



Tufts Health Direct

Effective: 01/01/2017

Key Terms

Formulary

A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

Brand-Name Drugs

Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

Generic Drugs

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

3-Tier Pharmacy Copayment Program (3-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- Tier 1: Medications on this tier have the lowest copayment. This tier includes many generic drugs.
- Tier 2: Medications on this tier are subject to the middle copayment. This tier includes some generics and brand-name drugs.
- Tier 3: This is the highest copayment tier and includes some generics and brand-name covered drugs not selected for Tier 2.

Please note that tier placement is subject to change throughout the year.

Copayment

A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

Coinsurance

Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization
WH Women's Health	ACA Preventive Service	

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New- To- Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization
WH Women's Health	ACA Preventive Service	

Step Therapy Prior Authorization (STPA)

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1- the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization
WH Women's Health	ACA Preventive Service	

Over-The-Counter Drugs (OTC)

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

Cancer Mandate (CM)

Oral Cancer medications may be covered without copayment under the Massachusetts oral cancer therapy mandate. Please contact your plan sponsor/employer about applicability and effective date for your group.

Women’s Health (WH)

Certain medications may be covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Affordable Care Act (ACA)

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women’s Health	ACA	Preventive Service		

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 888.257.1985.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.
 705 Mount Auburn St.
 Watertown, MA 02472
 Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
 Fax: 617.972.9048
 Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 888.257.1985

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization
WH Women's Health	ACA Preventive Service	

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្រិតដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ສອຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo báhá ilíni da Diné k'ehjí álnéehgo, hodiilnih béésh bee hani'é bee nées ho'dílingo nantínígíí bikáá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization
WH Women's Health	ACA Preventive Service	

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	5
ALTERNATIVE MEDICINES	7
AMEBICIDES	7
AMINOGLYCOSIDES	7
ANALGESICS - ANTI-INFLAMMATORY	7
ANALGESICS - NONNARCOTIC	9
ANALGESICS - OPIOID	10
ANDROGENS-ANABOLIC	13
ANORECTAL AGENTS	13
ANTHELMINTICS	14
ANTIANGINAL AGENTS	14
ANTIANKXIETY AGENTS	15
ANTIARRHYTHMICS	15
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	15
ANTICOAGULANTS	18
ANTICONVULSANTS	18
ANTIDEPRESSANTS	21
ANTIDIABETICS	23
ANTIDIARRHEALS	25
ANTIDOTES AND SPECIFIC ANTAGONISTS	25
ANTIDOTES	25
ANTIEMETICS	26
ANTIFUNGALS	26
ANTI HISTAMINES	27
ANTIHYPERLIPIDEMICS	27
ANTI HYPERTENSIVES	28
ANTI-INFECTIVE AGENTS - MISC.	30
ANTIMALARIALS	31
ANTIMYASTHENIC AGENTS	31
ANTIMYASTHENIC/CHOLINERGIC AGENTS	32
ANTIMYCOBACTERIAL AGENTS	32
*ANTINEOPLASTIC - BCL-2 INHIBITORS***	32
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	32
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***	36
*ANTI-OBESITY AGENT COMBINATIONS**	36
ANTIPARKINSON AGENTS	36
ANTIPSYCHOTICS/ANTIMANIC AGENTS	37
*ANTIRETROVIRALS ADJUVANTS***	38
ANTISEPTICS & DISINFECTANTS	38
ANTIVIRALS	38
ASSORTED CLASSES	42
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***	42
*BACTERIAL MONOCLONAL ANTIBODIES***	43
BETA BLOCKERS	43
*BILE ACID SYNTHESIS DISORDER AGENTS***	43
BIOLOGICALS MISC	43
CALCIUM CHANNEL BLOCKERS	44
CARDIOTONICS	45
CARDIOVASCULAR AGENTS - MISC.	45
CEPHALOSPORINS	46

CONTRACEPTIVES	47
CORTICOSTEROIDS	50
COUGH/COLD/ALLERGY	50
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	51
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	51
DERMATOLOGICALS	51
DIAGNOSTIC PRODUCTS	60
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	60
DIGESTIVE AIDS	60
*DIRECT-ACTING P2Y12 INHIBITORS***	61
DIURETICS	61
ENDOCRINE AND METABOLIC AGENTS - MISC.	61
ESTROGENS	64
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***	65
*FARNESOID X RECEPTOR (FXR) AGONISTS***	65
FLUOROQUINOLONES	65
GASTROINTESTINAL AGENTS - MISC.	65
GENITOURINARY AGENTS - MISCELLANEOUS	67
GOUT AGENTS	67
HEMATOLOGICAL AGENTS - MISC.	67
HEMATOPOIETIC AGENTS	68
HEMOSTATICS	70
*HEPATITIS C AGENT - COMBINATIONS***	70
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**	70
HYPNOTICS	70
*HYPOPHOSPHATASIA (HPP) AGENTS***	71
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***	71
*INTEGRIN RECEPTOR ANTAGONISTS***	71
*INTERLEUKIN ANTAGONISTS***	71
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	71
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***	71
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***	71
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***	71
LAXATIVES	72
*LEPTIN ANALOGUES***	72
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***	72
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***	72
MACROLIDES	72
MIGRAINE PRODUCTS	73
MINERALS & ELECTROLYTES	74
*MIXED ALLERGENIC EXTRACTS***	74
MOUTH/THROAT/DENTAL AGENTS	75
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***	75
MULTIVITAMINS	75
*MUSCULAR DYSTROPHY AGENTS***	76
MUSCULOSKELETAL THERAPY AGENTS	76
NASAL AGENTS - SYSTEMIC AND TOPICAL	76
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	77
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***	77
NEUROMUSCULAR AGENTS	77
OPHTHALMIC AGENTS	77
*OREXIN RECEPTOR ANTAGONISTS***	81

OTIC AGENTS	81
OXYTOCICS	81
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	81
PASSIVE IMMUNIZING AGENTS	81
*PCSK9 INHIBITORS***	81
PENICILLINS	82
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	82
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***	82
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	82
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	82
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***	83
*POTASSIUM REMOVING AGENTS***	83
PROGESTINS	83
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***	83
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	83
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	87
*PULMONARY FIBROSIS AGENTS***	87
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	87
RESPIRATORY AGENTS - MISC.	87
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***	88
*SEROTONIN MODULATORS***	88
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***	88
*SINUS NODE INHIBITORS**	88
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	88
*SPINAL MUSCULAR ATROPHY AGENTS (SMA)***	88
SULFONAMIDES	88
TETRACYCLINES	88
THYROID AGENTS	89
*TRYPTOPHAN HYDROXYLASE INHIBITORS***	90
ULCER DRUGS	90
URINARY ANTI-INFECTIVES	91
URINARY ANTISPASMODICS	92
VAGINAL PRODUCTS	92
VASOPRESSORS	93
VITAMINS	93

