

Blue Shield Medicare Enhanced Plan (PDP) 2016 Formulary (List of Covered Drugs)

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

Formulary ID 00016397, Version 21

This formulary was updated on **10/25/2016**. For more recent information or other questions, please contact Blue Shield Medicare Enhanced Plan Member Services, at (888) 239-6469 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 Medicare Enhanced Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/25/2016**. 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, 2017, and from time to time during the year.

What is the Blue Shield Medicare Enhanced Plan Formulary?

A formulary is a list of covered drugs selected by Blue Shield Medicare Enhanced 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 Medicare Enhanced 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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 **10/25/2016**. To get updated information about the drugs covered by Blue Shield Medicare Enhanced 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 57. 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 Medicare Enhanced 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 Medicare Enhanced 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 Medicare Enhanced Plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX) This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Shield Medicare Enhanced 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 Medicare Enhanced 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 Medicare Enhanced Plan's formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that 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 Medicare Enhanced 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 Medicare Enhanced 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 Medicare Enhanced Plan's 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 Medicare Enhanced 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 Medicare Enhanced 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 Medicare Enhanced Plan formulary
- Part D drugs on the Blue Shield Medicare Enhanced 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 members 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,
- enrollees residing in long-term care (LTC) facilities, or
- in some cases, current enrollees 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 Medicare Enhanced Plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage; will be provided a transition process consistent with the transition process required for new enrollees beginning in the new contract year. The transition policy will be extended across contract years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield Medicare Enhanced 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 be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield Medicare Enhanced 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 needs a refill for the drug during the first 90 days of the new plan year.

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

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send 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" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

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

If you have questions about Blue Shield Medicare Enhanced 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 Medicare Enhanced Plan’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page index page number 57.

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)	\$4 Copay
	Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply)	\$8 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$13 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$39 Copay
2 Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$10 Copay
	Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply)	\$20 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$17 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$51 Copay
3 Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$40 Copay
	Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply)	\$80 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$47 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$141 Copay

Tier	Supply	Cost Share
4 Non-Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	38% 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)	40% of Blue Shield's contracted rate
	Standard retail cost-sharing (in-network) (90-day supply)	
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), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (30-day supply)	33% of Blue Shield's contracted rate
	Preferred retail cost-sharing (in-network) or standard retail cost-sharing (in-network) (90-day supply)	A long-term supply is not available for drugs in Tier 6.

- Cost-sharing for drugs on Tiers 1 through 3 obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for Tier 4 drugs obtained from out-of-network pharmacies (30-day supply) is 40% of the submitted cost.
- 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 cost-sharing (30-day supply).

Requirements/Limit Codes

<i>Code</i>	<i>Definition</i>
AG	This prescription drug has coverage limits based on age groups. The limits may be based upon how the U.S. Food and Drug Administration (FDA) approved the drug for use or special cautions for use by people in certain age groups. For new prescriptions, discuss alternatives with your physician. Your pharmacy or physician may call Blue Shield for assistance with coverage for ongoing use.
B/D	This prescription drug requires prior authorization review to determine whether coverage is under Part B or Part D of the Medicare benefit, based on Medicare coverage rules. Call Blue Shield to provide the necessary information to determine coverage.
LA	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at (888) 239-6469, 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.

Drug Form Codes

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	†; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	†; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	†; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-cod oral capsule 50-325-40-30 mg</i>	2	†; QL (180 EA per 30 days)
<i>butalbital-acetaminophen</i>	2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	QL (180 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	†; QL (240 EA per 30 days)
<i>endocet oral tablet 5-325 mg</i>	2	†; QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	†; QL (330 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	†; QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	†; QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	†; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	†; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	†
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	†; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	†; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	†; QL (330 EA per 30 days)
<i>oxycodone-aspirin</i>	3	†; QL (360 EA per 30 days)
<i>tramadol-acetaminophen</i>	2	†; QL (240 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 EA per 30 days)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	6	
<i>diclofenac-misoprostol</i>	4	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>fenoprofen oral tablet</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	4	
<i>indomethacin oral capsule</i>	2	
<i>indomethacin oral capsule, extended release</i>	3	
<i>ketoprofen oral capsule</i>	2	
<i>meclofenamate oral</i>	4	
<i>mefenamic acid</i>	2	
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen oral suspension</i>	2	
<i>naproxen oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	3	
<i>sulindac oral</i>	2	
<i>tolmetin oral capsule</i>	4	
<i>tolmetin oral tablet 600 mg</i>	4	
Opioid Analgesics, Long-Acting		
DURAMORPH (PF)	5	B/D; †
<i>fentanyl citrate</i>	6	PA; †; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; †; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	3	PA; †; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour</i>	4	PA; †; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	6	PA; †; QL (10 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	6	PA; †; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	3	†; QL (150 EA per 30 days)
<i>methadone injection</i>	5	B/D; †
<i>methadone oral solution 10 mg/5 ml</i>	3	†; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	†; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	2	†; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	2	†; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution</i>	3	†; (generic MSIR); QL (180 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	4	†; (generic Avinza); QL (30 EA per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	4	†; (generic Kadian); QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets 20 mg</i>	4	†; (generic Kadian); QL (120 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	†; (generic MSIR); QL (1800 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	†; (generic MSIR); QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	2	†; (generic MSIR); QL (240 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	2	†; (generic MSIR); QL (120 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	3	†; (generic MS Contin); QL (60 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	3	†; (generic MS Contin); QL (180 EA per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	3	†; (generic MS Contin); QL (120 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg</i>	4	PA; †; QL (240 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 15 mg, 30 mg</i>	4	PA; †; QL (180 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 20 mg</i>	4	PA; †; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 60 mg, 80 mg</i>	4	PA; †; QL (60 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	4	PA; †; (generic Ultram ER); QL (90 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	4	PA; †; (generic Ultram ER); QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	4	PA; †; (generic Ryzolt); QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>butorphanol tartrate injection</i>	5	B/D; †
<i>butorphanol tartrate nasal</i>	3	†; QL (10 ML per 30 days)
<i>codeine sulfate oral tablet 15 mg</i>	3	†; QL (1080 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>	3	†; QL (540 EA per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	3	†; QL (270 EA per 30 days)
<i>fentanyl citrate</i>	6	PA; †; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; †; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	3	PA; †; QL (20 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	5	B/D; †
<i>hydromorphone oral liquid</i>	2	†
<i>hydromorphone oral tablet 2 mg</i>	2	†; QL (450 EA per 30 days)
<i>hydromorphone oral tablet 4 mg</i>	2	†; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone oral tablet 8 mg</i>	2	†; QL (120 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	6	PA; †; QL (30 EA per 30 days)
<i>morphine intravenous syringe</i>	5	B/D; †
<i>oxycodone oral capsule</i>	2	†; QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	4	†; QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	3	†; QL (2400 ML per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	†; QL (240 EA per 30 days)
<i>oxycodone oral tablet 15 mg</i>	2	†; QL (150 EA per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	†; QL (120 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	†; QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	†; QL (360 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	4	†; QL (120 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	4	†; QL (240 EA per 30 days)
<i>tramadol oral tablet</i>	2	†; (generic Ultram); QL (240 EA per 30 days)

Anesthetics

Local Anesthetics

<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	5	
<i>lidocaine hcl mucous membrane gel</i>	2	
<i>lidocaine hcl mucous membrane solution</i>	2	
<i>lidocaine hcl urethral</i>	2	
<i>lidocaine topical adhesive patch,medicated</i>	4	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment</i>	3	
<i>lidocaine-prilocaine topical cream</i>	2	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate</i>	4	
<i>disulfiram</i>	3	
<i>naltrexone oral</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet 2 mg</i>	4	PA; QL (480 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	4	PA; QL (120 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	4	PA; QL (480 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	4	PA; QL (120 EA per 30 days)
<i>naltrexone oral</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	4	PA; QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PA; QL (180 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PA; QL (90 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 11.4-2.9 MG, 2.9-0.71 MG	4	PA; QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	PA; QL (60 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone injection solution</i>	5	QL (2 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 1 mg/ml</i>	5	
NARCAN	4	QL (2 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter)</i>	2	QL (60 EA per 30 days)
CHANTIX	4	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	4	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	4	QL (60 EA per 30 days)
NICOTROL NS	4	
Antibacterials		
Aminoglycosides		
BETHKIS	6	PA; QL (224 ML per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	5	B/D
<i>gentamicin ophthalmic drops</i>	1	
<i>gentamicin ophthalmic ointment</i>	2	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 80 MG/8 ML	5	B/D
<i>gentamicin topical</i>	2	
<i>neomycin</i>	2	
<i>paromomycin</i>	3	
<i>streptomycin intramuscular</i>	5	B/D
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin in 0.225 % nacl</i>	6	PA; QL (280 ML per 28 days)
<i>tobramycin sulfate injection solution</i>	5	
TOBREX OPTHALMIC OINTMENT	4	
ZANOSAR	5	
Antibacterials, Other		
<i>acetic acid otic</i>	2	
<i>alcohol pads</i>	2	
<i>bacitracin ophthalmic</i>	2	
BACTROBAN NASAL	4	
<i>chloramphenicol sod succinate</i>	5	B/D
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl</i>	2	
<i>clindamycin in 5 % dextrose</i>	5	
<i>clindamycin pediatric</i>	2	
<i>clindamycin phosphate topical foam</i>	4	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
CUBICIN	6	
DALVANCE	6	PA; QL (6 EA per 30 days)
<i>lincomycin injection</i>	5	
<i>linezolid</i>	6	PA
<i>methenamine hippurate</i>	3	
<i>metronidazole in nacl (iso-os)</i>	5	
<i>metronidazole oral</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole topical cream</i>	3	
<i>metronidazole topical gel 0.75 %</i>	2	
<i>metronidazole topical gel 1 %</i>	3	
<i>metronidazole topical lotion</i>	3	
<i>metronidazole vaginal</i>	2	
MONUROL	4	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	4	
<i>nitrofurantoin macrocrystal</i>	2	PA
<i>nitrofurantoin monohyd/m-cryst</i>	2	PA
<i>nitrofurantoin oral</i>	3	PA
ORBACTIV	6	PA; QL (9 EA per 30 days)
<i>polymyxin b sulfate</i>	5	
SIVEXTRO INTRAVENOUS	6	PA
SIVEXTRO ORAL	6	PA; QL (6 EA per 30 days)
SULFAMYLON TOPICAL CREAM	4	
<i>tinidazole</i>	3	
<i>trimethoprim</i>	2	
TYGACIL	6	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	5	
<i>vancomycin oral</i>	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)
Antibacterials		
<i>colistin (colistimethate na)</i>	5	B/D
SYNERCID	6	

