

Independent Health's Medicare Advantage Individual Part D Formulary



2016 Formulary List of Covered Drugs

This document includes:

- Independent Health's Encompass 65[®] Basic (HMO-POS)
- Independent Health's Encompass 65[®] Essential (HMO-POS)
- Independent Health's Encompass 65[®] Select (HMO-POS)
- Independent Health's Medicare Family Choice[®] (HMO-SNP)
- Independent Health's Network Advantage[®] (HMO)
- Independent Health's Medicare Passport[®] Advantage (PPO)

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

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This formulary was updated on 11/01/2016. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.independenthealth.com/Medicare.

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 Independent Health. When it refers to “plan” or “our plan,” it means Independent Health's Medicare Advantage Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats of written materials are available upon request.

What is the Independent Health's Medicare Advantage Individual Part D Formulary?

A formulary is a list of covered drugs selected by Independent Health 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. Independent Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2016. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website and in printed form.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins 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 97. 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?

Independent Health 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:** Independent Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, we provide 24 tablets per prescription for COARTEM. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Independent Health's Medicare Advantage Individual Part D formulary?" on page IV 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 Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.

- You can ask Independent Health 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 Independent Health’s Medicare Advantage Individual Part D Formulary?

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91 and may be 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.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. LTC pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 91- 98 day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

For more detailed information about your Independent Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Independent Health's Medicare Advantage Individual Part D Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

Drugs listed with an **“AL”** in the Requirements/Limits column have age limitations.

Drugs listed with a **“BD”** in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a **“GC”** in the Requirements/Limits column are covered by us in the coverage gap for all plans with prescription drug coverage (please refer to your Evidence of Coverage for more information about this coverage).

Home infusion drugs listed with a **“HI”** in the Requirements/Limits column may be covered under our medical benefit. For more information, call Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a **“MB”** in the Requirements/Limits column are a medical benefit and are not covered as part of your Medicare Part D coverage. Please refer to your Evidence of Coverage or call Member Services to find out what your costs are for these drugs. Our contact information appears on the front and back cover pages. If you are receiving extra help in paying for your prescriptions, you will not get any extra help to pay for these medical drugs.

Drugs listed with a **“MO”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for a 90 day supply.

Drugs listed with a **“PA”** in the Requirements/Limits column require prior authorization (see **“Are there any restrictions on my coverage”** on page III).

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limitations (see **“Are there any restrictions on my coverage”** on page III).

Drugs listed with a **“RF”** in the Requirements/Limits column are restricted to females only.

Drugs listed with a **“RM”** in the Requirements/Limits column are restricted to males only.

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see **“Are there any restrictions on my coverage”** on page III).

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>acetaminophen-codeine #2</i>	2	
<i>acetaminophen-codeine #3</i>	2	
<i>acetaminophen-codeine #4</i>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>ascomp-codeine</i>	2	PA; AL (Max 64 Years)
BUPAP ORAL TABLET 50-300 MG	4	PA; AL (Max 64 Years)
<i>butalbital-acetaminophen</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine</i>	2	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
CAPITAL/CODEINE	4	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>endodan</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
<i>lortab oral tablet 10-325 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral solution</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
PENTAZOCINE-NALOXONE HCL	4	
ROXICET ORAL SOLUTION	4	
SYNALGOS-DC	3	
TENCON ORAL TABLET 50-325 MG	4	PA; AL (Max 64 Years)
<i>tramadol-acetaminophen</i>	2	
VANATOL LQ	3	PA; AL (Max 64 Years)
XARTEMIS XR	4	
ZAMICET	4	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; AL (Max 64 Years)
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA	4	
<i>celecoxib oral</i>	2	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium transdermal gel 3 %</i>	2	PA
<i>diclofenac sodium transdermal solution</i>	2	
<i>diflunisal oral</i>	2	MO
<i>etodolac oral</i>	2	MO
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	MO
FENOPROFEN CALCIUM ORAL TABLET	3	MO
FLECTOR	3	PA
<i>flurbiprofen oral</i>	2	MO
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
INDOCIN ORAL	4	PA; MO; AL (Max 64 Years)
<i>indomethacin er</i>	2	PA; MO; AL (Max 64 Years)
<i>indomethacin oral</i>	2	PA; MO; AL (Max 64 Years)
KETOPROFEN ER	3	MO
<i>ketoprofen oral</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	HI
<i>ketorolac tromethamine oral</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral</i>	2	MO
MELOXICAM ORAL SUSPENSION	4	MO
<i>meloxicam oral tablet</i>	2	MO
<i>nabumetone oral</i>	2	MO
<i>naproxen oral</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxycodone-ibuprofen</i>	2	
PENNSAID TRANSDERMAL SOLUTION 2 %	4	
<i>piroxicam oral</i>	2	MO
SPRIX	4	PA; AL (Max 64 Years)
<i>sulindac oral</i>	2	MO
ZIPSOR	4	
Opioid Analgesics, Long-Acting		
ABSTRAL	5	PA; QL (128 EA per 30 days)
CONZIP	4	ST; QL (30 EA per 30 days)
<i>duramorph</i>	2	HI
EMBEDA	3	QL (60 EA per 30 days)
<i>fentanyl citrate buccal</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl er</i>	2	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
HYSINGLA ER	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	4	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; QL (120 EA per 30 days)
LEVORPHANOL TARTRATE ORAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>methadone hcl injection</i>	2	HI
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (360 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 100 mg, 200 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 15 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (1350 ML per 30 days)
<i>morphine sulfate oral tablet</i>	2	QL (360 EA per 30 days)
NUCYNTA ER	3	QL (60 EA per 30 days)
OPANA ER ORAL 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	4	QL (90 EA per 30 days)
OPANA ER ORAL 40 MG	4	QL (165 EA per 30 days)
<i>oxycodone hcl er oral 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>oxycodone hcl er oral 80 mg</i>	2	QL (120 EA per 30 days)
OXYCONTIN ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (90 EA per 30 days)
OXYCONTIN ORAL 80 MG	3	QL (120 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hr* 40 mg</i>	2	QL (165 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	ST; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
XTAMPZA ER	4	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
ABSTRAL	5	PA; QL (128 EA per 30 days)
<i>butorphanol tartrate injection</i>	2	HI
<i>butorphanol tartrate nasal</i>	2	
<i>codeine sulfate oral tablet</i>	2	
DILAUDID INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	
<i>fentanyl citrate buccal</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>hydromorphone hcl oral liquid†</i>	2	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	2	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	5	PA; QL (120 EA per 30 days)
<i>morphine sulfate (pf) intravenous* solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	HI
<i>nalbuphine hcl injection</i>	2	
NUCYNTA	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML	4	QL (270 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	QL (2700 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg</i>	2	QL (270 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	2	QL (135 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	2	QL (540 EA per 30 days)
<i>oxymorphone hcl</i>	2	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	4	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID† 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
TALWIN	4	PA; AL (Max 64 Years)
<i>tramadol hcl oral</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution 0.5 %</i>	2	
<i>lidocaine hcl external gel</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 2 %</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate calcium</i>	2	MO
<i>disulfiram oral</i>	2	MO
<i>naltrexone hcl oral</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	HI
<i>buprenorphine hcl sublingual</i>	2	
BUTRANS	3	QL (4 EA per 28 days)
<i>naltrexone hcl oral</i>	2	
ZUBSOLV	3	
Opioid Reversal Agents		
EVZIO	4	PA
<i>naloxone hcl injection</i>	2	
NARCAN	3	QL (2 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
NICOTROL	3	
NICOTROL NS	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	HI
BETHKIS	5	BD
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin in saline intravenous* solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.4-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	HI
<i>gentamicin in saline intravenous* solution 0.9-0.9 mg/ml-%, 1.2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	HI
<i>gentamicin sulfate intravenous*</i>	2	HI
<i>gentamicin sulfate ophthalmic</i>	2	
<i>neomycin sulfate oral</i>	2	
<i>neomycin-polymyxin b gu</i>	2	
<i>paromomycin sulfate oral</i>	2	
STREPTOMYCIN SULFATE INTRAMUSCULAR*	4	
TOBI PODHALER	5	PA
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation</i>	5	BD
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin sulfate in saline intravenous* solution 0.8-0.9 mg/ml-%</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	HI
TOBEX OPHTHALMIC OINTMENT	3	
ZANOSAR	4	PA
Antibacterials		
<i>colistimethate sodium injection</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SYNERCID	4	HI
Antibacterials, Other		
<i>acetic acid otic</i>	2	
ALTABAX	4	
<i>bacitracin intramuscular*</i>	2	
<i>bacitracin ophthalmic</i>	2	
BACTROBAN NASAL	4	
CHLORAMPHENICOL SOD SUCCINATE	4	HI
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate external</i>	2	
<i>clindamycin phosphate in d5w</i>	2	HI
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	HI
<i>clindamycin phosphate vaginal</i>	2	
CUBICIN	5	HI
FLAGYL ER	4	
<i>global alcohol prep ease</i>	2	MO
LINCOCIN	4	HI
<i>lincomycin hcl injection</i>	2	HI
<i>linezolid intravenous* solution 600 mg/300ml</i>	2	PA; HI
<i>linezolid oral</i>	5	PA
<i>methenamine hippurate</i>	2	
<i>metronidazole external</i>	2	
<i>metronidazole in nacl intravenous* solution 500-0.79 mg/100ml-%</i>	2	HI
<i>metronidazole oral</i>	2	
<i>metronidazole vaginal</i>	2	
MONUROL	4	
<i>mupirocin calcium</i>	2	
<i>mupirocin external</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<i>nitrofurantoin oral capsule</i>	2	
NUVESSA	4	
ORBACTIV	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>polymyxin b sulfate injection</i>	2	
PRIMSOL	4	
SIVEXTRO	4	PA
SULFAMYLON EXTERNAL CREAM	4	
<i>tinidazole oral</i>	2	
<i>trimethoprim oral</i>	2	
TYGACIL	4	HI
<i>vancomycin hcl intravenous* solution reconstituted 10 gm, 1000 mg, 500 mg</i>	2	HI
<i>vancomycin hcl oral</i>	2	
<i>vandazole</i>	2	
VELTIN	4	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	MO
Beta-Lactam, Cephalosporins		
CEDAX	4	
<i>cefaclor</i>	2	
CEFACLOR ER	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>cefazolin sodium intravenous* solution</i>	2	HI
<i>cefdinir</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	AL (Min 12 Years)
<i>cefepime hcl injection</i>	2	HI
<i>cefepime-dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	HI
CEFOTETAN DISODIUM	4	HI
<i>cefoxitin sodium</i>	2	HI
CEFOXITIN SODIUM-DEXTROSE	4	HI
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME AND DEXTROSE	4	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	HI
CEFTIN ORAL SUSPENSION RECONSTITUTED	4	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous*</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	2	HI
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
CLAFORAN INTRAVENOUS*	4	HI
SPECTRACEF ORAL TABLET 400 MG	4	AL (Min 12 Years)
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
<i>tazicef injection</i>	2	
TEFLARO	4	HI
ZERBAXA	5	PA
Beta-Lactam, Other		
AZACTAM IN DEXTROSE	3	HI
<i>aztreonam injection solution reconstituted 1 gm</i>	2	HI
CAYSTON	4	
DORIBAX INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	4	
<i>imipenem-cilastatin</i>	2	HI
INVANZ INJECTION	3	HI
<i>meropenem intravenous* solution reconstituted 500 mg</i>	2	HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	HI
<i>ampicillin sodium intravenous* solution reconstituted 10 gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	HI
<i>ampicillin-sulbactam sodium intravenous* solution reconstituted 1.5 (1-0.5) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous* solution reconstituted 15 (10-5) gm</i>	2	HI
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BACTOCILL IN DEXTROSE	4	HI
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS* SOLUTION 1 GM/50ML	4	HI
<i>nafcillin sodium injection solution reconstituted 1 gm, 10 gm</i>	2	HI
OMECLAMOX-PAK	4	
<i>oxacillin sodium injection solution reconstituted 10 gm, 2 gm</i>	2	HI
<i>penicillin g pot in dextrose intravenous* solution 40000 unit/ml, 60000 unit/ml</i>	2	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	HI
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	HI
<i>penicillin v potassium</i>	2	
<i>piperacillin sod-tazobactam so intravenous* solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZOSYN INTRAVENOUS* SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	HI
Macrolides		
AZASITE	4	
<i>azithromycin intravenous* solution reconstituted 500 mg</i>	2	HI
<i>azithromycin oral</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
DIFICID	4	PA
<i>e.e.s. 400 oral tablet</i>	2	
<i>e.e.s. granules</i>	2	
ERY	4	
ERYPED 200	4	
ERYPED 400	4	
ERY-TAB	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	4	HI
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>erythromycin ophthalmic</i>	2	
ILOTYCIN	4	
KETEK	3	
PCE	4	
ZITHROMAX ORAL PACKET	4	
ZMAX	4	
Quinolones		
AVELOX INTRAVENOUS*	3	HI
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ciprofloxacin hcl oral</i>	2	
<i>ciprofloxacin in d5w intravenous* solution 200 mg/100ml</i>	2	HI
<i>ciprofloxacin intravenous* solution 400 mg/40ml</i>	2	HI
<i>ciprofloxacin oral</i>	2	
<i>ciprofloxacin-ciproflox hcl er</i>	2	
FACTIVE	4	
<i>gatifloxacin ophthalmic</i>	2	
<i>levofloxacin in d5w intravenous* solution 500 mg/100ml, 750 mg/150ml</i>	2	HI
<i>levofloxacin intravenous*</i>	2	HI
<i>levofloxacin ophthalmic</i>	2	
<i>levofloxacin oral</i>	2	
<i>moxifloxacin hcl intravenous*</i>	2	HI
<i>moxifloxacin hcl oral</i>	2	
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic</i>	2	
Sulfonamides		
AVC VAGINAL	4	
<i>silver sulfadiazine external</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium external suspension</i>	2	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous*</i>	2	HI
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral</i>	2	
DOXY 100	4	HI
<i>doxycycline hyclate intravenous*</i>	2	HI
<i>doxycycline hyclate oral capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral</i>	2	
<i>minocycline hcl er</i>	2	
<i>minocycline hcl oral</i>	2	
<i>morgidox oral capsule 50 mg</i>	2	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR* 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	
<i>tetracycline hcl oral</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	PA
<i>diazepam gel</i>	2	
<i>levetiracetam er</i>	2	MO
<i>levetiracetam in nacl</i>	2	
<i>levetiracetam intravenous*</i>	2	HI
<i>levetiracetam oral</i>	2	MO
POTIGA	4	MO
<i>roweepira</i>	2	MO
SPRITAM	4	MO
Calcium Channel Modifying Agents		
CELONTIN	3	MO
<i>ethosuximide oral</i>	2	MO
LYRICA	3	MO
<i>zonisamide oral</i>	2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clonazepam oral</i>	2	MO
<i>clorazepate dipotassium</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>divalproex sodium oral</i>	2	MO
<i>divalproex sodium oral tablet delayed release</i>	2	MO
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet</i>	2	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
GRALISE	4	MO
GRALISE STARTER	4	
HORIZANT ORAL TABLET EXTENDEDRELEASE* 300 MG	4	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<i>lorazepam intensol</i>	2	
<i>lorazepam oral tablet</i>	2	
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<i>phenobarbital oral elixir</i>	2	PA; MO; AL (Max 64 Years)
<i>phenobarbital oral tablet</i>	2	PA; MO; AL (Max 64 Years)
<i>primidone oral</i>	2	MO
SABRIL	5	
<i>tiagabine hcl</i>	2	MO
<i>valproate sodium intravenous* solution 500 mg/5ml</i>	2	HI
<i>valproate sodium oral</i>	2	MO
<i>valproic acid oral capsule</i>	2	MO
Glutamate Reducing Agents		
<i>felbamate</i>	2	MO
FYCOMPA	4	MO
LAMICTAL STARTER	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er</i>	2	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
QUDEXY XR	4	PA; MO
<i>topiramate er</i>	2	PA; MO
<i>topiramate oral</i>	2	MO
TROKENDI XR	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Sodium Channel Agents		
APTIOM	4	MO
BANZEL	3	MO
<i>carbamazepine er oral tablet extended release 12 hr*</i>	2	MO
<i>carbamazepine oral</i>	2	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>epitol</i>	2	MO
EQUETRO	4	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	2	HI
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
PEGANONE	3	MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	2	MO
<i>phenytoin oral tablet chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium injection</i>	2	HI
VIMPAT INTRAVENOUS*	3	HI
VIMPAT ORAL	3	MO
VRAYLAR ORAL	4	PA
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral</i>	2	MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil hcl oral tablet dispersible</i>	2	MO
<i>galantamine hydrobromide</i>	2	MO
<i>galantamine hydrobromide er</i>	2	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl oral solution</i>	2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	2	
NAMENDA XR	3	MO
NAMENDA XR TITRATION PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	4	PA; MO
Antidepressants		
Antidepressants		
<i>chlordiazepoxide-amitriptyline</i>	2	PA; MO; AL (Max 64 Years)
<i>olanzapine-fluoxetine hcl</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	PA; MO; AL (Max 64 Years)
Antidepressants, Other		
ABILIFY MAINTENA	5	BD
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR* 174 MG, 348 MG	4	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR* 522 MG	5	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
<i>buproban</i>	2	
<i>bupropion hcl er (sr)</i>	2	MO
<i>bupropion hcl er (xl)</i>	2	MO
<i>bupropion hcl oral</i>	2	MO
FORFIVO XL	4	MO
<i>maprotiline hcl</i>	2	MO
<i>mirtazapine oral</i>	2	MO
<i>nefazodone hcl</i>	2	MO
SEROQUEL XR	3	MO
<i>trazodone hcl oral</i>	2	MO
Monoamine Oxidase Inhibitors		
EMSAM	3	PA; MO
MARPLAN	3	MO
<i>phenelzine sulfate oral</i>	2	MO
<i>tranylcypromine sulfate</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Ssrís/ Snris		
BRINTELLIX	4	MO
BRISDELLE	4	MO
<i>citalopram hydrobromide</i>	1	MO
<i>desvenlafaxine er</i>	2	MO
<i>duloxetine hcl oral</i>	2	MO
<i>escitalopram oxalate</i>	2	MO
FETZIMA	4	MO
FETZIMA TITRATION	4	
<i>fluoxetine hcl oral capsule</i>	1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	2	MO
<i>fluoxetine hcl oral solution</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>fluvoxamine maleate er</i>	2	MO
IRENKA	4	MO
<i>paroxetine hcl er</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
PAXIL ORAL SUSPENSION	4	MO
PEXEVA	4	MO
PRISTIQ	3	MO
<i>sertraline hcl oral</i>	1	MO
TRINTELLIX	4	MO
<i>venlafaxine hcl</i>	2	MO
<i>venlafaxine hcl er</i>	2	MO
VIIBRYD ORAL TABLET	4	MO
VIIBRYD STARTER PACK	4	
Tricyclics		
<i>amitriptyline hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>amoxapine</i>	2	MO
<i>clomipramine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>desipramine hcl oral</i>	2	MO
<i>doxepin hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>imipramine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
IMIPRAMINE PAMOATE	4	PA; MO; AL (Max 64 Years)
<i>nortriptyline hcl oral</i>	2	MO
<i>protriptyline hcl</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PRUDOXIN	4	
SILENOR	4	MO; QL (30 EA per 30 days)
<i>trimipramine maleate oral</i>	2	PA; MO; AL (Max 64 Years)
Antiemetics		
Antiemetics, Other		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	HI
<i>chlorpromazine hcl oral</i>	2	MO
<i>compro</i>	2	
<i>diphenhydramine hcl injection</i>	2	HI
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>meclizine hcl oral tablet</i>	2	
<i>metoclopramide hcl injection</i>	2	HI
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>perphenazine oral</i>	2	MO
<i>phenadoz suppository 12.5 mg</i>	2	PA; AL (Max 64 Years)
PHENERGAN	4	PA; AL (Max 64 Years)
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection</i>	2	
<i>prochlorperazine maleate oral</i>	2	MO
<i>promethazine hcl injection</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl suppository</i>	2	PA; AL (Max 64 Years)
<i>promethegan suppository 25 mg, 50 mg</i>	2	PA; AL (Max 64 Years)
TRANSDERM-SCOP (1.5 MG)	4	
<i>trimethobenzamide hcl oral</i>	2	PA; AL (Max 64 Years)
Emetogenic Therapy Adjuncts		
AKYNZEO	4	PA
ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML	4	HI
ANZEMET INTRAVENOUS*	4	
ANZEMET ORAL	4	BD
CELLCEPT INTRAVENOUS	3	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CESAMET	4	PA
<i>dronabinol</i>	2	
EMEND ORAL	3	BD
<i>granisetron hcl intravenous* solution 0.1 mg/ml, 1 mg/ml</i>	2	HI
<i>granisetron hcl oral</i>	2	BD
<i>ondansetron</i>	2	BD
<i>ondansetron hcl injection solution 4 mg/2ml, 4 mg/2ml (2ml syringe)</i>	2	
<i>ondansetron hcl oral</i>	2	BD
SANCUSO	5	
VARUBI	4	BD
ZUPLENZ	4	BD

