (choline)	3	*; QL (30 EA per 30 days)
gemfibrozil oral	2	QL (75 EA per 30 days)
TRIGLIDE ORAL TABLET 160 MG	4	QL (30 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 500-20 MG, 750-20 MG	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG	4	QL (30 EA per 30 days)
atorvastatin	1	QL (30 EA per 30 days)
CRESTOR	3	QL (30 EA per 30 days)
fluvastatin oral capsule	3	*; QL (60 EA per 30 days)
LESCOL XL	4	QL (30 EA per 30 days)
lovastatin	1	
pravastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
pravastatin oral tablet 80 mg	1	QL (30 EA per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	QL (60 EA per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	QL (30 EA per 30 days)
simvastatin	1	QL (30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light oral powder in packet	2	
colestipol oral granules	3	*
colestipol oral tablet	2	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 5 MG, 60 MG	6	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	6	PA; QL (90 EA per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	2	QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 500 mg	2	QL (120 EA per 30 days)
OMEGA-3 ACID ETHYL ESTERS	4	
prevalite oral powder	1	
VYTORIN 10-10	4	QL (30 EA per 30 days)
VYTORIN 10-20	4	QL (30 EA per 30 days)
VYTORIN 10-40	4	QL (30 EA per 30 days)
VYTORIN 10-80	4	PA; QL (30 EA per 30 days)
WELCHOL	3	
ZETIA	4	
Vasodilators, Direct-Acting Arterial/Venous		
BIDIL	4	PA; QL (180 EA per 30 days)
ISORDIL	4	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
minitran	2	
NITRO-BID	3	
nitroglycerin intravenous	5	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual spray,non-aerosol	2	
NITROSTAT	3	
Vasodilators, Direct-Acting Arterial		
hydralazine injection	5	
hydralazine oral	2	
minoxidil oral	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Drug Name	Drug Tier	Requirements/ Limits
amphetamine salt combo oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	2	QL (120 EA per 30 days)
amphetamine salt combo oral tablet 12.5 mg	2	QL (150 EA per 30 days)
amphetamine salt combo oral tablet 20 mg	2	QL (90 EA per 30 days)
amphetamine salt combo oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 10 mg	3	*; QL (180 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	3	*; QL (120 EA per 30 days)
dextroamphetamine oral capsule, extended release 5 mg	3	*; QL (360 EA per 30 days)
dextroamphetamine oral tablet 10 mg	3	*; QL (180 EA per 30 days)
dextroamphetamine oral tablet 5 mg	3	*; QL (240 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	3	*; QL (60 EA per 30 days)
methamphetamine	4	QL (240 EA per 30 days)
VYVANSE	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
dexmethylphenidate oral capsule,er biphasic 50-50	3	*; QL (30 EA per 30 days)
dexmethylphenidate oral tablet	2	QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 25 MG, 35 MG	4	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr	3	ST; *; QL (30 EA per 30 days)
METHYLIN ORAL TABLET,CHEWABLE	4	QL (180 EA per 30 days)
methylphenidate oral capsule, er biphasic 30-70 10 mg	4	QL (60 EA per 30 days)
methylphenidate oral capsule, er biphasic 30-70 50 mg	4	QL (30 EA per 30 days)
METHYLPHENIDATE ORAL CAPSULE, ER BIPHASIC 30-70 60 MG	4	QL (30 EA per 30 days)
methylphenidate oral capsule,er biphasic 50-50 20 mg, 30 mg	3	*; QL (60 EA per 30 days)
methylphenidate oral capsule,er biphasic 50-50 40 mg	3	*; QL (30 EA per 30 days)
methylphenidate oral solution 10 mg/5 ml	2	QL (900 ML per 30 days)
methylphenidate oral solution 5 mg/5 ml	2	QL (1800 ML per 30 days)
methylphenidate oral tablet 10 mg	2	QL (180 EA per 30 days)
methylphenidate oral tablet 20 mg	2	QL (90 EA per 30 days)
methylphenidate oral tablet 5 mg	2	QL (360 EA per 30 days)
methylphenidate oral tablet extended release 20 mg	2	QL (90 EA per 30 days)
methylphenidate oral tablet extended release 24hr	3	*; QL (30 EA per 30 days)
methylphenidate oral tablet,chewable	4	QL (180 EA per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (30 EA per 30 days)
Central Nervous System, Other		
NUEDEXTA	3	QL (60 EA per 30 days)
riluzole	6	

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine oral tablet 12.5 mg	6	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	6	PA; QL (120 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG	6	PA; QL (240 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	6	PA; QL (120 EA per 30 days)