CURRENT AS OF 12/1/2017

Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
ARMODAFINIL ORAL TABLET	Tier-2	STPA; QL (90 TABLETS per 90 days)
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (180 EA per 90 days)
ATOMOXETINE HCL ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (90 EA per 90 days)
BELVIQ ORAL TABLET	Tier-3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA
BENZPHETAMINE HCL ORAL TABLET 25 MG	Tier-2	PA
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier-1	PA
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-1	
DAYTRANA TRANSDERMAL PATCH	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 5 MG	Tier-2	PA; ¥ (PA applies to members 25 and older)
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>dexmethylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>dextroamphetamine sulfate oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>dextroamphetamine sulfate oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>diethylpropion hcl oral tablet</i>	Tier-1	PA
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	QL (90 EA per 90 days)
LOMAIRA ORAL TABLET	Tier-3	PA
metadate er oral tablet extended release 20 mg	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methamphetamine hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 36 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet chewable</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>MODAFINIL ORAL TABLET</i>	Tier-3	STPA; QL (180 TABLETS per 90 Days)
<i>phendimetrazine tartrate oral tablet</i>	Tier-1	PA
<i>phentermine hcl oral capsule</i>	Tier-1	PA
<i>phentermine hcl oral tablet</i>	Tier-1	PA
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
SUPRENZA ORAL TABLET DISPERSIBLE	Tier-3	PA
VYVANSE ORAL CAPSULE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)
VYVANSE ORAL TABLET CHEWABLE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
XENICAL ORAL CAPSULE	Tier-3	PA
ALTERNATIVE MEDICINES		
COENZYME Q10 ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier-3	PA
AMEBICIDES		
YODOXIN ORAL TABLET	Tier-3	
AMINOGLYCOSIDES		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-3	SP
NEO-FRADIN ORAL SOLUTION	Tier-3	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>paromomycin sulfate oral capsule</i>	Tier-1	
TOBI PODHALER INHALATION CAPSULE	Tier-3	SP
<i>tobramycin inhalation nebulization solution</i>	Tier-1	SP
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA INTRAVENOUS SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (4 Syringes per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP; QL (4 VIALS per 28 Days)
CELECOXIB ORAL CAPSULE	Tier-2	PA
<i>diclofenac potassium oral tablet</i>	Tier-1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-1	
ENBREL SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (8 Vials per 28 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-2	PA; SP; QL (8 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-2	PA; SP; QL (4 Syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP; QL (4 Syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour</i>	Tier-1	
<i>etodolac oral capsule</i>	Tier-1	
<i>etodolac oral tablet</i>	Tier-1	
<i>fenopropfen calcium oral tablet</i>	Tier-1	
<i>flurbiprofen oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier-2	PA; SP; QL (2 Syringes per 28 days)
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-2	PA; SP; QL (2 Syringes per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
INDOCIN ORAL SUSPENSION	Tier-3	
INDOCIN RECTAL SUPPOSITORY	Tier-3	
<i>indomethacin er oral capsule extended release</i>	Tier-1	
<i>indomethacin oral capsule</i>	Tier-1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-1	
<i>ketoprofen oral capsule</i>	Tier-1	
<i>ketorolac tromethamine oral tablet</i>	Tier-1	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (2 syringes per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	Tier-1	
<i>meclofenamate sodium oral capsule</i>	Tier-1	
<i>mefenamic acid oral capsule</i>	Tier-1	
<i>meloxicam oral suspension</i>	Tier-1	
<i>meloxicam oral tablet</i>	Tier-1	
<i>nabumetone oral tablet</i>	Tier-1	
NALFON ORAL CAPSULE 200 MG	Tier-3	
<i>naproxen dr oral tablet delayed release</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-1	
<i>naproxen oral tablet</i>	Tier-1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; QL (4 Syringes per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML	Tier-3	
<i>oxaprozin oral tablet</i>	Tier-1	
<i>piroxicam oral capsule</i>	Tier-1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	
RHEUMATREX ORAL TABLET 2.5 MG	Tier-2	^ (CM)
RIDAURA ORAL CAPSULE	Tier-2	
SIMPONI ARIA INTRAVENOUS SOLUTION	Medical Benefit	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP; QL (1 Syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringe per 28 days)
<i>sulindac oral tablet</i>	Tier-1	
<i>tolmetin sodium oral capsule</i>	Tier-1	
<i>tolmetin sodium oral tablet</i>	Tier-1	
XELJANZ ORAL TABLET	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	PA; SP; QL (30 TABLETS per 30 days)
ANALGESICS - NONNARCOTIC		
BUPAP ORAL TABLET	Tier-3	
<i>butalbital compound/asa oral tablet</i>	Tier-1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral tablet</i>	Tier-1	
<i>butalbital-asa-caffeine oral capsule</i>	Tier-1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier-1	
<i>diflunisal oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>salsalate oral tablet</i>	Tier-1	
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	Tier-3	QL (32 TABLETS per 30 Days)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-1	
<i>acetaminophen-codeine #4 oral tablet</i>	Tier-1	
APAP-CAFF-DIHYDROCODEINE ORAL TABLET 325-30-16 MG	Tier-2	
arymo er oral tablet extended release abuse-deterrent	Tier-1	QL (90 EA per 30 days)
BELBUCA BUCCAL FILM	Tier-3	QL (60 FILMS per 30 days)
BUNAVAIL BUCCAL FILM	Tier-3	PA
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-1	QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier-1	
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY	Tier-2	QL (4 EA per 30 days)
<i>butalbital compound/codeine oral capsule</i>	Tier-1	
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG	Tier-2	QL (360 Capsules per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier-1	
<i>butorphanol tartrate nasal solution</i>	Tier-1	
CAPITAL/CODEINE ORAL SUSPENSION	Tier-3	
<i>codeine sulfate oral tablet</i>	Tier-1	
embeda oral capsule extended release	Tier-1	QL (60 EA per 30 days)
endocet oral tablet	Tier-1	
endodan oral tablet	Tier-1	
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier-1	QL (120 UNITS per 30 Days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-1	QL (10 PATCHES per 30 Days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier-1	
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-1	
<i>hydrocodone-ibuprofen oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>HYDROMORPHONE HCL ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</i>	Tier-2	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier-1	
<i>hydromorphone hcl oral tablet</i>	Tier-1	
<i>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</i>	Tier-3	QL (30 EA per 30 days)
<i>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 130 MG, 150 MG, 200 MG, 40 MG, 70 MG</i>	Tier-3	QL (60 CAPSULES per 30 Days)
<i>LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT</i>	Tier-3	QL (4 Bottles per 28 Days)
<i>levorphanol tartrate oral tablet</i>	Tier-1	
<i>lorcet 10/650 oral tablet</i>	Tier-1	
<i>lorcet hd oral tablet</i>	Tier-1	
<i>lorcet oral tablet</i>	Tier-1	
<i>lorcet plus oral tablet</i>	Tier-1	
<i>MAGNACET ORAL TABLET 10-400 MG, 5-400 MG, 7.5-400 MG</i>	Tier-3	
<i>meperidine hcl oral solution</i>	Tier-1	
<i>meperidine hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral concentrate</i>	Tier-1	
<i>methadone hcl oral solution</i>	Tier-1	
<i>methadone hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral tablet soluble</i>	Tier-1	
<i>methadose oral concentrate 10 mg/ml</i>	Tier-1	
<i>methadose oral tablet 10 mg</i>	Tier-1	
<i>morphabond er oral tablet er 12 hour abuse-deterrent</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier-1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-1	QL (60 CAPSULES per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	Tier-1	QL (90 TABLETS per 30 Days)
<i>morphine sulfate oral solution</i>	Tier-1	
<i>morphine sulfate oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier-1	
MORPHINE SULFATE RECTAL SUPPOSITORY 30 MG	Tier-2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	QL (60 EA per 30 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT	Tier-3	
<i>OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet</i>	Tier-1	
<i>oxycodone-acetaminophen oral capsule</i>	Tier-1	
<i>oxycodone-acetaminophen oral solution</i>	Tier-1	
<i>oxycodone-acetaminophen oral tablet</i>	Tier-1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier-1	
<i>oxycodone-ibuprofen oral tablet</i>	Tier-1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier-2	QL (120 TABLETS per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier-1	
<i>OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 15 MG, 7.5 MG</i>	Tier-2	
<i>oxymorphone hcl oral tablet</i>	Tier-1	
<i>pentazocine-acetaminophen oral tablet</i>	Tier-1	
<i>pentazocine-naloxone hcl oral tablet</i>	Tier-1	
PRIMLEV ORAL TABLET	Tier-3	
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT	Medical Benefit	PA
<i>roxicet oral tablet 5-325 mg</i>	Tier-1	
SUBOXONE SUBLINGUAL FILM	Tier-3	PA
SUBSYS SUBLINGUAL LIQUID	Tier-3	QL (30 Bottles per 30 Days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier-1	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	Tier-1	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>tramadol hcl oral tablet</i>	Tier-1	
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	
XARTEMIS XR ORAL TABLET EXTENDED RELEASE	Tier-3	QL (120 TABLETS per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	Tier-3	QL (60 Capsules per 30 days)
xylon oral tablet	Tier-1	
zamicet oral solution	Tier-1	
ZOLVIT ORAL SOLUTION	Tier-3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier-3	PA
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET	Tier-3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier-2	
ANDRODERM TRANSDERMAL PATCH 24 HR	Tier-2	
ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%)	Tier-3	
android oral capsule	Tier-1	
ANDROXY ORAL TABLET	Tier-3	
<i>danazol oral capsule</i>	Tier-1	
FIRST-TESTOSTERONE MC TRANSDERMAL CREAM	Tier-3	
FIRST-TESTOSTERONE TRANSDERMAL OINTMENT	Tier-3	
<i>METHITEST ORAL TABLET</i>	Tier-3	
<i>oxandrolone oral tablet</i>	Tier-1	
STRIANT BUCCAL	Tier-3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate intramuscular solution</i>	Tier-1	
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%), 12.5 MG/ACT (1%)	Tier-2	
TESTOSTERONE TRANSDERMAL SOLUTION	Tier-2	
ANORECTAL AGENTS		
colocort rectal enema	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
CORTIFOAM RECTAL FOAM	Tier-2	
<i>HYDROCORTISONE ACE-PRAMOXINE RECTAL KIT</i>	Tier-2	
<i>hydrocortisone rectal cream</i>	Tier-1	
<i>hydrocortisone rectal enema</i>	Tier-1	
proctocream hc rectal cream	Tier-1	
PROCTOFOAM HC RECTAL FOAM	Tier-3	
proctozone-hc rectal cream	Tier-1	
RECTIV RECTAL OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
UCERIS RECTAL FOAM	Tier-2	
ANTHELMINTICS		
ALBENZA ORAL TABLET	Tier-3	
BILTRICIDE ORAL TABLET	Tier-3	
EMVERM ORAL TABLET CHEWABLE	Tier-3	
<i>ivermectin oral tablet</i>	Tier-1	
ANTIANGINAL AGENTS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	Tier-3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier-1	
<i>isosorbide dinitrate oral tablet</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet sublingual</i>	Tier-1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-1	
<i>isosorbide mononitrate oral tablet</i>	Tier-1	
minitran transdermal patch 24 hour	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier-3	
<i>nitroglycerin er oral capsule extended release</i>	Tier-1	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual aerosol solution</i>	Tier-1	
<i>nitroglycerin translingual solution</i>	Tier-1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ANTIANKXIETY AGENTS		
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-1	
<i>buspirone hcl oral tablet</i>	Tier-1	
<i>chlordiazepoxide hcl oral capsule</i>	Tier-1	
<i>diazepam oral solution 1 mg/ml</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	
<i>hydroxyzine hcl oral solution</i>	Tier-1	
<i>hydroxyzine hcl oral syrup</i>	Tier-1	
<i>hydroxyzine hcl oral tablet</i>	Tier-1	
<i>hydroxyzine pamoate oral capsule</i>	Tier-1	
<i>lorazepam intensol oral concentrate</i>	Tier-1	
<i>lorazepam oral concentrate</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>meprobamate oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-1	
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
DOFETILIDE ORAL CAPSULE	Tier-2	
<i>flecainide acetate oral tablet</i>	Tier-1	
<i>mexiletine hcl oral capsule</i>	Tier-1	
MULTAQ ORAL TABLET	Tier-3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier-1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>propafenone hcl oral tablet</i>	Tier-1	
<i>quinidine gluconate er oral tablet extended release</i>	Tier-1	
<i>quinidine sulfate er oral tablet extended release</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ADVAIR HFA INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 Days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier-1	
<i>albuterol sulfate inhalation nebulization solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-1	
<i>aminophylline oral tablet</i>	Tier-1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (1 INHALER per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (6 EA per 90 Days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-3	QL (180 vials per 90 Days)
<i>budesonide inhalation suspension</i>	Tier-1	QL (180 VIALS per 90 Days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (6 EA per 90 Days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	QL (360 Vials per 90 Days)
DALIRESP ORAL TABLET	Tier-3	
ELIXOPHYLLIN ORAL ELIXIR	Tier-2	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 Days)
FLOVENT HFA INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 Days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier-1	QL (3 inhalers per 90 days)
FORADIL AEROLIZER INHALATION CAPSULE	Tier-2	QL (3 UNITS per 90 Days)
<i>ipratropium bromide inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>ipratropium-albuterol inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier-1	QL (270 VIALS per 90 Days)
LEVALBUTEROL TARTRATE HFA INHALATION AEROSOL[†]	Tier-2	QL (6 EA per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
LUFYLLIN ORAL TABLET	Tier-3	
MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (3 UNITS per 90 Days)
<i>metaproterenol sulfate oral syrup</i>	Tier-1	
<i>metaproterenol sulfate oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	QL (180 VIALS per 90 Days)
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (6 UNITS per 90 Days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (6 UNITS per 90 Days)
QVAR INHALATION AEROSOL SOLUTION	Tier-2	QL (6 EA per 90 Days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 Days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (3 UNITS per 90 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier-2	QL (3 UNITS per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (3 UNITS per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	Tier-1	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-1	
<i>theophylline oral elixir</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (6 EA per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>zafirlukast oral tablet</i>	Tier-1	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-2	
ZYFLO ORAL TABLET	Tier-3	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	Tier-2	
<i>enoxaparin sodium injection solution</i>	Tier-1	
<i>enoxaparin sodium subcutaneous solution</i>	Tier-1	
<i>fondaparinux sodium subcutaneous solution</i>	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier-1	
<i>jantoven oral tablet</i>	Tier-1	
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL TABLET	Tier-2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	¥ (1 FILL PER LIFE OF PLAN)
ANTICONVULSANTS		
APTIOM ORAL TABLET	Tier-3	PA
BANZEL ORAL SUSPENSION	Tier-2	QL (1840 ML per 30 Days)
BANZEL ORAL TABLET 200 MG	Tier-2	QL (1440 TABLETS per 90 Days)
BANZEL ORAL TABLET 400 MG	Tier-2	QL (720 TABLETS per 90 Days)
BRIVIACT ORAL SOLUTION	Tier-3	PA
BRIVIACT ORAL TABLET	Tier-3	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-1	
<i>carbamazepine oral suspension</i>	Tier-1	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
CELONTIN ORAL CAPSULE	Tier-3	
<i>clonazepam oral tablet</i>	Tier-1	
<i>clonazepam oral tablet dispersible</i>	Tier-1	
DIASTAT ACUDIAL RECTAL GEL	Tier-3	QL (1 Kit per 30 Days)
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	QL (1 Kit per 30 Days)
<i>diazepam rectal gel</i>	Tier-1	QL (1 Kit per 30 Days)
DILANTIN ORAL CAPSULE 30 MG	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>divalproex sodium oral capsule sprinkle</i>	Tier-1	
<i>divalproex sodium oral tablet delayed release</i>	Tier-1	
<i>epitol oral tablet</i>	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-1	
<i>ethosuximide oral solution</i>	Tier-1	
<i>felbamate oral suspension</i>	Tier-1	
<i>felbamate oral tablet</i>	Tier-1	
FYCOMPA ORAL SUSPENSION	Tier-3	PA
FYCOMPA ORAL TABLET	Tier-3	PA
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier-1	
<i>gabapentin oral tablet</i>	Tier-1	
GABITRIL ORAL TABLET 12 MG, 16 MG	Tier-3	
LAMICTAL ORAL TABLET CHEWABLE 2 MG	Tier-3	
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</i>	Tier-2	QL (90 EA per 90 days)
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG</i>	Tier-2	QL (270 EA per 90 days)
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG</i>	Tier-2	QL (180 EA per 90 days)
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet chewable</i>	Tier-1	
<i>LAMOTRIGINE ORAL TABLET DISPERSIBLE</i>	Tier-2	
<i>LAMOTRIGINE STARTER KIT-BLUE ORAL KIT</i>	Tier-2	
<i>LAMOTRIGINE STARTER KIT-GREEN ORAL KIT</i>	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>LAMOTRIGINE STARTER KIT-ORANGE ORAL KIT</i>	Tier-2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier-1	
<i>levetiracetam oral solution</i>	Tier-1	
<i>levetiracetam oral tablet</i>	Tier-1	
LYRICA ORAL CAPSULE	Tier-3	STPA
LYRICA ORAL SOLUTION	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	PA
ONFI ORAL TABLET	Tier-3	PA
<i>oxcarbazepine oral suspension</i>	Tier-1	
<i>oxcarbazepine oral tablet</i>	Tier-1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Tier-3	QL (30 TABLETS per 30 Days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	Tier-3	QL (120 TABLETS per 30 Days)
PEGANONE ORAL TABLET	Tier-3	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier-1	
<i>phenytoin oral tablet chewable</i>	Tier-1	
<i>phenytoin sodium extended oral capsule</i>	Tier-1	
POTIGA ORAL TABLET	Tier-3	PA
<i>primidone oral tablet</i>	Tier-1	
SABRIL ORAL TABLET	Tier-2	
STAVZOR ORAL CAPSULE DELAYED RELEASE	Tier-3	
<i>tiagabine hcl oral tablet</i>	Tier-1	
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-1	
<i>topiramate oral tablet</i>	Tier-1	
<i>valproic acid oral capsule</i>	Tier-1	
VIGABATRIN ORAL PACKET	Tier-2	
VIMPAT ORAL SOLUTION	Tier-2	PA; QL (1200 ML per 30 Days)
VIMPAT ORAL TABLET	Tier-2	PA; QL (180 TABLETS per 90 Days)
<i>zonisamide oral capsule</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet</i>	Tier-1	
<i>amoxapine oral tablet</i>	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>budeprion sr oral tablet extended release 12 hour</i>	Tier-1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier-1	
<i>bupropion hcl oral tablet</i>	Tier-1	
<i>citalopram hydrobromide oral solution</i>	Tier-1	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	
<i>clomipramine hcl oral capsule</i>	Tier-1	
<i>desipramine hcl oral tablet</i>	Tier-1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	STPA
DESVENLAFAXINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	STPA
DESVENLAFAXINE SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	STPA
<i>doxepin hcl oral capsule</i>	Tier-1	
<i>doxepin hcl oral concentrate</i>	Tier-1	
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	Tier-2	QL (60 EA per 30 Days)
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	Tier-2	QL (90 EA per 30 Days)
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	Tier-2	QL (60 Capsules per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA
<i>escitalopram oxalate oral solution</i>	Tier-1	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
<i>fluoxetine hcl oral capsule</i>	Tier-1	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-1	
FLUOXETINE HCL ORAL TABLET	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>fluvoxamine maleate oral tablet</i>	Tier-1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>imipramine hcl oral tablet</i>	Tier-1	
<i>imipramine pamoate oral capsule</i>	Tier-1	
<i>maprotiline hcl oral tablet</i>	Tier-1	
MARPLAN ORAL TABLET	Tier-3	
<i>mirtazapine oral tablet</i>	Tier-1	
<i>mirtazapine oral tablet dispersible</i>	Tier-1	
<i>nefazodone hcl oral tablet</i>	Tier-1	
<i>nortriptyline hcl oral capsule</i>	Tier-1	
<i>nortriptyline hcl oral solution</i>	Tier-1	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
PEXEVA ORAL TABLET	Tier-3	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-1	
<i>protriptyline hcl oral tablet</i>	Tier-1	
<i>sertraline hcl oral concentrate</i>	Tier-1	
<i>sertraline hcl oral tablet</i>	Tier-1	
<i>tranylcypromine sulfate oral tablet</i>	Tier-1	
<i>trazodone hcl oral tablet</i>	Tier-1	
<i>TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG</i>	Tier-2	
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Tier-1	
TRINTELLIX ORAL TABLET	Tier-3	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-1	STPA
<i>venlafaxine hcl oral tablet</i>	Tier-1	
VIIBRYD ORAL KIT	Tier-3	STPA
VIIBRYD ORAL TABLET	Tier-3	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
VIIBRYD STARTER PACK ORAL KIT	Tier-3	STPA
ANTIDIABETICS		
<i>acarbose oral tablet</i>	Tier-1	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>alogliptin benzoate oral tablet</i>	Tier-1	
<i>alogliptin-metformin hcl oral tablet</i>	Tier-1	
<i>alogliptin-pioglitazone oral tablet</i>	Tier-1	
<i>chlorpropamide oral tablet</i>	Tier-1	
CYCLOSET ORAL TABLET	Tier-2	
<i>glimepiride oral tablet</i>	Tier-1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
GLUCAGON EMERGENCY INJECTION KIT	Tier-2	
<i>glyburide micronized oral tablet</i>	Tier-1	
<i>glyburide oral tablet</i>	Tier-1	
<i>glyburide-metformin oral tablet</i>	Tier-1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-2	
INVOKANA ORAL TABLET	Tier-2	
JANUMET ORAL TABLET	Tier-2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
JANUVIA ORAL TABLET	Tier-2	
JARDIANCE ORAL TABLET	Tier-3	
JENTADUETO ORAL TABLET	Tier-2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
KORLYM ORAL TABLET	Tier-2	PA; QL (120 TABLETS per 30 Days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SUBCUTANEOUS SOLUTION	Tier-2	
<i>METFORMIN HCL ER (MOD) ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-3	PA
<i>METFORMIN HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG</i>	Tier-3	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>metformin hcl oral tablet</i>	Tier-1	
<i>MIGLITOL ORAL TABLET</i>	Tier-2	
<i>nateglinide oral tablet</i>	Tier-1	
<i>pioglitazone hcl oral tablet</i>	Tier-1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-1	
PROGLYCEM ORAL SUSPENSION	Tier-3	
<i>repaglinide oral tablet</i>	Tier-1	
<i>repaglinide-metformin hcl oral tablet</i>	Tier-1	
RIOMET ORAL SOLUTION	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TANZEUM SUBCUTANEOUS PEN-INJECTOR	Tier-3	
<i>tolazamide oral tablet</i>	Tier-1	
<i>tolbutamide oral tablet</i>	Tier-1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
TRADJENTA ORAL TABLET	Tier-2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid</i>	Tier-1	
<i>diphenoxylate-atropine oral tablet</i>	Tier-1	
FULYZAQ ORAL TABLET DELAYED RELEASE	Tier-2	PA
<i>loperamide hcl oral capsule</i>	Tier-1	
MOTOFEN ORAL TABLET	Tier-3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV ORAL TABLET EFFERVESCENT	Tier-3	
VISTOGARD ORAL PACKET	Tier-2	QL (20 Packets per 30 days)
ANTIDOTES		
CETYLEV ORAL TABLET EFFERVESCENT	Tier-3	
CHEMET ORAL CAPSULE	Tier-3	
EVZIO INJECTION SOLUTION AUTO-INJECTOR	Tier-3	PA; ¥ (Max of 2 kits (4 units) per 30 days); QL (1 KIT per 1 Fill)
EXJADE ORAL TABLET SOLUBLE	Tier-2	SP
FERRIPROX ORAL SOLUTION	Tier-2	PA; QL (150 ML per 30 days)
FERRIPROX ORAL TABLET	Tier-2	PA; QL (30 TABLETS per 30 Days)
JADENU ORAL TABLET	Tier-2	SP
JADENU SPRINKLE ORAL PACKET	Tier-2	
<i>naltrexone hcl oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NARCAN NASAL LIQUID	Tier-3	¥ (Max of 4 units per 30 days); QL (2 Units per 1 Fill)
VISTOGARD ORAL PACKET	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
ANZEMET ORAL TABLET	Tier-2	QL (3 TABLETS per 7 Days)
<i>APREPITANT ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG</i>	Tier-2	QL (1 EA per 7 days)
<i>APREPITANT ORAL CAPSULE 80 MG</i>	Tier-2	QL (2 EA per 7 days)
CESAMET ORAL CAPSULE	Tier-3	QL (18 CAPSULES per 7 Days)
<i>dronabinol oral capsule</i>	Tier-1	
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	QL (3 Units per 7 days)
<i>granisetron hcl oral tablet</i>	Tier-1	QL (6 TABLETS per 7 Days)
GRANISOL ORAL SOLUTION	Tier-3	QL (45 ML per 7 Days)
<i>meclizine hcl oral tablet</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-1	QL (90 ML per 7 Days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-1	QL (1 TABLET per 7 Days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-1	QL (9 TABLETS per 7 Days)
<i>ondansetron oral tablet dispersible</i>	Tier-1	QL (9 EA per 7 Days)
SANCUSO TRANSDERMAL PATCH	Tier-3	QL (1 PATCH per 7 Days)
<i>SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR</i>	Tier-2	
<i>trimethobenzamide hcl oral capsule</i>	Tier-1	
VARUBI ORAL TABLET	Tier-3	¥ (Max 6 capsules per 30 days); QL (2 TABLETS per 1 Fill)
ZUPLENZ ORAL FILM	Tier-3	QL (10 FILMS per 7 Days)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE	Tier-3	
<i>fluconazole oral suspension reconstituted</i>	Tier-1	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine oral capsule</i>	Tier-1	
<i>griseofulvin microsize oral suspension</i>	Tier-1	
<i>griseofulvin microsize oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-1	
<i>itraconazole oral capsule</i>	Tier-1	PA
<i>ketoconazole oral tablet</i>	Tier-1	
LAMISIL ORAL PACKET 125 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (56 PACKETS per 28 Days)
LAMISIL ORAL PACKET 187.5 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days)
<i>nystatin oral tablet</i>	Tier-1	
ONMEL ORAL TABLET	Tier-3	PA; QL (28 EA per 28 Days)