Antifungals

Antifungals

ABELCET	5	HI
AMBISOME	4	HI
<i>amphotericin b injection</i>	2	HI
CANCIDAS	3	HI
<i>ciclopirox</i>	2	
<i>ciclopirox olamine external</i>	2	
<i>clotrimazole external</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<i>econazole nitrate external</i>	2	
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	4	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	4	
ERTACZO	4	
EXELDERM	4	
<i>fluconazole in dextrose intravenous* solution 400 mg/200ml</i>	2	HI
<i>fluconazole in sodium chloride intravenous* solution 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole oral</i>	2	
<i>flucytosine oral</i>	2	
<i>griseofulvin microsize oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole oral</i>	2	PA
JUBLIA	4	PA
<i>ketoconazole external</i>	2	
<i>ketoconazole oral</i>	2	PA
LAMISIL ORAL PACKET	4	
MENTAX	4	
MICONAZOLE 3 VAGINAL SUPPOSITORY	4	
MYCAMINE	3	HI
<i>naftifine hcl</i>	2	
NAFTIN EXTERNAL GEL	3	
NATACYN	3	
NOXAFIL ORAL	5	
<i>nyamyc</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
OXISTAT EXTERNAL LOTION	4	
SPORANOX ORAL SOLUTION	3	PA
<i>terbinafine hcl oral</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>voriconazole intravenous*</i>	2	PA
<i>voriconazole oral</i>	2	PA
<i>zazole vaginal cream</i>	2	
ZOLINZA	3	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral</i>	2	MO
ALOPRIM	4	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
COLCRYS	4	
MITIGARE	4	
<i>probenecid oral</i>	2	MO
ULORIC	3	MO
ZURAMPIC	4	PA; MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>a-hydrocort</i>	2	
<i>betamethasone dipropionate aug</i>	2	
<i>betamethasone dipropionate external</i>	2	
<i>betamethasone valerate external</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>cortisone acetate oral</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	2	HI
MILLIPRED	4	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
RAYOS	4	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	HI
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	HI
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>triamcinolone acetonide external aerosol, solution</i>	2	
VERIPRED 20	4	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral</i>	2	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diflunisal oral</i>	2	MO
<i>etodolac oral capsule 200 mg</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	MO
FENOPROFEN CALCIUM ORAL TABLET	3	MO
FLECTOR	3	PA
<i>flurbiprofen oral</i>	2	MO
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
INDOCIN ORAL	4	PA; MO; AL (Max 64 Years)
<i>indomethacin er</i>	2	PA; MO; AL (Max 64 Years)
<i>indomethacin oral</i>	2	PA; MO; AL (Max 64 Years)
KETOPROFEN ER	3	MO
<i>ketoprofen oral</i>	2	MO
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	HI
<i>ketorolac tromethamine oral</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral</i>	2	MO
<i>meloxicam oral tablet</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
MOBIC ORAL SUSPENSION	4	MO
<i>nabumetone oral</i>	2	MO
<i>naproxen oral</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxycodone-ibuprofen</i>	2	
<i>piroxicam oral</i>	2	MO
<i>sulindac oral</i>	2	MO
Antimigraine Agents		
Antimigraine Agents		
<i>methylergonovine maleate oral</i>	2	
TREXIMET ORAL TABLET 85-500 MG	4	
Ergot Alkaloids		
CAFERGOT	3	
<i>dihydroergotamine mesylate injection</i>	2	
<i>dihydroergotamine mesylate nasal</i>	2	
ERGOMAR	3	
MIGERGOT	3	
MIGRANAL	4	
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	2	MO
<i>divalproex sodium oral</i>	2	MO
<i>divalproex sodium oral tablet delayed release</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>topiramate oral</i>	2	MO
<i>valproate sodium oral</i>	2	MO
<i>valproic acid oral capsule</i>	2	MO
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate</i>	2	
ALSUMA SUBCUTANEOUS*	4	
<i>frovatriptan succinate</i>	2	
IMITREX NASAL	4	
<i>naratriptan hcl</i>	2	
RELPAX	3	
<i>rizatriptan benzoate</i>	2	
<i>sumatriptan nasal</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>sumatriptan succinate oral</i>	2	
<i>sumatriptan succinate refill subcutaneous*</i>	2	
<i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml, 6 mg/0.5ml (auto-injector)</i>	2	
<i>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</i>	2	
SUMAVEL DOSEPRO SUBCUTANEOUS*	4	
<i>zolmitriptan oral</i>	2	
ZOMIG NASAL	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral</i>	2	
MESTINON ORAL SYRUP	3	
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	2	MO
PRIFTIN	4	
<i>rifabutin</i>	2	
Antituberculars		
CAPASTAT SULFATE	4	HI
<i>ethambutol hcl oral</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid oral</i>	2	MO
PASER	4	
<i>pyrazinamide oral</i>	2	
RIFAMATE	4	
<i>rifampin intravenous*</i>	2	HI
<i>rifampin oral</i>	2	
RIFATER	3	
SIRTURO	4	PA
TRECTOR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antineoplastics		
Alkylating Agents		
BUSULFEX	4	PA
<i>cyclophosphamide oral capsule</i>	2	BD
HEXALEN	3	
LEUKERAN	3	
<i>lomustine</i>	2	
MATULANE	5	
<i>melphalan hcl</i>	2	PA; HI
THIOTEPA INJECTION	4	BD
VALCHLOR	5	PA
YONDELIS	5	PA
Antiandrogens		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	
<i>nilutamide</i>	2	
XTANDI	5	PA
ZYTIGA	5	PA
Antiangiogenic Agents		
POMALYST	5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA
THALOMID	3	MO
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	3	MO
SOLTAMOX	3	MO
<i>tamoxifen citrate oral</i>	2	MO
Antimetabolites		
DROXIA	4	MO
<i>gemcitabine hcl intravenous* solution reconstituted 1 gm</i>	2	PA
<i>hydroxyurea oral</i>	2	
LONSURF	5	PA
PURIXAN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>tabloid</i>	2	
Antineoplastics		
ADRUCIL INTRAVENOUS* SOLUTION 500 MG/10ML	4	
ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	5	PA
ARRANON	4	PA
AVASTIN	4	PA
AZACITIDINE	5	PA
BELEODAQ	5	PA
BICNU	4	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	PA
<i>carboplatin intravenous* solution 150 mg/15ml</i>	2	BD
<i>cisplatin intravenous* solution 100 mg/100ml</i>	2	PA
<i>cladribine intravenous* solution 10 mg/10ml</i>	2	PA
CLOLAR	4	PA
COSMEGEN	4	PA
<i>cytarabine (pf) injection solution 100 mg/ml</i>	2	PA
<i>cytarabine injection solution</i>	2	PA
<i>dacarbazine intravenous* solution reconstituted 200 mg</i>	2	PA
<i>daunorubicin hcl intravenous* injectable</i>	2	PA
<i>decitabine</i>	2	PA; HI
<i>dexrazoxane intravenous* solution reconstituted 250 mg</i>	2	PA
DOCEFREZ INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	4	PA
DOCETAXEL INTRAVENOUS* CONCENTRATE 80 MG/4ML	4	PA
DOCETAXEL INTRAVENOUS* SOLUTION 80 MG/8ML	4	PA
<i>doxorubicin hcl intravenous* solution</i>	2	PA
<i>doxorubicin hcl liposomal</i>	2	PA
ELITEK	3	PA
<i>epirubicin hcl intravenous* solution 50 mg/25ml</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ERBITUX INTRAVENOUS* SOLUTION 100 MG/50ML	5	PA
ERWINAZE INJECTION	5	PA
FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML	3	PA
FOLOTYN INTRAVENOUS* SOLUTION 40 MG/2ML	3	PA
GLEOSTINE	4	
HALAVEN	3	PA
HERCEPTIN	4	PA
<i>idarubicin hcl intravenous* solution 10 mg/10ml</i>	2	PA
<i>ifosfamide intravenous* solution reconstituted 1 gm</i>	2	PA
<i>irinotecan hcl intravenous* solution 100 mg/5ml</i>	2	PA
ISTODAX	4	PA
IXEMPRA KIT INTRAVENOUS* SOLUTION RECONSTITUTED 45 MG	3	PA
JEVTANA	3	PA
<i>levoleucovorin calcium intravenous* solution</i>	2	
LYNPARZA	5	PA
<i>mesna</i>	2	PA
MESNEX ORAL	3	
<i>mitomycin intravenous* solution reconstituted 20 mg</i>	2	PA
MUSTARGEN	4	PA
NINLARO	4	PA
NIPENT	4	PA
<i>oxaliplatin intravenous* solution 100 mg/20ml</i>	2	PA
<i>paclitaxel intravenous* concentrate 300 mg/50ml</i>	2	PA
PROLEUKIN	3	PA
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	3	PA
TRISENOX	3	PA
VECTIBIX INTRAVENOUS* SOLUTION 100 MG/5ML	4	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
VELCADE INJECTION	5	PA
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VINBLASTINE SULFATE INTRAVENOUS* SOLUTION	4	PA
<i>vincasar pfs</i>	2	PA
<i>vincristine sulfate intravenous*</i>	2	PA
<i>vinorelbine tartrate intravenous* solution 50 mg/5ml</i>	2	PA
Antineoplastics, Other		
ABRAXANE	4	PA
<i>amifostine</i>	2	
<i>fludarabine phosphate intravenous* solution reconstituted</i>	2	PA
FUSILEV	4	
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	2	
<i>leucovorin calcium oral</i>	2	
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	2	PA
ONCASPAR INJECTION	5	PA
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA
SYNRIBO	5	PA
YERVOY INTRAVENOUS* SOLUTION 50 MG/10ML	4	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral</i>	2	MO
<i>exemestane</i>	2	MO
<i>letrozole oral</i>	2	MO
Enzyme Inhibitors		
ETOPOPHOS	4	
<i>etoposide intravenous* solution 500 mg/25ml</i>	2	
FARYDAK	5	PA
IBRANCE	5	PA
<i>toposar intravenous* solution 1 gm/50ml</i>	2	
<i>topotecan hcl intravenous* solution reconstituted</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZOLINZA	3	
ZYDELIG	5	PA
Molecular Target Inhibitors		
AFINITOR	5	PA
ALECENSA	5	PA
BOSULIF	5	PA
CABOMETYX	5	PA
CAPRELSA	5	PA
COMETRIQ (100 MG DAILY DOSE)	5	PA
COMETRIQ (140 MG DAILY DOSE)	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
COTELLIC	5	PA
ERIVEDGE	5	PA
GILOTRIF	5	PA
ICLUSIG	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
IRESSA	5	PA
JAKAFI	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LENVIMA 8MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
ODOMZO	5	PA
OFEV	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISO	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TARCEVA	5	
TASIGNA	5	
TYKERB	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
ZYKADIA	5	PA
Monoclonal Antibodies		
ARZERRA INTRAVENOUS* CONCENTRATE 100 MG/5ML	3	PA
CYRAMZA	5	PA
DARZALEX INTRAVENOUS* SOLUTION 100 MG/5ML	5	PA
EMPLICITI	5	PA
KEYTRUDA	5	PA
OPDIVO INTRAVENOUS* SOLUTION 40 MG/4ML	5	PA
RITUXAN INTRAVENOUS* SOLUTION 500 MG/50ML	5	PA
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	5	BD
TECENTRIQ	5	PA
Retinoids		
<i>avita</i>	2	
<i>bexarotene</i>	5	
PANRETIN	3	
TARGRETIN	3	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinoin oral</i>	2	
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	4	
EMVERM	4	
<i>ivermectin oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antiprotozoals		
ALINIA	3	
ATOVAQUONE ORAL	5	
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
COARTEM	3	QL (24 EA per 30 days)
DARAPRIM	3	
<i>hydroxychloroquine sulfate oral</i>	2	MO
<i>mefloquine hcl</i>	2	MO
NEBUPENT	4	BD
PENTAM	4	
<i>primaquine phosphate oral</i>	2	
<i>quinine sulfate oral</i>	2	
Pediculicides/ Scabicides		
EURAX	3	
<i>lindane external</i>	2	
<i>malathion external</i>	2	
<i>permethrin external cream</i>	2	
SKLICE	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection</i>	2	HI
<i>benztropine mesylate oral</i>	2	PA; MO; AL (Max 64 Years)
<i>diphenhydramine hcl injection</i>	2	HI
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>trihexyphenidyl hcl</i>	2	PA; MO; AL (Max 64 Years)
Antiparkinson Agents		
<i>carbidopa oral</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 50	4	MO
STALEVO 75	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antiparkinson Agents, Other		
<i>amantadine hcl oral</i>	2	MO
<i>entacapone</i>	2	MO
Dopamine Agonists		
APOKYN	5	PA
<i>bromocriptine mesylate oral</i>	2	MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride</i>	2	MO
<i>pramipexole dihydrochloride er</i>	2	MO
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hcl er</i>	2	MO
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa er oral tablet extendedrelease* 25-100 mg, 50-200 mg</i>	2	MO
DUOPA SUSPENSION 4.63-20 MG/ML	4	PA; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	3	MO
<i>selegiline hcl oral</i>	2	MO
ZELAPAR	3	MO
Antipsychotics		
1St Generation/ Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	HI
<i>chlorpromazine hcl oral</i>	2	MO
<i>fluphenazine decanoate injection</i>	2	BD
<i>fluphenazine hcl injection</i>	2	BD
<i>fluphenazine hcl oral</i>	2	MO
<i>haloperidol decanoate intramuscular*</i>	2	BD
<i>haloperidol lactate injection</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral</i>	2	MO
<i>loxapine succinate oral</i>	2	MO
<i>molindone hcl</i>	2	MO
<i>perphenazine oral</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>pimozide</i>	2	MO
<i>prochlorperazine edisylate injection</i>	2	
<i>prochlorperazine maleate oral</i>	2	MO
<i>thioridazine hcl oral</i>	2	PA; MO
<i>thiothixene oral</i>	2	MO
<i>trifluoperazine hcl oral</i>	2	MO
2Nd Generation/ Atypical		
ABILIFY MAINTENA	5	BD
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA	5	PA
FANAPT	4	
FANAPT TITRATION PACK	4	
GEODON INTRAMUSCULAR*	4	BD
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 39 MG/0.25ML	3	BD
INVEGA TRINZA	5	PA
LATUDA	4	MO
NUPLAZID	5	PA
<i>olanzapine intramuscular*</i>	2	BD
<i>olanzapine oral</i>	2	MO
<i>paliperidone er</i>	2	MO
<i>quetiapine fumarate</i>	2	MO
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA	3	BD
<i>risperidone</i>	2	MO
SAPHRIS	3	MO
SEROQUEL XR	3	MO
VRAYLAR ORAL	4	PA
VRAYLAR ORAL CAPSULE	5	PA
<i>ziprasidone hcl</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	4	BD
Treatment-Resistant		
<i>clozapine</i>	2	
FAZACLO	4	
VERSACLOZ	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral</i>	2	MO
<i>dantrolene sodium oral</i>	2	
<i>tizanidine hcl oral tablet</i>	2	MO
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous*</i>	2	HI
CYTOVENE	4	PA
<i>ganciclovir sodium</i>	2	PA
VALCYTE ORAL SOLUTION RECONSTITUTED	5	
VALGANCICLOVIR HCL ORAL TABLET	5	
ZIRGAN	3	
Anti-Hepatitis B (Hbv) Agents		
ADEFOVIR DIPIVOXIL	5	
BARACLUDE ORAL SOLUTION	3	MO
<i>entecavir</i>	2	MO
EPIVIR HBV ORAL SOLUTION	3	MO
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	3	PA; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	3	PA; MO
<i>lamivudine</i>	2	MO
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE	4	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
TYZEKA	4	MO
VIRAZOLE	5	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
VIREAD	5	
Anti-Hepatitis C (Hcv) Agents		
DAKLINZA	5	PA
EPCLUSA	5	PA
HARVONI	5	PA
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	3	PA; MO
INTRON A INJECTION SOLUTION RECONSTITUTED	3	PA; MO
MODERIBA 1200 DOSE PACK	4	PA
MODERIBA 800 DOSE PACK	4	PA
MODERIBA ORAL TABLET	4	PA
OLYSIO	5	PA
PEGASYS PROCLICK	5	PA
PEGASYS SUBCUTANEOUS* SOLUTION	5	PA
PEGINTRON	5	PA
PEG-INTRON REDIPEN	5	PA
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE	4	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG, 600 MG	4	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
SOVALDI	5	PA
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG	5	PA
TECHNIVIE	5	PA
VIRAZOLE	5	BD
Antiherpetic Agents		
<i>acyclovir external</i>	2	
<i>acyclovir oral</i>	2	
<i>acyclovir sodium intravenous* solution</i>	2	HI
DENAVIR	4	
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	QL (90 EA per 30 days)
<i>trifluridine ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>valacyclovir hcl oral</i>	2	
XERESE	4	
ZOVIRAX EXTERNAL CREAM	3	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
GENVOYA	5	AL (Min 12 Years)
ISENTRESS	3	MO
STRIBILD	5	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
VITEKTA	3	MO
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	
EDURANT	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
<i>nevirapine</i>	2	MO
<i>nevirapine er</i>	2	MO
RESCRIPTOR	3	MO
SUSTIVA	3	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
DESCOVY	5	
<i>didanosine</i>	2	MO
EMTRIVA	3	MO
EPZICOM	5	
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
ODEFSEY	5	
RETROVIR INTRAVENOUS*	3	HI