Multiple Sclerosis Agents		
AMPYRA	6	PA; QL (60 EA per 30 days)
AUBAGIO	6	PA; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	6	QL (1 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	6	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	6	QL (12 ML per 28 days)
GILENYA	6	PA; QL (30 EA per 30 days)
glatopa	6	QL (30 ML per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	6	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	6	PA; QL (1 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	6	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	6	QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	6	QL (4.2 ML per 28 days)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline	3	*
chlorhexidine gluconate mucous membrane	2	
KEPIVANCE	6	B/D
periogard	2	
pilocarpine hcl oral	3	*
triamcinolone acetonide dental	2	
Dermatological Agents		
Dermatological Agents		
8-MOP	4	
acitretin	6	
adapalene topical cream	2	PA
adapalene topical gel 0.1 %	2	PA
adapalene topical gel 0.3 %	4	PA
ammonium lactate topical	2	
amnesteem	3	*
AZELEX	4	
calcipotriene	3	*
calcipotriene-betamethasone	4	PA; QL (400 GM per 30 days)
calcitriol topical	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
claravis oral capsule 30 mg	6	
clindamycin phosphate topical foam	3	*
clindamycin phosphate topical gel	2	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	2	
clindamycin phosphate topical swab	2	
clindamycin-benzoyl peroxide topical gel 1-5 %	2	
CONDYLOX TOPICAL GEL	4	
CORTISPORIN TOPICAL CREAM	4	
COSENTYX (2 SYRINGES)	6	PA
COSENTYX PEN	6	PA
curity gauze topical bandage 2 x 2 "	2	
DIFFERIN TOPICAL LOTION	4	PA
doxycycline monohydrate oral tablet 100 mg	2	
doxycycline monohydrate oral tablet 50 mg	3	*
ELIDEL	4	ST; QL (100 GM per 30 days)
erythromycin-benzoyl peroxide	2	
FINACEA	4	
fluorouracil topical cream 0.5 %	3	*; QL (30 GM per 30 days)
fluorouracil topical cream 5 %	3	*
fluorouracil topical solution	2	
imiquimod	3	*; QL (24 EA per 30 days)
methoxsalen rapid	6	
OXSORALEN	4	
podofilox	2	
REGRANEX	6	PA; QL (15 GM per 2 days)
SANTYL	3	
selenium sulfide topical suspension	2	
STELARA SUBCUTANEOUS SYRINGE	6	PA
sulfacetamide sodium (acne)	2	
tacrolimus topical	4	ST; QL (100 GM per 30 days)
TAZORAC	4	PA
tretinoin topical cream	2	PA
tretinoin topical gel 0.01 %, 0.025 %	2	PA
VALCHLOR	6	PA; QL (60 GM per 30 days)
ZONALON	4	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN	5	
ALDURAZYME	6	
CARBAGLU	6	PA
CERDELGA	6	PA; QL (60 EA per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	6	PA
CREON	3	
CYSTADANE	4	
CYSTAGON	4	PA
ELAPRASE	6	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	6	B/D
kuvan oral powder in packet 500 mg	6	PA; QL (90 EA per 30 days)
KUVAN ORAL TABLET,SOLUBLE	6	PA
LUMIZYME	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
MYOZYME	6	
NAGLAZYME	6	B/D
PANCREAZE	3	
RAVICTI	6	PA; QL (525 ML per 30 days)
sodium phenylbutyrate	6	PA
SUCRAID	6	
VPRIV	6	
ZAVESCA	6	
ZENPEP	4	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	5	
CANTIL	4	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
glycopyrrolate oral	2	
methscopolamine oral	2	
propantheline	2	
Antispasmodics, Urinary		
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; QL (92 GM per 30 days)
Gastrointestinal Agents, Other		
cromolyn oral	3	*
diphenoxylate-atropine	2	
GATTEX ONE-VIAL	6	PA; QL (30 EA per 30 days)
loperamide oral capsule	1	
metoclopramide hcl injection solution	5	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
RELISTOR SUBCUTANEOUS SYRINGE	6	PA
ursodiol oral capsule	2	
ursodiol oral tablet	3	*
Histamine2 (H2) Receptor Antagonists		
cimetidine	2	
cimetidine hcl oral	2	
famotidine (pf)	5	
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	2	
ranitidine hcl injection solution 25 mg/ml	5	
ranitidine hcl oral capsule	2	
ranitidine hcl oral syrup	2	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
Irritable Bowel Syndrome Agents		
alosetron	6	PA
AMITIZA	4	PA; QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
Laxatives		
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n	2	
GOLYTELY ORAL POWDER IN PACKET	4	
KRISTALOSE	4	
lactulose oral solution 10 gram/15 ml	2	
polyethylene glycol 3350 oral powder	2	

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT	3	
trilyte with flavor packets	2	
Protectants		
misoprostol	2	
sucralfate oral tablet	2	
Proton Pump Inhibitors		