Drug Name	Drug Tier	Requirements/ Limits
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	5	
<i>cefdinir</i>	2	
<i>cefepime</i>	5	
<i>cefepime in dextrose 5 %</i>	5	
<i>cefixime</i>	4	
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	5	
<i>cefoxitin</i>	5	
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime in d5w</i>	5	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	5	
<i>ceftriaxone intravenous</i>	5	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	5	
<i>cefuroxime sodium intravenous</i>	5	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin oral suspension for reconstitution</i>	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		
<i>aztreonam injection recon soln 1 gram</i>	5	
CAYSTON	6	PA; QL (84 ML per 28 days)
<i>imipenem-cilastatin</i>	5	
INVANZ INJECTION	5	
<i>meropenem intravenous recon soln 500 mg</i>	5	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	5	
<i>ampicillin-sulbactam injection</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R	5	
BICILLIN L-A	5	
<i>dicloxacillin</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	5	
<i>nafcillin injection recon soln 1 gram</i>	5	
<i>nafcillin injection recon soln 10 gram</i>	6	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	5	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	6	
<i>oxacillin injection recon soln 10 gram</i>	6	
<i>oxacillin intravenous recon soln 2 gram</i>	5	
<i>penicillin g potassium injection recon soln 5 million unit</i>	5	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	5	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	5	
Macrolides		
<i>azithromycin intravenous</i>	5	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension for reconstitution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin oral tablet 250 mg</i>	2	QL (6 EA per 5 days)
<i>azithromycin oral tablet 250 mg (6 pack)</i>	2	
<i>azithromycin oral tablet 500 mg</i>	2	QL (3 EA per 3 days)
<i>azithromycin oral tablet 600 mg</i>	2	QL (8 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	2	
<i>clarithromycin oral tablet</i>	2	QL (42 EA per 14 days)
<i>clarithromycin oral tablet extended release 24 hr</i>	2	QL (42 EA per 14 days)
<i>ery pads</i>	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	5	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin ophthalmic</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
ZMAX	4	QL (60 EA per 30 days)
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin</i>	3	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	2	QL (14 EA per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	2	QL (3 EA per 3 days)
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	5	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	5	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	5	
<i>levofloxacin intravenous</i>	5	
<i>levofloxacin ophthalmic</i>	2	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	1	QL (10 EA per 10 days)
MOXEZA	3	
<i>moxifloxacin</i>	3	QL (10 EA per 10 days)
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic</i>	2	
VIGAMOX	3	
Sulfonamides		
<i>silver sulfadiazine</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimet hoprim intravenous</i>	5	
<i>sulfamethoxazole-trimet hoprim oral suspension</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimet hoprim oral tablet</i>	1	
Tetracyclines		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	5	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 50 mg</i>	3	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	3	
<i>tetracycline</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS	5	PA
BRIVIACT ORAL SOLUTION	6	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	6	PA; QL (60 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>levetiracetam in nacl (iso-os)</i>	5	
<i>levetiracetam intravenous</i>	5	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	QL (120 EA per 30 days)
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)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	PA; QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	PA; QL (60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; QL (120 EA per 30 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide</i>	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)

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL SOLUTION	4	PA; QL (900 ML per 30 days)
<i>zonisamide</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam intensol</i>	2	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>divalproex</i>	2	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	4	PA
<i>lamotrigine oral tablet, disintegrating</i>	4	
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
ONFI ORAL SUSPENSION	3	ST; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	ST; QL (60 EA per 30 days)
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
SABRIL	6	PA; QL (180 EA per 30 days)
<i>tiagabine</i>	3	PA
<i>valproate sodium</i>	5	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
Glutamate Reducing Agents		
<i>felbamate</i>	2	
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (90 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg</i>	4	ST; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	4	ST
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	3	PA; QL (30 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	3	PA; QL (60 EA per 30 days)
<i>topiramate oral tablet</i>	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		
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)
BANZEL ORAL SUSPENSION	4	ST; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	4	ST; QL (60 EA per 30 days)
BANZEL ORAL TABLET 400 MG	4	ST; QL (240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable</i>	2	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	5	B/D
DILANTIN	4	
<i>epitol</i>	2	
EQUETRO	4	
<i>oxcarbazepine oral suspension</i>	2	PA
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	2	PA; QL (60 EA per 30 days)
<i>oxcarbazepine oral tablet 600 mg</i>	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	4	
<i>phenytek</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
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)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)

Antidementia Agents

Antidementia Agents, Other

ergoloid 4 PA

Cholinesterase Inhibitors

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	3	ST
<i>donepezil oral tablet, disintegrating</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	3	
<i>galantamine oral tablet</i>	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine oral solution</i>	3	QL (360 ML per 30 days)
<i>memantine oral tablet</i>	3	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	3	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 28-10 MG	4	QL (30 EA per 30 days)

Antidepressants

Antidepressants, Other

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG 6 PA

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 6 PA

aripiprazole oral tablet 4

aripiprazole oral tablet, disintegrating 6

bupropion hcl oral tablet 100 mg 2 QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
FORFIVO XL	4	ST; QL (30 EA per 30 days)
<i>maprotiline</i>	2	
<i>mirtazapine</i>	2	
<i>nefazodone</i>	2	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trazodone oral tablet 300 mg</i>	3	
Antidepressants		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	4	
<i>olanzapine-fluoxetine oral capsule 3-25 mg</i>	3	
<i>perphenazine-amitriptyline</i>	2	
Monoamine Oxidase Inhibitors		
EMSAM	6	PA
MARPLAN	3	
<i>phenelzine</i>	2	
<i>tranylcypromine</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
Ssris/ Snris		
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine oral tablet extended release 24 hr</i>	4	ST; QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate</i>	2	
FETZIMA	4	PA; QL (30 EA per 30 days)
<i>fluoxetine oral capsule</i>	2	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	4	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	4	ST; QL (90 EA per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	4	ST; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet</i>	2	
KHEDEZLA	4	ST; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	ST; QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	ST; QL (30 EA per 30 days)
<i>sertraline oral concentrate</i>	2	
<i>sertraline oral tablet</i>	1	
TRINTELLIX	4	ST; QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	4	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 (23)	4	ST; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine</i>	4	
<i>desipramine oral</i>	2	
<i>doxepin oral</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	4	
<i>nortriptyline</i>	2	
<i>protriptyline</i>	4	

Drug Name	Drug Tier	Requirements/Limits
SILENOR	4	QL (30 EA per 30 days)
<i>trimipramine</i>	4	
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine injection</i>	5	
<i>chlorpromazine oral</i>	2	
<i>compro</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution</i>	5	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>perphenazine</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral</i>	2	
<i>promethazine oral tablet</i>	2	PA
TIGAN INTRAMUSCULAR	5	B/D
TRANSDERM-SCOP	4	
Emetogenic Therapy Adjuncts		
CELLCEPT INTRAVENOUS	5	PA
<i>dronabinol oral capsule 10 mg</i>	6	PA; QL (180 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	PA; QL (180 EA per 30 days)
EMEND INTRAVENOUS	5	B/D

Drug Name	Drug Tier	Requirements/Limits
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
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (3 EA per 3 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	5	PA
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	5	PA
<i>granisetron hcl oral</i>	3	PA; QL (60 EA per 30 days)
<i>ondansetron</i>	2	B/D; QL (90 EA per 30 days)
<i>ondansetron hcl (pf)</i>	5	B/D
<i>ondansetron hcl oral solution</i>	2	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D; QL (15 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D; QL (90 EA per 30 days)

Antifungals

Antifungals

ABELCET	6	B/D
AMBISOME	6	B/D
<i>amphotericin b</i>	5	B/D
CANCIDAS	6	PA
<i>ciclopirox topical cream</i>	2	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	3	
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole mucous membrane</i>	2	
<i>clotrimazole topical</i>	2	
CRESEMBA INTRAVENOUS	6	PA
CRESEMBA ORAL	6	PA; QL (60 EA per 30 days)
<i>econazole topical</i>	2	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	5	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	5	
<i>flucytosine</i>	6	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>itraconazole</i>	4	PA
<i>ketoconazole oral</i>	2	
<i>ketoconazole topical cream</i>	2	
<i>ketoconazole topical shampoo</i>	2	
<i>miconazole-3 vaginal suppository</i>	2	
MYCAMINE	6	
<i>naftifine topical cream 1 %</i>	4	
NATACYN	3	
NOXAFIL ORAL SUSPENSION	6	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	6	PA; QL (90 EA per 30 days)
<i>nyamyc</i>	2	
<i>nystatin oral suspension</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin oral tablet</i>	2	
<i>nystatin topical</i>	2	
<i>nystop</i>	2	
OXISTAT TOPICAL LOTION	4	
SPORANOX ORAL SOLUTION	6	PA
<i>terbinafine hcl oral</i>	2	QL (30 EA per 30 days)
<i>terconazole</i>	2	
<i>voriconazole intravenous</i>	5	
<i>voriconazole oral</i>	6	PA
ZOLINZA	6	PA; QL (120 EA per 30 days)