<i>stavudine</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TRUVADA	5	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	MO
VIREAD	5	
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	2	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED	5	
SELZENTRY	5	
TRIUMEQ	5	
TYBOST	3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS	3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
EVOTAZ	5	
INVIRASE	3	MO
KALETRA ORAL SOLUTION	5	
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	
NORVIR	3	MO
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL PACKET	5	
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>amantadine hcl oral</i>	2	MO
RELENZA DISKHALER	4	
<i>rimantadine hcl</i>	2	
TAMIFLU ORAL CAPSULE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral</i>	2	
<i>doxepin hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>meprobamate</i>	2	PA; AL (Max 64 Years)
<i>oxazepam</i>	2	
SILENOR	4	MO; QL (30 EA per 30 days)
<i>triazolam</i>	2	QL (7 EA per 30 days)
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral</i>	2	
<i>alprazolam xr oral tablet extended release 24 hr* 0.5 mg</i>	2	
<i>clonazepam oral</i>	2	MO
<i>clorazepate dipotassium</i>	2	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral tablet</i>	2	
Ssris/ Snris		
<i>duloxetine hcl oral</i>	2	MO
<i>escitalopram oxalate</i>	2	MO
IRENKA	4	MO
<i>paroxetine hcl er</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
PAXIL ORAL SUSPENSION	4	MO
PEXEVA	4	MO
<i>sertraline hcl oral</i>	1	MO
<i>venlafaxine hcl</i>	2	MO
<i>venlafaxine hcl er</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR*	4	BD
<i>olanzapine intramuscular*</i>	2	BD
<i>olanzapine oral</i>	2	MO
<i>quetiapine fumarate</i>	2	MO
RISPERDAL CONSTA	3	BD
<i>risperidone</i>	2	MO
SAPHRIS	3	MO
SEROQUEL XR	3	MO
VRAYLAR ORAL	4	PA
VRAYLAR ORAL CAPSULE	5	PA
<i>ziprasidone hcl</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	4	BD
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hr* 100 mg</i>	2	MO
<i>carbamazepine oral</i>	2	MO
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	2	MO
<i>divalproex sodium oral</i>	2	MO
<i>divalproex sodium oral tablet delayed release</i>	2	MO
<i>epitol</i>	2	MO
EQUETRO	4	MO
LAMICTAL STARTER	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er oral tablet extended release 24 hr* 50 mg</i>	2	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate oral</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>valproate sodium oral</i>	2	MO
<i>valproic acid oral capsule</i>	2	MO
VRAYLAR ORAL	4	PA
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	MO
AVANDIA	4	MO
BYDUREON SUBCUTANEOUS*	4	ST; MO
BYETTA 10 MCG PEN SUBCUTANEOUS*	4	ST; MO
BYETTA 5 MCG PEN SUBCUTANEOUS*	4	ST; MO
CYCLOSET	4	MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide oral</i>	1	MO
GLYSET	3	MO
GLYXAMBI	4	ST; MO
INVOKAMET	3	MO
INVOKANA	3	MO
JANUVIA	3	MO
JARDIANCE	4	MO
JENTADUETO	3	MO
KAZANO	4	MO
<i>metformin hcl er</i>	1	MO
<i>metformin hcl oral</i>	1	MO
<i>miglitol</i>	2	MO
<i>nateglinide</i>	2	MO
NESINA	4	MO
ONGLYZA	3	MO
OSENI	4	MO
<i>pioglitazone hcl</i>	2	MO
<i>repaglinide</i>	2	MO
RIOMET	4	MO
SYMLINPEN 120 SUBCUTANEOUS*	3	PA; MO
SYMLINPEN 60 SUBCUTANEOUS*	3	PA; MO
SYNJARDY	4	MO
TANZEUM	4	ST; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TOLAZAMIDE	4	MO
TOLBUTAMIDE	4	MO
TRADJENTA	3	MO
TRULICITY	3	ST; MO
VICTOZA SUBCUTANEOUS*	3	ST; MO
WELCHOL	3	MO
Blood Glucose Regulators		
AVANDAMET ORAL TABLET 2-1000 MG	4	MO
<i>glipizide-metformin hcl</i>	1	MO
JANUMET	3	MO
JANUMET XR	3	MO
JENTADUETO XR	3	MO
KOMBIGLYZE XR	3	MO
<i>repaglinide-metformin hcl</i>	2	MO
Glycemic Agents		
<i>glucagen hypokit</i>	2	
<i>glucagon emergency</i>	2	
KORLYM	3	PA; MO
PROGLYCEM	3	MO
Insulins		
AFREZZA INHALATION POWDER 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT	4	PA; MO
APIDRA	4	MO
APIDRA SOLOSTAR SUBCUTANEOUS*	4	MO
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	MO
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	MO
<i>exel comfort point pen needle 29g x 12mm</i>	2	MO
HUMALOG	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS*	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS*	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS*	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS*	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS*	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS*	3	MO
LANTUS	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS*	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS*	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS*	3	MO
NOVOLOG PENFILL SUBCUTANEOUS*	3	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	MO
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA FLEXTOUCH	3	MO
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
COUMADIN ORAL	4	MO
ELIQUIS	3	MO
ENOXAPARIN SODIUM INJECTION	5	
ENOXAPARIN SODIUM SUBCUTANEOUS* SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 80 MG/0.8ML	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>enoxaparin sodium subcutaneous* solution</i> 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml	2	
FONDAPARINUX SODIUM SUBCUTANEOUS* SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	
<i>fondaparinux sodium subcutaneous* solution</i> 2.5 mg/0.5ml	2	
FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
<i>heparin (porcine) in d5w</i>	2	
<i>heparin sod (porcine) in d5w</i>	2	
<i>heparin sodium (porcine) injection solution</i> 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
<i>jantoven</i>	1	MO
PRADAXA	3	MO
SAVAYSA	4	MO
<i>warfarin sodium oral</i>	1	MO
XARELTO	3	MO
XARELTO STARTER PACK	3	
Blood Formation Modifiers		
<i>anagrelide hcl</i>	2	MO
ARANESP (ALBUMIN FREE) INJECTION	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
GRANIX	5	PA
LEUKINE INTRAVENOUS*	5	PA
MOZOBIL	4	PA
NEULASTA SUBCUTANEOUS*	5	PA
NEUPOGEN INJECTION	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
PROCRIT	3	PA
PROMACTA	5	PA
ZARXIO	5	PA
Coagulants		
<i>tranexamic acid intravenous* solution 1000 mg/10ml</i>	2	HI
<i>tranexamic acid oral</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	2	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	MO
<i>dipyridamole oral</i>	2	PA; MO; AL (Max 64 Years)
EFFIENT	3	MO
ZONTIVITY	4	PA; MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral</i>	2	MO
<i>clonidine hcl transdermal</i>	2	MO
<i>guanfacine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>methyldopa oral</i>	2	PA; MO; AL (Max 64 Years)
METHYLDOPATE HCL	4	HI
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
Alpha-Adrenergic Blocking Agents		
CARDURA XL	4	MO
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hcl oral</i>	2	MO
<i>terazosin hcl oral</i>	2	MO
Angiotensin II Receptor Antagonists		
BENICAR	4	MO
<i>candesartan cilexetil</i>	2	MO
EDARBI	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ENTRESTO	4	PA; MO
<i>eprosartan mesylate</i>	2	MO
<i>irbesartan</i>	1	MO
<i>losartan potassium</i>	1	MO
<i>telmisartan</i>	2	MO
<i>valsartan</i>	2	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral</i>	1	MO
<i>captopril oral</i>	1	MO
<i>enalapril maleate oral</i>	1	MO
EPANED	4	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril oral</i>	1	MO
<i>moexipril hcl</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	2	MO
Antiarrhythmics		
<i>amiodarone hcl intravenous* solution 150 mg/3ml</i>	2	HI
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	2	MO
<i>disopyramide phosphate oral</i>	2	PA; MO; AL (Max 64 Years)
<i>dofetilide</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>mexiletine hcl oral</i>	2	MO
MULTAQ	4	MO
NORPACE CR	4	PA; MO; AL (Max 64 Years)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide hcl injection</i>	2	HI
<i>propafenone hcl</i>	2	MO
<i>propafenone hcl er</i>	2	MO
<i>quinidine gluconate er</i>	2	MO
<i>quinidine gluconate injection</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>quinidine sulfate oral</i>	2	MO
<i>sorine</i>	2	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	2	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO
SOTYLIZE	4	MO
TIKOSYN	3	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>atenolol oral</i>	1	MO
<i>betaxolol hcl oral</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
BYSTOLIC	4	MO
<i>carvedilol</i>	1	MO
COREG CR	4	MO
INNOPRAN XL	4	MO
<i>labetalol hcl intravenous*</i>	2	HI
<i>labetalol hcl oral</i>	2	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	1	HI
<i>metoprolol tartrate intravenous* solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er</i>	2	MO
<i>propranolol hcl intravenous*</i>	1	HI
<i>propranolol hcl oral</i>	1	MO
<i>timolol maleate oral</i>	2	MO
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	2	MO
<i>amlodipine besylate oral</i>	2	MO
CARDENE IV INTRAVENOUS* SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR* 120 MG	4	MO
<i>cartia xt</i>	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	MO
<i>diltiazem hcl intravenous* solution 50 mg/10ml</i>	2	HI
<i>diltiazem hcl intravenous* solution reconstituted</i>	2	HI
<i>diltiazem hcl oral</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
NICARDIPINE HCL INTRAVENOUS*	3	
<i>nicardipine hcl oral</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine er osmotic release</i>	2	MO
<i>nifedipine oral</i>	2	PA; MO; AL (Max 64 Years)
<i>nimodipine oral</i>	2	MO
<i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	2	MO
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 20 MG, 30 MG, 40 MG	4	MO
<i>taztia xt</i>	2	MO
<i>verapamil hcl er</i>	2	MO
<i>verapamil hcl intravenous*</i>	2	HI
<i>verapamil hcl oral</i>	2	MO
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine besy-benazepril hcl</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>amlodipine-valsartan-hctz</i>	2	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	4	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR HCT	4	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BYVALSON	4	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CLORPRES	4	MO
DEMSEER	4	
<i>dutoprol</i>	2	MO
EDARBYCLOR	4	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan potassium-hctz</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	2	PA; MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>propranolol-hctz</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
RESERPINE ORAL TABLET 0.1 MG	4	MO
RESERPINE ORAL TABLET 0.25 MG	4	PA; MO
<i>spironolactone-hctz</i>	1	MO
TEKTURNA HCT	4	ST; MO
<i>telmisartan-hctz</i>	2	MO
<i>trandolapril-verapamil hcl er</i>	2	MO
<i>triamterene-hctz</i>	1	MO
TRIBENZOR	4	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	4	MO
VYTORIN ORAL TABLET 10-80 MG	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Cardiovascular Agents, Other		
CORLANOR	4	PA; MO
<i>digitek oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	PA; MO; AL (Max 64 Years)
<i>digoxin injection</i>	2	PA; HI; AL (Max 64 Years)
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA; MO; AL (Max 64 Years)
LANOXIN ORAL TABLET 187.5 MCG	4	PA; MO; AL (Max 64 Years)
LANOXIN ORAL TABLET 62.5 MCG	4	MO; QL (30 EA per 30 days)
<i>pentoxifylline er</i>	2	MO
RANEXA	3	MO
TEKTURNA	4	ST; MO
UPTRAVI	5	PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	2	MO
<i>acetazolamide oral</i>	2	MO
<i>acetazolamide sodium</i>	2	
KEVEYIS	5	PA
<i>methazolamide oral</i>	2	MO
Diuretics, Loop		
<i>bumetanide injection</i>	2	HI
<i>bumetanide oral</i>	2	MO
EDECRIN	4	MO
<i>furosemide injection</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet</i>	2	MO
<i>toremide oral</i>	2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral</i>	1	MO
DYRENIUM	4	MO
<i>eplerenone</i>	2	MO
<i>spironolactone oral</i>	1	MO
Diuretics, Thiazide		
<i>chlorothiazide oral</i>	1	MO
<i>chlorothiazide sodium</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
DIURIL	3	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>indapamide oral</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>methyclothiazide oral</i>	2	MO
<i>metolazone</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	MO
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate oral</i>	2	MO
<i>fenofibric acid</i>	2	MO
FENOGLIDE	4	MO
FIBRICOR	4	MO
<i>gemfibrozil oral</i>	2	MO
LIPOFEN	4	MO
TRIGLIDE ORAL TABLET 160 MG	4	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV	4	MO
<i>atorvastatin calcium oral</i>	1	MO
CRESTOR	3	MO
<i>fluvastatin sodium</i>	2	MO
<i>fluvastatin sodium er</i>	2	MO
LIVALO	4	MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	MO
<i>rosuvastatin calcium</i>	2	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 80 mg</i>	1	PA; MO
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	MO
<i>colestipol hcl oral granules</i>	2	MO
<i>colestipol hcl oral tablet</i>	2	MO
JUXTAPID	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
KYNAMRO SUBCUTANEOUS*	5	PA
<i>niacin er (antihyperlipidemic)</i>	2	MO
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	MO
PRALUENT	5	PA
<i>prevalite oral powder</i>	2	MO
REPATHA	5	PA
REPATHA PUSHTRONEX SYSTEM	5	PA
REPATHA SURECLICK	5	PA
VASCEPA	3	MO
WELCHOL	3	MO
ZETIA	3	MO
Vasodilators, Direct-Acting Arterial		
BIDIL	4	MO
<i>hydralazine hcl injection</i>	2	HI
<i>hydralazine hcl oral</i>	2	MO
<i>minoxidil oral</i>	2	MO
Vasodilators, Direct-Acting Arterial/ Venous		
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	MO
<i>isosorbide dinitrate er</i>	2	MO
<i>isosorbide dinitrate oral</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
MINITRAN	4	MO
NITRO-BID	4	MO
NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR	4	MO
<i>nitroglycerin intravenous*</i>	2	HI
<i>nitroglycerin transdermal patch 24 hr</i>	2	MO
<i>nitroglycerin translingual solution</i>	2	MO
NITROMIST	4	MO
NITROSTAT	3	MO
RECTIV	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine er</i>	2	MO
<i>amphetamine-dextroamphetamine</i>	2	MO
<i>dextroamphetamine sulfate er</i>	2	MO
<i>dextroamphetamine sulfate oral tablet</i>	2	MO
<i>methamphetamine hcl</i>	2	MO
QUILLICHEW ER	4	MO
VYVANSE	4	MO
ZENZEDI	4	MO
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR	4	MO
<i>clonidine hcl er</i>	2	MO; AL (Min 6 Years and Max 17 Years)
DAYTRANA	4	MO
<i>dexmethylphenidate hcl</i>	2	MO
<i>dexmethylphenidate hcl er</i>	2	MO
<i>guanfacine hcl er</i>	2	PA; MO; AL (Max 64 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 30 mg, 50 mg, 60 mg</i>	2	MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 24 hr*</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release* 10 mg, 20 mg</i>	2	MO
<i>methylphenidate hcl oral</i>	2	MO
QUILLIVANT XR	4	MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 60 MG	4	MO
STRATTERA	3	MO
Central Nervous System, Other		
<i>estazolam</i>	2	
HORIZANT ORAL TABLET EXTENDEDRELEASE* 600 MG	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NUDEXTA	3	PA; MO
<i>riluzole</i>	2	MO
SECONAL	4	PA; AL (Max 64 Years)
<i>tetrabenazine</i>	5	PA
VECAMYL	4	PA; MO
XENAZINE	5	PA
Fibromyalgia Agents		
<i>duloxetine hcl oral</i>	2	MO
IRENKA	4	MO
LYRICA	3	MO
SAVELLA	3	MO
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AMPYRA	5	PA
AUBAGIO	5	
AVONEX	5	
AVONEX PEN INTRAMUSCULAR*	5	
AVONEX PREFILLED INTRAMUSCULAR*	5	
COPAXONE SUBCUTANEOUS* 40 MG/ML	5	
GILENYA	5	
GLATOPA	5	
HEMANGEOL	4	PA
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	2	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF REBIDOSE SUBCUTANEOUS*	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS*	5	
REBIF SUBCUTANEOUS*	5	
REBIF TITRATION PACK SUBCUTANEOUS*	5	
TECFIDERA	5	
TYSABRI	5	PA
ZINBRYTA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl</i>	2	MO
