

Blue Shield 65 Plus (HMO)
2018 Formulary
(List of Covered Drugs)

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

Formulary ID 00018316, Version 19

This formulary was updated on **10/23/2018**. For more recent information or other questions, please contact Blue Shield 65 Plus Member Services, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1st through February 14th, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from February 15th through September 30th, or visit blueshieldca.com/med_formulary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield 65 Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/23/2018**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Blue Shield 65 Plus Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **10/23/2018**. To get updated information about the drugs covered by Blue Shield 65 Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive 60 days notice via mail and the changes will be posted on our website at blueshieldca.com/med_formulary

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 85**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Shield 65 Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield 65 Plus before you fill your prescriptions. If you don't get approval, Blue Shield 65 Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield 65 Plus limits the amount of the drug that Blue Shield 65 Plus will cover. For example, Blue Shield 65 Plus provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Shield 65 Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Shield 65 Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield 65 Plus will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

If you learn that Blue Shield 65 Plus does not cover your drug, you have two options:

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

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

You can ask Blue Shield 65 Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield 65 Plus Member Services for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at **blueshieldca.com/med_formulary** (select “prior authorization forms”), and are also provided upon request to members and prescribers, via mail, email or fax.

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

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield 65 Plus. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If a current

member is affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

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

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

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days, in which case we will cover multiple fills to provide a 91- to -98 day supply during the first 90 days you are enrolled in our Plan, beginning on the your effective date of coverage. Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-

MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

Blue Shield 65 Plus' Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue Shield 65 Plus. If you have trouble finding your drug in the list, turn to the Index that begins on **page 85**.

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

The information in the Requirements/Limits column tells you if Blue Shield 65 Plus has any special requirements for coverage of your drug.

Tier	Supply	Blue Shield 65 Plus				
		Fresno County	Kern, San Luis Obispo, and Santa Barbara Counties	Riverside County	San Diego County	Ventura County
1 Preferred Generic Drugs	Preferred retail cost-sharing (in- network) (30-day supply)	\$5 Copay	\$5 Copay	\$3 Copay	\$3 Copay	\$5 Copay
	Preferred retail cost-sharing (in- network) or the plan's mail service cost-sharing (90-day supply)	\$7.50 Copay	\$7.50 Copay	\$4.50 Copay	\$ 4.50 Copay	\$7.50 Copay
	Standard retail cost-sharing (in- network) (30-day supply)	\$10 Copay	\$ 10 Copay	\$8 Copay	\$8 Copay	\$10 Copay
	Standard retail cost-sharing (in- network) (90-day supply)	\$30 Copay	\$30 Copay	\$24 Copay	\$24 Copay	\$30 Copay

Tier	Supply	Blue Shield 65 Plus				
		Fresno County	Kern, San Luis Obispo, and Santa Barbara Counties	Riverside County	San Diego County	Ventura County
2 Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$12 Copay	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	\$18 Copay	\$22.50 Copay	\$15 Copay	\$15 Copay	\$15 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$20 Copay	\$20 Copay	\$18 Copay	\$18 Copay	\$18 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$60 Copay	\$60 Copay	\$54 Copay	\$54 Copay	\$54 Copay
3 Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$ 40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$ 47 Copay	\$47 Copay	\$47 Copay	\$47 Copay	\$47 Copay
	Standard retail cost-sharing (in-network) (90-day supply)	\$141 Copay	\$141 Copay	\$141 Copay	\$141 Copay	\$141 Copay

Tier	Supply	Blue Shield 65 Plus				
		Fresno County	Kern, San Luis Obispo, and Santa Barbara Counties	Riverside County	San Diego County	Ventura County
4 Non-Preferred Drugs	Preferred retail cost-sharing (in- network) (30-day supply)	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay
	Preferred retail cost-sharing (in- network) or the plan's mail service cost-sharing (90-day supply)	\$237.50 Copay	\$237.50 Copay	\$237.50 Copay	\$237.50 Copay	\$237.50 Copay
	Standard retail cost-sharing (in- network) (30-day supply)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in- network) (90-day supply)	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
5 Injectable Drugs	Preferred retail cost-sharing (in- network) or standard retail cost-sharing (in- network) (30-day supply)	27 % coinsurance	33 % coinsurance	29 % coinsurance	33% coinsurance	30 % coinsurance
	Preferred retail cost-sharing (in- network), standard retail cost-sharing (in- network), or the plan's mail service cost-sharing (90-day supply)					

Tier	Supply	Blue Shield 65 Plus				
		Fresno County	Kern, San Luis Obispo, and Santa Barbara Counties	Riverside County	San Diego County	Ventura County
6 Specialty Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (30-day supply)	33% coinsurance				
	Preferred retail cost-sharing (in-network) or standard retail cost-sharing (in-network) (90-day supply)	A long-term supply is not available for drugs in Tier 6.				

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

Requirements/Limit Codes

<i>Code</i>	<i>Definition</i>
AG	This prescription drug has coverage limits based on age groups. The limits may be based upon how the U.S. Food and Drug Administration (FDA) approved the drug for use or special cautions for use by people in certain age groups. For new prescriptions, discuss alternatives with your physician. Your pharmacy or physician may call Blue Shield for assistance with coverage for ongoing use.
B/D	This prescription drug requires prior authorization review to determine whether coverage is under Part B or Part D of the Medicare benefit, based on Medicare coverage rules. Call Blue Shield to provide the necessary information to determine coverage.
LA	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services number at (800) 776-4466 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.
QL	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
PA	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage.
ST	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
†	Medication is NOT available for long-term supply.

Drug Form Codes

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

Drug Name	Drug Tier	Requirement /Limits
Analgesics		
<i>Analgesics</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (2700 ML per 30 days); †
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 EA per 30 days); †
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (182 EA per 30 days); †
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PA; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG	2	QL (84 EA per 30 days); †
ENDOCET ORAL TABLET 5-325 MG	2	QL (168 EA per 30 days); †
ENDOCET ORAL TABLET 7.5-325 MG	2	QL (112 EA per 30 days); †
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (2520 ML per 30 days); †
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (126 EA per 30 days); †
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	QL (168 EA per 30 days); †
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (84 EA per 30 days); †
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (168 EA per 30 days); †
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (112 EA per 30 days); †
<i>oxycodone-aspirin oral tablet</i>	3	(eligible for tier exception review); QL (168 EA per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>tramadol-acetaminophen oral tablet</i>	2	QL (112 EA per 30 days); †
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (300 GM per 365 days)
<i>diflunisal oral tablet</i>	3	(eligible for tier exception review)
<i>etodolac oral capsule</i>	3	(eligible for tier exception review)
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>flurbiprofen oral tablet</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	2	PA
<i>indomethacin oral capsule, extended release</i>	2	PA
<i>meclofenamate oral capsule</i>	4	
<i>meloxicam oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>nabumetone oral tablet</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet</i>	4	
<i>piroxicam oral capsule</i>	3	(eligible for tier exception review)
<i>sulindac oral tablet</i>	2	
<i>tolmetin oral capsule</i>	4	
<i>tolmetin oral tablet 600 mg</i>	4	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	5	B/D; QL (5400 ML per 30 days); †
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	5	B/D; QL (2700 ML per 30 days); †
<i>fentanyl citrate buccal lozenge on a handle</i>	6	PA; QL (120 EA 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>	3	PA; (eligible for tier exception review); QL (10 EA per 30 days); †
FENTORA BUCCAL TABLET, EFFERVESCENT	6	PA; QL (120 EA per 30 days)
<i>methadone injection solution</i>	5	B/D; QL (90 ML per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>morphine concentrate oral solution</i>	3	(generic MSIR); (eligible for tier exception review); QL (70 ML per 30 days); †
<i>morphine oral solution 10 mg/5 ml</i>	3	(generic MSIR); (eligible for tier exception review); QL (630 ML per 30 days); †
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	(generic MSIR); (eligible for tier exception review); QL (315 ML per 30 days); †
<i>morphine oral tablet</i>	2	(generic MSIR); QL (120 EA per 30 days); †
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	3	(generic MS Contin); (eligible for tier exception review); QL (60 EA per 30 days); †
<i>morphine oral tablet extended release 15 mg</i>	3	(generic MS Contin); (eligible for tier exception review); QL (180 EA per 30 days); †
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>	4	PA; QL (60 EA per 30 days); †
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	4	PA; (generic Ultram ER); QL (90 EA per 30 days); †
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	4	PA; (generic Ultram ER); QL (30 EA per 30 days); †
Opioid Analgesics, Short-Acting		
<i>2 butorphanol tartrate injection solution</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>butorphanol tartrate nasal spray, non-aerosol</i>	3	(eligible for tier exception review); QL (10 ML per 30 days)
<i>codeine sulfate oral tablet 15 mg</i>	4	QL (336 EA per 30 days); †
<i>codeine sulfate oral tablet 30 mg</i>	4	QL (168 EA per 30 days); †
<i>codeine sulfate oral tablet 60 mg</i>	4	QL (84 EA per 30 days); †
<i>fentanyl citrate buccal lozenge on a handle</i>	6	PA; QL (120 EA 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>	3	PA; (eligible for tier exception review); QL (10 EA per 30 days); †
FENTORA BUCCAL TABLET, EFFERVESCENT	6	PA; QL (120 EA per 30 days)
<i>hydromorphone oral liquid</i>	3	(eligible for tier exception review); QL (675 ML per 30 days); †
<i>hydromorphone oral tablet 2 mg</i>	2	QL (154 EA per 30 days); †
<i>hydromorphone oral tablet 4 mg</i>	2	QL (84 EA per 30 days); †
<i>hydromorphone oral tablet 8 mg</i>	2	QL (42 EA per 30 days); †
<i>morphine concentrate oral solution</i>	3	(generic MSIR); (eligible for tier exception review); QL (70 ML per 30 days); †
<i>morphine intravenous syringe 10 mg/ml</i>	5	B/D; QL (270 ML per 30 days); †
<i>morphine intravenous syringe 2 mg/ml</i>	5	B/D; QL (1350 ML per 30 days); †
<i>morphine intravenous syringe 4 mg/ml</i>	5	B/D; QL (690 ML per 30 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>morphine intravenous syringe 8 mg/ml</i>	5	B/D; QL (330 ML per 30 days); †
<i>morphine oral solution 10 mg/5 ml</i>	3	(generic MSIR); (eligible for tier exception review); QL (630 ML per 30 days); †
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	(generic MSIR); (eligible for tier exception review); QL (315 ML per 30 days); †
<i>morphine oral tablet</i>	2	(generic MSIR); QL (120 EA per 30 days); †
<i>oxycodone oral capsule</i>	4	QL (168 EA per 30 days); †
<i>oxycodone oral concentrate</i>	4	QL (120 ML per 30 days); †
<i>oxycodone oral solution</i>	3	(eligible for tier exception review); QL (840 ML per 30 days); †
<i>oxycodone oral tablet 10 mg</i>	2	QL (84 EA per 30 days); †
<i>oxycodone oral tablet 15 mg</i>	2	QL (56 EA per 30 days); †
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 EA per 30 days); †
<i>oxycodone oral tablet 30 mg</i>	2	QL (28 EA per 30 days); †
<i>oxycodone oral tablet 5 mg</i>	2	QL (168 EA per 30 days); †
<i>tramadol oral tablet</i>	2	(generic Ultram); QL (240 EA per 30 days); †

Anesthetics

Local Anesthetics

<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	5
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Drug Name	Drug Tier	Requirement /Limits
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	5	
<i>lidocaine hcl mucous membrane jelly</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated</i>	3	PA; (eligible for tier exception review); QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	4	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION	2	
<i>lidocaine-prilocaine topical cream</i>	2	

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-Craving

<i>acamprosate oral tablet,delayed release (dr/ec)</i>	4	
<i>disulfiram oral tablet</i>	3	(eligible for tier exception review)
<i>naltrexone oral tablet</i>	2	

Opioid Dependence Treatments

<i>buprenorphine hcl sublingual tablet 2 mg</i>	3	PA; (eligible for tier exception review); QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	3	PA; (eligible for tier exception review); QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †

Drug Name	Drug Tier	Requirement /Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	(eligible for tier exception review); QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>naltrexone oral tablet</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	QL (150 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 2.9-0.71 MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	QL (60 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone injection solution</i>	5	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	QL (2 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	

Drug Name	Drug Tier	Requirement /Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	4	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	4	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	

Antibacterials

Aminoglycosides

<i>amikacin injection solution 500 mg/2 ml</i>	5	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (224 ML per 28 days)
GENTAK OPTHALMIC (EYE) OINTMENT	2	
<i>gentamicin injection solution 40 mg/ml</i>	5	B/D
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>gentamicin topical cream</i>	3	(eligible for tier exception review)
<i>gentamicin topical ointment</i>	2	
<i>neomycin oral tablet</i>	2	
<i>paramomycin oral capsule</i>	3	(eligible for tier exception review)
<i>streptomycin intramuscular recon soln</i>	5	B/D
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)

Drug Name	Drug Tier	Requirement /Limits
TOBRADEX OPTHALMIC (EYE) OINTMENT	4	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	6	PA; QL (280 ML per 28 days)
<i>tobramycin ophthalmic (eye) drops</i>	2	
<i>tobramycin sulfate injection solution</i>	5	
TOBREX OPTHALMIC (EYE) OINTMENT	4	
ZANOSAR INTRAVENOUS RECON SOLN	5	
Antibacterials, Other		
<i>acetic acid otic (ear) solution</i>	2	
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
<i>bacitracin ophthalmic (eye) ointment</i>	4	
BACTROBAN NASAL NASAL OINTMENT	4	(nasal ointment)
<i>chloramphenicol sod succinate intravenous recon soln</i>	5	B/D
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	5	
<i>clindamycin palmitate hcl oral recon soln</i>	3	(eligible for tier exception review)
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
DALVANCE INTRAVENOUS SOLUTION	6	PA
<i>daptomycin intravenous recon soln 500 mg</i>	6	
<i>lincomycin injection solution</i>	5	
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	4	PA
<i>linezolid oral tablet</i>	4	PA
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	5	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole topical cream</i>	3	(eligible for tier exception review)
<i>metronidazole topical gel 0.75 %</i>	2	
<i>metronidazole topical gel 1 %</i>	3	(eligible for tier exception review)
<i>metronidazole topical lotion</i>	3	(eligible for tier exception review)
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	4	QL (1 EA per 30 days)
<i>mupirocin topical ointment</i>	2	(ointment)