Antigout Agents

Antigout Agents

<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	3	QL (60 EA per 30 days)
<i>colchicine oral tablet</i>	3	
<i>colchicine-probenecid</i>	2	
<i>probenecid</i>	2	
ULORIC	3	ST; QL (30 EA per 30 days)

Anti-Inflammatory Agents

Glucocorticoids

<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	4	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	2	
BLEPHAMIDE S.O.P.	3	
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	5	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone acetate</i>	5	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>sulfacetamide-prednisolone</i>	2	
<i>triamcinolone acetonide topical aerosol</i>	4	ST
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 EA per 30 days)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium oral</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal</i>	2	
<i>etodolac oral capsule 200 mg</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
<i>fenoprofen oral tablet</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	4	
<i>indomethacin oral capsule</i>	2	
<i>indomethacin oral capsule, extended release</i>	3	
<i>ketoprofen oral capsule</i>	2	
<i>meclofenamate oral</i>	4	
<i>mefenamic acid</i>	2	
<i>meloxicam oral tablet</i>	2	
<i>nabumetone</i>	2	
<i>naproxen oral suspension</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	3	
<i>sulindac oral</i>	2	
<i>tolmetin oral capsule</i>	4	
<i>tolmetin oral tablet 600 mg</i>	4	

Antimigraine Agents

Antimigraine Agents

methylergonovine oral 4

Ergot Alkaloids

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	3	QL (8 ML per 30 days)
<i>migergot</i>	4	QL (5 EA per 7 days)
Prophylactic		
<i>divalproex</i>	2	
<i>timolol maleate oral</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	

Serotonin (5-Ht) 1B/1D Receptor Agonists

<i>naratriptan</i>	2	QL (18 EA per 30 days)
<i>rizatriptan</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	5	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	5	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	5	QL (8 ML per 30 days)
SUMAVEL DOSEPRO	5	QL (9 ML per 30 days)
<i>zolmitriptan</i>	4	QL (18 EA per 30 days)

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine</i>	2	
MESTINON ORAL SYRUP	4	
<i>pyridostigmine bromide oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet extended release</i>	4	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone</i>	2	
PRIFTIN	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
CAPASTAT	5	
<i>ethambutol</i>	2	
<i>isoniazid injection</i>	5	
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	1	
PASER	4	
<i>pyrazinamide</i>	2	
<i>rifampin intravenous</i>	5	
<i>rifampin oral</i>	2	
RIFATER	4	
SIRTURO	6	PA; QL (24 EA per 28 days)
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
BUSULFEX	5	B/D
CYCLOPHOSPHAMID E ORAL CAPSULE	4	B/D
HEXALEN	6	
LEUKERAN	3	
MATULANE	6	
<i>melphalan hcl</i>	5	B/D
<i>thiotepa</i>	5	B/D
YONDELIS	5	PA
<i>Antiandrogens</i>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	3	
NILANDRON	6	
<i>nilutamide</i>	6	
XTANDI	6	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA	6	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
POMALYST	6	PA; QL (30 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	6	PA; LA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	6	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	6	PA; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT	4	
FARESTON	6	
SOLTAMOX	4	
<i>tamoxifen</i>	2	
<i>Antimetabolites</i>		
DROXIA	4	
<i>gemcitabine intravenous recon soln 1 gram</i>	6	B/D
<i>hydroxyurea</i>	2	
LONSURF ORAL TABLET 15-6.14 MG	6	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	6	PA; QL (80 EA per 28 days)
PURIXAN	6	PA
TABLOID	3	
<i>Antineoplastics, Other</i>		
ABRAXANE	6	B/D
<i>amifostine crystalline</i>	5	B/D
<i>fludarabine intravenous recon soln</i>	5	B/D
FUSILEV	5	B/D
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	5	B/D
<i>leucovorin calcium oral</i>	2	
<i>mitoxantrone</i>	3	B/D
ONCASPASPAR	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	6	PA; LA; QL (30 EA per 30 days)
SYNRIBO	6	B/D
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	6	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	6	PA
Antineoplastics		
ALIMTA INTRAVENOUS RECON SOLN 500 MG	6	B/D
ARRANON	6	B/D
AVASTIN	6	B/D
<i>azacitidine</i>	6	B/D
BELEODAQ	6	PA
BICNU	5	B/D
<i>bleomycin injection recon soln 30 unit</i>	5	B/D
<i>carboplatin intravenous solution</i>	5	B/D
<i>cisplatin</i>	5	B/D
<i>cladribine</i>	6	B/D
CLOLAR	5	B/D
COSMEGEN	6	B/D
<i>cytarabine</i>	5	B/D
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	5	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	5	B/D
<i>daunorubicin intravenous solution</i>	5	B/D
<i>decitabine</i>	6	PA
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	5	B/D
<i>doxorubicin, peg-liposomal</i>	5	B/D
ELITEK	6	
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML	5	B/D
<i>epirubicin intravenous solution 50 mg/25 ml</i>	5	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	6	B/D
ERWINAZE	6	B/D
FASLODEX	6	
GLEOSTINE	4	
HALAVEN	6	B/D
HERCEPTIN	6	B/D
IDAMYCIN PFS	5	B/D
<i>idarubicin</i>	5	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	5	B/D
<i>irinotecan intravenous solution 100 mg/5 ml</i>	5	B/D
ISTODAX	6	B/D
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	6	B/D
JEVTANA	6	B/D
KADCYLA INTRAVENOUS RECON SOLN 100 MG	6	PA
LYNPARZA	6	PA; QL (480 EA per 30 days)
<i>mesna</i>	5	
MESNEX ORAL	6	