DEXILANT	3	ST; QL (30 EA per 30 days)
esomeprazole magnesium	3	ST; *
esomeprazole sodium	5	
lansoprazole oral capsule,delayed release(dr/ec)	2	
omeprazole oral capsule,delayed release(dr/ec)	1	
omeprazole-sodium bicarbonate	3	ST; *
pantoprazole oral	1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	4	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	4	
rabeprazole	2	
ZEGERID ORAL PACKET	4	ST; QL (30 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
flavoxate	2	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; QL (30 GM per 30 days)
MYRBETRIQ	3	ST; QL (30 EA per 30 days)
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr	2	
tolterodine oral capsule,extended release 24hr	3	ST; *; QL (30 EA per 30 days)
tolterodine oral tablet	3	ST; *; QL (60 EA per 30 days)
trospium oral capsule,extended release 24hr	3	*; QL (30 EA per 30 days)
trospium oral tablet	3	*; QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG	3	ST; QL (30 EA per 30 days)
VESICARE ORAL TABLET 5 MG	3	ST; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin	2	QL (30 EA per 30 days)
AVODART	3	ST; QL (30 EA per 30 days)
doxazosin	1	
finasteride oral tablet 5 mg	2	
RAPAFLO	4	ST; QL (30 EA per 30 days)
tamsulosin	1	
terazosin	1	
Genitourinary Agents, Other		
bethanechol chloride	2	
ELMIRON	3	
Phosphate Binders		
FOSRENOL	6	
RENVELA	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort topical cream	2	
alclometasone	2	

Drug Name	Drug Tier	Requirements/ Limits
amcinonide	3	*
betamethasone dipropionate	2	
betamethasone valerate topical cream	2	
betamethasone valerate topical foam	4	
betamethasone valerate topical lotion	2	
betamethasone valerate topical ointment	2	
betamethasone, augmented topical cream	2	
betamethasone, augmented topical gel	2	
betamethasone, augmented topical lotion	2	
betamethasone, augmented topical ointment	3	*
CAPEX	4	
clobetasol topical foam	3	*
clobetasol topical gel	2	
clobetasol topical lotion	4	
clobetasol topical ointment	2	
clobetasol topical shampoo	3	*
clobetasol topical solution	2	
clobetasol-emollient topical cream	2	
CLODERM	4	
clotrimazole-betamethasone	2	
CORDRAN TAPE LARGE ROLL	4	
CORTIFOAM	4	
cortisone	2	
desonide topical cream	2	
desonide topical lotion	3	*
desonide topical ointment	2	
desoximetasone	3	*
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone sodium phosphate injection	5	
diflorasone	3	*
fludrocortisone	2	
fluocinolone	2	
fluocinolone acetonide oil	2	
fluocinonide topical cream 0.1 %	4	PA
fluocinonide topical gel	2	
fluocinonide topical ointment	2	
fluocinonide topical solution	2	
fluocinonide-e	2	
fluticasone topical cream	2	
fluticasone topical lotion	4	
fluticasone topical ointment	2	
halobetasol propionate	2	
HALOG	4	
hydrocortisone butyrate topical ointment	2	
hydrocortisone butyrate topical solution	2	
hydrocortisone butyr-emollient	3	*
hydrocortisone oral	2	
hydrocortisone topical cream 1 %	2	
hydrocortisone topical cream 2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate topical cream	2	
hydrocortisone valerate topical ointment	1	
lokara	3	*
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone acetate	5	
methylprednisolone oral tablet 16 mg, 32 mg, 8 mg	2	
methylprednisolone oral tablets,dose pack	2	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	5	
mometasone	2	
PANDEL	4	
prednicarbate	2	
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)	2	
prednisone intensol	2	
prednisone oral solution	2	
prednisone oral tablet	1	
proctozone-hc	2	
triamcinolone acetonide topical aerosol	4	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR H.P.	6	PA
chorionic gonadotropin, human	5	B/D
desmopressin injection	5	
desmopressin nasal solution	3	*
desmopressin nasal spray,non-aerosol	3	*
desmopressin oral	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	6	PA
GENOTROPIN	6	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	6	PA
HUMATROPE	6	PA
INCRELEX	6	PA; LA
NORDITROPIN FLEXPRO	6	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	6	PA

Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	6	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN	6	PA
SAIZEN	6	PA
SAIZEN CLICK.EASY	6	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	6	PA
STIMATE	4	
ZORBTIVE	6	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	6	PA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone oral tablet 10 mg	6	PA