Drug Name	Drug Tier	Requirement /Limits
<i>nitrofurantoin macrocrystal oral capsule</i>	2	PA
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	PA
<i>nitrofurantoin oral suspension</i>	3	PA; (eligible for tier exception review)
ORBACTIV INTRAVENOUS RECON SOLN	6	PA; QL (9 EA per 30 days)
<i>polymyxin b sulfate injection recon soln</i>	5	
SIVEXTRO INTRAVENOUS RECON SOLN	6	PA
SIVEXTRO ORAL TABLET	6	PA; QL (6 EA per 30 days)
SULFAMYLON TOPICAL CREAM	4	
<i>tigecycline intravenous recon soln</i>	6	
<i>tinidazole oral tablet</i>	4	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	5	
<i>vancomycin oral capsule</i>	4	
VANDAZOLE VAGINAL GEL	3	(eligible for tier exception review)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	6	PA; QL (90 EA per 30 days)
Antibacterials		
<i>colistin (colistimethate na) injection recon soln</i>	5	B/D
SYNERCID INTRAVENOUS RECON SOLN	6	

Drug Name	Drug Tier	Requirement /Limits
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	5	
cefdinir oral capsule	2	
cefdinir oral suspension for reconstitution	2	
cefepime injection recon soln	5	
cefixime oral suspension for reconstitution	4	
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	5	
cefoxitin intravenous recon soln	5	
cefpodoxime oral suspension for reconstitution	4	
cefpodoxime oral tablet	4	
cefprozil oral suspension for reconstitution	2	
cefprozil oral tablet	2	
ceftazidime injection recon soln	5	

Drug Name	Drug Tier	Requirement /Limits
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	5	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection recon soln 750 mg	5	
cefuroxime sodium intravenous recon soln	5	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	2	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	
TEFLARO INTRAVENOUS RECON SOLN	6	
Beta-Lactam, Other		
aztreonam injection recon soln 1 gram	5	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (84 ML per 28 days)
imipenem-cilastatin intravenous recon soln	5	
INVANZ INJECTION RECON SOLN	5	
meropenem intravenous recon soln	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	

Drug Name	Drug Tier	Requirement /Limits
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	5	
<i>ampicillin-sulbactam injection recon soln</i>	5	
BICILLIN C-R INTRAMUSCULAR SYRINGE	5	
BICILLIN L-A INTRAMUSCULAR SYRINGE	5	
<i>dicloxacillin oral capsule</i>	2	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	5	
<i>penicillin g potassium injection recon soln 20 million unit</i>	5	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	5	
<i>penicillin g sodium injection recon soln</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	5	
Macrolides		
AZASITE OPHTHALMIC (EYE) DROPS	4	
<i>azithromycin intravenous recon soln</i>	5	
<i>azithromycin oral packet</i>	3	(eligible for tier exception review)
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet 250 mg</i>	2	QL (6 EA per 5 days)
<i>azithromycin oral tablet 250 mg (6 pack)</i>	2	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack)</i>	2	QL (3 EA per 3 days)
<i>azithromycin oral tablet 600 mg</i>	2	QL (8 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	4	
<i>clarithromycin oral tablet</i>	3	(eligible for tier exception review)
<i>clarithromycin oral tablet extended release 24 hr</i>	4	
ERY PADS TOPICAL SWAB	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	5	

Drug Name	Drug Tier	Requirement /Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
Quinolones		
BAXDELA INTRAVENOUS RECON SOLN	6	B/D; QL (28 EA per 30 days)
BAXDELA ORAL TABLET	6	PA; QL (28 EA per 30 days)
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION	3	
CILOXAN OPTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	4	QL (14 EA per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	4	QL (3 EA per 3 days)
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	5	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	5	
<i>levofloxacin intravenous solution</i>	5	
<i>levofloxacin ophthalmic (eye) drops</i>	2	
<i>levofloxacin oral solution</i>	3	(eligible for tier exception review)
<i>levofloxacin oral tablet 250 mg</i>	1	QL (10 EA per 10 days)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	1	
MOXEZA OPTHALMIC (EYE) DROPS, VISCOUS	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin oral tablet</i>	3	(eligible for tier exception review)
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic (ear) drops</i>	2	
Sulfonamides		
<i>silver sulfadiazine topical cream</i>	2	
SSD TOPICAL CREAM	3	
<i>sulfacetamide sodium (acne) topical suspension</i>	3	(eligible for tier exception review)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln</i>	5	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	(eligible for tier exception review)
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
<i>tetracycline oral capsule</i>	4	
VIBRAMYCIN ORAL SYRUP	4	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT INTRAVENOUS SOLUTION	5	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	4	QL (40 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	QL (20 EA per 30 days)
DIASTAT RECTAL KIT	4	QL (5 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	5	
<i>levetiracetam intravenous solution</i>	5	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	QL (120 EA per 30 days)
<i>roweepra xr oral tablet extended release 24 hr 500 mg</i>	2	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>roweepra xr oral tablet extended release 24 hr 750 mg</i>	2	QL (120 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	PA; QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	PA; QL (60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; QL (120 EA per 30 days)

Calcium Channel Modifying Agents

CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
<i>zonisamide oral capsule</i>	2	

Gamma-Aminobutyric Acid (Gaba) Augmenting Agents

<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	3	(eligible for tier exception review); QL (1200 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	(eligible for tier exception review); QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	(eligible for tier exception review); QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 ml</i>	3	(eligible for tier exception review)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
LORAZEPAM ORAL CONCENTRATE	2	QL (150 ML per 30 days)
ONFI ORAL SUSPENSION	4	ST; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	ST; QL (60 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	
<i>phenobarbital oral tablet</i>	2	
<i>primidone oral tablet</i>	2	
SABRIL ORAL TABLET	6	PA; QL (180 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg</i>	3	PA
<i>tiagabine oral tablet 2 mg, 4 mg</i>	3	PA; (eligible for tier exception review)
<i>valproate sodium intravenous solution</i>	5	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>vigabatrin oral powder in packet</i>	6	PA; QL (180 EA per 30 days)
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (90 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	4	PA
<i>topiramate oral tablet</i>	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG	4	PA; QL (90 EA per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; QL (60 EA per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	4	PA; QL (210 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION	4	ST; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	4	ST; QL (60 EA per 30 days)
BANZEL ORAL TABLET 400 MG	4	ST; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet, chewable</i>	2	
DILANTIN EXTENDED ORAL CAPSULE	4	
DILANTIN ORAL CAPSULE	4	
EPITOL ORAL TABLET	2	
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	5	
<i>oxcarbazepine oral suspension</i>	4	PA
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (30 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (120 EA per 30 days)
PEGANONE ORAL TABLET	4	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	

Drug Name	Drug Tier	Requirement /Limits
VIMPAT INTRAVENOUS SOLUTION	5	PA
VIMPAT ORAL SOLUTION	4	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	4	PA; QL (60 EA per 30 days)
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid oral tablet</i>	4	PA
<i>Cholinesterase Inhibitors</i>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	4	ST; QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	4	
<i>rivastigmine tartrate oral capsule</i>	3	(eligible for tier exception review)
<i>rivastigmine transdermal patch 24 hour</i>	4	QL (30 EA per 30 days)
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	QL (30 EA per 30 days)
<i>memantine oral solution</i>	3	(eligible for tier exception review); QL (360 ML per 30 days)
<i>memantine oral tablet</i>	2	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (30 EA per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	4	QL (30 EA per 30 days)

Antidepressants

Antidepressants, Other

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
<i>aripiprazole oral solution</i>	6	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (120 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	6	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	2	QL (60 EA per 30 days)
<i>maprotiline oral tablet</i>	2	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet,disintegrating</i>	2	
<i>nefazodone oral tablet</i>	3	(eligible for tier exception review)
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	3	(eligible for tier exception review)
Antidepressants		
<i>perphenazine-amitriptyline oral tablet</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	6	PA
MARPLAN ORAL TABLET	3	
<i>phenelzine oral tablet</i>	2	
<i>tranylcypromine oral tablet</i>	4	
Ssris/ Snris		
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine oral tablet extended release 24 hr</i>	4	ST; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	ST; (generic Pristiq); (eligible for tier exception review); QL (120 EA per 30 days)	<i>fluvoxamine oral tablet</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	3	ST; (generic Pristiq); (eligible for tier exception review); QL (30 EA per 30 days)	<i>paroxetine hcl oral tablet</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	4	QL (60 EA per 30 days)	PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)	<i>sertraline oral concentrate</i>	2	
<i>escitalopram oxalate oral solution</i>	2		<i>sertraline oral tablet</i>	1	
<i>escitalopram oxalate oral tablet</i>	2		TRINTELLIX ORAL TABLET	4	ST; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PA; QL (30 EA per 30 days)	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	(generic Effexor XR); QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	PA; QL (30 EA per 30 days)	<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	(generic Effexor XR); QL (90 EA per 30 days)
<i>fluoxetine oral capsule</i>	2		<i>venlafaxine oral tablet</i>	2	(generic Effexor)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	QL (4 EA per 28 days)	VIIBRYD ORAL TABLET	4	ST; QL (30 EA per 30 days)
<i>fluoxetine oral solution</i>	2		VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30 EA per 30 days)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	4		Tricyclics		
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	4	ST; QL (90 EA per 30 days)	<i>amitriptyline oral tablet</i>	2	PA
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	4	ST; QL (60 EA per 30 days)	<i>amoxapine oral tablet</i>	3	(eligible for tier exception review)
			<i>clomipramine oral capsule</i>	4	PA
			<i>desipramine oral tablet</i>	4	
			<i>doxepin oral capsule</i>	4	PA
			<i>doxepin oral concentrate</i>	4	PA
			<i>imipramine hcl oral tablet</i>	2	PA
			<i>imipramine pamoate oral capsule</i>	4	PA

Drug Name	Drug Tier	Requirement /Limits
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	2	
<i>protriptyline oral tablet</i>	4	
<i>trimipramine oral capsule</i>	4	PA

Antiemetics

Antiemetics, Other

<i>chlorpromazine injection solution</i>	5	
<i>chlorpromazine oral tablet</i>	4	
COMPRO RECTAL SUPPOSITORY	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution</i>	5	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>perphenazine oral tablet</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine oral tablet</i>	4	PA
<i>scopolamine base transdermal patch 3 day</i>	4	

Emetogenic Therapy Adjuncts

Drug Name	Drug Tier	Requirement /Limits
<i>aprepitant oral capsule 125 mg, 80 mg</i>	4	PA
<i>aprepitant oral capsule 40 mg</i>	4	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule, dose pack</i>	4	PA
<i>dronabinol oral capsule</i>	4	PA; QL (180 EA per 30 days)
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	5	B/D
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (3 EA per 7 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	5	B/D
<i>granisetron hcl intravenous solution</i>	5	B/D
<i>granisetron hcl oral tablet</i>	3	B/D; (eligible for tier exception review); QL (60 EA per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	5	B/D
<i>ondansetron hcl (pf) injection syringe</i>	5	B/D
<i>ondansetron hcl oral solution</i>	2	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D; QL (15 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D; QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating</i>	2	B/D; QL (90 EA per 30 days)

Antifungals

Antifungals		
ABELCET INTRAVENOUS SUSPENSION	6	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	6	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>amphotericin b injection recon soln</i>	5	B/D
<i>casprofungin intravenous recon soln</i>	6	PA
<i>ciclopirox topical cream</i>	2	
<i>ciclopirox topical gel</i>	4	
<i>ciclopirox topical shampoo</i>	4	
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	
<i>clotrimazole mucous membrane troche</i>	2	
<i>clotrimazole topical cream</i>	2	
<i>clotrimazole topical solution</i>	2	
CRESEMBA INTRAVENOUS RECON SOLN	6	PA
CRESEMBA ORAL CAPSULE	6	PA
<i>econazole topical cream</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	5	B/D
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	5	
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	6	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>griseofulvin ultramicronsize oral tablet</i>	3	(eligible for tier exception review)
<i>itraconazole oral capsule</i>	4	PA
<i>ketoconazole oral tablet</i>	3	(eligible for tier exception review)
<i>ketoconazole topical cream</i>	2	
<i>ketoconazole topical shampoo</i>	2	
MICONAZOLE-3 VAGINAL SUPPOSITORY	2	
MYCAMINE INTRAVENOUS RECON SOLN	6	
<i>naftifine topical cream 1 %</i>	4	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	6	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	6	PA; QL (90 EA per 30 days)
NYAMYC TOPICAL POWDER	2	
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystatin topical cream</i>	2	
<i>nystatin topical ointment</i>	2	
<i>nystatin topical powder</i>	2	
NYSTOP TOPICAL POWDER	2	
SPORANOX ORAL SOLUTION	6	PA
<i>terbinafine hcl oral tablet</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>voriconazole intravenous solution</i>	5	
<i>voriconazole oral suspension for reconstitution</i>	6	PA
<i>voriconazole oral tablet 200 mg</i>	6	PA
<i>voriconazole oral tablet 50 mg</i>	4	PA
ZOLINZA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)

Antigout Agents

Antigout Agents

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>colchicine oral tablet</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	
ULORIC ORAL TABLET	3	ST; QL (30 EA per 30 days)