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin intravenous recon soln 20 mg</i>	5	B/D
MUSTARGEN	6	B/D
NINLARO	6	PA; QL (3 EA per 28 days)
NIPENT	5	B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	6	B/D
<i>paclitaxel</i>	5	B/D
PROLEUKIN	6	B/D
TREANDA INTRAVENOUS RECON SOLN 100 MG	6	B/D
TRISENOX	5	B/D
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	6	B/D
VELCADE	6	B/D
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK	6	PA; QL (42 EA per 365 days)
<i>vinblastine intravenous solution</i>	5	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	5	B/D
<i>vincristine intravenous solution 1 mg/ml</i>	5	B/D
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	5	B/D
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
ETOPOPHOS	5	B/D
<i>etoposide intravenous</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
FARYDAK	6	PA; QL (6 EA per 21 days)
IBRANCE	6	PA; QL (21 EA per 28 days)
<i>topotecan intravenous recon soln</i>	5	B/D
ZOLINZA	6	PA; QL (120 EA per 30 days)
ZYDELIG	6	PA
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	6	PA; QL (30 EA per 30 days)
ALECENSA	6	PA; QL (240 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)
CABOMETYX	6	PA; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	6	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	6	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	6	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	6	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	6	PA; QL (84 EA per 28 days)
COTELLIC	6	PA; LA; QL (63 EA per 28 days)
ERIVEDGE	6	PA; QL (30 EA per 30 days)
GILOTRIF	6	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 15 MG	6	PA; QL (60 EA per 30 days)	SPRYCEL ORAL TABLET 100 MG, 140 MG	6	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	6	PA; QL (30 EA per 30 days)	SPRYCEL ORAL TABLET 20 MG	6	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	6	PA; QL (240 EA per 30 days)	SPRYCEL ORAL TABLET 50 MG	6	PA; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	6	PA; QL (60 EA per 30 days)	SPRYCEL ORAL TABLET 70 MG, 80 MG	6	PA; QL (60 EA per 30 days)
IMBRUVICA	6	PA; QL (120 EA per 30 days)	STIVARGA	6	PA; QL (120 EA per 30 days)
INLYTA ORAL TABLET 1 MG	6	PA; QL (180 EA per 30 days)	SUTENT ORAL CAPSULE 12.5 MG	6	PA; QL (210 EA per 30 days)
INLYTA ORAL TABLET 5 MG	6	PA; QL (120 EA per 30 days)	SUTENT ORAL CAPSULE 25 MG	6	PA; QL (90 EA per 30 days)
IRESSA	6	PA; LA	SUTENT ORAL CAPSULE 37.5 MG, 50 MG	6	PA; QL (30 EA per 30 days)
JAKAFI	6	PA; QL (60 EA per 30 days)	TAFINLAR	6	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)	6	PA; LA; QL (30 EA per 30 days)	TAGRISSE	6	PA; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	6	PA; LA; QL (60 EA per 30 days)	TARCEVA ORAL TABLET 100 MG, 150 MG	6	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2)	6	PA; QL (90 EA per 30 days)	TARCEVA ORAL TABLET 25 MG	6	PA; QL (180 EA per 30 days)
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	6	PA; LA; QL (90 EA per 30 days)	TASIGNA	6	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 8 MG/DAY (4 MG X 2)	6	PA; QL (60 EA per 30 days)	TYKERB	6	PA; QL (660 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	6	PA; QL (90 EA per 30 days)	VOTRIENT	6	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	6	PA; QL (30 EA per 30 days)	XALKORI	6	PA; QL (60 EA per 30 days)
NEXAVAR	6	PA; LA; QL (120 EA per 30 days)	ZELBORAF	6	PA; QL (240 EA per 30 days)
ODOMZO	6	PA; LA; QL (30 EA per 30 days)	ZYKADIA	6	PA; QL (150 EA per 30 days)
OFEV	6	PA; QL (60 EA per 30 days)	Monoclonal Antibodies		
			CYRAMZA	6	PA
			DARZALEX	6	PA; LA
			EMPLICITI	6	PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA	6	PA
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	6	PA
RITUXAN	6	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG	6	PA
TECENTRIQ	6	PA
Retinoids		
<i>bexarotene</i>	6	PA; QL (240 EA per 30 days)
PANRETIN	6	PA
TARGRETIN TOPICAL	6	PA; QL (60 GM per 30 days)
<i>tretinoin (chemotherapy)</i>	6	
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	3	
<i>ivermectin oral</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	QL (180 ML per 3 days)
ALINIA ORAL TABLET	4	QL (6 EA per 3 days)
<i>atovaquone</i>	6	PA
<i>atovaquone-proguanil</i>	3	
<i>chloroquine phosphate oral</i>	2	
COARTEM	4	QL (24 EA per 2 days)
DARAPRIM	4	
<i>hydroxychloroquine oral</i>	2	
<i>mefloquine</i>	2	
NEBUPENT	4	B/D
PENTAM	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine</i>	2	
<i>quinine sulfate</i>	3	PA
Pediculicides/ Scabicides		
EURAX	4	
<i>lindane topical shampoo</i>	2	
<i>malathion</i>	3	
<i>permethrin topical cream</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine oral</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>trihexyphenidyl</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl</i>	2	
<i>entacapone</i>	4	
<i>tolcapone</i>	6	
Antiparkinson Agents		
<i>carbidopa</i>	4	
<i>carbidopa-levodopa-ent acapone</i>	4	
Dopamine Agonists		
APOKYN	6	PA
<i>bromocriptine</i>	3	
NEUPRO	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg</i>	4	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg</i>	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg</i>	4	QL (30 EA per 30 days)
<i>ropinirole oral tablet extended release 24 hr 8 mg</i>	4	QL (90 EA per 30 days)
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa</i>	2	
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	3	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	2	
Antipsychotics		
1St Generation/ Typical		
<i>chlorpromazine injection</i>	5	
<i>chlorpromazine oral</i>	2	
<i>fluphenazine decanoate</i>	5	
<i>fluphenazine hcl injection</i>	5	
<i>fluphenazine hcl oral</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	5	
<i>haloperidol lactate injection</i>	5	
<i>haloperidol lactate oral</i>	2	
<i>loxapine succinate</i>	2	
<i>molindone</i>	4	
<i>perphenazine</i>	2	
<i>pimozide</i>	3	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral</i>	2	
<i>thioridazine</i>	2	PA
<i>thiothixene</i>	2	
<i>trifluoperazine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
2Nd Generation/ Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	6	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
<i>aripiprazole oral tablet</i>	4	
<i>aripiprazole oral tablet,disintegrating</i>	6	
ARISTADA	6	PA
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 SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	6	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	5	PA
INVEGA TRINZA	6	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)
NUPLAZID	6	PA; LA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular</i>	5	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet, disintegrating</i>	4	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	PA
<i>paliperidone oral tablet extended release 24hr 6 mg, 9 mg</i>	6	PA
<i>quetiapine</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG	4	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	6	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	6	
<i>risperidone oral solution</i>	3	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet, disintegrating</i>	4	
SAPHRIS (BLACK CHERRY)	4	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)
<i>ziprasidone hcl</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	3	
VERSACLOZ	6	QL (540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen</i>	2	
<i>dantrolene</i>	3	
<i>tizanidine oral tablet</i>	2	
Antivirals		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir sodium</i>	5	
VALCYTE ORAL RECON SOLN	6	
<i>valganciclovir oral tablet</i>	6	
ZIRGAN	4	QL (5 GM per 30 days)
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir</i>	6	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days)
<i>entecavir</i>	6	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	6	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	6	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet</i>	3	
REBETOL ORAL SOLUTION	4	PA
<i>ribasphere</i>	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
TYZEKA	6	QL (30 EA per 30 days)
VIRAZOLE	6	B/D
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)
Anti-Hepatitis C (Hcv) Agents		
DAKLINZA	6	PA; QL (30 EA per 30 days)
EPCLUSA	6	PA; QL (30 EA per 30 days)
HARVONI	6	PA; QL (30 EA per 30 days)
INTRON A INJECTION RECON SOLN	6	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	6	PA
<i>moderiba</i>	2	
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

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere</i>	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOVALDI	6	PA; QL (30 EA per 30 days)
SYLATRON	6	PA
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		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	5	
<i>acyclovir topical</i>	4	QL (30 GM per 30 days)
DENAVIR	4	
<i>famciclovir</i>	2	
<i>trifluridine</i>	3	
<i>valacyclovir</i>	2	
ZOVIRAX TOPICAL CREAM	4	QL (5 GM per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
GENVOYA	6	QL (30 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	6	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	6	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
STRIBILD	6	

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	6	QL (60 EA per 30 days)
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	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	2	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
RESCRIPTOR	4	
SUSTIVA	3	

Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)

<i>abacavir</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	6	
ATRIPLA	6	
DESCOVY	6	QL (30 EA per 30 days)
<i>didanosine</i>	3	
EMTRIVA	4	
EPZICOM	6	
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet</i>	3	
<i>lamivudine-zidovudine</i>	4	
ODEFSEY	6	QL (30 EA per 30 days)
RETROVIR INTRAVENOUS	5	
<i>stavudine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>zidovudine</i>	2	

Anti-Hiv Agents, Other

FUZEON SUBCUTANEOUS RECON SOLN	6	
SELZENTRY	6	
TRIUMEQ	6	QL (30 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)

Anti-Hiv Agents, Protease Inhibitors

APTIVUS	6	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ	6	
INVIRASE	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	

Drug Name	Drug Tier	Requirements/Limits
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		
<i>amantadine hcl</i>	2	
RELENZA DISKHALER	3	QL (60 EA per 180 days)
<i>rimantadine</i>	2	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (56 EA per 180 days)
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)

Anxiolytics

Anxiolytics, Other

<i>bupirone</i>	2	
<i>doxepin oral</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>oxazepam oral capsule 10 mg</i>	4	QL (360 EA per 30 days)
<i>oxazepam oral capsule 15 mg</i>	4	QL (240 EA per 30 days)
<i>oxazepam oral capsule 30 mg</i>	4	QL (120 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 EA per 30 days)
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg</i>	2	QL (1200 EA per 30 days)
<i>alprazolam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam intensol</i>	2	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Ssris/ Snris		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate</i>	2	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)
<i>sertraline oral concentrate</i>	2	
<i>sertraline oral tablet</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	QL (30 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
GEODON INTRAMUSCULAR	5	
<i>olanzapine intramuscular</i>	5	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet, disintegrating</i>	4	
<i>quetiapine</i>	2	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	6	
<i>risperidone oral solution</i>	3	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet, disintegrating</i>	4	
SAPHRIS (BLACK CHERRY)	4	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)
<i>ziprasidone hcl</i>	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
Mood Stabilizers		

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	3	
<i>carbamazepine oral tablet, chewable</i>	2	
<i>divalproex</i>	2	
<i>epitol</i>	2	
EQUETRO	4	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	4	
<i>lithium carbonate</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7 EA per 30 days)

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose</i>	2	
<i>alogliptin</i>	3	ST
<i>alogliptin-metformin</i>	3	
<i>alogliptin-pioglitazone</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>glimepiride</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	2	
<i>glyburide micronized</i>	2	PA
<i>glyburide oral</i>	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)
JANUVIA	3	ST; QL (30 EA per 30 days)
<i>metformin oral tablet</i>	1	(generic Glucophage)
<i>metformin oral tablet extended release 24 hr</i>	1	(generic Glucophage XR)
<i>miglitol</i>	3	
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 EA per 30 days)
<i>pioglitazone</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
RIOMET	4	
SYMLINPEN 120	5	PA; QL (10.8 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 60	5	PA; QL (12 ML per 30 days)
TANZEUM	3	ST; QL (4 EA per 30 days)
<i>tolazamide</i>	2	
<i>tolbutamide</i>	2	
WELCHOL	3	
Blood Glucose Regulators		
<i>glipizide-metformin</i>	2	
<i>glyburide-metformin</i>	2	PA
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)
<i>pioglitazone-glimepiride</i>	4	ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	4	ST
Glycemic Agents		
GLUCAGEN HYPOKIT	3	QL (2 EA per 2 days)
GLUCAGON EMERGENCY KIT (HUMAN)	3	QL (2 EA per 2 days)
KORLYM	6	PA; QL (120 EA per 30 days)
PROGLYCEM	4	
Insulins		
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	3	
<i>gauze pad topical bandage 2 x 2 "</i>	2	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50-50	3	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN N	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	3	
LANTUS	3	QL (40 ML per 30 days)
LANTUS SOLOSTAR	3	QL (45 ML per 30 days)
LEVEMIR	3	QL (40 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL (45 ML per 30 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	
TOUJEO SOLOSTAR	3	QL (15 ML 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)
<i>enoxaparin subcutaneous solution</i>	5	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	6	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	6	QL (48 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	5	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	5	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	5	QL (36 ML per 30 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	5	QL (48 ML per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	6	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	5	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	6	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	6	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION	6	QL (7.6 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)