oxandrolone oral tablet 2.5 mg	3	PA; *
Androgens		
ANDRODERM	4	ST; QL (30 EA per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (30 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (60 GM per 30 days)
AXIRON	4	ST; QL (180 ML per 30 days)
danazol oral	3	*
STRIANT	4	ST; QL (60 EA per 30 days)
TESTIM	4	ST; QL (300 GM per 30 days)
testosterone cypionate intramuscular oil 200 mg/ml	5	B/D
testosterone enanthate	5	B/D; QL (5 ML per 30 days)
testosterone transdermal gel	4	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)	3	PA; QL (300 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	3	PA; *; QL (300 GM per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	3	PA; QL (300 GM per 30 days)
Estrogens		
ALORA	4	PA; QL (16 EA per 28 days)
amethia	2	
amethyst	2	
apri	2	
aranelle (28)	2	
aubra	2	
aviane	2	
balziva (28)	2	
briellyn	2	
CLIMARA PRO	3	PA; QL (4 EA per 28 days)
COMBIPATCH	3	PA; QL (8 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
cryselle (28)	2	
cyclafem 1/35 (28)	2	
cyclafem 7/7/7 (28)	2	
delyla (28)	2	
DEPO-ESTRADIOL	5	B/D
desog-e.estradiol/e.estradiol	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	2	
emoquette	2	
enpresse	2	
ESTRACE VAGINAL	3	
estradiol oral	2	PA
estradiol transdermal	2	PA; QL (16 EA per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	5	
estradiol-norethindrone acet	2	PA
ESTRING	3	QL (1 EA per 84 days)
estropipate	2	PA
falmina (28)	2	
FEMHRT LOW DOSE	4	PA
FEMRING	4	QL (1 EA per 84 days)
gianvi (28)	2	
gildagia	2	
gildess 24 fe	2	
gildess oral tablet 1.5-30 mg-mcg	2	
introvale	2	
jinteli	2	PA
junel 1.5/30 (21)	2	
junel 1/20 (21)	2	
junel fe 1.5/30 (28)	2	
junel fe 1/20 (28)	2	
kariva (28)	2	
kelnor 1/35 (28)	2	

Drug Name	Drug Tier	Requirements/ Limits
larin 1.5/30 (21)	2	
larin 1/20 (21)	2	
larin fe	2	
leena 28	2	
lessina	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	2	
levora-28	2	
lomedia 24 fe	2	
low-ogestrel (28)	2	
lutera (28)	2	
MENOSTAR	4	PA; QL (4 EA per 28 days)
microgestin 1.5/30 (21)	2	
microgestin 1/20 (21)	2	
microgestin fe 1.5/30 (28)	2	
microgestin fe 1/20 (28)	2	
mimvey lo	2	PA
mononessa (28)	2	
necon 0.5/35 (28)	2	
necon 1/35 (28)	2	
necon 1/50 (28)	2	
necon 10/11 (28)	2	
necon 7/7/7 (28)	2	
nikki (28)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7 (28)	2	
NUVARING	3	QL (1 EA per 28 days)
ocella	2	
ogestrel (28)	2	
orsythia	2	
pimtrea (28)	2	

Drug Name	Drug Tier	Requirements/ Limits
pirmella oral tablet 1-35 mg-mcg	2	
portia	2	
PREFEST	4	PA
PREMARIN VAGINAL	3	
PREMPHASE	3	PA; QL (28 EA per 28 days)
PREMPRO	3	PA; QL (28 EA per 28 days)
previfem	2	
quasense	2	
reclipsen (28)	2	
sprintec (28)	2	
tarina fe	2	
tri-legest fe	2	
trinessa (28)	2	
tri-previfem (28)	2	
tri-sprintec (28)	2	
trivora (28)	2	
VAGIFEM	3	
velivet triphasic regimen (28)	2	
vestura (28)	2	
vyfemla (28)	2	
wymzya fe	2	
xulane	2	
zenchent (28)	2	
zenchent fe	2	
zovia 1/35e (28)	2	
zovia 1/50e (28)	2	
Hormonalagents,Stimulant/Replacement/Modifying		
junel fe 24	2	
kimidess (28)	2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	2	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	2	PA
Progesterone Agonists/Antagonists		
ELLA	3	QL (1 EA per 2 days)
Progestins		
camila	2	
CRINONE	4	PA
deblitane	2	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	5	B/D
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	5	
errin	2	
jolivette	2	
medroxyprogesterone intramuscular suspension	5	B/D
medroxyprogesterone oral	1	
MEGACE ES	6	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	2	PA
megestrol oral suspension 625 mg/5 ml	6	PA
megestrol oral tablet	2	PA
nora-be	2	
norethindrone (contraceptive)	2	
norethindrone acetate	2	
norlyroc	2	
progesterone micronized	2	
sharobel	2	
Selective Estrogen Receptor Modifying Agents		
raloxifene	3	*; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine oral	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
liothyronine oral	2	
SYNTHROID	3	
TIROSINT	4	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
paricalcitol oral	3	*
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	6	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	3	*; QL (16 EA per 30 days)
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH), 7.5 MG (1 MONTH)	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	6	B/D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	B/D
leuprolide	5	
LUPANETA PACK (1 MONTH)	6	