Anti-Inflammatory Agents

Glucocorticoids

<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
<i>cortisone oral tablet</i>	4	
<i>dexamethasone intensol oral drops</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	5	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension</i>	5	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5	
<i>methylprednisolone sodium succ intravenous recon soln</i>	5	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION	4		<i>etodolac oral tablet</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2		<i>etodolac oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
<i>prednisolone oral solution 15 mg/5 ml</i>	2		<i>flurbiprofen oral tablet</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2		<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2		<i>ibuprofen oral suspension</i>	2	
PREDNISON INTENSOL ORAL CONCENTRATE	2		<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>prednisone oral solution</i>	2		<i>indomethacin oral capsule</i>	2	PA
<i>prednisone oral tablet</i>	1		<i>indomethacin oral capsule, extended release</i>	2	PA
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2		<i>meclofenamate oral capsule</i>	4	
Nonsteroidal Anti-Inflammatory Drugs			<i>meloxicam oral tablet</i>	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)	<i>nabumetone oral tablet</i>	2	
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 EA per 30 days)	<i>naproxen oral suspension</i>	4	
<i>diclofenac potassium oral tablet</i>	2		<i>naproxen oral tablet</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2		<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2		<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>diflunisal oral tablet</i>	3	(eligible for tier exception review)	<i>oxaprozin oral tablet</i>	4	
<i>etodolac oral capsule 200 mg</i>	3	(eligible for tier exception review)	<i>piroxicam oral capsule</i>	3	(eligible for tier exception review)
			<i>sulindac oral tablet</i>	2	
			<i>tolmetin oral capsule</i>	4	
			<i>tolmetin oral tablet 600 mg</i>	4	
			Antimigraine Agents		
			Ergot Alkaloids		
			<i>dihydroergotamine injection solution</i>	5	
			<i>dihydroergotamine nasal spray, non-aerosol</i>	6	PA; QL (8 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
MIGERGOT RECTAL SUPPOSITORY	4	QL (20 EA per 30 days)
Prophylactic		
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
<i>timolol maleate oral tablet</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan oral tablet</i>	2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet</i>	2	QL (24 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	5	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	5	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	5	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet</i>	2	
MESTINON ORAL SYRUP	4	

Drug Name	Drug Tier	Requirement /Limits
<i>pyridostigmine bromide oral tablet</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	2	
PRIFTIN ORAL TABLET	3	
<i>rifabutin oral capsule</i>	4	
Antituberculars		
CAPASTAT INJECTION RECON SOLN	5	
<i>ethambutol oral tablet</i>	2	
<i>isoniazid injection solution</i>	5	
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous recon soln</i>	5	
<i>rifampin oral capsule</i>	2	
RIFATER ORAL TABLET	4	
SIRTURO ORAL TABLET	6	PA; QL (24 EA per 28 days)
TRECTOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
<i>busulfan intravenous solution</i>	5	B/D
<i>cyclophosphamide oral capsule</i>	4	B/D
HEXALEN ORAL CAPSULE	6	
LEUKERAN ORAL TABLET	3	

Drug Name	Drug Tier	Requirement /Limits
MATULANE ORAL CAPSULE	6	
<i>melphalan hcl intravenous recon soln</i>	5	B/D
<i>thiotepa injection recon soln</i>	5	B/D
VALCHLOR TOPICAL GEL	6	PA; QL (60 GM per 30 days)
Antiandrogens		
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	6	PA; QL (120 EA per 30 days)
<i>flutamide oral capsule</i>	3	(eligible for tier exception review)
<i>nilutamide oral tablet</i>	6	QL (30 EA per 30 days)
XTANDI ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	6	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	6	PA; QL (60 EA per 30 days)
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	6	PA; LA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	6	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	6	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	4	
FARESTON ORAL TABLET	6	
SOLTAMOX ORAL SOLUTION	4	
<i>tamoxifen oral tablet</i>	2	
Antimetabolites		

Drug Name	Drug Tier	Requirement /Limits
DROXIA ORAL CAPSULE	3	
<i>gemcitabine intravenous recon soln 1 gram</i>	5	B/D
<i>hydroxyurea oral capsule</i>	2	
LONSURF ORAL TABLET 15-6.14 MG	6	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	6	PA; QL (80 EA per 28 days)
PURIXAN ORAL SUSPENSION	6	PA
TABLOID ORAL TABLET	3	
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	6	B/D
<i>fludarabine intravenous recon soln</i>	5	B/D
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	5	B/D
<i>leucovorin calcium oral tablet</i>	2	
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B/D
<i>mitoxantrone intravenous concentrate</i>	3	B/D
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	6	PA; LA; QL (30 EA per 30 days)
SYLATRON SUBCUTANEOUS KIT	6	PA
SYNRIBO SUBCUTANEOUS RECON SOLN	6	B/D
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	6	PA

Drug Name	Drug Tier	Requirement /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	6	PA
<i>Antineoplastics</i>		
ALIMTA INTRAVENOUS RECON SOLN	6	B/D
ARRANON INTRAVENOUS SOLUTION	6	B/D
AVASTIN INTRAVENOUS SOLUTION	5	B/D
<i>azacitidine injection recon soln</i>	6	B/D
BELEODAQ INTRAVENOUS RECON SOLN	6	PA
BICNU INTRAVENOUS RECON SOLN	5	B/D
<i>bleomycin injection recon soln 30 unit</i>	5	B/D
<i>bortezomib intravenous recon soln</i>	6	B/D
<i>carboplatin intravenous solution</i>	5	B/D
<i>cisplatin intravenous solution</i>	5	B/D
<i>cladribine intravenous solution</i>	6	B/D
<i>clofarabine intravenous solution</i>	5	B/D
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	5	B/D
<i>cytarabine injection solution</i>	5	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	5	B/D
<i>dactinomycin intravenous recon soln</i>	6	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>daunorubicin intravenous solution</i>	5	B/D
<i>decitabine intravenous recon soln</i>	6	PA
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	5	B/D
<i>doxorubicin, peg- liposomal intravenous suspension</i>	6	B/D
ELITEK INTRAVENOUS RECON SOLN	6	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	5	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	6	B/D
ERWINAZE INJECTION RECON SOLN	6	B/D
FASLODEX INTRAMUSCULAR SYRINGE	6	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
HALAVEN INTRAVENOUS SOLUTION	6	B/D
HERCEPTIN INTRAVENOUS RECON SOLN	6	B/D
<i>idarubicin intravenous solution</i>	5	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>irinotecan intravenous solution 100 mg/5 ml</i>	5	B/D
ISTODAX INTRAVENOUS RECON SOLN	6	B/D
JEVTANA INTRAVENOUS SOLUTION	6	B/D
KADCYLA INTRAVENOUS RECON SOLN	6	PA
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B/D
LYNPARZA ORAL CAPSULE	6	PA; QL (480 EA per 30 days)
LYNPARZA ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
<i>mesna intravenous solution</i>	5	
MESNEX ORAL TABLET	6	
<i>mitomycin intravenous recon soln</i>	5	B/D
MUSTARGEN INJECTION RECON SOLN	6	B/D
MYLOTARG INTRAVENOUS RECON SOLN	6	PA
NINLARO ORAL CAPSULE	6	PA; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN	6	B/D
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	5	B/D
<i>paclitaxel intravenous concentrate</i>	5	B/D
PROLEUKIN INTRAVENOUS RECON SOLN	6	B/D
RUBRACA ORAL TABLET	6	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
TREANDA INTRAVENOUS RECON SOLN	6	B/D
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	6	B/D
VELCADE INJECTION RECON SOLN	6	B/D
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	6	PA; QL (84 EA per 365 days)
<i>vinblastine intravenous solution</i>	5	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	5	B/D
<i>vincristine intravenous solution 1 mg/ml</i>	5	B/D
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	5	B/D
VYXEOS INTRAVENOUS RECON SOLN	6	PA
YONDELIS INTRAVENOUS RECON SOLN	5	PA
ZEJULA ORAL CAPSULE	6	PA; QL (90 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
23 <i>anastrozole oral tablet</i>	2	
<i>exemestane oral tablet</i>	4	

Drug Name	Drug Tier	Requirement /Limits
<i>letrozole oral tablet</i>	2	
Enzyme Inhibitors		
ALIQOPA INTRAVENOUS RECON SOLN	6	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	5	B/D
<i>etoposide intravenous solution</i>	3	B/D
FARYDAK ORAL CAPSULE	6	PA; QL (6 EA per 21 days)
IBRANCE ORAL CAPSULE	6	PA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	6	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	6	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	6	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	6	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	6	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	6	PA; QL (63 EA per 28 days)
<i>topotecan intravenous recon soln</i>	6	B/D
VERZENIO ORAL TABLET	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
ZOLINZA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET	6	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	6	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	6	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	6	PA; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	6	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	6	PA; LA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	6	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	6	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET	6	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE	6	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	6	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	6	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	6	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	6	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	6	PA; QL (84 EA per 28 days)

Drug Name	Drug Tier	Requirement /Limits
COTELLIC ORAL TABLET	6	PA; LA; QL (63 EA per 28 days)
ERIVEDGE ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET	6	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	6	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	6	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	6	PA; QL (240 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	6	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	6	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	6	PA; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	6	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	6	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET	6	PA; LA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET	6	PA; QL (60 EA per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	6	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	6	PA; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	6	PA; LA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	6	PA; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	6	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	6	PA; QL (30 EA per 30 days)
NERLYNX ORAL TABLET	6	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE	6	PA; LA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
RYDAPT ORAL CAPSULE	6	PA; QL (224 EA per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	6	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	6	PA; QL (180 EA per 30 days)
SPRYCEL ORAL TABLET 50 MG	6	PA; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG, 80 MG	6	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	6	PA; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	6	PA; QL (210 EA per 30 days)
SUTENT ORAL CAPSULE 25 MG	6	PA; QL (90 EA per 30 days)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG	6	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET	6	PA; LA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
TARCEVA ORAL TABLET 100 MG, 150 MG	6	PA; QL (90 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	6	PA; QL (180 EA per 30 days)
TASIGNA ORAL CAPSULE	6	PA; QL (120 EA per 30 days)
TYKERB ORAL TABLET	6	PA; QL (660 EA per 30 days)
VOTRIENT ORAL TABLET	6	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
ZELBORAF ORAL TABLET	6	PA; QL (240 EA per 30 days)
ZYKADIA ORAL CAPSULE	6	PA; QL (150 EA per 30 days)
Monoclonal Antibody/Antibody-Drug Conjugate		
BAVENCIO INTRAVENOUS SOLUTION	6	PA
CYRAMZA INTRAVENOUS SOLUTION	6	PA
DARZALEX INTRAVENOUS SOLUTION	6	PA; LA
EMPLICITI INTRAVENOUS RECON SOLN	6	PA
IMFINZI INTRAVENOUS SOLUTION	6	PA
KEYTRUDA INTRAVENOUS SOLUTION	6	PA
LARTRUVO INTRAVENOUS SOLUTION	6	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	6	PA

Drug Name	Drug Tier	Requirement /Limits
RITUXAN INTRAVENOUS CONCENTRATE	6	PA
SYLVANT INTRAVENOUS RECON SOLN	6	PA
TECENTRIQ INTRAVENOUS SOLUTION	6	PA
Retinoids		
<i>bexarotene oral capsule</i>	6	PA; QL (300 EA per 30 days)
PANRETIN TOPICAL GEL	6	PA
TARGRETIN TOPICAL GEL	6	PA; QL (60 GM per 30 days)
<i>tretinoin (chemotherapy) oral capsule</i>	6	
<i>tretinoin topical cream</i>	3	PA; (eligible for tier exception review)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
Antiparasitics		
Anthelmintics		
ALBENZA ORAL TABLET	4	
BILTRICIDE ORAL TABLET	3	
<i>ivermectin oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	QL (180 ML per 3 days)
ALINIA ORAL TABLET	4	QL (6 EA per 3 days)
<i>atovaquone oral suspension</i>	6	PA
<i>atovaquone-proguanil oral tablet</i>	3	(eligible for tier exception review)
BENZNIDAZOLE ORAL TABLET 100 MG	4	QL (240 EA per 365 days)

Drug Name	Drug Tier	Requirement /Limits
BENZNIDAZOLE ORAL TABLET 12.5 MG	4	QL (720 EA per 365 days)
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG	2	
<i>chloroquine phosphate oral tablet 500 mg</i>	2	
COARTEM ORAL TABLET	4	QL (24 EA per 2 days)
DARAPRIM ORAL TABLET	4	PA
<i>hydroxychloroquine oral tablet</i>	2	
<i>mefloquine oral tablet</i>	2	
NEBUPENT INHALATION RECON SOLN	4	B/D
PENTAM INJECTION RECON SOLN	5	B/D
<i>primaquine oral tablet</i>	2	
<i>quinine sulfate oral capsule</i>	3	PA; (eligible for tier exception review); QL (180 EA per 30 days)
<i>Pediculicides/Scabicides</i>		
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>lindane topical shampoo</i>	2	
<i>malathion topical lotion</i>	3	(eligible for tier exception review)
<i>permethrin topical cream</i>	2	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine oral tablet</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>trihexyphenidyl oral elixir</i>	2	
<i>trihexyphenidyl oral tablet</i>	2	
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>entacapone oral tablet</i>	4	QL (240 EA per 30 days)
<i>Antiparkinson Agents</i>		
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	
<i>Dopamine Agonists</i>		
APOKYN SUBCUTANEOUS CARTRIDGE	6	PA
<i>bromocriptine oral capsule</i>	3	(eligible for tier exception review)
<i>bromocriptine oral tablet</i>	3	(eligible for tier exception review)
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr 0.75 mg</i>	4	QL (180 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr 1.5 mg</i>	4	QL (90 EA per 30 days)
<i>ropinirole oral tablet</i>	2	
<i>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</i>		

Drug Name	Drug Tier	Requirement /Limits
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	

Monoamine Oxidase B (Mao-B) Inhibitors

<i>rasagiline oral tablet</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>selegiline hcl oral capsule</i>	3	(eligible for tier exception review)
<i>selegiline hcl oral tablet</i>	2	