Drug Name	Drug Tier	Requirements/Limits
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)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	6	QL (8.4 ML per 60 days)
<i>heparin (porcine) injection solution</i>	5	
<i>jantoven</i>	1	
PRADAXA	4	PA
<i>warfarin</i>	1	
XARELTO ORAL TABLET	3	QL (30 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	QL (102 EA per 365 days)
Blood Formation Modifiers		
<i>anagrelide</i>	2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	6	PA; QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 40 MCG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	6	PA; QL (2 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML	6	PA; QL (1.2 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	6	PA; QL (1.6 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	5	PA; QL (1.68 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	6	PA; QL (2.4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	6	PA; QL (4 ML per 28 days)
GRANIX	6	PA
LEUKINE INJECTION RECON SOLN	6	PA
MIRCERA	5	PA; QL (0.6 ML per 28 days)
MOZOBIL	6	PA
NEULASTA SUBCUTANEOUS SYRINGE	6	PA
NEUPOGEN	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	6	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	6	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Coagulants		
<i>tranexamic acid intravenous</i>	5	
<i>tranexamic acid oral</i>	3	PA; QL (30 EA per 30 days)
Platelet Modifying Agents		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60 EA per 30 days)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	2	
EFFIENT	3	QL (30 EA per 30 days)
ZONTIVITY	4	PA; QL (30 EA per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine</i>	3	
<i>clonidine hcl oral tablet</i>	1	
<i>guanfacine oral tablet</i>	2	
<i>methyldopa</i>	2	
<i>midodrine</i>	3	
NORTHERA ORAL CAPSULE 100 MG	6	PA; QL (252 EA per 90 days)
NORTHERA ORAL CAPSULE 200 MG	6	PA; QL (126 EA per 90 days)
NORTHERA ORAL CAPSULE 300 MG	6	PA; QL (84 EA per 90 days)
Alpha-Adrenergic Blocking Agents		
<i>doxazosin</i>	2	
<i>prazosin oral</i>	2	
<i>terazosin</i>	1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan oral tablet 16 mg</i>	3	ST; QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	ST; QL (30 EA per 30 days)
<i>candesartan oral tablet 4 mg</i>	3	ST; QL (240 EA per 30 days)
<i>candesartan oral tablet 8 mg</i>	3	ST; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDARBI	3	ST
<i>eprosartan</i>	2	ST; QL (30 EA per 30 days)
<i>irbesartan</i>	2	QL (30 EA per 30 days)
<i>losartan</i>	1	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	4	ST; QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	4	ST; QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
<i>moexipril</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>quinapril</i>	1	QL (60 EA per 30 days)
<i>ramipril</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	2	QL (60 EA per 30 days)
Antiarrhythmics		
<i>amiodarone intravenous solution</i>	5	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	4	
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	3	QL (60 EA per 30 days)
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	
TIKOSYN	4	
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	2	
<i>atenolol</i>	1	
<i>betaxolol oral tablet 20 mg</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
COREG CR	4	ST
INNOPRAN XL	4	
<i>labetalol oral</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate intravenous</i>	5	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol intravenous</i>	5	
<i>propranolol oral capsule, extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet</i>	1	
<i>timolol maleate oral</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	2	
<i>amlodipine</i>	1	
<i>cartia xt</i>	2	
<i>diltiazem hcl intravenous recon soln</i>	5	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine oral tablet extended release 24hr</i>	2	
<i>nimodipine</i>	4	
<i>taztia xt</i>	2	
<i>verapamil intravenous solution</i>	5	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
Cardiovascular Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral solution 50 mcg/ml</i>	2	PA
<i>digoxin oral tablet</i>	2	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	4	PA
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)
<i>pentoxifylline</i>	2	
RANEXA	4	ST; QL (60 EA per 30 days)
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine-atorvastatin</i>	4	QL (30 EA per 30 days)
<i>amlodipine-benazepril</i>	2	
<i>amlodipine-valsartan</i>	4	ST; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hc thiazid</i>	4	ST; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan-hydrochlorothiazid</i>	3	ST; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide</i>	2	
<i>clorpres</i>	3	
DEMSE	4	
EDARBYCLOR	3	ST
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
<i>methyldopa-hydrochlorothiazide</i>	2	
<i>metoprolol tartrate-hydrochlorothiazide</i>	2	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>nadolol-bendroflumethiazide</i>	2	
<i>propranolol-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	QL (30 EA per 30 days)
<i>spironolactone-hydrochlorothiazide</i>	2	
<i>telmisartan-amlodipine</i>	4	ST; QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg</i>	4	ST; QL (90 EA per 30 days)
<i>telmisartan-hydrochlorothiazide oral tablet 80-12.5 mg, 80-25 mg</i>	4	ST; QL (60 EA per 30 days)
<i>trandolapril-verapamil</i>	4	
<i>triamterene-hydrochlorothiazide oral capsule</i>	2	
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release</i>	3	
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral</i>	3	
Diuretics, Loop		
<i>bumetanide oral</i>	1	
EDECIN	4	
<i>furosemide injection solution</i>	5	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride</i>	2	
<i>eplerenone</i>	3	
<i>spironolactone</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg</i>	3	(generic Antara); QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	3	(generic Antara); QL (60 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	(generic Tricor); QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	(generic Tricor); QL (90 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	4	ST; (generic Lipofen); QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	4	ST; (generic Lipofen); QL (60 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	(generic Lofibra); QL (60 EA per 30 days)
<i>fenofibric acid</i>	2	QL (30 EA per 30 days)
<i>fenofibric acid (choline)</i>	3	QL (30 EA per 30 days)
<i>gemfibrozil oral</i>	2	QL (75 EA per 30 days)
TRIGLIDE ORAL TABLET 160 MG	4	QL (30 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin</i>	1	QL (30 EA per 30 days)
CRESTOR	3	QL (30 EA per 30 days)
<i>fluvastatin oral capsule</i>	3	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>lovastatin</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin oral tablet 80 mg</i>	2	QL (30 EA per 30 days)
<i>rosuvastatin</i>	2	QL (30 EA per 30 days)
<i>simvastatin</i>	1	QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>colestipol oral granules</i>	3	
<i>colestipol oral tablet</i>	2	
JUXTAPID	6	PA; QL (30 EA per 30 days)
KYNAMRO	6	PA; QL (4 ML per 28 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	3	QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	3	QL (120 EA per 30 days)
<i>niacor</i>	2	
<i>omega-3 acid ethyl esters</i>	4	
PRALUENT PEN	6	PA; QL (2 ML per 28 days)
PRALUENT SYRINGE	6	PA; QL (2 ML per 28 days)
<i>prevalite oral powder</i>	2	
WELCHOL	3	
ZETIA	4	
Vasodilators, Direct-Acting Arterial/ Venous		
ISORDIL	4	
<i>isosorbide dinitrate oral</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
<i>nitroglycerin intravenous</i>	5	
<i>nitroglycerin transdermal patch 24 hour</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray,non-aerosol</i>	4	
NITROSTAT	3	
Vasodilators, Direct-Acting Arterial		
BIDIL	4	PA; QL (180 EA per 30 days)
<i>hydralazine injection</i>	5	
<i>hydralazine oral</i>	2	
<i>minoxidil oral</i>	2	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine oral capsule, extended release 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	4	QL (360 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	QL (240 EA per 30 days)
<i>dextroamphetamine-amp hetamine oral capsule,extended release 24hr</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine-amp hetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine-amp hetamine oral tablet 12.5 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine-amp hetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine-amp hetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>methamphetamine</i>	4	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	PA
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	2	QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 30 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50 40 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	4	QL (900 ML per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>methylphenidate oral tablet extended release 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate oral tablet extended release 24hr</i>	4	QL (30 EA per 30 days)
<i>methylphenidate oral tablet,chewable</i>	4	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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		
<i>estazolam oral tablet 1 mg</i>	2	QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	QL (30 EA per 30 days)
NUEDEXTA	3	QL (60 EA per 30 days)
<i>riluzole</i>	4	
<i>tetrabenazine oral tablet 12.5 mg</i>	6	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	6	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	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)
Multiple Sclerosis Agents		
AMPYRA	6	PA; QL (60 EA per 30 days)
AUBAGIO	6	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AVONEX (WITH ALBUMIN)	6	QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	6	QL (1 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	6	QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	6	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	6	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
GILENYA	6	PA; QL (30 EA per 30 days)
<i>glatopa</i>	6	
<i>mitoxantrone</i>	3	B/D
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)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	6	PA; QL (2 ML per 365 days)
REBIF (WITH ALBUMIN)	6	QL (6 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
REBIF TITRATION PACK	6	QL (4.2 ML per 28 days)
TECFIDERA	6	QL (60 EA per 30 days)
TYSABRI	6	PA; LA

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline</i>	3	
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
KEPIVANCE	6	B/D
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	3	
<i>periogard</i>	2	
<i>pilocarpine hcl oral</i>	3	
<i>triamcinolone acetonide dental</i>	3	
VIBRAMYCIN ORAL SYRUP	4	