SPORANOX ORAL SOLUTION	Tier-2	
<i>terbinafine hcl oral tablet</i>	Tier-1	¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	QL (150 ML per 14 Days)
<i>voriconazole oral tablet 200 mg</i>	Tier-1	QL (28 TABLETS per 14 Days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	QL (56 TABLETS per 14 Days)
ANTIHISTAMINES		
<i>carbinoxamine maleate oral tablet</i>	Tier-1	
<i>clemastine fumarate oral syrup</i>	Tier-1	
<i>clemastine fumarate oral tablet</i>	Tier-1	
<i>cyproheptadine hcl oral syrup</i>	Tier-1	
<i>cyproheptadine hcl oral tablet</i>	Tier-1	
<i>desloratadine oral tablet</i>	Tier-1	
<i>dexchlorpheniramine maleate oral syrup</i>	Tier-1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	
<i>promethazine hcl oral syrup</i>	Tier-1	
<i>promethazine hcl oral tablet</i>	Tier-1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier-1	
promethegan rectal suppository	Tier-1	
ANTIHYPERTENSIVES		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>atorvastatin calcium oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>colestipol hcl oral packet</i>	Tier-1	
<i>colestipol hcl oral tablet</i>	Tier-1	
EZETIMIBE ORAL TABLET	Tier-2	
EZETIMIBE-SIMVASTATIN ORAL TABLET	Tier-2	
<i>fenofibrate micronized oral capsule</i>	Tier-1	
FENOFIBRATE ORAL CAPSULE	Tier-2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-1	
<i>fenofibric acid oral tablet</i>	Tier-1	
FLOLIPID ORAL SUSPENSION	Tier-3	PA
FLUVASTATIN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	^ (ACA); QL (90 EA per 90 days)
<i>fluvastatin sodium oral capsule</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
<i>gemfibrozil oral tablet</i>	Tier-1	
JUXTAPID ORAL CAPSULE	Tier-2	PA; QL (28 EA per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (4 EA per 28 days)
<i>lovastatin oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE	Tier-2	
<i>niacor oral tablet</i>	Tier-1	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE	Tier-2	
<i>pravastatin sodium oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
<i>prevalite oral powder</i>	Tier-1	
ROSUVASTATIN CALCIUM ORAL TABLET	Tier-2	PA; ^ (ACA); QL (90 EA per 90 days)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
<i>simvastatin oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
WELCHOL ORAL PACKET	Tier-3	
WELCHOL ORAL TABLET	Tier-3	
ANTIHYPERTENSIVES		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-1	
AMLODIPINE-OLMESARTAN ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-1	
AMTURNIDE ORAL TABLET	Tier-3	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril hcl oral tablet</i>	Tier-1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
CANDESARTAN CILEXETIL ORAL TABLET	Tier-2	
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET	Tier-2	
<i>captopril oral tablet</i>	Tier-1	
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>clonidine hcl transdermal patch weekly</i>	Tier-1	
DEMSER ORAL CAPSULE	Tier-3	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>enalapril maleate oral tablet</i>	Tier-1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
EPANED ORAL SOLUTION RECONSTITUTED	Tier-3	
<i>eplerenone oral tablet</i>	Tier-1	STPA
<i>eprosartan mesylate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>guanfacine hcl oral tablet</i>	Tier-1	
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>irbesartan oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium oral tablet</i>	Tier-1	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>methyldopa oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>moexipril-hydrochlorothiazide oral tablet</i>	Tier-1	
OLMESARTAN MEDOXOMIL ORAL TABLET	Tier-2	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET	Tier-2	
OLMESARTAN-AMLODIPINE-HCTZ ORAL TABLET	Tier-2	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>phenoxybenzamine hcl oral capsule</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
TARKA ORAL TABLET EXTENDED RELEASE	Tier-3	
TEKAMLO ORAL TABLET	Tier-3	
TEKTURNA ORAL TABLET	Tier-3	
<i>telmisartan oral tablet</i>	Tier-1	
TELMISARTAN-AMLODIPINE ORAL TABLET	Tier-2	
TELMISARTAN-HCTZ ORAL TABLET	Tier-2	
<i>terazosin hcl oral capsule</i>	Tier-1	
<i>trandolapril oral tablet</i>	Tier-1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier-1	
<i>valsartan oral tablet</i>	Tier-1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-1	
VECAMYL ORAL TABLET	Tier-3	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-3	
ALINIA ORAL TABLET	Tier-3	
<i>atovaquone oral suspension</i>	Tier-1	
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>dapsone oral tablet</i>	Tier-1	
FIRST-VANCOMYCIN 25 ORAL SOLUTION	Tier-3	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	Tier-3	
IMPAVIDO ORAL CAPSULE	Tier-2	
KETEK ORAL TABLET	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-1	
<i>linezolid oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-1	
<i>metronidazole oral tablet</i>	Tier-1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	Tier-3	
PRIMSOL ORAL SOLUTION	Tier-3	
SIVEXTRO ORAL TABLET	Tier-3	
<i>smz-tmp ds oral tablet</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<i>tinidazole oral tablet</i>	Tier-1	
<i>trimethoprim oral tablet</i>	Tier-1	
<i>vancomycin hcl oral capsule</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-3	PA; QL (9 TABLETS per 30 Days)
XIFAXAN ORAL TABLET 550 MG	Tier-3	PA; QL (60 TABLETS per 30 Days)
ANTIMALARIALS		
<i>ATOVAQUONE-PROGUANIL HCL ORAL TABLET</i>	Tier-2	
<i>chloroquine phosphate oral tablet</i>	Tier-1	
COARTEM ORAL TABLET	Tier-2	QL (24 TABLETS per 180 Days)
DARAPRIM ORAL TABLET	Tier-2	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	
<i>mefloquine hcl oral tablet</i>	Tier-1	
<i>PRIMAQUINE PHOSPHATE ORAL TABLET</i>	Tier-2	
<i>quinine sulfate oral capsule</i>	Tier-1	
ANTIMYASTHENIC AGENTS		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
MESTINON ORAL SYRUP	Tier-3	
MYTELASE ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
MESTINON ORAL SYRUP	Tier-3	
MYTELASE ORAL TABLET	Tier-3	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral capsule</i>	Tier-1	
<i>ethambutol hcl oral tablet</i>	Tier-1	
isonarif oral capsule	Tier-1	
<i>isoniazid oral syrup</i>	Tier-1	
<i>isoniazid oral tablet</i>	Tier-1	
PASER ORAL PACKET	Tier-3	
PRIFTIN ORAL TABLET	Tier-2	
<i>pyrazinamide oral tablet</i>	Tier-1	
<i>rifabutin oral capsule</i>	Tier-1	
<i>rifampin oral capsule</i>	Tier-1	
RIFATER ORAL TABLET	Tier-3	
SIRTURO ORAL TABLET	Tier-2	PA
TRECTOR ORAL TABLET	Tier-3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	Tier-2	PA; ^ (CM)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-2	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-2	PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)
AFINITOR ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ALECENSA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ALUNBRIG ORAL TABLET	Tier-2	PA; SP; ^ (CM)
<i>anastrozole oral tablet</i>	Tier-1	^ (CM)
<i>bexarotene oral capsule</i>	Tier-1	SP; ^ (CM)
<i>bicalutamide oral tablet</i>	Tier-1	^ (CM)
BOSULIF ORAL TABLET 100 MG	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
BOSULIF ORAL TABLET 500 MG	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)
CABOMETYX ORAL TABLET	Tier-2	PA; SP; ^ (CM)
<i>capecitabine oral tablet 150 mg</i>	Tier-1	SP; ^ (CM); QL (168 TABLETS per 14 days)
<i>capecitabine oral tablet 500 mg</i>	Tier-1	SP; ^ (CM); QL (84 TABLETS per 14 days)
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; ^ (CM); QL (60 TABLETS per 30 Days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; ^ (CM); QL (30 TABLETS per 30 Days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-2	PA; ^ (CM)
COTELLIC ORAL TABLET	Tier-2	PA; SP; ^ (CM)
<i>CYCLOPHOSPHAMIDE ORAL CAPSULE</i>	Tier-2	^ (CM)
<i>cyclophosphamide oral tablet</i>	Tier-1	^ (CM)
CYRAMZA INTRAVENOUS SOLUTION	Medical Benefit	PA
EMCYT ORAL CAPSULE	Tier-2	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>etoposide oral capsule</i>	Tier-1	^ (CM)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
FARESTON ORAL TABLET	Tier-2	^ (CM)
FARYDAK ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier-2	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE	Tier-3	^ (CM)
HEXALEN ORAL CAPSULE	Tier-2	^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier-2	PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days)
HYCAMTIN ORAL CAPSULE 1 MG	Tier-2	PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
ICLUSIG ORAL TABLET 15 MG	Tier-2	PA; SP; ^ (CM); QL (60 EA per 30 Days)
ICLUSIG ORAL TABLET 45 MG	Tier-2	PA; SP; ^ (CM); QL (30 EA per 30 Days)
<i>imatinib mesylate oral tablet</i>	Tier-1	SP; ^ (CM)
IMBRUVICA ORAL CAPSULE	Tier-2	PA; ^ (CM)
INLYTA ORAL TABLET	Tier-2	PA; SP; ^ (CM)
INTRON A INJECTION SOLUTION	Tier-2	SP
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-2	SP
IRESSA ORAL TABLET	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-2	PA; SP; ^ (CM)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-2	PA; ^ (CM)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-2	PA; ^ (CM)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-2	PA; ^ (CM)
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-2	PA; ^ (CM)
<i>letrozole oral tablet</i>	Tier-1	^ (CM)
<i>leucovorin calcium oral tablet</i>	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-2	^ (CM)
<i>leuprolide acetate injection kit</i>	Tier-1	SP; # (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)
<i>lomustine oral capsule</i>	Tier-1	^ (CM)
LONSURF ORAL TABLET	Tier-2	PA; SP; ^ (CM)
LYSODREN ORAL TABLET	Tier-2	^ (CM)
MATULANE ORAL CAPSULE	Tier-2	^ (CM)
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier-1	
<i>megestrol acetate oral tablet</i>	Tier-1	^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
MEKINIST ORAL TABLET	Tier-2	PA; SP; ^ (CM)
<i>MELPHALAN ORAL TABLET</i>	Tier-2	^ (CM)
<i>mercaptopurine oral tablet</i>	Tier-1	^ (CM)
MESNEX ORAL TABLET	Tier-3	^ (CM)
<i>methotrexate oral tablet</i>	Tier-1	^ (CM)
MYLERAN ORAL TABLET	Tier-2	^ (CM)
NERLYNX ORAL TABLET	Tier-2	PA; SP; ^ (CM)
NEXAVAR ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
<i>nilutamide oral tablet</i>	Tier-1	^ (CM)
NINLARO ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ODOMZO ORAL CAPSULE	Tier-2	PA; ^ (CM)
PERJETA INTRAVENOUS SOLUTION	Medical Benefit	PA
POMALYST ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
PROVENGE INTRAVENOUS SUSPENSION	Medical Benefit	PA
PURIXAN ORAL SUSPENSION	Tier-3	^ (CM)
RITUXAN INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
SOLTAMOX ORAL SOLUTION	Tier-2	^ (CM)
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)
STIVARGA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (84 TABLETS per 28 Days)
SUTENT ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG	Tier-2	SP; QL (4 VIALS per 28 days)
TABLOID ORAL TABLET	Tier-2	^ (CM)
TAFINLAR ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
TAGRISSE ORAL TABLET 40 MG	Tier-2	PA; ^ (CM); QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	Tier-2	PA; ^ (CM)
<i>tamoxifen citrate oral tablet</i>	Tier-1	^ (CM)
TARCEVA ORAL TABLET 100 MG, 150 MG	Tier-2	SP; ^ (CM); QL (30 TABLETS per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
TARCEVA ORAL TABLET 25 MG	Tier-2	SP; ^ (CM); QL (90 TABLETS per 30 Days)
TASIGNA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>temozolomide oral capsule</i>	Tier-1	SP; ^ (CM)
<i>tretinoin oral capsule</i>	Tier-1	^ (CM)
TREXALL ORAL TABLET	Tier-2	^ (CM)
TYKERB ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (180 TABLETS per 30 Days)
VOTRIENT ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
XALKORI ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
XATMEP ORAL SOLUTION	Tier-3	PA; ^ (CM)
XTANDI ORAL CAPSULE	Tier-2	PA; SP; ^ (CM); QL (120 CAPSULES per 30 Days)
ZELBORAF ORAL TABLET	Tier-2	PA; SP; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZYKADIA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZYTIGA ORAL TABLET 250 MG	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)
ZYTIGA ORAL TABLET 500 MG	Tier-2	PA; SP; ^ (CM); QL (60 EA per 30 days)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral syrup</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	
APOKYN SUBCUTANEOUS SOLUTION	Tier-2	SP
<i>benztropine mesylate oral tablet</i>	Tier-1	
<i>bromocriptine mesylate oral capsule</i>	Tier-1	
<i>bromocriptine mesylate oral tablet</i>	Tier-1	
<i>carbidopa oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier-1	
<i>carbidopa-levodopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-1	
DUOPA ENTERAL SUSPENSION	Tier-2	
<i>entacapone oral tablet</i>	Tier-1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-3	QL (30 PATCHES per 30 Days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	Tier-1	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier-1	QL (90 TABLETS per 90 Days)
<i>ropinirole hcl oral tablet</i>	Tier-1	
<i>selegiline hcl oral capsule</i>	Tier-1	
<i>selegiline hcl oral tablet</i>	Tier-1	
<i>tolcapone oral tablet</i>	Tier-1	
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ARIPIPRAZOLE ORAL SOLUTION	Tier-2	STPA; QL (900 ML per 90 days)
ARIPIPRAZOLE ORAL TABLET	Tier-2	STPA; QL (90 EA per 90 days)
ARIPIPRAZOLE ORAL TABLET DISPERSIBLE	Tier-2	STPA; QL (180 EA per 90 days)
<i>chlorpromazine hcl oral tablet</i>	Tier-1	
<i>clozapine oral tablet</i>	Tier-1	
<i>clozapine oral tablet dispersible</i>	Tier-1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>fluphenazine hcl oral concentrate</i>	Tier-1	
<i>fluphenazine hcl oral elixir</i>	Tier-1	
<i>fluphenazine hcl oral tablet</i>	Tier-1	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (90 EA per 90 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (180 EA per 90 days)
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<i>lithium carbonate oral tablet</i>	Tier-1	
LITHIUM ORAL SOLUTION	Tier-2	
<i>loxapine succinate oral capsule</i>	Tier-1	
NUPLAZID ORAL TABLET	Tier-2	PA; SP; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA
PALIPERIDONE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	STPA
<i>perphenazine oral tablet</i>	Tier-1	
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine rectal suppository</i>	Tier-1	
QUETIAPINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	STPA
<i>quetiapine fumarate oral tablet</i>	Tier-1	
<i>risperidone m-tab oral tablet dispersible</i>	Tier-1	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-1	
<i>thioridazine hcl oral tablet</i>	Tier-1	
<i>thiothixene oral capsule</i>	Tier-1	
<i>trifluoperazine hcl oral tablet</i>	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	
VRAYLAR ORAL CAPSULE	Tier-3	STPA
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	STPA
<i>ziprasidone hcl oral capsule</i>	Tier-1	STPA
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	Tier-2	
ANTISEPTICS & DISINFECTANTS		
PHISOHEX EXTERNAL LIQUID	Tier-3	
ANTIVIRALS		
ABACAVIR SULFATE ORAL SOLUTION	Tier-2	
<i>abacavir sulfate oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-1	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-1	
APTIVUS ORAL CAPSULE	Tier-2	
APTIVUS ORAL SOLUTION	Tier-2	
ATRIPLA ORAL TABLET	Tier-2	
BARACLUDE ORAL SOLUTION	Tier-2	
COMPLERA ORAL TABLET	Tier-2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-2	
DESCOVY ORAL TABLET	Tier-2	
<i>didanosine oral capsule delayed release</i>	Tier-1	
EDURANT ORAL TABLET	Tier-2	
EMTRIVA ORAL CAPSULE	Tier-2	
EMTRIVA ORAL SOLUTION	Tier-2	
<i>ENTECAVIR ORAL TABLET</i>	Tier-2	
EPIVIR HBV ORAL SOLUTION	Tier-2	
EVOTAZ ORAL TABLET	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
<i>FOSAMPRENAVIR CALCIUM ORAL TABLET</i>	Tier-2	
FUZEON SUBCUTANEOUS KIT	Tier-2	SP
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	SP
GENVOYA ORAL TABLET	Tier-2	
INTELENCE ORAL TABLET	Tier-2	
INVIRASE ORAL CAPSULE	Tier-2	
INVIRASE ORAL TABLET	Tier-2	
ISENTRESS HD ORAL TABLET	Tier-2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	Tier-2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	Tier-2	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
KALETRA ORAL TABLET	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
<i>LOPINA VIR-RITONAVIR ORAL SOLUTION</i>	Tier-2	
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nevirapine oral suspension</i>	Tier-1	
<i>nevirapine oral tablet</i>	Tier-1	
NORVIR ORAL CAPSULE	Tier-2	
NORVIR ORAL SOLUTION	Tier-2	
NORVIR ORAL TABLET	Tier-2	
ODEFSEY ORAL TABLET	Tier-2	
<i>OSELTAMIVIR PHOSPHATE ORAL CAPSULE</i>	Tier-2	QL (10 EA per 365 days)
<i>OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED</i>	Tier-2	¥ (2 fills per 365 days); QL (180 ML per 1 Fill)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	Tier-2	SP; QL (4 PENS per 28 Days)
PEGASYS SUBCUTANEOUS KIT	Tier-2	SP; QL (1 KIT per 28 Days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier-2	SP; QL (4 VIALS per 28 Days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEGINTRON SUBCUTANEOUS KIT	Tier-3	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS KIT	Tier-3	SP; QL (4 VIALS per 28 Days)
PREZCOBIX ORAL TABLET	Tier-2	
PREZISTA ORAL SUSPENSION	Tier-2	
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	Tier-2	
REBETOL ORAL SOLUTION	Tier-3	SP; QL (35 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (20 UNITS per 365 Days)
RESCRIPTOR ORAL TABLET	Tier-2	
REYATAZ ORAL CAPSULE	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
REYATAZ ORAL PACKET	Tier-2	
<i>ribasphere oral capsule</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>ribasphere oral tablet 200 mg</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral capsule</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
SELZENTRY ORAL SOLUTION	Tier-2	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 TABLETS per 30 Days)
SELZENTRY ORAL TABLET 25 MG	Tier-2	QL (120 TABLETS per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 TABLETS per 30 Days)
SELZENTRY ORAL TABLET 75 MG	Tier-2	QL (60 TABLETS per 30 days)
SOVALDI ORAL TABLET	Tier-3	PA; SP; # (genotypes 2 - 4)
<i>stavudine oral capsule</i>	Tier-1	
<i>stavudine oral solution reconstituted</i>	Tier-1	
STRIBILD ORAL TABLET	Tier-2	
SUSTIVA ORAL CAPSULE	Tier-2	
SUSTIVA ORAL TABLET	Tier-2	
TIVICAY ORAL TABLET	Tier-2	
TRIUMEQ ORAL TABLET	Tier-2	
TRUVADA ORAL TABLET 200-300 MG	Tier-2	
TYZEKA ORAL TABLET	Tier-2	
<i>valacyclovir hcl oral tablet</i>	Tier-1	
VALCYTE ORAL TABLET	Tier-2	
VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED	Tier-2	
<i>valganciclovir hcl oral tablet</i>	Tier-1	
VEMLIDY ORAL TABLET	Tier-2	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
VIRACEPT ORAL TABLET	Tier-2	
VIREAD ORAL POWDER	Tier-2	
VIREAD ORAL TABLET	Tier-2	
VITEKTA ORAL TABLET	Tier-2	
<i>zidovudine oral capsule</i>	Tier-1	
<i>zidovudine oral syrup</i>	Tier-1	
<i>zidovudine oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ASSORTED CLASSES		
AZASAN ORAL TABLET	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP
CUPRIMINE ORAL CAPSULE 250 MG	Tier-2	
<i>cyclosporine modified oral capsule</i>	Tier-1	
<i>cyclosporine modified oral solution</i>	Tier-1	
<i>cyclosporine oral capsule</i>	Tier-1	
DEPEN TITRATABS ORAL TABLET	Tier-2	
<i>kionex oral suspension</i>	Tier-1	
<i>mycophenolate mofetil oral capsule</i>	Tier-1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-1	
<i>mycophenolate mofetil oral tablet</i>	Tier-1	
<i>mycophenolic acid oral tablet delayed release</i>	Tier-1	
RAPAMUNE ORAL SOLUTION	Tier-3	
REVLIMID ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>sirolimus oral tablet</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
SYPRINE ORAL CAPSULE	Tier-3	
<i>tacrolimus oral capsule</i>	Tier-1	
THALOMID ORAL CAPSULE	Tier-3	SP; ^ (CM)
VELTASSA ORAL PACKET	Tier-2	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
ZORTRESS ORAL TABLET	Tier-2	SP; QL (180 TABLETS per 90 Days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (4 ML per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	Tier-1	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-1	
<i>bisoprolol fumarate oral tablet</i>	Tier-1	
BYSTOLIC ORAL TABLET	Tier-3	
<i>carvedilol oral tablet</i>	Tier-1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-1	
LEVATOL ORAL TABLET	Tier-3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>METOPROLOL TARTRATE ORAL TABLET 37.5 MG, 75 MG</i>	Tier-3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier-1	
<i>pindolol oral tablet</i>	Tier-1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>propranolol hcl oral solution</i>	Tier-1	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	Tier-2	PA
BIOLOGICALS MISC		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	Tier-1	
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	Tier-3	
<i>dilt-cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<i>diltzac oral capsule extended release 24 hour</i>	Tier-1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>isradipine oral capsule</i>	Tier-1	
<i>matzim la oral tablet extended release 24 hour</i>	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-1	
<i>nifediac cc oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedical xl oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nimodipine oral capsule</i>	Tier-1	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
taztia xt oral capsule extended release 24 hour	Tier-1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
CARDIOTONICS		
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier-3	
CARDIOVASCULAR AGENTS - MISC.		
ADCIRCA ORAL TABLET	Tier-3	PA; SP
ADEMPAS ORAL TABLET	Tier-2	PA; SP
AMLODIPINE-ATORVASTATIN ORAL TABLET	Tier-2	
BIDIL ORAL TABLET	Tier-2	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier-3	
CIALIS ORAL TABLET 5 MG	Tier-3	¥ (For diagnosis of Symptomatic Benign Prostatic Hyperplasia quantity limit of 30 tablets per 30 days); QL (4 EA per 30 Days); Age Limit (Min 18 Years)
EDEX INTRACAVERNOSAL KIT	Tier-3	
epoprostenol sodium intravenous solution reconstituted	Medical Benefit	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
LETAIRIS ORAL TABLET	Tier-2	PA; SP
MUSE URETHRAL PELLETT	Tier-3	
OPSUMIT ORAL TABLET	Tier-2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-2	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-2	PA; SP
REMODULIN INJECTION SOLUTION	Medical Benefit	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; SP
<i>sildenafil citrate oral tablet</i>	Tier-1	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
TRACLEER ORAL TABLET	Tier-2	PA; SP
TYVASO INHALATION SOLUTION	Medical Benefit	PA
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA
VIAGRA ORAL TABLET	Tier-2	QL (4 EA per 30 Days); Age Limit (Min 18 Years)
CEPHALOSPORINS		
<i>CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-1	
<i>cefaclor oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir oral capsule</i>	Tier-1	
<i>cefdinir oral suspension reconstituted</i>	Tier-1	
<i>cefditoren pivoxil oral tablet</i>	Tier-1	
<i>cefixime oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral tablet</i>	Tier-1	
<i>cefprozil oral suspension reconstituted</i>	Tier-1	
<i>cefprozil oral tablet</i>	Tier-1	
<i>ceftibuten oral capsule</i>	Tier-1	
<i>ceftibuten oral suspension reconstituted</i>	Tier-1	
CEFTIN ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-1	
<i>cephalexin oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SUPRAX ORAL CAPSULE	Tier-3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
CONTRACEPTIVES		
amethia lo oral tablet	Tier-1	^ (WH)
amethia oral tablet	Tier-1	^ (WH)
amethyst oral tablet	Tier-1	^ (WH)
apri oral tablet	Tier-1	^ (WH)
aranelle oral tablet	Tier-1	^ (WH)
aviane oral tablet	Tier-1	^ (WH)
azurette oral tablet	Tier-1	^ (WH)
balziva oral tablet	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	^ (WH)
BREVICON (28) ORAL TABLET	Tier-3	^ (WH)
camila oral tablet	Tier-1	^ (WH)
camrese lo oral tablet	Tier-1	^ (WH)
camrese oral tablet	Tier-1	^ (WH)
cryselle-28 oral tablet	Tier-1	^ (WH)
cyclafem 1/35 oral tablet	Tier-1	^ (WH)
cyclafem 7/7/7 oral tablet	Tier-1	^ (WH)
CYCLESSA ORAL TABLET	Tier-3	^ (WH)
DESOGEN ORAL TABLET	Tier-3	^ (WH)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-1	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)
enpresse-28 oral tablet	Tier-1	^ (WH)
errin oral tablet	Tier-1	^ (WH)
ESTROSTEP FE ORAL TABLET	Tier-3	^ (WH)
fayosim oral tablet	Tier-1	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
gianvi oral tablet	Tier-1	^ (WH)
jolessa oral tablet	Tier-1	^ (WH)
jolivette oral tablet	Tier-1	^ (WH)
junel 1.5/30 oral tablet	Tier-1	^ (WH)
junel 1/20 oral tablet	Tier-1	^ (WH)
junel fe 1.5/30 oral tablet	Tier-1	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
junel fe 1/20 oral tablet	Tier-1	^ (WH)
kariva oral tablet	Tier-1	^ (WH)
lessina oral tablet	Tier-1	^ (WH)
levora 0.15/30 (28) oral tablet	Tier-1	^ (WH)
LO LOESTRIN FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1/20 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 24 FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1.5/30 ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1/20 ORAL TABLET	Tier-3	^ (WH)
LOSEASONIQUE ORAL TABLET	Tier-3	^ (WH)
low-ogestrel oral tablet	Tier-1	^ (WH)
luteru oral tablet	Tier-1	^ (WH)
microgestin 1.5/30 oral tablet	Tier-1	^ (WH)
microgestin 1/20 oral tablet	Tier-1	^ (WH)
microgestin fe 1.5/30 oral tablet	Tier-1	^ (WH)
microgestin fe 1/20 oral tablet	Tier-1	^ (WH)
MIRCETTE ORAL TABLET	Tier-3	^ (WH)
mononessa oral tablet	Tier-1	^ (WH)
NATAZIA ORAL TABLET	Tier-3	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
necon 1/35 (28) oral tablet	Tier-1	^ (WH)
necon 1/50 (28) oral tablet	Tier-1	^ (WH)
NECON 10/11 (28) ORAL TABLET	Tier-2	^ (WH)
necon 7/7/7 oral tablet	Tier-1	^ (WH)
next choice one dose oral tablet	Tier-1	^ (WH)
next choice oral tablet	Tier-1	^ (WH)
nora-be oral tablet	Tier-1	^ (WH)
NORDETTE (28) ORAL TABLET	Tier-3	^ (WH)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier-1	^ (WH)
NORINYL 1+35 (28) ORAL TABLET	Tier-3	^ (WH)
NOR-QD ORAL TABLET	Tier-3	^ (WH)
nortrel 1/35 (21) oral tablet	Tier-1	^ (WH)
nortrel 1/35 (28) oral tablet	Tier-1	^ (WH)
nortrel 7/7/7 oral tablet	Tier-1	^ (WH)
NUVARING VAGINAL RING	Tier-2	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ocella oral tablet	Tier-1	^ (WH)
ogestrel oral tablet	Tier-1	^ (WH)
orsythia oral tablet	Tier-1	^ (WH)
ORTHO EVRA TRANSDERMAL PATCH WEEKLY	Tier-3	^ (WH)
ORTHO MICRONOR ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN LO ORAL TABLET	Tier-3	^ (WH)
ORTHO-CEPT (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 1/35 (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	Tier-3	^ (WH)
OVCON-35 (28) ORAL TABLET	Tier-3	^ (WH)
PLAN B ONE-STEP ORAL TABLET	Tier-3	^ (WH)
portia-28 oral tablet	Tier-1	^ (WH)
previfem oral tablet	Tier-1	^ (WH)
quasense oral tablet	Tier-1	^ (WH)
reclipsen oral tablet	Tier-1	^ (WH)
SAFYRAL ORAL TABLET	Tier-3	^ (WH)
SEASONIQUE ORAL TABLET	Tier-3	^ (WH)
sprintec 28 oral tablet	Tier-1	^ (WH)
tilia fe oral tablet	Tier-1	^ (WH)
tri-estarylla oral tablet	Tier-1	^ (WH)
tri-legest fe oral tablet	Tier-1	^ (WH)