Antipsychotics

1St Generation/Typical

<i>chlorpromazine injection solution</i>	5	
<i>chlorpromazine oral tablet</i>	4	
<i>fluphenazine decanoate injection solution</i>	5	
<i>fluphenazine hcl injection solution</i>	5	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	5	
<i>haloperidol lactate injection solution</i>	5	
<i>haloperidol lactate intramuscular syringe</i>	5	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>loxapine succinate oral capsule</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>perphenazine oral tablet</i>	2	
<i>pimozide oral tablet</i>	3	(eligible for tier exception review)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	5	B/D
<i>prochlorperazine maleate oral tablet</i>	2	
<i>thioridazine oral tablet</i>	4	PA
<i>thiothixene oral capsule</i>	2	
<i>trifluoperazine oral tablet</i>	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
<i>aripiprazole oral solution</i>	6	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (120 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	6	QL (60 EA per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	6	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	PA; QL (8 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	6	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	5	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE	6	PA
LATUDA ORAL TABLET 120 MG, 80 MG	6	PA; QL (60 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	6	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	6	PA; LA; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln</i>	5	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet,disintegrating</i>	4	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	6	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	6	PA; QL (60 EA per 30 days)
<i>quetiapine oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
REXULTI ORAL TABLET	6	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	6	
<i>risperidone oral solution</i>	3	(eligible for tier exception review)
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet,disintegrating</i>	4	
SAPHRIS SUBLINGUAL TABLET	4	PA; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; QL (7 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	4	
VERSACLOZ ORAL SUSPENSION	6	QL (540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>baclofen oral tablet 5 mg</i>	2	QL (90 EA per 30 days)
<i>dantrolene oral capsule</i>	3	(eligible for tier exception review)
<i>tizanidine oral tablet</i>	2	

Antivirals

Anti-Cytomegalovirus (Cmv) Agents

<i>cidofovir intravenous solution</i>	5	
<i>ganciclovir sodium intravenous recon soln</i>	5	
<i>valganciclovir oral recon soln</i>	6	
<i>valganciclovir oral tablet</i>	6	
ZIRGAN OPTHALMIC (EYE) GEL	4	QL (5 GM per 30 days)

Anti-Hepatitis B (Hbv) Agents

<i>adefovir oral tablet</i>	6	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days)
<i>entecavir oral tablet</i>	6	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	6	PA
INTRON A INJECTION SOLUTION	6	PA
<i>lamivudine oral solution</i>	3	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
RIBASPHERE ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirement /Limits
RIBASPHERE ORAL TABLET	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet</i>	6	QL (30 EA per 30 days)
VIREAD ORAL POWDER	4	QL (225 GM per 30 days)
VIREAD ORAL TABLET 150 MG	6	QL (60 EA per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	6	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
DAKLINZA ORAL TABLET	6	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET	6	PA; QL (28 EA per 28 days)
HARVONI ORAL TABLET	6	PA; QL (28 EA per 28 days)
MAVYRET ORAL TABLET	6	PA; QL (84 EA per 28 days)
SOVALDI ORAL TABLET	6	PA; QL (30 EA per 30 days)
VOSEVI ORAL TABLET	6	PA; QL (28 EA per 28 days)
ZEPATIER ORAL TABLET	6	PA; QL (28 EA per 28 days)
Anti-Hepatitis C (Hcv) Agents, Others		
INTRON A INJECTION RECON SOLN	6	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	6	PA
MODERIBA ORAL TABLET	2	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	6	PA; QL (4 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
PEGASYS SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 30 days)
RIBASPHERE ORAL CAPSULE	2	
RIBASPHERE ORAL TABLET	2	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOVALDI ORAL TABLET	6	PA; QL (30 EA per 30 days)
SYLATRON SUBCUTANEOUS KIT	6	PA
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	5	B/D
<i>acyclovir topical ointment</i>	4	PA; QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM	6	PA; QL (5 GM per 30 days)
<i>famciclovir oral tablet</i>	2	
<i>trifluridine ophthalmic (eye) drops</i>	3	
<i>valacyclovir oral tablet</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	6	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	6	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	6	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	6	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	6	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (180 EA per 30 days)
STRIBILD ORAL TABLET	6	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	6	QL (60 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	6	QL (30 EA per 30 days)
EDURANT ORAL TABLET	6	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	3	(eligible for tier exception review); QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	6	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	6	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (360 EA per 30 days)
<i>nevirapine oral tablet</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
RESCRIPTOR ORAL TABLET	4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	QL (360 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	3	QL (1200 ML per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral solution</i>	4	QL (900 ML per 30 days)
<i>abacavir oral tablet</i>	4	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tablet</i>	6	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	6	QL (60 EA per 30 days)
ATRIPLA ORAL TABLET	6	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	6	QL (30 EA per 30 days)
DESCOVY ORAL TABLET	6	QL (30 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (720 ML per 30 days)
JULUCA ORAL TABLET	6	QL (30 EA per 30 days)
<i>lamivudine oral solution</i>	3	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	6	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
RETROVIR INTRAVENOUS SOLUTION	5	
<i>stavudine oral capsule</i>	2	QL (60 EA per 30 days)
SYMFI LO ORAL TABLET	6	QL (30 EA per 30 days)
SYMFI ORAL TABLET	6	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	6	QL (30 EA per 30 days)
TRUVADA ORAL TABLET	6	QL (30 EA per 30 days)
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	QL (30 EA per 30 days)
VIREAD ORAL POWDER	4	QL (225 GM per 30 days)
VIREAD ORAL TABLET 150 MG	6	QL (60 EA per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	6	QL (30 EA per 30 days)
ZERIT ORAL RECON SOLN	3	QL (2400 ML per 30 days)
<i>zidovudine oral capsule</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	6	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	6	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SELZENTRY ORAL TABLET 300 MG	6	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET	6	QL (30 EA per 30 days)
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	6	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	6	QL (300 ML per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	6	QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	6	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QL (270 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	QL (180 EA per 30 days)
EVOTAZ ORAL TABLET	6	QL (30 EA per 30 days)
<i>fosamprenavir oral tablet</i>	6	QL (120 EA per 30 days)
INVIRASE ORAL CAPSULE	6	QL (300 EA per 30 days)
INVIRASE ORAL TABLET	6	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	6	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	4	QL (1680 ML per 30 days)
<i>lopinavir-ritonavir oral solution</i>	6	QL (390 ML per 30 days)
NORVIR ORAL CAPSULE	4	QL (360 EA per 30 days)
NORVIR ORAL POWDER IN PACKET	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	4	QL (450 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
PREZCOBIX ORAL TABLET	6	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	6	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (120 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	6	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	
PREZISTA ORAL TABLET 800 MG	6	QL (30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET	6	QL (240 EA per 30 days)
<i>ritonavir oral tablet</i>	4	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	6	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	6	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>oseltamivir oral capsule 30 mg</i>	3	QL (56 EA per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	3	QL (42 EA per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	3	QL (28 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 180 days)
<i>rimantadine oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>bupirone oral tablet</i>	2	
<i>doxepin oral capsule</i>	4	PA
<i>doxepin oral concentrate</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 EA per 30 days)
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	3	(eligible for tier exception review); QL (1200 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	(eligible for tier exception review); QL (600 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	(eligible for tier exception review); QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
DIAZEPAM	2	QL (360 ML per 30 days)
INTENSOL ORAL CONCENTRATE		
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	(eligible for tier exception review); QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (900 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
LORAZEPAM ORAL CONCENTRATE	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Ssris/ Snris		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	2	
<i>paroxetine hcl oral tablet</i>	1	

Drug Name	Drug Tier	Requirement /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
PAXIL ORAL SUSPENSION	4	QL (900 ML per 30 days)
<i>sertraline oral concentrate</i>	2	
<i>sertraline oral tablet</i>	1	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	(generic Effexor XR); QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	(generic Effexor XR); QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	(generic Effexor)

Bipolar Agents

Bipolar Agents, Other

GEODON INTRAMUSCULAR RECON SOLN	5	
<i>olanzapine intramuscular recon soln</i>	5	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet,disintegrating</i>	4	
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr</i>	3	(eligible for tier exception review)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	5	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	6	
<i>risperidone oral solution</i>	3	(eligible for tier exception review)
<i>risperidone oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>risperidone oral tablet,disintegrating</i>	4	
SAPHRIS SUBLINGUAL TABLET	4	PA; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; QL (7 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	

Mood Stabilizers

<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	(eligible for tier exception review)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	3	(eligible for tier exception review)
<i>carbamazepine oral tablet,chewable</i>	2	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	
EPITOL ORAL TABLET	2	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose oral tablet</i>	2	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	QL (1.2 ML per 30 days)
<i>colesevelam oral tablet</i>	3	
CYCLOSET ORAL TABLET	4	ST; QL (180 EA per 30 days)
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glyburide micronized oral tablet</i>	2	PA
<i>glyburide oral tablet</i>	2	PA
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
INVOKAMET ORAL TABLET 50-500 MG	3	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 300 days)
<i>metformin oral tablet</i>	1	(generic Glucophage)
<i>metformin oral tablet extended release 24 hr</i>	1	(generic Glucophage XR)
<i>migliitol oral tablet</i>	3	(eligible for tier exception review); QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 EA per 30 days)
<i>pioglitazone oral tablet</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
RIOMET ORAL SOLUTION	4	
36 SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; QL (10.8 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; QL (12 ML per 30 days)
SYNJARDY ORAL TABLET	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30 EA per 30 days)
<i>tolazamide oral tablet</i>	2	
<i>tolbutamide oral tablet</i>	2	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	QL (2 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (9 ML per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	
WELCHOL ORAL TABLET	3	
Blood Glucose Regulators		
<i>glipizide-metformin oral tablet</i>	2	
<i>glyburide-metformin oral tablet</i>	2	PA
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
JENTADUETO ORAL TABLET	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 300 days)
<i>pioglitazone-glimepiride oral tablet</i>	4	ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet</i>	3	ST; (eligible for tier exception review)
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	QL (2 EA per 2 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	QL (2 EA per 2 days)
KORLYM ORAL TABLET	6	PA; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION	4	
Insulins		
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	

Drug Name	Drug Tier	Requirement /Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	

Drug Name	Drug Tier	Requirement /Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	QL (45 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (40 ML per 30 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	QL (15 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	QL (15 ML per 30 days)
Blood Products/ Modifiers/ Volume Expanders		
<i>Anticoagulants</i>		
COUMADIN ORAL TABLET	4	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (70 EA per 180 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	3	QL (148 EA per 365 days)
<i>enoxaparin subcutaneous solution</i>	5	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	5	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	5	QL (48 ML per 30 days)	FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	5	QL (5.6 ML per 60 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	5	QL (18 ML per 30 days)	FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	6	QL (8.4 ML per 60 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	5	QL (24 ML per 30 days)	<i>heparin (porcine) injection solution</i>	5	
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	5	QL (36 ML per 30 days)	<i>jantoven oral tablet</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	6	QL (24 ML per 30 days)	PRADAXA ORAL CAPSULE	4	QL (60 EA per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	5	QL (15 ML per 30 days)	<i>warfarin oral tablet</i>	1	
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	6	QL (12 ML per 30 days)	XARELTO ORAL TABLET	3	QL (30 EA per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	6	QL (18 ML per 30 days)	XARELTO ORAL TABLETS,DOSE PACK	3	QL (102 EA per 365 days)
FRAGMIN SUBCUTANEOUS SOLUTION	6	QL (7.6 ML per 60 days)	Blood Formation Modifiers		
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML	6	QL (14 ML per 60 days)	<i>anagrelide oral capsule</i>	2	
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	6	QL (16.8 ML per 60 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	6	PA; QL (4 ML per 28 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	6	QL (20.16 ML per 60 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; QL (4 ML per 28 days)
			ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 40 MCG/0.4 ML	5	PA; QL (1.6 ML per 28 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	6	PA; QL (2 ML per 28 days)	NEUPOGEN INJECTION SOLUTION	6	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML	6	PA; QL (1.2 ML per 28 days)	NEUPOGEN INJECTION SYRINGE	6	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	6	PA; QL (1.6 ML per 28 days)	PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	5	PA; QL (1.68 ML per 28 days)	PROCRT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	6	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	6	PA; QL (2.4 ML per 28 days)	PROMACTA ORAL TABLET 12.5 MG	6	PA; QL (30 EA per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	6	PA; QL (4 ML per 28 days)	PROMACTA ORAL TABLET 25 MG, 50 MG	6	PA; QL (90 EA per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 60 MCG/0.3 ML	5	PA; QL (1.2 ML per 28 days)	PROMACTA ORAL TABLET 75 MG	6	PA; QL (60 EA per 30 days)
GRANIX SUBCUTANEOUS SYRINGE	6	PA	TAVALISSE ORAL TABLET	6	PA; QL (60 EA per 30 days)
LEUKINE INJECTION RECON SOLN	6	PA	Hemostasis Agents		
MOZOBIL SUBCUTANEOUS SOLUTION	6	PA	<i>tranexamic acid intravenous solution</i>	5	
NEULASTA SUBCUTANEOUS SYRINGE	6	PA	<i>tranexamic acid oral tablet</i>	3	QL (30 EA per 30 days)
			Platelet Modifying Agents		
			<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	
			BRILINTA ORAL TABLET	3	QL (60 EA per 30 days)
			<i>cilostazol oral tablet</i>	2	
			<i>clopidogrel oral tablet 75 mg</i>	2	QL (30 EA per 30 days)
			<i>prasugrel oral tablet</i>	2	QL (30 EA per 30 days)
			ZONTIVITY ORAL TABLET	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	3	(eligible for tier exception review)
<i>guanfacine oral tablet</i>	2	
<i>methyl dopa oral tablet</i>	2	
<i>midodrine oral tablet</i>	3	
NORTHERA ORAL CAPSULE 100 MG	6	PA; QL (252 EA per 90 days)
NORTHERA ORAL CAPSULE 200 MG	6	PA; QL (126 EA per 90 days)
NORTHERA ORAL CAPSULE 300 MG	6	PA; QL (84 EA per 90 days)
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet</i>	2	
<i>prazosin oral capsule</i>	2	
<i>terazosin oral capsule</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg</i>	3	ST; (eligible for tier exception review); QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)
<i>candesartan oral tablet 4 mg</i>	3	ST; (eligible for tier exception review); QL (240 EA per 30 days)
<i>candesartan oral tablet 8 mg</i>	3	ST; (eligible for tier exception review); QL (120 EA per 30 days)
EDARBI ORAL TABLET	4	ST; QL (30 EA per 30 days)
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>eprosartan oral tablet</i>	2	ST; QL (30 EA per 30 days)
<i>irbesartan oral tablet</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>losartan oral tablet</i>	1	QL (30 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg</i>	4	PA; QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	4	PA; QL (90 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet</i>	4	PA; QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>captopril oral tablet</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril oral tablet 10 mg</i>	1	QL (240 EA per 30 days)
<i>fosinopril oral tablet 20 mg</i>	1	QL (120 EA per 30 days)
<i>fosinopril oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>moexipril oral tablet</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>quinapril oral tablet</i>	1	QL (60 EA per 30 days)
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg</i>	2	QL (30 EA per 30 days)
41 <i>trandolapril oral tablet 4 mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone oral tablet 400 mg</i>	4	
<i>disopyramide phosphate oral capsule</i>	3	(eligible for tier exception review)
<i>dofetilide oral capsule</i>	4	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	3	QL (60 EA per 30 days)
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
SORINE ORAL TABLET	2	
SOTALOL AF ORAL TABLET 120 MG	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>betaxolol oral tablet</i>	3	(eligible for tier exception review)
<i>bisoprolol fumarate oral tablet</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
<i>carvedilol oral tablet</i>	1	