Dermatological Agents

Dermatological Agents

8-MOP	4	
<i>acitretin</i>	6	
<i>adapalene topical cream</i>	3	PA
<i>adapalene topical gel 0.1 %</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate</i>	2	
AZELEX	4	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>calcipotriene scalp</i>	3	
<i>calcipotriene topical</i>	4	
<i>calcitriol topical</i>	4	
<i>claravis</i>	4	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	
<i>clotrimazole-betamethasone topical cream</i>	2	
<i>clotrimazole-betamethasone topical lotion</i>	4	
CONDYLOX TOPICAL GEL	4	
CORTISPORIN TOPICAL	4	
COSENTYX	6	PA
COSENTYX PEN	6	PA
<i>diclofenac sodium topical gel 1 %</i>	3	
<i>diclofenac sodium topical gel 3 %</i>	6	
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
ELIDEL	4	ST; QL (100 GM per 30 days)
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	5	B/D
<i>fluorouracil topical cream</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>flurandrenolide topical cream</i>	4	
<i>fluticasone topical cream</i>	2	
<i>fluticasone topical lotion</i>	4	
<i>fluticasone topical ointment</i>	2	
<i>imiquimod</i>	3	QL (24 EA per 30 days)
<i>methoxsalen rapid myorisan</i>	6	
<i>myorisan</i>	4	
<i>nystatin-triamcinolone</i>	3	
PICATO TOPICAL GEL 0.015 %	3	QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 EA per 30 days)
<i>podofilox</i>	2	
<i>prednicarbate topical cream</i>	2	
REGRANEX	6	PA; QL (15 GM per 2 days)
SANTYL	3	
<i>selenium sulfide topical lotion</i>	2	
STELARA SUBCUTANEOUS SYRINGE	6	PA
<i>tacrolimus topical</i>	4	ST; QL (100 GM per 30 days)
TAZORAC	4	PA
TOLAK	3	QL (40 GM per 30 days)
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
VALCHLOR	6	PA; QL (60 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>zenatane</i>	4	
Enzyme Replacement/ Modifiers		
<i>Enzyme Replacement/ Modifiers</i>		
ADAGEN	5	
ALDURAZYME	6	
BUPHENYL ORAL TABLET	6	PA
CERDELGA	6	PA; QL (60 EA per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	6	PA
CREON	3	
CYSTADANE	6	
CYSTAGON	4	PA
ELAPRASE	6	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	6	B/D
KUVAN ORAL POWDER IN PACKET 100 MG	6	PA; QL (420 EA per 30 days)
KUVAN ORAL POWDER IN PACKET 500 MG	6	PA; QL (90 EA per 30 days)
KUVAN ORAL TABLET,SOLUBLE	6	PA
NAGLAZYME	6	B/D
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	6	PA
ORFADIN ORAL SUSPENSION	6	PA
PANCREAZE	3	
PROCYSBI	6	PA
RAVICTI	6	PA; QL (525 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML	6	PA; LA; QL (19.2 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	6	PA; LA; QL (24 ML per 28 days)
SUCRAID	6	
VPRIV	6	
ZAVESCA	6	PA; QL (90 EA per 30 days)
ZENPEP	4	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

atropine injection syringe 0.05 mg/ml 5

ATROPINE INJECTION SYRINGE 0.1 MG/ML 5

dicyclomine oral capsule 2

dicyclomine oral solution 2

dicyclomine oral tablet 2

glycopyrrolate oral 2

methscopolamine oral 4

propantheline 2

TRANSDERM-SCOP 4

Gastrointestinal Agents, Other

CHOLBAM ORAL CAPSULE 250 MG 6 PA; QL (150 EA per 30 days)

CHOLBAM ORAL CAPSULE 50 MG 6 PA; QL (120 EA per 30 days)

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

proctozone-hc 2

RELISTOR ORAL 6 PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
RELISTOR SUBCUTANEOUS SYRINGE	6	PA
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	3	
XIFAXAN ORAL TABLET 200 MG	6	PA; QL (9 EA per 30 days)
ZORBTIVE	6	PA

Gastrointestinal Agents

OCALIVA 6 PA; QL (30 EA per 30 days)

ZEGERID ORAL PACKET 4 QL (30 EA per 30 days)

Histamine2 (H2) Receptor Antagonists

cimetidine 2

cimetidine hcl oral 2

famotidine (pf) 5

famotidine oral tablet 20 mg, 40 mg 1

nizatidine 2

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 3 QL (60 EA per 30 days)

budesonide oral 6

Laxatives

enulose 2

gavilyte-c 2

gavilyte-g 2

gavilyte-n 2

KRISTALOSE 4

lactulose oral solution 10 gram/15 ml 2

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>trilyte with flavor packets</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
DEXILANT	3	ST; QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	5	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	
<i>omeprazole-sodium bicarbonate oral packet</i>	4	QL (30 EA per 30 days)
<i>pantoprazole intravenous</i>	5	
<i>pantoprazole oral</i>	1	
<i>rabeprazole</i>	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate</i>	2	
MYRBETRIQ	3	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride oral</i>	2	
<i>tolterodine oral capsule, extended release 24hr</i>	3	ST; QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	3	ST; QL (60 EA per 30 days)
<i>tropium oral capsule, extended release 24hr</i>	3	QL (30 EA per 30 days)
<i>tropium oral tablet</i>	3	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG	3	ST; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VESICARE ORAL TABLET 5 MG	3	ST; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin</i>	2	QL (30 EA per 30 days)
<i>doxazosin</i>	2	
<i>dutasteride</i>	3	ST; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	
<i>prazosin oral</i>	2	
RAPAFLO	4	ST; QL (30 EA per 30 days)
<i>tamsulosin</i>	2	
<i>terazosin</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
CUPRIMINE	6	
DEPEN TITRATABS	4	
ELMIRON	3	
<i>potassium citrate</i>	3	
<i>sodium phenylbutyrate</i>	6	PA
Phosphate Binders		
<i>calcium acetate oral capsule</i>	3	
<i>eliphos</i>	2	
FOSRENOL	6	
RENVELA	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR H.P.	6	PA
ALA-CORT TOPICAL CREAM	2	
<i>alclometasone</i>	3	
<i>amcinonide</i>	4	
<i>betamethasone dipropionate topical cream</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	4	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	2	
<i>clobetasol scalp</i>	2	
<i>clobetasol topical foam</i>	4	ST
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical ointment</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
CORDRAN TAPE LARGE ROLL	4	
<i>cortisone</i>	2	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	5	
<i>diflorasone</i>	3	
<i>fludrocortisone</i>	2	
<i>fluocinolone acetonide oil</i>	4	
<i>fluocinolone topical cream</i>	3	
<i>fluocinolone topical oil</i>	4	
<i>fluocinolone topical ointment</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone topical solution</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluticasone topical cream</i>	2	
<i>fluticasone topical lotion</i>	4	
<i>fluticasone topical ointment</i>	2	
<i>halobetasol propionate</i>	3	
HALOG	4	
<i>hydrocortisone butyrate topical ointment</i>	3	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient</i>	3	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	3	
LOKARA	3	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	5	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5	
<i>mometasone topical</i>	2	
PANDEL	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednicarbate topical ointment</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>proctozone-hc</i>	2	
<i>triamcinolone acetonide topical aerosol</i>	4	ST
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>chorionic gonadotropin, human</i>	5	B/D
<i>desmopressin injection</i>	5	
<i>desmopressin nasal solution</i>	3	
<i>desmopressin nasal spray, non-aerosol</i>	4	
<i>desmopressin oral</i>	3	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	6	PA; QL (60 EA per 30 days)
GENOTROPIN	6	PA

Drug Name	Drug Tier	Requirements/ Limits
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
MYALEPT	6	PA; LA; QL (60 EA per 30 days)
NORDITROPIN FLEXPRO	6	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	6	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	6	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN	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)

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	4	
<i>oxandrolone oral tablet 10 mg</i>	6	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
Androgens		
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 (37.5 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 GM per 30 days)
<i>danazol oral</i>	4	
<i>testosterone cypionate</i>	5	B/D
<i>testosterone enanthate</i>	5	B/D; QL (5 ML per 30 days)
Estrogens		
ALORA	4	PA; QL (16 EA per 28 days)
DEPO-ESTRADIOL	5	B/D
ESTRACE VAGINAL	3	
<i>estradiol oral</i>	2	PA
<i>estradiol transdermal patch semiweekly</i>	2	PA; QL (16 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (8 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
ESTRING	3	QL (1 EA per 84 days)
<i>estropipate</i>	2	PA
FEMRING	4	QL (1 EA per 84 days)
MENEST	4	PA
MENOSTAR	4	PA; QL (4 EA per 28 days)
PREMARIN VAGINAL	3	
VAGIFEM	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle (28)</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva (28)</i>	2	
<i>bekyree (28)</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>briellyn</i>	2	
<i>budesonide oral</i>	6	
<i>caziant (28)</i>	2	
CLIMARA PRO	3	PA; QL (4 EA per 28 days)
COMBIPATCH	4	PA; QL (8 EA per 28 days)
<i>cryselle (28)</i>	2	
<i>cyclafem 1/35 (28)</i>	2	
<i>cyclafem 7/7/7 (28)</i>	2	
<i>deblitane</i>	2	
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estra diol</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>emoquette</i>	2	
<i>enpresse</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	5	
<i>estradiol-norethindrone acet</i>	2	PA
<i>falmina (28)</i>	2	
<i>fyavolv</i>	2	PA
<i>gianvi (28)</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30 (21)</i>	2	
<i>gildess 24 fe</i>	2	
<i>introvale</i>	2	
<i>jinteli</i>	2	PA
<i>juleber</i>	2	
<i>junel 1.5/30 (21)</i>	2	
<i>junel 1/20 (21)</i>	2	
<i>junel fe 1.5/30 (28)</i>	2	
<i>junel fe 1/20 (28)</i>	2	
<i>junel fe 24</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	
<i>kimidess (28)</i>	2	
<i>l</i>	2	
<i>norgest/e.estradiol-e.estr ad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>		
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	
<i>larin fe 1.5/30 (28)</i>	2	
<i>larin fe 1/20 (28)</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	
<i>levora-28</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>lomedica 24 fe</i>	2	
<i>lopreeza</i>	2	PA
<i>low-ogestrel (28)</i>	2	
<i>lutera (28)</i>	2	
<i>microgestin 1.5/30 (21)</i>	2	
<i>microgestin 1/20 (21)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2	
<i>microgestin fe 1/20 (28)</i>	2	
<i>mimvey</i>	2	PA; QL (30 EA per 30 days)
<i>mimvey lo</i>	2	PA
<i>mononessa (28)</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>necon 1/35 (28)</i>	2	
<i>necon 1/50 (28)</i>	2	
<i>necon 10/11 (28)</i>	2	
<i>necon 7/7/7 (28)</i>	2	
<i>nikki (28)</i>	2	
<i>nora-be</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	PA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	2	
NUVARING	3	QL (1 EA per 28 days)
<i>ocella</i>	2	
<i>ogestrel (28)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>orsythia</i>	2	
<i>pimtree (28)</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia</i>	2	
PREFEST	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen (28)</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>sprintec (28)</i>	2	
<i>tarina fe 1/20 (28)</i>	2	
<i>tri-legest fe</i>	2	
<i>trinessa (28)</i>	2	
<i>tri-previfem (28)</i>	2	
<i>tri-sprintec (28)</i>	2	
<i>trivora (28)</i>	2	
<i>velivet triphasic regimen (28)</i>	2	
<i>vestura (28)</i>	2	
<i>vienna</i>	2	
<i>vyfemla (28)</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zenchent (28)</i>	2	
<i>zenchent fe</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zovia 1/50e (28)</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
DEPO-PROVERA INTRAMUSCULAR SOLUTION	5	B/D
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	5	
<i>errin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone caproate</i>	6	PA; QL (5 ML per 30 days)
<i>jolivette</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	5	B/D
<i>medroxyprogesterone oral</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA
<i>megestrol oral suspension 625 mg/5 ml</i>	4	PA
<i>megestrol oral tablet</i>	2	PA
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone micronized</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene</i>	3	QL (30 EA per 30 days)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