trinessa (28) oral tablet	Tier-1	^ (WH)
trinessa lo oral tablet	Tier-1	^ (WH)
TRI-NORINYL (28) ORAL TABLET	Tier-3	^ (WH)
tri-previfem oral tablet	Tier-1	^ (WH)
tri-sprintec oral tablet	Tier-1	^ (WH)
trivora (28) oral tablet	Tier-1	^ (WH)
velivet oral tablet	Tier-1	^ (WH)
YASMIN 28 ORAL TABLET	Tier-3	^ (WH)
YAZ ORAL TABLET	Tier-3	^ (WH)
zovia 1/35e (28) oral tablet	Tier-1	^ (WH)
zovia 1/50e (28) oral tablet	Tier-1	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
CORTICOSTEROIDS		
baycadron oral elixir	Tier-1	
<i>budesonide er oral capsule extended release 24 hour</i>	Tier-1	
<i>cortisone acetate oral tablet</i>	Tier-1	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	
DEXTAK 10 DAY ORAL TABLET	Tier-3	
DEXTAK 13 DAY ORAL TABLET	Tier-3	
DEXTAK 6 DAY ORAL TABLET	Tier-3	
EMFLAZA ORAL SUSPENSION	Tier-2	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	Tier-2	PA; QL (30 tablets per 30 days)
<i>fludrocortisone acetate oral tablet</i>	Tier-1	
<i>hydrocortisone oral tablet</i>	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
<i>methylprednisolone (pak) oral tablet</i>	Tier-1	
<i>methylprednisolone oral tablet</i>	Tier-1	
MILLIPRED ORAL TABLET	Tier-3	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier-1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	Tier-1	
<i>prednisone (pak) oral tablet</i>	Tier-1	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier-3	
<i>prednisone oral solution</i>	Tier-1	
<i>prednisone oral tablet</i>	Tier-1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</i>	Tier-1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation solution</i>	Tier-1	
<i>benzonatate oral capsule</i>	Tier-1	
bromfed dm oral syrup	Tier-1	
<i>cheratussin ac oral syrup</i>	Tier-1	
<i>cheratussin dac oral solution</i>	Tier-1	
<i>guaiaitussin ac oral syrup</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>guaifenesin ac oral syrup</i>	Tier-1	
<i>guaifenesin dac oral solution</i>	Tier-1	
<i>guaifenesin-codeine oral solution</i>	Tier-1	
<i>guaifenesin-codeine oral syrup</i>	Tier-1	
<i>hydrocod polst-cpm polst er oral liquid extended release</i>	Tier-1	
<i>hydrocodone-homatropine oral syrup</i>	Tier-1	
<i>hydrocodone-homatropine oral tablet</i>	Tier-1	
<i>hydromet oral syrup</i>	Tier-1	
<i>iophen c-nr oral liquid</i>	Tier-1	
<i>mytussin dac oral solution</i>	Tier-1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Tier-2	
<i>promethazine-dm oral syrup</i>	Tier-1	
SEMPREX-D ORAL CAPSULE	Tier-3	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
KISQALI 200 DOSE ORAL TABLET	Tier-2	PA; SP; ^ (CM)
KISQALI 400 DOSE ORAL TABLET	Tier-2	PA; SP; ^ (CM)
KISQALI 600 DOSE ORAL TABLET	Tier-2	PA; SP; ^ (CM)
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL TABLET 200-125 MG	Tier-2	PA; SP; QL (112 EA per 28 days)
DERMATOLOGICALS		
8-MOP ORAL CAPSULE	Tier-3	
<i>acitretin oral capsule</i>	Tier-1	
acticin external cream	Tier-1	
<i>acyclovir external ointment</i>	Tier-1	QL (1 TUBE per 30 Days)
<i>adapalene external cream</i>	Tier-1	PA
<i>adapalene external gel</i>	Tier-1	PA
ADAPALENE EXTERNAL LOTION	Tier-2	PA
ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL	Tier-2	
AKNE-MYCIN EXTERNAL OINTMENT	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>ala-cort external cream 1 %</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-1	
<i>alclometasone dipropionate external ointment</i>	Tier-1	
ALTABAX EXTERNAL OINTMENT	Tier-3	
AMCINONIDE EXTERNAL CREAM	Tier-2	PA
AMCINONIDE EXTERNAL LOTION	Tier-2	PA
AMCINONIDE EXTERNAL OINTMENT	Tier-2	PA
<i>ammonium lactate external cream</i>	Tier-1	
<i>ammonium lactate external lotion</i>	Tier-1	
APEXICON E EXTERNAL CREAM	Tier-3	
APEXICON EXTERNAL OINTMENT	Tier-3	
avita external cream	Tier-1	PA
avita external gel	Tier-1	PA
AZELEX EXTERNAL CREAM	Tier-3	
<i>bacitracin external ointment</i>	Tier-1	
<i>bacitracin zinc external ointment</i>	Tier-1	
<i>bacitracin-polymyxin b external ointment</i>	Tier-1	
bacitraycin plus external ointment 500 unit/gm	Tier-1	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external cream</i>	Tier-1	
<i>betamethasone dipropionate aug external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external lotion</i>	Tier-1	
<i>betamethasone dipropionate aug external ointment</i>	Tier-1	
<i>betamethasone dipropionate external cream</i>	Tier-1	
<i>betamethasone dipropionate external lotion</i>	Tier-1	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT	Tier-2	PA
<i>betamethasone valerate external cream</i>	Tier-1	
BETAMETHASONE VALERATE EXTERNAL FOAM	Tier-2	PA
<i>betamethasone valerate external lotion</i>	Tier-1	
<i>betamethasone valerate external ointment</i>	Tier-1	
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	Tier-3	
BIONECT EXTERNAL SOLUTION	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>calcipotriene external cream</i>	Tier-1	
<i>calcipotriene external ointment</i>	Tier-1	
<i>calcipotriene external solution</i>	Tier-1	
CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL OINTMENT	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
<i>CALCITRIOL EXTERNAL OINTMENT</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	PA
<i>ciclodan external cream</i>	Tier-1	
<i>ciclopirox external gel</i>	Tier-1	
<i>ciclopirox external shampoo</i>	Tier-1	
<i>ciclopirox external solution</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>ciclopirox olamine external cream</i>	Tier-1	
<i>ciclopirox olamine external suspension</i>	Tier-1	
<i>ciclopirox treatment external kit</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>claravis oral capsule</i>	Tier-1	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
CLINDAGEL EXTERNAL GEL	Tier-3	
<i>clindamax external gel</i>	Tier-1	
<i>clindamax external lotion</i>	Tier-1	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier-1	
<i>clindamycin phosphate external foam</i>	Tier-1	
<i>clindamycin phosphate external gel</i>	Tier-1	
<i>clindamycin phosphate external lotion</i>	Tier-1	
<i>clindamycin phosphate external solution</i>	Tier-1	
CLINDAMYCIN-TRETINOIN EXTERNAL GEL	Tier-2	
CLOBETASOL PROPIONATE E EXTERNAL CREAM	Tier-2	PA
CLOBETASOL PROPIONATE EMULSION EXTERNAL FOAM	Tier-2	PA
CLOBETASOL PROPIONATE EXTERNAL CREAM	Tier-2	PA
CLOBETASOL PROPIONATE EXTERNAL FOAM	Tier-2	PA
CLOBETASOL PROPIONATE EXTERNAL GEL	Tier-2	PA
CLOBETASOL PROPIONATE EXTERNAL LIQUID	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>CLOBETASOL PROPIONATE EXTERNAL LOTION</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL SHAMPOO</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL SOLUTION</i>	Tier-2	PA
<i>CLOCORTOLONE PIVALATE EXTERNAL CREAM</i>	Tier-2	PA
<i>CLOCORTOLONE PIVALATE PUMP EXTERNAL CREAM</i>	Tier-2	PA
<i>clotrimazole-betamethasone external cream</i>	Tier-1	
<i>clotrimazole-betamethasone external lotion</i>	Tier-1	
CONDYLOX EXTERNAL GEL	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-3	PA
CORTISPORIN EXTERNAL CREAM	Tier-3	
CORTISPORIN EXTERNAL OINTMENT	Tier-3	
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier-2	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringe per 28 days)
<i>DAPSONE EXTERNAL GEL</i>	Tier-2	
DENAVIR EXTERNAL CREAM	Tier-3	
<i>DESONIDE EXTERNAL CREAM</i>	Tier-2	PA
<i>DESONIDE EXTERNAL LOTION</i>	Tier-2	PA
<i>DESONIDE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL CREAM</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL GEL</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>DICLOFENAC SODIUM TRANSDERMAL GEL 1 %</i>	Tier-2	QL (2 Tubes per 1 Fill)
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-1	QL (200 GM per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>diclofenac sodium transdermal solution</i>	Tier-1	QL (1 Bottle per 30 days)
differin gel 0.1 % external (otc)	Tier-1	PA; # (OTC)
DIFLORASONE DIACETATE EXTERNAL CREAM	Tier-2	PA
DIFLORASONE DIACETATE EXTERNAL OINTMENT	Tier-2	PA
DOXEPIN HCL EXTERNAL CREAM	Tier-2	
DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE	Tier-2	
<i>econazole nitrate external cream</i>	Tier-1	
ELETONE EXTERNAL CREAM	Tier-3	
ELIDEL EXTERNAL CREAM	Tier-3	STPA
ERTACZO EXTERNAL CREAM	Tier-3	
<i>ery external pad</i>	Tier-1	
<i>erythromycin external gel</i>	Tier-1	
<i>erythromycin external pad</i>	Tier-1	
<i>erythromycin external solution</i>	Tier-1	
EURAX EXTERNAL CREAM	Tier-2	
EURAX EXTERNAL LOTION	Tier-2	
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
FINACEA EXTERNAL FOAM	Tier-2	
FINACEA EXTERNAL GEL	Tier-2	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL	Tier-2	PA
<i>fluocinolone acetonide external cream</i>	Tier-1	
<i>fluocinolone acetonide external ointment</i>	Tier-1	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION	Tier-2	PA
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL	Tier-2	PA
<i>fluocinonide external cream 0.05 %</i>	Tier-1	QL (60 GM per 30 days)
FLUOCINONIDE EXTERNAL CREAM 0.1 %	Tier-2	PA; QL (240 GM per 30 days)
FLUOCINONIDE EXTERNAL GEL	Tier-2	PA; QL (60 GM per 30 days)
FLUOCINONIDE EXTERNAL OINTMENT	Tier-2	PA; QL (60 GM per 30 days)
FLUOCINONIDE EXTERNAL SOLUTION	Tier-2	PA; QL (60 ML per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
FLUOROPLEX EXTERNAL CREAM	Tier-2	
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
FLURANDRENOLIDE EXTERNAL CREAM	Tier-2	PA
FLURANDRENOLIDE EXTERNAL LOTION	Tier-2	PA
FLURANDRENOLIDE EXTERNAL OINTMENT	Tier-2	PA
<i>fluticasone propionate external cream</i>	Tier-1	
FLUTICASONE PROPIONATE EXTERNAL LOTION	Tier-2	PA
<i>fluticasone propionate external ointment</i>	Tier-1	
<i>gentamicin sulfate external cream</i>	Tier-1	
<i>gentamicin sulfate external ointment</i>	Tier-1	
HALOBETASOL PROPIONATE EXTERNAL CREAM	Tier-2	PA
HALOBETASOL PROPIONATE EXTERNAL OINTMENT	Tier-2	PA
HALOG EXTERNAL CREAM	Tier-3	PA
HALOG EXTERNAL OINTMENT	Tier-3	PA
HYDROCORTISONE BUTYR LIPO BASE EXTERNAL CREAM	Tier-2	PA
HYDROCORTISONE BUTYRATE EXTERNAL CREAM	Tier-2	PA
<i>hydrocortisone butyrate external ointment</i>	Tier-1	
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION	Tier-2	PA
<i>hydrocortisone external cream 2.5 %</i>	Tier-1	
<i>hydrocortisone external lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier-1	
HYDROCORTISONE VALERATE EXTERNAL CREAM	Tier-2	PA
HYDROCORTISONE VALERATE EXTERNAL OINTMENT	Tier-2	PA
<i>imiquimod external cream</i>	Tier-1	
KERALYT EXTERNAL GEL 3 %	Tier-3	
<i>ketoconazole external cream</i>	Tier-1	
<i>ketoconazole external foam</i>	Tier-1	
<i>ketoconazole external shampoo</i>	Tier-1	
laclotion external lotion	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
lavoclen-4 acne wash external kit	Tier-1	
lavoclen-8 acne wash external kit	Tier-1	
<i>lidocaine external ointment</i>	Tier-1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier-1	PA; QL (30 PATCHES per 30 Days)
<i>lidocaine hcl external gel 2 %</i>	Tier-1	
<i>lidocaine-prilocaine external cream</i>	Tier-1	
<i>lidocaine-prilocaine external kit</i>	Tier-1	
LIDOCAINE-TETRACAINE EXTERNAL CREAM	Tier-2	
LIDOVIR EXTERNAL OINTMENT	Tier-3	QL (1 KIT per 30 Days)
<i>lindane external lotion</i>	Tier-1	
<i>lindane external shampoo</i>	Tier-1	
LOCOID EXTERNAL LOTION	Tier-3	PA
MAFENIDE ACETATE EXTERNAL PACKET	Tier-2	
<i>malathion external lotion</i>	Tier-1	
MENTAX EXTERNAL CREAM	Tier-3	
<i>methoxsalen rapid oral capsule</i>	Tier-1	
<i>metronidazole external cream</i>	Tier-1	
<i>metronidazole external gel</i>	Tier-1	
<i>metronidazole external lotion</i>	Tier-1	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-1	
<i>mupirocin external ointment</i>	Tier-1	
<i>naftifine hcl external cream</i>	Tier-1	
NAFTIN EXTERNAL GEL	Tier-3	
NATROBA EXTERNAL SUSPENSION	Tier-3	
NORITATE EXTERNAL CREAM	Tier-3	
NUCORT EXTERNAL LOTION	Tier-3	
<i>nystatin external cream</i>	Tier-1	
<i>nystatin external ointment</i>	Tier-1	
<i>nystatin external powder</i>	Tier-1	
<i>nystatin-triamcinolone external cream</i>	Tier-1	
<i>nystatin-triamcinolone external ointment</i>	Tier-1	
<i>nystop external powder</i>	Tier-1	
OPTASE EXTERNAL GEL	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>oxiconazole nitrate external cream</i>	Tier-1	
OXISTAT EXTERNAL LOTION	Tier-2	
OXSORALEN EXTERNAL LOTION	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	PA
PANRETIN EXTERNAL GEL	Tier-3	
<i>permethrin external cream</i>	Tier-1	
PICATO EXTERNAL GEL 0.015 %	Tier-3	QL (1 CARTON per 3 Days)
PICATO EXTERNAL GEL 0.05 %	Tier-3	QL (1 CARTON per 2 Days)
<i>podofilox external solution</i>	Tier-1	
PREDNICARBATE EXTERNAL CREAM	Tier-2	PA
<i>prednicarbate external ointment</i>	Tier-1	
PRUDOXIN EXTERNAL CREAM	Tier-3	
refissa external cream	Tier-1	PA
REGRANEX EXTERNAL GEL	Tier-2	
rosadan external cream	Tier-1	
rosadan external gel	Tier-1	
salacyn external cream	Tier-1	
salacyn external lotion	Tier-1	
<i>salicylic acid external foam</i>	Tier-1	
<i>salicylic acid external liquid 27.5 %</i>	Tier-1	
SANTYL EXTERNAL OINTMENT	Tier-3	
<i>se bpo wash external liquid</i>	Tier-1	
<i>selenium sulfide external lotion</i>	Tier-1	
<i>silver sulfadiazine external cream</i>	Tier-1	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier-3	
SKLICE EXTERNAL LOTION	Tier-3	QL (1 Bottle per 1 Fill)
SOOLANTRA EXTERNAL CREAM	Tier-3	
<i>spinosad external suspension</i>	Tier-1	QL (1 Bottle per 1 Fill)
ssd external cream	Tier-1	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier-2	PA; SP; QL (1 Syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier-2	PA; SP; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
SULFAMYLON EXTERNAL CREAM	Tier-3	
TACROLIMUS EXTERNAL OINTMENT	Tier-2	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TARGRETIN EXTERNAL GEL	Tier-2	SP
<i>TAZAROTENE EXTERNAL CREAM</i>	Tier-2	PA; ¥ (PA applies to members 26 and older)
TAZORAC EXTERNAL CREAM 0.05 %	Tier-2	PA
TAZORAC EXTERNAL GEL	Tier-2	PA
TEXACORT EXTERNAL SOLUTION	Tier-3	PA
thermazene external cream	Tier-1	
<i>tretinoin external cream</i>	Tier-1	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier-1	PA
TRETINOIN EXTERNAL GEL 0.05 %	Tier-2	PA
<i>tretinoin microsphere external gel</i>	Tier-1	PA
<i>tretinoin microsphere pump external gel</i>	Tier-1	PA
TRETIN-X EXTERNAL CREAM 0.0375 %	Tier-3	PA
TRETIN-X EXTERNAL KIT	Tier-3	PA
TRIAMCINOLONE ACETONIDE EXTERNAL AEROSOL SOLUTION	Tier-2	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	Tier-1	
<i>triamcinolone acetonide external lotion</i>	Tier-1	
<i>triamcinolone acetonide external ointment</i>	Tier-1	
TRIANEX EXTERNAL OINTMENT	Tier-3	PA
ULESFIA EXTERNAL LOTION	Tier-3	QL (6 Bottles per 7 Days)
<i>UREA EXTERNAL CREAM 10 %, 20 %, 39 %, 40 %, 45 %, 50 %</i>	Tier-2	
UREA EXTERNAL GEL	Tier-2	
VALCHLOR EXTERNAL GEL	Tier-2	PA
XCLAIR EXTERNAL CREAM	Tier-3	
ZONALON EXTERNAL CREAM	Tier-3	
ZOVIRAX EXTERNAL CREAM	Tier-3	QL (1 TUBE per 30 Days)
ZYCLARA EXTERNAL CREAM	Tier-3	QL (1 BOX per 30 Days)
ZYCLARA PUMP EXTERNAL CREAM	Tier-3	QL (1 BOTTLE per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
FREESTYLE LITE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
FREESTYLE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION PCX IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION PCX PLUS TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION POINT OF CARE TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION QID TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION SOF-TACT TEST IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Coinsurance	¥ (0 - 30%)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DEPLIN 15 ORAL CAPSULE	Tier-3	
DEPLIN 7.5 ORAL CAPSULE	Tier-3	
DEPLIN ORAL TABLET	Tier-3	
<i>L-METHYLFOLATE ORAL TABLET</i>	Tier-3	
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier-3	
<i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</i>	Tier-1	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
VIOKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	Tier-3	
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	
<i>acetazolamide oral tablet</i>	Tier-1	
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-1	
<i>chlorothiazide oral tablet</i>	Tier-1	
<i>chlorthalidone oral tablet</i>	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	
DYRENIUM ORAL CAPSULE	Tier-3	
<i>ETHACRYNIC ACID ORAL TABLET</i>	Tier-2	
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i>	Tier-1	
<i>FUROSEMIDE ORAL SOLUTION 8 MG/ML</i>	Tier-3	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide oral capsule</i>	Tier-1	
<i>hydrochlorothiazide oral tablet</i>	Tier-1	
<i>indapamide oral tablet</i>	Tier-1	
KEVEYIS ORAL TABLET	Tier-3	PA
<i>methazolamide oral tablet</i>	Tier-1	
<i>methyclothiazide oral tablet</i>	Tier-1	
<i>metolazone oral tablet</i>	Tier-1	
<i>spironolactone oral tablet</i>	Tier-1	
<i>spironolactone-hctz oral tablet</i>	Tier-1	
<i>torseamide oral tablet</i>	Tier-1	
<i>triamterene-hctz oral capsule</i>	Tier-1	
<i>triamterene-hctz oral tablet</i>	Tier-1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR HP INJECTION GEL	Tier-2	SP
<i>alendronate sodium oral tablet</i>	Tier-1	
BUPHENYL ORAL TABLET	Tier-3	
<i>cabergoline oral tablet</i>	Tier-1	
<i>calcitonin (salmon) nasal solution</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>calcitriol oral capsule</i>	Tier-1	
<i>calcitriol oral solution</i>	Tier-1	
CARBAGLU ORAL TABLET	Tier-2	PA
CETROTIDE SUBCUTANEOUS KIT	Tier-2	PA; SP
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier-1	SP
<i>clomiphene citrate oral tablet</i>	Tier-1	
CYSTADANE ORAL POWDER	Tier-3	
<i>desmopressin ace spray refrig nasal solution</i>	Tier-1	
<i>desmopressin acetate oral tablet</i>	Tier-1	
<i>doxercalciferol oral capsule</i>	Tier-1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP
<i>etidronate disodium oral tablet</i>	Tier-1	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
FOLLISTIM AQ INJECTION SOLUTION	Tier-3	PA; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	Tier-3	PA; SP
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier-2	PA; SP
FORTICAL NASAL SOLUTION	Tier-3	
<i>GANIRELIX ACETATE SUBCUTANEOUS SOLUTION</i>	Tier-3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	Tier-2	PA; SP
GONAL-F RFF PEN SUBCUTANEOUS SOLUTION	Tier-2	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
HP ACTHAR INJECTION GEL	Tier-2	SP
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS SOLUTION	Tier-2	PA; SP
KUVAN ORAL PACKET	Tier-2	PA; SP
KUVAN ORAL TABLET SOLUBLE	Tier-2	PA; SP
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
MICALCIN INJECTION SOLUTION	Tier-2	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-2	PA; QL (2 Cartridges per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier-2	PA; SP
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier-2	PA; SP
novarel intramuscular solution reconstituted 10000 unit	Tier-1	PA; SP
ORFADIN ORAL CAPSULE	Tier-2	PA
ORFADIN ORAL SUSPENSION	Tier-2	PA
OSPHENA ORAL TABLET	Tier-3	
OVIDREL SUBCUTANEOUS INJECTABLE	Tier-2	SP
<i>paricalcitol oral capsule</i>	Tier-1	
pregnyl intramuscular solution reconstituted	Tier-1	PA; SP
PROLIA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID	Tier-3	PA; SP
RISEDRONATE SODIUM ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	Tier-2	
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE	Tier-2	
SAMSCA ORAL TABLET	Tier-3	SP; QL (14 TABLETS per 7 Days)
SENSIPAR ORAL TABLET	Tier-2	SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-2	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (60 Ampules per 30 Days)
SKELID ORAL TABLET	Tier-2	
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier-2	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	Tier-3	PA; SP
SYNAREL NASAL SOLUTION	Tier-2	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
XGEVA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
ESTROGENS		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CENESTIN ORAL TABLET	Tier-3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier-3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
ENJUVIA ORAL TABLET	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	
<i>ESTRADIOL TRANSDERMAL PATCH TWICE WEEKLY</i>	Tier-2	
<i>estradiol transdermal patch weekly</i>	Tier-1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-1	
ESTRASORB TRANSDERMAL EMULSION	Tier-3	
ESTROGEL TRANSDERMAL GEL	Tier-3	
<i>estropipate oral tablet</i>	Tier-1	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	QL (1 Bottle per 1 Fill)
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-3	
jevantage oral tablet	Tier-1	
jinteli oral tablet	Tier-1	
MENEST ORAL TABLET	Tier-3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	
mimvey lo oral tablet	Tier-1	^ (WH)
mimvey oral tablet	Tier-1	^ (WH)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
PREFEST ORAL TABLET	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-3	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	Tier-3	
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	Tier-2	PA; SP; QL (30 TABLETS per 30 days)
FLUOROQUINOLONES		
<i>ciprofloxacin hcl oral tablet</i>	Tier-1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>levofloxacin oral solution</i>	Tier-1	
<i>levofloxacin oral tablet</i>	Tier-1	
MOXIFLOXACIN HCL ORAL TABLET	Tier-2	
NOROXIN ORAL TABLET	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-1	
GASTROINTESTINAL AGENTS - MISC.		
<i>alose tron hcl oral tablet</i>	Tier-1	
AMITIZA ORAL CAPSULE	Tier-2	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
AURYXIA ORAL TABLET	Tier-3	
<i>balsalazide disodium oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-1	
CANASA RECTAL SUPPOSITORY	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier-2	PA; SP; QL (2 Injections per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>cromolyn sodium oral concentrate</i>	Tier-1	
DELZICOL ORAL CAPSULE DELAYED RELEASE	Tier-2	
DIPENTUM ORAL CAPSULE	Tier-2	
<i>enulose oral solution</i>	Tier-1	
FOSRENOL ORAL PACKET	Tier-2	
GATTEX SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>LANTHANUM CARBONATE ORAL TABLET CHEWABLE</i>	Tier-2	
LINZESS ORAL CAPSULE	Tier-2	QL (30 CAPSULES per 30 Days)
<i>MESALAMINE ORAL TABLET DELAYED RELEASE</i>	Tier-2	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier-1	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG</i>	Tier-3	QL (120 EA per 30 days)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier-1	QL (120 EA per 30 days)
MOVANTIK ORAL TABLET	Tier-3	
PENTASA ORAL CAPSULE EXTENDED RELEASE	Tier-2	
PHOSLYRA ORAL SOLUTION	Tier-2	
RELISTOR ORAL TABLET	Tier-2	
RELISTOR SUBCUTANEOUS KIT	Tier-2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier-2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENAGEL ORAL TABLET	Tier-2	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENVELA ORAL PACKET 2.4 GM	Tier-2	
RENVELA ORAL TABLET	Tier-2	
<i>SEVELAMER CARBONATE ORAL PACKET 0.8 GM</i>	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SFROWASA RECTAL ENEMA	Tier-2	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	
sulfazine oral tablet	Tier-1	
<i>ursodiol oral capsule</i>	Tier-1	
<i>ursodiol oral tablet</i>	Tier-1	
VELPHORO ORAL TABLET CHEWABLE	Tier-3	
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
CYSTAGON ORAL CAPSULE	Tier-3	SP
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	Tier-1	
<i>tamsulosin hcl oral capsule</i>	Tier-1	
GOUT AGENTS		
<i>allopurinol oral tablet</i>	Tier-1	
COLCHICINE ORAL CAPSULE	Tier-2	
<i>colchicine oral tablet</i>	Tier-1	QL (180 EA per 90 days)
<i>colchicine-probenecid oral tablet</i>	Tier-1	
DUZALLO ORAL TABLET	Tier-3	PA
KRYSTEXXA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>probenecid oral tablet</i>	Tier-1	
ULORIC ORAL TABLET	Tier-3	STPA
ZURAMPIC ORAL TABLET	Tier-3	PA
HEMATOLOGICAL AGENTS - MISC.		
adynovate intravenous solution reconstituted	Medical Benefit	PA
AFSTYLA INTRAVENOUS KIT	Medical Benefit	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>anagrelide hcl oral capsule</i>	Tier-1	
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-2	
BRILINTA ORAL TABLET	Tier-3	
<i>cilostazol oral tablet</i>	Tier-1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>dipyridamole oral tablet</i>	Tier-1	
FIRAZYR SUBCUTANEOUS SOLUTION	Tier-2	PA; SP; QL (3 ML per 1 Fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Medical Benefit	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
NUWIQ INTRAVENOUS KIT	Medical Benefit	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>obizur intravenous solution reconstituted</i>	Medical Benefit	PA
<i>pentoxifylline er oral tablet extended release</i>	Tier-1	
PRASUGREL HCL ORAL TABLET	Tier-2	
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	Medical Benefit	PA
<i>ticlopidine hcl oral tablet</i>	Tier-1	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-2	SP; QL (4 ML per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier-2	SP; QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier-2	PA; QL (28 EA per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>cyanocobalamin injection solution</i>	Tier-1	
DROXIA ORAL CAPSULE	Tier-2	^ (CM)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-2	SP; QL (10 vials per 14 Days)
FERIVA ORAL CAPSULE	Tier-3	
FERRALET 90 ORAL TABLET	Tier-3	
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (10 Syringes per 14 Days)
INTEGRA F ORAL CAPSULE	Tier-3	
INTEGRA PLUS ORAL CAPSULE	Tier-3	
IROSPAN 24/6 ORAL	Tier-3	
LEUKINE INJECTION SOLUTION	Tier-2	SP; QL (6 vials per 14 Days)
MAXARON FORTE ORAL CAPSULE	Tier-3	
MAXARON FORTE ORAL TABLET	Tier-3	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	QL (2 Syringes per 28 days)
NASCOBAL NASAL SOLUTION	Tier-2	
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-2	SP; QL (1 Syringe per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringe per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-2	SP; QL (10 VIALS per 14 Days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier-3	SP; QL (10 Syringes per 14 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Tier-3	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
PROCRIT INJECTION SOLUTION	Tier-2	SP; QL (10 vials per 14 Days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	Tier-2	PA; SP; QL (30 TABLETS per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier-2	PA; SP; QL (60 TABLETS per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (10 Syringes per 14 days)
ZAVESCA ORAL CAPSULE	Tier-2	PA
HEMOSTATICS		
AMICAR ORAL SOLUTION	Tier-3	
AMICAR ORAL SYRUP	Tier-3	
AMICAR ORAL TABLET	Tier-3	
<i>aminocaproic acid oral tablet</i>	Tier-1	
<i>tranexamic acid oral tablet</i>	Tier-1	QL (30 TABLETS per 28 Days)
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL TABLET	Tier-3	PA; SP; # (genotypes 2 - 6)
VIEKIRA PAK ORAL TABLET THERAPY PACK	Tier-2	PA; SP; # (genotype 1)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	PA; SP; # (genotype 1)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	Tier-2	PA; QL (120 Packets per 30 days)
HYPNOTICS		
<i>chloral hydrate oral syrup</i>	Tier-1	
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-1	QL (10 TABLETS per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier-1	