Drug Name	Drug Tier	Requirement /Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	4	ST
<i>labetalol oral tablet</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	
<i>metoprolol tartrate intravenous solution</i>	5	
<i>metoprolol tartrate intravenous syringe</i>	5	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	
<i>propranolol oral tablet</i>	1	
<i>timolol maleate oral tablet</i>	4	
Calcium Channel Blocking Agents		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE	2	
<i>amlodipine oral tablet</i>	1	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR	2	
<i>diltiazem hcl intravenous recon soln</i>	5	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg</i>	2	(generic Cardizem SR)
<i>diltiazem hcl oral capsule, extended release 12 hr 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	2	(generic Tiazac)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	(generic Cardizem CD, Cartia XT)	<i>digitek oral tablet</i>	1	PA
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	2	(generic Tiazac)	<i>digox oral tablet</i>	1	PA
<i>diltiazem hcl oral tablet</i>	2		<i>digoxin oral solution 50 mcg/ml</i>	2	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE	2		<i>digoxin oral tablet</i>	1	PA
<i>felodipine oral tablet extended release 24 hr</i>	2		<i>pentoxifylline oral tablet extended release</i>	2	
<i>isradipine oral capsule</i>	3	(eligible for tier exception review)	RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	4	ST; QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR	4		UPTRAVI ORAL TABLET	6	PA; QL (60 EA per 30 days)
<i>nicardipine oral capsule</i>	2		UPTRAVI ORAL TABLETS,DOSE PACK	6	PA; QL (200 EA per 180 days)
<i>nifedipine oral tablet extended release</i>	2		Cardiovascular Agents		
<i>nifedipine oral tablet extended release 24hr</i>	2		<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>nimodipine oral capsule</i>	4		<i>amlodipine-atorvastatin oral tablet</i>	4	QL (30 EA per 30 days)
<i>taztia xt oral capsule,extended release 24 hr</i>	2		<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg</i>	2	QL (30 EA per 30 days)
<i>verapamil intravenous solution</i>	5		<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	(eligible for tier exception review)	<i>amlodipine-benazepril oral capsule 5-40 mg</i>	2	QL (60 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	3	(eligible for tier exception review)	<i>amlodipine-valsartan oral tablet</i>	2	QL (30 EA per 30 days)
<i>verapamil oral tablet</i>	1		<i>amlodipine-valsartan-hcthiazyd oral tablet</i>	4	QL (30 EA per 30 days)
<i>verapamil oral tablet extended release</i>	2		<i>atenolol-chlorthalidone oral tablet</i>	1	
Cardiovascular Agents, Other			<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)	<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
			BYVALSON ORAL TABLET	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>candesartan-hydrochlorothiazid oral tablet</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
DEMSER ORAL CAPSULE	6	
EDARBYCLOR ORAL TABLET	4	ST; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	4	QL (30 EA per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	QL (120 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	QL (30 EA per 30 days)
<i>methyldopa-hydrochlorothiazide oral tablet</i>	3	(eligible for tier exception review)
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	4	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>propranolol-hydrochlorothiazid oral tablet</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	2	QL (30 EA per 30 days)
<i>spironolacton-hydrochlorothiaz oral tablet</i>	2	
<i>telmisartan-amlodipine oral tablet</i>	4	ST; QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg</i>	4	ST; QL (90 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg</i>	4	ST; QL (60 EA per 30 days)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release</i>	4	
<i>acetazolamide oral tablet</i>	3	(eligible for tier exception review)
<i>methazolamide oral tablet</i>	4	
Diuretics, Loop		

Drug Name	Drug Tier	Requirement /Limits
<i>bumetanide injection solution</i>	5	
<i>bumetanide oral tablet</i>	2	
<i>furosemide injection solution</i>	5	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torsemide oral tablet</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet</i>	2	
<i>eplerenone oral tablet</i>	3	(eligible for tier exception review)
<i>spironolactone oral tablet</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION	4	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>metolazone oral tablet</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg</i>	3	ST; (generic Antara); (eligible for tier exception review); QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	3	ST; (generic Antara); (eligible for tier exception review); QL (60 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	(generic Tricor); QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	(generic Tricor); QL (90 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	(generic Lofibra); QL (30 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	(generic Lofibra); QL (60 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>fenofibric acid oral tablet</i>	3	(eligible for tier exception review)
<i>gemfibrozil oral tablet</i>	2	QL (75 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>pravastatin oral tablet 80 mg</i>	2	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet</i>	2	QL (30 EA per 30 days)
<i>simvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine (with sugar) oral powder in packet</i>	2	
CHOLESTYRAMINE LIGHT ORAL POWDER	2	
<i>colesevelam oral tablet</i>	3	
<i>colestipol oral packet</i>	3	(eligible for tier exception review)
<i>colestipol oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	4	QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE	6	PA; QL (4 ML per 28 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
NIACOR ORAL TABLET	2	
<i>omega-3 acid ethyl esters oral capsule</i>	4	QL (120 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 28 days)
PREVALITE ORAL POWDER IN PACKET	2	

Drug Name	Drug Tier	Requirement /Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	6	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 28 days)
WELCHOL ORAL POWDER IN PACKET	3	
WELCHOL ORAL TABLET	3	
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>isosorbide dinitrate oral tablet</i>	2	
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR	2	
NITRO-BID TRANSDERMAL OINTMENT	3	
<i>nitroglycerin intravenous solution</i>	5	
<i>nitroglycerin sublingual tablet</i>	3	(eligible for tier exception review)
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray, non-aerosol</i>	4	

Drug Name	Drug Tier	Requirement /Limits
BIDIL ORAL TABLET	4	PA; QL (180 EA per 30 days)
<i>hydralazine oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE	4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET, CHEWABLE	4	QL (30 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>dexmethylphenidate oral tablet</i>	2	QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	(generic Methylin); QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	(generic Methylin); QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	3	(generic Metadate ER); (eligible for tier exception review); QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	3	(generic Metadate ER); (eligible for tier exception review); QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	4	(generic Methylin); QL (180 EA per 30 days)

Central Nervous System, Other

AUSTEDO ORAL TABLET	6	PA; LA; QL (120 EA per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	QL (30 EA per 30 days)
NUDEXTA ORAL CAPSULE	3	QL (60 EA per 30 days)
<i>riluzole oral tablet</i>	4	

Drug Name	Drug Tier	Requirement /Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	6	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	6	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	6	PA; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET	6	PA; QL (30 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	6	PA; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	6	PA; QL (12 ML per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	6	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	6	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	6	PA; QL (30 ML per 30 days)
<i>mitoxantrone intravenous concentrate</i>	3	B/D

Drug Name	Drug Tier	Requirement /Limits
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC)	6	PA; QL (60 EA per 30 days)
TYSABRI INTRAVENOUS SOLUTION	6	PA; LA
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule</i>	3	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
KEPIVANCE INTRAVENOUS RECON SOLN	6	B/D
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH	2	
<i>pilocarpine hcl oral tablet</i>	3	
<i>triamcinolone acetonide dental paste</i>	3	
VIBRAMYCIN ORAL SYRUP	4	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	6	
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
<i>amnesteem oral capsule</i>	4	
<i>betamethasone dipropionate topical lotion</i>	2	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>calcipotriene scalp solution</i>	4		<i>fluticasone topical cream</i>	2	
<i>calcipotriene topical cream</i>	4		<i>fluticasone topical ointment</i>	2	
<i>calcipotriene topical ointment</i>	4		<i>imiquimod topical cream in packet</i>	2	QL (24 EA per 30 days)
<i>calcitriol topical ointment</i>	4		<i>isotretinoin oral capsule</i>	4	
<i>claravis oral capsule 10 mg</i>	4		<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	6	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	3	(eligible for tier exception review)	MYORISAN ORAL CAPSULE	4	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4		<i>nystatin-triamcinolone topical cream</i>	4	
<i>clotrimazole-betamethasone topical cream</i>	2		<i>nystatin-triamcinolone topical ointment</i>	4	
<i>clotrimazole-betamethasone topical lotion</i>	4		<i>podofilox topical solution</i>	2	
CONDYLOX TOPICAL GEL	4		<i>prednicarbate topical cream</i>	3	(eligible for tier exception review)
<i>diclofenac sodium topical gel 1 %</i>	4		REGRANEX TOPICAL GEL	6	PA; QL (15 GM per 2 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (300 GM per 365 days)	SANTYL TOPICAL OINTMENT	3	QL (180 GM per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i>	2		<i>selenium sulfide topical lotion</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2		<i>tacrolimus topical ointment</i>	4	ST; QL (100 GM per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	(eligible for tier exception review)	<i>tazarotene topical cream</i>	4	PA
<i>erythromycin-benzoyl peroxide topical gel</i>	4		TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	5	B/D	TAZORAC TOPICAL GEL	4	PA
<i>fluorouracil topical cream 5 %</i>	3	(eligible for tier exception review)	TOLAK TOPICAL CREAM	4	
<i>fluorouracil topical solution</i>	2		<i>tretinoin topical cream</i>	3	PA; (eligible for tier exception review)
			<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
			49 VALCHLOR TOPICAL GEL	6	PA; QL (60 GM per 30 days)

Drug Name	Drug Tier	Requirement /Limits
ZENATANE ORAL CAPSULE	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/ Mineral Replacement</i>		
CARBAGLU ORAL TABLET, DISPERSIBLE	6	PA
<i>fluoride (sodium) oral tablet</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS	2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS	2	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE	2	
<i>magnesium sulfate injection solution</i>	5	
PHYSIOLYTE IRRIGATION SOLUTION	2	
PHYSIOSOL IRRIGATION SOLUTION	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	5	B/D
<i>potassium chloride intravenous solution</i>	5	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	3	(eligible for tier exception review)
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	5	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	5	
<i>sodium chloride 3 % intravenous parenteral solution</i>	5	
<i>sodium chloride 5 % intravenous parenteral solution</i>	5	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	5	
<i>sodium chloride irrigation solution</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
Electrolyte/Mineral/Metal Modifiers		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
CHEMET ORAL CAPSULE	4	
DEPEN TITRATABS ORAL TABLET	6	PA
EXJADE ORAL TABLET, DISPERSIBLE	6	LA
FERRIPROX ORAL SOLUTION	6	PA
FERRIPROX ORAL TABLET	6	PA
JADENU ORAL TABLET	6	
JADENU SPRINKLE ORAL GRANULES IN PACKET	6	
<i>kionex (with sorbitol) oral suspension</i>	3	
<i>plenamine intravenous parenteral solution</i>	5	B/D
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>trientine oral capsule</i>	6	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	5	B/D
<i>clinisol sf 15 % intravenous parenteral solution</i>	5	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	5	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	5	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	5	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	5	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	5	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	5	

Drug Name	Drug Tier	Requirement /Limits
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	5	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	5	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	5	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	5	B/D
<i>lactated ringers intravenous parenteral solution</i>	5	
<i>lactated ringers irrigation solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	5	
NUTRILIPID INTRAVENOUS EMULSION	5	B/D
<i>plenamine intravenous parenteral solution</i>	5	B/D
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	5	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	5	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
<i>ringer's intravenous parenteral solution</i>	5	
<i>ringer's irrigation solution</i>	2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	5	B/D
<i>water for irrigation, sterile irrigation solution</i>	2	
Vitamins		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYST ALS	2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYST ALS	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYST ALS	2	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE	2	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

Drug Name	Drug Tier	Requirement /Limits
<i>atropine injection syringe 0.05 mg/ml</i>	5	
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine oral tablet</i>	4	
<i>propantheline oral tablet</i>	2	
<i>scopolamine base transdermal patch 3 day</i>	4	
Gastrointestinal Agents, Other		
CHOLBAM ORAL CAPSULE 250 MG	6	PA; QL (150 EA per 30 days)
CHOLBAM ORAL CAPSULE 50 MG	6	PA; QL (120 EA per 30 days)
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT	6	PA; QL (30 EA per 30 days)
GATTEX ONE-VIAL SUBCUTANEOUS KIT	6	PA; QL (30 EA per 30 days)
<i>loperamide oral capsule</i>	2	
<i>metoclopramide hcl injection solution</i>	5	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
OCALIVA ORAL TABLET	6	PA; QL (30 EA per 30 days)
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	2	