<i>chlorhexidine gluconate mouth/throat</i>	2	
CUVPOSA	4	MO
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet</i>	2	
<i>doxycycline hyclate oral tablet delayed release 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
KEPIVANCE	4	HI
<i>minocycline hcl er</i>	2	
<i>minocycline hcl oral</i>	2	
<i>morgidox oral capsule 50 mg</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl oral</i>	2	MO
<i>triamcinolone acetonide mouth/throat</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Dermatological Agents		
Dermatological Agents		
8-MOP	4	
ABSORICA	5	
ACANYA	3	
<i>acitretin</i>	5	PA
ACZONE EXTERNAL GEL 5 %	4	
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>ammonium lactate external</i>	2	
<i>amnesteam</i>	2	
APEXICON	4	
APEXICON E	4	
<i>avita</i>	2	
AZELEX	3	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>calcipotriene external</i>	2	
<i>calcipotriene-betameth diprop</i>	2	PA
<i>calcitriol external</i>	2	
CARAC	3	
<i>claravis</i>	2	
CLINDAGEL	4	
<i>clindamax external gel</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>clindamycin-tretinoin</i>	2	
<i>clobetasol propionate external liquid†</i>	2	
<i>clotrimazole-betamethasone</i>	2	
CONDYLOX EXTERNAL GEL	3	
<i>cormax scalp application</i>	2	
CORTISPORIN EXTERNAL	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML	5	PA
<i>diclofenac sodium transdermal gel</i>	2	PA
DIFFERIN EXTERNAL LOTION	4	
<i>doxepin hcl external</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
ELIDEL	3	
ENSTILAR	4	PA
EPIDUO	4	
EPIDUO FORTE	4	
FABIOR	3	PA
FINACEA	3	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluorouracil external</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fluorouracil intravenous* solution 2.5 gm/50ml</i>	2	
<i>fluticasone propionate external</i>	2	
<i>imiquimod external</i>	2	PA
KERYDIN	4	PA
LOCOID EXTERNAL LOTION	4	
<i>methoxsalen rapid</i>	2	
MIRVASO	4	PA
<i>morgidox oral capsule 50 mg</i>	2	
<i>myorisan</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>neuac external gel</i>	2	
<i>nystatin-triamcinolone</i>	2	
ONEXTON	4	
<i>oxiconazole nitrate</i>	2	
PICATO	4	
<i>podofilox external</i>	2	
<i>prednicarbate external cream</i>	2	
PRUDOXIN	4	
REGRANEX	4	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	4	
SANTYL	3	
<i>selenium sulfide external lotion</i>	2	
SOOLANTRA	4	
SORILUX	4	
STELARA SUBCUTANEOUS*	5	PA
TACLONEX EXTERNAL SUSPENSION	4	PA
<i>tacrolimus external</i>	2	
TAZORAC	3	PA
TOLAK	4	
<i>tretinoin external</i>	2	
<i>tretinoin microsphere</i>	2	
<i>trianex</i>	4	
UVADEX	4	
VALCHLOR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
VECTICAL	3	
VEREGEN	3	
<i>zenatane</i>	2	
ZIANA	3	
ZONALON	3	
ZYCLARA	4	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	PA
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
ADAGEN	5	PA
BUPHENYL ORAL TABLET	5	
CERDELGA	5	PA
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	5	PA
CREON	3	MO
CYSTADANE	3	MO
CYSTAGON	3	MO
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG	5	PA
KANUMA	5	PA
KUVAN	5	PA
MYOZYME	3	PA
NAGLAZYME	3	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA
ORFADIN ORAL SUSPENSION	5	PA
PANCREAZE	4	MO
PERTZYE	4	MO
PROCYSBI	5	PA
RAVICTI	5	PA
STRENSIQ SUBCUTANEOUS* SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA
SUCRAID	5	PA
ULTRESA	4	MO
VIOKACE	4	MO
VPRIV	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZAVESCA	3	PA; MO
ZENPEP	3	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate injection solution 0.05 mg/ml, 0.1 mg/ml</i>	2	
CANTIL	4	
<i>dicyclomine hcl intramuscular*</i>	2	
<i>dicyclomine hcl oral</i>	2	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	2	
<i>glycopyrrolate oral</i>	2	
<i>methscopolamine bromide oral</i>	2	
<i>propantheline bromide oral</i>	2	
TRANSDERM-SCOP (1.5 MG)	4	
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz</i>	2	
OALIVA	5	PA
PYLERA	4	
UCERIS	4	
Gastrointestinal Agents, Other		
CHENODAL	4	PA
CHOLBAM	5	PA
<i>diphenoxylate-atropine</i>	2	
FULYZAQ	4	PA; MO
GATTEX	5	PA
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl injection</i>	2	HI
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
MOVANTIK	4	
<i>proctozone-hc</i>	2	
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS* SOLUTION	3	
UCERIS	4	
<i>ursodiol oral</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE	4	PA; MO
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral</i>	2	MO
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO
<i>famotidine intravenous* solution 20 mg/2ml</i>	2	HI
<i>famotidine oral suspension reconstituted</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	2	HI
<i>nizatidine</i>	2	MO
<i>ranitidine hcl injection solution 150 mg/6ml</i>	2	
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl</i>	2	MO
AMITIZA	4	MO
<i>budesonide oral</i>	5	
DELZICOL	3	MO
GIAZO	4	
LINZESS	4	MO
UCERIS	4	
VIBERZI	4	PA; MO
Laxatives		
<i>constulose</i>	2	MO
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
<i>generlac</i>	2	MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	
KRISTALOSE	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>lactulose oral solution 10 gm/15ml</i>	2	MO
MOVIPREP	4	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
PREPOPIK	4	
<i>trilyte</i>	2	
Protectants		
CARAFATE ORAL SUSPENSION	3	MO
<i>misoprostol oral</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO
Proton Pump Inhibitors		
<i>lansoprazole oral capsule delayed release</i>	2	MO
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	4	ST; MO
<i>omeprazole oral capsule delayed release</i>	1	MO
<i>pantoprazole sodium intravenous*</i>	2	
<i>pantoprazole sodium oral</i>	1	MO
PROTONIX INTRAVENOUS*	4	
<i>rabeprazole sodium</i>	2	MO
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	2	MO
<i>flavoxate hcl</i>	2	MO
GELNIQUE	4	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride er</i>	2	MO
<i>oxybutynin chloride oral</i>	2	MO
OXYTROL	4	MO
<i>tolterodine tartrate</i>	2	MO
<i>tolterodine tartrate er</i>	2	MO
TOVIAZ	4	MO
<i>trospium chloride</i>	2	MO
<i>trospium chloride er</i>	2	MO
VESICARE	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	MO
CARDURA XL	4	MO
<i>doxazosin mesylate</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin hcl</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>prazosin hcl oral</i>	2	MO
RAPAFLO	4	MO
<i>tamsulosin hcl</i>	2	MO
<i>terazosin hcl oral</i>	2	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral</i>	2	
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
DEPEN TITRATABS	3	
ELMIRON	3	
<i>potassium citrate er</i>	2	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	2	MO
Phosphate Binders		
AURYXIA	4	MO
<i>calcium acetate (phos binder) oral capsule</i>	2	MO
FOSRENOL ORAL PACKET	3	MO
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	MO
PHOSLYRA	4	MO
RENAGEL	3	MO
RENVELA	3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>a-hydrocort</i>	2	
<i>ala cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide external cream</i>	2	
AMCINONIDE EXTERNAL LOTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
AMCINONIDE EXTERNAL OINTMENT	4	
<i>betamethasone dipropionate aug</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external</i>	2	
CAPEX	3	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>clodan external shampoo</i>	2	
CLODERM PUMP	4	
CORDRAN EXTERNAL TAPE	3	
<i>cortisone acetate oral</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DESONATE	4	
<i>desonide external</i>	2	
<i>desoximetasone external</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
DEXPAK 13 DAY ORAL	4	
<i>diflorasone diacetate external</i>	2	
FLO-PRED	4	
<i>fludrocortisone acetate oral</i>	2	MO
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide otic</i>	2	
<i>fluocinonide external</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate external</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	3	
HP ACTHAR	5	PA
<i>hydrocortisone butyr lipo base</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG INJECTION	4	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	2	HI
MILLIPRED ORAL TABLET	4	
<i>mometasone furoate external</i>	2	
PANDEL	4	
<i>prednicarbate external ointment</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>procto-pak</i>	2	
<i>proctozone-hc</i>	2	
RAYOS	4	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	HI
TOPICORT EXTERNAL CREAM 0.05 %	4	
TOPICORT EXTERNAL OINTMENT 0.05 %	4	
TOPICORT SPRAY	4	
<i>triamcinolone acetonide external</i>	2	
<i>triderm external cream</i>	2	
ULTRAVATE EXTERNAL LOTION	4	
VERIPRED 20	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular*</i>	2	PA
<i>desmopressin ace rhinal tube</i>	2	MO
<i>desmopressin ace spray refrig</i>	2	MO
<i>desmopressin acetate injection</i>	2	
<i>desmopressin acetate oral</i>	2	MO
EGRIFTA SUBCUTANEOUS* SOLUTION RECONSTITUTED 1 MG	3	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
HUMATROPE	3	PA; MO
INCRELEX	5	PA
MYALEPT	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	3	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 30 MG/3ML	3	PA
<i>novarel</i>	2	PA
NUTROPIN AQ NUSPIN 10	3	PA; MO
NUTROPIN AQ NUSPIN 20	3	PA; MO
NUTROPIN AQ NUSPIN 5	3	PA; MO
NUTROPIN AQ PEN	3	PA; MO
OMNITROPE	4	PA; MO
<i>pregnyl</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; MO
STIMATE	3	MO
ZOMACTON	4	PA; MO
ZORBTIVE	4	PA; MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	4	PA
<i>oxandrolone oral</i>	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR	3	PA; MO
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; MO
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA; MO
AXIRON	4	PA; MO
<i>danazol oral</i>	2	
FORTESTA	4	PA; MO
METHITEST	3	PA; MO
<i>methyltestosterone oral</i>	2	PA; MO
NATESTO	4	PA; MO
STRIANT	4	PA; MO
TESTIM	4	PA; MO
<i>testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular* solution</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	4	PA; MO
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	2	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; MO
Estrogens		
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML	4	PA
DEPO-ESTRADIOL	4	PA
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	PA; MO; AL (Max 64 Years)
DUAVEE	4	PA; MO; AL (Max 64 Years)
ELESTRIN	4	PA; MO; AL (Max 64 Years)
ENJUVIA	4	PA; MO; AL (Max 64 Years)
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	PA; MO; AL (Max 64 Years)
<i>estradiol transdermal</i>	2	PA; MO; AL (Max 64 Years)
<i>estradiol valerate intramuscular* oil 20 mg/ml</i>	2	PA
ESTRING	3	MO
<i>estropipate oral</i>	2	PA; MO; AL (Max 64 Years)
EVAMIST	4	PA; MO; AL (Max 64 Years)
FEMRING	4	MO
<i>marlissa</i>	2	MO
MENEST	4	PA; MO; AL (Max 64 Years)
MENOSTAR	3	PA; MO; AL (Max 64 Years)
PREMARIN INJECTION	3	
PREMARIN ORAL	3	PA; MO; AL (Max 64 Years)
PREMARIN VAGINAL	3	MO
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>amethia</i>	2	MO
AMETHYST	3	MO
ANGELIQ	4	PA; MO; AL (Max 64 Years)
<i>apri</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>aranelle</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>balziva</i>	2	MO
<i>bekyree</i>	2	MO
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	MO
<i>briellyn</i>	2	MO
<i>budesonide oral</i>	5	
<i>caziant</i>	2	MO
CLIMARA PRO	4	PA; MO; AL (Max 64 Years)
COMBIPATCH	3	PA; MO; AL (Max 64 Years)
<i>cryselle-28</i>	2	MO
<i>cyclafem 1/35</i>	2	MO
<i>cyclafem 7/7/7</i>	2	MO
<i>deblitane</i>	2	MO
<i>delyla</i>	2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse-28</i>	2	MO
<i>entocort ec oral capsule delayed release particles</i>	5	
<i>estradiol valerate intramuscular* oil 40 mg/ml</i>	2	PA
<i>estradiol-norethindrone acet</i>	2	PA; MO; AL (Max 64 Years)
<i>falmina</i>	2	MO
<i>fyavolv</i>	2	PA; MO; AL (Max 64 Years)
<i>gianvi</i>	2	MO
<i>gildagia</i>	2	MO
<i>gildess 1.5/30</i>	2	MO
<i>gildess 24 fe</i>	2	MO
<i>introvale</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
JINTELI	4	PA; MO; AL (Max 64 Years)
<i>juleber</i>	2	MO
<i>junel 1.5/30</i>	2	MO
<i>junel 1/20</i>	2	MO
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	MO
<i>kariva</i>	2	MO
<i>kelnor 1/35</i>	2	MO
<i>kimidess</i>	2	MO
<i>larin 1.5/30</i>	2	MO
<i>larin 1/20</i>	2	MO
<i>larin fe 1.5/30</i>	2	MO
<i>larin fe 1/20</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest</i>	2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora 0.15/30 (28)</i>	2	MO
LO LOESTRIN FE	4	MO
LOMEDIA 24 FE	4	MO
<i>lopreeza</i>	2	PA; MO; AL (Max 64 Years)
<i>loryna</i>	2	MO
<i>low-ogestrel</i>	2	MO
<i>lutera</i>	2	MO
<i>marlissa</i>	2	MO
<i>microgestin 1.5/30</i>	2	MO
<i>microgestin 1/20</i>	2	MO
<i>microgestin fe 1.5/30</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>microgestin fe 1/20</i>	2	MO
<i>mimvey</i>	2	PA; MO; AL (Max 64 Years)
<i>mimvey lo</i>	2	PA; MO; AL (Max 64 Years)
MINASTRIN 24 FE	4	MO
<i>mononessa</i>	2	MO
NATAZIA	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
NECON 1/50 (28)	4	MO
NECON 10/11 (28)	4	MO
<i>necon 7/7/7</i>	2	MO
<i>nikki</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	MO
<i>norethindrone-eth estradiol</i>	2	PA; MO; AL (Max 64 Years)
<i>norethin-eth estradiol-fe</i>	2	MO
<i>norgestim-eth estrad triphasic</i>	2	MO
NORINYL 1+50 (28)	4	MO
<i>norlyroc</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7</i>	2	MO
NUVARING	3	MO
<i>ocella</i>	2	MO
OGESTREL	3	MO
<i>orsythia</i>	2	MO
ORTHO TRI-CYCLEN LO	4	MO
<i>pimtrea</i>	2	MO
<i>pirmella 1/35</i>	2	MO
<i>portia-28</i>	2	MO
PREFEST	4	PA; MO; AL (Max 64 Years)
PREMPHASE	3	PA; MO; AL (Max 64 Years)
PREMPRO	3	PA; MO; AL (Max 64 Years)
<i>previfem</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
QUARTETTE	4	MO
<i>quasense</i>	2	MO
<i>reclipsen</i>	2	MO
SAFYRAL	4	MO
<i>setlakin</i>	2	MO
<i>sharobel</i>	2	MO
<i>sprintec 28</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe 1/20</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>tri-previfem</i>	2	MO
<i>tri-sprintec</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	MO
<i>vyfemla</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>xulane</i>	2	MO
<i>zenchent</i>	2	MO
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
ZOVIA 1/50E (28)	3	MO
Progestins		
<i>camila</i>	2	MO
CRINONE	4	PA
DEPO-PROVERA INTRAMUSCULAR* SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
<i>marlissa</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular*</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	MO
MEGACE ES	4	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	MO
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral</i>	2	MO
<i>norethindrone oral</i>	2	MO
<i>progesterone micronized oral</i>	2	MO
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl</i>	2	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVOTHYROXINE SODIUM INTRAVENOUS* SOLUTION RECONSTITUTED 100 MCG	4	
<i>levothyroxine sodium oral</i>	2	MO
<i>levoxyl</i>	2	MO
<i>liothyronine sodium intravenous*</i>	2	
<i>liothyronine sodium oral</i>	2	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
TIROSINT	4	MO
<i>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</i>	2	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	3	MO
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	2	MO
<i>cabergoline</i>	2	
ELIGARD	3	PA
FIRMAGON	3	PA
<i>leuprolide acetate injection</i>	2	PA
LUPANETA PACK	4	BD
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA; MO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	4	PA; MO
SOMATULINE DEPOT	4	PA
SOMAVERT	5	PA
SYNAREL	3	PA
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	2	MO
<i>propylthiouracil oral</i>	2	MO
Immunological Agents		