HETLIOZ ORAL CAPSULE	Tier-3	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier-1	
<i>phenobarbital oral solution</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>phenobarbital oral tablet</i>	Tier-1	
ROZEREM ORAL TABLET	Tier-3	STPA; QL (10 TABLETS per 30 Days)
<i>temazepam oral capsule</i>	Tier-1	
<i>triazolam oral tablet</i>	Tier-1	
<i>zaleplon oral capsule</i>	Tier-1	QL (10 CAPSULES per 30 Days)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier-1	STPA; QL (10 TABLETS per 30 Days)
<i>zolpidem tartrate oral tablet</i>	Tier-1	QL (10 TABLETS per 30 Days)
ZOLPIDEM TARTRATE SUBLINGUAL TABLET SUBLINGUAL	Tier-2	STPA; QL (10 TABLETS per 30 days)
ZOLPIMIST ORAL SOLUTION	Tier-3	STPA; QL (1 Unit per 30 Days)
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (24 VIALS per 28 days)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	Tier-3	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	Medical Benefit	PA
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS SOLUTION	Medical Benefit	PA
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (30 Tablets per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
LAXATIVES		
<i>constulose oral solution</i>	Tier-1	
gavilyte-c oral solution reconstituted	Tier-1	^ (ACA)
GOLYTELY ORAL SOLUTION RECONSTITUTED	Tier-2	
HALFLYTELY WITH FLAVOR PACKS ORAL KIT	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral solution</i>	Tier-1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	^ (ACA)
OSMOPREP ORAL TABLET	Tier-3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier-1	^ (ACA)
PREPOPIK ORAL PACKET	Tier-3	^ (ACA)
SUCLEAR ORAL KIT	Tier-3	^ (ACA)
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	^ (ACA)
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	Tier-3	PA
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA
MACROLIDES		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-1	
<i>clarithromycin oral tablet</i>	Tier-1	
DIFICID ORAL TABLET	Tier-3	PA
e.e.s. 400 oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	Tier-2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	Tier-2	
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier-2	
erythrocin stearate oral tablet 250 mg	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-1	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier-1	
PCE ORAL TABLET DELAYED RELEASE	Tier-3	
ZMAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
MIGRAINE PRODUCTS		
<i>almotriptan malate oral tablet</i>	Tier-1	QL (6 EA per 30 days)
ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	STPA; QL (4 Vials per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	Tier-1	QL (1 Box per 30 Days)
ELETRIPTAN HYDROBROMIDE ORAL TABLET	Tier-2	QL (6 EA per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
ERGOTAMINE-CAFFEINE ORAL TABLET	Tier-2	
MIGERGOT RECTAL SUPPOSITORY	Tier-2	
MIGRANAL NASAL SOLUTION	Tier-3	QL (1 Box per 30 Days)
<i>naratriptan hcl oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
ONZETRA XSAIL NASAL EXHALER POWDER	Tier-3	STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-1	QL (1 Box per 30 Days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	QL (2 Boxes per 30 Days)
<i>sumatriptan succinate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-1	QL (4 Injections per 30 Days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	Tier-3	STPA; QL (6 Injections per 30 days)
ZOLMITRIPTAN ORAL TABLET	Tier-2	QL (6 TABLETS per 30 Days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE	Tier-2	QL (6 TABLETS per 30 Days)
ZOMIG NASAL SOLUTION	Tier-3	STPA; QL (1 Box per 30 Days)
MINERALS & ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT	Tier-3	
GALZIN ORAL CAPSULE	Tier-2	
klor-con 10 oral tablet extended release	Tier-1	
klor-con m10 oral tablet extended release	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-3	
klor-con m20 oral tablet extended release	Tier-1	
klor-con oral tablet extended release	Tier-1	
k-sol oral solution	Tier-1	
LURIDE ORAL SOLUTION	Tier-3	^ (ACA)
LURIDE ORAL TABLET CHEWABLE	Tier-3	^ (ACA)
<i>potassium chloride crys er oral tablet extended release</i>	Tier-1	
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier-1	
<i>sodium fluoride oral solution</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet chewable</i>	Tier-1	^ (ACA)
SSKI ORAL SOLUTION	Tier-3	
*MIXED ALLERGENIC EXTRACTS***		
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
MOUTH/THROAT/DENTAL AGENTS		
APHTHASOL MOUTH/THROAT PASTE	Tier-3	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	
<i>clotrimazole mouth/throat troche</i>	Tier-1	
EPISIL MOUTH/THROAT LIQUID	Tier-2	QL (4 Bottles per 30 Days)
FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION	Tier-3	
FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION	Tier-3	
GELCLAIR MOUTH/THROAT GEL	Tier-2	
<i>lidocaine hcl mouth/throat solution</i>	Tier-1	
<i>lidocaine viscous mouth/throat solution</i>	Tier-1	
NUMOISYN MOUTH/THROAT LIQUID	Tier-3	
<i>nystatin mouth/throat suspension</i>	Tier-1	
oralone mouth/throat paste	Tier-1	
periogard mouth/throat solution	Tier-1	
<i>pilocarpine hcl oral tablet</i>	Tier-1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***		
VIMIZIM INTRAVENOUS SOLUTION	Medical Benefit	PA
MULTIVITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE	Tier-3	
CITRANATAL DHA ORAL	Tier-3	
CITRANATAL RX ORAL TABLET	Tier-3	
GESTICARE DHA ORAL 27-1 & 250 MG	Tier-3	
MARNATAL-F ORAL CAPSULE	Tier-3	
<i>mynephrocaps oral capsule</i>	Tier-1	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier-3	
<i>pnv-dha+docusate oral capsule</i>	Tier-1	
<i>PNV-OB/DHA ORAL</i>	Tier-3	
<i>PRENATAL PLUS IRON ORAL TABLET</i>	Tier-3	
PREQUE 10 ORAL TABLET	Tier-3	
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
<i>VOL-TAB RX ORAL TABLET</i>	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*MUSCULAR DYSTROPHY AGENTS***		
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet</i>	Tier-1	
<i>carisoprodol oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier-1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier-1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier-1	
<i>dantrolene sodium oral capsule</i>	Tier-1	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA; SP
<i>metaxalone oral tablet 800 mg</i>	Tier-1	
<i>methocarbamol oral tablet</i>	Tier-1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier-1	
<i>orphenadrine compound-ds oral tablet</i>	Tier-1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385- 30 mg</i>	Tier-1	
<i>tizanidine hcl oral capsule</i>	Tier-1	
<i>tizanidine hcl oral tablet</i>	Tier-1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier-1	QL (3 EA per 90 Days)
<i>azelastine hcl nasal solution 0.15 %</i>	Tier-1	QL (3 EA per 90 days)
BACTROBAN NASAL NASAL OINTMENT	Tier-3	
<i>BUDESONIDE NASAL SUSPENSION</i>	Tier-2	QL (3 EA per 90 days)
<i>flunisolide nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (3 EA per 90 Days)
<i>ipratropium bromide nasal solution</i>	Tier-1	QL (6 EA per 90 Days)
<i>MOMETASONE FUROATE NASAL SUSPENSION</i>	Tier-2	QL (6 EA per 90 days)
<i>OLOPATADINE HCL NASAL SOLUTION</i>	Tier-2	QL (3 EA per 90 days)
<i>TRIAMCINOLONE ACETONIDE NASAL AEROSOL</i>	Tier-2	QL (3 EA per 90 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	Tier-3	PA
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	Tier-3	PA
NEUROMUSCULAR AGENTS		
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<i>riluzole oral tablet</i>	Tier-1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA
OPHTHALMIC AGENTS		
<i>ak-poly-bac ophthalmic ointment</i>	Tier-1	
ALOCRILOPHthalmic SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier-3	
ALREX OPHTHALMIC SUSPENSION	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
<i>atropine sulfate ophthalmic solution</i>	Tier-1	
AZASITE OPHTHALMIC SOLUTION	Tier-3	QL (1 Bottle per 7 Days)
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
AZOPT OPHTHALMIC SUSPENSION	Tier-2	
<i>bacitracin ophthalmic ointment</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic ointment 500- 10000 unit/gm</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	QL (1 Bottle per 5 Days)
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
BETIMOL OPHTHALMIC SOLUTION	Tier-2	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>BIMATOPROST OPHTHALMIC SOLUTION</i>	Tier-2	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>brimonidine tartrate ophthalmic solution</i>	Tier-1	
BROMDAY OPHTHALMIC SOLUTION	Tier-3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-1	
<i>bromfenac sodium ophthalmic solution</i>	Tier-1	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
CILOXAN OPHTHALMIC OINTMENT	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	QL (30 ML per 90 days)
COSOPT PF OPHTHALMIC SOLUTION	Tier-3	
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	Tier-1	
CYSTARAN OPHTHALMIC SOLUTION	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	
<i>diclofenac sodium ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-1	
EMADINE OPHTHALMIC SOLUTION	Tier-3	
<i>epinastine hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-1	
FLAREX OPHTHALMIC SUSPENSION	Tier-3	
<i>fluorometholone ophthalmic suspension</i>	Tier-1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-3	
FML OPHTHALMIC OINTMENT	Tier-3	
FRESHKOTE OPHTHALMIC SOLUTION	Tier-3	
<i>garamycin ophthalmic ointment</i>	Tier-1	
GATIFLOXACIN OPHTHALMIC SOLUTION	Tier-2	QL (1 Bottle per 7 Days)
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ilotycin ophthalmic ointment	Tier-1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier-3	
ISTALOL OPHTHALMIC SOLUTION	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
LACRISERT OPHTHALMIC INSERT	Tier-3	
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
LOTEMAX OPHTHALMIC GEL	Tier-3	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	
LOTEMAX OPHTHALMIC SUSPENSION	Tier-3	
LUMIGAN OPHTHALMIC SOLUTION	Tier-3	STPA
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
<i>metipranolol ophthalmic solution</i>	Tier-1	
MOXEZA OPHTHALMIC SOLUTION	Tier-3	QL (1 BOTTLE per 10 Days)
<i>MOXIFLOXACIN HCL OPHTHALMIC SOLUTION</i>	Tier-2	QL (1 ML per 10 days)
<i>naphazoline hcl ophthalmic solution</i>	Tier-1	
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier-1	
neo-polycin hc ophthalmic ointment	Tier-1	
neo-polycin ophthalmic ointment	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<i>OLOPATADINE HCL OPHTHALMIC SOLUTION</i>	Tier-2	
<i>parcaine ophthalmic solution</i>	Tier-1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
PILOPINE HS OPHTHALMIC GEL	Tier-2	
<i>polycin b ophthalmic ointment</i>	Tier-1	
<i>polycin ophthalmic ointment</i>	Tier-1	
<i>poly-dex ophthalmic ointment</i>	Tier-1	
PRED MILD OPHTHALMIC SUSPENSION	Tier-2	
PRED-G OPHTHALMIC SUSPENSION	Tier-2	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<i>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</i>	Tier-3	
<i>PROLENSA OPHTHALMIC SOLUTION</i>	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	
<i>RESCULA OPHTHALMIC SOLUTION</i>	Tier-3	
<i>RESTASIS OPHTHALMIC EMULSION</i>	Tier-3	PA
<i>SIMBRINZA OPHTHALMIC SUSPENSION</i>	Tier-3	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-1	
<i>SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SUSPENSION</i>	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-1	
<i>timolol maleate ophthalmic solution</i>	Tier-1	
<i>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</i>	Tier-3	
<i>TOBRADEX OPHTHALMIC OINTMENT</i>	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-1	
<i>TOBREX OPHTHALMIC OINTMENT</i>	Tier-3	
<i>TRAVATAN Z OPHTHALMIC SOLUTION</i>	Tier-3	STPA
<i>trifluridine ophthalmic solution</i>	Tier-1	
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>tropicamide ophthalmic solution</i>	Tier-1	
VEXOL OPHTHALMIC SUSPENSION	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
ZIOPTAN OPHTHALMIC SOLUTION	Tier-3	STPA; QL (90 EA per 90 Days)
ZIRGAN OPHTHALMIC GEL	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
OTIC AGENTS		
acetazol hc otic solution	Tier-1	
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
CIPRODEX OTIC SUSPENSION	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
COLY-MYCIN S OTIC SUSPENSION	Tier-3	
cortisporin otic solution	Tier-1	
CORTISPORIN-TC OTIC SUSPENSION	Tier-3	
<i>fluocinolone acetonide otic oil</i>	Tier-1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier-1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier-1	
<i>ofloxacin otic solution</i>	Tier-1	
OTOZIN OTIC LIQUID	Tier-3	
OXYTOCICS		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT	Medical Benefit	PA
PASSIVE IMMUNIZING AGENTS		
SYNAGIS INTRAMUSCULAR SOLUTION	Tier-3	PA; SP
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP; # (Non-preferred product); QL (2 Pens per 28 days)
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; # (Non-preferred product); QL (2 Syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	PA; SP; # (Preferred product); QL (1 System per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; # (Preferred product); QL (2 Syringes per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP; # (Preferred product); QL (2 Autoinjectors per 28 days)
PENICILLINS		
<i>AMOXICILLIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-1	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension reconstituted</i>	Tier-1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier-3	
<i>dicloxacillin sodium oral capsule</i>	Tier-1	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ZYDELIG ORAL TABLET	Tier-2	PA; ^ (CM)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	Tier-2	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL CAPSULE	Tier-2	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier-2	PA; ^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
RUBRACA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE	Tier-2	PA; ^ (CM)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL CAPSULE	Tier-2	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier-2	PA; ^ (CM)
RUBRACA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE	Tier-2	PA
*POTASSIUM REMOVING AGENTS***		
kionex oral suspension	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
VELTASSA ORAL PACKET	Tier-2	
PROGESTINS		
MAKENA INTRAMUSCULAR OIL	Medical Benefit	PA
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML	Tier-2	
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>progesterone micronized oral capsule</i>	Tier-1	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	Tier-3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
AUBAGIO ORAL TABLET	Tier-2	SP; QL (28 TABLETS per 28 Days)
AUSTEDO ORAL TABLET	Tier-2	PA; QL (60 EA per 30 days)
AVONEX INTRAMUSCULAR KIT	Tier-2	SP; QL (4 VIALS per 28 Days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-2	SP; QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-2	SP; QL (4 Syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-2	SP; QL (15 Vials per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
BuPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour	No Copayment	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	No Copayment	
CHANTIX ORAL TABLET	No Copayment	
CHANTIX STARTING MONTH PAK ORAL TABLET	No Copayment	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-2	SP; QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-2	SP; QL (12 Syringes per 30 days)
CVS Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
CVS Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
CVS Nicotine Transdermal Patch 24 Hour	No Copayment	
<i>disulfiram oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-1	
EQ Nicotine Mouth/Throat GUM 4 MG	No Copayment	
EQ Nicotine Mouth/Throat LOZENGE	No Copayment	
EQ Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
EQ Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
EQ Nicotine Step 3 Transdermal Patch 24 Hour	No Copayment	
EQ Nicotine Transdermal Patch 24 Hour	No Copayment	
EQL Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
EQL Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
EQL Nicotine Transdermal Patch 24 Hour	No Copayment	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
EXELON ORAL SOLUTION	Tier-3	
<i>fluoxetine hcl (pmdd) oral capsule</i>	Tier-1	
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier-1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-1	
<i>galantamine hydrobromide oral solution</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>galantamine hydrobromide oral tablet</i>	Tier-1	
GILENYA ORAL CAPSULE	Tier-2	SP; QL (30 EA per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (30 Syringes per 30 days)
GNP Nicotine Mini Mouth/Throat LOZENGE	No Copayment	
GNP Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
GNP Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
HM Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
HM Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
HM Nicotine Transdermal Patch 24 Hour	No Copayment	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-3	QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE	Tier-2	PA
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>MEMANTINE HCL ORAL SOLUTION</i>	Tier-2	
<i>MEMANTINE HCL ORAL TABLET</i>	Tier-2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
Nicotine Mini Mouth/Throat LOZENGE 2 MG	No Copayment	
Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
Nicotine Step 1 Transdermal Patch 24 Hour	No Copayment	
Nicotine Step 2 Transdermal Patch 24 Hour	No Copayment	
Nicotine Step 3 Transdermal Patch 24 Hour	No Copayment	
Nicotine Transdermal KIT	No Copayment	
Nicotine Transdermal Patch 24 Hour	No Copayment	
NICOTROL INHALATION INHALER	No Copayment	
NICOTROL NS NASAL SOLUTION	No Copayment	
NUEDEXTA ORAL CAPSULE	Tier-2	PA
OCREVUS INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	STPA
<i>PAROXETINE MESYLATE ORAL CAPSULE</i>	Tier-2	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>pimozide oral tablet</i>	Tier-1	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-2	SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	SP; QL (2 Syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (2 Syringes per 28 days)
QC Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
RA Mini Nicotine Mouth/Throat LOZENGE	No Copayment	
RA Nicotine Mouth/Throat GUM	No Copayment	
RA Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
RA Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
RA Nicotine Transdermal Patch 24 Hour	No Copayment	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (12 Syringes per 28 days)
<i>rivastigmine tartrate oral capsule</i>	Tier-1	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-1	
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 TABLETS per 90 Days)
SM Nicotine Mouth/Throat GUM	No Copayment	
SM Nicotine Mouth/Throat LOZENGE	No Copayment	
SM Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
SM Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
SM Nicotine Transdermal Patch 24 Hour	No Copayment	
SR Nicotine Mouth/Throat GUM	No Copayment	
SW Nicotine Polacrilex Mouth/Throat GUM	No Copayment	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
SW Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
TECFIDERA ORAL	Tier-2	SP; QL (60 CAPSULES per 30 Days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-2	SP; QL (60 CAPSULES per 30 Days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-1	PA; SP; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-1	PA; SP; QL (120 EA per 30 days)
TGT Nicotine Mouth/Throat GUM	No Copayment	
TGT Nicotine Polacrilex Mouth/Throat GUM	No Copayment	
TGT Nicotine Polacrilex Mouth/Throat LOZENGE	No Copayment	
TGT Nicotine Step One Transdermal Patch 24 Hour	No Copayment	
TGT Nicotine Step Three Transdermal Patch 24 Hour	No Copayment	
TGT Nicotine Step Two Transdermal Patch 24 Hour	No Copayment	
TYSABRI INTRAVENOUS CONCENTRATE	Medical Benefit	PA
XYREM ORAL SOLUTION	Tier-3	
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; QL (1 ML per 30 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	Tier-3	PA; QL (60 EA per 30 days)
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	Tier-3	PA; SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier-3	PA; SP; QL (270 EA per 30 days)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET	Tier-3	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK	Tier-3	PA; SP
RESPIRATORY AGENTS - MISC.		
KALYDECO ORAL PACKET	Tier-2	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	No Copayment	
PULMOZYME INHALATION SOLUTION	Tier-2	SP
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	Tier-3	PA
*SEROTONIN MODULATORS***		
<i>nefazodone hcl oral tablet</i>	Tier-1	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>trazodone hcl oral tablet</i>	Tier-1	
VIIBRYD ORAL KIT	Tier-3	STPA
VIIBRYD ORAL TABLET	Tier-3	STPA
VIIBRYD STARTER PACK ORAL KIT	Tier-3	STPA
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI ORAL TABLET	Tier-3	
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET	Tier-3	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
INVOKAMET ORAL TABLET	Tier-2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
SYNJARDY ORAL TABLET	Tier-3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
*SPINAL MUSCULAR ATROPHY AGENTS (SMA)***		
SPINRAZA INTRATHECAL SOLUTION	Medical Benefit	PA
SULFONAMIDES		
<i>SULFADIAZINE ORAL TABLET</i>	Tier-3	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	Tier-1	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	Tier-3	
<i>doxycycline hyclate oral capsule</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>doxycycline hyclate oral capsule delayed release particles 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier-1	
DOXYCYCLINE HYCLATE ORAL TABLET 75 MG	Tier-2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
<i>minocycline hcl oral capsule</i>	Tier-1	
<i>minocycline hcl oral tablet</i>	Tier-1	
<i>tetracycline hcl oral capsule</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-3	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	Tier-2	
<i>levothroid oral tablet</i>	Tier-1	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
<i>levoxyl oral tablet</i>	Tier-1	
<i>liothyronine sodium oral tablet</i>	Tier-1	
<i>methimazole oral tablet</i>	Tier-1	
NATURE-THROID ORAL TABLET	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYROLAR-1 ORAL TABLET	Tier-3	
THYROLAR-1/2 ORAL TABLET	Tier-3	
THYROLAR-1/4 ORAL TABLET	Tier-3	
THYROLAR-2 ORAL TABLET	Tier-3	
THYROLAR-3 ORAL TABLET	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
<i>unithroid direct oral tablet</i>	Tier-1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	Tier-3	PA
ULCER DRUGS		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
CANTIL ORAL TABLET	Tier-3	
CARAFATE ORAL SUSPENSION	Tier-3	Age Limit (Max 12 Years)
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier-1	
<i>CIMETIDINE HCL ORAL SOLUTION</i>	Tier-2	
<i>CIMETIDINE ORAL TABLET</i>	Tier-2	
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE	Tier-3	
DONNATAL ORAL ELIXIR	Tier-3	
<i>ed-spaz oral tablet dispersible</i>	Tier-1	
<i>ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG</i>	Tier-3	
<i>FAMOTIDINE ORAL SUSPENSION RECONSTITUTED</i>	Tier-3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	Tier-2	QL (300 ML per 30 Days)
FIRST-OMEPRAZOLE ORAL SUSPENSION	Tier-2	QL (300 ML per 30 Days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier-1	
hyomax-sl sublingual tablet sublingual	Tier-1	
<i>hyoscyamine sulfat er oral tablet extended release 12 hour</i>	Tier-1	
<i>hyoscyamine sulfat oral elixir</i>	Tier-1	
<i>hyoscyamine sulfat oral solution</i>	Tier-1	
<i>hyoscyamine sulfat oral tablet</i>	Tier-1	
<i>hyoscyamine sulfat oral tablet dispersible</i>	Tier-1	
<i>hyoscyamine sulfat sublingual tablet sublingual</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE</i>	Tier-3	
<i>methscopolamine bromide oral tablet</i>	Tier-1	
<i>misoprostol oral tablet</i>	Tier-1	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<i>NIZATIDINE ORAL CAPSULE</i>	Tier-2	
<i>NIZATIDINE ORAL SOLUTION</i>	Tier-2	
<i>OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE</i>	Tier-2	
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE</i>	Tier-3	
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL PACKET</i>	Tier-2	
<i>PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-2	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
PRILOSEC ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
PROTONIX ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
PYLERA ORAL CAPSULE	Tier-2	
<i>RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>SUCRALFATE ORAL SUSPENSION</i>	Tier-3	Age Limit (Max 12 Years)
<i>sucralfate oral tablet</i>	Tier-1	
URINARY ANTI-INFECTIVES		
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
<i>methenamine hippurate oral tablet</i>	Tier-1	
MONUROL ORAL PACKET	Tier-3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier-1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-1	
<i>nitrofurantoin oral suspension</i>	Tier-1	
<i>uribel oral capsule</i>	Tier-1	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet</i>	Tier-1	
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
<i>flavoxate hcl oral tablet</i>	Tier-1	
GELNIQUE TRANSDERMAL GEL 10 %, 3 (28) % (MG/ACT)	Tier-2	
GELNIQUE TRANSDERMAL GEL 10 %, 3 (28) % (MG/ACT)	Tier-3	STPA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier-1	
<i>oxybutynin chloride oral syrup</i>	Tier-1	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-1	
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier-1	
VESICARE ORAL TABLET	Tier-2	
VAGINAL PRODUCTS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
CLINDESSE VAGINAL CREAM	Tier-3	
CRINONE VAGINAL GEL	Tier-3	
ENDOMETRIN VAGINAL INSERT	Tier-3	
ESTRACE VAGINAL CREAM	Tier-2	
<i>ESTRADIOL VAGINAL TABLET</i>	Tier-2	
ESTRING VAGINAL RING	Tier-2	
FEMRING VAGINAL RING	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Drug	Status	Notes
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY	Tier-2	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
<i>metronidazole vaginal gel</i>	Tier-1	
NUVESSA VAGINAL GEL	Tier-3	
PREMARIN VAGINAL CREAM	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
vandazole vaginal gel	Tier-1	
VASOPRESSORS		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Tier-1	QL (2 Injectors per 1 Fill)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Tier-1	QL (2 INJECTORS per 1 Fill)
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Tier-1	QL (2 INJECTORS per 1 Fill)
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	Tier-2	QL (2 INJECTORS per 1 Fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Tier-2	QL (2 INJECTORS per 1 Fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>midodrine hcl oral tablet</i>	Tier-1	
VITAMINS		
<i>ergocalciferol oral capsule</i>	Tier-1	
MEPHYTON ORAL TABLET	Tier-2	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier-1	
<i>vitamin d3 oral capsule 50000 unit</i>	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