Drug Name	Drug Tier	Requirement /Limits
RELISTOR ORAL TABLET	6	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	6	PA
RELISTOR SUBCUTANEOUS SYRINGE	6	PA
<i>ursodiol oral capsule</i>	4	
<i>ursodiol oral tablet</i>	3	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	3	(eligible for tier exception review)
<i>cimetidine oral tablet</i>	3	(eligible for tier exception review)
<i>famotidine (pf) intravenous solution</i>	5	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</i>	2	
<i>ranitidine hcl oral syrup</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron oral tablet</i>	6	PA
AMITIZA ORAL CAPSULE	3	QL (60 EA per 30 days)
<i>budesonide oral capsule, delayed, extend .release</i>	6	PA
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
Laxatives		
CONSTULOSE ORAL SOLUTION	2	
ENULOSE ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirement /Limits
GAVILYTE-C ORAL RECON SOLN	2	
GAVILYTE-G ORAL RECON SOLN	2	
GAVILYTE-N ORAL RECON SOLN	2	
GENERLAC ORAL SOLUTION	2	
GOLYTELY ORAL POWDER IN PACKET	3	
KRISTALOSE ORAL PACKET	4	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
<i>peg 3350-electrolytes oral recon soln</i>	2	
<i>peg-electrolyte soln oral recon soln</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN	2	
Protectants		
<i>misoprostol oral tablet</i>	2	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	4	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	
<i>pantoprazole intravenous recon soln</i>	5	
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	

Drug Name	Drug Tier	Requirement /Limits
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	4	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INTRAMUSCULAR SOLUTION	6	
ALDURAZYME INTRAVENOUS SOLUTION	6	
CERDELGA ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	6	PA
CREON ORAL CAPSULE,DELAYE D RELEASE(DR/EC)	3	
CYSTADANE ORAL POWDER	6	
CYSTAGON ORAL CAPSULE	4	PA
ELAPRASE INTRAVENOUS SOLUTION	6	B/D
FABRAZYME INTRAVENOUS RECON SOLN	6	B/D
KUVAN ORAL POWDER IN PACKET	6	PA
KUVAN ORAL TABLET,SOLUBLE	6	PA
<i>miglustat oral capsule</i>	6	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION	6	B/D
ORFADIN ORAL CAPSULE	6	PA
ORFADIN ORAL SUSPENSION	6	PA

Drug Name	Drug Tier	Requirement /Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	6	PA
RAVICTI ORAL LIQUID	6	PA; QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	6	PA
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML	6	PA; LA; QL (38.4 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	6	PA; LA
SUCRAID ORAL SOLUTION	6	
VPRIV INTRAVENOUS RECON SOLN	6	
ZAVESCA ORAL CAPSULE	6	PA; QL (90 EA per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	4	

Genitourinary Agents

Antispasmodics, Urinary

<i>flavoxate oral tablet</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg</i>	2	QL (90 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	QL (180 EA per 30 days)
<i>tolterodine oral capsule, extended release 24hr</i>	3	ST; (eligible for tier exception review); QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	3	ST; (eligible for tier exception review); QL (60 EA per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>trospium oral tablet</i>	3	(eligible for tier exception review); QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG	4	ST; QL (30 EA per 30 days)
VESICARE ORAL TABLET 5 MG	4	ST; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>doxazosin oral tablet</i>	2	
<i>dutasteride oral capsule</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	
<i>prazosin oral capsule</i>	2	
RAPAFLO ORAL CAPSULE	4	ST; QL (30 EA per 30 days)
<i>tamsulosin oral capsule</i>	2	
<i>terazosin oral capsule</i>	1	
Genitourinary Agents, Other		

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>bethanechol chloride oral tablet</i>	2		<i>betamethasone dipropionate topical cream</i>	2	
DEPEN TITRATABS ORAL TABLET	6	PA	<i>betamethasone dipropionate topical ointment</i>	2	
JYNARQUE ORAL TABLETS, SEQUENTIAL	6	PA; QL (56 EA per 28 days)	<i>betamethasone valerate topical cream</i>	2	
<i>potassium citrate oral tablet extended release</i>	3	(eligible for tier exception review)	<i>betamethasone valerate topical lotion</i>	2	
<i>sodium phenylbutyrate oral powder</i>	6	PA	<i>betamethasone valerate topical ointment</i>	2	
THIOLA ORAL TABLET	6	PA	<i>betamethasone, augmented topical cream</i>	2	
Phosphate Binders			<i>betamethasone, augmented topical gel</i>	2	
<i>calcium acetate oral capsule</i>	3		<i>betamethasone, augmented topical lotion</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	3		<i>betamethasone, augmented topical ointment</i>	2	
FOSRENOL ORAL POWDER IN PACKET	6		<i>clobetasol scalp solution</i>	2	
<i>lanthanum oral tablet, chewable</i>	6		<i>clobetasol topical cream</i>	2	(eligible for tier exception review)
REVELA ORAL POWDER IN PACKET	3		<i>clobetasol topical gel</i>	3	(eligible for tier exception review)
REVELA ORAL TABLET	3		<i>clobetasol topical ointment</i>	3	(eligible for tier exception review)
<i>sevelamer carbonate oral powder in packet</i>	3		<i>cortisone oral tablet</i>	4	
<i>sevelamer carbonate oral tablet</i>	3		<i>desonide topical cream</i>	4	ST
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			<i>desonide topical ointment</i>	4	ST
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			<i>dexamethasone intensol oral drops</i>	4	
ACTHAR H.P. INJECTION GEL	6	PA	<i>dexamethasone oral elixir</i>	2	
<i>alclometasone topical cream</i>	3	(eligible for tier exception review)	<i>dexamethasone oral tablet</i>	2	
<i>alclometasone topical ointment</i>	3	(eligible for tier exception review)			

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>dexamethasone sodium phosphate injection solution</i>	5		<i>hydrocortisone valerate topical cream</i>	4	ST
<i>fludrocortisone oral tablet</i>	2		<i>hydrocortisone valerate topical ointment</i>	4	ST
<i>fluocinolone acetonide oil otic (ear) drops</i>	4		<i>methylprednisolone acetate injection suspension</i>	5	
<i>fluocinolone topical cream</i>	3	(eligible for tier exception review)	<i>methylprednisolone oral tablet</i>	2	
<i>fluocinolone topical ointment</i>	3	(eligible for tier exception review)	<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>fluocinolone topical solution</i>	3	(eligible for tier exception review)	<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	5	
<i>fluocinonide topical gel</i>	2		<i>methylprednisolone sodium succ intravenous recon soln</i>	5	
<i>fluocinonide topical ointment</i>	2		<i>micort-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>fluocinonide topical solution</i>	2		<i>mometasone topical cream</i>	2	
<i>fluocinonide-e topical cream</i>	2		<i>mometasone topical ointment</i>	2	
<i>fluticasone topical cream</i>	2		<i>mometasone topical solution</i>	2	
<i>fluticasone topical ointment</i>	2		<i>prednicarbate topical ointment</i>	3	(eligible for tier exception review)
<i>halobetasol propionate topical cream</i>	4		<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>halobetasol propionate topical ointment</i>	4		<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	4	ST	PREDNISON	2	
<i>hydrocortisone butyrate topical solution</i>	4	ST	INTENSOL ORAL CONCENTRATE	2	
<i>hydrocortisone oral tablet</i>	2		<i>prednisone oral solution</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2		<i>prednisone oral tablet</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2		<i>procto-pak topical cream with perineal applicator</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2				

Drug Name	Drug Tier	Requirement /Limits
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>chorionic gonadotropin, human intramuscular recon soln</i>	5	B/D
<i>desmopressin injection solution</i>	5	
<i>desmopressin nasal spray, non-aerosol</i>	4	
<i>desmopressin oral tablet</i>	3	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	6	PA; QL (60 EA per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION	6	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN	6	PA; LA; QL (60 EA per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	6	PA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	B/D

Drug Name	Drug Tier	Requirement /Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	6	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>		
<i>misoprostol oral tablet 200 mcg</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 ORAL TABLET	6	
<i>oxandrolone oral tablet 10 mg</i>	6	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
<i>Androgens</i>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	PA; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	PA; QL (37.5 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	PA; QL (150 GM per 30 days)
<i>danazol oral capsule</i>	4	
<i>testosterone cypionate intramuscular oil</i>	5	B/D
<i>testosterone enanthate intramuscular oil</i>	5	B/D; QL (5 ML per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; QL (300 GM per 30 days)

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
<i>testosterone transdermal gel in packet</i>	3	PA; QL (300 GM per 30 days)	<i>aubra oral tablet</i>	2	
Estrogens			<i>aviane oral tablet</i>	2	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	4	PA; QL (16 EA per 28 days)	<i>balziva (28) oral tablet</i>	2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	5	B/D	<i>bekyree (28) oral tablet</i>	2	
ESTRACE VAGINAL CREAM	3		<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	
<i>estradiol oral tablet</i>	4	PA	<i>blisovi fe 1/20 (28) oral tablet</i>	2	
<i>estradiol transdermal patch semiweekly</i>	2	PA; QL (16 EA per 28 days)	<i>briellyn oral tablet</i>	2	
<i>estradiol transdermal patch weekly</i>	4	PA; QL (8 EA per 28 days)	<i>budesonide oral capsule, delayed, extend .release</i>	6	PA
<i>estradiol vaginal tablet</i>	2		<i>caziant (28) oral tablet</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	5		COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	PA; QL (8 EA per 28 days)
ESTRING VAGINAL RING	3	QL (1 EA per 84 days)	<i>cryselle (28) oral tablet</i>	2	
FEMRING VAGINAL RING	4	QL (1 EA per 84 days)	<i>cyclafem 1/35 (28) oral tablet</i>	2	
<i>marlissa oral tablet</i>	2		<i>cyclafem 7/7/7 (28) oral tablet</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA	<i>deblitane oral tablet</i>	2	
PREMARIN VAGINAL CREAM	3		<i>delyla (28) oral tablet</i>	2	
<i>yuvafem vaginal tablet</i>	2		<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>alyacen 1/35 (28) oral tablet</i>	2		<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	3	(eligible for tier exception review)
<i>amethia oral tablets, dose pack, 3 month</i>	4		<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>amethyst oral tablet</i>	2		<i>emoquette oral tablet</i>	2	
<i>apri oral tablet</i>	2		<i>enpresse oral tablet</i>	2	
<i>aranelle (28) oral tablet</i>	2		<i>estarylla oral tablet</i>	2	
			<i>estradiol valerate intramuscular oil 40 mg/ml</i>	5	
			59 <i>ethynodiol diac-eth estradiol oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>falmina (28) oral tablet</i>	2	
<i>femynor oral tablet</i>	2	
<i>fyavolv oral tablet 1-5 mg-mcg</i>	4	PA
<i>gianvi (28) oral tablet</i>	3	
<i>incassia oral tablet</i>	2	
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>isibloom oral tablet</i>	2	
<i>jinteli oral tablet</i>	4	PA
<i>juleber oral tablet</i>	2	
<i>junel 1.5/30 (21) oral tablet</i>	2	
<i>junel 1/20 (21) oral tablet</i>	2	
<i>junel fe 1.5/30 (28) oral tablet</i>	2	
<i>junel fe 1/20 (28) oral tablet</i>	2	
<i>kariva (28) oral tablet</i>	2	
<i>kelnor 1/35 (28) oral tablet</i>	2	
<i>kelnor 1-50 oral tablet</i>	2	
<i>kimidess (28) oral tablet</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>larin 1.5/30 (21) oral tablet</i>	2	
<i>larin 1/20 (21) oral tablet</i>	2	
<i>larin fe 1.5/30 (28) oral tablet</i>	2	
<i>larin fe 1/20 (28) oral tablet</i>	2	
<i>larissia oral tablet</i>	2	
<i>leena 28 oral tablet</i>	2	
<i>lessina oral tablet</i>	2	
<i>levonest (28) oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	
<i>loryna (28) oral tablet</i>	3	
<i>low-ogestrel (28) oral tablet</i>	2	
<i>lutura (28) oral tablet</i>	2	
<i>marlissa oral tablet</i>	2	
<i>microgestin 1.5/30 (21) oral tablet</i>	2	
<i>microgestin 1/20 (21) oral tablet</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	
<i>microgestin fe 1/20 (28) oral tablet</i>	2	
<i>mili oral tablet</i>	2	
<i>mononessa (28) oral tablet</i>	2	
<i>necon 0.5/35 (28) oral tablet</i>	2	
<i>necon 7/7/7 (28) oral tablet</i>	2	
<i>nikki (28) oral tablet</i>	3	
<i>nora-be oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
<i>norlyroc oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>nortrel 0.5/35 (28) oral tablet</i>	2	
<i>nortrel 1/35 (21) oral tablet</i>	2	
<i>nortrel 1/35 (28) oral tablet</i>	2	
<i>nortrel 7/7/7 (28) oral tablet</i>	2	
NUVARING VAGINAL RING	3	QL (1 EA per 28 days)
<i>ocella oral tablet</i>	2	
<i>orsythia oral tablet</i>	2	
<i>pimtreea (28) oral tablet</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia oral tablet</i>	2	
PREFEST ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>previfem oral tablet</i>	2	
<i>quasense oral tablets,dose pack,3 month</i>	2	
<i>reclipsen (28) oral tablet</i>	2	
<i>setlakin oral tablets,dose pack,3 month</i>	2	
<i>sharobel oral tablet</i>	2	
<i>sprintec (28) oral tablet</i>	2	
<i>sronyx oral tablet</i>	2	
<i>syeda oral tablet</i>	2	
<i>tarina fe 1/20 (28) oral tablet</i>	2	
<i>tri-legest fe oral tablet</i>	2	
<i>tri-mili oral tablet</i>	2	
<i>trinessa (28) oral tablet</i>	2	
<i>tri-previfem (28) oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	
<i>trivora (28) oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>tri-vylibra oral tablet</i>	2	
<i>velivet triphasic regimen (28) oral tablet</i>	2	
<i>vienva oral tablet</i>	2	
<i>vyfemla (28) oral tablet</i>	2	
<i>vylibra oral tablet</i>	2	
XULANE TRANSDERMAL PATCH WEEKLY	4	
<i>zenchent (28) oral tablet</i>	2	
<i>zovia 1/35e (28) oral tablet</i>	2	
Progestins		
<i>camila oral tablet</i>	2	
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	5	B/D
<i>errin oral tablet</i>	2	
<i>hydroxyprogesterone caproate intramuscular oil</i>	6	PA
<i>jolivette oral tablet</i>	2	
<i>marlissa oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	5	B/D
<i>medroxyprogesterone intramuscular syringe</i>	5	B/D
<i>medroxyprogesterone oral tablet</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA
<i>megestrol oral suspension 625 mg/5 ml</i>	4	PA
<i>megestrol oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirement /Limits
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
<i>progesterone micronized oral capsule</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>rалoxifene oral tablet</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET	2	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral tablet</i>	2	
SYNTHROID ORAL TABLET	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