<i>levothyroxine oral</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

Hormonal Agents, Suppressant (Adrenal)

Hormonal Agents, Suppressant (Adrenal)

Drug Name	Drug Tier	Requirements/Limits
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	6	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>bromocriptine</i>	3	
<i>cabergoline</i>	3	QL (16 EA per 30 days)
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
<i>leuprolide subcutaneous kit</i>	5	
LUPANETA PACK (1 MONTH)	6	
LUPANETA PACK (3 MONTH)	6	
LUPRON DEPOT	6	B/D
LUPRON DEPOT (3 MONTH)	6	B/D
INTRAMUSCULAR SYRINGE KIT 22.5 MG		
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
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	6	PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	6	PA
SIGNIFOR	6	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT	6	PA
SOMAVERT	6	PA; QL (30 EA per 30 days)
SYNAREL	6	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
<i>Angioedema (Hae) Agents</i>		
BERINERT INTRAVENOUS KIT	6	B/D
CINRYZE	6	B/D
FIRAZYR	6	PA; QL (36 ML per 60 days)
RUCONEST	6	PA
<i>Immune Suppressants</i>		
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	6	PA; QL (40 ML per 28 days)
ACTEMRA SUBCUTANEOUS	6	PA; QL (3.6 ML per 28 days)
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)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	6	PA; QL (30 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG	6	PA; QL (30 EA per 30 days)
<i>azathioprine</i>	2	B/D
<i>azathioprine sodium</i>	5	B/D
BENLYSTA	6	PA
CELLCEPT INTRAVENOUS	5	PA
<i>cyclosporine intravenous</i>	5	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine oral capsule</i>	3	B/D
DEPEN TITRATABS	4	
ELIDEL	4	ST; QL (100 GM per 30 days)
ENBREL	6	PA
ENBREL SURECLICK	6	PA
ENVARUSUS XR	4	B/D; ST
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	B/D
GENGRAF ORAL CAPSULE 50 MG	3	B/D
<i>gengraf oral solution</i>	3	B/D
HUMIRA	6	PA
HUMIRA PEDIATRIC CROHN'S START	6	PA
HUMIRA PEN	6	PA
HUMIRA PEN CROHN'S-UC-HS START	6	PA
HUMIRA PEN PSORIASIS-UVEITIS	6	PA
KINERET	6	PA
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (pf)</i>	5	B/D
<i>methotrexate sodium oral</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	PA
<i>mycophenolate mofetil oral tablet</i>	2	PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg</i>	4	PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 360 mg</i>	6	PA
NULOJIX	6	B/D
ORENCIA	6	PA; QL (4 ML per 28 days)
ORENCIA (WITH MALTOSE)	6	PA
ORENCIA CLICKJECT	6	PA; QL (4 ML per 28 days)
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)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML	5	PA; QL (1.6 ML per 30 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SUBCUTANEOUS PEN INJECTOR	6	PA
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	6	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus oral tablet 0.5 mg</i>	3	PA
<i>sirolimus oral tablet 1 mg</i>	4	PA
<i>sirolimus oral tablet 2 mg</i>	6	PA
<i>tacrolimus oral</i>	3	B/D
TORISEL	6	B/D
TREXALL	4	
XELJANZ	6	PA; QL (60 EA per 30 days)
XELJANZ XR	6	PA; QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	6	B/D; QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG	6	B/D; QL (60 EA per 30 days)
<i>Immunizing Agents, Passive</i>		
BIVIGAM	6	PA
<i>carimune nf nanofiltered intravenous recon soln 6 gram</i>	6	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	6	PA
GAMASTAN S/D	5	PA
<i>gammagard liquid</i>	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
<i>privigen</i>	6	PA

Drug Name	Drug Tier	Requirements/ Limits
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA
THYMOGLOBULIN	6	PA
Immunological Agents		
<i>leflunomide</i>	2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA
Immunomodulators		
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	6	PA; QL (40 ML per 28 days)
ACTIMMUNE	6	PA
ARCALYST	6	PA
ILARIS (PF)	6	PA
KEYTRUDA	6	PA
<i>leflunomide</i>	2	
RIDAURA	6	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG	6	PA
TYSABRI	6	PA; LA
Vaccines		
ACTHIB (PF)	5	
ADACEL(TDAP ADOLESN/ADULT)(P F) INTRAMUSCULAR SUSPENSION	5	
BCG VACCINE, LIVE (PF)	5	
BEXSERO (PF)	5	
BOOSTRIX TDAP	5	
CERVARIX VACCINE (PF)	5	

Drug Name	Drug Tier	Requirements/ Limits
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	
HIBERIX (PF)	5	
IMOVAX RABIES VACCINE (PF)	5	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	
IPOL INJECTION SUSPENSION	5	
IXIARO (PF)	5	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	
MENHIBRIX (PF)	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	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF)	5	B/D
INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML		
RECOMBIVAX HB (PF)	5	B/D
INTRAMUSCULAR SYRINGE		
ROTARIX	4	
ROTATEQ VACCINE	3	
TENIVAC (PF)	5	
INTRAMUSCULAR SYRINGE		
TETANUS,DIPHThERIA TOX PED(PF)	5	
<i>tetanus-diphtheria toxoids-td</i>	5	
TRUMENBA	5	
TWINRIX (PF)	5	
INTRAMUSCULAR SUSPENSION		
TYPHIM VI	5	
VAQTA (PF)	5	
INTRAMUSCULAR SYRINGE		
VARIVAX (PF)	5	
VARIZIG	5	
INTRAMUSCULAR SOLUTION		
YF-VAX (PF)	5	
ZOSTAVAX (PF)	5	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	3	QL (120 EA per 30 days)
<i>balsalazide</i>	2	
CANASA	6	
DIPENTUM	6	ST
LIALDA	3	
<i>mesalamine rectal</i>	4	
Glucocorticoids		
<i>budesonide oral</i>	6	

Drug Name	Drug Tier	Requirements/Limits
<i>colocort</i>	3	
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	5	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
Sulfonamides		
<i>sulfasalazine</i>	1	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate oral solution</i>	2	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>alendronate oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>calcitonin (salmon)</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	5	B/D
<i>calcitriol oral capsule</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution</i>	3	B/D
<i>doxercalciferol intravenous</i>	5	B/D
<i>doxercalciferol oral capsule 0.5 mcg</i>	3	B/D
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	6	B/D
<i>etidronate disodium</i>	3	
FORTEO	6	PA
<i>ibandronate intravenous solution</i>	5	PA
<i>ibandronate oral</i>	2	ST; QL (1 EA per 30 days)
MIACALCIN INJECTION	5	PA
NATPARA	6	PA; QL (2 EA per 28 days)
<i>paricalcitol hemodialysis port injection</i>	5	B/D
<i>paricalcitol oral</i>	4	
PROLIA	5	PA
<i>risedronate oral tablet 30 mg</i>	3	PA
XGEVA	6	PA; QL (1.7 ML per 28 days)
ZEMPLAR INTRAVENOUS	5	B/D
<i>zoledronic acid intravenous solution</i>	5	PA
<i>zoledronic acid-mannitol-water intravenous solution</i>	5	PA

Non-Frf

Non-Frf

<i>fluoritab oral drops</i>	1	
<i>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	
<i>ludent fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 1 mg fluoride (2.2 mg)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vit with fluoride-iron</i>	2	
<i>multivitamin with fluoride</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	1	
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg</i>	1	
<i>multivitamins with fluoride</i>	1	
<i>pnv cmb#95-ferrous fumarate-fa</i>	1	
<i>polyethylene glycol 3350 oral powder in packet</i>	2	
<i>prenatal 19 (with docusate)</i>	1	
<i>prenatal low iron</i>	2	
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	2	
<i>prenatal-u</i>	2	
<i>prevident dental gel sf 5000 plus</i>	1	
<i>sodium fluoride dental</i>	1	
<i>sodium fluoride oral drops</i>	1	
<i>tri-vitamin with fluoride</i>	1	
<i>virt-advance</i>	1	
<i>virt-nate</i>	2	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine ophthalmic drops</i>	2	
CYSTARAN	6	PA; QL (60 ML per 28 days)
LACRISERT	4	
RESTASIS	3	QL (64 EA per 30 days)
<i>sulfacetamide sodium ophthalmic ointment</i>	2	

