



2016 Formulary

Gateway Health Medicare Assured RubySM (HMO SNP)
Gateway Health Medicare Assured DiamondSM (HMO SNP)

LIST OF COVERED DRUGS

PLEASE READ: This document contains information about the drugs we cover in these plans.

This formulary was updated on December 1, 2016. For more recent information or other questions, please contact us, Gateway Health Member Services, at:

Pennsylvania: 1-800-685-5209

Ohio: 1-888-447-4505

North Carolina: 1-855-847-6430

Kentucky: 1-855-847-6380

All States: TTY users, 711,

8 a.m. through 8 p.m., 7 days a week, or visit www.MedicareAssured.com.

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Medicare^{Rx}
Prescription Drug Coverage ^{Rx}

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 Gateway HealthSM. When it refers to “plan” or “our plan,” it means Gateway Health Medicare Assured DiamondSM or Gateway Health Medicare Assured RubySM.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?

A formulary is a list of covered drugs selected by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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. We 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, 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 December 1, 2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event we make a mid-year non-maintenance formulary change, you will be sent a formulary update notice to place in this printed formulary book.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. 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 Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 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 55. 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?

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby cover 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 60 tablets per prescription per 30 days for metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, we 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 3. 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 our 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 Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby 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 our 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 us.
- You can ask our 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?

You can ask us 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, our 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, we 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 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.

If you experience a level of care change (i.e. are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 31-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

For more information

For more detailed information about your Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our 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 <http://www.medicare.gov>.

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby are HMO plans with a Medicare contract and a contract with Kentucky Medicaid, North Carolina Medicaid, Pennsylvania Medicaid, and Ohio Medicaid. Enrollment in Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby depends on contract renewal.

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary

The formulary that begins on the next page 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 55.

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

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

Plan Name	Drug Tier	Member Cost Share
Gateway Health Medicare Assured Diamond	1 – Generic	\$0, \$1.20, \$2.95
	1 – Brand	\$0, \$3.60, \$7.40
Gateway Health Medicare Assured Ruby	1 – Generic	\$0, \$1.20, \$2.95
	1 – Brand	\$0, \$3.60, \$7.40

Drug Table Notes

The following table lists the notes as they appear in the formulary.

PA – Prior Authorization

B/D – This drug may be covered under Medicare B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ST – Step Therapy

LA – Limited Availability

QL – Quantity Limits

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CURRENT AS OF 12/1/2016

<p>italics = Generic 1 drugs UPPERCASE = Brand name 1 drugs</p>	<p>Drug Tier 1 = Covered Drug (Brand or Generic)</p>	<p>Requirements/Limits B/D = This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. LA = Limited Access PA = Prior Authorization PA (N/S) = Prior Authorization for New Starts Only QL = Quantity Limits ST = Step Therapy</p>
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Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
Antihistamine Drugs		
<i>cetirizine oral solution 1 mg/mL</i>	1	
<i>cyproheptadine</i>	1	PA
<i>diphenhydramine HCl injection solution 50 mg/mL</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	1	PA
Anti-Infective Agents		
Amebicides		
<i>paromomycin</i>	1	
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 mL</i>	1	
<i>gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL</i>	1	
<i>gentamicin injection solution 40 mg/mL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin</i>	1	
<i>tobramycin in 0.225 % NaCl</i>	1	B/D
<i>tobramycin sulfate injection solution</i>	1	
Anthelmintics		
ALBENZA	1	
BILTRICIDE	1	
Antibacterials, Miscellaneous		
<i>clindamycin HCl</i>	1	
<i>Clindamycin Pediatric</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 mL</i>	1	
<i>colistin (colistimethate Na)</i>	1	
CUBICIN	1	
CUBICIN RF	1	
<i>daptomycin</i>	1	
<i>linezolid intravenous</i>	1	PA
<i>linezolid oral suspension for reconstitution</i>	1	PA
<i>linezolid oral tablet</i>	1	PA; QL
SYNERCID	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram</i>	1	
<i>vancomycin intravenous recon soln 500 mg</i>	1	B/D
<i>vancomycin oral capsule</i>	1	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	1	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	1	PA
Antifungal Agents		
<i>flucytosine</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	1	
Antifungals		
AMBISOME	1	B/D
<i>amphotericin B</i>	1	B/D
CANCIDAS	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 mL</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	1	PA
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
SPORANOX ORAL SOLUTION	1	
<i>terbinafine HCl oral</i>	1	QL
<i>voriconazole intravenous</i>	1	
<i>voriconazole oral tablet</i>	1	
Antimalarials		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
<i>chloroquine phosphate oral</i>	1	
DARAPRIM	1	
<i>hydroxychloroquine oral</i>	1	
<i>mefloquine</i>	1	
<i>primaquine</i>	1	
<i>quinine sulfate</i>	1	
Antimycobacterials, Miscellaneous		
<i>dapsone</i>	1	
Antiprotozoals, Miscellaneous		
ALINIA	1	
<i>metronidazole in NaCl (iso-os)</i>	1	
<i>metronidazole oral tablet</i>	1	
NEBUPENT	1	B/D
PENTAM	1	
Antiretrovirals		
<i>abacavir</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APTIVUS	1	
ATRIPLA	1	
COMPLERA	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DESCOVY	1	
<i>didanosine</i>	1	
EDURANT	1	
EMTRIVA	1	
EPIVIR HBV ORAL SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
EPIVIR ORAL SOLUTION	1	
EPZICOM	1	
EVOTAZ	1	QL
FUZEON SUBCUTANEOUS RECON SOLN	1	
GENVOYA	1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	1	QL
INVIRASE	1	
ISENTRESS ORAL POWDER IN PACKET	1	
ISENTRESS ORAL TABLET	1	QL
ISENTRESS ORAL TABLET,CHEWABLE	1	
KALETRA	1	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	1	
<i>nevirapine</i>	1	
NORVIR	1	
<i>Odefsey</i>	1	
PREZCOBIX	1	QL
PREZISTA ORAL SUSPENSION	1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	
RESCRIPTOR	1	
RETROVIR INTRAVENOUS	1	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	1	
REYATAZ ORAL POWDER IN PACKET	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	QL
<i>stavudine</i>	1	
STRIBILD	1	
SUSTIVA	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	QL
TRIUMEQ	1	
TRUVADA	1	
VIDEX 2 GRAM PEDIATRIC	1	
VIRACEPT ORAL TABLET	1	
VIRAMUNE XR	1	

Drug Name	Drug Tier	Requirements/Limits
VIREAD	1	
VITEKTA	1	QL
ZIAGEN ORAL SOLUTION	1	
<i>zidovudine</i>	1	
Antituberculosis Agents		
CAPASTAT	1	
<i>ethambutol</i>	1	
<i>isoniazid oral</i>	1	
PASER	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFAMATE	1	
<i>rifampin</i>	1	
RIFATER	1	
TRECTOR	1	
Antivirals		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 mL</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir</i>	1	QL
BARACLUDGE ORAL SOLUTION	1	PA (N/S); QL
BARACLUDGE ORAL TABLET	1	PA (N/S); QL
DAKLINZA	1	PA
<i>entecavir</i>	1	PA (N/S); QL
<i>famciclovir</i>	1	
<i>ganciclovir sodium</i>	1	
HARVONI	1	PA; QL
HEPSERA	1	QL
INTRON A INJECTION RECON SOLN	1	PA (N/S)
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	1	PA (N/S)
<i>Moderiba</i>	1	
<i>Moderiba Dose Pack oral tablets, dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	1	PA (N/S)
PEGASYS SUBCUTANEOUS SYRINGE	1	PA (N/S)
PEGINTRON REDIPEN	1	PA (N/S)