Hormonal Agents, Suppressant (Adrenal)

Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	

Hormonal Agents, Suppressant (Pituitary)

Hormonal Agents, Suppressant (Pituitary)		
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	62	

Drug Name	Drug Tier	Requirement /Limits
<i>bromocriptine oral capsule</i>	3	(eligible for tier exception review)
<i>bromocriptine oral tablet</i>	3	(eligible for tier exception review)
<i>cabergoline oral tablet</i>	3	QL (16 EA per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	6	B/D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	B/D
<i>leuprolide subcutaneous kit</i>	5	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	6	B/D
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	6	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	6	
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	6	PA; (vial)

Drug Name	Drug Tier	Requirement /Limits
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	5	PA; (ampul)
<i>octreotide acetate injection solution 200 mcg/ml</i>	5	PA; (vial)
<i>octreotide acetate injection solution 500 mcg/ml</i>	6	PA; (ampul)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	6	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	6	PA
SOMAVERT SUBCUTANEOUS RECON SOLN	6	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY,NON-AEROSOL	6	

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet</i>	2	

Immunological Agents

Angioedema Agents

BERINERT INTRAVENOUS KIT	6	PA
CINRYZE INTRAVENOUS RECON SOLN	6	B/D
FIRAZYR SUBCUTANEOUS SYRINGE	6	PA; QL (36 ML per 60 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	6	PA; LA

Drug Name	Drug Tier	Requirement /Limits
RUCONEST INTRAVENOUS RECON SOLN	6	PA
Immune Suppressants		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	6	PA; QL (60 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	6	PA; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	6	PA; QL (30 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG	6	PA; QL (30 EA per 30 days)
<i>azathioprine oral tablet</i>	2	B/D
<i>azathioprine sodium injection recon soln</i>	5	B/D
BENLYSTA INTRAVENOUS RECON SOLN	6	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	6	PA; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE	6	PA; QL (4 ML per 28 days)
<i>cyclosporine intravenous solution</i>	5	B/D
<i>cyclosporine modified oral capsule</i>	3	B/D; (eligible for tier exception review)
<i>cyclosporine modified oral solution</i>	3	B/D; (eligible for tier exception review)
<i>cyclosporine oral capsule</i>	3	B/D; (eligible for tier exception review)
DEPEN TITRATABS ORAL TABLET	6	PA
ENBREL SUBCUTANEOUS RECON SOLN	6	PA

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
ENBREL SUBCUTANEOUS SYRINGE	6	PA	<i>methotrexate sodium oral tablet</i>	2	
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	6	PA	<i>mycophenolate mofetil hcl intravenous recon soln</i>	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D; ST	<i>mycophenolate mofetil oral capsule</i>	2	PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	B/D; (eligible for tier exception review)	<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	PA; (eligible for tier exception review)
<i>gengraf oral solution</i>	3	B/D; (eligible for tier exception review)	<i>mycophenolate mofetil oral tablet</i>	2	PA
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	6	PA	<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	PA
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	6	PA	NULOJIX INTRAVENOUS RECON SOLN	6	B/D
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT	6	PA	PROGRAF INTRAVENOUS SOLUTION	5	B/D
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	6	PA	RAPAMUNE ORAL SOLUTION	6	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT	6	PA	REMICADE INTRAVENOUS RECON SOLN	6	PA
<i>mercaptopurine oral tablet</i>	2		SANDIMMUNE ORAL SOLUTION	4	B/D
<i>methotrexate sodium (pf) injection recon soln</i>	5	B/D	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA
<i>methotrexate sodium (pf) injection solution</i>	5	B/D	<i>sirolimus oral tablet 2 mg</i>	6	PA
<i>methotrexate sodium injection solution</i>	5	B/D	<i>tacrolimus oral capsule</i>	3	B/D; (eligible for tier exception review)
			TORISEL INTRAVENOUS RECON SOLN	6	B/D
			TREXALL ORAL TABLET	4	
			XATMEP ORAL SOLUTION	6	PA; QL (120 ML per 30 days)
			XELJANZ ORAL TABLET	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	6	PA; QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	6	B/D
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS SOLUTION	6	PA
<i>carimune nf nanofiltered intravenous recon soln 6 gram</i>	6	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	6	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	PA
<i>gammagard liquid injection solution</i>	6	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	6	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	6	PA
GAMMAPLEX INTRAVENOUS SOLUTION	6	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	5	B/D

Drug Name	Drug Tier	Requirement /Limits
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	5	B/D
OCTAGAM INTRAVENOUS SOLUTION	6	PA
<i>privigen intravenous solution</i>	6	PA
SYNAGIS INTRAMUSCULAR SOLUTION	6	PA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	6	PA
Immunological Agents		
<i>leflunomide oral tablet</i>	2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	6	PA
ARCALYST SUBCUTANEOUS RECON SOLN	6	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION	6	PA
KEYTRUDA INTRAVENOUS SOLUTION	6	PA
<i>leflunomide oral tablet</i>	2	
RIDAURA ORAL CAPSULE	6	
SYLVANT INTRAVENOUS RECON SOLN 100 MG	6	PA
TYSABRI INTRAVENOUS SOLUTION	6	PA; LA
Vaccines		

Drug Name	Drug Tier	Requirement /Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	5	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	5	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
BEXSERO INTRAMUSCULAR SYRINGE	5	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	B/D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	5	

Drug Name	Drug Tier	Requirement /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	5	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	
IPOL INJECTION SUSPENSION	5	
IXIARO (PF) INTRAMUSCULAR SYRINGE	5	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	5	
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	5	
MENVEO A-C-Y-W- 135-DIP (PF) INTRAMUSCULAR KIT	5	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	

Drug Name	Drug Tier	Requirement /Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	5	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QL (2 EA per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension</i>	5	
<i>tetanus-diphtheria toxoids-td intramuscular suspension</i>	5	
TRUMENBA INTRAMUSCULAR SYRINGE	5	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	B/D
TYPHIM VI INTRAMUSCULAR SOLUTION	5	

Drug Name	Drug Tier	Requirement /Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	5	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
VARIZIG INTRAMUSCULAR SOLUTION	5	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	QL (120 EA per 30 days)
<i>balsalazide oral capsule</i>	2	
CANASA RECTAL SUPPOSITORY	6	
DIPENTUM ORAL CAPSULE	6	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	3	(eligible for tier exception review); QL (120 EA per 30 days)
<i>mesalamine rectal enema</i>	4	
Glucocorticoids		
<i>budesonide oral capsule,delayed,extended release</i>	6	PA
<i>colocort rectal enema</i>	3	

Drug Name	Drug Tier	Requirement /Limits
<i>cortisone oral tablet</i>	4	
<i>dexamethasone intensol oral drops</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone rectal enema</i>	3	(eligible for tier exception review)
<i>methylprednisolone acetate injection suspension</i>	5	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln</i>	5	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
PREDNISON	2	
INTENSOL ORAL CONCENTRATE		
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR	4	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR	2	
Sulfonamides		

Drug Name	Drug Tier	Requirement /Limits
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate oral solution</i>	4	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	3	(eligible for tier exception review); QL (3.7 ML per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	5	B/D
<i>calcitriol oral capsule</i>	2	B/D
<i>calcitriol oral solution</i>	3	B/D; (eligible for tier exception review)
<i>doxercalciferol intravenous solution</i>	5	B/D
<i>doxercalciferol oral capsule</i>	4	B/D
<i>etidronate disodium oral tablet</i>	3	(eligible for tier exception review)
FORTEO SUBCUTANEOUS PEN INJECTOR	6	PA
<i>ibandronate intravenous solution</i>	5	PA
<i>ibandronate oral tablet</i>	2	QL (1 EA per 30 days)
MIACALCIN INJECTION SOLUTION	5	
NATPARA SUBCUTANEOUS CARTRIDGE	6	PA; QL (2 EA per 28 days)

Drug Name	Drug Tier	Requirement /Limits
<i>paricalcitol intravenous solution</i>	5	B/D
<i>paricalcitol oral capsule</i>	4	
PROLIA SUBCUTANEOUS SYRINGE	5	PA
SENSIPAR ORAL TABLET 30 MG	3	B/D
SENSIPAR ORAL TABLET 60 MG, 90 MG	6	B/D
TYMLOS SUBCUTANEOUS PEN INJECTOR	6	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION	6	PA; QL (1.7 ML per 28 days)
<i>zoledronic acid intravenous solution</i>	5	B/D
<i>zoledronic acid-mannitol-water intravenous piggyback</i>	5	
Non-Frf		
Non-Frf		
8-MOP ORAL CAPSULE	4	
ADCETRIS INTRAVENOUS RECON SOLN	6	PA; QL (2 EA per 2 days)
<i>amethyst oral tablet</i>	2	
<i>amifostine crystalline intravenous recon soln</i>	6	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	5	B/D
<i>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral suspension for reconstitution</i>	2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	6	PA; QL (3 ML per 28 days)

Drug Name	Drug Tier	Requirement /Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	6	PA; QL (2.4 ML per 42 days)
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	6	PA
<i>aspirin-caffeine-dihydrocodein oral capsule</i>	2	QL (168 EA per 30 days); †
<i>atropine injection syringe 0.1 mg/ml</i>	5	
<i>aubra eq oral tablet</i>	2	
<i>bendamustine intravenous solution</i>	6	PA
BENDEKA INTRAVENOUS SOLUTION	6	PA
BESPONSA INTRAVENOUS RECON SOLN	6	PA
BRAFTOVI ORAL CAPSULE 50 MG	6	PA; LA; QL (120 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	6	PA; LA; QL (180 EA per 30 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	4	PA; QL (4 EA per 28 days); †
<i>butalbital-aspirin-caffeine oral tablet</i>	2	QL (180 EA per 30 days)
CAMPATH INTRAVENOUS SOLUTION	6	B/D
<i>camrese oral tablets,dose pack,3 month</i>	4	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM	6	PA

Drug Name	Drug Tier	Requirement /Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i>	5	
<i>cefditoren pivoxil oral tablet</i>	2	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	5	
<i>chateal eq oral tablet</i>	2	
<i>chlorthalidone oral tablet 100 mg</i>	2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	2	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	5	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback</i>	5	
<i>clocortolone pivalate topical cream</i>	4	
<i>colesevelam oral powder in packet</i>	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>crotan topical lotion</i>	4	
CYRED ORAL TABLET	2	
<i>dalfampridine oral tablet extended release 12 hr</i>	6	PA; QL (60 EA per 30 days)
<i>daptomycin intravenous recon soln 350 mg</i>	6	
<i>daysee oral tablets,dose pack,3 month</i>	4	
<i>denta 5000 plus dental cream</i>	1	

Drug Name	Drug Tier	Requirement /Limits
<i>dentagel dental gel</i>	1	
<i>desmopressin nasal solution</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desvenlafaxine fumarate oral tablet extended release 24hr</i>	4	ST; QL (30 EA per 30 days)
<i>dexamethasone oral solution</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	4	QL (40 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal kit 5-7.5-10 mg</i>	4	QL (20 EA per 30 days)
<i>didanosine oral capsule,delayed release(dr/ec) 125 mg</i>	3	(eligible for tier exception review); QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	(generic Tiazac)
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	4	(generic Cardizem LA)
<i>diphenhydramine hcl injection syringe</i>	5	B/D
<i>docetaxel intravenous solution 10 mg/ml, 20 mg/ml</i>	5	B/D
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	QL (60 EA per 30 days)
<i>doxorubicin intravenous recon soln 50 mg</i>	5	B/D
ELIPHOS ORAL TABLET	3	
<i>elite-ob oral tablet</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>endocet oral tablet 2.5-325 mg</i>	2	QL (168 EA per 30 days); †
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	5	B/D
<i>ertapenem injection recon soln</i>	5	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	5	B/D; QL (14 ML per 30 days)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	6	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	5	
<i>fluocinonide topical cream 0.05 %</i>	2	
FLUOCINONIDE-E TOPICAL CREAM	2	
<i>fluoride (sodium) dental solution</i>	1	
<i>fluoride (sodium) oral drops</i>	1	
<i>fluoridex daily defense dental paste</i>	1	
<i>fluoritab oral drops</i>	1	
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	5	
GAMASTAN INTRAMUSCULAR SOLUTION	5	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	PA

Drug Name	Drug Tier	Requirement /Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	6	PA
<i>ganciclovir sodium intravenous solution</i>	5	
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	5	
GARDASIL (PF) INTRAMUSCULAR SYRINGE	5	
GAZYVA INTRAVENOUS SOLUTION	6	PA
<i>gemcitabine intravenous solution 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D
GENGRAF ORAL CAPSULE 50 MG	3	B/D; (eligible for tier exception review)
<i>gentamicin ophthalmic (eye) ointment</i>	2	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 100 MG/10 ML	5	B/D
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	5	B/D
<i>gildagia oral tablet</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	6	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 5 MG	4	