Ophthalmic Agents

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-polymyxin b ophthalmic</i>	2		ALPHAGAN P OPTHALMIC DROPS 0.1 %	3	
BLEPHAMIDE S.O.P.	3		<i>apraclonidine</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	1		AZOPT	3	
<i>neomycin-bacitracin-polymyxin</i>	2		<i>betaxolol ophthalmic</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2		BETIMOL	3	
<i>neomycin-polymyxin-gramicidin</i>	2		BETOPTIC S	4	
<i>neomycin-polymyxin-hc ophthalmic</i>	2		<i>bimatoprost</i>	3	ST; QL (5 ML per 30 days)
<i>polymyxin b sulf-trimethoprim</i>	2		<i>brimonidine</i>	2	
PRED-G	4		<i>carteolol</i>	2	
PRED-G S.O.P.	4		<i>dorzolamide</i>	2	
<i>sulfacetamide sodium ophthalmic ointment</i>	2		<i>dorzolamide-timolol</i>	2	
<i>sulfacetamide-prednisolone</i>	2		<i>levobunolol ophthalmic drops 0.5 %</i>	2	
<i>tobramycin-dexamethasone</i>	2		<i>methazolamide oral</i>	3	
ZYLET	3		<i>metipranolol</i>	2	
Ophthalmic Anti-Allergy Agents			PHOSPHOLINE IODIDE	4	
ALOCRIL	4		<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	2	
<i>azelastine ophthalmic</i>	2		SIMBRINZA	3	
BEPREVE	4		<i>timolol maleate ophthalmic drops</i>	1	
<i>cromolyn ophthalmic</i>	2		<i>timolol maleate ophthalmic gel forming solution</i>	2	
EMADINE	4	ST	Ophthalmic Anti-Inflammatories		
<i>epinastine</i>	2		ALREX	3	
LASTACAFT	4		<i>bromfenac</i>	2	
<i>olopatadine ophthalmic</i>	2	QL (10 ML per 30 days)	<i>dexamethasone sodium phosphate ophthalmic</i>	2	
PATADAY	3		<i>diclofenac sodium ophthalmic</i>	2	
PAZEO	3	QL (2.5 ML per 30 days)	DUREZOL	4	
Ophthalmic Antiglaucoma Agents			FLAREX	4	
<i>acetazolamide oral tablet</i>	2		<i>fluorometholone</i>	2	
			<i>flurbiprofen sodium</i>	2	
			FML FORTE	4	

Drug Name	Drug Tier	Requirements/Limits
FML S.O.P.	4	
ILEVRO	4	
<i>ketorolac ophthalmic</i>	2	
LOTEMAX OPHTHALMIC DROPS,GEL	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	
MAXIDEX	4	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
VEXOL	4	

Ophthalmic Prostaglandin And Prostaglandin Analogs

<i>bimatoprost</i>	3	ST; QL (5 ML per 30 days)
<i>latanoprost</i>	2	
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	ST; QL (5 ML per 30 days)
TRAVATAN Z	3	ST; QL (5 ML per 30 days)
<i>travoprost (benzalkonium)</i>	3	QL (5 ML per 30 days)

Otic Agents

Otic Agents

CIPRO HC	4	
CIPRODEX	4	
COLY-MYCIN S	3	
<i>hydrocortisone-acetic acid</i>	3	
<i>neomycin-polymyxin-hc otic</i>	2	

Respiratory Tract/ Pulmonary Agents

Antihistamines

<i>azelastine nasal aerosol,spray</i>	2	QL (30 ML per 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray,non-aerosol</i>	2	QL (30 ML per 25 days)
<i>carbinoxamine maleate</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral tablet</i>	2	PA
<i>desloratadine oral tablet</i>	2	ST; QL (30 EA per 30 days)
<i>desloratadine oral tablet,disintegrating</i>	3	ST
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>levocetirizine oral solution</i>	4	

<i>levocetirizine oral tablet</i>	2	
<i>olopatadine nasal</i>	3	ST; QL (30.5 GM per 30 days)
<i>promethazine oral tablet</i>	2	PA

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	QL (1 EA per 28 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D; QL (60 ML per 30 days)
<i>budesonide nasal</i>	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)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (22 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 ML per 30 days)
<i>fluticasone nasal</i>	2	QL (16 GM per 30 days)
<i>fluticasone topical lotion</i>	4	
<i>mometasone nasal</i>	3	QL (34 GM per 30 days)
PULMICORT FLEXHALER	3	QL (2 EA 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)
Antileukotrienes		
<i>montelukast</i>	2	QL (30 EA per 30 days)
<i>zafirlukast</i>	2	
ZYFLO CR	6	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (52 GM per 30 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	2	B/D; QL (360 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	2	QL (45 ML per 28 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	3	QL (30 EA per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml</i>	2	B/D; QL (180 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D; QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D; QL (40 ML per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>epinephrine injection auto-injector</i>	3	QL (4 EA per 2 days)
EPIPEN 2-PAK	3	QL (4 EA per 2 days)
EPIPEN JR 2-PAK	3	QL (4 EA per 2 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	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)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline oral</i>	2	
<i>terbutaline subcutaneous</i>	5	
VENTOLIN HFA	3	QL (36 GM per 30 days)
XOPENEX HFA	4	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	6	PA; QL (84 ML per 28 days)
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)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	2	B/D; QL (240 ML per 30 days)
<i>cromolyn oral</i>	4	
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	5	
DALIRESP	4	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	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
<i>sildenafil oral</i>	3	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		
<i>acetylcysteine</i>	2	B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	6	B/D
GLASSIA	6	B/D
INCRUSE ELLIPTA	3	
LUMIZYME	6	B/D
PROLASTIN-C	6	B/D

Drug Name	Drug Tier	Requirements/Limits
TYZINE NASAL DROPS 0.05 %	4	
ZEMAIRA	6	B/D
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (4 GM per 30 days)
ESBRIET	6	PA; QL (270 EA per 30 days)
<i>ipratropium-albuterol</i>	2	B/D; QL (540 ML per 30 days)
NUCALA	6	PA; LA; QL (1 EA per 28 days)
OFEV	6	PA; QL (60 EA per 30 days)
PULMOZYME	6	B/D; QL (150 ML 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)
XOLAIR	6	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg</i>	2	PA; QL (120 EA per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	2	PA
<i>cyclobenzaprine oral tablet</i>	2	PA
<i>orphenadrine citrate oral</i>	2	PA
<i>tizanidine oral capsule</i>	4	
Sleep Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
Gaba Receptor Modulators		
<i>eszopiclone</i>	2	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	2	QL (60 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>zolpidem oral tablet 10 mg</i>	2	PA; (generic Ambien); QL (30 EA per 30 days)
<i>zolpidem oral tablet 5 mg</i>	2	PA; (generic Ambien); QL (60 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg</i>	2	PA; (generic Ambien CR); QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 6.25 mg</i>	2	PA; (generic Ambien CR); QL (60 EA per 30 days)
Sleep Disorders, Other		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate</i>	2	
HETLIOZ	6	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
XYREM	6	PA; LA

Therapeutic Nutrients/ Minerals/ Electrolytes

Electrolyte/ Mineral Modifiers

<i>amino acids 15 %</i>	5	B/D
AMINOSYN 7 % WITH ELECTROLYTES	5	B/D
AMINOSYN-RF 5.2 %	5	B/D
CHEMET	4	
DEPEN TITRATABS	4	
EXJADE	6	LA
FERRIPROX	6	PA
JADENU	6	
<i>kionex</i>	3	
<i>sodium polystyrene (sorb free)</i>	2	
SYPRINE	6	

Electrolyte/ Mineral Replacement

CARBAGLU	6	PA
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection solution</i>	5	
PHYSIOLYTE	2	
PHYSIOSOL IRRIGATION	2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml</i>	5	
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution</i>	5	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral tablet extended release 8 meq</i>	1	

<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	5	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	5	
<i>sodium chloride 3 %</i>	5	
<i>sodium chloride 5 %</i>	5	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	5	
<i>sodium chloride irrigation</i>	2	
<i>sodium fluoride oral tablet</i>	2	
SUPREP BOWEL PREP KIT	3	

Therapeutic Nutrients/ Minerals/ Electrolytes

<i>amino acids 15 %</i>	5	B/D
AMINOSYN 8.5 %-ELECTROLYTES	5	B/D
AMINOSYN II 10 %	5	B/D
<i>clinisol sf 15 %</i>	5	B/D
<i>d10 %-0.45 % sodium chloride</i>	5	
<i>d2.5 %-0.45 % sodium chloride</i>	5	
<i>d5 % and 0.9 % sodium chloride</i>	5	
<i>d5 %-0.45 % sodium chloride</i>	5	
<i>dextrose 10 % and 0.2 % nacl</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % in water (d10w)</i>	5	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	5	
<i>dextrose 5 %-lactated ringers</i>	5	
<i>dextrose 5%-0.2 % sod chloride</i>	5	
<i>dextrose 5%-0.3 % sod.chloride</i>	5	
HEPATAMINE 8%	5	B/D
INTRALIPID	5	B/D
INTRAVENOUS EMULSION 30 %		
<i>lactated ringers intravenous</i>	5	
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine oral tablet</i>	2	
NORMOSOL-M IN 5 % DEXTROSE	5	
NUTRILIPID	5	B/D
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	5	
PREMASOL 10 %	5	B/D
PREMASOL 6 %	5	B/D
PRENATAL VITAMIN PLUS LOW IRON	2	
<i>ringers intravenous</i>	5	
<i>ringers irrigation</i>	2	
TPN ELECTROLYTES	5	B/D
<i>water for irrigation, sterile</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Vitamins		
<i>doxercalciferol intravenous</i>	5	B/D
<i>doxercalciferol oral capsule 0.5 mcg</i>	3	B/D
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	6	B/D

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