LUPANETA PACK (3 MONTH)	6	
LUPRON DEPOT	6	B/D
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	6	B/D
LUPRON DEPOT (4 MONTH)	6	B/D
LUPRON DEPOT (6 MONTH)	6	B/D
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	6	B/D
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	6	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	6	PA
SOMATULINE DEPOT	6	PA
SOMAVERT	6	PA
SYNAREL	6	
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)		
Hormonalagents,Stimulant/Replacement/Modifying		
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	2	PA
Hormonal Agents, Suppressant (Thyroid)		

Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil	1	
Immunological Agents		
Angioedema (Hae) Agents		
CINRYZE	6	B/D
FIRAZYR	6	PA; QL (6 ML per 1 day)
RUCONEST	6	PA
Immune Suppressants		
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
azathioprine	2	B/D
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	6	PA
CELLCEPT INTRAVENOUS	5	PA
cyclosporine intravenous	5	B/D
cyclosporine modified	2	B/D
cyclosporine oral capsule	2	B/D
ENBREL	6	PA
ENBREL SURECLICK	6	PA
gengraf	3	B/D; *
HUMIRA	6	PA
HUMIRA CROHN'S DIS START PCK	6	PA
KINERET	6	PA
methotrexate sodium (pf)	5	B/D
methotrexate sodium oral	2	
mycophenolate mofetil oral capsule	2	PA
mycophenolate mofetil oral suspension for reconstitution	3	PA; *
mycophenolate mofetil oral tablet	2	PA
mycophenolate sodium	4	PA
NULOJIX	6	B/D
ORENCIA	6	PA; QL (4 ML per 28 days)
ORENCIA (WITH MALTOSE)	6	PA
OTEZLA	6	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; QL (55 EA per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	6	PA; QL (27 EA per 14 days)
OTREXUP (PF)	5	PA; QL (1.6 ML per 28 days)
PROGRAF INTRAVENOUS	5	B/D
RAPAMUNE ORAL SOLUTION	6	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	5	PA; QL (0.8 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	5	PA; QL (1 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	5	PA; QL (1.2 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	5	PA; QL (1.4 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	5	PA; QL (0.4 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	5	PA; QL (1.8 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	5	PA; QL (2 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 27.5 MG/0.55 ML	5	PA; QL (2.2 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	5	PA; QL (2.4 ML per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	5	PA; QL (0.6 ML per 30 days)
REMICADE	6	PA
SANDIMMUNE ORAL SOLUTION	4	B/D
SIMPONI	6	PA
sirolimus oral tablet 0.5 mg	3	PA; *
sirolimus oral tablet 1 mg	4	PA
sirolimus oral tablet 2 mg	6	PA
tacrolimus oral capsule 0.5 mg, 1 mg	3	B/D; *
tacrolimus oral capsule 5 mg	6	B/D
TORISEL	6	B/D
TREXALL	4	
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	3	B/D; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	3	B/D; QL (120 EA per 30 days)
Immunizing Agents, Passive		
BIVIGAM	6	PA
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	6	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	6	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	6	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
GAMMAPLEX	6	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
HYPERRAB S/D (PF)	5	B/D
OCTAGAM	6	PA
PRIVIGEN	6	PA
THYMOGLOBULIN	6	PA
Immunomodulators		
ACTEMRA SUBCUTANEOUS	6	PA; QL (3.6 ML per 28 days)
ACTIMMUNE	6	PA
ARCALYST	6	PA
AVONEX (WITH ALBUMIN)	6	QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	6	QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
EXTAVIA SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
ILARIS (PF)	6	PA
KEYTRUDA INTRAVENOUS RECON SOLN	6	PA
leflunomide	2	

Drug Name	Drug Tier	Requirements/ Limits
REBIF (WITH ALBUMIN)	6	QL (6 ML per 28 days)
REBIF TITRATION PACK	6	QL (4.2 ML per 28 days)
RIDAURA	6	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA
TECFIDERA	6	QL (60 EA per 30 days)
TYSABRI	6	PA; LA
XELJANZ	6	PA; QL (60 EA per 30 days)
Vaccines		
ACTHIB (PF)	5	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	5	
BCG VACCINE, LIVE (PF)	5	
BEXSERO (PF)	5	QL (1 ML per 365 days)
BOOSTRIX TDAP	5	
CERVARIX VACCINE (PF)	5	
COMVAX (PF)	5	
DAPTACEL (DTAP PEDIATRIC) (PF)	5	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	B/D
ENGERIX-B PEDIATRIC (PF)	5	B/D
GARDASIL (PF)	5	
GARDASIL 9 (PF)	5	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	5	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	5	
IMOVAX RABIES VACCINE (PF)	5	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	
IPOL	5	
IXIARO (PF)	5	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	
MENOMUNE - A/C/Y/W-135 (PF)	5	
MENVEO A-C-Y-W-135-DIP (PF)	5	
M-M-R II (PF)	5	
PEDVAX HIB (PF)	5	
PROQUAD (PF)	5	
QUADRACEL (PF)	5	
RABAVERT (PF)	5	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	5	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	B/D
ROTARIX	4	
ROTATEQ VACCINE	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	
tetanus,diphtheria tox ped(pf)	5	
TETANUS-DIPHTHERIA TOXOIDS-TD	5	
TRUMENBA	5	

Drug Name	Drug Tier	Requirements/ Limits
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	5	
TYPHIM VI	5	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	5	
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	
VARIVAX (PF)	5	
VARIZIG INTRAMUSCULAR SOLUTION	5	
YF-VAX (PF)	5	
ZOSTAVAX (PF)	5	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL (120 EA per 30 days)
balsalazide	3	*
CANASA	6	
DIPENTUM	6	ST
LIALDA	3	
mesalamine with cleansing wipe	3	*
Glucocorticoids		
budesonide oral	6	
colocort	3	*
hydrocortisone rectal enema	2	
methylprednisolone oral tablet 4 mg	2	
millipred oral tablet	2	
prednisolone sodium phosphate oral tablet,disintegrating	2	
Sulfonamides		
sulfasalazine oral tablet	2	
sulfazine ec	2	
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 30 MG	3	PA
ACTONEL ORAL TABLET 35 MG	4	ST; QL (4 EA per 28 days)
ACTONEL ORAL TABLET 5 MG	4	ST; QL (30 EA per 30 days)
alendronate oral solution	2	QL (2100 ML per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
alendronate oral tablet 40 mg	2	QL (30 EA per 30 days)
calcitonin (salmon)	2	QL (3.7 ML per 30 days)
calcitriol intravenous solution 1 mcg/ml	5	B/D
calcitriol oral capsule	2	B/D
calcitriol oral solution	3	B/D; *
doxercalciferol intravenous	5	B/D
doxercalciferol oral capsule 0.5 mcg	3	B/D; *
doxercalciferol oral capsule 1 mcg, 2.5 mcg	6	B/D
etidronate disodium	3	*
FORTEO	6	PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days)
ibandronate intravenous	5	PA
ibandronate oral	2	ST; QL (1 EA per 30 days)
MIACALCIN INJECTION	5	PA
NATPARA	6	PA; QL (2 EA per 28 days)
paricalcitol hemodialysis port injection	5	B/D
PROLIA	5	PA

Drug Name	Drug Tier	Requirements/ Limits
risedronate oral tablet 150 mg	3	ST; *; QL (1 EA per 28 days)
risedronate oral tablet 30 mg	3	PA; *
risedronate oral tablet 35 mg, 35 mg (12 pack)	3	ST; *; QL (4 EA per 28 days)
risedronate oral tablet 5 mg	3	ST; *; QL (30 EA per 30 days)
XGEVA	6	PA; QL (1.7 ML per 28 days)
ZEMPLAR INTRAVENOUS	5	B/D
zoledronic acid intravenous solution	5	PA
zoledronic acid-mannitol-water intravenous solution	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 X 1/2"	1	
FERRIPROX	6	PA; QL (540 EA per 30 days)
INSULIN SYRINGE NEEDLELESS	1	
INSULIN SYRINGE SYRINGE 1/2 ML 29 X 1/2"	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 X 5/16"	1	
INTRALIPID INTRAVENOUS EMULSION 30 %	5	B/D
lactated ringers irrigation	5	
levocarnitine oral tablet	2	
methylergonovine oral	2	
MYALEPT	6	PA; LA; QL (30 EA per 30 days)
NUTRILIPID	5	B/D
ORFADIN	6	PA
PEN NEEDLE, DIABETIC NEEDLE 31	1	
physiolyte	2	
physiosol irrigation	2	
ringers irrigation	5	
sodium chloride irrigation	5	
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost	2	
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	QL (5 ML per 30 days)
TRAVATAN Z	3	QL (5 ML per 30 days)
travoprost (benzalkonium)	3	*; QL (5 ML per 30 days)
Ophthalmic Agents, Other		
atropine ophthalmic drops	2	
CYSTARAN	6	PA; QL (60 ML per 28 days)
LACRISERT	4	
naphazoline	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG	6	PA; QL (120 EA per 30 days)
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG	6	PA; QL (780 EA per 30 days)
RESTASIS	3	QL (64 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
ALOCRIL	4	
azelastine ophthalmic	2	
BEPREVE	4	
cromolyn ophthalmic	2	
EMADINE	4	ST
epinastine	2	
LASTACAFT	4	
PATADAY	3	

Drug Name	Drug Tier	Requirements/ Limits
PATANOL	3	QL (10 ML per 30 days)
PAZEO	3	QL (2.5 ML per 30 days)
Ophthalmic Antiglaucoma Agents		
acetazolamide oral capsule, extended release	3	*
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	
apraclonidine	2	
AZOPT	3	
betaxolol ophthalmic	2	
BETIMOL OPHTHALMIC DROPS 0.5 %	3	
BETOPTIC S	4	
bimatoprost	3	ST; *; QL (5 ML per 30 days)
brimonidine	2	
carteolol	2	
dorzolamide	2	
dorzolamide-timolol	2	
levobunolol ophthalmic drops 0.5 %	2	
methazolamide oral	3	*
metipranolol	2	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	2	
SIMBRINZA	3	
timolol maleate ophthalmic drops	1	
timolol maleate ophthalmic gel forming solution	2	
Ophthalmic Anti-Inflammatories		
ALOMIDE	3	
ALREX	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
bromfenac	2	
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
DUREZOL	4	
FLAREX	4	
fluorometholone	2	
flurbiprofen sodium	2	
FML FORTE	4	
FML S.O.P.	3	
ILEVRO	4	
ketorolac ophthalmic	2	
LOTEMAX OPHTHALMIC DROPS,GEL	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	
MAXIDEX	4	
neomycin-polymyxin b-dexameth	2	
NEVANAC	4	
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	4	
prednisolone acetate	2	
prednisolone sodium phosphate ophthalmic	2	
sulfacetamide-prednisolone	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
tobramycin-dexamethasone	2	
VEXOL	4	
ZYLET	3	
Otic Agents		

Drug Name	Drug Tier	Requirements/ Limits
Otic Agents		
acetic acid otic	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
hydrocortisone-acetic acid	3	*
neomycin-polymyxin-hc otic	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine nasal aerosol,spray	2	QL (30 ML per 30 days)
azelastine nasal spray,non-aerosol	2	QL (30 ML per 25 days)
carbinoxamine maleate oral liquid	2	
CLARINEX ORAL SYRUP	4	ST; QL (473 ML per 30 days)
CLARINEX-D 12 HOUR	4	ST; QL (60 EA per 30 days)
clemastine oral tablet 2.68 mg	2	
cyproheptadine oral tablet	2	PA
desloratadine oral tablet	3	ST; *; QL (30 EA per 30 days)
desloratadine oral tablet,disintegrating	3	ST; *
diphenhydramine hcl injection solution 50 mg/ml	5	
diphenhydramine hcl oral elixir	2	
levocetirizine	2	
olopatadine	3	ST; *; QL (30.5 GM per 30 days)
SEMPREX-D	4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ARNUITY ELLIPTA	3	
ASMANEX HFA	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	QL (1 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	3	QL (60 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	3	B/D; *; QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	3	B/D; *; QL (60 ML per 30 days)
budesonide nasal	3	ST; *; QL (17.2 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (24 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (22 GM per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 ML per 30 days)
fluticasone nasal	1	QL (16 GM per 30 days)
NASONEX	3	QL (34 GM per 30 days)
PULMICORT FLEXHALER	3	QL (2 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D; QL (60 ML per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	QL (36.5 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	QL (21.9 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	3	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	3	QL (6.9 GM per 30 days)
Antileukotrienes		
montelukast	2	QL (30 EA per 30 days)
zafirlukast	3	*
ZYFLO CR	6	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (52 GM per 30 days)
COMBIVENT RESPIMAT	3	ST; QL (4 GM per 30 days)
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation	2	B/D; QL (360 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 0.03 %	2	QL (30 ML per 28 days)
ipratropium bromide nasal spray,non-aerosol 0.06 %	2	QL (45 ML per 28 days)
ipratropium-albuterol	2	B/D; QL (540 ML per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml	2	B/D; QL (375 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml	2	B/D; QL (180 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)	2	B/D; QL (360 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	2	B/D; QL (40 ML per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER	3	PA; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	3	QL (60 EA per 30 days)
epinephrine injection auto-injector	3	*; QL (4 EA per 2 days)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK	3	QL (4 EA per 2 days)
EPIPEN JR 2-PAK	3	QL (4 EA per 2 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml	2	PA
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	2	PA; QL (90 EA per 30 days)
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
terbutaline oral	2	
terbutaline subcutaneous	5	
VENTOLIN HFA	3	QL (36 GM per 30 days)
XOPENEX HFA	4	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
KALYDECO	6	PA; QL (60 EA per 30 days)
ORKAMBI	6	PA; QL (120 EA per 30 days)
PULMOZYME	6	B/D; QL (150 ML per 30 days)
Mast Cell Stabilizers		
cromolyn inhalation	2	B/D; QL (240 ML per 30 days)
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline intravenous solution 250 mg/10 ml	5	
DALIRESP	4	PA; QL (30 EA per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
THEO-24	4	
theophylline oral tablet extended release	2	
theophylline oral tablet extended release 12 hr	2	
Pulmonary Antihypertensives		
ADCIRCA	6	PA
ADEMPAS	6	PA; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG	6	PA; QL (30 EA per 30 days)
LETAIRIS ORAL TABLET 5 MG	6	PA; QL (60 EA per 30 days)
OPSUMIT	6	PA; QL (30 EA per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	6	PA
sildenafil oral	6	PA
TRACLEER ORAL TABLET 125 MG	6	PA; LA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET 62.5 MG	6	PA; LA; QL (120 EA per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	6	B/D; QL (540 ML per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine	2	B/D
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	6	B/D
ESBRIET	6	PA; QL (270 EA per 30 days)
GLASSIA	6	B/D
OFEV	6	PA; QL (60 EA per 30 days)
PROLASTIN-C	6	B/D
TYZINE NASAL DROPS 0.05 %	3	
XOLAIR	6	PA
ZEMAIRA	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine oral tablet	2	PA
orphenadrine citrate oral	2	PA
SOMA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone	2	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg	2	QL (60 EA per 30 days)
temazepam oral capsule 22.5 mg, 30 mg	2	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	2	QL (120 EA per 30 days)
triazolam oral tablet 0.125 mg	2	QL (120 EA per 30 days)
triazolam oral tablet 0.25 mg	2	QL (60 EA per 30 days)
zaleplon oral capsule 10 mg	2	PA; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	2	PA; QL (120 EA per 30 days)
zolpidem oral tablet 10 mg	2	PA; QL (30 EA per 30 days)
zolpidem oral tablet 5 mg	2	PA; QL (60 EA per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg	2	PA; QL (30 EA per 30 days)
zolpidem oral tablet,ext release multiphase 6.25 mg	2	PA; QL (60 EA per 30 days)
Sleep Disorders, Other		
modafinil oral tablet 100 mg	4	PA; QL (90 EA per 30 days)
modafinil oral tablet 200 mg	4	PA; QL (60 EA per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	PA; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 50 MG	4	PA; QL (60 EA per 30 days)
ROZEREM	3	QL (30 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)
XYREM	6	PA; LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
AMINOSYN 7 % WITH ELECTROLYTES	5	B/D
CHEMET	3	
CUPRIMINE	3	
DEPEN TITRATABS	3	
EXJADE	6	LA
JADENU	6	
kionex oral powder	3	*
sodium polystyrene (sorb free)	2	
SYPRINE	6	
Electrolyte/Mineral Replacement		
aminosyn 8.5 %-electrolytes	5	B/D
AMINOSYN II 10 %	5	B/D
calcium acetate oral capsule	2	
dextrose 5 %-lactated ringers	5	
eliphos	2	
klor-con 10	2	
klor-con 8	2	
klor-con m15	2	
klor-con m20	2	
LACTATED RINGERS INTRAVENOUS	5	
MOZOBIL	6	PA
NORMOSOL-M IN 5 % DEXTROSE	5	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	5	
potassium chloride intravenous piggyback 10 meq/100 ml	5	
potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	5	B/D
potassium chloride intravenous solution	5	
potassium chloride oral capsule, extended release	1	
potassium chloride oral tablet extended release 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	2	
potassium citrate oral tablet extended release 15 meq	3	*
ringers intravenous	5	
sodium chloride 0.45 % intravenous parenteral solution	5	
sodium chloride 0.9 % intravenous parenteral solution	5	
sodium chloride 3 %	5	
sodium chloride 5 %	5	
sodium chloride intravenous parenteral solution 2.5 meq/ml	5	
sodium fluoride oral tablet	2	
tpn electrolytes	5	B/D
Miscellaneous Therapeutic Agents		
NUTRILIPID	5	B/D
Vitamins		
niacor	2	
prenatal vitamins low iron	2	
Thiazide And Related Diuretics		
Electrolyte/Mineral Modifiers		
AMINOSYN-RF 5.2 %	5	B/D

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This formulary was updated on **10/27/2015**. For more recent information or other questions, please contact Blue Shield 65 Plus Choice Plan Member Services, at (800) 776-4466 or, for TTY users, 711, 7 a.m. to 8 p.m., seven days a week, from October 1 through February 14. However, after February 14, your call will be handled by our automated phone system on weekends and holidays, or visit blueshieldca.com/med_formulary.

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