^ = Mandates May Apply
¥ = Additional Limits May Apply
= Drug specific notes

Index

8-MOP.....	51	ALECENSA	33	<i>amphetamine-</i>	
ABACA VIR SULFATE	38	<i>alendronate sodium</i>	61	<i>dextroamphetamine</i>	5
<i>abacavir sulfate</i>	38	<i>alfuzosin hcl er</i>	67	<i>ampicillin</i>	82
ABACA VIR SULFATE-		ALINIA	30	AMPYRA	83
LAMIVUDINE	39	<i>allopurinol</i>	67	AMTURNIDE	29
<i>abacavir-lamivudine-zidovudine</i>	39	<i>almotriptan malate</i>	73	ANADROL-50	13
ABSTRAL	10	ALOCRI L	77	<i>anagrelide hcl</i>	68
<i>acamprosate calcium</i>	83	<i>alogliptin benzoate</i>	23	<i>anastrozole</i>	33
<i>acarbose</i>	23	<i>alogliptin-metformin hcl</i>	23	ANDRODERM	13
<i>acebutolol hcl</i>	43	<i>alogliptin-pioglitazone</i>	23	ANDROGEL	13
<i>acetaminophen-codeine #3</i>	10	ALOMIDE	77	android.....	13
<i>acetaminophen-codeine #4</i>	10	ALORA	64	ANDROXY	13
acetazolamide.....	61	<i>alozetron hcl</i>	65	ANGELIQ	64
<i>acetazolamide er</i>	61	ALPHAGAN P	77	ANORO ELLIPTA	16
<i>acetic acid</i>	81	<i>alprazolam</i>	15	<i>antibiotic ear</i>	81
<i>acetylcysteine</i>	50	ALPROLIX	67	ANZEMET	26
<i>acitretin</i>	51	ALREX	77	APAP-CAFF-	
ACTEMRA	7	ALSUMA	73	DIHYDROCODEINE	10
ACTEMRA	7	ALTABAX	52	APEXICON	52
ACTHAR HP	61	ALUNBRIG	33	APEXICON E	52
acticin.....	51	<i>amantadine hcl</i>	36	APHTHASOL	75
ACTIMMUNE	32	AMCINONIDE	52	APLENZIN	21
ACTOPLUS MET XR	23	amethia.....	47	APOKYN	36
<i>acyclovir</i>	39, 51	amethia lo.....	47	<i>apraclonidine hcl</i>	77
<i>adapalene</i>	51	amethyst.....	47	APREPITANT	26
ADAPALENE	51	AMICAR	70	apri.....	47
ADAPALENE-BENZOYL		<i>amiloride hcl</i>	61	APRISO	65
PEROXIDE	51	<i>amiloride-hydrochlorothiazide</i> ...	61	APTIOM	18
ADCIRCA	45	<i>aminocaproic acid</i>	70	APTIVUS	39
ADDYI	88	<i>aminophylline</i>	16	aranelle.....	47
<i>adefovir dipivoxil</i>	39	<i>amiodarone hcl</i>	15	ARANESP (ALBUMIN	
ADEMPAS	45	AMITIZA	65	FREE)	68, 69
ADVAIR DISKUS	15	<i>amitriptyline hcl</i>	21	ARCALYST	7
ADVAIR HFA	16	<i>amlodipine besy-benazepril hcl</i> ..	28	ARIPIRAZOLE	37
ADVICOR	27	<i>amlodipine besylate</i>	44	ARMODAFINIL	5
adynovate.....	67	<i>amlodipine besylate-valsartan</i> ...28		ARMOUR THYROID	89
AFINITOR	32	AMLODIPINE-		ARNUITY ELLIPTA	16
AFINITOR DISPERZ	32	ATORVASTATIN	45	arymo er.....	10
AFSTYLA	67	AMLODIPINE-OLMESARTAN ..	28	ASPIRIN-DIPYRIDAMOLE ER ..	68
AKNE-MYCIN	51	<i>amlodipine-valsartan-hctz</i>	29	ATABEX EC	75
<i>ak-poly-bac</i>	77	ammonium lactate.....	52	<i>atenolol</i>	43
AKYNZEO	26	<i>amoxapine</i>	21	<i>atenolol-chlorthalidone</i>	29
<i>ala-cort</i>	52	<i>amoxicill-clarithro-lansopraz</i>	90	ATOMOXETINE HCL	5
ALBENZA	14	<i>amoxicillin</i>	82	<i>atorvastatin calcium</i>	27
<i>albuterol sulfate</i>	16	AMOXCILLIN ER	82	<i>atovaquone</i>	30
<i>albuterol sulfate er</i>	16	<i>amoxicillin-pot clavulanate</i>	82	ATOVAQUONE-PROGUANIL	
<i>alclometasone dipropionate</i>	52	<i>amoxicillin-pot clavulanate er</i> ...82		HCL	31
		<i>amphetamine-dextroamphet er</i>	5	ATRIPLA	39

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>atropine sulfate</i>	77	<i>betamethasone dipropionate</i>	BuPROPion HCl ER (Smoking
ATROVENT HFA	16	<i>aug</i>	Det).....
AUBAGIO	83	<i>betamethasone valerate</i>	84
AUGMENTIN.....	82	BETAMETHASONE	<i>bupropion hcl er (sr)</i>
AURYXIA.....	65	<i>VALERATE</i>	21
AUSTEDO	83	BETASERON	<i>bupropion hcl er (xl)</i>
aviane.....	47	<i>betaxolol hcl</i>	21
avita.....	52	<i>bethanechol chloride</i>	15
AVONEX	83	BETHKIS	9
AVONEX PEN	83	BETIMOL	<i>butalbital compound/asa</i>
AVONEX PREFILLED	83	BETOPTIC-S.....	<i>butalbital compound/codeine</i>
AZASAN	42	<i>bexarotene</i>	10
AZASITE.....	77	BEYAZ	<i>butalbital-acetaminophen</i>
<i>azathioprine</i>	42	<i>bicalutamide</i>	9
<i>azathioprine sodium</i>	42	BIDIL	BUTALBITAL-APAP-CAFF-
<i>azelastine hcl</i>	76, 77	BILTRICIDE.....	COD
AZELEX	52	<i>BIMATOPROST</i>	10
<i>azithromycin</i>	72	BIONECT	<i>butalbital-apap-caffeine</i>
AZOPT	77	<i>bisoprolol fumarate</i>	9
azurette.....	47	<i>bisoprolol-hydrochlorothiazide</i> ..	10
<i>bacitracin</i>	52, 77	BLEPHAMIDE	9
<i>bacitracin zinc</i>	52	BLEPHAMIDE S.O.P.	10
<i>bacitracin-polymyxin b</i>	52, 77	BOSULIF	9
<i>bacitra-neomycin-polymyxin-hc</i> ..	77	BOTOX	9
bacitraycin plus.....	52	BREO ELLIPTA	43
<i>baclofen</i>	76	BREVICON (28)	43
BACTROBAN NASAL	76	BRILINTA	61, 68
<i>balsalazide disodium</i>	65	<i>brimonidine tartrate</i>	78
balziva.....	47	BRIVIACT	18
BANZEL	18	BROMDAY	78
BARACLUDE	39	bromfed dm.....	50
baycadron.....	50	<i>bromfenac sodium</i>	78
BELBUCA.....	10	<i>bromfenac sodium (once-daily)</i> ..	78
BELSOMRA.....	81	<i>bromocriptine mesylate</i>	36
BELVIQ.....	5	BROVANA	16
BELVIQ XR.....	5	budeprion sr.....	21
<i>benazepril hcl</i>	29	<i>budesonide</i>	16
<i>benazepril-hydrochlorothiazide</i> ..	29	BUDESONIDE	76
BENLYSTA	42	<i>budesonide er</i>	50
BENLYSTA	42	<i>bumetanide</i>	61
<i>benzonatate</i>	50	BUNAVAIL	10
<i>benzoyl peroxide-erythromycin</i> ...52		BUPAP	9
BENZPHETAMINE HCL	5	BUPHENYL	61
<i>benzphetamine hcl</i>	5	BUPRENORPHINE	10
<i>benztropine mesylate</i>	36	<i>buprenorphine hcl</i>	10
BESIVANCE	77	<i>buprenorphine hcl-naloxone hcl</i> ..	10
<i>betamethasone dipropionate</i>	52	BUPROBAN	84
BETAMETHASONE		<i>bupropion hcl</i>	21
DIPROPIONATE	52		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

CARDENE SR.....	44	CHOLBAM	43	<i>clonazepam</i>	19
CARDURA XL.....	67	<i>chorionic gonadotropin</i>	62	<i>clonidine hcl</i>	29
<i>carisoprodol</i>	76	CIALIS	45	<i>clonidine hcl er</i>	5
<i>carisoprodol-aspirin</i>	76	<i>ciclodan</i>	53	<i>clopidogrel bisulfate</i>	68
<i>carisoprodol-aspirin-codeine</i>	76	<i>ciclopirox</i>	53	<i>clotrimazole</i>	75
<i>carteolol hcl</i>	78	<i>ciclopirox olamine</i>	53	<i>clotrimazole-betamethasone</i>	54
cartia xt.....	44	<i>ciclopirox treatment</i>	53	<i>clozapine</i>	37
<i>carvedilol</i>	43	<i>cilostazol</i>	68	COAGADEx	68
CAVERJECT.....	45	CILOXAN	78	COARTEM	31
CAYSTON	30	CIMETIDINE	90	<i>codeine sulfate</i>	10
<i>cefaclor</i>	46	CIMETIDINE HCL	90	COENZYME Q10	7
CEFACTOR ER	46	CIMZIA	65	COLCHICINE	67
<i>cefadroxil</i>	46	CIMZIA PREFILLED	65	<i>colchicine</i>	67
<i>cefdinir</i>	46	CIMZIA STARTER KIT	65	<i>colchicine-probenecid</i>	67
<i>cefditoren pivoxil</i>	46	CINQAIR	71	<i>colestipol hcl</i>	28
<i>cefixime</i>	46	CINRYZE	68	<i>colocort</i>	13
<i>cefpodoxime proxetil</i>	46	CIPRO HC	81	COLY-MYCIN S	81
<i>cefprozil</i>	46	CIPRODEX	81	COMBIGAN	78
<i>ceftibuten</i>	46	<i>ciprofloxacin hcl</i>	65, 78, 81	COMBIPATCH	64
CEFTIN	46	<i>ciprofloxacin-ciproflox hcl er</i>	65	COMBIVENT RESPIMAT	16
<i>cefuroxime axetil</i>	46	<i>citalopram hydrobromide</i>	21	COMETRIQ (100 MG DAILY DOSE)	33
CELECOXIB	7	CITRANATAL DHA	75	COMETRIQ (140 MG DAILY DOSE)	33
CELONTIN	19	CITRANATAL RX	75	COMETRIQ (60 MG DAILY DOSE)	33
CENESTIN	64	<i>claravis</i>	53	COMPLERA	39
<i>cephalexin</i>	46	<i>clarithromycin</i>	72	CONDYLOX	54
CERDELGA	69	<i>clarithromycin er</i>	72	<i>constulose</i>	72
CEREZYME	69	<i>clemastine fumarate</i>	27	CONTRAVE	36
CESAMET	26	CLEOCIN	92	COPAXONE	84
CETROTIDE	62	CLIMARA PRO	64	CORDRAN	54
CETYLEV	25	CLINDACIN-P	53	CORLANOR	88
CHANTIX	84	CLINDAGEL	53	CORTIFOAM	14
CHANTIX CONTINUING MONTH PAK	84	<i>clindamax</i>	53	<i>cortisone acetate</i>	50
CHANTIX STARTING MONTH PAK	84	<i>clindamycin hcl</i>	30	CORTISPORIN	54
CHEMET	25	<i>clindamycin palmitate hcl</i>	30	<i>cortisporin</i>	81
<i>cheratussin ac</i>	50	<i>clindamycin phos-benzoyl perox</i>	53	CORTISPORIN-TC	81
<i>cheratussin dac</i>	50	<i>clindamycin phosphate</i>	53, 92	COSENTYX	54
<i>chloral hydrate</i>	70	CLINDAMYCIN-TRETINOIN	53	COSENTYX 300 DOSE	54
<i>chlordiazepoxide hcl</i>	15	CLINDESSE	92	COSENTYX SENSOREADY 300 DOSE	54
<i>chlordiazepoxide-amitriptyline</i>	84	CLOBETASOL PROPIONATE	53, 54	COSENTYX SENSOREADY 300 DOSE	54
<i>chlordiazepoxide-clidinium</i>	90	CLOBETASOL PROPIONATE E	53	COSENTYX SENSOREADY PEN	54
<i>chlorhexidine gluconate</i>	75	CLOBETASOL PROPIONATE EMULSION	53	COSOPT PF	78
<i>chloroquine phosphate</i>	31	CLOCORTOLONE PIVALATE	54	COTELLIC	33
<i>chlorothiazide</i>	61	CLOCORTOLONE PIVALATE PUMP	54	COVERA-HS	44
<i>chlorpromazine hcl</i>	37	<i>clomiphene citrate</i>	62	CREON	60
<i>chlorpropamide</i>	23	<i>clomipramine hcl</i>	21	CRESEMBA	26
<i>chlorthalidone</i>	61				
<i>chlorzoxazone</i>	76				

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

CRINONE.....	92	DESONIDE.....	54	diphenhydramine hcl.....	27
CRIXIVAN	39	DESOXIMETASONE.....	54	diphenoxylate-atropine.....	25
<i>cromolyn sodium</i>	16, 66, 78	DESVENLAFAXINE ER.....	21	dipyridamole.....	68
cryselle-28.....	47	DESVENLAFAXINE		disopyramide phosphate.....	15
CUPRIMINE	42	FUMARATE ER.....	21	disulfiram.....	84
CVS Nicotine.....	84	DESVENLAFAXINE		DIURIL.....	61
CVS Nicotine Polacrilex.....	84	SUCCINATE ER.....	21	divalproex sodium.....	19
<i>cyanocobalamin</i>	69	dexamethasone.....	50	divalproex sodium er.....	19
cyclafem 1/35.....	47	dexamethasone sodium		DIVIGEL.....	64
cyclafem 7/7/7.....	47	phosphate.....	78	DOFETILIDE.....	15
CYCLESSA.....	47	dexchlorpheniramine maleate.....	27	donepezil hcl.....	84
<i>cyclobenzaprine hcl</i>	76	dexmethylphenidate hcl.....	5	DONNATAL.....	90
<i>cyclopentolate hcl</i>	78	DEXMETHYLPHENIDATE		DONNATAL EXTENTABS.....	90
CYCLOPHOSPHAMIDE.....	33	HCL ER.....	5	DORYX.....	88
<i>cyclophosphamide</i>	33	DEXPAK 10 DAY.....	50	dorzolamide hcl.....	78
<i>cycloserine</i>	32	DEXPAK 13 DAY.....	50	dorzolamide hcl-timolol mal.....	78
CYCLOSET	23	DEXPAK 6 DAY.....	50	doxazosin mesylate.....	29
<i>cyclosporine</i>	42	dextroamphetamine sulfate.....	5	doxepin hcl.....	21
<i>cyclosporine modified</i>	42	DEXTROAMPHETAMINE		DOXEPIN HCL.....	55
<i>cyproheptadine hcl</i>	27	SULFATE ER.....	5	doxercalciferol.....	62
CYRAMZA.....	33	DIASTAT ACUDIAL.....	19	DOXYCYCLINE.....	55
CYSTADANE.....	62	DIASTAT PEDIATRIC.....	19	doxycycline hyclate.....	88, 89
CYSTAGON.....	67	diazepam.....	15, 19	DOXYCYCLINE HYCLATE.....	89
CYSTARAN	78	diclofenac potassium.....	7	doxycycline monohydrate.....	89
DALIRESP.....	16	diclofenac sodium.....	7, 54, 55, 78	dronabinol.....	26
<i>danazol</i>	13	DICLOFENAC SODIUM.....	54	drosiprenone-ethinyl estradiol....	47
<i>dantrolene sodium</i>	76	diclofenac sodium er.....	7	DROXIA	69
<i>dapsone</i>	31	dicloxacillin sodium.....	82	DUAVEE.....	65
DAPSONE.....	54	DICOPANOL FUSEPAQ.....	27	DULOXETINE HCL.....	21
DARAPRIM	31	dicyclomine hcl.....	90	DUOPA	37
DARIFENACIN		didanosine.....	39	DUPIXENT	42
HYDROBROMIDE ER.....	92	diethylpropion hcl.....	5	dutasteride.....	67
DAYTRANA.....	5	differin.....	55	dutasteride-tamsulosin hcl.....	67
DELESTROGEN.....	64	DIFICID.....	72	DUTOPROL.....	29
DELZICOL	66	DIFLORASONE DIACETATE.....	55	DUZALLO.....	67
<i>demeclocycline hcl</i>	88	diflunisal.....	9	DYANAVEL XR.....	5
DEMSEER.....	29	digoxin.....	45	DYNACIRC CR.....	44
DENAVIR.....	54	dihydroergotamine mesylate.....	73	DYRENIUM.....	61
DEPEN TITRATABS	42	DILANTIN.....	19	DYSPORT.....	77
DEPLIN.....	60	DILATRATE-SR.....	14	e.e.s. 400.....	72
DEPLIN 15.....	60	dilt-cd.....	44	econazole nitrate.....	55
DEPLIN 7.5.....	60	diltiazem hcl.....	44	EDEX.....	45
DEPRIZINE FUSEPAQ.....	90	diltiazem hcl cd.....	44	ed-spaz.....	90
DESCOVY	39	diltiazem hcl er.....	44	EDURANT	39
<i>desipramine hcl</i>	21	diltiazem hcl er beads.....	44	EFFER-K.....	74
<i>desloratadine</i>	27	diltiazem hcl er coated beads.....	44	EGRIFTA.....	62
<i>desmopressin ace spray refrig</i>	62	dilt-xr.....	44	ELELYSO.....	69
<i>desmopressin acetate</i>	62	diltzac.....	44	ELESTRIN.....	64
DESOGEN.....	47	DIPENTUM	66	ELETONE.....	55

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>ELETRIPTAN</i>			<i>exemestane</i>	33	
<i>HYDROBROMIDE</i>	73	EQUETRO	37	EXJADE	25
ELIDEL.....	55	<i>ergocalciferol</i>	93	EXONDYS 51.....	76
ELIQUIS	18	<i>ergoloid mesylates</i>	84	<i>EZETIMIBE</i>	28
ELIXOPHYLLIN	16	ERGOMAR.....	73	<i>EZETIMIBE-SIMVASTATIN</i>	28
ELLA.....	47	ERGOTAMINE-CAFFEINE	73	FABIOR.....	55
ELMIRON.....	67	ERIVEDGE	33	FABRAZYME.....	62
EMADINE.....	78	errin.....	47	<i>famciclovir</i>	39
embeda.....	10	ERTACZO.....	55	<i>FAMOTIDINE</i>	90
EMCYT	33	<i>ery</i>	55	<i>famotidine</i>	90
EMEND.....	26	ERYPED 200	73	FARESTON	33
EMFLAZA	50	ERYPED 400	73	FARYDAK	33
EMSAM.....	21	ERY-TAB	73	fayosim.....	47
EMTRIVA	39	erythrocin stearate.....	73	<i>felbamate</i>	19
EMVERM.....	14	<i>erythromycin</i>	55, 78	<i>felodipine er</i>	44
<i>enalapril maleate</i>	29	<i>erythromycin base</i>	73	FEMRING	92
<i>enalapril-hydrochlorothiazide</i>	29	ERYTHROMYCIN		FEMTRACE.....	64
ENBREL	7	<i>ETHYLSUCCINATE</i>	73	<i>FENOFIBRATE</i>	28
ENBREL SURECLICK	7	<i>erythromycin ethylsuccinate</i>	73	<i>fenofibrate</i>	28
endocet.....	10	<i>erythromycin stearate</i>	73	<i>fenofibrate micronized</i>	28
endodan.....	10	ESBRIET.....	87	<i>fenofibric acid</i>	28
ENDOMETRIN.....	92	<i>escitalopram oxalate</i>	21	<i>fenopropfen calcium</i>	7
ENJUVA.....	64	<i>ESOMEPRAZOLE</i>		<i>fentanyl</i>	10
<i>enoxaparin sodium</i>	18	STRONTIUM	90	<i>fentanyl citrate</i>	10
enpresse-28.....	47	<i>estazolam</i>	70	FERIVA.....	69
<i>entacapone</i>	37	ESTRACE	92	FERRALET 90.....	69
ENTECAVIR	39	<i>estradiol</i>	64	FERRIPROX	25
ENTRESTO.....	77	<i>ESTRADIOL</i>	64, 92	FINACEA	55
ENTYVIO.....	71	<i>estradiol-norethindrone acet</i>	64	<i>finasteride</i>	67
<i>enulose</i>	66	ESTRASORB.....	64	FIRAZYR	68
EPANED.....	29	ESTRING	92	FIRST-BXN MOUTHWASH....	75
EPCLUSA.....	70	ESTROGEL.....	64	FIRST-DUKES	
<i>epinastine hcl</i>	78	<i>estropipate</i>	64	MOUTHWASH.....	75
<i>epinephrine</i>	93	ESTROSTEP FE.....	47	FIRST-LANSOPRAZOLE	90
EPINEPHRINE	93	<i>eszopiclone</i>	70	FIRST-OMEPRAZOLE	90
EPIPEN 2-PAK	93	<i>ETHACRYNIC ACID</i>	61	FIRST-PROGESTERONE	
EPIPEN JR 2-PAK	93	<i>ethambutol hcl</i>	32	VGS 100	93
EPISIL	75	<i>ethosuximide</i>	19	FIRST-PROGESTERONE	
epitol.....	19	<i>etidronate disodium</i>	62	VGS 200	93
EPIVIR HBV	39	<i>etodolac</i>	7	FIRST-PROGESTERONE	
<i>eplerenone</i>	29	<i>etodolac er</i>	7	VGS 25	93
EPOGEN	69	<i>etoposide</i>	33	FIRST-PROGESTERONE	
epoprostenol sodium.....	45	EUCRISA.....	82	VGS 400	93
<i>eprosartan mesylate</i>	29	EUFLEXXA.....	76	FIRST-PROGESTERONE	
EQ Nicotine.....	84	EURAX	55	VGS 50	93
EQ Nicotine Polacrilex.....	84	EVAMIST.....	64	FIRST-TESTOSTERONE.....	13
EQ Nicotine Step 3.....	84	EVOTAZ	39	FIRST-TESTOSTERONE MC..	13
EQL Nicotine.....	84	EVZIO.....	25	FIRST-VANCOMYCIN 25.....	31
EQL Nicotine Polacrilex.....	84	EXELDERM.....	55	FIRST-VANCOMYCIN 50.....	31
		EXELON.....	84		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