Drug Name	Drug Tier	Requirements/Limits
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	PA (N/S)
RELENZA DISKHALER	1	QL
<i>Ribasphere</i>	1	
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	1	
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine</i>	1	
SOVALDI	1	PA; QL
SYLATRON	1	PA (N/S)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	1	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	1	
TAMIFLU ORAL CAPSULE 75 MG	1	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	1	QL
TECHNIVIE	1	PA
TYZEKA	1	PA; QL
<i>valacyclovir</i>	1	
VALCYTE	1	
<i>valganciclovir oral tablet</i>	1	
VIEKIRA PAK	1	PA; QL
Cephalosporins		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 mL</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime in dextrose 5 %</i>	1	
<i>cefixime</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>TAZICEF injection</i>	1	
TEFLARO	1	PA
Chloramphenicol		
<i>chloramphenicol sod succinate</i>	1	B/D
Macrolides		
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin</i>	1	
E.E.S. GRANULES	1	
ERYPED 200	1	
ERYPED 400	1	
ERY-TAB	1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin oral tablet</i>	1	
Miscellaneous B-Lactam Antibiotics		
AZACTAM IN DEXTROSE (ISO-OSM)	1	
AZACTAM INJECTION RECON SOLN 1 GRAM	1	
<i>aztreonam injection recon soln 1 gram</i>	1	
CAYSTON	1	PA
<i>cefoxitin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin</i>	1	
<i>meropenem intravenous recon soln 500 mg</i>	1	
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>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin-sulbactam injection</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
BICILLIN L-A	1	
<i>dicloxacillin</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 mL</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin intravenous recon soln 1 gram</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	
<i>oxacillin intravenous recon soln 2 gram</i>	1	
<i>penicillin G potassium injection recon soln 5 million unit</i>	1	
<i>penicillin V potassium</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	1	
Quinolones		
AVELOX IN NAACL (ISO-OSMOTIC)	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin HCl oral</i>	1	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 mL</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin</i>	1	QL
<i>moxifloxacin-sod.ace,sul-water</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 400 mg</i>	1	
Sulfonamides (Systemic)		
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
Tetracyclines		
<i>demeclocycline</i>	1	
<i>doxycycline hyclate intravenous</i>	1	B/D
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (DR/EC) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral</i>	1	
TYGACIL	1	
VIBRAMYCIN ORAL SYRUP	1	
Urinary Anti-Infectives		
MACRODANTIN ORAL CAPSULE 25 MG	1	PA
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	PA
<i>nitrofurantoin monohyd/m-cryst</i>	1	PA
<i>nitrofurantoin oral</i>	1	PA
<i>trimethoprim</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
ABRAXANE	1	PA
AFINITOR	1	PA (N/S); QL
AFINITOR DISPERZ	1	PA (N/S); QL
ALECENSA	1	PA (N/S)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	1	PA (N/S)
<i>anastrozole</i>	1	QL
ARRANON	1	B/D
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	1	PA (N/S)

Drug Name	Drug Tier	Requirements/Limits
AVASTIN	1	PA (N/S)
<i>azacitidine</i>	1	B/D
BELEODAQ	1	PA (N/S)
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BICNU	1	B/D
<i>bleomycin injection recon soln 30 unit</i>	1	B/D
BOSULIF	1	PA (N/S)
BUSULFEX	1	B/D
CABOMETYX	1	PA (N/S)
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA (N/S); LA; QL
<i>carboplatin intravenous solution</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>cladribine</i>	1	B/D
CLOLAR	1	B/D
COMETRIQ	1	PA (N/S)
COSMEGEN	1	B/D
COTELLIC	1	PA (N/S)
<i>cyclophosphamide oral capsule</i>	1	B/D
CYRAMZA	1	B/D
<i>cytarabine</i>	1	B/D
<i>cytarabine (PF) injection solution 2 gram/20 mL (100 mg/mL)</i>	1	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	1	B/D
DACOGEN	1	PA (N/S)
DARZALEX	1	PA (N/S)
<i>daunorubicin intravenous solution</i>	1	B/D
<i>decitabine</i>	1	B/D
<i>docetaxel intravenous solution 80 mg/4 mL (20 mg/mL), 80 mg/8 mL (10 mg/mL)</i>	1	B/D
DOXIL	1	B/D
<i>doxorubicin intravenous solution 50 mg/25 mL</i>	1	B/D
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	1	
ELIGARD	1	PA (N/S)
ELIGARD (3 MONTH)	1	PA (N/S)
ELIGARD (4 MONTH)	1	PA (N/S)
ELIGARD (6 MONTH)	1	PA (N/S)
EMCYT	1	

Drug Name	Drug Tier	Requirements/Limits
EMPLICITI	1	PA (N/S)
<i>epirubicin intravenous solution 50 mg/25 mL</i>	1	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	1	B/D
ERIVEDGE	1	PA (N/S)
ERWINAZE	1	B/D
<i>etoposide intravenous</i>	1	B/D
<i>exemestane</i>	1	
FARESTON	1	
FARYDAK	1	PA (N/S)
FASLODEX	1	PA (N/S); QL
FIRMAGON KIT W DILUENT SYRINGE	1	PA (N/S)
<i>fludarabine intravenous recon soln</i>	1	B/D
<i>fluorouracil intravenous solution 2.5 gram/50 mL</i>	1	B/D
<i>flutamide</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	1	B/D
<i>gemcitabine intravenous recon soln 1 gram</i>	1	B/D
GILOTRIF	1	PA (N/S); QL
GLEEVEC	1	PA (N/S)
GLEOSTINE	1	
HALAVEN	1	PA (N/S)
HERCEPTIN	1	B/D
HEXALEN	1	
<i>hydroxyurea</i>	1	
IBRANCE	1	PA (N/S)
ICLUSIG	1	PA (N/S)
<i>idarubicin</i>	1	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	1	B/D
IMATINIB	1	PA (N/S)
IMBRUVICA	1	PA (N/S); QL
INLYTA	1	PA (N/S)
IRESSA	1	PA (N/S)
<i>irinotecan intravenous solution 100 mg/5 mL</i>	1	B/D
ISTODAX	1	
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	1	B/D
JAKAFI	1	PA (N/S)
JEVTANA	1	B/D

Drug Name	Drug Tier	Requirements/Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG	1	B/D
KEYTRUDA	1	B/D
LENVIMA	1	PA (N/S)
<i>letrozole</i>	1	
LEUKERAN	1	
<i>leuprolide subcutaneous kit</i>	1	PA (N/S)
LONSURF	1	PA (N/S)
LUPANETA PACK (1 MONTH)	1	PA
LUPANETA PACK (3 MONTH)	1	PA
LUPRON DEPOT	1	PA
LUPRON DEPOT (3 MONTH)	1	PA
LUPRON DEPOT (4 MONTH)	1	PA
LUPRON DEPOT (6 MONTH)	1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	PA
LYNPARZA	1	PA (N/S)
LYSODREN	1	
MATULANE	1	
<i>megestrol oral suspension 400 mg/10 mL (40 mg/mL)</i>	1	PA (N/S)
<i>megestrol oral suspension 625 mg/5 mL</i>	1	
<i>megestrol oral tablet</i>	1	PA (N/S)
MEKINIST ORAL TABLET 0.5 MG	1	PA (N/S)
MEKINIST ORAL TABLET 2 MG	1	PA (N/S); QL
<i>melphalan HCl</i>	1	B/D
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (PF)</i>	1	B/D
<i>methotrexate sodium oral</i>	1	B/D
<i>mitomycin intravenous recon soln 20 mg</i>	1	B/D
<i>mitoxantrone</i>	1	B/D
MUSTARGEN	1	B/D
NEXAVAR	1	PA (N/S); QL
NILANDRON	1	
<i>nilutamide</i>	1	
NINLARO	1	PA (N/S)
NIPENT	1	B/D
ODOMZO	1	PA (N/S)
ONCASPAR	1	B/D

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	1	PA (N/S)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.4 ML	1	
<i>oxaliplatin intravenous solution 100 mg/20 mL</i>	1	B/D
<i>paclitaxel</i>	1	B/D
PERJETA	1	PA (N/S)
POMALYST	1	PA (N/S)
PROLEUKIN	1	PA (N/S)
PURIXAN	1	
REVLIMID	1	PA (N/S); LA; QL
RITUXAN	1	PA (N/S)
SOLTAMOX	1	
SPRYCEL	1	PA (N/S); QL
STIVARGA	1	PA (N/S)
SUTENT	1	PA (N/S); QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG	1	PA (N/S)
SYNRIBO	1	PA (N/S)
<i>Tabloid</i>	1	
TAFINLAR ORAL CAPSULE 50 MG	1	PA (N/S)
TAFINLAR ORAL CAPSULE 75 MG	1	PA (N/S); QL
TAGRISSO	1	PA (N/S)
<i>tamoxifen</i>	1	
TARCEVA	1	PA (N/S)
TARGRETIN ORAL	1	
TASIGNA ORAL CAPSULE 150 MG	1	PA (N/S)
TASIGNA ORAL CAPSULE 200 MG	1	PA (N/S); QL
TECENTRIQ	1	PA (N/S)
<i>thiotepa</i>	1	B/D
<i>topotecan intravenous recon soln</i>	1	B/D
TORISEL	1	B/D
TREANDA INTRAVENOUS RECON SOLN 100 MG	1	B/D
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	1	PA (N/S)
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	1	B/D
TRISENOX	1	PA (N/S)

Drug Name	Drug Tier	Requirements/Limits
TYKERB	1	PA (N/S); QL
VALCHLOR	1	PA (N/S)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	1	B/D
VELCADE	1	PA (N/S)
VENCLEXTA	1	
VENCLEXTA STARTING PACK	1	
<i>vinblastine intravenous solution</i>	1	B/D
<i>Vincasar PFS intravenous solution 1 mg/mL</i>	1	B/D
<i>vincristine intravenous solution 1 mg/mL</i>	1	B/D
<i>vinorelbine intravenous solution 50 mg/5 mL</i>	1	B/D
VOTRIENT	1	QL
XALKORI	1	PA (N/S)
XTANDI	1	PA (N/S)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	1	PA (N/S)
YONDELIS	1	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	1	B/D
ZANOSAR	1	B/D
ZELBORAF	1	PA (N/S)
ZOLINZA	1	PA (N/S); QL
ZYDELIG	1	PA (N/S); QL
ZYKADIA	1	PA (N/S)
ZYTIGA	1	PA (N/S)

Autonomic Drugs

Alpha- And Beta-Adrenergic Agonists

<i>epinephrine injection auto-injector</i>	1	
EPIPEN JR 2-PAK	1	
NORTHERA	1	PA

Alpha-Adrenergic Agonists

<i>midodrine</i>	1	
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Antimuscarinics/Antispasmodics

ATROVENT HFA	1	QL
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>ipratropium bromide inhalation</i>	1	B/D; QL

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine oral</i>	1	
SPIRIVA RESPIMAT	1	QL
SPIRIVA WITH HANDIHALER	1	QL
STIOLTO RESPIMAT	1	QL
Autonomic Drugs, Miscellaneous		
CHANTIX	1	ST; QL
CHANTIX CONTINUING MONTH BOX	1	ST; QL
CHANTIX STARTING MONTH BOX	1	ST
NICOTROL	1	
NICOTROL NS	1	
Beta-Adrenergic Agonists		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg/3 mL (0.083 %), 5 mg/mL</i>	1	B/D; QL
<i>albuterol sulfate oral</i>	1	
COMBIVENT RESPIMAT	1	QL
<i>ipratropium-albuterol</i>	1	B/D
<i>metaproterenol oral</i>	1	
SEREVENT DISKUS	1	QL
<i>terbutaline oral</i>	1	
VENTOLIN HFA	1	QL
Parasympathomimetic (Cholinergic Agents)		
<i>bethanechol chloride</i>	1	
<i>cevimeline</i>	1	
<i>donepezil</i>	1	QL
EXELON TRANSDERMAL	1	QL
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL
<i>galantamine oral tablet</i>	1	QL
MESTINON ORAL SYRUP	1	
MESTINON TIMESPAN	1	
<i>pilocarpine HCl oral</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>rivastigmine</i>	1	QL
<i>rivastigmine tartrate</i>	1	QL
Skeletal Muscle Relaxants		
<i>chlorzoxazone</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene</i>	1	
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>tizanidine</i>	1	
Sympatholytic Adrenergic Blocking Agents		
<i>alfuzosin</i>	1	
<i>dihydroergotamine</i>	1	
<i>tamsulosin</i>	1	
Blood Formation, Coagulation, And Thrombosis		
Anticoagulants		
COUMADIN ORAL	1	
ELIQUIS	1	
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	1	
FRAGMIN SUBCUTANEOUS SYRINGE	1	
<i>heparin (porcine) injection solution</i>	1	B/D
<i>Jantoven</i>	1	
PRADAXA	1	
<i>warfarin</i>	1	
XARELTO	1	
Antihemorrhagic Agents		
CYKLOKAPRON	1	
Hematopoietic Agents		
LEUKINE INJECTION RECON SOLN	1	
MOZOBIL	1	PA; QL
NEULASTA SUBCUTANEOUS SYRINGE	1	PA
NEUPOGEN	1	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	1	PA
PROMACTA	1	PA; LA; QL
Hemorrhologic Agents		
<i>pentoxifylline</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Hemostatics		
<i>tranexamic acid</i>	1	
Platelet-Aggregation Inhibitors		
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
Blood Formation, Coagulation, And Thrombosis Agents		
BRILINTA	1	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin</i>	1	
<i>prazosin oral</i>	1	
<i>terazosin</i>	1	
Antiarrhythmic Agents		
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	1	
PACERONE ORAL TABLET 100 MG	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
TIKOSYN	1	
Antilipemic Agents		
<i>atorvastatin</i>	1	
<i>Cholestyramine Light oral powder in packet</i>	1	
<i>colestipol oral granules</i>	1	
<i>colestipol oral tablet</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil oral</i>	1	
KYNAMRO	1	PA
<i>lovastatin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>Niacor</i>	1	
<i>omega-3 acid ethyl esters</i>	1	QL
<i>pravastatin</i>	1	
<i>Prevalite oral powder</i>	1	
<i>simvastatin</i>	1	
ZETIA	1	ST; QL
Antilipemic Drugs		
<i>Cholestyramine Light oral powder</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>labetalol oral</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>Sotalol AF oral tablet 120 mg</i>	1	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral</i>	1	
Calcium-Channel Blocking Agents		
<i>Afeditab CR</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
AZOR	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 360 MG	1	
<i>Cartia XT</i>	1	
<i>diltiazem HCl intravenous</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem HCl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem HCl oral capsule, extended release 12 hr</i>	1	
<i>diltiazem HCl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem HCl oral tablet</i>	1	
<i>DILT-XR</i>	1	
<i>felodipine</i>	1	
<i>Matzim LA</i>	1	
<i>Nifedical XL</i>	1	
<i>nifedipine oral capsule</i>	1	PA
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>Taztia XT</i>	1	
<i>verapamil oral</i>	1	
Cardiac Drugs, Miscellaneous		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	1	QL
Cardiotonic Agents		
<i>Digitek oral tablet 125 mcg</i>	1	
<i>Digitek oral tablet 250 mcg</i>	1	ST
<i>digoxin injection solution</i>	1	
<i>digoxin oral solution 50 mcg/mL</i>	1	
<i>digoxin oral tablet 125 mcg</i>	1	
<i>digoxin oral tablet 250 mcg</i>	1	ST
Hypotensive Agents		
<i>clonidine</i>	1	
<i>clonidine HCl oral tablet</i>	1	
<i>Clorpres</i>	1	
<i>hydralazine oral</i>	1	
<i>minoxidil oral</i>	1	
PROGLYCEM	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
Vasodilating Agents		
ADCIRCA	1	PA; QL
AGGRENOX	1	
<i>aspirin-dipyridamole</i>	1	QL
ISORDIL	1	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate</i>	1	
LETAIRIS	1	QL
NITRO-BID	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROSTAT	1	
<i>sildenafil oral</i>	1	PA; QL
VENTAVIS	1	PA
Central Nervous System Agents		
Analgesics And Antipyretics, Misc.		
<i>butalbital-acetaminophen</i>	1	PA; QL

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA; QL
<i>Tencon oral tablet 50-325 mg</i>	1	QL
Anorexigenic Agents And Respiratory And Cns Stimulants		
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	QL
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL
<i>modafinil</i>	1	PA
Anticonvulsants		
BANZEL ORAL SUSPENSION	1	
BANZEL ORAL TABLET	1	PA (N/S)
BRIVIACT	1	PA (N/S)
<i>carbamazepine oral capsule, ER multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 mL</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clonazepam</i>	1	
<i>clorazepate dipotassium</i>	1	QL
<i>Diazepam Intensol</i>	1	QL
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	1	QL
<i>diazepam oral tablet</i>	1	QL
<i>diazepam rectal</i>	1	
DILANTIN	1	
<i>divalproex</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FYCOMPA ORAL SUSPENSION	1	QL
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG	1	QL
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 mL</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	1	
<i>lamotrigine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam in NaCl (iso-os)</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution 100 mg/mL</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	QL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	PA (N/S); QL
LYRICA ORAL SOLUTION 20 MG/ML	1	
LYRICA ORAL SOLUTION 20 MG/ML	1	PA (N/S)
ONFI ORAL SUSPENSION	1	
ONFI ORAL TABLET 10 MG, 20 MG	1	
<i>oxcarbazepine</i>	1	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	QL
<i>phenytoin oral suspension 125 mg/5 mL</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
POTIGA	1	QL
<i>primidone</i>	1	
SABRIL	1	PA (N/S)
SPRITAM	1	PA (N/S)
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	1	
VIMPAT INTRAVENOUS	1	
VIMPAT ORAL SOLUTION	1	
VIMPAT ORAL TABLET	1	
<i>zonisamide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Miscellaneous		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	1	QL
FYCOMPA ORAL TABLET 10 MG, 12 MG	1	QL
HORIZANT	1	QL
<i>magnesium sulfate injection solution</i>	1	B/D
Antidepressants		
<i>amitriptyline</i>	1	PA
<i>amoxapine</i>	1	
BRINTELLIX	1	QL
<i>Buproban</i>	1	
<i>bupropion HCl</i>	1	
<i>bupropion HCl (smoking deter)</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL
<i>citalopram oral tablet 40 mg</i>	1	
<i>clomipramine</i>	1	PA (N/S)
<i>desipramine oral</i>	1	
<i>doxepin oral</i>	1	PA (N/S)
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	1	QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	1	QL
<i>fluoxetine oral capsule 10 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL
<i>fluoxetine oral tablet 60 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL
<i>imipramine HCl</i>	1	PA (N/S)
<i>maprotiline</i>	1	
MARPLAN	1	
<i>mirtazapine oral tablet 15 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	1	QL
<i>mirtazapine oral tablet,disintegrating 30 mg, 45 mg</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
<i>olanzapine-fluoxetine</i>	1	QL
<i>paroxetine HCl oral tablet 10 mg, 20 mg</i>	1	QL
<i>paroxetine HCl oral tablet 30 mg, 40 mg</i>	1	
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	1	QL
<i>paroxetine HCl oral tablet extended release 24 hr 37.5 mg</i>	1	
PAXIL ORAL SUSPENSION	1	
<i>phenelzine</i>	1	
PRISTIQ	1	QL
<i>protriptyline</i>	1	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet 100 mg</i>	1	
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL
SURMONTIL	1	PA (N/S)
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trimipramine</i>	1	PA (N/S)
TRINTELLIX	1	QL
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
VIIBRYD ORAL TABLET	1	QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	QL
Antimanic Agents		
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 mEq/5 mL</i>	1	
Antimigraine Agents		
<i>rizatriptan oral tablet 10 mg</i>	1	QL
<i>rizatriptan oral tablet,disintegrating</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 mL</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
Antiparkinsonian Agents		
<i>amantadine HCl</i>	1	
APOKYN	1	
AZILECT	1	QL
<i>benztropine</i>	1	PA
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
EMSAM	1	QL
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	1	
<i>ropinirole</i>	1	
<i>selegiline HCl</i>	1	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	PA
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	PA (N/S); QL
<i>clozapine</i>	1	
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	1	
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
VERSACLOZ	1	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA (N/S); QL
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	1	PA (N/S); QL
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	1	QL
<i>chlorpromazine</i>	1	
FANAPT	1	PA (N/S); QL
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine HCl</i>	1	
GEODON INTRAMUSCULAR	1	QL
HALDOL	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	1	PA (N/S); QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	1	PA (N/S); QL
LATUDA	1	QL
<i>loxapine succinate</i>	1	
<i>molindone</i>	1	
NUPLAZID	1	PA (N/S); QL
ORAP	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
REXULTI	1	PA (N/S); QL
RISPERDAL CONSTA	1	PA (N/S); QL
<i>risperidone oral solution</i>	1	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
SAPHRIS (BLACK CHERRY)	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	1	QL
<i>thioridazine</i>	1	PA (N/S)
<i>thiothixene</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine</i>	1	
VRAYLAR ORAL CAPSULE	1	QL
VRAYLAR ORAL CAPSULE,DOSE PACK	1	
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
Anxiolytics, Sedatives & Hypnotics,Misc.		
HETLIOZ	1	PA
ROZEREM	1	QL
Anxiolytics, Sedatives And Hypnotics,Misc.		
<i>bupirone</i>	1	
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	1	PA (N/S)
<i>hydroxyzine HCl oral tablet</i>	1	PA (N/S)
<i>hydroxyzine pamoate</i>	1	PA (N/S)
<i>zaleplon</i>	1	ST; QL
<i>zolpidem oral tablet</i>	1	ST; QL
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
<i>Alprazolam Intensol</i>	1	QL
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>alprazolam oral tablet extended release 24 hr</i>	1	QL
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>Lorazepam Intensol</i>	1	QL
<i>lorazepam oral tablet</i>	1	QL
Central Nervous System Agents, Misc.		
<i>acamprosate</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL
<i>memantine oral solution</i>	1	QL
<i>memantine oral tablet 10 mg</i>	1	
<i>memantine oral tablet 5 mg</i>	1	QL
<i>memantine oral tablets,dose pack</i>	1	
NAMENDA ORAL SOLUTION	1	QL
NAMENDA ORAL TABLET	1	
NAMENDA TITRATION PAK	1	
NUEDEXTA	1	PA; QL
<i>riluzole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	1	QL
<i>tetrabenazine</i>	1	PA; LA
XENAZINE	1	PA; LA
XYREM	1	LA
Hydantoins		
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	1	
<i>fosphenytoin injection solution 100 mg PE/2 mL</i>	1	
PEGANONE	1	
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib</i>	1	QL
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam</i>	1	
<i>sulindac oral</i>	1	
VOLTAREN TOPICAL	1	QL
Opiate Agonists		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 mL</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>codeine sulfate oral tablet</i>	1	QL
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	1	B/D
<i>Duramorph (PF)</i>	1	B/D
<i>Endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL
<i>hydromorphone (PF)</i>	1	B/D
<i>hydromorphone injection syringe 2 mg/mL</i>	1	B/D
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>ibuprofen-oxycodone</i>	1	QL
LAZANDA	1	PA; QL
<i>meperidine (PF) injection solution 100 mg/mL, 25 mg/mL, 50 mg/mL</i>	1	ST; QL
<i>meperidine oral solution</i>	1	ST; QL
<i>meperidine oral tablet</i>	1	ST; QL
<i>methadone oral tablet</i>	1	QL
<i>morphine concentrate oral solution</i>	1	QL
<i>morphine intravenous syringe</i>	1	B/D
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
<i>oxycodone-aspirin</i>	1	QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG	1	QL
<i>tramadol oral tablet</i>	1	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	QL
<i>tramadol oral tablet, ER multiphase 24 hr 300 mg</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
Opiate Antagonists		
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe 1 mg/mL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone</i>	1	
Opiate Partial Agonists		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	1	QL
<i>pentazocine-naloxone</i>	1	ST; QL
SUBOXONE	1	QL
TALWIN	1	PA; ST; QL
Respiratory And Cns Stimulants		
<i>dexmethylphenidate oral capsule,ER biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	QL
<i>dexmethylphenidate oral tablet</i>	1	QL
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>methylphenidate oral tablet extended release 20 mg</i>	1	QL
<i>methylphenidate oral tablet extended release 24hr</i>	1	QL
Selective Serotonin Agonists		
<i>rizatriptan oral tablet 5 mg</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL
Devices		
Devices		
<i>Assure ID Insulin Safety syringe 1 mL 29 gauge x 1/2"</i>	1	
<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>	1	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
<i>ammonium chloride</i>	1	
Alkalinizing Agents		
<i>potassium citrate</i>	1	
SODIUM LACTATE INTRAVENOUS	1	
Ammonia Detoxicants		
CARBAGLU	1	PA
<i>Constulose</i>	1	
<i>Enulose</i>	1	
<i>Generlac</i>	1	
<i>lactulose oral solution 10 gram/15 mL</i>	1	
RAVICTI	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate</i>	1	PA
Caloric Agents		
AMINOSYN 8.5 %-ELECTROLYTES	1	B/D
AMINOSYN II 10 %	1	B/D
AMINOSYN II 15 %	1	B/D
AMINOSYN II 7 %	1	B/D
AMINOSYN II 8.5 %	1	B/D
AMINOSYN II 8.5 %-ELECTROLYTES	1	B/D
AMINOSYN-PF 10 %	1	B/D
AMINOSYN-PF 7 % (SULFITE-FREE)	1	B/D
<i>D10 %-0.45 % sodium chloride</i>	1	
<i>D2.5 %-0.45 % sodium chloride</i>	1	
<i>D5 % and 0.9 % sodium chloride</i>	1	
<i>D5 %-0.45 % sodium chloride</i>	1	
<i>dextrose 10 % in water (D10W)</i>	1	
<i>dextrose 5 % in water (D5W) intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
NUTRILIPID	1	B/D
Diuretics		
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	1	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>torseamide oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
Ion-Removing Agents		
<i>calcium acetate oral capsule</i>	1	
<i>Eliphos</i>	1	
<i>Kionex</i>	1	
RENVELA ORAL TABLET	1	
<i>sodium polystyrene (sorb free)</i>	1	
<i>SPS (with sorbitol) oral</i>	1	
Irrigating Solutions		
<i>sodium chloride irrigation</i>	1	
<i>water for irrigation, sterile</i>	1	
Replacement Preparations		
<i>dextrose 5 %-lactated ringers</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>Klor-Con M15</i>	1	
KLOR-CON M20	1	
<i>lactated ringers intravenous</i>	1	
<i>potassium chlorid-D5-0.45%NaCl intravenous parenteral solution 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	1	B/D
<i>potassium chloride intravenous piggyback 20 mEq/100 mL</i>	1	
<i>potassium chloride intravenous solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral tablet extended release 8 mEq</i>	1	
<i>potassium chloride oral tablet,ER particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 mEq/mL</i>	1	
TPN ELECTROLYTES	1	B/D

Drug Name	Drug Tier	Requirements/Limits
Uricosuric Agents		
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
Enzymes		
Enzymes		
ADAGEN	1	PA; LA
ALDURAZYME	1	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; LA
ELAPRASE	1	PA
ELELYSO	1	PA
ELITEK	1	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	1	PA
MYOZYME	1	PA
NAGLAZYME	1	PA
PULMOZYME	1	PA; QL
VPRIV	1	PA
Eye, Ear, Nose, And Throat (Eent) Preparations		
Antiallergic Agents		
<i>azelastine nasal</i>	1	
<i>olopatadine ophthalmic</i>	1	
PATADAY	1	
Antiglaucoma Agents		
<i>acetazolamide</i>	1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	1	
<i>betaxolol ophthalmic</i>	1	
BETOPTIC S	1	
<i>brimonidine</i>	1	
DORZOLAMIDE	1	
DORZOLAMIDE-TIMOLOL	1	
<i>latanoprost</i>	1	
<i>levobunolol ophthalmic drops 0.5 %</i>	1	
<i>methazolamide oral</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine HCl ophthalmic drops 1 %, 2 %, 4 %</i>	1	
<i>timolol maleate ophthalmic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE (PF)	1	
TRAVATAN Z	1	
Anti-Infectives (Eent)		
<i>acetic acid otic</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin B ophthalmic</i>	1	
BACTROBAN NASAL	1	
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CILOXAN OPHTHALMIC OINTMENT	1	
CIPRODEX	1	
<i>ciprofloxacin HCl ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>Gentak ophthalmic ointment</i>	1	
<i>gentamicin ophthalmic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>levofloxacin ophthalmic</i>	1	
MOXEZA	1	
NATACYN	1	
<i>neomycin-bacitracin-poly-HC</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin B-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-HC</i>	1	
<i>Neosporin (neo-polym-gramicid)</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
<i>polymyxin B sulf-trimethoprim</i>	1	
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	1	
<i>tobramycin</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBEX OPHTHALMIC OINTMENT	1	
<i>trifluridine</i>	1	
VIGAMOX	1	
ZIRGAN	1	

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents (Eent)		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
DUREZOL	1	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone nasal</i>	1	QL
FML FORTE	1	
<i>ketorolac ophthalmic</i>	1	
MAXIDEX	1	
PRED MILD	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
RESTASIS	1	
VEXOL	1	
Eent Drugs, Miscellaneous		
<i>apraclonidine</i>	1	
<i>carteolol</i>	1	
IOPIDINE OPHTHALMIC DROPPERETTE	1	
<i>ipratropium bromide nasal</i>	1	QL
Local Anesthetics (Eent)		
<i>lidocaine HCl mucous membrane jelly</i>	1	
<i>lidocaine HCl mucous membrane solution</i>	1	
<i>proparacaine</i>	1	
Vasoconstrictors		
<i>naphazoline</i>	1	
TYZINE NASAL DROPS 0.05 %	1	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
<i>dronabinol</i>	1	PA; QL
<i>ondansetron HCl (PF) injection syringe</i>	1	
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>loperamide oral capsule</i>	1	
Antiemetics		
<i>Compro</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	1	PA; QL
EMEND ORAL CAPSULE,DOSE PACK	1	PA; QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron</i>	1	B/D
<i>ondansetron HCl (PF) injection solution</i>	1	
<i>ondansetron HCl oral</i>	1	B/D
<i>prochlorperazine</i>	1	
<i>prochlorperazine Edisylate injection solution 10 mg/2 mL (5 mg/mL)</i>	1	
<i>prochlorperazine maleate oral</i>	1	
TRANSDERM-SCOP	1	
Anti-Inflammatory Agents (Gi Drugs)		
ASACOL HD	1	
<i>balsalazide</i>	1	
DELZICOL	1	
<i>mesalamine with cleansing wipe</i>	1	
PENTASA	1	
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE ORAL SUSPENSION	1	
<i>cimetidine</i>	1	
<i>cimetidine HCl oral</i>	1	
<i>famotidine (PF)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(DR/EC)</i>	1	QL
<i>misoprostol</i>	1	
<i>omeprazole oral capsule,delayed release(DR/EC)</i>	1	QL
<i>pantoprazole oral</i>	1	QL
PREVPAC	1	
<i>ranitidine HCl injection solution 25 mg/mL</i>	1	
<i>ranitidine HCl oral capsule</i>	1	
<i>ranitidine HCl oral syrup</i>	1	
<i>ranitidine HCl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cathartics And Laxatives		
AMITIZA	1	QL
<i>Gavilyte-C</i>	1	
<i>GaviLyte-G</i>	1	
<i>GaviLyte-H and Bisacodyl</i>	1	
<i>GaviLyte-N</i>	1	
GOLYTELY ORAL RECON SOLN	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte soln</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
<i>TriLyte With Flavor Packets</i>	1	
Cholelitholytic Agents		
CHENODAL	1	ST; LA
<i>ursodiol</i>	1	
Digestants		
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-25,000- 43,750 UNIT, 16,800-40,000- 70,000 UNIT, 21,000-37,000 -61,000 UNIT, 4,200-10,000- 17,500 UNIT	1	
ZENPEP	1	
Gi Drugs, Miscellaneous		
<i>alosetron</i>	1	PA
GATTEX ONE-VIAL	1	PA
MOVANTIK	1	QL
RELISTOR ORAL	1	PA
RELISTOR SUBCUTANEOUS SOLUTION	1	PA
RELISTOR SUBCUTANEOUS SYRINGE	1	PA
Prokinetic Agents		
<i>metoclopramide HCl injection solution</i>	1	
<i>metoclopramide HCl oral solution</i>	1	
<i>metoclopramide HCl oral tablet</i>	1	
Proton-Pump Inhibitors		
<i>pantoprazole intravenous</i>	1	
PROTONIX INTRAVENOUS	1	
<i>rabeprazole</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
Gold Compounds		
Gold Compounds		
RIDAURA	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	1	
DEPEN TITRATABS	1	
SYPRINE	1	PA
Metallic Poison,Agents To Treat		
EXJADE	1	PA
FERRIPROX ORAL TABLET	1	PA
Hormones And Synthetic Substitutes		
Adrenals		
<i>budesonide oral</i>	1	
<i>cortisone</i>	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	1	
<i>Dexamethasone Intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 4 mg/mL</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
MILLIPRED ORAL TABLET	1	
<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>	1	
<i>Prednisone Intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
SOLU-MEDROL (PF) INJECTION	1	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	1	

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	1	
Androgens		
AXIRON	1	QL
<i>danazol oral</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA; QL
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 50 mg</i>	1	QL
<i>acarbose oral tablet 25 mg</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	1	QL
<i>glimepiride oral tablet 1 mg</i>	1	
<i>glimepiride oral tablet 2 mg, 4 mg</i>	1	QL
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	QL
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	QL
GLYSET ORAL TABLET 100 MG, 50 MG	1	QL
GLYSET ORAL TABLET 25 MG	1	
GLYXAMBI	1	ST; QL
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50-50	1	QL
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25	1	QL
HUMALOG MIX 75-25 KWIKPEN	1	
HUMULIN 70/30	1	QL
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	QL
HUMULIN N KWIKPEN	1	
HUMULIN R	1	QL
HUMULIN R U-500 (CONC) KWIKPEN	1	
HUMULIN R U-500 (CONCENTRATED)	1	QL
JANUMET	1	ST; QL

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	1	ST; QL
JANUVIA	1	ST; QL
JARDIANCE	1	ST; QL
KORLYM	1	PA
LANTUS	1	QL
LANTUS SOLOSTAR	1	
LEVEMIR	1	
LEVEMIR FLEXTOUCH	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	QL
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL
<i>migliitol oral tablet 100 mg, 50 mg</i>	1	QL
<i>migliitol oral tablet 25 mg</i>	1	
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
SYMLINPEN 120	1	PA
SYMLINPEN 60	1	PA
SYNJARDY	1	ST; QL
TOUJEO SOLOSTAR	1	
TRADJENTA	1	ST; QL
TRESIBA FLEXTOUCH U-100	1	QL
TRESIBA FLEXTOUCH U-200	1	QL
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
TANZEUM	1	PA; QL
VICTOZA 2-PAK	1	ST; QL
VICTOZA 3-PAK	1	ST; QL
Antihypoglycemic Agents		
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	
Contraceptives		
<i>Apri</i>	1	
<i>Aubra</i>	1	
<i>Aviane</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Balziva (28)</i>	1	
<i>Blisovi 24 Fe</i>	1	
<i>Blisovi Fe 1.5/30 (28)</i>	1	
<i>Blisovi Fe 1/20 (28)</i>	1	
<i>Briellyn</i>	1	
<i>Camila</i>	1	
<i>Caziant (28)</i>	1	
<i>Cryselle (28)</i>	1	
<i>Cyclafem 1/35 (28)</i>	1	
<i>Cyclafem 7/7/7 (28)</i>	1	
<i>Deblitane</i>	1	
<i>Delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>Emoquette</i>	1	
<i>Enpresse</i>	1	
<i>Errin</i>	1	
<i>Falmina (28)</i>	1	
<i>Gildagia</i>	1	
<i>Introvale</i>	1	
<i>Jolivette</i>	1	
<i>Junel FE 1.5/30 (28)</i>	1	
<i>Junel FE 1/20 (28)</i>	1	
<i>Kaitlib Fe</i>	1	
<i>Kariva (28)</i>	1	
<i>Kelnor 1/35 (28)</i>	1	
<i>Larin Fe 1.5/30 (28)</i>	1	
<i>Larin Fe 1/20 (28)</i>	1	
<i>Larissia</i>	1	
<i>Lessina</i>	1	
<i>Levonest (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	
<i>Levora-28</i>	1	
<i>Low-Ogestrel (28)</i>	1	
<i>Lutera (28)</i>	1	
<i>Lyza</i>	1	
<i>Marlissa</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Microgestin Fe 1.5/30 (28)</i>	1	
<i>Microgestin FE 1/20 (28)</i>	1	
<i>Mononessa (28)</i>	1	
<i>Necon 0.5/35 (28)</i>	1	
<i>Necon 1/35 (28)</i>	1	
<i>Necon 10/11 (28)</i>	1	
<i>Necon 7/7/7 (28)</i>	1	
<i>Nora-BE</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<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>	1	
<i>Norlyroc</i>	1	
<i>Nortrel 0.5/35 (28)</i>	1	
<i>Nortrel 1/35 (21)</i>	1	
<i>Nortrel 1/35 (28)</i>	1	
<i>Nortrel 7/7/7 (28)</i>	1	
NUVARING	1	QL
<i>Ogestrel (28)</i>	1	
<i>Orsythia</i>	1	
<i>Pimtrea (28)</i>	1	
<i>Pirmella oral tablet 1-35 mg-mcg</i>	1	
<i>Portia</i>	1	
<i>Previfem</i>	1	
<i>Quasense</i>	1	
<i>Reclipsen (28)</i>	1	
<i>Sharobel</i>	1	
<i>Sprintec (28)</i>	1	
<i>Sronyx</i>	1	
<i>Tarina Fe 1/20 (28)</i>	1	
<i>Tri-Legest Fe</i>	1	
<i>Tri-Lo-Estarylla</i>	1	
<i>Tri-Lo-Sprintec</i>	1	
<i>TriNessa (28)</i>	1	
<i>Tri-Previfem (28)</i>	1	
<i>Tri-Sprintec (28)</i>	1	
<i>Trivora (28)</i>	1	
<i>Velivet Triphasic Regimen (28)</i>	1	
<i>Vyfemla (28)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ZenChent (28)</i>	1	
<i>Zovia 1/35E (28)</i>	1	
<i>Zovia 1/50E (28)</i>	1	
Estrogens And Antiestrogens		
DUAVEE	1	PA
<i>estradiol oral</i>	1	PA
ESTRING	1	
<i>estropipate</i>	1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.9 MG, 1.25 MG	1	PA
PREMARIN ORAL TABLET 0.45 MG, 0.625 MG	1	PA; QL
PREMARIN VAGINAL	1	
PREMPHASE	1	PA
PREMPRO	1	PA
<i>raloxifene</i>	1	
Gonadotropins		
<i>chorionic gonadotropin, human</i>	1	PA
SYNAREL	1	
Meglitinides		
<i>nateglinide</i>	1	
<i>repaglinide oral tablet 0.5 mg</i>	1	
<i>repaglinide oral tablet 1 mg, 2 mg</i>	1	QL
Parathyroid		
<i>calcitonin (salmon)</i>	1	B/D
FORTEO	1	QL
MIACALCIN INJECTION	1	B/D
NATPARA	1	
Pituitary		
<i>desmopressin injection</i>	1	
<i>desmopressin nasal solution</i>	1	
<i>desmopressin nasal spray,non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
NORDITROPIN FLEXPRO	1	PA
Progestins		
<i>medroxyprogesterone intramuscular suspension</i>	1	
<i>medroxyprogesterone oral</i>	1	
<i>norethindrone acetate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Somatostatin Agonists		
<i>octreotide acetate injection solution</i>	1	
SIGNIFOR	1	PA
Somatotropin Agonists		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	1	PA
INCRELEX	1	PA
SOMATULINE DEPOT	1	PA (N/S)
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	1	PA
Thyroid And Antithyroid Agents		
<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	1	
<i>liothyronine</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	1	
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	1	
Local Anesthetics		
Local Anesthetics (Parenteral)		
<i>lidocaine (PF) injection solution 5 mg/mL (0.5 %)</i>	1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride</i>	1	QL
Complement Inhibitors		
CINRYZE	1	PA
FIRAZYR	1	PA; QL
Miscellaneous Therapeutic Agents		
ACTIMMUNE	1	PA (N/S)
<i>alendronate oral solution</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 70 mg</i>	1	
<i>allopurinol</i>	1	
<i>amifostine crystalline</i>	1	
AMPYRA	1	PA; QL
<i>anagrelide</i>	1	
ARCALYST	1	PA
ATGAM	1	B/D
AVODART	1	QL
AVONEX (WITH ALBUMIN)	1	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; QL
<i>azathioprine</i>	1	B/D
AZATHIOPRINE SODIUM	1	B/D
BENLYSTA	1	PA
BONIVA INTRAVENOUS	1	
BOTOX INJECTION RECON SOLN 100 UNIT	1	PA
CELLCEPT	1	B/D
CELLCEPT INTRAVENOUS	1	B/D
CIMZIA	1	PA; QL
CIMZIA POWDER FOR RECONST	1	PA; QL
<i>colchicine oral</i>	1	
COLCRYS	1	QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; QL
<i>cyclosporine intravenous</i>	1	
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine oral capsule</i>	1	B/D
CYSTADANE	1	
CYSTAGON	1	PA
DEMSEER	1	
<i>disulfiram</i>	1	
ELMIRON	1	
<i>etidronate disodium</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>Gengraf oral capsule 25 mg</i>	1	B/D
<i>Glatopa</i>	1	PA
HUMIRA PEDIATRIC CROHN'S START	1	PA; QL
HUMIRA PEN	1	PA; QL

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHN'S-UC-HS START	1	PA
HUMIRA PEN PSORIASIS-UVEITIS	1	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL
<i>ibandronate intravenous solution</i>	1	
<i>ibandronate oral</i>	1	
KUVAN	1	PA
<i>leflunomide oral tablet 10 mg</i>	1	QL
<i>leflunomide oral tablet 20 mg</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	B/D
<i>leucovorin calcium oral</i>	1	
<i>levocarnitine (with sugar)</i>	1	B/D
<i>levocarnitine oral tablet</i>	1	B/D
<i>levoleucovorin intravenous solution</i>	1	
<i>mesna</i>	1	B/D
MESNEX ORAL	1	
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i>	1	B/D
NULOJIX	1	B/D
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	1	PA
ORFADIN ORAL SUSPENSION	1	PA
<i>pamidronate intravenous solution</i>	1	PA
PROGRAF	1	B/D
PROLIA	1	PA; QL
RAPAMUNE	1	B/D
REBIF (WITH ALBUMIN)	1	PA; QL
REBIF REBIDOSE	1	PA; QL
REBIF TITRATION PACK	1	PA; QL
REMICADE	1	PA
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (DR/EC)</i>	1	QL
SANDIMMUNE ORAL SOLUTION	1	B/D
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	1	
SENSIPAR	1	

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INTRAVENOUS RECON SOLN 20 MG	1	
<i>sirolimus</i>	1	B/D
<i>tacrolimus oral</i>	1	B/D
TECFIDERA	1	PA; QL
THALOMID	1	
THYMOGLOBULIN	1	B/D
TYBOST	1	
TYSABRI	1	PA
XGEVA	1	PA (N/S)
ZAVESCA	1	PA; LA
<i>zoledronic acid intravenous solution</i>	1	PA
ZOMETA INTRAVENOUS SOLUTION 4 MG/5 ML	1	PA
ZORTRESS	1	B/D
Other Miscellaneous Therapeutic Agents		
<i>baclofen</i>	1	
BOTOX INJECTION RECON SOLN 200 UNIT	1	PA
Pharmaceutical Aids		
Pharmaceutical Aids		
<i>Gauze Pad topical bandage 2 X 2 "</i>	1	
Respiratory Tract Agents		
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS	1	QL
ADVAIR HFA	1	QL
ASMANEX HFA	1	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	1	QL
BREO ELLIPTA	1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL</i>	1	B/D
<i>budesonide inhalation suspension for nebulization 1 mg/2 mL</i>	1	B/D; QL
DULERA	1	QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT	1	QL
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO	1	PA; QL
Leukotriene Modifiers		
<i>montelukast</i>	1	QL
<i>zafirlukast</i>	1	QL
Mast-Cell Stabilizers		
<i>cromolyn oral</i>	1	
Mast-Cell Stabilizers		
<i>cromolyn inhalation</i>	1	B/D; QL
<i>cromolyn ophthalmic</i>	1	
Mucolytic Agents		
<i>acetylcysteine</i>	1	B/D
Respiratory Tract Agents, Miscellaneous		
ADEMPAS	1	PA
DALIRESP	1	PA; QL
ESBRIET	1	PA
OFEV	1	PA
PROLASTIN-C	1	PA
XOLAIR	1	PA
Serums, Toxoids, And Vaccines		
Serums		
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX TDAP	1	
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	
<i>tetanus,diphtheria tox ped(PF)</i>	1	
<i>tetanus-diphtheria toxoids-Td</i>	1	
Vaccines		
ACTHIB (PF)	1	
BEXSERO (PF)	1	
CERVARIX VACCINE (PF)	1	PA

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D
ENGERIX-B PEDIATRIC (PF)	1	B/D
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF)	1	
IMOVAX RABIES VACCINE (PF)	1	
IPOL INJECTION SUSPENSION	1	
IXIARO (PF)	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	
MENHIBRIX (PF)	1	
MENOMUNE - A/C/Y/W-135 (PF)	1	
MENVEO A-C-Y-W-135-DIP (PF)	1	
M-M-R II (PF)	1	
PEDVAX HIB (PF)	1	
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D
ROTARIX	1	
ROTATEQ VACCINE	1	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
TYPHIM VI	1	
VARIVAX (PF)	1	
YF-VAX (PF)	1	
ZOSTAVAX (PF)	1	QL

Drug Name	Drug Tier	Requirements/Limits
Skin And Mucous Membrane Agents		
Antibacterials (Skin And Mucous Membrane)		
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>Ery Pads</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>gentamicin topical</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
Antifungals (Skin And Mucous Membrane)		
<i>ciclopirox topical solution</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole topical</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>ketoconazole topical</i>	1	
<i>Miconazole-3 vaginal suppository</i>	1	
<i>Nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>Nystop</i>	1	
<i>terconazole</i>	1	
Anti-Inflammatory Agents (Skin & Mucous)		
<i>Fluocinonide-E</i>	1	
Anti-Inflammatory Agents (Skin And Mucous)		
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical foam</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	1	
<i>clobetasol-emollient topical cream</i>	1	
<i>Colocort</i>	1	
CORDRAN TAPE LARGE ROLL	1	
<i>Cormax scalp</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>Fluocinonide-E</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	1	
<i>Procto-Med HC</i>	1	
<i>Proctosol HC rectal</i>	1	
<i>Proctozone-HC</i>	1	
<i>triamcinolone acetonide dental</i>	1	
<i>triamcinolone acetonide topical aerosol</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	1	
<i>Triderm topical cream</i>	1	
Antipruritics And Local Anesthetics		
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; QL
<i>lidocaine topical ointment</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	B/D
LIDODERM	1	PA; QL

Drug Name	Drug Tier	Requirements/Limits
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir topical</i>	1	
DENAVIR	1	
ZOVIRAX TOPICAL CREAM	1	
Cell Stimulants And Proliferants		
KEPIVANCE	1	PA
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
Emollients, Demulcents, And Protectants		
<i>ammonium lactate</i>	1	
Local Anti-Infectives, Miscellaneous		
<i>Alcohol Pads</i>	1	
METROGEL TOPICAL GEL 1 %	1	
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical lotion</i>	1	
<i>selenium sulfide topical lotion</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
Pigmenting Agents		
8-MOP	1	
<i>methoxsalen rapid</i>	1	
UVADEX	1	B/D
Scabicides And Pediculicides		
EURAX	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin topical cream</i>	1	
Skin And Mucous Membrane Agents, Misc.		
<i>acitretin</i>	1	PA
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>calcipotriene</i>	1	
<i>Claravis</i>	1	
CONDYLOX TOPICAL GEL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 3 %</i>	1	PA
DIFFERIN TOPICAL LOTION	1	
ELIDEL	1	ST
<i>fluorouracil topical</i>	1	
<i>imiquimod</i>	1	
PANRETIN	1	
<i>podofilox</i>	1	
SANTYL	1	
TARGRETIN TOPICAL	1	PA (N/S)
TAZORAC	1	
<i>Zenatane oral capsule 30 mg</i>	1	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>flavoxate</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	QL
TOVIAZ	1	QL
Respiratory Smooth Muscle Relaxants		
<i>aminophylline intravenous solution 250 mg/10 mL</i>	1	
<i>Elixophyllin oral elixir 80 mg/15 mL</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
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Multivitamin Preparations		
<i>Prenatal Vitamin Plus Low Iron</i>	1	
Vitamin D		
<i>calcitriol oral</i>	1	B/D
<i>paricalcitol hemodialysis port injection</i>	1	B/D
<i>paricalcitol oral</i>	1	B/D

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<i>fluconazole</i>	4	GLEOSTINE	13	<i>hydrocodone-ibuprofen</i>	31
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<i>fludarabine</i>	13	<i>glipizide-metformin</i>	41	<i>hydrocortisone-acetic acid</i>	36
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<i>flunisolide</i>	37	GLUCAGON EMERGENCY KIT		<i>hydromorphone (PF)</i>	31
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<i>fluoxetine</i>	25	<i>griseofulvin microsize</i>	4	<i>ibandronate</i>	48
<i>fluphenazine decanoate</i>	28	<i>griseofulvin ultramicrosize</i>	4	IBRANCE	13
<i>fluphenazine HCl</i>	28	<i>guanfacine</i>	29	<i>ibuprofen</i>	30
<i>flurbiprofen</i>	30	HALAVEN	13	<i>ibuprofen-oxycodone</i>	31
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<i>flutamide</i>	13	<i>haloperidol</i>	28	<i>idarubicin</i>	13
<i>fluticasone</i>	37	<i>haloperidol decanoate</i>	28	<i>ifosfamide</i>	13
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<i>sodium chloride</i>	34	SYNAREL	45	<i>tolcapone</i>	27
<i>sodium chloride 0.45 %</i>	34	SYNERCID	4	<i>topiramate</i>	24
<i>sodium chloride 0.9 %</i>	34	SYNJARDY	42	<i>topotecan</i>	15
<i>sodium chloride 3 %</i>	34	SYNRIBO	15	TORISEL	15
<i>sodium chloride 5 %</i>	34	SYNTHROID	46	<i>torseamide</i>	33
SODIUM LACTATE	32	SYNTHROID	46	TOUJEO SOLOSTAR	42
<i>sodium phenylbutyrate</i>	33	SYPRINE	40	TOVIAZ	55
<i>sodium polystyrene (sorb free)</i>	34	<i>Tabloid</i>	15	TPN ELECTROLYTES	34
SOLTAMOX	15	<i>tacrolimus</i>	49	TRADJENTA	42
SOLU-MEDROL	41	TAFINLAR	15	<i>tramadol</i>	31
SOLU-MEDROL (PF)	40	TAGRISSE	15	<i>tramadol-acetaminophen</i>	31
SOMATULINE DEPOT	46	TALWIN	32	<i>tranexamic acid</i>	19
SOMAVERT	46	TAMIFLU	8	TRANSDERM-SCOP	38
<i>sotalol</i>	20	<i>tamoxifen</i>	15	<i>translucypromine</i>	26
<i>Sotalol AF</i>	20	<i>tamsulosin</i>	18	TRAVATAN Z	36
SOVALDI	8	TANZEUM	42	<i>trazodone</i>	26
SPIRIVA RESPIMAT	17	TARCEVA	15	TREANDA	15
SPIRIVA WITH HANDIHALER	17	TARGRETIN	15, 55	TRECTOR	7
<i>spironolactone</i>	22	<i>Tarina Fe 1/20 (28)</i>	44	TRELSTAR	15
<i>spironolacton-hydrochlorothiaz</i>	22	TASIGNA	15	TRESIBA FLEXTOUCH U-100	42
SPORANOX	5	<i>TAZICEF</i>	9	TRESIBA FLEXTOUCH U-200	42
<i>Sprintec (28)</i>	44	TAZORAC	55	<i>tretinoin</i>	54
SPRITAM	24	<i>Taztia XT</i>	21	<i>tretinoin (chemotherapy)</i>	15
SPRYCEL	15	TECENTRIQ	15	TREXALL	15
<i>SPS (with sorbitol)</i>	34	TECFIDERA	49	<i>triamcinolone acetonide</i>	53
<i>Sronyx</i>	44	TECHNIVIE	8	<i>triamterene-hydrochlorothiazid</i>	34
<i>stavudine</i>	6	TEFLARO	9	<i>Triderm</i>	53
STIOLTO RESPIMAT	17	<i>Tencon</i>	23	<i>trifluoperazine</i>	29
STIVARGA	15	<i>terazosin</i>	19	<i>trifluridine</i>	36
STRATTERA	30	<i>terbinafine HCl</i>	5	<i>trihexyphenidyl</i>	27
		<i>terbutaline</i>	17	<i>Tri-Legest Fe</i>	44
		<i>terconazole</i>	52		
		<i>testosterone cypionate</i>	41		
		<i>testosterone enanthate</i>	41		

<i>Tri-Lo-Estarylla</i>	44	VIMPAT.....	24	ZYPREXA RELPREVV.....	27
<i>Tri-Lo-Sprintec</i>	44	<i>vinblastine</i>	16	ZYTIGA.....	16
<i>TriLyte With Flavor Packets</i>	39	<i>Vincasar PFS</i>	16	ZYVOX.....	4
<i>trimethoprim</i>	11	<i>vincristine</i>	16		
<i>trimipramine</i>	26	<i>vinorelbine</i>	16		
<i>TriNessa (28)</i>	44	VIRACEPT.....	6		
TRINTELLIX.....	26	VIRAMUNE XR.....	6		
<i>Tri-Previfem (28)</i>	44	VIREAD.....	7		
TRISENOX.....	15	VITEKTA.....	7		
<i>Tri-Sprintec (28)</i>	44	VOLTAREN.....	30		
TRIUMEQ.....	6	<i>voriconazole</i>	4, 5		
<i>Trivora (28)</i>	44	VOTRIENT.....	16		
TRUVADA.....	6	VPRIV.....	35		
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TYGACIL.....	11	<i>warfarin</i>	18		
TYKERB.....	16	<i>water for irrigation, sterile</i>	34		
TYPHIM VI.....	51	XALKORI.....	16		
TYSABRI.....	49	XARELTO.....	18		
TYZEKA.....	8	XENAZINE.....	30		
TYZINE.....	37	XGEVA.....	49		
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<i>ursodiol</i>	39	XTANDI.....	16		
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<i>valacyclovir</i>	8	YERVOY.....	16		
VALCHLOR.....	16	YF-VAX (PF).....	51		
VALCYTE.....	8	YONDELIS.....	16		
<i>valganciclovir</i>	8	<i>zafirlukast</i>	50		
<i>valproate sodium</i>	24	<i>zaleplon</i>	29		
<i>valproic acid</i>	24	ZALTRAP.....	16		
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<i>vancomycin</i>	4	<i>Zenatane</i>	55		
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.....		<i>zidovudine</i>	7		
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