Drug Name	Drug Tier	Requirement /Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	5	
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	6	PA
HUMAPEN LUXURA HD SUBCUTANEOUS INSULIN PEN	3	PA; QL (1 EA per 365 days)
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	5	B/D
<i>ibandronate intravenous syringe</i>	5	PA
ILARIS (PF) SUBCUTANEOUS RECON SOLN	6	PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	
IPRIVASK SUBCUTANEOUS RECON SOLN	6	QL (24 EA per 68 days)
IXEMPRA INTRAVENOUS RECON SOLN	6	B/D
<i>ketoprofen oral capsule</i>	2	
KEYTRUDA INTRAVENOUS RECON SOLN	6	PA
KRYSTEXXA INTRAVENOUS SOLUTION	6	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	6	PA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	6	PA; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG	6	PA; LA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml (2.5 mg/ml)</i>	4	PA; QL (90 EA per 30 days)
<i>levoleucovorin intravenous recon soln 175 mg</i>	5	B/D
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lillow oral tablet</i>	2	
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)</i>	1	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	6	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	6	
MARQIBO INTRAVENOUS KIT	6	PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	PA
MEKTOVI ORAL TABLET	6	PA; LA; QL (180 EA per 30 days)
<i>meloxicam oral suspension</i>	4	
<i>menest oral tablet 2.5 mg</i>	4	PA
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	5	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5	

Drug Name	Drug Tier	Requirement /Limits	Drug Name	Drug Tier	Requirement /Limits
MENVEO	5		<i>multivitamin with fluoride oral tablet,chewable</i>	1	
MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN			<i>multi-vitamin with fluoride oral tablet,chewable</i>	1	
<i>metformin oral solution</i>	4		<i>multivitamins with fluoride oral tablet,chewable</i>	1	
<i>methadose oral tablet 10 mg</i>	4	PA; QL (90 EA per 30 days); †	<i>naphazoline ophthalmic (eye) drops</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	5	B/D	NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION	4	QL (4 EA per 60 days)
<i>methylergonovine oral tablet</i>	4		<i>necon 1/35 (28) oral tablet</i>	2	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1		<i>necon 1/50 (28) oral tablet</i>	2	
<i>molindone oral tablet</i>	4		<i>necon 10/11 (28) oral tablet</i>	2	
<i>mono-linyah oral tablet</i>	2		NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	6	PA
<i>morphine (pf) injection solution 0.5 mg/ml</i>	5	B/D; QL (1260 ML per 30 days)	<i>nevirapine oral suspension</i>	3	(eligible for tier exception review); QL (1200 ML per 30 days)
<i>morphine in 0.9 % sodium chlor intravenous syringe 10 mg/10 ml (1 mg/ml)</i>	5	B/D; QL (2700 ML per 30 days)	NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR	2	
<i>morphine injection syringe 2 mg/ml</i>	5	B/D	<i>nitroglycerin translingual aerosol,spray</i>	1	
<i>morphine intravenous cartridge 10 mg/ml</i>	5	B/D; QL (63 ML per 30 days)	<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>morphine intravenous cartridge 2 mg/ml</i>	5	B/D; QL (1350 ML per 30 days)	NOXAFIL INTRAVENOUS SOLUTION	6	PA
<i>morphine intravenous cartridge 4 mg/ml</i>	5	B/D; QL (690 ML per 30 days)	NUPLAZID ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
<i>morphine intravenous cartridge 8 mg/ml</i>	5	B/D; QL (77 ML per 30 days)			
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS	2				
<i>multi-vitamin with fluoride oral drops</i>	1				

Drug Name	Drug Tier	Requirement /Limits
NUPLAZID ORAL TABLET 10 MG	6	PA; QL (30 EA per 30 days)
NYMALIZE ORAL SOLUTION 60 MG/20 ML	6	QL (2520 ML per 180 days)
OBSTETRIX ONE ORAL CAPSULE	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	5	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	6	PA
ONIVYDE INTRAVENOUS DISPERSION	6	PA
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	6	PA
ORKAMBI ORAL GRANULES IN PACKET	6	PA; LA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	(eligible for tier exception review); QL (840 ML per 30 days); †
<i>paricalcitol hemodialysis port injection solution</i>	5	B/D
<i>paroex oral rinse mucous membrane mouthwash</i>	2	
<i>peg-3350 with flavor packs oral recon soln</i>	2	
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	6	PA
PEGINTRON SUBCUTANEOUS KIT	6	PA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5	

Drug Name	Drug Tier	Requirement /Limits
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION	5	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYR KIT	6	PA; QL (1 EA per 28 days)
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	5	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet</i>	1	
<i>polyethylene glycol 3350 oral powder in packet</i>	2	
PORTRAZZA INTRAVENOUS SOLUTION	6	PA
POTELIGEO INTRAVENOUS SOLUTION	6	PA
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (90 EA per 30 days)
POTIGA ORAL TABLET 50 MG	4	QL (270 EA per 30 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE	6	PA; QL (2 ML per 28 days)
<i>praziquantel oral tablet</i>	3	
<i>prenatal 19 (with docusate) oral tablet</i>	1	
PRENATAL LOW IRON ORAL TABLET	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET	2	

Drug Name	Drug Tier	Requirement /Limits
<i>prenatal plus oral tablet</i>	1	
PRENATAL-U ORAL CAPSULE	2	
<i>prevident dental gel</i>	1	
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	6	PA
PROLASTIN-C INTRAVENOUS SOLUTION	6	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	B/D
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	QL (5.5 ML per 30 days)
<i>ribavirin inhalation recon soln</i>	6	B/D
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	6	PA
<i>romidepsin intravenous recon soln</i>	6	B/D
<i>roxicet oral tablet</i>	2	QL (168 EA per 30 days)
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QL (2 EA per 365 days)
SMOFLIPID INTRAVENOUS EMULSION	5	B/D
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	5	B/D

Drug Name	Drug Tier	Requirement /Limits
<i>sodium chlor 0.9% bacteriostat injection solution</i>	5	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sotalol af oral tablet 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg</i>	2	
<i>stavudine oral recon soln</i>	2	QL (2400 ML per 30 days)
<i>subvenite oral tablet</i>	2	
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	5	QL (8 ML per 30 days)
SYMTUZA ORAL TABLET	6	QL (30 EA per 30 days)
<i>tadalafil (antihypertensive) oral tablet</i>	6	PA; QL (60 EA per 30 days)
<i>temsirolimus intravenous recon soln</i>	6	B/D
<i>teniposide intravenous solution</i>	5	B/D
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
TIBSOVO ORAL TABLET	6	PA; LA; QL (60 EA per 30 days)
<i>tobramycin with nebulizer inhalation solution for nebulization</i>	6	PA; QL (280 ML per 56 days)
<i>tolmetin oral tablet 200 mg</i>	4	
<i>tramadol oral tablet extended release 24 hr 300 mg</i>	4	PA; QL (30 EA per 30 days); †
TRAVOPROST (BENZALKONIUM) OPHTHALMIC (EYE) DROPS	3	(eligible for tier exception review)

Drug Name	Drug Tier	Requirement /Limits
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	5	B/D
<i>tri-vitamin with fluoride oral drops</i>	1	
<i>tropicamide ophthalmic (eye) drops</i>	2	
<i>tulana oral tablet</i>	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	5	
TYZEKA ORAL TABLET	6	
UNITUXIN INTRAVENOUS SOLUTION	6	PA
<i>vancomycin in 0.9 % sodium chl intravenous piggyback</i>	5	
<i>vancomycin intravenous recon soln 250 mg</i>	5	
<i>vestura (28) oral tablet</i>	3	
VEXOL OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (9 ML per 30 days)
<i>vigadrone oral powder in packet</i>	6	PA; QL (180 EA per 30 days)
VIRT-ADVANCE ORAL TABLET	2	
VIRT-NATE ORAL TABLET	2	
VITEKTA ORAL TABLET	6	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	6	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	6	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	
10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 -27,000 UNIT		
ZMAX ORAL SUSPENSION,EXTENDED REL RECON	4	QL (60 EA per 30 days)
<i>zoledronic acid intravenous recon soln</i>	5	B/D
<i>zovia 1/50e (28) oral tablet</i>	2	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG	4	QL (90 EA per 30 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine ophthalmic (eye) drops</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS	6	PA; QL (60 ML per 28 days)
LACRISERT OPHTHALMIC (EYE) INSERT	4	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	QL (64 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	4	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC (EYE) DROPS	4	
<i>azelastine ophthalmic (eye) drops</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS	4	
<i>cromolyn ophthalmic (eye) drops</i>	2	
EMADINE OPHTHALMIC (EYE) DROPS	4	ST
<i>epinastine ophthalmic (eye) drops</i>	2	
LASTACAFT OPHTHALMIC (EYE) DROPS	4	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	(eligible for tier exception review); QL (3 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS	3	QL (2.5 ML per 30 days)
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide oral tablet</i>	3	(eligible for tier exception review)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	

Drug Name	Drug Tier	Requirement /Limits
<i>apraclonidine ophthalmic (eye) drops</i>	3	(eligible for tier exception review)
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>betaxolol ophthalmic (eye) drops</i>	2	
BETIMOL OPTHALMIC (EYE) DROPS	3	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	3	ST; (eligible for tier exception review); QL (5 ML per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops</i>	2	
COMBIGAN OPTHALMIC (EYE) DROPS	3	
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	3	QL (60 EA per 30 days)
COSOPT OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirement /Limits
<i>methazolamide oral tablet</i>	4	
<i>metipranolol ophthalmic (eye) drops</i>	2	
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
Ophthalmic Anti-Inflammatories		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	
DUREZOL OPTHALMIC (EYE) DROPS	4	
FLAREX OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirement /Limits
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	4	
FML S.O.P. OPTHALMIC (EYE) OINTMENT	4	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	4	QL (1.7 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops</i>	2	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXIDEX OPTHALMIC (EYE) DROPS,SUSPENSION	4	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
PROLENSA OPTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirement /Limits
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>bimatoprost ophthalmic (eye) drops</i>	3	ST; (eligible for tier exception review); QL (5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops</i>	2	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	QL (5 ML per 30 days)
TRAVATAN Z OPTHALMIC (EYE) DROPS	3	QL (5 ML per 30 days)
Otic Agents		
Otic Agents		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	4	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION	3	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	(eligible for tier exception review)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine nasal aerosol,spray</i>	2	QL (30 ML per 25 days)
<i>azelastine nasal spray,non-aerosol</i>	4	QL (30 ML per 25 days)

Drug Name	Drug Tier	Requirement /Limits
<i>clemastine oral tablet 2.68 mg</i>	3	PA; (eligible for tier exception review)
<i>cyproheptadine oral tablet</i>	4	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>levocetirizine oral tablet</i>	2	
<i>promethazine oral tablet</i>	4	PA
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (1 EA per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (22 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	ST; QL (50 ML per 30 days)
<i>fluticasone nasal spray, suspension</i>	2	QL (16 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (2 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet</i>	2	QL (30 EA per 30 days)
<i>montelukast oral tablet</i>	2	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable</i>	2	QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL (52 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
<i>ipratropium bromide inhalation solution</i>	2	B/D; QL (360 ML per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (45 ML per 28 days)
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml</i>	2	B/D; QL (180 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D; QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D; QL (40 ML per 30 days)
<i>albuterol sulfate oral tablet</i>	4	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	2	(generic Adrenaclick); QL (24 EA per 365 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	4	PA; QL (24 EA per 365 days)

Drug Name	Drug Tier	Requirement /Limits
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	4	PA; QL (24 EA per 365 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	PA; QL (288 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	PA; QL (90 EA per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler</i>	2	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>terbutaline oral tablet</i>	2	
<i>terbutaline subcutaneous solution</i>	5	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	6	PA; QL (84 ML per 28 days)
KALYDECO ORAL GRANULES IN PACKET	6	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	6	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	6	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION	6	B/D; QL (150 ML per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	6	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	6	PA; QL (224 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization</i>	3	B/D; (eligible for tier exception review); QL (240 ML per 30 days)
<i>cromolyn oral concentrate</i>	4	
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	5	
DALIRESP ORAL TABLET 250 MCG	4	PA; QL (28 EA per 180 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; QL (30 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	6	PA; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET	6	PA; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG	6	PA; QL (30 EA per 30 days)
LETAIRIS ORAL TABLET 5 MG	6	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	6	PA; QL (30 EA per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	6	PA; QL (180 ML per 30 days)
<i>sildenafil (antihypertensive) oral tablet</i>	3	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
TRACLEER ORAL TABLET 125 MG	6	PA; LA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET 62.5 MG	6	PA; LA; QL (120 EA per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	6	PA; QL (120 EA per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	6	B/D; QL (270 ML per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	6	B/D; QL (90 ML per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	2	B/D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	6	B/D
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL (10.7 GM per 30 days)
GLASSIA INTRAVENOUS SOLUTION	6	B/D
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (30 EA per 30 days)
LUMIZYME INTRAVENOUS RECON SOLN	6	B/D
PROLASTIN-C INTRAVENOUS RECON SOLN	6	B/D
ZEMAIRA INTRAVENOUS RECON SOLN	6	B/D

Drug Name	Drug Tier	Requirement /Limits
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	4	QL (4 GM per 30 days)
ESBRIET ORAL CAPSULE	6	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	6	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	6	PA; QL (90 EA per 30 days)
FASENRA SUBCUTANEOUS SYRINGE	6	PA
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN	6	PA; LA; QL (1 EA per 28 days)
OFEV ORAL CAPSULE	6	PA; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION	6	B/D; QL (150 ML per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	3	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	3	QL (6.9 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirement /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	6	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	4	PA; QL (120 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA
<i>methocarbamol oral tablet</i>	4	PA
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	4	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	2	QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>zolpidem oral tablet 10 mg</i>	2	PA; (generic Ambien); QL (30 EA per 30 days)
<i>zolpidem oral tablet 5 mg</i>	2	PA; (generic Ambien); QL (60 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg</i>	2	PA; (generic Ambien CR); QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 6.25 mg</i>	2	PA; (generic Ambien CR); QL (60 EA per 30 days)
Sleep Disorders, Other		
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin oral concentrate</i>	4	PA

Drug Name	Drug Tier	Requirement /Limits
HETLIOZ ORAL CAPSULE	6	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	6	PA; LA; QL (540 ML per 30 days)

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