FLAREX.....	78	<i>fosinopril sodium</i>	29	<i>glyburide-metformin</i>	23
<i>flavoxate hcl</i>	92	<i>fosinopril sodium-hctz</i>	29	<i>glycopyrrolate</i>	90
<i>flecainide acetate</i>	15	FOSRENOL	66	GLYXAMBI.....	88
FLOLAN.....	45	FRAGMIN.....	18	GNP Nicotine Mini.....	85
FLOLIPID.....	28	FREESTYLE INSULINX		GNP Nicotine Polacrilex.....	85
FLOVENT DISKUS	16	TEST.....	60	GOLYTELY	72
FLOVENT HFA	16	FREESTYLE LITE TEST.....	60	GONAL-F	62
<i>fluconazole</i>	26	FREESTYLE TEST.....	60	GONAL-F RFF	62
<i>flucytosine</i>	26	FRESHKOTE.....	78	GONAL-F RFF PEN	62
<i>fludrocortisone acetate</i>	50	FULYZAQ	25	<i>granisetron hcl</i>	26
<i>flunisolide</i>	76	<i>furosemide</i>	61	GRANISOL.....	26
<i>fluocinolone acetonide</i>	55, 81	FUROSEMIDE	61	GRANIX	69
FLUOCINOLONE		FUSION PLUS.....	69	GRASTEK.....	43
ACETONIDE	55	FUZEON	39	<i>griseofulvin microsize</i>	26
FLUOCINOLONE		FYCOMPA.....	19	<i>griseofulvin ultramicrosize</i>	27
ACETONIDE BODY	55	<i>gabapentin</i>	19	<i>guaifenesin ac</i>	50
FLUOCINOLONE		GABITRIL.....	19	<i>guaifenesin ac</i>	51
ACETONIDE SCALP	55	<i>galantamine hydrobromide</i> ...84, 85		<i>guaifenesin dac</i>	51
<i>fluocinonide</i>	55	<i>galantamine hydrobromide er</i> ... 84		<i>guaifenesin-codeine</i>	51
FLUOCINONIDE	55	GALZIN	74	<i>guanfacine hcl</i>	29
<i>fluorometholone</i>	78	GANIRELIX ACETATE	62	GUANFACINE HCL ER	6
FLUOROPLEX	56	<i>garamycin</i>	78	GUANIDINE HCL	31, 32
<i>fluorouracil</i>	56	GATIFLOXACIN	78	GYNAZOLE-1	93
<i>fluoxetine hcl</i>	21	GATTEX	66	HAEGARDA	68
FLUOXETINE HCL	21	<i>gavilyte-c</i>	72	HALFLYTELY WITH	
<i>fluoxetine hcl (pmd)</i>	84	GELCLAIR	75	FLAVOR PACKS	72
<i>fluphenazine hcl</i>	37	GELNIQUE	92	HALOBETASOL	
FLURANDRENOLIDE	56	GELNIQUE.....	92	PROPIONATE	56
<i>flurazepam hcl</i>	70	<i>gemfibrozil</i>	28	HALOG.....	56
<i>flurbiprofen</i>	7	GENERESS FE.....	47	<i>haloperidol</i>	37
<i>flurbiprofen sodium</i>	78	<i>generlac</i>	66	<i>haloperidol lactate</i>	37
<i>flutamide</i>	33	<i>gentak</i>	78	<i>heparin sodium (porcine)</i>	18
<i>fluticasone propionate</i>	56, 76	<i>gentamicin sulfate</i>	56, 78	HETLIOZ	70
FLUTICASONE PROPIONATE	56	GENVOYA	39	HEXALEN	33
<i>fluticasone-salmeterol</i>	16	GESTICARE DHA.....	75	HM Nicotine.....	85
<i>fluvastatin sodium</i>	28	<i>gianvi</i>	47	HM Nicotine Polacrilex.....	85
FLUVASTATIN SODIUM ER	28	GILENYA	85	HORIZANT.....	85
<i>fluvoxamine maleate</i>	22	GILOTRIF	33	HP ACTHAR	62
FLUVOXAMINE MALEATE ER	22	GLATOPA	85	HUMALOG	23
FML.....	78	GLEOSTINE.....	33	HUMALOG KWIKPEN	23
FML FORTE.....	78	<i>glimepiride</i>	23	HUMALOG MIX 50/50	23
<i>folic acid</i>	69	<i>glipizide</i>	23	HUMALOG MIX 50/50	
FOLLISTIM AQ.....	62	<i>glipizide er</i>	23	KWIKPEN	23
<i>fondaparinux sodium</i>	18	<i>glipizide xl</i>	23	HUMALOG MIX 75/25	23
FORADIL AEROLIZER	16	<i>glipizide-metformin hcl</i>	23	HUMALOG MIX 75/25	
FORFIVO XL.....	22	GLUCAGEN HYPOKIT	23	KWIKPEN	23
FORTEO	62	GLUCAGON EMERGENCY	23	HUMIRA	8
FORTICAL.....	62	<i>glyburide</i>	23	HUMIRA PEDIATRIC	
FOSAMPRENAVIR CALCIUM ..	39	<i>glyburide micronized</i>	23	CROHNS START	8

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

HUMIRA PEN	8	ilotycin.....	79	jantoven.....	18
HUMIRA PEN-CROHNS		<i>imatinib mesylate</i>	34	JANUMET	24
STARTER	8	IMBRUVICA	34	JANUMET XR	24
HUMIRA PEN-PSORIASIS		<i>imipramine hcl</i>	22	JANUVIA	24
STARTER	8	<i>imipramine pamoate</i>	22	JARDIANCE.....	24
HUMULIN 70/30	24	<i>imiquimod</i>	56	JENTADUETO	24
HUMULIN N	24	IMPAVIDO	31	JENTADUETO XR	24
HUMULIN R	24	INCRELEX	62	jevantique.....	64
HUMULIN R U-500		<i>indapamide</i>	61	jinteli.....	64
(CONCENTRATED)	24	INDOCIN.....	8	jolessa.....	47
HYCAMTIN	34	<i>indomethacin</i>	8	jolivette.....	47
<i>hydralazine hcl</i>	29	<i>indomethacin er</i>	8	junel 1.5/30.....	47
<i>hydrochlorothiazide</i>	61	INFLECTRA.....	66	junel 1/20.....	47
<i>hydrocod polst-cpm polst er</i>	51	INGREZZA	85	junel fe 1.5/30.....	47
<i>hydrocodone-acetaminophen</i>	10	INLYTA	34	junel fe 1/20.....	48
<i>hydrocodone-homatropine</i>	51	INNOPRAN XL.....	43	JUXTAPID	28
<i>hydrocodone-ibuprofen</i>	10	INTEGRA F.....	69	KADCYLA.....	34
<i>hydrocortisone</i>	14, 50, 56	INTEGRA PLUS.....	69	KADIAN.....	11
HYDROCORTISONE ACE-		INTELENCE	39	KALETRA	40
PRAMOXINE	14	INTRON A	34	KALYDECO	87
HYDROCORTISONE BUTYR		INVIRASE	39	KANUMA.....	72
LIPO BASE	56	INVOKAMET	88	kariva.....	48
HYDROCORTISONE		INVOKAMET XR	88	KERALYT.....	56
BUTYRATE	56	INVOKANA	24	KETEK	31
<i>hydrocortisone butyrate</i>	56	<i>iophen c-nr</i>	51	<i>ketoconazole</i>	27, 56
HYDROCORTISONE		IOPIDINE.....	79	<i>ketoprofen</i>	8
VALERATE	56	<i>ipratropium bromide</i>	16, 76	<i>ketoprofen er</i>	8
<i>hydrocortisone-acetic acid</i>	81	<i>ipratropium-albuterol</i>	16	<i>ketorolac tromethamine</i>	8, 79
<i>hydromet</i>	51	<i>irbesartan</i>	29	KEVEYIS.....	61
<i>hydromorphone hcl</i>	11	<i>irbesartan-hydrochlorothiazide</i> ..	29	KEVZARA	8
HYDROMORPHONE HCL ER ..	11	IRESSA	34	KINERET	8
<i>hydroxychloroquine sulfate</i>	31	IROSPAN 24/6.....	69	kionex.....	42, 83
<i>hydroxyurea</i>	34	ISENTRESS	39, 40	KISQALI 200 DOSE	51
<i>hydroxyzine hcl</i>	15	ISENTRESS HD	39	KISQALI 400 DOSE	51
<i>hydroxyzine pamoate</i>	15	isonarif.....	32	KISQALI 600 DOSE	51
hyomax-sl.....	90	<i>isoniazid</i>	32	klor-con.....	74
<i>hyoscyamine sulfate</i>	90	ISORDIL TITRADOSE.....	14	klor-con 10.....	74
<i>hyoscyamine sulfate er</i>	90	<i>isosorbide dinitrate</i>	14	klor-con m10.....	74
HYQVIA.....	81	<i>isosorbide dinitrate er</i>	14	KLOR-CON M15.....	74
HYSINGLA ER.....	11	<i>isosorbide mononitrate</i>	14	klor-con m20.....	74
<i>ibandronate sodium</i>	62	<i>isosorbide mononitrate er</i>	14	KORLYM	24
IBRANCE	51	<i>isradipine</i>	44	KRISTALOSE.....	72
<i>ibuprofen</i>	8	ISTALOL.....	79	KRYSTEXXA.....	67
ICLUSIG	34	<i>itraconazole</i>	27	k-sol.....	74
IDELVION.....	68	<i>ivermectin</i>	14	KUVAN	62
IDHIFA	71	IXINITY.....	68	KYNAMRO	28
ILARIS (150MG		JADENU	25	<i>labetalol hcl</i>	43
DELIVERED).....	8	JADENU SPRINKLE	25	laclotion.....	56
ILEVRO.....	78	JAKAFI	34	LACRISERT.....	79

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>lactulose</i>	72	<i>levofloxacin</i>	65, 79	LUMIGAN.....	79
LAMICTAL.....	19	levora 0.15/30 (28).....	48	LURIDE.....	74
LAMISIL.....	27	<i>levorphanol tartrate</i>	11	lutera.....	48
<i>lamivudine</i>	40	levothroid.....	89	LYNPARZA	82, 83
<i>lamivudine-zidovudine</i>	40	<i>levothyroxine sodium</i>	89	LYRICA.....	20
<i>lamotrigine</i>	19	levoxyl.....	89	LYSODREN	34
LAMOTRIGINE.....	19	LEXIVA	40	MACRODANTIN.....	91
LAMOTRIGINE ER.....	19	<i>lidocaine</i>	57	MAFENIDE ACETATE.....	57
LAMOTRIGINE STARTER KIT- BLUE.....	19	<i>lidocaine hcl</i>	57, 75	MAGNACET.....	11
LAMOTRIGINE STARTER KIT- GREEN.....	19	<i>lidocaine viscous</i>	75	MAKENA.....	83
LAMOTRIGINE STARTER KIT- ORANGE.....	20	<i>lidocaine-prilocaine</i>	57	<i>malathion</i>	57
LANOXIN.....	45	LIDOCAINE-TETRACAINE.....	57	<i>maprotiline hcl</i>	22
LANSOPRAZOLE.....	91	LIDOVIR.....	57	MARNATAL-F.....	75
LANTHANUM CARBONATE.....	66	<i>lindane</i>	57	MARPLAN.....	22
LANTUS	24	<i>linezolid</i>	31	MATULANE	34
LANTUS SOLOSTAR	24	LINZESS	66	matzim la.....	44
<i>latanoprost</i>	79	<i>liothyronine sodium</i>	89	MAXAIR AUTOHALER.....	17
LATUDA.....	37, 38	<i>lisinopril</i>	29	MAXARON FORTE.....	69
lavoclen-4 acne wash.....	57	<i>lisinopril-hydrochlorothiazide</i>	29	MAXIDEX.....	79
lavoclen-8 acne wash.....	57	LITHIUM	38	<i>meclizine hcl</i>	26
LAZANDA.....	11	<i>lithium carbonate</i>	38	<i>meclofenamate sodium</i>	8
<i>leflunomide</i>	8	<i>lithium carbonate er</i>	38	MEDROL.....	50
LEMTRADA.....	85	<i>L-METHYLFOLATE</i>	60	<i>medroxyprogesterone acetate</i>	83
LENVIMA 10 MG DAILY DOSE	34	LO LOESTRIN FE.....	48	<i>mefenamic acid</i>	8
LENVIMA 14 MG DAILY DOSE	34	LOCOID.....	57	<i>mefloquine hcl</i>	31
LENVIMA 20 MG DAILY DOSE	34	LOESTRIN 1.5/30 (21).....	48	<i>megestrol acetate</i>	34
LENVIMA 24 MG DAILY DOSE	34	LOESTRIN 1/20 (21).....	48	MEGESTROL ACETATE	83
lessina.....	48	LOESTRIN 24 FE.....	48	MEKINIST	35
LETAIRIS	45	LOESTRIN FE 1.5/30.....	48	<i>meloxicam</i>	8
<i>letrozole</i>	34	LOESTRIN FE 1/20.....	48	MELPHALAN	35
<i>leucovorin calcium</i>	34	LOMAIRA.....	6	MEMANTINE HCL	85
LEUKERAN	34	<i>lomustine</i>	34	MENEST.....	64
LEUKINE	69	LONSURF	34	MENOPUR	63
<i>leuprolide acetate</i>	34	<i>loperamide hcl</i>	25	MENOSTAR.....	64
<i>levalbuterol hcl</i>	16	LOPINA VIR-RITONAVIR	40	MENTAX.....	57
LEVALBUTEROL TARTRATE HFA	16	<i>lorazepam</i>	15	<i>mepredine hcl</i>	11
LEVATOL.....	43	lorazepam intensol.....	15	MEPHYTON	93
<i>levetiracetam</i>	20	lorcet.....	11	<i>meprobamate</i>	15
<i>levetiracetam er</i>	20	lorcet 10/650.....	11	<i>mercaptopurine</i>	35
<i>levobunolol hcl</i>	79	lorcet hd.....	11	MESALAMINE	66
<i>levocarnitine</i>	62	lorcet plus.....	11	MESNEX.....	35
		<i>losartan potassium</i>	29	MESTINON.....	31, 32
		<i>losartan potassium-hctz</i>	29	metadate er.....	6
		LOSEASONIQUE.....	48	<i>metaproterenol sulfate</i>	17
		LOTEMAX.....	79	<i>metaxalone</i>	76
		<i>lovastatin</i>	28	<i>metformin hcl</i>	24
		low-ogestrel.....	48	<i>metformin hcl er</i>	24
		<i>loxapine succinate</i>	38	METFORMIN HCL ER (MOD) ..	24
		LUFYLLIN.....	17	METFORMIN HCL ER (OSM) ..	24

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>methadone hcl</i>	11	MIRCETTE.....	48	NARCAN.....	26
methadose.....	11	<i>mirtazapine</i>	22	NASCOBAL	69
<i>methamphetamine hcl</i>	6	<i>misoprostol</i>	91	NATACYN.....	79
<i>methazolamide</i>	61	MODAFINIL	6	NATAZIA.....	48
<i>methenamine hippurate</i>	92	<i>moexipril hcl</i>	30	<i>nateglinide</i>	24
<i>methimazole</i>	89	<i>moexipril-hydrochlorothiazide</i> ...	30	NATPARA	63
METHITEST	13	<i>mometasone furoate</i>	57	NATROBA.....	57
<i>methocarbamol</i>	76	MOMETASONE FUROATE	76	NATURE-THROID	89
<i>methotrexate</i>	35	mononessa.....	48	NEBUPENT.....	31
<i>methoxsalen rapid</i>	57	<i>montelukast sodium</i>	17	NEBUSAL	51
<i>methscopolamine bromide</i>	91	MONUROL	92	NECON 0.5/35 (28).....	48
<i>methyclothiazide</i>	61	morphabond er.....	11	necon 1/35 (28).....	48
<i>methyl dopa</i>	29	<i>morphine sulfate</i>	11, 12	necon 1/50 (28).....	48
<i>methylergonovine maleate</i>	81	MORPHINE SULFATE	12	NECON 10/11 (28)	48
<i>methylphenidate hcl</i>	6	<i>morphine sulfate (concentrate)</i> ..	11	necon 7/7/7.....	48
<i>methylphenidate hcl er</i>	6	<i>morphine sulfate er</i>	11	NEEVO DHA.....	75
METHYLPHENIDATE HCL ER ...6		<i>morphine sulfate er beads</i>	11	<i>nefazodone hcl</i>	22, 88
<i>methylphenidate hcl er (cd)</i>	6	MOTOFEN	25	NEO-FRADIN	7
<i>methylphenidate hcl er (la)</i>	6	MOVANTIK	66	<i>neomycin sulfate</i>	7
<i>methylprednisolone</i>	50	MOVIPREP	72	<i>neomycin-bacitracin zn-</i>	
<i>methylprednisolone (pak)</i>	50	MOXEZA	79	<i>polymyx</i>	79
<i>metipranolol</i>	79	MOXIFLOXACIN HCL	65, 79	<i>neomycin-polymyxin-dexameth</i> ...	79
<i>metoclopramide hcl</i>	66	MULTAQ	15	<i>neomycin-polymyxin-gramicidin</i>	79
METOCLOPRAMIDE HCL	66	<i>mupirocin</i>	57	<i>neomycin-polymyxin-hc</i>	79, 81
<i>metolazone</i>	61	MUSE	45	neo-polycin.....	79
<i>metoprolol succinate er</i>	43	MYALEPT	72	neo-polycin hc.....	79
<i>metoprolol tartrate</i>	43	<i>mycophenolate mofetil</i>	42	NERLYNX	35
METOPROLOL TARTRATE	43	<i>mycophenolic acid</i>	42	NEULASTA	69
<i>metoprolol-hydrochlorothiazide</i> ..	29	MYLERAN	35	NEULASTA DELIVERY	
<i>metronidazole</i>	31, 57, 93	<i>my nephrocaps</i>	75	KIT	69
<i>mexiletine hcl</i>	15	MYOBLOC	77	NEUPOGEN	69
MIACALCIN	63	MYRBETRIQ	92	NEUPOGEN.....	69
microgestin 1.5/30.....	48	MYTELASE	31, 32	NEUPRO.....	37
microgestin 1/20.....	48	<i>mytussin dac</i>	51	NEVANAC.....	79
microgestin fe 1.5/30.....	48	<i>nabumetone</i>	8	<i>nevirapine</i>	40
microgestin fe 1/20.....	48	<i>nadolol</i>	43	<i>nevirapine er</i>	40
<i>midodrine hcl</i>	93	<i>naftifine hcl</i>	57	NEXAVAR	35
MIGERGOT	73	NAFTIN	57	NEXIUM.....	91
MIGLITOL	24	NALFON	8	NEXIUM 24HR.....	91
MIGRANAL	73	<i>naltrexone hcl</i>	25	NEXIUM 24HR CLEAR	
MILLIPRED	50	NAMENDA XR	85	MINIS.....	91
mimvey.....	64	NAMENDA XR TITRATION		next choice.....	48
mimvey lo.....	64	PACK	85	next choice one dose.....	48
minitran.....	14	<i>naphazoline hcl</i>	79	NIACIN ER	
MINIVELLE	64	<i>naproxen</i>	8	(ANTIHYPERLIPIDEMIC).....	28
<i>minocycline hcl</i>	89	<i>naproxen dr</i>	8	niacor.....	28
MINOCYCLINE HCL ER	89	<i>naproxen sodium</i>	9	<i>nicardipine hcl</i>	44
<i>minoxidil</i>	29	NAPROXEN SODIUM ER	8	Nicotine.....	85
MIRCERA	69	<i>naratriptan hcl</i>	73	Nicotine Mini.....	85