Angioedema (Hae) Agents		
BERINERT	5	PA
CINRYZE	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
Immune Suppressants		
ACTEMRA SUBCUTANEOUS*	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
AFINITOR DISPERZ	5	PA
AFINITOR ORAL TABLET 2.5 MG	5	PA
ASTAGRAF XL	4	BD; MO
ATGAM	3	BD; HI
AZASAN	3	BD; MO
<i>azathioprine oral</i>	2	BD; MO
BENLYSTA	4	PA
CELLCEPT INTRAVENOUS	3	BD
CIMZIA PREFILLED	5	PA
CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG	5	PA
<i>cyclosporine intravenous*</i>	2	BD; HI
<i>cyclosporine modified</i>	2	BD; MO
<i>cyclosporine oral capsule</i>	2	BD; MO
DEPEN TITRATABS	3	
ELIDEL	3	
ENBREL SUBCUTANEOUS*	5	PA
ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS*	5	PA
ENVARBUS XR	4	BD; MO
<i>engraf</i>	2	BD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS*	5	PA
HUMIRA PEN SUBCUTANEOUS*	5	PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*	5	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*	5	PA
HUMIRA SUBCUTANEOUS*	5	PA
KINERET SUBCUTANEOUS*	5	PA
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	2	BD
<i>methotrexate sodium injection solution reconstituted</i>	2	BD
<i>mycophenolate mofetil</i>	2	BD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	2	BD; MO
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 360 MG	5	BD
NULOJIX	4	BD
ORENCIA INTRAVENOUS*	5	PA
OTEZLA ORAL TABLET	5	PA
OTREXUP	4	PA; MO
PROGRAF INTRAVENOUS*	3	BD; HI
RAPAMUNE ORAL SOLUTION	3	BD; MO
RASUVO	4	PA; MO
REMICADE	5	PA
RHEUMATREX	4	MO
SANDIMMUNE ORAL SOLUTION	4	BD; MO
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML	5	PA
SIMULECT INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	4	BD; HI
<i>sirolimus oral</i>	2	BD; MO
<i>tacrolimus oral</i>	2	BD; MO
TREXALL	3	
XELJANZ	5	PA
XELJANZ XR	5	PA
ZORTRESS	3	BD; MO
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML	3	PA; HI
CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 6 GM	3	PA; HI
FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 5 GM/50ML	3	PA; HI
GAMASTAN S/D	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	PA; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	PA; HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML	3	PA; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	PA; HI
HYPERRAB S/D	3	BD
OCTAGAM INTRAVENOUS* SOLUTION 1 GM/20ML, 2 GM/20ML	3	PA; HI
PRIVIGEN INTRAVENOUS* SOLUTION 20 GM/200ML	3	PA; HI
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	5	PA
THYMOGLOBULIN	4	BD
Immunological Agents		
<i>leflunomide oral</i>	2	MO
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	5	PA
Immunomodulators		
ACTIMMUNE	5	PA
ARCALYST	3	PA; MO
ILARIS	5	PA
KEYTRUDA	5	PA
<i>leflunomide oral</i>	2	MO
RIDAURA	3	MO
SIMPONI SUBCUTANEOUS* 100 MG/ML	5	PA
TYSABRI	5	PA
Vaccines		
ACTHIB	2	GC
ADACEL	2	GC
BCG VACCINE	2	GC
BEXSERO	2	GC
BOOSTRIX	2	GC
CERVARIX	2	GC
COMVAX	2	
DAPTACEL	2	GC
DIPHTHERIA-TETANUS TOXOIDS DT	2	GC
ENGERIX-B INJECTION	2	BD; GC
GARDASIL	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
GARDASIL 9	2	GC
HAVRIX	2	GC
<i>hiberix injection</i>	2	GC
IMOVAX RABIES	2	GC
INFANRIX	2	GC
<i>ipol injection injectable</i>	2	GC
IPOL INJECTION INJECTABLE	2	GC
IXIARO	2	GC
MENACTRA	2	GC
MENHIBRIX	2	GC
MENOMUNE	2	GC
MENVEO	2	GC
M-M-R II	2	GC
PEDVAX HIB INTRAMUSCULAR* SUSPENSION	2	GC
PROQUAD	2	GC
QUADRACEL	2	GC
RABAVERT	2	GC
RECOMBIVAX HB	2	BD; GC
ROTARIX	2	GC
ROTATEQ ORAL SOLUTION	2	GC
TENIVAC	2	GC
TETANUS-DIPHThERIA TOXOIDS TD	2	GC
TRUMENBA	2	GC
TWINRIX	2	GC
TYPHIM VI	2	GC
VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	GC
VARIVAX	2	GC
VARIZIG INTRAMUSCULAR* SOLUTION	2	GC
YF-VAX	2	GC
ZOSTAVAX	2	GC
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	MO
ASACOL HD	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>balsalazide disodium</i>	2	
CANASA	3	
DELZICOL	3	MO
DIPENTUM	4	MO
LIALDA	4	
MESALAMINE ORAL	3	MO
<i>mesalamine-cleanser</i>	2	
PENTASA	3	MO
SFROWASA	4	
Glucocorticoids		
<i>a-hydrocort</i>	2	
<i>budesonide oral</i>	5	
<i>colocort</i>	2	
<i>cortisone acetate oral</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone enema</i>	2	
<i>hydrocortisone oral</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	HI
VERIPRED 20	4	
Sulfonamides		
<i>sulfasalazine oral</i>	2	MO
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
<i>alendronate sodium oral tablet 40 mg</i>	1	
BINOSTO	4	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous* solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral</i>	2	MO
<i>doxercalciferol intravenous*</i>	2	HI
<i>doxercalciferol oral</i>	2	ST; MO
<i>etidronate disodium</i>	2	
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	5	PA
<i>fortical</i>	2	MO
<i>ibandronate sodium intravenous* solution 3 mg/3ml</i>	2	PA
<i>ibandronate sodium oral</i>	2	MO
MIACALCIN INJECTION	4	
NATPARA	5	PA
<i>pamidronate disodium intravenous* solution</i>	2	PA
<i>paricalcitol oral</i>	2	ST; MO
PROLIA	3	PA
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	MO
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	MO
XGEVA	5	BD
<i>zoledronic acid intravenous* concentrate</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>zoledronic acid intravenous* solution 5 mg/100ml</i>	2	PA
ZOMETA INTRAVENOUS* SOLUTION	4	PA
Non-Frf		
Non-Frf		
AFREZZA INHALATION POWDER 4 & 8 UNIT	4	PA; MO
<i>alcohol wipes pad 70 %</i>	2	
<i>alprazolam er oral tablet extended release 24 hr* 0.5 mg</i>	2	
AVONEX PEN INTRAMUSCULAR* KIT	5	
AVONEX PREFILLED INTRAMUSCULAR* KIT	5	
<i>azurette</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	2	
<i>budesonide er</i>	5	
BYDUREON SUBCUTANEOUS* SUSPENSION RECONSTITUTED	4	ST; MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	2	
<i>cholestyramine oral</i>	2	MO
<i>cladribine intravenous* solution 1 mg/ml</i>	2	PA
<i>clobetasol propionate external cream</i>	2	
<i>colestipol hcl oral packet</i>	2	MO
COSOPT PF	4	MO
DARZALEX INTRAVENOUS* SOLUTION 400 MG/20ML	5	PA
<i>desmopressin acetate spray</i>	2	MO
DEXAMETHASONE ORAL SOLUTION	3	
DEXPAK 13 DAY ORAL TABLET	4	
<i>digox oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	MO
<i>divalproex sodium oral capsule sprinkle</i>	2	MO
<i>effe-k oral tablet effervescent 25 meq</i>	2	MO
ENBREL SUBCUTANEOUS* KIT	5	PA
<i>entocort ec oral capsule extended release 24 hour</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ethacrynic acid oral</i>	2	MO
<i>exel pen needles 1/2"</i>	2	MO
<i>fluocinolone acetone scalp</i>	2	
<i>gauze pads pad 2"x2"</i>	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS* SUSPENSION	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS* SUSPENSION	3	MO
HUMULIN N PEN SUBCUTANEOUS* SUSPENSION	3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS* SOLUTION	3	MO
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
<i>k-effervescent</i>	2	MO
<i>klor-con oral packet 20 meq</i>	2	
<i>klor-con/ef</i>	2	MO
<i>k-prime</i>	2	MO
<i>k-sol oral solution 20 meq/15ml (10%)</i>	2	MO
<i>k-vescent oral tablet effervescent</i>	2	MO
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	2	BD
<i>levoleucovorin calcium intravenous* solution reconstituted</i>	2	
LEVOTHYROXINE SODIUM INTRAVENOUS* SOLUTION RECONSTITUTED 200 MCG, 500 MCG	4	
<i>lidocaine hcl (pf) injection solution 2 %</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>linezolid intravenous* solution 2 mg/ml</i>	2	PA
<i>lorazepam injection</i>	2	
<i>margesic</i>	2	PA; AL (Max 64 Years)
<i>mesalamine enema</i>	2	
<i>methotrexate sodium (pf) injection solution 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	2	BD
<i>methotrexate sodium injection solution 25 mg/ml, 50 mg/2ml</i>	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl er (cd) oral capsule extended release* 20 mg, 30 mg, 40 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release* 18 mg, 27 mg, 36 mg, 54 mg</i>	2	
<i>methylprednisolone (pak) oral tablet</i>	2	
<i>micronized colestipol hcl</i>	2	MO
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	2	BD; MO
MYCOPHENOLIC ACID ORAL TABLET DELAYED RELEASE 360 MG	5	BD
NALLPEN IN DEXTROSE INTRAVENOUS* SOLUTION 1 GM/50ML	4	
<i>nifedipine er</i>	2	MO
<i>ondansetron hcl injection solution 40 mg/20ml</i>	2	
PEG-INTRON SUBCUTANEOUS* KIT 50 MCG/0.5ML	5	PA
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>potassium bicarbonate oral</i>	2	MO
<i>potassium chloride er oral tablet extended release* 20 meq</i>	2	MO
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 10 %</i>	2	MO
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral syrup 15 mg/5ml</i>	2	
<i>prednisone (pak) oral tablet 10 mg</i>	2	
REBIF REBIDOSE SUBCUTANEOUS* SOLUTION	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* SOLUTION	5	
REBIF SUBCUTANEOUS* SOLUTION	5	
REBIF TITRATION PACK SUBCUTANEOUS* SOLUTION	5	
RENACIDIN	3	
RESCULA	4	MO
<i>sodium polystyrene sulfonate suspension</i>	2	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS* SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	5	PA
SUBSYS SUBLINGUAL LIQUID† 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA
<i>sulfacetamide sodium-sulfur external emulsion</i>	2	
<i>sulfazine ec</i>	2	MO
<i>sumatriptan succinate refill subcutaneous* solution</i>	2	
<i>sumatriptan succinate subcutaneous* 6 mg/0.5ml</i>	2	
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG	5	BD
<i>testosterone transdermal gel 50 mg/5gm, 50 mg/5gm (1%), 50 mg/5gm (1%) (5000mg)</i>	2	PA; MO
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hr* 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tranexamic acid intravenous* solution 100 mg/ml</i>	2	
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 25 MG	3	PA
<i>valproic acid oral syrup</i>	2	MO
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
<i>viorele</i>	2	MO
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>neomycin-bacitracin zn-polymyx</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
NEOMYCIN-POLYMYXIN-HC OPTHALMIC SUSPENSION 3.5-10000-1	4	
<i>polymyxin b-trimethoprim</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	4	
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution</i>	2	MO
CYSTARAN	5	PA
LACRISERT	3	
<i>naphazoline hcl ophthalmic</i>	2	
<i>proparacaine hcl ophthalmic</i>	2	
RESTASIS	3	MO
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT	4	
Ophthalmic Anti-Allergy Agents		
ALOCRIAL	4	
ALOMIDE	3	
<i>azelastine hcl ophthalmic</i>	2	
BEPREVE	4	
<i>cromolyn sodium ophthalmic</i>	2	
EMADINE	4	
<i>epinastine hcl</i>	2	
LASTACAPT	4	
<i>olopatadine hcl ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PATADAY	4	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide oral</i>	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
<i>apraclonidine hcl</i>	2	
AZOPT	3	MO
<i>betaxolol hcl ophthalmic</i>	2	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	2	MO
<i>brimonidine tartrate ophthalmic</i>	2	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide hcl-timolol mal</i>	2	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL	3	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>methazolamide oral</i>	2	MO
<i>metipranolol</i>	2	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
SIMBRINZA	3	MO
<i>timolol maleate ophthalmic</i>	2	MO
TIMOPTIC OCUDOSE	4	MO
Ophthalmic Anti-Inflammatories		
ACUVAIL	3	
ALREX	3	
<i>bromfenac sodium ophthalmic</i>	2	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
DUREZOL	4	
FLAREX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	3	
FML FORTE	3	
ILEVRO	3	
<i>ketorolac tromethamine ophthalmic</i>	2	
LOTEMAX	3	
MAXIDEX	3	
MILLIPRED ORAL SOLUTION	4	
NEVANAC	3	
PRED MILD	3	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
PROLENSA	4	
VEXOL	3	
XIIDRA	3	MO
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic</i>	2	MO
<i>latanoprost ophthalmic</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	2	MO
ZIOPTAN	4	MO
Otic Agents		
Otic Agents		
<i>acetazol hc</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal</i>	2	
<i>carbinoxamine maleate oral solution</i>	2	PA; AL (Min 2 Years and Max 64 Years)
<i>carbinoxamine maleate oral tablet</i>	2	PA; AL (Min 2 Years and Max 64 Years)
CLARINEX ORAL SYRUP	4	
CLARINEX-D 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA
<i>cyproheptadine hcl oral</i>	2	PA
<i>desloratadine</i>	2	
<i>diphenhydramine hcl injection</i>	2	HI
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>levocetirizine dihydrochloride oral</i>	2	
<i>olopatadine hcl nasal</i>	2	
<i>promethazine hcl injection</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
SEMPREX-D	4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	MO
ADVAIR HFA	3	MO
AEROSPAN	2	MO
ALVESCO	2	MO
ARNUITY ELLIPTA	2	MO; AL (Min 12 Years)
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 30 METERED DOSES	2	MO
ASMANEX 60 METERED DOSES	2	MO
ASMANEX HFA	2	MO
BECONASE AQ	3	
<i>budesonide inhalation</i>	2	BD
<i>budesonide nasal</i>	2	
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate nasal</i>	2	
<i>mometasone furoate nasal</i>	2	
OMNARIS	4	
PULMICORT FLEXHALER	2	MO
QNASL	4	
QNASL CHILDRENS	4	QL (4.9 GM per 30 days)
<i>qvar inhalation aerosol, solution 40 mcg/act, 80 mcg/act</i>	2	MO
<i>triamcinolone acetonide nasal aerosol†</i>	2	
VERAMYST	4	
ZETONNA	4	
Antileukotrienes		
<i>montelukast sodium oral</i>	2	MO
<i>zafirlukast</i>	2	MO
ZYFLO	3	PA; MO
ZYFLO CR	3	PA; MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	MO
INCRUSE ELLIPTA	4	MO
<i>ipratropium bromide inhalation</i>	2	BD
<i>ipratropium bromide nasal</i>	2	MO
SEEBRI NEOHALER	4	MO
SPIRIVA HANDIHALER	3	MO
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 1.25 MCG/ACT	3	MO; AL (Min 12 Years)
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	3	MO
TUDORZA PRESSAIR	4	MO
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS	3	MO
ADVAIR HFA	3	MO
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate inhalation</i>	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>albuterol sulfate oral</i>	2	MO
ARCAPTA NEOHALER	3	MO
AUVI-Q INJECTION	3	
BREO ELLIPTA	3	MO
BROVANA	4	BD
DULERA	4	MO
EPINEPHRINE INJECTION 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	
EPIPEN 2-PAK INJECTION	3	
EPIPEN JR 2-PAK INJECTION	3	
FORADIL AEROLIZER	3	MO
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml</i>	2	BD
<i>metaproterenol sulfate oral</i>	2	MO
PERFOROMIST	3	BD
PROAIR HFA	3	MO
PROAIR RESPICLICK	3	MO
SEREVENT DISKUS	3	MO
STRIVERDI RESPIMAT	3	MO
<i>terbutaline sulfate injection</i>	2	
<i>terbutaline sulfate oral</i>	2	MO
VENTOLIN HFA	3	MO
XOPENEX HFA	4	MO
Cystic Fibrosis Agents		
CAYSTON	4	
KALYDECO	5	PA
ORKAMBI	5	PA; AL (Min 12 Years)
PULMOZYME	3	BD
TOBI PODHALER	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation</i>	2	BD
<i>cromolyn sodium oral</i>	2	MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous*</i>	2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
DALIRESP	4	MO
ELIXOPHYLLIN	3	MO
THEO-24	4	MO
<i>theophylline er</i>	2	MO
<i>theophylline oral solution</i>	2	MO
Pulmonary Antihypertensives		
ADCIRCA	5	PA
ADEMPAS	5	PA
LETAIRIS	5	PA
OPSUMIT	5	PA
ORENITRAM	4	PA; MO
REMODULIN	4	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA
<i>sildenafil citrate intravenous*</i>	5	PA
<i>sildenafil citrate oral</i>	2	PA; MO
TRACLEER	5	PA
VENTAVIS	4	PA; MO
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	2	BD
ANORO ELLIPTA	3	MO
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	5	PA; HI
GLASSIA	5	PA; HI
GRASTEK	4	PA; MO
INCRUSE ELLIPTA	4	MO
LUMIZYME	5	PA
ORALAIR	4	PA; MO
PROLASTIN-C	5	PA; HI
RAGWITEK	4	PA; MO
SEEBRI NEOHALER	4	MO
STIOLTO RESPIMAT	3	MO
TYZINE NASAL SOLUTION 0.05 %	4	
UTIBRON NEOHALER	4	MO
ZEMAIRA	5	PA; HI

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS	3	MO
ADVAIR HFA	3	MO
COMBIVENT RESPIMAT	3	MO
DYMISTA	4	
ESBRIET	5	PA
<i>ipratropium-albuterol</i>	2	BD
NUCALA	5	PA; AL (Min 12 Years)
OFEV	5	PA
<i>promethazine vc plain</i>	2	PA; AL (Max 64 Years)
PULMOZYME	3	BD
SYMBICORT	3	MO
XOLAIR	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; AL (Max 64 Years)
<i>cyclobenzaprine hcl oral</i>	2	PA; AL (Max 64 Years)
<i>metaxall</i>	2	PA; AL (Max 64 Years)
<i>metaxalone</i>	2	PA; AL (Max 64 Years)
<i>orphenadrine citrate er</i>	2	PA; AL (Max 64 Years)
<i>tizanidine hcl oral capsule</i>	2	MO
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>temazepam</i>	2	QL (7 EA per 30 days)
<i>zaleplon</i>	2	
<i>zolpidem tartrate oral</i>	2	
Sleep Disorders, Other		
BELSOMRA	4	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; MO; AL (Max 64 Years)
<i>doxepin hcl oral concentrate</i>	2	PA; MO; AL (Max 64 Years)
HETLIOZ	5	PA
<i>modafinil</i>	2	PA; MO
ROZEREM	3	MO
XYREM	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
AMINOSYN/ELECTROLYTES INTRAVENOUS* SOLUTION 7 %	3	HI
AMINOSYN-RF	3	HI
CHEMET	3	
DEPEN TITRATABS	3	
EXJADE	5	PA
FERRIPROX	5	PA
FREAMINE HBC	3	HI
JADENU	5	PA
<i>kionex oral powder</i>	2	
PLENAMINE	3	HI
SAMSCA	5	PA
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps</i>	2	
SYPRINE	5	PA
VELPHORO	4	MO
VELTASSA	3	
Electrolyte/ Mineral Replacement		
AMMONIUM CHLORIDE INTRAVENOUS*	4	HI
CARBAGLU	5	PA
ISOLYTE-S	4	HI
<i>klor-con 10</i>	2	MO
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral tablet extendedrelease*</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
K-TAB ORAL TABLET EXTENDEDRELEASE* 20 MEQ, 8 MEQ	4	MO
<i>magnesium sulfate injection solution 50 %</i>	2	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	HI
NORMOSOL-R PH 7.4	4	HI
OSMOPREP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
PLASMA-LYTE 148	4	HI
PLASMA-LYTE A	4	HI
<i>potassium chloride crys er</i>	2	MO
<i>potassium chloride er oral capsule extended release*</i>	2	MO
<i>potassium chloride er oral tablet extendedrelease* 8 meq</i>	2	MO
<i>potassium chloride in nacl</i>	2	HI
<i>potassium chloride intravenous* solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	HI
<i>sodium chloride intravenous* solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	HI
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO
SUPREP BOWEL PREP	4	
Therapeutic Nutrients/ Minerals/ Electrolytes		
AMINOSYN II INTRAVENOUS* SOLUTION 10 %, 7 %, 8.5 %	3	HI
AMINOSYN II/ELECTROLYTES	3	HI
AMINOSYN M	3	HI
AMINOSYN/ELECTROLYTES INTRAVENOUS* SOLUTION 8.5 %	3	HI
AMINOSYN-HBC	3	HI
AMINOSYN-PF	3	HI
CLINIMIX E/DEXTROSE (2.75/10)	3	HI
CLINIMIX E/DEXTROSE (2.75/5)	3	HI
CLINIMIX E/DEXTROSE (4.25/10)	3	HI
CLINIMIX E/DEXTROSE (4.25/25)	3	HI
CLINIMIX E/DEXTROSE (4.25/5)	3	HI
CLINIMIX E/DEXTROSE (5/15)	3	HI
CLINIMIX E/DEXTROSE (5/20)	3	HI

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Drug Name	Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (5/25)	3	HI
CLINIMIX/DEXTROSE (2.75/5)	3	HI
CLINIMIX/DEXTROSE (4.25/10)	3	HI
CLINIMIX/DEXTROSE (4.25/20)	3	HI
CLINIMIX/DEXTROSE (4.25/25)	3	HI
CLINIMIX/DEXTROSE (4.25/5)	3	HI
CLINIMIX/DEXTROSE (5/15)	3	HI
CLINIMIX/DEXTROSE (5/20)	3	HI
CLINIMIX/DEXTROSE (5/25)	3	HI
CLINISOL SF	3	HI
<i>dextrose in lactated ringers</i>	2	HI
<i>dextrose intravenous* solution 10 %, 5 %</i>	2	HI
<i>dextrose-nacl intravenous* solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	HI
<i>fomepizole intravenous* solution 1 gm/ml</i>	2	
HEPATAMINE	3	HI
<i>intralipid intravenous* emulsion 20 %</i>	2	HI
INTRALIPID INTRAVENOUS* EMULSION 30 %	4	HI
IONOSOL-B IN D5W	4	HI
IONOSOL-MB IN D5W	4	HI
ISOLYTE-P IN D5W	4	HI
<i>kcl in dextrose-nacl intravenous* solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	HI
<i>kcl-lactated ringers-d5w</i>	2	HI
<i>lactated ringers intravenous*</i>	2	HI
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine intravenous*</i>	2	HI
<i>levocarnitine oral solution</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
NEPHRAMINE	3	HI
<i>normosol-m in d5w</i>	2	HI

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Drug Name	Tier	Requirements/Limits
<i>normosol-r in d5w</i>	2	HI
<i>nutrilipid intravenous* emulsion 20 %</i>	2	
<i>nutrilipid intravenous* emulsion 20 %</i>	2	HI
PLASMA-LYTE-56 IN D5W	4	HI
PLENAMINE	3	HI
<i>potassium chloride in dextrose intravenous* solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	HI
PREMASOL	3	HI
PRENATAL ORAL TABLET 27-1 MG	3	MO
PROCALAMINE	3	HI
PROSOL	3	HI
<i>ringers</i>	2	HI
<i>ringers irrigation</i>	2	
<i>sodium lactate intravenous* solution 5 meq/ml</i>	2	HI
<i>sterile water for irrigation</i>	2	
<i>tpn electrolytes intravenous* solution</i>	2	HI
TRAVASOL	3	HI
TROPHAMINE INTRAVENOUS* SOLUTION 10 %	3	HI
Vitamins		
<i>doxercalciferol intravenous*</i>	2	HI
<i>doxercalciferol oral</i>	2	ST; MO

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ABSTRAL	5, 7	ALINIA	34	<i>amoxicillin-pot clavulanate</i>	13
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<i>acetaminophen-codeine #2</i>	3	<i>alosetron hcl</i>	62	<i>amphotericin b</i>	22
<i>acetaminophen-codeine #3</i>	3	ALOXI	21	<i>ampicillin</i>	13
<i>acetaminophen-codeine #4</i>	3	ALPHAGAN P	87	<i>ampicillin sodium</i>	13
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<i>acetylcysteine</i>	92	ALSUMA	26	<i>anagrelide hcl</i>	46
<i>acitretin</i>	57	ALTABAX	10	<i>anastrozole</i>	31
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ADCIRCA	92	<i>amiloride hcl</i>	52	APIDRA SOLOSTAR	44
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<i>ala cort</i>	64	AMITIZA	62	ARCALYST	78
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<i>assure id insulin safety syr</i>	44	BECONASE AQ	89	<i>brimonidine tartrate</i>	87
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<i>atenolol</i>	49	BELEODAQ	29	BRISDELLE	20
<i>atenolol-chlorthalidone</i>	51	BELSOMRA	93	BRIVIACT	16
ATGAM	76	<i>benazepril hcl</i>	48	<i>bromfenac sodium</i>	87
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<i>abra</i>	70	<i>benztropine mesylate</i>	34	BUPAP	3
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AVC VAGINAL	15	<i>betamethasone valerate</i>		<i>bupropion hcl er (sr)</i>	19
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<i>calcitriol</i>	58, 81	<i>cefprozil</i>	11	CIPRODEX	88
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CANCIDAS	22	<i>cefuroxime axetil</i>	12	<i>cisplatin</i>	29
<i>candesartan cilexetil</i>	47	<i>cefuroxime sodium</i>	12	<i>citalopram hydrobromide</i>	20
CANTIL	61	<i>celecoxib</i>	4, 25	<i>cladribine</i>	29, 82
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<i>captopril</i>	48	CERDELGA	60	<i>clarithromycin</i>	14
<i>captopril-hydrochlorothiazide</i>		CEREZYME	60	<i>clarithromycin er</i>	14
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<i>carbidopa-levodopa</i>	35	PAK	9	<i>clindamycin phos-benzoyl</i>	
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<i>carbidopa-levodopa-entacapon</i>		CHENODAL	61	<i>clindamycin phosphate</i>	10
<i>e</i>	34	CHLORAMPHENICOL SOD		<i>clindamycin phosphate in d5w</i>	
<i>carbinoxamine maleate</i>	89	SUCCINATE	10	10
<i>carboplatin</i>	29	<i>chlordiazepoxide-amitriptyline</i>		<i>clindamycin-tretinoin</i>	58
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CARDIZEM LA	50	<i>chlorhexidine gluconate</i>	57	(2.75/10)	95
CARDURA XL	47, 64	<i>chloroquine phosphate</i>	34	CLINIMIX E/DEXTROSE	
CARIMUNE NF	77	<i>chlorothiazide</i>	52	(2.75/5)	95
<i>carteolol hcl</i>	87	<i>chlorothiazide sodium</i>	52	CLINIMIX E/DEXTROSE	
<i>cartia xt</i>	50	CHLORPROMAZINE HCL		(4.25/10)	95
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TECFIDERA	56	TOLAK	59	<i>tri-lo-estarylla</i>	73
TECHNIVIE	38	TOLAZAMIDE	44	<i>tri-lo-sprintec</i>	73
TEFLARO	12	TOLBUTAMIDE	44	<i>trilyte</i>	63
TEKTURNA	52	<i>tolterodine tartrate</i>	63	<i>trimethobenzamide hcl</i>	21
TEKTURNA HCT	51	<i>tolterodine tartrate er</i>	63	<i>trimethoprim</i>	11
<i>telmisartan</i>	48	TOPICORT	67	<i>trimipramine maleate</i>	21
<i>telmisartan-hctz</i>	51	TOPICORT SPRAY	67	<i>trinessa (28)</i>	73
<i>temazepam</i>	93	<i>topiramate</i>	17, 26	TRINTELLIX	20
TENCON	4	<i>topiramate er</i>	17	<i>tri-previfem</i>	73
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<i>terazosin hcl</i>	47, 64	<i>topotecan hcl</i>	31	<i>tri-sprintec</i>	73
<i>terbinafine hcl</i>	23	<i>torsemide</i>	52	TRIUMEQ	40
<i>terbutaline sulfate</i>	91	TOUJEO SOLOSTAR	45	<i>trivora (28)</i>	73
<i>terconazole</i>	23	TOVIAZ	63	TROKENDI XR	17
TESTIM	68	<i>tpn electrolytes</i>	97	TROPHAMINE	97
TESTOSTERONE	69	TRACLEER	92	<i>tropium chloride</i>	63
<i>testosterone</i>	69, 85	TRADJENTA	44	<i>tropium chloride er</i>	63
<i>testosterone cypionate</i>	68	<i>tramadol hcl</i>	8	TRULICITY	44
<i>testosterone enanthate</i>	68	<i>tramadol hcl er</i>	6, 7, 85	TRUMENBA	79
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<i>tetrabenazine</i>	56	<i>tramadol-acetaminophen</i>	4	TWINRIX	79
<i>tetracycline hcl</i>	16	<i>trandolapril</i>	48	TYBOST	40
THALOMID	28	<i>trandolapril-verapamil hcl er</i>		TYGACIL	11
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<i>theophylline</i>	92	<i>tranexamic acid</i>	47, 85	TYPHIM VI	79
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THIOTEPA	28	<i>tranylcypromine sulfate</i>	19	TYZINE	92
<i>thiothixene</i>	36	TRAVASOL	97	UCERIS	61, 62
THYMOGLOBULIN	78	TRAVATAN Z	88	ULORIC	24
THYROLAR-1	74	<i>travoprost</i>	88	ULTRAVATE	67
THYROLAR-1/2	74	<i>trazodone hcl</i>	19	ULTRESA	60
THYROLAR-1/4	74	TREANDA	30, 85	<i>unithroid</i>	74
THYROLAR-2	74	TRECATOR	27	UPTRAVI	52
THYROLAR-3	74	TRELSTAR MIXJECT	75	<i>ursodiol</i>	61
<i>tiagabine hcl</i>	17	TRESIBA FLEXTOUCH	45	UTIBRON NEOHALER	92
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<i>tobramycin</i>	9	<i>triderm</i>	67		51
<i>tobramycin sulfate</i>	9	<i>trifluoperazine hcl</i>	36	VANATOL LQ	4
<i>tobramycin sulfate in saline</i>	9	<i>trifluridine</i>	38	<i>vancomycin hcl</i>	11
<i>tobramycin-dexamethasone</i>		TRIGLIDE	53	<i>vandazole</i>	11
	86	<i>trihexyphenidyl hcl</i>	34	VAQTA	79
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<i>verapamil hcl</i>	50	XOPENEX HFA	91	ZOVIRAX	39
<i>verapamil hcl er</i>	50	XTAMPZA ER	7	ZUBSOLV	8
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V-GO 30	85	<i>zaleplon</i>	93	ZYKADIA	33
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<i>vincasar pfs</i>	31	<i>zenchent</i>	73		
<i>vincristine sulfate</i>	31	<i>zenchent fe</i>	73		
<i>vinorelbine tartrate</i>	31	ZENPEP	61		
VIOKACE	60	ZENZEDI	55		
<i>viorele</i>	85	ZERBAXA	12		
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This formulary was updated on 11/01/2016. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.independenthealth.com/Medicare.