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

Nicotine Polacrilex.....	85	NUEDEXTA	85	orsythia.....	49
Nicotine Step 1.....	85	NUMOISYN.....	75	ORTHO EVRA.....	49
Nicotine Step 2.....	85	NUPLAZID	38	ORTHO MICRONOR.....	49
Nicotine Step 3.....	85	NUVARING	48	ORTHO TRI-CYCLEN (28).....	49
NICOTROL.....	85	NUVESSA.....	93	ORTHO TRI-CYCLEN LO.....	49
NICOTROL NS.....	85	NUWIQ.....	68	ORTHO-CEPT (28).....	49
nifediac cc.....	44	<i>nystatin</i>	27, 57, 75	ORTHO-CYCLEN (28).....	49
nifedical xl.....	44	<i>nystatin-triamcinolone</i>	57	ORTHO-NOVUM 1/35 (28).....	49
<i>nifedipine</i>	44	nystop.....	57	ORTHO-NOVUM 7/7/7 (28).....	49
<i>nifedipine er</i>	44	obizur.....	68	OSELTAMIVIR PHOSPHATE ...40	
<i>nifedipine er osmotic release</i>	44	OCALIVA	65	OSMOPREP.....	72
<i>nilutamide</i>	35	ocella.....	49	OSPHENA.....	63
<i>nimodipine</i>	44	OCREVUS.....	85	OTEZLA	82
NINLARO	35	ODEFSEY	40	OTOZIN.....	81
<i>nisoldipine er</i>	44	ODOMZO	35	OTREXUP.....	9
NITRO-BID.....	14	OFEV.....	87	OVCON-35 (28).....	49
NITRO-DUR.....	14	<i>ofloxacin</i>	65, 79, 81	OVIDREL	63
<i>nitrofurantoin</i>	92	ogestrel.....	49	<i>oxandrolone</i>	13
<i>nitrofurantoin macrocrystal</i>	92	<i>olanzapine</i>	38	<i>oxaprozin</i>	9
<i>nitrofurantoin monohyd macro</i> ...92		<i>olanzapine-fluoxetine hcl</i>	85	OXAYDO.....	12
<i>nitroglycerin</i>	14	OLEPTRO.....	22, 88	<i>oxazepam</i>	15
<i>nitroglycerin er</i>	14	OLMESARTAN MEDOXOMIL ...30		<i>oxcarbazepine</i>	20
NIZATIDINE	91	OLMESARTAN MEDOXOMIL-		<i>oxiconazole nitrate</i>	58
nora-be.....	48	HCTZ	30	OXISTAT	58
NORDETTE (28).....	48	OLMESARTAN-AMLODIPINE-		OXSORALEN	58
NORDITROPIN FLEXPRO ... 63		HCTZ	30	OXTELLAR XR.....	20
NORDITROPIN		OLOPATADINE HCL76, 79		<i>oxybutynin chloride</i>	92
NORDIFLEX PEN	63	OMEGA-3-ACID ETHYL		<i>oxybutynin chloride er</i>	92
<i>norethin ace-eth estrad-fe</i>	48	ESTERS	28	<i>oxycodone hcl</i>	12
<i>norethindrone acetate</i>	83	OMEPRAZOLE	91	OXYCODONE HCL ER	12
<i>norethindrone-eth estradiol</i>	64	OMEPRAZOLE-SODIUM		<i>oxycodone-acetaminophen</i>	12
NORINYL 1+35 (28).....	48	BICARBONATE	91	<i>oxycodone-aspirin</i>	12
NORITATE.....	57	<i>ondansetron</i>	26	<i>oxycodone-ibuprofen</i>	12
NOROXIN.....	65	<i>ondansetron hcl</i>	26	OXYCONTIN	12
NORPACE CR.....	15	ONFI.....	20	<i>oxymorphone hcl</i>	12
NOR-QD.....	48	ONMEL.....	27	<i>oxymorphone hcl er</i>	12
NORTHERA.....	77	ONZETRA XSAIL.....	73	OXYMORPHONE HCL ER	12
nortrel 1/35 (21).....	48	OPSUMIT	45	pacerone.....	15
nortrel 1/35 (28).....	48	OPTASE.....	57	PALIPERIDONE ER	38
nortrel 7/7/7.....	48	ORALAIR.....	74	PANCREAZE.....	60
<i>nortriptyline hcl</i>	22	oralone.....	75	<i>pancrelipase (lip-prot-amyl)</i>	60
NORVIR	40	ORENCIA.....	9	PANDEL.....	58
NOVAFERRUM.....	70	ORENCIA CLICKJECT.....	9	PANRETIN.....	58
novarel.....	63	ORENITRAM	45	PANTOPRAZOLE SODIUM	91
NOVOEIGHT.....	68	ORFADIN	63	<i>parcaine</i>	79
NPLATE.....	70	ORKAMBI	51	<i>paricalcitol</i>	63
NUCALA.....	71	<i>orphenadrine citrate er</i>	76	<i>paromomycin sulfate</i>	7
NUCORT.....	57	<i>orphenadrine compound-ds</i>	76	<i>paroxetine hcl</i>	22
NUCYNTA ER.....	12	<i>orphenadrine-aspirin-caffeine</i> ...	76	<i>paroxetine hcl er</i>	22

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

PAROXETINE MESYLATE.....	85	<i>pnv-dha+docusate</i>	75	previfem.....	49
PASER.....	32	<i>PNV-OB/DHA</i>	75	PREZCOBIX	40
PCE.....	73	<i>podofilox</i>	58	PREZISTA	40
<i>peg 3350/electrolytes</i>	72	polycin.....	80	PRIFTIN	32
PEGANONE.....	20	<i>polycin b</i>	80	PRIOSEC.....	91
PEGASYS	40	<i>poly-dex</i>	80	<i>PRIMAQUINE PHOSPHATE</i>	31
PEGASYS PROCLICK	40	POMALYST	35	<i>primidone</i>	20
PEGINTRON.....	40	portia-28.....	49	PRIMLEV.....	12
PEG-INTRON.....	40	<i>potassium chloride crys er</i>	74	PRIMSOL.....	31
PEG-INTRON REDIPEN.....	40	<i>potassium chloride er</i>	74	PROAIR HFA	17
PEG-INTRON REDIPEN PAK		<i>potassium citrate er</i>	67	PROAIR RESPICLICK	17
4.....	40	POTIGA.....	20	<i>probenecid</i>	67
<i>penicillin v potassium</i>	82	PRALUENT.....	81	PROBUPHINE IMPLANT KIT.....	12
PENTASA	66	<i>pramipexole dihydrochloride</i>	37	<i>prochlorperazine</i>	38
<i>pentazocine-acetaminophen</i>	12	<i>pramipexole dihydrochloride er</i>	37	<i>prochlorperazine maleate</i>	38
<i>pentazocine-naloxone hcl</i>	12	PRASUGREL HCL	68	PROCRT	70
<i>pentoxifylline er</i>	68	<i>pravastatin sodium</i>	28	proctocream hc.....	14
PERFOROMIST	17	prazosin hcl.....	30	PROCTOFOAM HC.....	14
<i>perindopril erbumine</i>	30	PRECISION PCX.....	60	proctozone-hc.....	14
periogard.....	75	PRECISION PCX PLUS TEST.....	60	<i>progesterone micronized</i>	83
PERJETA.....	35	PRECISION POINT OF CARE		PROGLYCEM.....	24
<i>permethrin</i>	58	TEST.....	60	PROLASTIN-C.....	88
<i>perphenazine</i>	38	PRECISION QID TEST.....	60	PROLENSA.....	80
<i>perphenazine-amitriptyline</i>	85	PRECISION SOF-TACT TEST.....	60	PROLIA.....	63
PERTZYE.....	60	PRECISION XTRA BLOOD		PROMACTA	70
PEXEVA.....	22	GLUCOSE.....	60	<i>promethazine hcl</i>	27
<i>phendimetrazine tartrate</i>	6	PRED MILD	80	<i>promethazine-dm</i>	51
<i>phenelzine sulfate</i>	22	PRED-G	80	promethegan.....	27
<i>phenobarbital</i>	70, 71	PRED-G S.O.P.	80	<i>propafenone hcl</i>	15
<i>phenoxybenzamine hcl</i>	30	PREDNICARBATE	58	<i>propafenone hcl er</i>	15
<i>phentermine hcl</i>	6	<i>prednicarbate</i>	58	<i>proparacaine hcl</i>	80
<i>phenytoin</i>	20	<i>prednisolone</i>	50	<i>propranolol hcl</i>	43
<i>phenytoin sodium extended</i>	20	<i>prednisolone acetate</i>	80	<i>propranolol hcl er</i>	43
PHISOHEX.....	38	<i>prednisolone sodium phosphate</i>	50	<i>propylthiouracil</i>	89
PHOSLYRA	66	PREDNISOLONE SODIUM		PROTONIX.....	91
PHOSPHOLINE IODIDE.....	79	PHOSPHATE	80	<i>protriptyline hcl</i>	22
PICATO.....	58	<i>prednisone</i>	50	PROVENGE.....	35
<i>pilocarpine hcl</i>	75, 80	<i>prednisone (pak)</i>	50	PROVENTIL HFA.....	17
PILOPINE HS	80	PREDNISONONE INTENSOL.....	50	PRUDOXIN.....	58
<i>pimozide</i>	86	PREFEST	65	PULMOZYME	88
<i>pindolol</i>	43	pregnyl.....	63	PURIXAN.....	35
<i>pioglitazone hcl</i>	24	PREMARIN.....	65, 93	PYLERA	91
<i>pioglitazone hcl-glimepiride</i>	24	PREMPHASE.....	65	<i>pyrazinamide</i>	32
<i>pioglitazone hcl-metformin hcl</i>	24	PREMPRO.....	65	<i>pyridostigmine bromide</i>	32
<i>piroxicam</i>	9	PRENATAL PLUS IRON	75	<i>pyridostigmine bromide er</i>	32
PLAN B ONE-STEP.....	49	PREPOPIK.....	72	QC Nicotine Polacrilex.....	86
PLEGRIDY	86	PREQUE 10.....	75	QSYMIA.....	6
PLEGRIDY STARTER		PREVACID SOLUTAB.....	91	quasense.....	49
PACK	86	prevalite.....	28	<i>quetiapine fumarate</i>	38

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>QUETIAPINE FUMARATE ER</i> ..38	REYATAZ 40, 41	SFROWASA67
QUILLIVANT XR..... 6	RHEUMATREX 9	SIGNIFOR63
<i>quinapril hcl</i>30	ribasphere.....41	SIGNIFOR LAR..... 63
<i>quinapril-hydrochlorothiazide</i> ...30	<i>ribavirin</i> 41	<i>sildenafil citrate</i> 45
<i>quinidine gluconate er</i> 15	RIDAURA9	<i>silver sulfadiazine</i> 58
<i>quinidine sulfate</i>15	<i>rifabutin</i> 32	SILVRSTAT WOUND
<i>quinidine sulfate er</i> 15	<i>rifampin</i>32	DRESSING.....58
<i>quinine sulfate</i>31	RIFATER.....32	SIMBRINZA..... 80
QVAR17	<i>riluzole</i> 77	SIMCOR28
RA Mini Nicotine..... 86	<i>rimantadine hcl</i>41	SIMPONI9
RA Nicotine.....86	RIOMET.....24	SIMPONI ARIA..... 9
RA Nicotine Polacrilex.....86	<i>RISEDRONATE SODIUM</i>63	<i>simvastatin</i> 28
RABEPRAZOLE SODIUM 91	<i>risperidone</i> 38	<i>sirolimus</i> 42
RAGWITEK.....43	risperidone m-tab..... 38	SIRTURO32
<i>raloxifene hcl</i> 63	RITUXAN.....35	SIVEXTRO.....31
<i>ramipril</i>30	<i>rivastigmine</i> 86	SKELID63
RANEXA14	<i>rivastigmine tartrate</i>86	SKLICE.....58
<i>ranitidine hcl</i>91	<i>rizatriptan benzoate</i>73	SM Nicotine.....86
RAPAMUNE.....42	<i>ropinirole hcl</i>37	SM Nicotine Polacrilex.....86
RASUVO.....9	<i>ropinirole hcl er</i>37	<i>smz-tmp ds</i> 31
RAVICTI.....63	rosadan.....58	<i>sodium fluoride</i> 74
REBETOL.....40	<i>ROSUVASTATIN CALCIUM</i>28	<i>SODIUM PHENYL BUTYRATE</i> ..63
REBIF86	roxicet.....12	<i>sodium polystyrene sulfonate</i> 42, 83
REBIF REBIDOSE86	ROZEREM.....71	SOLIRIS.....68
REBIF REBIDOSE	RUBRACA83	SOLTAMOX35
TITRATION PACK86	RYDAPT35	SOMAVERT.....63
REBIF TITRATION PACK ...86	SABRIL20	SOOLANTRA.....58
reclipsen.....49	SAFYRAL.....49	<i>sotalol hcl</i>43
RECTIV.....14	salacyn.....58	SOTYLIZE.....43
refissa.....58	<i>salicylic acid</i>58	SOVALDI.....41
REGRANEX58	<i>salsalate</i>10	<i>spinosad</i>58
RELENZA DISKHALER40	SAMSCA.....63	SPINRAZA.....88
RELISTOR66	SANCUSO.....26	SPIRIVA HANDIHALER17
REMICADE.....66	SANTYL.....58	SPIRIVA RESPIMAT17
REMODULIN.....45	SAVELLA86	<i>spironolactone</i>61
RENAGEL66	SAXENDA.....36	<i>spironolactone-hctz</i>61
RENFLEXIS.....66	<i>SCOPOLAMINE</i>26	SPORANOX27
REVELA66	<i>se bpo wash</i>58	sprintec 28.....49
<i>repaglinide</i>24	SEASONIQUE.....49	SPRYCEL35
<i>repaglinide-metformin hcl</i>24	SELECT-OB+DHA.....75	SR Nicotine.....86
REPATHA81	<i>selegiline hcl</i>37	ssd.....58
REPATHA PUSHTRONEX	<i>selenium sulfide</i>58	SSKI.....74
SYSTEM81	SELZENTRY41	<i>stavudine</i>41
REPATHA SURECLICK82	SEMPREX-D.....51	STAVZOR.....20
RESCRIPTOR40	SENSIPAR63	STELARA58
RESCULA.....80	SEREVENT DISKUS17	STELARA.....71
RESTASIS.....80	SEROSTIM63	STIVARGA35
REVATIO.....45	<i>sertraline hcl</i>22	STRENSIQ71
REVLIMID42	<i>SEVELAMER CARBONATE</i>66	STRIANT.....13

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

STRIBILD	41	TARKA.....	30	<i>tizanidine hcl</i>	76
STRIVERDI RESPIMAT.....	17	TASIGNA	36	TOBI PODHALER.....	7
SUBOXONE.....	12	TAZAROTENE.....	59	TOBRADEX.....	80
SUBSYS.....	12	TAZORAC	59	<i>tobramycin</i>	7, 80
SUCLEAR.....	72	taztia xt.....	45	<i>tobramycin-dexamethasone</i>	80
SUCRAID.....	60	TECFIDERA	87	TOBEX.....	80
SUCRALFATE.....	91	TEKAMLO.....	30	<i>tolazamide</i>	25
<i>sucralfate</i>	91	TEKTRNA.....	30	<i>tolbutamide</i>	25
<i>sulfacetamide sodium</i>	80	<i>telmisartan</i>	30	<i>tolcapone</i>	37
<i>sulfacetamide-prednisolone</i>	80	TELMISARTAN-AMLODIPINE.....	30	<i>tolmetin sodium</i>	9
SULFACETAMIDE- PREDNISOLONE.....	80	TELMISARTAN-HCTZ.....	30	<i>tolterodine tartrate</i>	92
SULFADIAZINE.....	88	<i>temazepam</i>	71	TOLTERODINE TARTRATE ER.....	92
<i>sulfamethoxazole-trimethoprim</i> ..	31	<i>temozolomide</i>	36	<i>topiramate</i>	20
SULFAMYLON.....	58	<i>terazosin hcl</i>	30	TOPIRAMATE ER	20
<i>sulfasalazine</i>	67	<i>terbinafine hcl</i>	27	<i>torseamide</i>	61
sulfazine.....	67	<i>terbutaline sulfate</i>	17	TOUJEO SOLOSTAR	25
<i>sulindac</i>	9	<i>terconazole</i>	93	TRACLEER	46
<i>sumatriptan</i>	73	TESTOSTERONE	13	TRADJENTA	25
<i>sumatriptan succinate</i>	73, 74	<i>testosterone cypionate</i>	13	<i>tramadol hcl</i>	13
<i>sumatriptan succinate refill</i>	74	<i>testosterone enanthate</i>	13	<i>tramadol hcl er</i>	12
SUMAVEL DOSEPRO.....	74	<i>tetrabenazine</i>	87	<i>tramadol hcl er (biphasic)</i>	12
SUPRAX.....	47	<i>tetracycline hcl</i>	89	<i>tramadol-acetaminophen</i>	13
SUPRENZA.....	6	TEXACORT.....	59	<i>trandolapril</i>	30
SUPREP BOWEL PREP KIT....	72	TGT Nicotine.....	87	<i>trandolapril-verapamil hcl er</i>	30
SUSTIVA	41	TGT Nicotine Polacrilex.....	87	<i>tranexamic acid</i>	70
SUTENT	35	TGT Nicotine Step One.....	87	<i>tranylcypromine sulfate</i>	22
SW Nicotine Polacrilex.....	86, 87	TGT Nicotine Step Three.....	87	TRAVATAN Z.....	80
SYLATRON	35	TGT Nicotine Step Two.....	87	<i>trazodone hcl</i>	22, 88
SYLVANT.....	71	THALOMID.....	42	TRECTOR.....	32
SYMLINPEN 120.....	25	THEO-24	17	<i>tretinoin</i>	36, 59
SYMLINPEN 60.....	25	theochron.....	17	TRETINOIN	59
SYNAGIS.....	81	<i>theophylline</i>	17	<i>tretinoin microsphere</i>	59
SYNAREL	63	<i>theophylline er</i>	17	<i>tretinoin microsphere pump</i>	59
SYNJARDY.....	88	thermazene.....	59	TRETIN-X.....	59
SYNJARDY XR.....	88	<i>thioridazine hcl</i>	38	TRETTEN.....	68
SYNTHROID.....	89	<i>thiothixene</i>	38	TREXALL	36
SYPRINE.....	42	THYROLAR-1.....	89	TRIAMCINOLONE ACETONIDE.....	59, 76
TABLOID	35	THYROLAR-1/2.....	89	<i>triamcinolone acetamide</i>	59, 75
<i>tacrolimus</i>	42	THYROLAR-1/4.....	89	<i>triamterene-hctz</i>	61
TACROLIMUS.....	58	THYROLAR-2.....	89	TRIANEX.....	59
TAFINLAR	35	THYROLAR-3.....	89	<i>triazolam</i>	71
TAGRISSE	35	<i>tiagabine hcl</i>	20	<i>tri-estarylla</i>	49
TALTZ.....	59	<i>ticlopidine hcl</i>	68	<i>trifluoperazine hcl</i>	38
<i>tamoxifen citrate</i>	35	<i>tilia fe</i>	49	<i>trifluridine</i>	80
<i>tamsulosin hcl</i>	67	<i>timolol maleate</i>	43, 80	<i>trihexyphenidyl hcl</i>	37
TANZEUM.....	25	TIMOPTIC OCUDOSE.....	80	<i>tri-legest fe</i>	49
TARCEVA	35, 36	<i>tinidazole</i>	31	<i>trimethobenzamide hcl</i>	26
TARGRETIN	59	TIROSINT.....	89		
		TIVICAY	41		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

<i>trimethoprim</i>	31	velivet.....	49	XARTEMIS XR.....	13
TRIMIPRAMINE MALEATE	22	VELPHORO.....	67	XATMEP.....	36
<i>trimipramine maleate</i>	22	VELTASSA	42, 83	XCLAIR.....	59
trinessa (28).....	49	VEMLIDY	41	XELJANZ	9
trinessa lo.....	49	VENCLEXTA	32	XELJANZ XR	9
TRI-NORINYL (28).....	49	VENCLEXTA STARTING		XENICAL.....	7
TRINTELLIX.....	22	PACK	32	XEOMIN.....	77
<i>triple antibiotic</i>	80	<i>venlafaxine hcl</i>	22	XERMELLO.....	90
tri-previfem.....	49	<i>venlafaxine hcl er</i>	22	XGEVA.....	64
tri-sprintec.....	49	VENTAVIS.....	46	XIAFLEX.....	42
TRIUMEQ	41	VENTOLIN HFA.....	17	XIFAXAN.....	31
trivora (28).....	49	<i>verapamil hcl</i>	45	XIIDRA.....	72
<i>tropicamide</i>	80	<i>verapamil hcl er</i>	45	XOLAIR.....	18
<i>tropium chloride er</i>	92	VERSACLOZ.....	38	XTAMPZA ER.....	13
TRULICITY	25	VESICARE	92	XTANDI	36
TRUVADA	41	VEXOL	80	XURIDEN	70
TUSSICAPS.....	51	VIAGRA	46	xylon.....	13
TYBOST	38	VIBERZI.....	71	XYREM.....	87
TYKERB	36	VIBRAMYCIN.....	89	YASMIN 28.....	49
TYMLOS	63	VICTOZA	25	YAZ.....	49
TYSABRI.....	87	VIDEX.....	41	YODOXIN.....	7
TYVASO.....	46	VIEKIRA PAK	70	<i>zafirlukast</i>	18
TYVASO REFILL.....	46	VIEKIRA XR	70	<i>zaleplon</i>	71
TYVASO STARTER.....	46	<i>VIGABATRIN</i>	20	zamicet.....	13
TYZEKA	41	VIIBRYD.....	22, 88	ZARXIO	70
UCERIS	14	VIIBRYD STARTER PACK.....	23, 88	ZAVESCA	70
UCERIS.....	50	VIMIZIM.....	75	ZEJULA	83
ULESFIA.....	59	VIMPAT	20	ZELBORAF	36
ULORIC.....	67	VIOKACE.....	60	ZENPEP.....	60
ULTRESA.....	60	VIRACEPT	41	<i>zidovudine</i>	41
unithroid.....	89	VIREAD	41	<i>ZILEUTON ER</i>	18
unithroid direct.....	89	VISTOGARD	25, 26	ZINBRYTA.....	87
UPTRAVI.....	87	VITAFOL-OB+DHA.....	75	ZINPLAVA.....	43
UREA	59	<i>vitamin d (ergocalciferol)</i>	93	ZIOPTAN.....	81
uribel.....	92	<i>vitamin d3</i>	93	<i>ziprasidone hcl</i>	38
<i>ursodiol</i>	67	VITEKTA	41	ZIRGAN.....	81
<i>valacyclovir hcl</i>	41	VIVITROL.....	26	ZMAX.....	73
VALCHLOR	59	<i>VOL-TAB RX</i>	75	ZOLINZA	36
VALCYTE	41	VONVENDI.....	68	<i>ZOLMITRIPTAN</i>	74
<i>VALGANCICLOVIR HCL</i>	41	<i>voriconazole</i>	27	<i>zolpidem tartrate</i>	71
<i>valganciclovir hcl</i>	41	VOTRIENT	36	<i>ZOLPIDEM TARTRATE</i>	71
<i>valproic acid</i>	20	VPRIV.....	70	<i>zolpidem tartrate er</i>	71
<i>valsartan</i>	30	VRAYLAR.....	38	ZOLPIMIST.....	71
<i>valsartan-hydrochlorothiazide</i> ...	30	VYVANSE.....	6	ZOLVIT.....	13
<i>vancomycin hcl</i>	31	<i>warfarin sodium</i>	18	ZOMIG.....	74
vandazole.....	93	WELCHOL.....	28	ZONALON.....	59
VARUBI.....	26	XALKORI	36	<i>zonisamide</i>	20
VECAMYL.....	30	XARELTO	18	ZONTIVITY.....	83
VELETRI.....	46	XARELTO STARTER PACK	18	ZORBTIVE	64

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

ZORTRESS	42
zovia 1/35e (28).....	49
zovia 1/50e (28).....	49
ZOVIRAX.....	59
ZUBSOLV.....	13
ZUPLENZ.....	26
ZURAMPIC.....	67
ZYBAN.....	87
ZYCLARA.....	59
ZYCLARA PUMP.....	59
ZYDELIG	82
ZYFLO.....	18
ZYKADIA	36
ZYLET.....	81
ZYTIGA	36

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes