

Blue Shield *Plus Drug Formulary*

December 2018

Introduction to the formulary drug list

The *Blue Shield Plus Drug Formulary* is a list of commonly prescribed medications that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the Blue Shield outpatient prescription drug benefit. This is not a complete list of medications. This list serves as a guide for members, physicians and other healthcare professionals in the selection of cost-effective drug therapy. We recommend that prescribers and members consult this medication list before writing or filling prescriptions.

How is the drug formulary developed?

The formulary is developed, maintained and regularly updated by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. Voting members of the P&T Committee are independent physicians and pharmacists in our network who are expert consultants not employed by Blue Shield, and include specialists in various fields.

The placement of drugs on tiers is based on recommendations made by the P&T committee after a review of the medical evidence and nationally recognized clinical guidelines for drug safety and effectiveness. Drug price is also considered by the P&T committee when safety and effectiveness are similar for drugs in the same class.

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits to your Blue Shield Evidence of Coverage (EOC) or Certificate of Insurance (COI).

Please check your Summary of Benefits to see which tier description table below applies to you.

The column titled "Tier" identifies the copayment tier where the drug is covered.

Tier Description Table 1:

Tier number	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs
3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

* See your *Evidence of Coverage* or *Certificate of Insurance* for further details about coverage of specialty or self-administered injectables in your benefit.

Tier Description Table 2:

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs or drugs recommended by the P&T Committee based on drug safety, efficacy and cost
3	Non-preferred brand drugs, drugs recommended by the P&T Committee based on safety, efficacy and cost, or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are required by the FDA or drug manufacturer to be distributed by specialty pharmacies, drugs that require training or clinical monitoring for self-administration, drugs manufactured using biotechnology, or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield Summary of Benefits and Evidence of Coverage (EOC) or Certificate of Insurance (COI). Blue Shield's customer service can also provide additional information about specific plans. The Blue Shield customer service number is listed on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary

Drugs are listed in the formulary by therapeutic class. A Table of Contents and an Index of Drugs are provided for quick and easy reference.

- Generic drugs are listed in lowercase letters.
- Brand drugs are listed in UPPERCASE letters.
- The column titled "Limits/Notes" identifies coverage restrictions or limits for drugs when applicable.

Please note this is not a complete list of drugs covered under your plan. Only commonly prescribed drugs are listed.

Limits/ Notes	Description	
AL	Age limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer or treatment guideline recommendations.
GL	Gender limit	Prior authorization may be required if the FDA, manufacturer or treatment guidelines do not recommend the drug for a gender.
PA	Prior authorization	Prior authorization is required to determine coverage.
QL	Quantity limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
ST	Step therapy	Coverage is based on use of other first-line therapies/drugs.
PH	Preventive drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices. These drugs are covered at \$0 when specific criteria are met.*

* Does not apply to grandfathered plans.

The formulary is current as of the date listed on the back cover. This formulary is subject to change. For the most current information, visit blueshieldca.com/pharmacy.

What is a brand drug?

A brand drug is a medication that the FDA has approved for sale and marketing in the United States. When a brand drug loses its patent protection, other manufacturers can make generic versions of that drug.

What is a generic drug?

A generic drug has the same active ingredient and dosage form (e.g., tablet or capsule) and works in exactly the same way as its brand counterpart. The FDA approves generic drugs when manufacturers have proven that the generic version is equally as safe and effective as the brand counterpart.

What is a contraceptive drug or device?

Contraceptives are drugs or devices (e.g., diaphragms or cervical caps) that help you prevent pregnancy.

All generic drug contraceptives and most contraceptive devices are covered at no charge to members.* Most brand drug contraceptives require a copayment, which may be waived based on medical necessity. Physicians or members may provide medical necessity information using the prior authorization process, by calling or faxing a form to Blue Shield Pharmacy Services (see the "What is the prior authorization/exception request process" section below).

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to members.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually expensive.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Specialty drugs are available exclusively from a Network Specialty Pharmacy. A Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup if coverage is approved. Call the customer service number on your Blue Shield member ID card if you have questions about specialty drugs.

What is the prior authorization/exception request process?

Drug prior authorization involves getting advance approval of coverage for a prescription medication. Most medications covered by Blue Shield don't require prior authorization. However, some drugs require the patient's prescription and medical history to determine coverage for medical necessity.

The exception process involves getting a waiver to the rules for drug coverage. Types of exceptions include:

- Formulary exceptions, which allow coverage of a non-formulary (non-listed) drug based on medical necessity and the use of formulary alternative drugs first, if appropriate
- Waivers of coverage restrictions or limits on your drug, which allow for a greater coverage limit or a larger quantity on the prescription quantity dispensed due to medical necessity

To request a prior authorization or an exception to a coverage rule, please call the customer service number on your Blue Shield member ID card.

What is step therapy?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, and then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Other common terms used for step therapy are: "prerequisite therapy," "prior therapy" or "step therapy protocol." If a prescription does not meet step therapy coverage requirements and your doctor feels that the medication is medically necessary for you, your doctor may request an exception to the coverage requirements by contacting Blue Shield Pharmacy Services.

* Does not apply to grandfathered plans.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Depending on your prescription drug plan, you may be limited to no more than a 30-day supply of your medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit blueshieldca.com/pharmacy.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. And, depending on your plan, it can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, go to blueshieldca.com/pharmacy, and then please visit *Mail Service Prescriptions*.

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Drug	Tier	Limits/Notes
Analgesics		
Analgesics		
ALLZITAL	3	ST QL (use generic butalbital 50 mg/apap 325 mg formulation first; 12 tabs/day)
bupap oral tablet 50-300 mg	1	QL (6 tabs/day)
butalbital-acetaminop-caf-cod	1	QL (84 caps/month)
butalbital-acetaminophen oral capsule	1	PA QL (6 caps/day)
butalbital-acetaminophen oral tablet	1	QL (6 tabs/day)
butalbital-acetaminophen-caff oral capsule	1	QL (6 caps/day)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	QL (6 tabs/day)
butalbital-aspirin-caffeine oral capsule	1	QL (6 caps/day)
butalbital-aspirin-caffeine oral tablet	1	QL (6 tabs/day)
capacet	1	QL (6 caps/day)
ESGIC ORAL CAPSULE	3	QL (6 caps/day)
ESGIC ORAL TABLET	3	QL (6 tabs/day)
fioricet oral capsule	1	QL (6 caps/day)
FIORINAL	3	QL (6 caps/day)
phrenilin forte(with caffeine)	1	QL (6 caps/day)
tencon oral tablet 50-325 mg	1	QL (6 tabs/day)
VANATOL LQ	4	PA QL (90 ml/day)
VANATOL S	4	PA QL (90 ml/day)
VIMOVO	3	PA QL (2 tabs/day)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL (6 caps/day)
Nonsteroidal Anti-Inflammatory Drugs		
ANAPROX DS	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CAMBIA	3	PA QL (9 packs/month)
carisoprodol-aspirin	1	AL QL (PA required for those 65 years of age or older; 8 tabs/day)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 caps/day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 cap/day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 caps/day)
celecoxib oral capsule 400 mg	1	QL (1 cap/day)
DAYPRO	3	
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
diflunisal	1	
DISALCID	3	
EC-NAPROSYN	3	
etodolac	1	
FELDENE	3	
fenoprofen oral capsule 200 mg	1	QL (4 caps/day)
fenoprofen oral capsule 400 mg	1	QL (8 caps/day)

AL - Age Limit

GL - Gender Limit

PA - Prior Authorization

QL - Quantity Limit

PH - Preventive Health Drugs- \$0 copay if meets criteria

ST - Step Therapy

Drug	Tier	Limits/Notes
fenoprofen oral tablet	1	QL (4 tabs/day)
FENORTHO ORAL CAPSULE 200 MG	3	QL (4 caps/day)
FLECTOR	3	PA QL (2 patches/day)
flurbiprofen	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	1	QL (70 tabs/month)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (112 tabs/month)
ibu	1	
IBUDONE ORAL TABLET 10-200 MG	3	QL (70 tabs/month)
ibudone oral tablet 5-200 mg	1	QL (112 tabs/month)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-oxycodone	1	QL (56 tabs/month)
INDOCIN	3	
indomethacin oral	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral	1	
meclofenamate	1	
mefenamic acid	1	
meloxicam	1	
MOBIC ORAL TABLET	3	
nabumetone	1	
NALFON ORAL CAPSULE 400 MG	3	QL (8 caps/day)
NALFON ORAL TABLET	3	QL (4 tabs/day)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG	3	ST QL (use two prescription strength NSAIDS; one of which is naproxen, first; 1 tab/day)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG, 750 MG	3	ST QL (use two prescription strength NSAIDS; one of which is naproxen, first; 2 tabs/day)
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	
naproxen	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg	1	ST QL (use two prescription strength NSAIDS; one of which is naproxen, first; 1 tab/day)
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	1	ST QL (use two prescription strength NSAIDS; one of which is naproxen, first; 2 tabs/day)
oxaprozin	1	
oxycodone-aspirin	1	QL (168 tabs/month)
piroxicam	1	
profeno	1	QL (4 tabs/day)
REPREXAIN ORAL TABLET 2.5-200 MG	3	QL (112 tabs/month)
salsalate	1	
SPRIX	3	PA QL (5 bottles/month)
sulindac	1	
TIVORBEX	3	ST QL (use two prescription strength Nsaids, one being indomethacin first; 3 caps/day)
tolmetin	1	

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ST - Step Therapy

Drug	Tier	Limits/Notes
VIVLODEX	3	PA QL (1 cap/day)
VOLTAREN-XR	3	
xylon 10	1	QL (70 tabs/month)
ZIPSOR	3	ST QL (use 2 NSAIDs first, one being oral diclofenac; 4 caps/day)
ZORVOLEX	3	ST QL (use 2 NSAIDs first, one being oral diclofenac; 3 caps/day)
Opioid Analgesics, Long-Acting		
ARYMO ER	3	PA QL (3 tabs/day)
BELBUCA	3	PA QL (2 films/day)
BUNAVAIL Buccal Film 2.1-0.3 MG	3	QL (1 film/day)
BUNAVAIL Buccal Film 4.2-0.7 MG, 6.3-1 MG	3	QL (2 films/day)
buprenorphine	1	PA QL (4 patches/28 days)
BUTRANS	3	PA QL (4 patches/28 days)
CONZIP	3	ST QL (use tramadol ER first; 1 cap/day)
DISKETS	3	PA QL (5 tabs/day)
DOLOPHINE ORAL TABLET 10 MG	3	PA QL (18 tabs/day)
DOLOPHINE ORAL TABLET 5 MG	3	PA QL (36 tabs/day)
DURAGESIC	3	PA QL (20 patches/month)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 80-3.2 MG	3	PA QL (1 cap/day)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG	3	PA QL (4 caps/day)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 30-1.2 MG, 50-2 MG, 60-2.4 MG	3	PA QL (2 caps/day)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	3	PA QL (5 tabs/day)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	3	PA QL (4 tabs/day)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	3	PA QL (2 tabs/day)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 8 MG	3	PA QL (1 tab/day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA QL (20 patches/month)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	4	PA QL (10 patches/month)
hydromorphone oral tablet extended release 24 hr 12 mg	1	PA QL (5 tabs/day)
hydromorphone oral tablet extended release 24 hr 16 mg	1	PA QL (4 tabs/day)
hydromorphone oral tablet extended release 24 hr 32 mg	1	PA QL (2 tabs/day)
hydromorphone oral tablet extended release 24 hr 8 mg	1	PA QL (1 tab/day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA QL (1 cap/day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA QL (1 cap/day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 30 MG, 40 MG, 50 MG	3	PA QL (2 caps/day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 20 MG	3	PA QL (4 caps/day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG, 60 MG, 80 MG	3	PA QL (3 caps/day)
levorphanol tartrate	3	PA QL (9 tabs/day)
methadone intensol	1	PA QL (18 ml/day)
methadone oral concentrate	1	PA QL (18 ml/day)

AL - Age Limit

GL - Gender Limit

PA - Prior Authorization

QL - Quantity Limit

PH - Preventive Health Drugs- \$0 copay if meets criteria

ST - Step Therapy

Drug	Tier	Limits/Notes
methadone oral solution 10 mg/5 ml	1	PA QL (90 ml/day)
methadone oral solution 5 mg/5 ml	1	PA QL (180 ml/day)
methadone oral tablet 10 mg	1	PA QL (18 tabs/day)
methadone oral tablet 5 mg	1	PA QL (36 tabs/day)
methadone oral tablet,soluble	1	PA QL (5 tabs/day)
METHADOSE ORAL CONCENTRATE	3	PA QL (18 ml/day)
methadose oral tablet,soluble	1	PA QL (5 tabs/day)
MORPHABOND ER	3	PA QL (2 tabs/day)
morphine oral capsule, er multiphase 24 hr 120 mg	1	PA QL (13 caps/day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg	1	PA QL (1 cap/day)
morphine oral capsule, er multiphase 24 hr 90 mg	1	PA QL (3 caps/day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 30 mg, 40 mg, 50 mg	1	PA QL (2 caps/day)
morphine oral capsule,extend.release pellets 20 mg	1	PA QL (4 caps/day)
morphine oral capsule,extend.release pellets 60 mg, 80 mg	1	PA QL (3 caps/day)
morphine oral tablet extended release 100 mg, 200 mg	1	QL (3 tabs/day)
morphine oral tablet extended release 15 mg, 30 mg	1	QL (6 tabs/day)
morphine oral tablet extended release 60 mg	1	QL (5 tabs/day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG	3	QL (3 tabs/day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	QL (6 tabs/day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	QL (5 tabs/day)
NUCYNTA ER	3	PA QL (2 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	1	PA QL (9 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 15 mg, 20 mg, 30 mg	1	PA QL (6 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 80 mg	1	PA QL (4 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg	1	PA QL (2 tabs/day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG	3	PA QL (9 tabs/day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 20 MG, 30 MG	3	PA QL (6 tabs/day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 80 MG	3	PA QL (4 tabs/day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	3	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 40 mg	1	PA QL (4 tabs/day)
tramadol oral capsule,er biphase 24 hr 17-83	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphase 24 hr 25-75 150 mg	1	ST QL (use tramadol [Ultram] ir or er first; 2 caps/day)
tramadol oral tablet extended release 24 hr 100 mg	1	ST QL (use tramadol IR first; 3 tabs/day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	1	ST QL (use tramadol IR first; 1 tab/day)
tramadol oral tablet, er multiphase 24 hr	1	ST QL (use tramadol IR first; 1 tab/day)
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	ST QL (use tramadol IR first; 1 tab/day)
XTAMPZA ER	3	PA QL (2 caps/day)
Opioid Analgesics, Short-Acting		
ABSTRAL SUBLINGUAL TABLET 100 MCG	3	PA QL (56 tabs/month)
ABSTRAL SUBLINGUAL TABLET 200 MCG	3	PA QL (42 tabs/month)

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QL - Quantity Limit

ST - Step Therapy

Drug	Tier	Limits/Notes
ABSTRAL SUBLINGUAL TABLET 300 MCG, 400 MCG	3	PA QL (28 tabs/month)
ABSTRAL SUBLINGUAL TABLET 600 MCG, 800 MCG	3	PA QL (14 tabs/month)
acetaminophen-caff-dihydrocod oral capsule	1	PA QL (140 caps/month)
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	PA QL (140 tabs/month)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml	1	QL (840 ml/month)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (1260 ml/month)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (168 tabs/month)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (84 tabs/month)
ACTIQ	3	PA QL (56 lozenges/month)
butorphanol tartrate nasal	1	QL (4 canisters/month at 2 canisters/fill)
carisoprodol-asa-codeine	1	AL QL (PA required for those 65 years of age or older; 8 tabs/day)
codeine sulfate oral tablet 15 mg	1	QL (336 tabs/month)
codeine sulfate oral tablet 30 mg	1	QL (168 tabs/month)
codeine sulfate oral tablet 60 mg	1	QL (84 tabs/month)
DEMEROL ORAL TABLET 100 MG	3	AL QL (PA required for those 65 years of age or older; 126 tabs/month)
DILAUDID ORAL LIQUID	3	QL (56 ml/month)
DILAUDID ORAL TABLET 2 MG	3	QL (154 tabs/month)
DILAUDID ORAL TABLET 4 MG	3	QL (84 tabs/month)
DILAUDID ORAL TABLET 8 MG	3	QL (42 tabs/month)
endocet oral tablet 10-325 mg	1	QL (84 tabs/month)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (168 tabs/month)
endocet oral tablet 7.5-325 mg	1	QL (112 tabs/month)
fentanyl citrate	1	PA QL (56 lozenges/month)
FENTORA Buccal TABLET, EFFERVESCENT 100 MCG	3	PA QL (56 tabs/month)
FENTORA Buccal TABLET, EFFERVESCENT 200 MCG	3	PA QL (42 tabs/month)
FENTORA Buccal TABLET, EFFERVESCENT 400 MCG	3	PA QL (28 tabs/month)
FENTORA Buccal TABLET, EFFERVESCENT 600 MCG, 800 MCG	3	PA QL (14 tabs/month)
HYCET	3	QL (2520 ml/month)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (2520 ml/month)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (126 tabs/month)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (168 tabs/month)
hydromorphone oral liquid	1	QL (56 ml/month)
hydromorphone oral tablet 2 mg	1	QL (154 tabs/month)
hydromorphone oral tablet 4 mg	1	QL (84 tabs/month)
hydromorphone oral tablet 8 mg	1	QL (42 tabs/month)
hydromorphone rectal	1	QL (112 suppositories/month)
LAZANDA	3	PA QL (14 bottles/month)
lorcet (hydrocodone)	1	QL (168 tabs/month)
lorcet hd	1	QL (126 tabs/month)
lorcet plus oral tablet 7.5-325 mg	1	QL (168 tabs/month)
lortab elixir oral solution 10-300 mg/15 ml	1	QL (945 ml/month)

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ST - Step Therapy

Drug	Tier	Limits/Notes
meperidine oral solution	1	AL QL (PA required for those 65 years of age or older; 1260 ml/month)
meperidine oral tablet 100 mg	1	AL QL (PA required for those 65 years of age or older; 126 tabs/month)
meperidine oral tablet 50 mg	1	AL QL (PA required for those 65 years of age or older; 252 tabs/month)
morphine concentrate oral solution	1	QL (70 ml/month)
morphine oral solution 10 mg/5 ml	1	QL (630 ml/month)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (84 ml/month)
morphine oral tablet 15 mg	1	QL (84 tabs/month)
morphine oral tablet 30 mg	1	QL (42 tabs/month)
morphine rectal suppository 10 mg	1	QL (126 suppositories/month)
morphine rectal suppository 20 mg	1	QL (70 suppositories/month)
morphine rectal suppository 30 mg	1	QL (42 suppositories/month)
morphine rectal suppository 5 mg	1	QL (168 suppositories/month)
nalocet	1	PA QL (12 tabs/day; not to exceed 168 tabs/month)
NORCO ORAL TABLET 10-325 MG	3	QL (126 tabs/month)
NORCO ORAL TABLET 5-325 MG, 7.5-325 MG	3	QL (168 tabs/month)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	PA QL (56 tabs/month)
NUCYNTA ORAL TABLET 50 MG	3	PA QL (70 tabs/month)
OPANA ORAL TABLET 10 MG	3	PA QL (56 tabs/month)
OPANA ORAL TABLET 5 MG	3	PA QL (84 tabs/month)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	3	PA QL (168 tabs/month)
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	3	PA QL (112 tabs/month)
oxycodone oral capsule	1	QL (168 caps/month)
oxycodone oral concentrate	1	QL (42 ml/month)
oxycodone oral solution	1	QL (840 ml/month)
oxycodone oral syringe	1	PA QL (3 ml/day)
oxycodone oral tablet 10 mg	1	QL (84 tabs/month)
oxycodone oral tablet 15 mg	1	QL (56 tabs/month)
oxycodone oral tablet 20 mg	1	QL (42 tabs/month)
oxycodone oral tablet 30 mg	1	QL (28 tabs/month)
oxycodone oral tablet 5 mg	1	QL (168 tabs/month)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (84 tabs/month)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (168 tabs/month)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (112 tabs/month)
oxymorphone oral tablet 10 mg	1	PA QL (56 tabs/month)
oxymorphone oral tablet 5 mg	1	PA QL (84 tabs/month)
pentazocine-naloxone	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
PERCOSET ORAL TABLET 10-325 MG	3	QL (84 tabs/month)
PERCOSET ORAL TABLET 2.5-325 MG, 5-325 MG	3	QL (168 tabs/month)
PERCOSET ORAL TABLET 7.5-325 MG	3	QL (112 tabs/month)
primlev oral tablet 10-300 mg	1	QL (84 tabs/month)
primlev oral tablet 5-300 mg	1	QL (168 tabs/month)
primlev oral tablet 7.5-300 mg	1	QL (112 tabs/month)

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Drug	Tier	Limits/Notes
ROXICODONE ORAL TABLET 15 MG	3	QL (56 tabs/month)
ROXICODONE ORAL TABLET 30 MG	3	QL (28 tabs/month)
ROXICODONE ORAL TABLET 5 MG	3	QL (168 tabs/month)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG	3	PA QL (56 tabs/month; not to exceed 4 tabs/day)
ROXYBOND ORAL TABLET, ORAL ONLY 30 MG	3	PA QL (28 tabs/month; not to exceed 2 tabs/day)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	PA QL (168 tabs/month; not to exceed 12 tabs/day)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY	3	PA QL (56 doses/month)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 200 MCG/SPRAY	3	PA QL (42 doses/month)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA QL (14 doses/month)
tramadol oral tablet	1	QL (112 tabs/month)
tramadol-acetaminophen	1	QL (12 tabs/day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA QL (140 caps/month)
TYLENOL-CODEINE #3	3	QL (168 tabs/month)
TYLENOL-CODEINE #4	3	QL (84 tabs/month)
ULTRACET	3	QL (12 tabs/day)
ULTRAM	3	
verdrocet	1	QL (168 tabs/month)
vicodin	1	QL (168 tabs/month)
vicodin es	1	QL (168 tabs/month)
vicodin hp	1	QL (126 tabs/month)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA QL (2 caps/day)
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine hcl mucous membrane jelly	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated	1	QL (90 patches/month)
lidocaine topical ointment	1	QL (240 gm/month)
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	QL (30 gm/month)
LIDODERM	3	QL (90 patches/month)
SYNERA	3	PA QL (1 patch/month)
ZTLIDO	3	PA QL (3 patches/day)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate	1	
ANTABUSE	3	
disulfiram	1	
revia	1	
Opioid Antagonists		
buprenorphine hcl sublingual tablet 2 mg	1	QL (12 tabs/day; not to exceed 7 days supply over 90 days)

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Drug	Tier	Limits/Notes
buprenorphine hcl sublingual tablet 8 mg	1	QL (3 tabs/day; not to exceed 7 days supply over 90 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (12 tabs/day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	QL (3 tabs/day)
naltrexone	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (2 films/day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	2	QL (5 films/day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	2	QL (3 films/day)
Opioid Dependence Treatments		
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 5.7-1.4 MG	3	QL (3 tabs/day)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 2.9-0.71 MG	3	QL (1 tab/day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (2 tabs/day)
Opioid Reversal Agents		
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	3	PA QL (1box [2 auto inj]/6 months)
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	PA QL (2 auto-injector's/6 months)
LUCEMYRA	3	PA QL (16 tabs/day, not to exceed 224 tabs/6 months)
naloxone injection solution	1	QL (two 1 ml vials/month)
naloxone injection syringe	1	QL (2 syringes/month)
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (2 doses/month)
Smoking Cessation Agents		
buropipron hcl (smoking deter)	1	QL (2 tabs/day); PH
CHANTIX	2	QL (2 tabs/day); PH
CHANTIX CONTINUING MONTH BOX	2	QL (2 tabs/day); PH
CHANTIX STARTING MONTH BOX	2	QL (1 starting month box/28 days); PH
NICOTROL	2	QL (16 cartridges/day); PH
NICOTROL NS	2	QL (2 ml/day); PH
ZYBAN	3	QL (2 tabs/day); PH
Antibacterials		
Aminoglycosides		
ARIKAYCE	4	PA QL (1 vial/day)
BETHKIS	4	PA QL (1 box/2 months)
gentak ophthalmic (eye) ointment	1	
gentamicin ophthalmic (eye)	1	
gentamicin topical	1	
KITABIS PAK	4	PA QL (1 pack/56 days)
neomycin	1	
neomycin-polymyxin b gu	1	PA QL (1 ml/day)
neomycin-polymyxin-gramicidin	1	
paromomycin	1	
PRED-G	3	
PRED-G S.O.P.	3	
TOBI	4	PA QL (1 box/2 months)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA QL (224 caps/2 months)
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	

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Drug	Tier	Limits/Notes
TOBRADEX ST	3	QL (1 bottle/fill)
tobramycin	1	
tobramycin in 0.225 % nacl	4	PA QL (1 box/2 months)
tobramycin with nebulizer	4	PA QL (1 pack/56 days)
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	
ZYLET	2	
Antibacterials, Other		
ak-poly-bac	1	
ALTABAX	3	ST (use mupirocin [Bactroban] ointment or cream first)
amoxicil-clarithromy-lansopraz	1	QL (one 14-day course/month)
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b ophthalmic (eye)	1	
BACTROBAN NASAL	3	
BACTROBAN TOPICAL CREAM	3	
CENTANY	3	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
CLEOCIN T	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	QL (3 supp./fill)
clindacin etz topical swab	1	
clindacin p	1	
CLINDAGEL	3	QL (1 bottle/month)
clindamycin hcl	1	
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
clindamycin phosphate topical foam	1	QL (1 can/month)
clindamycin phosphate topical gel	1	
clindamycin phosphate topical gel, once daily	1	PA QL (1 bottle/month)
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
COLY-MYCIN S	3	
CORTISPORIN TOPICAL	3	
EVOCLIN	3	QL (1 can/month)
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	PA QL (300 ml/month)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	PA QL (300 ml/month)
FLAGYL	3	
FURADANTIN	3	
HIPREX	3	
linezolid	1	PA

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Drug	Tier	Limits/Notes
MACROBID	3	
MACRODANTIN	3	
mafenide acetate	1	
MAXITROL	3	
methenamine hippurate	1	
METROCREAM	3	
METROGEL VAGINAL	3	
METROLOTION	3	
metronidazole oral	1	
metronidazole topical cream	1	
metronidazole topical lotion	1	
metronidazole vaginal	1	
MONUROL	3	QL (1 packet/month)
mupirocin	1	
mupirocin calcium	1	
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
neo-polycin	1	
neo-polycin hc	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
NORITATE	4	PA
NUVESSA	3	QL (2 tubes/month)
OMECLAMOX-PAK	3	QL (1 pack/month)
polycin	1	
polymyxin b sulf-trimethoprim	1	
POLYTRIM	3	
PRIMSOL	3	
rosadan topical cream	1	
SILVADENE	3	
silver sulfadiazine	1	
SIVEXTRO ORAL	3	PA QL (6 tabs/month)
SSD	3	
SULFAMYLYON	3	
trimethoprim	1	
TRIMPEX	3	
UROQID-ACID NO.2	3	
VANCOCIN	3	
vancomycin oral capsule	1	
VANDAZOLE	3	
XEPI	3	ST QL (use mupirocin cream or ointment first; 1 tube/60 days)

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Drug	Tier	Limits/Notes
XIFAXAN ORAL TABLET 200 MG	3	PA QL (8 tabs/day)
XIFAXAN ORAL TABLET 550 MG	3	PA QL (3 tabs/day)
ZYVOX ORAL	3	PA
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	QL (14 tabs/fill)
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
KEFLEX ORAL CAPSULE	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
Beta-Lactam, Other		
CAYSTON	4	PA QL (1 box/2 months)
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	1	
amoxicillin-pot clavulanate oral tablet 875-125 mg	1	QL (2 tabs/day)
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
AUGMENTIN ORAL TABLET 875-125 MG	3	QL (2 tabs/day)
AUGMENTIN XR	3	

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Drug	Tier	Limits/Notes
dicloxacillin	1	
MOXATAG	3	QL (10 tabs/fill)
penicillin v potassium	1	
Macrolides		
AZASITE	3	
azithromycin oral	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	QL (42 tabs/fill)
clarithromycin oral tablet extended release 24 hr	1	QL (42 tabs/fill)
DIFCID	3	PA QL (20 tabs/month)
E.E.S. 400 ORAL TABLET	3	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	2	
ERY-TAB	2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	2	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic (eye)	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Quinolones		
AVELOX	3	QL (10 tabs/fill)
BAXDELA ORAL	3	PA QL (28 tabs/month)
BESIVANCE	3	QL (5 ml/month)
CETRAXAL	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	3	QL (2 bottles/fill)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	3	QL (3 bottles/fill)
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL (2 tabs/day)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG	3	QL (14 tabs/fill)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	QL (3 tabs/fill)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	1	QL (14 tabs/fill)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	1	QL (3 tabs/fill)
ciprofloxacin hcl ophthalmic (eye)	1	
ciprofloxacin hcl oral	1	QL (2 tabs/day)
ciprofloxacin hcl otic (ear)	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1	QL (2 bottles/fill)
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	QL (3 bottles/fill)

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ST - Step Therapy

Drug	Tier	Limits/Notes
FACTIVE	3	QL (1 box/fill)
gatifloxacin	1	QL (one 2.5 ml bottle/month)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	QL (10 tabs/fill)
levofloxacin ophthalmic (eye)	1	
levofloxacin oral solution	1	QL (300 ml/fill)
levofloxacin oral tablet	1	QL (10 tabs/fill)
MOXEZA	2	
moxifloxacin ophthalmic (eye)	1	
moxifloxacin oral	1	QL (10 tabs/fill)
OCUFLOX	3	
ofloxacin ophthalmic (eye)	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic (ear)	1	
VIGAMOX	3	
ZYMAXID	3	QL (one 2.5 ml bottle/month)
Sulfonamides		
AVC VAGINAL	2	
BACTRIM	3	
BACTRIM DS	3	
BLEPH-10	3	
KLARON	3	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	3	
Tetracyclines		
ACTICLATE	3	PA QL (1 tab/day)
avidoxy	1	
coremino	1	PA QL (1 tab/day)
demeclercycline	1	
DORYX MPC	3	PA QL (2 tabs/day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	PA QL (1 tab/day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 50 MG	3	PA QL (2 tabs/day)
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 150 mg, 75 mg	1	PA QL (1 tab/day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 75 mg	1	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg, 200 mg	1	PA QL (1 tab/day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	1	PA QL (2 tabs/day)
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	

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ST - Step Therapy

Drug	Tier	Limits/Notes
MINOCIN ORAL CAPSULE 50 MG	3	
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	PA QL (1 tab/day)
MINOLIRA ER	3	PA QL (1 tab/day)
monodoxine nl	1	
MONODOX	3	
morgidox	1	
okebo oral capsule 75 mg	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	PA QL (1 tab/day)
soloxide	1	PA QL (1 tab/day)
TARGADOX	3	PA QL (2 tabs/day)
tetracycline	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	2	
XIMINO	3	PA QL (1 cap/day)
Anticonvulsants		
Anticonvulsants, Other		
APTIOM ORAL TABLET 200 MG, 400 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 1 tab/day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
BRIVIACT ORAL SOLUTION	3	ST QL (use levetiracetam first; 20 ml/day)
BRIVIACT ORAL TABLET	3	ST QL (use levetiracetam first; 2 tabs/day)
EPIDIOLEX	4	PA QL (4 bottles/28 days)
FYCOMPA ORAL SUSPENSION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 24 ml/day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 1 tab/day)
FYCOMPA ORAL TABLET 2 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 3 tabs/day)
KEPPRA ORAL	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	QL (6 tabs/day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	QL (4 tabs/day)
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr 500 mg	1	QL (6 tabs/day)
levetiracetam oral tablet extended release 24 hr 750 mg	1	QL (4 tabs/day)
phenobarbital	1	
roweepra	1	
roweepra xr oral tablet extended release 24 hr 500 mg	1	QL (6 tabs/day)
roweepra xr oral tablet extended release 24 hr 750 mg	1	QL (4 tabs/day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	3	PA QL (3 tabs/day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	PA QL (2 tabs/day)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA QL (4 tabs/day)

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Drug	Tier	Limits/Notes
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide	1	
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
zonisamide	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension	1	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 16 ml/day)
clobazam oral tablet	1	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT	3	QL (1 kit [2 doses]/fill)
DIASTAT ACUDIAL	3	QL (1 kit [2 doses]/fill)
divalproex	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral solution 250 mg/5 ml (5 ml)	1	PA
gabapentin oral solution 300 mg/6 ml (6 ml)	1	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL	3	
GRALISE 30-DAY STARTER PACK	3	PA QL (1 pack/month)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA QL (1 tab/day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA QL (3 tabs/day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA QL (2 tabs/day)
MYSOLINE	3	
ONFI ORAL SUSPENSION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 16 ml/day)
ONFI ORAL TABLET 10 MG, 20 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
primidone	1	
SABRIL ORAL POWDER IN PACKET	4	PA QL (6 packs/day)
SABRIL ORAL TABLET	4	PA QL (6 tabs/day)
SYMPAZAN	3	PA QL (2 films/day)
tiagabine	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution	1	
vigabatrin	4	PA QL (6 packs/day)
VIGADRONE	4	PA QL (6 packs/day)
Glutamate Reducing Agents		
felbamate	1	
FELBATOL	3	
LAMICTAL ODT	3	PA

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Drug	Tier	Limits/Notes
LAMICTAL ODT STARTER (BLUE)	3	PA QL (1 starter pack/month)
LAMICTAL ODT STARTER (GREEN)	3	PA QL (1 starter pack/month)
LAMICTAL ODT STARTER (ORANGE)	3	PA QL (1 starter pack/month)
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT	3	
LAMICTAL STARTER (GREEN) KIT	3	
LAMICTAL STARTER (ORANGE) KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	ST QL (use generic lamotrigine immediate-release first; 1 tab/day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG	3	ST QL (use generic lamotrigine immediate-release first; 3 tabs/day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG, 300 MG	3	ST QL (use generic lamotrigine immediate-release first; 2 tabs/day)
LAMICTAL XR STARTER (BLUE)	3	ST QL (use lamotrigine tabs first; 1 kit/month)
LAMICTAL XR STARTER (GREEN)	3	ST QL (use lamotrigine tabs first; 1 kit/month)
LAMICTAL XR STARTER (ORANGE)	3	ST QL (use lamotrigine tabs first; 1 kit/month)
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	PA QL (1 starter pack/month)
lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	1	ST QL (use generic lamotrigine immediate-release first; 1 tab/day)
lamotrigine oral tablet extended release 24hr 200 mg	1	ST QL (use generic lamotrigine immediate-release first; 3 tabs/day)
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	1	ST QL (use generic lamotrigine immediate-release first; 2 tabs/day)
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	1	PA
lamotrigine oral tablets,dose pack	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	3	PA QL (1 cap/day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	3	PA QL (2 caps/day)
subvenite	1	
subvenite starter (blue) kit	1	
subvenite starter (green) kit	1	
subvenite starter (orange) kit	1	
TOPAMAX	3	
topiramate oral capsule, sprinkle	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	1	PA QL (1 cap/day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	1	PA QL (2 caps/day)
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG	3	PA QL (3 caps/day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA QL (2 caps/day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	3	PA QL (7 caps/day)
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 80 ml/day)
BANZEL ORAL TABLET 200 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)

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Drug	Tier	Limits/Notes
BANZEL ORAL TABLET 400 MG	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 8 tabs/day)
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
oxcarbazepine oral suspension	1	QL (40 ml/day)
oxcarbazepine oral tablet 150 mg, 300 mg	1	QL (2 tabs/day)
oxcarbazepine oral tablet 600 mg	1	QL (4 tabs/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST QL (use oxcarbazepine immediate release first; 1 tab/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST QL (use oxcarbazepine immediate release first; 4 tabs/day)
PEGANONE	3	
PHENYTEK	3	
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended	1	
TRILEPTAL ORAL SUSPENSION	3	QL (40 ml/day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	QL (2 tabs/day)
TRILEPTAL ORAL TABLET 600 MG	3	QL (4 tabs/day)
VIMPAT ORAL SOLUTION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 40 ml/day)
VIMPAT ORAL TABLET	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
Antidementia Agents		
Antidementia Agents, Other		
ergoloid	1	
Cholinesterase Inhibitors		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	3	ST QL (use donepezil 5mg or 10mg first; 1 tab/day)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST QL (use donepezil 5mg or 10mg first; 1 tab/day)
donepezil oral tablet, disintegrating	1	
EXELON TRANSDERMAL	3	QL (1 patch/day)
galantamine	1	
RAZADYNE ER	3	
RAZADYNE ORAL TABLET	3	
rivastigmine	1	QL (1 patch/day)
rivastigmine tartrate	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral capsule, sprinkle, er 24hr	1	QL (1 cap/day)
memantine oral solution	1	
memantine oral tablet	1	QL (2 tabs/day)
memantine oral tablets, dose pack	1	
NAMENDA ORAL TABLET	3	QL (2 tabs/day)

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Drug	Tier	Limits/Notes
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	QL (1 cap/day)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	QL (1 cap/day)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	QL (1 pack/6 months)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	QL (1 cap/day)
Antidepressants		
Antidepressants, Other		
APLENZIN	3	ST QL (use bupropion xl first; 1 tab/day)
bupropion hcl oral tablet 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet 75 mg	1	QL (6 tabs/day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 tab/day)
bupropion hcl oral tablet extended release 24 hr 450 mg	1	ST QL (use bupropion xl first; 1 tab/day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	1	QL (2 tabs/day)
FORFIVO XL	3	ST QL (use bupropion xl first; 1 tab/day)
maprotiline	1	
mirtazapine	1	
nefazodone	1	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
trazodone	1	
TRINTELLIX	3	ST QL (use two preferred antidepressants first; 1 tab/day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	QL (4 tabs/day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG	3	QL (3 tabs/day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 200 MG	3	QL (2 tabs/day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (3 tabs/day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (1 tab/day)
Monoamine Oxidase Inhibitors		
MARPLAN	3	
NARDIL	3	
PARNATE	3	
phenelzine	1	
tranylcypromine	1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
BRISDELLE	3	QL (1 cap/day)
CELEXA ORAL TABLET	3	QL (40 mg/day)
citalopram	1	QL (40 mg/day)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG	3	QL (3 caps/day)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	QL (2 caps/day)
desvenlafaxine	3	ST QL (use desvenlafaxine succinate ER [Pristiq] first; 1 tab/day)
desvenlafaxine fumarate	3	ST QL (use desvenlafaxine succinate ER [Pristiq] first; 1 tab/day)

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Drug	Tier	Limits/Notes
desvenlafaxine succinate	1	QL (1 tab/day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	1	QL (3 caps/day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg, 60 mg	1	QL (2 caps/day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (2 caps/day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 caps/day)
escitalopram oxalate	1	
FETZIMA	3	PA QL (1 cap/day)
fluoxetine oral capsule	1	
fluoxetine oral capsule,delayed release(dr/ec)	1	QL (4 caps/month)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	
fluoxetine oral tablet 60 mg	3	
fluvoxamine oral capsule,extended release 24hr 100 mg	1	ST QL (use fluvoxamine ir tabs first; 3 caps/day)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	ST QL (use fluvoxamine ir tabs first; 2 caps/day)
fluvoxamine oral tablet	1	
KHEDEZLA	3	ST QL (use desvenlafaxine succinate ER [Pristiq] first; 1 tab/day)
LEXAPRO ORAL TABLET	3	
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	
paroxetine mesylate(menop.sym)	1	QL (1 cap/day)
PAXIL CR	3	
PAXIL ORAL SUSPENSION	3	QL (30 ml/day)
PAXIL ORAL TABLET	3	
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA QL (1 tab/day)
PEXEVA ORAL TABLET 30 MG	3	PA QL (2 tabs/day)
PRISTIQ	3	QL (1 tab/day)
PROZAC ORAL CAPSULE	3	
SARAFEM ORAL TABLET 10 MG, 20 MG	3	QL (1 tab/day)
sertraline	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (2 caps/day)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (3 caps/day)
venlafaxine oral tablet	1	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL (1 tab/day)
venlafaxine oral tablet extended release 24hr 225 mg	3	QL (1 tab/day)
VIBRYD ORAL TABLET	3	ST QL (use 2 preferred antidepressants first; 1 tab/day)
VIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST QL (use 2 preferred antidepressants first; 1 pack/month)
ZOLOFT	3	
Tricyclics		
amitriptyline	1	
amoxapine	1	
ANAFRANIL	3	
clomipramine	1	

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Drug	Tier	Limits/Notes
desipramine	1	
imipramine hcl	1	
imipramine pamoate	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline	1	
PAMELOR	3	
protriptyline	1	
SURMONTIL	3	
TOFRANIL	3	
trimipramine	1	
Antiemetics		
Antiemetics, Other		
BONJESTA	3	PA QL (2 tabs/day)
chlorpromazine oral	1	
COMPAZINE ORAL	3	
compazine rectal	1	
compro	1	
DICLEGIS	3	PA QL (4 tabs/day)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet,disintegrating	1	PA QL (4 tabs/day)
phenadoz	1	
phenergan rectal	1	
prochlorperazine	1	
prochlorperazine maleate	1	
promethazine oral	1	
promethazine rectal	1	
promethegan	1	
REGLAN ORAL	3	
scopolamine base	1	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	
trimethobenzamide oral	1	
VISTARIL	3	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule,dose pack	1	QL (3 caps/7 days)
Antifungals		
DIFLUCAN	3	
ERTACZO	3	ST QL (use one preferred topical antifungal first; 1 tube/fill)
EXELDERM	3	
KERYDIN	3	PA QL (1 bottle/month)

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Drug	Tier	Limits/Notes
LOPROX TOPICAL SHAMPOO	3	
LOTRISONE TOPICAL CREAM	3	
LUZU	3	ST QL (use one preferred topical antifungal first; 1 bottle/month)
NATACYN	3	
NIZORAL TOPICAL SHAMPOO	3	
ONMEL	3	PA QL (1 tab/day)
ORAVIG	3	PA QL (14 tabs/month)
PENLAC	3	
SPORANOX	3	PA
VFEND	3	PA
XOLEGEL	3	ST (use ketoconazole cream or shampoo first)
Antifungals		
ANCOBON	3	
ciclodan	1	
ciclopirox	1	
clotrimazole mucous membrane	1	
clotrimazole-betamethasone	1	
CRESEMDA ORAL	4	PA QL (2 caps/day)
econazole	1	
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
gynazole-1	1	
itraconazole	1	PA
JUBLIA	3	PA QL (4 ml/month)
ketoconazole oral	1	
ketoconazole topical cream	1	
ketoconazole topical foam	1	ST (use topical ketoconazole 2% cream or shampoo first)
ketoconazole topical shampoo	1	
luliconazole	1	ST QL (use one preferred topical antifungal first; 1 bottle/month)
miconazole nitrate-zinc ox-pet	1	ST (use three preferred topical antifungals first)
miconazole-3 vaginal suppository	1	
naftifine	1	ST (use one preferred topical antifungal first)
NAFTIN TOPICAL CREAM 2 %	3	ST (use one preferred topical antifungal first)
NAFTIN TOPICAL GEL	3	ST (use one preferred topical antifungal first)
NOXAFL ORAL SUSPENSION	2	PA
NOXAFL ORAL TABLET,DELAYED RELEASE (DR/EC)	2	PA QL (3 tabs/day)
nyamyc	1	
nystatin oral powder 150 million unit, 500 million unit	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
nystatin topical	1	

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Drug	Tier	Limits/Notes
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	1	ST (use one preferred topical antifungal first)
selenium sulfide topical lotion	1	QL (1 bottle/month)
SPORANOX PULSEPAK	3	PA
terbinafine hcl oral	1	QL (30 tabs/month)
terconazole	1	
voriconazole oral	1	PA
VUSION	3	ST (use three preferred topical antifungals first)
Skin And Mucous Membrane Preparations Anti-Infectives		
Antifungals Miscellaneous Antifungals		
ECOZA	3	ST QL (use econazole cream and one other preferred topical anti-fungal agent first; 1 bottle/month)
EXTINA	3	ST (use topical ketoconazole first)
OXISTAT	3	ST (use one preferred topical antifungal first)
Antigout Agents		
Antigout Agents		
colchicine oral capsule	1	QL (2 caps/day)
colchicine oral tablet	1	QL (4 tabs/day)
COLCRYS	3	QL (4 tabs/day)
DUZALLO	3	ST QL (use allopurinol first; 1 tab/day)
MITIGARE	3	QL (2 caps/day)
probenecid	1	
probenecid-colchicine	1	
ULORIC	2	ST QL (use allopurinol first; 1 tab/day)
ZURAMPIC	3	ST QL (use Uloric or Allopurinol first; 1 tab/day)
Antihyperlipidemics		
Anti-Pcsk-9 Monoclonal Antibodies		
PRALUENT PEN	4	PA QL (2 pen injectors/month)
REPATHA PUSHTRONEX	4	PA QL (1 injector/month)
REPATHA SURECLICK	4	PA QL (2 pen injectors/month)
REPATHA SYRINGE	4	PA QL (2 syringes/month)
Anti-Inflammatory Agents		
Glucocorticoids		
ANALPRAM-HC TOPICAL	2	
EPIFOAM	2	
hydrocortisone-acetic acid	1	
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone	1	
pramcort	1	
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION	2	

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ST - Step Therapy

Drug	Tier	Limits/Notes
Antimigraine Agents		
Antimigraine Agents		
sumatriptan-naproxen	1	PA QL (9 tabs/month)
TREXIMET	3	PA QL (9 tabs/month)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitor		
AIMOVIG AUTOINJECTOR	4	PA QL (1 injection/28 days)
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA QL (2 injections/28 days)
AJOVY	4	PA QL (3 syringes/84 days)
EMGALITY	4	PA QL (1 pen injector/28 days)
Ergot Alkaloids		
CAFERGOT	3	QL (10 tabs/week)
D.H.E.45	4	PA QL (24 ml/28 days)
dihydroergotamine injection	3	PA QL (24 ml/28 days)
dihydroergotamine nasal	3	PA QL (8 vials/month)
ERGOMAR	3	QL (20 tabs/28 days)
ergotamine-caffeine	1	QL (10 tabs/week)
migergot	1	QL (5 suppositories/week)
MIGRALAN	4	PA QL (8 vials/month)
Serotonin (5-Ht) 1B/1D Receptor Agonists		
almotriptan malate	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 24 tabs/month)
ALSUMA	3	QL (16 injections/month at 4 injections/fill)
AMERGE	3	QL (18 tabs/month)
eletriptan	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 18 tabs/month)
FROVA	3	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 27 tabs/month)
frovatriptan	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 27 tabs/month)
IMITREX NASAL	3	QL (18 doses/month)
IMITREX ORAL	3	QL (18 tabs/month)
IMITREX STATDOSE PEN	3	QL (16 injections/month at 4 injections/fill)
IMITREX STATDOSE REFILL	3	QL (16 injections/month at 4 injections/fill)
IMITREX SUBCUTANEOUS	3	QL (16 injections/month at 4 injections/fill)
MAXALT ORAL TABLET 10 MG	3	QL (24 tabs/month)
MAXALT-MLT	3	QL (24 tabs/month)
naratriptan	1	QL (18 tabs/month)
ONZETRA XSAIL	3	PA QL (1 box/month)
RELPAX	3	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 18 tabs/month)
rizatriptan	1	QL (24 tabs/month)
sumatriptan	1	QL (18 nasal sprays/month)
sumatriptan succinate oral	1	QL (18 tabs/month)
sumatriptan succinate subcutaneous cartridge	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous pen injector	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous solution	1	QL (16 injections/month at 4 injections/fill)

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Drug	Tier	Limits/Notes
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (16 injections/month at 4 injections/fill)
SUMAVEL DOSEPRO	3	ST QL (use sumatriptan vial, prefilled syringe, or prefilled cartridge first; 18 injections/month at 6 injections/fill)
ZEMBRACE SYMTOUCH	3	ST QL (use sumatriptan [Imitrex] injection first; 16 injections/month at 4 injections/fill)
zolmitriptan	1	QL (18 tabs/month)
ZOMIG NASAL	3	ST QL (use sumatriptan nasal first; 18 doses/month)
ZOMIG ORAL	3	QL (18 tabs/month)
ZOMIG ZMT	3	QL (18 tabs/month)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine	1	
MESTINON ORAL SYRUP	2	QL (50 ml/day)
MESTINON ORAL TABLET	3	QL (25 tabs/day)
MESTINON TIMESPAN	3	QL (6 tabs/day)
pyridostigmine bromide oral tablet	1	QL (25 tabs/day)
pyridostigmine bromide oral tablet extended release	1	QL (6 tabs/day)
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
MYCOBUTIN	3	
rifabutin	1	
Antituberculars		
cycloserine	3	
ethambutol	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
PASER	3	
PRIFTIN	2	
pyrazinamide	1	
RIFADIN ORAL	3	
RIFAMATE	3	
rifampin oral	1	
RIFATER	3	
TRECATOR	3	
Antineoplastics		
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA QL (56 caps/28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA QL (112 caps/28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA QL (84 caps/28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA QL (2 tabs/day)
ICLUSIG ORAL TABLET 45 MG	4	PA QL (1 tab/day)
SYLATRON	4	PA
Alkylating Agents		
ALKERAN ORAL	3	
cyclophosphamide oral capsule	2	

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Drug	Tier	Limits/Notes
GLEOSTINE	2	
LEUKERAN	2	
MATULANE	2	
melphalan	1	
MYLERAN	2	
TEMODAR ORAL	4	
temozolomide	4	
VALCHLOR	4	PA QL (1 tube/month)
Antiandrogens		
bicalutamide	1	GL (covered for males only)
CASODEX	3	GL (covered for males only)
ERLEADA	4	PA QL (4 tabs/day)
flutamide	1	
NILANDRON	4	QL (1 tab/day)
nilutamide	4	QL (1 tab/day)
XTANDI	4	PA QL (4 caps/day)
YONSA	4	PA QL (4 tabs/day)
ZYTIGA ORAL TABLET 250 MG	4	PA QL (4 tabs/day)
ZYTIGA ORAL TABLET 500 MG	4	PA QL (2 tabs/day)
Antiangiogenic Agents		
POMALYST	4	PA QL (1 cap/day)
REVLIMID	4	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA QL (2 caps/day)
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	2	
SOLTAMOX	3	PH
tamoxifen	1	PH
Antimetabolites		
capecitabine	4	
DROXIA	2	
HYDREA	3	
hydroxyurea	1	
LONSURF ORAL TABLET 15-6.14 MG	4	PA QL (100 tabs/28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA QL (80 tabs/28 days)
mercaptopurine	1	
PURIXAN	4	AL QL (PA required for those 10 years of age or older; 1 bottle/month)
SIKLOS	3	PA
TABLOID	2	
XELODA	4	
Antineoplastics, Other		
BRAFTOVI ORAL CAPSULE 50 MG	4	PA QL (4 caps/day)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA QL (6 caps/day)

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Drug	Tier	Limits/Notes
ERIVEDGE	4	PA QL (1 cap/day)
FARYDAK	4	PA QL (6 caps/12 days, not to exceed 6 caps every 21 days)
GILOTrif	4	PA QL (1 tab/day)
IDHIFA	4	PA QL (1 tab/day)
LYNPARZA ORAL TABLET	4	PA QL (4 tabs/day)
NERLYNX	4	PA QL (6 tabs/day)
ODOMZO	4	PA QL (1 cap/day)
PICATO TOPICAL GEL 0.015 %	2	QL (3 doses/month)
PICATO TOPICAL GEL 0.05 %	2	QL (2 doses/month)
RUBRACA	4	PA QL (4 tabs/day)
SYNRIBO	4	PA QL (2 vials/day)
TAFINLAR	4	PA QL (4 caps/day)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA QL (3 caps/day)
TALZENNA ORAL CAPSULE 1 MG	4	PA QL (1 cap/day)
TIBSOVO	4	PA QL (2 tabs/day)
VENCLEXTA ORAL TABLET 10 MG	4	PA QL (2 tabs/day)
VENCLEXTA ORAL TABLET 100 MG	4	PA QL (4 tabs/day)
VENCLEXTA ORAL TABLET 50 MG	4	PA QL (1 tab/day)
VENCLEXTA STARTING PACK	4	PA QL (1 starter pack/year)
VIZIMPRO	4	PA QL (1 tab/day)
ZEJULA	4	PA QL (3 caps/day)
ZOLINZA	4	PA QL (4 caps/day)
Antineoplastics		
leucovorin calcium oral	1	
MESNEX ORAL	2	
Aromatase Inhibitors, 3Rd Generation		
anastrozole	1	GL (PA required if male)
ARIMIDEX	3	GL (PA required if male)
AROMASIN	3	GL (PA required if male)
exemestane	1	GL (PA required if male)
FEMARA	3	GL (PA required if male)
letrozole	1	GL (PA required if male)
Enzyme Inhibitors		
COPIKTRA	4	PA QL (56 caps/28 days)
etoposide oral	4	
HYCAMTIN ORAL	4	Not available through mail-service
IBRANCE	4	PA QL (1 cap/day, max 21 caps/28 days)
KISQALI	4	PA QL (1 pack/28 days)
KISQALI FEMARA CO-PACK	4	PA QL (1 pack/28 days)
VERZENIO	4	PA QL (2 tabs/day)
ZYDELIG	4	PA QL (2 tabs/day)
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA QL (2 tabs/day)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA QL (4 tabs/day)

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Drug	Tier	Limits/Notes
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA QL (1 tab/day)
AFINITOR ORAL TABLET 10 MG, 7.5 MG	4	PA QL (2 tabs/day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	4	PA QL (1 tab/day)
ALECensa	4	PA QL (8 caps/day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA QL (1 tab/day)
ALUNBRIG ORAL TABLET 30 MG	4	PA QL (2 tabs/day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA QL (1 tab/day)
BOSULIF ORAL TABLET 100 MG	4	PA QL (4 tabs/day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA QL (1 tab/day)
CABOMETYX	4	PA QL (1 tab/day)
CALQUENCE	4	PA QL (2 caps/day)
CAPRELSA ORAL TABLET 100 MG	4	PA QL (2 tabs/day)
CAPRELSA ORAL TABLET 300 MG	4	PA QL (1 tab/day)
COTELLIC	4	PA QL (63 tabs/28 days)
GLEEVEC ORAL TABLET 100 MG	4	PA QL (8 tabs/day)
GLEEVEC ORAL TABLET 400 MG	4	PA QL (2 tabs/day)
imatinib oral tablet 100 mg	4	PA QL (8 tabs/day)
imatinib oral tablet 400 mg	4	PA QL (2 tabs/day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA QL (4 caps/day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA QL (1 cap/day)
IMBRUVICA ORAL TABLET	4	PA QL (1 tab/day)
INLYTA ORAL TABLET 1 MG	4	PA QL (6 tabs/day)
INLYTA ORAL TABLET 5 MG	4	PA QL (4 tabs/day)
IRESSA	4	PA QL (1 tab/day)
JAKAFI	4	PA QL (2 tabs/day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA QL (30 caps/month)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	4	PA QL (3 caps/day)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA QL (60 caps/month)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA QL (90 caps/month)
LENVIMA ORAL CAPSULE 4 MG	4	PA QL (1 cap/day)
LORBRENA ORAL TABLET 100 MG	4	PA QL (1 tabs/day)
LORBRENA ORAL TABLET 25 MG	4	PA QL (3 tabs/day)
MEKINIST ORAL TABLET 0.5 MG	4	PA QL (3 tabs/day)
MEKINIST ORAL TABLET 2 MG	4	PA QL (1 tab/day)
MEKTOVI	4	PA QL (6 tabs/day)
NEXAVAR	4	PA QL (4 tabs/day)
NINLARO	4	PA QL (3 caps/28 days)
RYDAPT	4	PA QL (56/21 days [#56 package size] or 224/28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	4	PA QL (1 tab/day)
SPRYCEL ORAL TABLET 20 MG, 50 MG	4	PA QL (3 tabs/day)
SPRYCEL ORAL TABLET 70 MG, 80 MG	4	PA QL (2 tabs/day)
STIVARGA	4	PA QL (4 tabs/day)
SUTENT ORAL CAPSULE 12.5 MG	4	PA QL (3 caps/day)

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Drug	Tier	Limits/Notes
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PA QL (1 cap/day)
TAGRISSO	4	PA QL (1 tab/day)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA QL (1 tab/day)
TARCEVA ORAL TABLET 25 MG	4	PA QL (3 tabs/day)
TASIGNA	4	PA QL (4 caps/day)
TYKERB	4	PA QL (22 tabs/day)
VOTRIENT	4	PA QL (4 tabs/day)
XALKORI	4	PA QL (2 caps/day)
ZELBORAF	4	PA QL (8 tabs/day)
ZYKADIA	4	PA QL (3 caps/day)
Monoclonal Antibody/Antibody-Drug Conjugate		
XGEVA	4	PA QL (1 vial/month)
Retinoids		
bexarotene	4	PA QL (8 caps/day)
PANRETIN	3	PA
TARGRETIN ORAL	4	PA QL (8 caps/day)
TARGRETIN TOPICAL	4	PA QL (1 tube/month)
tretinoin (chemotherapy)	1	QL (9 caps/day)
Treatment Adjuncts		
AKYNZEO (NETUPITANT)	3	QL (1 capsule/14 days)
allopurinol	1	
ANZEMET ORAL	2	QL (1 tab/fill)
aprepitant oral capsule 125 mg	1	PA QL (1 cap/7 days)
aprepitant oral capsule 40 mg	1	PA QL (1 cap/month)
aprepitant oral capsule 80 mg	1	PA QL (2 caps/7 days)
CESAMET	3	QL (6 caps/day)
dronabinol	1	QL (6 caps/day)
EMEND ORAL CAPSULE 125 MG	3	PA QL (1 cap/7 days)
EMEND ORAL CAPSULE 40 MG	3	PA QL (1 cap/month)
EMEND ORAL CAPSULE 80 MG	3	PA QL (2 caps/7 days)
EMEND ORAL CAPSULE,DOSE PACK	3	QL (3 caps/7 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA QL (3 packets/7 days)
granisetron hcl oral	1	QL (2 tabs/fill)
MARINOL	3	QL (6 caps/day)
octreotide acetate injection solution	4	PA
ondansetron	1	QL (3 tabs/day)
ondansetron hcl oral solution	1	QL (1 bottle/fill)
ondansetron hcl oral tablet 24 mg	1	QL (1 tab/fill)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (3 tabs/day)
SANCUSO	3	PA QL (2 patches/month)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA
SYNDROS	4	PA QL (4 bottles/month)
VARUBI ORAL	3	QL (2 tabs/14 days)
ZOFTRAN ORAL SOLUTION	3	QL (1 bottle/fill)

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Drug	Tier	Limits/Notes
ZOFRAN ORAL TABLET	3	QL (3 tabs/day)
ZUPLENZ	3	PA QL (3 films/day)
ZYLOPRIM	3	
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		
Anti-Obesity Agents		
CONTRAVE	3	PA QL (4 tabs/day)
Anti-Obesity Serotonin 2C Receptor Agonists		
SAXENDA	4	PA QL (5 pens/month)
Antiparasitics		
Anthelmintics		
albendazole	1	QL (4 tabs/day)
ALBENZA	3	QL (4 tabs/day)
BILTRICIDE	3	
EMVERM	3	PA QL (2 tabs/month)
ivermectin	1	QL (20 tabs/fill)
praziquantel	1	
STROMECTOL	3	QL (20 tabs/fill)
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA QL (1 bottle/fill)
ALINIA ORAL TABLET	3	PA QL (6 tabs/fill)
ARAKODA	3	PA QL (12 tabs/28 days)
atovaquone	1	PA
atovaquone-proguanil oral tablet 250-100 mg	1	QL (1 tab/day)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (3 tabs/day)
benznidazole oral tablet 100 mg	3	QL (4 tabs/day; not to exceed 240 tabs/year)
benznidazole oral tablet 12.5 mg	3	QL (12 tabs/day; not to exceed 720 tabs/year)
chloroquine phosphate	1	
COARTEM	2	QL (24 tabs/fill)
DARAPRIM	2	PA
hydroxychloroquine	1	
IMPAVIDO	4	PA QL (84 tabs/28days)
MALARONE	3	QL (1 tab/day)
MALARONE PEDIATRIC	3	QL (3 tabs/day)
mefloquine	1	QL (5 tabs/fill)
MEPRON	3	PA
PLAQUENIL	3	
primaquine	1	
QUALAQUIN	3	QL (6 caps/day)
quinine sulfate	1	QL (6 caps/day)
SOLOSEC	3	PA QL (1 pack/month)
TINDAMAX ORAL TABLET 500 MG	3	QL (20 tabs/fill)
tinidazole oral tablet 250 mg	1	QL (40 tabs/fill)
tinidazole oral tablet 500 mg	1	QL (20 tabs/fill)
Pediculicides/Scabicides		
crotan	1	

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Drug	Tier	Limits/Notes
ELIMITE	3	
EURAX	2	
lindane topical shampoo	1	
malathion	1	
NATROBA	3	QL (1 bottle/fill)
OVIDE	3	
permethrin topical cream	1	
SKLICE	3	
spinosad	1	QL (1 bottle/fill)
ULESFA	3	
Antiparkinson Agents		
Anticholinergics		
benztropine oral	1	
trihexyphenidyl	1	
Antiparkinson Agents, Other		
amantadine hcl	1	
COMTAN	3	QL (8 tabs/day)
entacapone	1	QL (8 tabs/day)
NEUPRO	3	QL (1 patch/day)
OSMOLEX ER	3	PA QL (1 tab/day)
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	QL (6 tabs/day)
tolcapone	3	ST QL (use entacapone first; 6 tabs/day)
Dopamine Agonists		
APOKYN	4	PA
bromocriptine	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA QL (2 caps/day)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA QL (1 cap/day)
MIRAPEX	3	
MIRAPEX ER	3	QL (1 tab/day)
PARLODEL	3	
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	QL (1 tab/day)
REQUIP	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	3	QL (2 tabs/day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 4 MG, 6 MG	3	QL (1 tab/day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 8 MG	3	QL (3 tabs/day)
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr 12 mg	1	QL (2 tabs/day)
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
ropinirole oral tablet extended release 24 hr 8 mg	1	QL (3 tabs/day)
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	QL (8 tabs/day)
carbidopa-levodopa-entacapone	1	
LODOSYN	3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG	3	ST QL (use carbidopa/levodopa er first; 25 caps/day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 36.25-145 MG	3	ST QL (use carbidopa/levodopa er first; 16 caps/day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 48.75-195 MG	3	ST QL (use carbidopa/levodopa er first; 12 caps/day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 61.25-245 MG	3	ST QL (use carbidopa/levodopa er first; 10 caps/day)
SINEMET	3	
SINEMET CR	3	
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	3	QL (1 tab/day)
ELDEPRYL	3	
EMSAM	3	
rasagiline	1	QL (1 tab/day)
selegiline hcl	1	
XADAGO	3	ST QL (use rasagiline first; 1 tab/day)
ZELAPAR	3	
Antipsychotics		
1St Generation/Typical		
fluphenazine hcl oral	1	
haloperidol	1	
haloperidol lactate oral	1	
loxapine succinate	1	
molindone oral tablet 10 mg	3	QL (8 tabs/day)
molindone oral tablet 25 mg	3	QL (9 tabs/day)
molindone oral tablet 5 mg	3	QL (12 tabs/day)
ORAP	3	
perphenazine	1	
perphenazine-amitriptyline	1	
pimozide	1	
thioridazine	1	
thiothixene	1	
trifluoperazine	1	
2Nd Generation/Atypical		
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	4	PA QL (1 tab/day)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 2 MG	4	PA QL (4 tabs/day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	QL (1 tab/day)
ABILIFY ORAL TABLET 2 MG	3	QL (4 tabs/day)
ABILIFY ORAL TABLET 5 MG	3	QL (2 tabs/day)

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PH - Preventive Health Drugs- \$0 copay if meets criteria

ST - Step Therapy

Drug	Tier	Limits/Notes
ariPIPRAZOLE ORAL SOLUTION	1	QL (25 ml/day)
ariPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	QL (1 tab/day)
ariPIPRAZOLE ORAL TABLET 2 MG	1	QL (4 tabs/day)
ariPIPRAZOLE ORAL TABLET 5 MG	1	QL (2 tabs/day)
ariPIPRAZOLE ORAL TABLET,DISINTEGRATING	1	QL (2 tabs/day)
FANAPT ORAL TABLET	3	QL (2 tabs/day)
FANAPT ORAL TABLETS,DOSE PACK	3	QL (1 pack/month)
GEODON ORAL	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	PA QL (1 tab/day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA QL (2 tabs/day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	ST QL (use aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone first; 1 tab/day)
LATUDA ORAL TABLET 80 MG	3	ST QL (use aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone first; 2 tabs/day)
olanzapine oral	1	
olanzapine-fluoxetine	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	PA QL (1 tab/day)
paliperidone oral tablet extended release 24hr 6 mg	1	PA QL (2 tabs/day)
quetiapine oral tablet	1	
quetiapine oral tablet extended release 24 hr	1	ST (use quetiapine immediate-release first)
REXULTI	4	PA QL (1 tab/day)
RISPERDAL	3	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet,disintegrating	1	
SAPHRIS	3	QL (2 tabs/day)
SEROQUEL	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST (use quetiapine immediate-release first)
SYMBYAX	3	
VRAYLAR ORAL CAPSULE	3	PA QL (1 cap/day)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	PA QL (1 pack/month)
ziprasidone hcl	1	
ZYPREXA ORAL	3	
ZYPREXA ZYDIS	3	
Atypical Selective Serotonin 5-HT2a Inverse Agonists (SSIA)		
NUPLAZID ORAL CAPSULE	4	PA QL (1 cap/day)
NUPLAZID ORAL TABLET	4	PA QL (1 tab/day)
Treatment-Resistant		
clozapine	1	
CLOZARIL	3	
FAZACLO	3	
VERSACLOZ	3	QL (18 ml/day)
Antispasticity Agents		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
NEURONTIN	3	

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Drug	Tier	Limits/Notes
ZANAFLEX	3	
Antispasticity Agents		
baclofen oral tablet 10 mg	1	QL (8 tabs/day)
baclofen oral tablet 20 mg	1	QL (4 tabs/day)
baclofen oral tablet 5 mg	1	QL (3 tabs/day)
dantrolene	1	
tizanidine	1	
Antitussives, Non-Narcotic		
Antihistamine Drugs First Generation Antihistamines Derivatives, Miscellaneous		
bromfed dm	1	
brompheniramine-pseudoeph-dm oral syrup	1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL	3	PA QL (1 tab/day)
VALCYTE ORAL RECON SOLN	3	QL (18 ml/day)
VALCYTE ORAL TABLET	3	QL (2 tabs/day)
valganciclovir oral recon soln	1	QL (18 ml/day)
valganciclovir oral tablet	1	QL (2 tabs/day)
ZIRGAN	3	QL (1 tube/month)
Anti-Hepatitis B (Hbv) Agents		
adefovir	1	QL (1 tab/day)
BARACLUDE ORAL SOLUTION	2	QL (3 bottles/month)
BARACLUDE ORAL TABLET	3	QL (1 tab/day)
entecavir	1	QL (1 tab/day)
EPIVIR HBV ORAL SOLUTION	2	QL (3 bottles/month)
EPIVIR HBV ORAL TABLET	3	QL (1 tab/day)
HEPSERA	3	QL (1 tab/day)
lamivudine oral tablet 100 mg	1	QL (1 tab/day)
PEGASYS SUBCUTANEOUS SOLUTION	4	PA QL (1 vial/week)
VEMLIDY	3	PA QL (1 tab/day)
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
DAKLINZA	4	PA QL (1 tab/day)
EPCLUSA	4	PA QL (1 tab/day)
HARVONI	4	PA QL (1 tab/day)
MAVYRET	4	PA QL (3 tabs/day)
SOVALDI	4	PA QL (1 tab/day)
TECHNIVIE	4	PA QL (2 tabs/day)
VIEKIRA PAK	4	PA QL (4 tabs/day)
VIEKIRA XR	4	PA QL (3 tabs/day)
VOSEVI	4	PA QL (1 tab/day)
ZEPATIER	4	PA QL (1 tab/day)
Anti-Hepatitis C (Hcv) Agents, Other		
INTRON A INJECTION	4	PA
moderiba	1	Not available through mail-service

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Drug	Tier	Limits/Notes
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7), 400 MG (7)- 400 MG (7), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)	3	PA (Not available through mail-service)
PEGASYS PROCLICK	4	PA QL (1 pen/week)
PEGASYS SUBCUTANEOUS SYRINGE	4	PA QL (1 syringe/week)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA
REBETOL ORAL SOLUTION	3	PA (Not available through mail-service)
ribasphere	1	Not available through mail-service
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 200 MG (28)- 400 MG (28), 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	3	PA (Not available through mail-service)
ribavirin oral capsule	1	Not available through mail-service
ribavirin oral tablet 200 mg	1	Not available through mail-service
Anti-Hepatitis C (Hcv) Agents		
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 200 MG (28)- 400 MG (28), 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	3	PA (Not available through mail-service)
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7), 400 MG (7)- 400 MG (7), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)	3	PA (Not available through mail-service)
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir topical	1	PA QL (1 tube/fill)
DENAVIR	3	PA QL (1 tube/month)
famciclovir	1	
SITAVIG	3	PA QL (2 tabs/2 months)
trifluridine	1	
valacyclovir	1	
VALTREX	3	
VIROPTIC	3	
XERESE	3	PA QL (5 gm tube/fill)
ZOVIRAX ORAL	3	
ZOVIRAX TOPICAL	3	PA QL (1 tube/fill)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD	2	QL (2 tabs/day)
ISENTRESS ORAL POWDER IN PACKET	2	QL (2 packets/day)
ISENTRESS ORAL TABLET	2	QL (4 tabs/day)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (6 tabs/day)
TIVICAY	2	QL (2 tabs/day)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
BIKTARVY	3	QL (1 tab/day)
COMPLERA	2	QL (1 tab/day)
DELSTRIGO	3	QL (1 tab/day)
EDURANT	2	QL (2 tabs/day)
efavirenz oral capsule 200 mg	1	QL (3 caps/day)

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Drug	Tier	Limits/Notes
efavirenz oral capsule 50 mg	1	QL (6 caps/day)
efavirenz oral tablet	1	QL (1 tab/day)
GENVOYA	3	QL (1 tab/day)
INTELENCE ORAL TABLET 100 MG	2	QL (4 tabs/day)
INTELENCE ORAL TABLET 200 MG	2	QL (2 tabs/day)
INTELENCE ORAL TABLET 25 MG	2	QL (12 tabs/day)
nevirapine oral suspension	1	QL (40 ml/day)
nevirapine oral tablet	1	QL (2 tabs/day)
nevirapine oral tablet extended release 24 hr 100 mg	1	QL (3 tabs/day)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (1 tab/day)
PIFELTRO	3	QL (2 tabs/day)
RESCRIPTOR ORAL TABLET	2	QL (6 tabs/day)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	2	QL (12 tabs/day)
STRIBILD	2	QL (1 tab/day)
SUSTIVA ORAL CAPSULE 200 MG	3	QL (3 caps/day)
SUSTIVA ORAL CAPSULE 50 MG	3	QL (6 caps/day)
SUSTIVA ORAL TABLET	3	QL (1 tab/day)
SYMTUZA	3	QL (1 tab/day)
VIRAMUNE ORAL SUSPENSION	3	QL (40 ml/day)
VIRAMUNE ORAL TABLET	3	QL (2 tabs/day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	QL (3 tabs/day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	QL (1 tab/day)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir oral solution	1	QL (30 ml/day)
abacavir oral tablet	1	QL (2 tabs/day)
abacavir-lamivudine	1	QL (1 tab/day)
abacavir-lamivudine-zidovudine	1	QL (2 tabs/day)
ATRIPLA	2	QL (1 tab/day)
CIMDUO	2	QL (1 tab/day)
COMBIVIR	3	QL (2 tabs/day)
DESCOVY	2	QL (1 tab/day)
didanosine	1	QL (1 cap/day)
EMTRIVA ORAL CAPSULE	2	QL (1 cap/day)
EMTRIVA ORAL SOLUTION	2	QL (24 ml/day)
EPIVIR ORAL SOLUTION	3	QL (30 ml/day)
EPIVIR ORAL TABLET 150 MG	3	QL (2 tabs/day)
EPIVIR ORAL TABLET 300 MG	3	QL (1 tab/day)
EPZICOM	3	QL (1 tab/day)
lamivudine oral solution	1	QL (30 ml/day)
lamivudine oral tablet 150 mg	1	QL (2 tabs/day)
lamivudine oral tablet 300 mg	1	QL (1 tab/day)
lamivudine-zidovudine	1	QL (2 tabs/day)
ODEFSEY	2	QL (1 tab/day)
RETROVIR ORAL CAPSULE	3	QL (5 caps/day)

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Drug	Tier	Limits/Notes
RETROVIR ORAL SYRUP	3	QL (60 ml/day)
stavudine oral capsule	1	QL (2 caps/day)
SYMF1	3	QL (1 tab/day)
SYMF1 LO	3	QL (1 tab/day)
tenofovir disoproxil fumarate	1	QL (1 tab/day)
TRIUMEQ	3	QL (1 tab/day)
TRIZIVIR	3	QL (2 tabs/day)
TRUVADA	2	QL (1 tab/day)
VIDEX 2 GRAM PEDIATRIC	2	
VIDEX 4 GRAM PEDIATRIC	2	
VIDEX EC	3	QL (1 cap/day)
VIREAD ORAL POWDER	2	QL (3 bottles/month)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 tab/day)
VIREAD ORAL TABLET 300 MG	3	QL (1 tab/day)
ZERIT ORAL CAPSULE	3	QL (2 caps/day)
ZIAGEN ORAL SOLUTION	3	QL (30 ml/day)
ZIAGEN ORAL TABLET	3	QL (2 tabs/day)
zidovudine oral capsule	1	QL (5 caps/day)
zidovudine oral syrup	1	QL (60 ml/day)
zidovudine oral tablet	1	QL (2 tabs/day)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	4	QL (1 kit/month)
JULUCA	3	QL (1 tab/day)
SELZENTRY ORAL SOLUTION	2	PA QL (60 ml/day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	PA QL (2 tabs/day)
SELZENTRY ORAL TABLET 25 MG	2	PA QL (8 tabs/day)
SELZENTRY ORAL TABLET 300 MG	2	PA QL (4 tabs/day)
TYBOST	3	QL (1 tab/day)
Anti-Hiv Agents, Protease Inhibitors		
APTVUS ORAL CAPSULE	2	QL (4 caps/day)
APTVUS ORAL SOLUTION	2	QL (10 ml/day)
atazanavir oral capsule 150 mg, 200 mg	1	QL (2 caps/day)
atazanavir oral capsule 300 mg	1	QL (1 cap/day)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (9 caps/day)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (6 caps/day)
EVOTAZ	3	QL (1 tab/day)
fosamprenavir	1	QL (4 tabs/day)
INVIRASE ORAL TABLET	2	QL (4 tabs/day)
KALETRA ORAL SOLUTION	3	QL (10 ml/day)
KALETRA ORAL TABLET	2	QL (4 tabs/day)
LEXIVA ORAL SUSPENSION	2	QL (56 ml/day)
LEXIVA ORAL TABLET	3	QL (4 tabs/day)
lopinavir-ritonavir	1	QL (10 ml/day)
NORVIR ORAL CAPSULE	2	QL (12 caps/day)
NORVIR ORAL POWDER IN PACKET	2	QL (12 packets/day)

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Drug	Tier	Limits/Notes
NORVIR ORAL SOLUTION	2	QL (15 ml/day)
NORVIR ORAL TABLET	3	QL (12 tabs/day)
PREZCOBIX	3	QL (1 tab/day)
PREZISTA ORAL SUSPENSION	2	QL (12 ml/day)
PREZISTA ORAL TABLET 150 MG	2	QL (4 tabs/day)
PREZISTA ORAL TABLET 600 MG, 75 MG	2	QL (2 tabs/day)
PREZISTA ORAL TABLET 800 MG	2	QL (1 tab/day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	3	QL (2 caps/day)
REYATAZ ORAL CAPSULE 300 MG	3	QL (1 cap/day)
REYATAZ ORAL POWDER IN PACKET	2	QL (5 packs/day)
ritonavir	1	QL (12 tabs/day)
VIRACEPT ORAL TABLET 250 MG	2	QL (9 tabs/day)
VIRACEPT ORAL TABLET 625 MG	2	QL (4 tabs/day)
Anti-Influenza Agents		
FLUMADINE ORAL TABLET	3	
oseltamivir oral capsule 30 mg	1	QL (40 caps/6 months)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 caps/6 months)
oseltamivir oral suspension for reconstitution	1	QL (6 bottles/6 months)
RELENZA DISKHALER	2	QL (2 inhalers/6 months)
rimantadine	1	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (40 caps/6 months)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (20 caps/6 months)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (6 bottles/6 months)
XOFLUZA	3	QL (2 tabs/day, max 2 courses [4 tabs]/180 days)
Anxiolytics		
Anxiolytics, Other		
alprazolam intensol	1	QL (4 ml/day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 tabs/day)
alprazolam oral tablet 2 mg	1	QL (2 tabs/day)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 3 mg	1	QL (1 tab/day)
alprazolam oral tablet extended release 24 hr 2 mg	1	QL (2 tabs/day)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	1	QL (4 tabs/day)
alprazolam oral tablet,disintegrating 2 mg	1	QL (2 tabs/day)
amitriptyline-chlordiazepoxide	1	
ATIVAN ORAL TABLET 0.5 MG	3	QL (20 tabs/day)
ATIVAN ORAL TABLET 1 MG	3	QL (10 tabs/day)
ATIVAN ORAL TABLET 2 MG	3	QL (5 tabs/day)
buspirone	1	
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 caps/day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 caps/day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (60 caps/day)
clonazepam oral tablet 0.5 mg	1	QL (40 tabs/day)
clonazepam oral tablet 1 mg	1	QL (20 tabs/day)
clonazepam oral tablet 2 mg	1	QL (10 tabs/day)
clonazepam oral tablet,disintegrating	1	

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Drug	Tier	Limits/Notes
diazepam intensol	1	QL (12 bottles/month)
diazepam oral concentrate	1	QL (12 bottles/month)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (60 ml/day)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA QL (60 ml/day)
diazepam oral tablet 10 mg	1	QL (6 tabs/day)
diazepam oral tablet 2 mg	1	QL (30 tabs/day)
diazepam oral tablet 5 mg	1	QL (12 tabs/day)
diazepam rectal	1	QL (1 kit [2 doses]/fill)
DORAL	3	AL QL (PA required for those 65 years of age or older; 1 tab/day)
doxepin oral	1	
estazolam oral tablet 1 mg	1	QL (2 tabs/day)
estazolam oral tablet 2 mg	1	QL (1 tab/day)
KLONOPIN ORAL TABLET 0.5 MG	3	QL (40 tabs/day)
KLONOPIN ORAL TABLET 1 MG	3	QL (20 tabs/day)
KLONOPIN ORAL TABLET 2 MG	3	QL (10 tabs/day)
lorazepam intensol	1	QL (150 ml/month)
lorazepam oral concentrate	1	QL (150 ml/month)
lorazepam oral tablet 0.5 mg	1	QL (20 tabs/day)
lorazepam oral tablet 1 mg	1	QL (10 tabs/day)
lorazepam oral tablet 2 mg	1	QL (5 tabs/day)
meprobamate	1	AL (PA required for those 65 years of age or older)
oxazepam oral capsule 10 mg	1	QL (12 caps/day)
oxazepam oral capsule 15 mg	1	QL (8 caps/day)
oxazepam oral capsule 30 mg	1	QL (4 caps/day)
quazepam	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
VALIUM ORAL TABLET 10 MG	3	QL (6 tabs/day)
VALIUM ORAL TABLET 2 MG	3	QL (30 tabs/day)
VALIUM ORAL TABLET 5 MG	3	QL (12 tabs/day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	QL (4 tabs/day)
XANAX ORAL TABLET 2 MG	3	QL (2 tabs/day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG	3	QL (1 tab/day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	3	QL (2 tabs/day)
Benzodiazepines		
clorazepate dipotassium oral tablet 15 mg	1	QL (6 tabs/day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 tabs/day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 tabs/day)
flurazepam oral capsule 15 mg	1	AL QL (PA required for those 65 years of age or older; 2 caps/day)
flurazepam oral capsule 30 mg	1	AL QL (PA required for those 65 years of age or older; 1 cap/day)
HALCION ORAL TABLET 0.25 MG	3	QL (2 tabs/day)
RESTORIL ORAL CAPSULE 15 MG	3	QL (2 caps/day)
RESTORIL ORAL CAPSULE 22.5 MG, 30 MG	3	QL (1 cap/day)

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Drug	Tier	Limits/Notes
RESTORIL ORAL CAPSULE 7.5 MG	3	QL (4 caps/day)
temazepam oral capsule 15 mg	1	QL (2 caps/day)
temazepam oral capsule 22.5 mg, 30 mg	1	QL (1 cap/day)
temazepam oral capsule 7.5 mg	1	QL (4 caps/day)
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	QL (12 tabs/day)
triazolam oral tablet 0.125 mg	1	QL (4 tabs/day)
triazolam oral tablet 0.25 mg	1	QL (2 tabs/day)
Bipolar Agents		
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
CARBATROL	3	
epitol	1	
EQUETRO	2	
lithium carbonate	1	
lithium citrate oral solution 8 meq/5 ml	1	
lithium citrate oral solution 8 meq/5 ml (5 ml)	3	
LITHOBID	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1	
ACTOPLUS MET ORAL TABLET 15-500 MG	3	ST QL (use metformin or pioglitazone first; 3 tabs/day)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST QL (use metformin or pioglitazone first; 3 tabs/day)
ACTOPLUS MET XR	2	ST QL (use metformin or pioglitazone first; 1 tab/day)
ACTOS	3	
ADLYXIN	3	PA QL (1 pack/month)
alogliptin	1	PA QL (1 tab/day)
alogliptin-metformin	1	PA QL (2 tabs/day)
alogliptin-pioglitazone	1	PA QL (1 tab/day)
AMARYL	3	
AVANDAMET ORAL TABLET 2-1,000 MG	3	ST (use metformin and avandia first)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST (use pioglitazone first)
BYDUREON BCISE	3	PA QL (1 auto injector/week)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA QL (4 pens/month)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	3	PA QL (4 vials/month)
BYETTA	3	PA QL (1 pen/month)
chlorpropamide	1	
colesevelam	1	

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Drug	Tier	Limits/Notes
CYCLOSET	3	ST QL (use metformin, glipizide, or glyburide first; 6 tabs/day)
DUETACT	3	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
FARXIGA	3	PA QL (1 tab/day)
FORTAMET	3	PA
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	PA QL (2 tabs/day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	PA QL (3 tabs/day)
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYNASE	3	
GLYSET	3	QL (3 tabs/day)
GLYXAMBI	2	ST QL (use metformin first; 1 tab/day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
INVOKAMET ORAL TABLET 50-500 MG	2	ST QL (use metformin first; 4 tabs/day)
INVOKAMET XR	2	ST QL (use metformin first; 2 tabs/day)
INVOKANA	2	ST QL (use metformin first; 1 tab/day)
JANUMET	2	ST QL (use metformin first; 2 tabs/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	ST QL (use metformin first; 1 tab/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
JANUVIA	2	ST QL (use metformin first; 1 tab/day)
JARDIANCE	2	ST QL (use metformin first; 1 tab/day)
JENTADUETO	2	ST QL (use metformin first; 2 tabs/day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST QL (use metformin first; 1 tab/day)
KAZANO	3	PA QL (2 tabs/day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	PA QL (2 tabs/day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	PA QL (1 tab/day)
metformin oral solution	1	
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr	3	PA (Generic for Fortamet)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	4	PA QL (2 tabs/day)
metformin oral tablet,er gast.retention 24 hr 500 mg	4	PA QL (3 tabs/day)
miglitol	1	QL (3 tabs/day)
nateglinide	1	
NESINA	3	PA QL (1 tab/day)

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ST - Step Therapy

Drug	Tier	Limits/Notes
ONGLYZA	3	PA QL (1 tab/day)
OSENI	3	PA QL (1 tab/day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA QL (1 pen injector/28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	3	PA QL (2 pen injectors/28 days)
pioglitazone	1	
pioglitazone-glimepiride	1	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
pioglitazone-metformin	1	ST QL (use metformin or pioglitazone first; 3 tabs/day)
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
QTERN	3	PA QL (1 tab/day)
repaglinide	1	
repaglinide-metformin	1	PA QL (5 tabs/day)
RIOMET	3	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	PA QL (2 tabs/day)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	PA QL (4 tabs/day)
SOLIQUA 100/33	3	PA QL (6 pens/month)
STARLIX	3	
STEGLATRO ORAL TABLET 15 MG	3	PA QL (1 tab/day)
STEGLATRO ORAL TABLET 5 MG	3	PA QL (2 tabs/day)
STEGLUJAN	3	PA QL (1 tab/day)
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST QL (use metformin first; 2 tabs/day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST QL (use metformin first; 1 tab/day)
TANZEUM	3	PA QL (4 pen inj/month)
tolazamide	1	
tolbutamide	1	
TRADJENTA	2	ST QL (use metformin first; 1 tab/day)
TRULICITY	2	ST QL (use metformin first; 1 pen inj/week)
VICTOZA 2-PAK	2	ST QL (use metformin first; 3 pens/month)
VICTOZA 3-PAK	2	ST QL (use metformin first; 3 pens/month)
WELCHOL	3	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	PA QL (1 tab/day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	PA QL (2 tabs/day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	PA QL (2 tabs/day)
XULTOPHY 100/3.6	3	PA QL (5 pens/month)
Glycemic Agents		
GLUCAGEN HYPOKIT	2	QL (2 injections/fill)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 kits/fill)
PROGLYCEM	3	

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Drug	Tier	Limits/Notes
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN	3	PA
ADMELOG U-100 INSULIN LISPRO	3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (60)/ 8 UNIT (30), 8 UNIT	3	PA QL (3 boxes/month)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PA QL (1 box/month)
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
BASAGLAR KWIKPEN U-100 INSULIN	3	PA QL (15 pens/month)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	3	
LANTUS SOLOSTAR U-100 INSULIN	2	QL (45 ml/month)
LANTUS U-100 INSULIN	2	QL (40 ml/month)
LEVEMIR FLEXTOUCH U-100 INSULN	3	PA QL (45 ml/month)
LEVEMIR U-100 INSULIN	3	PA QL (40 ml/month)
NOVOLIN 70/30 U-100 INSULIN	2	
NOVOLIN 70-30 FLEXPEN U-100	3	
NOVOLIN N NPH U-100 INSULIN	2	
NOVOLIN R REGULAR U-100 INSULN	2	
NOVOLOG FLEXPEN U-100 INSULIN	2	
NOVOLOG MIX 70-30 U-100 INSULN	2	
NOVOLOG MIX 70-30FLEXPEN U-100	2	
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLOG U-100 INSULIN ASPART	2	
TOUJEO MAX U-300 SOLOSTAR	2	QL (5 pens/month)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (10 pens/month)
TRESIBA FLEXTOUCH U-100	3	PA QL (10 insulin pens/month)
TRESIBA FLEXTOUCH U-200	3	PA QL (9 insulin pens/month)

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ST - Step Therapy

Drug	Tier	Limits/Notes
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ARIIXTRA	4	QL (1 syringe/day, max 14 days therapy/2 months)
BEVYXXA	3	PA QL (1 cap/day)
COUMADIN ORAL	3	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 tabs/day; not to exceed 70 tabs/6 months)
ELIQUIS ORAL TABLET 5 MG	2	QL (2 tabs/day)
ELIQUIS ORAL TABLETS,DOSE PACK	2	QL (1 pack/6 months)
enoxaparin subcutaneous solution	4	QL (2 ml/day, max 14 days therapy/2 months)
enoxaparin subcutaneous syringe	4	QL (2 syringes/day, max 14 days therapy/2 months)
fondaparinux	4	QL (1 syringe/day, 14 days therapy/2 months)
FRAGMIN SUBCUTANEOUS SOLUTION	4	QL (0.56 ml/day; max 14 days of therapy [2 vials]/2 months)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML	4	QL (1 syringe/day, max 14 days of therapy/2 months)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	QL (2 syringes/day, max 14 days of therapy/2 months)
heparin (porcine) injection solution	1	
jantoven	1	
LOVENOX SUBCUTANEOUS SOLUTION	4	QL (2 ml/day, max 14 days therapy/2 months)
LOVENOX SUBCUTANEOUS SYRINGE	4	QL (2 syringes/day, max 14 days therapy/2 months)
PRADAXA	3	PA QL (2 caps/day)
SAVAYSA	3	PA QL (1 tab/day)
warfarin	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL (1 tab/day)
XARELTO ORAL TABLET 2.5 MG	2	QL (2 tabs/day)
XARELTO ORAL TABLETS,DOSE PACK	2	QL (1 starter pack/6 months)
Blood Formation Modifiers		
AGRYLIN	3	
anagrelide	1	
ARANESP (IN POLYSORBATE)	4	PA QL (1 syringe or vial/week)
DOPTELET	4	PA QL (pack size of 10: 2 tabs/day, not to exceed 10 tabs/4 months; pack size of 15: 3 tabs/day, not to exceed 15 tabs/4 months)
FULPHILA	4	PA
GRANIX	4	PA
LEUKINE INJECTION RECON SOLN	4	PA
MIRCERA	4	PA QL (2 syringes/28 days)
MOZOBIL	4	PA
MULPLETA	4	PA QL (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA SUBCUTANEOUS SYRINGE	4	PA
NEUPOGEN	4	PA
NIVESTYM	4	PA
PROCRT	4	PA
PROMACTA ORAL TABLET 12.5 MG	4	PA QL (1 tab/day)
PROMACTA ORAL TABLET 25 MG, 50 MG	4	PA QL (3 tabs/day)

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Drug	Tier	Limits/Notes
PROMACTA ORAL TABLET 75 MG	4	PA QL (2 tabs/day)
RETACRIT	4	PA
ZARXIO	4	PA
Coagulants		
BRILINTA	2	QL (2 tabs/day)
Hemostasis Agents		
AMICAR	3	
LYSTEDA	3	QL (30 tabs/month)
tranexamic acid oral	1	QL (30 tabs/month)
Platelet Modifying Agents		
AGGRENOX	3	
aspirin-dipyridamole	1	
cilostazol	1	
clopidogrel oral tablet 75 mg	1	QL (1 tab/day)
dipyridamole oral	1	
DURLAZA	3	PA QL (1 cap/day)
EFFIENT	3	QL (1 tab/day)
PLAVIX ORAL TABLET 75 MG	3	QL (1 tab/day)
prasugrel	1	QL (1 tab/day)
ZONTIVITY	3	PA QL (1 tab/day)
Bone Resorption Inhibitors		
Hormonal Agents, Suppressant (Parathyroid)		
NATPARA	4	PA QL (2 cartridges/month)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
clonidine	1	
clonidine hcl oral tablet	1	
clonidine hcl oral tablet extended release 12 hr	1	PA AL QL (PA also required if >18 years of age; 4 tabs/day)
clorpres	1	
guanfacine oral tablet	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
midodrine	1	
Alpha-Adrenergic Blocking Agents		
CARDURA	3	
CARDURA XL	3	ST QL (use tamsulosin [Flomax] first; 1 tab/day)
DIBENZYLINE	4	PA
MINIPRESS	3	
phenoxybenzamine	4	PA

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Drug	Tier	Limits/Notes
Angiotensin II Receptor Antagonists		
amlodipine-olmesartan	1	QL (1 tab/day)
amlodipine-valszantan	1	QL (1 tab/day)
amlodipine-valszantan-hctiazid	1	QL (1 tab/day)
ATACAND HCT ORAL TABLET 16-12.5 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 2 tabs/day)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 1 tab/day)
ATACAND ORAL TABLET 16 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 2 tabs/day)
ATACAND ORAL TABLET 32 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 1 tab/day)
ATACAND ORAL TABLET 4 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 8 tabs/day)
ATACAND ORAL TABLET 8 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, or valsartan/hctz first; 4 tabs/day)
AVALIDE ORAL TABLET 150-12.5 MG	3	QL (2 tabs/day)
AVALIDE ORAL TABLET 300-12.5 MG	3	QL (1 tab/day)
AVAPRO	3	QL (1 tab/day)
AZOR	3	QL (1 tab/day)
BENICAR HCT	3	QL (1 tab/day)
BENICAR ORAL TABLET 20 MG, 40 MG	3	QL (1 tab/day)
BENICAR ORAL TABLET 5 MG	3	QL (3 tabs/day)
candesartan oral tablet 16 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan oral tablet 32 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
candesartan oral tablet 4 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 8 tabs/day)
candesartan oral tablet 8 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 4 tabs/day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
COZAAR ORAL TABLET 100 MG	3	QL (1 tab/day)
COZAAR ORAL TABLET 25 MG	3	QL (4 tabs/day)
COZAAR ORAL TABLET 50 MG	3	QL (2 tabs/day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3	QL (2 tabs/day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3	QL (1 tab/day)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	QL (2 tabs/day)
DIOVAN ORAL TABLET 320 MG	3	QL (1 tab/day)
EDARBI	3	ST QL (use two of the following: losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)

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Drug	Tier	Limits/Notes
EDARBYCLOR	3	ST QL (use two of the following: losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
ENTRESTO	3	PA QL (2 tabs/day)
eprosartan	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
EXFORGE	3	QL (1 tab/day)
EXFORGE HCT	3	QL (1 tab/day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	QL (1 tab/day)
HYZAAR ORAL TABLET 50-12.5 MG	3	QL (2 tabs/day)
irbesartan	1	QL (1 tab/day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (2 tabs/day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (1 tab/day)
losartan oral tablet 100 mg	1	QL (1 tab/day)
losartan oral tablet 25 mg	1	QL (4 tabs/day)
losartan oral tablet 50 mg	1	QL (2 tabs/day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (1 tab/day)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (2 tabs/day)
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 3 tabs/day)
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
MICARDIS ORAL TABLET 20 MG, 40 MG	3	QL (1 tab/day)
MICARDIS ORAL TABLET 80 MG	3	QL (2 tabs/day)
olmesartan oral tablet 20 mg, 40 mg	1	QL (1 tab/day)
olmesartan oral tablet 5 mg	1	QL (3 tabs/day)
olmesartan-amlodipin-hcthiazid	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 1 tab/day)
olmesartan-hydrochlorothiazide	1	QL (1 tab/day)
telmisartan oral tablet 20 mg, 40 mg	1	QL (1 tab/day)
telmisartan oral tablet 80 mg	1	QL (2 tabs/day)
telmisartan-amlodipine	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 3 tabs/day)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
TRIBENZOR	3	ST QL (use 2 preferred ARBs first; 1 tab/day)
TWYNSTA	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 tabs/day)
valsartan oral tablet 320 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (2 tabs/day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	QL (1 tab/day)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
ACCUPRIL	3	
ACCURETIC	3	
ALTACE	3	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg	1	QL (1 cap/day)
amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	
amlodipine-benazepril oral capsule 5-40 mg	1	QL (2 caps/day)
benazepril oral tablet 10 mg, 20 mg, 5 mg	1	QL (1 tab/day)
benazepril oral tablet 40 mg	1	QL (2 tabs/day)
benazepril-hydrochlorothiazide	1	
captopril	1	
captopril-hydrochlorothiazide	1	
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
EPANED ORAL SOLUTION	3	QL (40 ml/day)
fosinopril oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
fosinopril oral tablet 40 mg	1	QL (2 tabs/day)
fosinopril-hydrochlorothiazide	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG	3	QL (1 tab/day)
LOTENSIN ORAL TABLET 40 MG	3	QL (2 tabs/day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG	3	QL (1 cap/day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG	3	
LOTREL ORAL CAPSULE 5-40 MG	3	QL (2 caps/day)
moexipril	1	
moexipril-hydrochlorothiazide	1	
perindopril erbumine oral tablet 2 mg, 4 mg	1	QL (1 tab/day)
perindopril erbumine oral tablet 8 mg	1	QL (2 tabs/day)
PRESTALIA	3	ST QL (use perindopril and amlodipine first; 1 tab/day)
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
QBRELIS	3	PA QL (80 ml/day)
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
trandolapril	1	
trandolapril-verapamil	1	
VASERETIC	3	
VASOTEC	3	

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Drug	Tier	Limits/Notes
ZESTORETIC	3	
ZESTRIL	3	
Antiarrhythmics		
amiodarone oral	1	
BETAPACE	3	
BETAPACE AF	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 300 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	
diltiazem hcl oral tablet	1	
dilt-xr	1	
disopyramide phosphate oral capsule	1	
dofetilide	1	
flecainide	1	
mexiletine	1	
MULTAQ	2	QL (2 tabs/day)
NORPACE	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	QL (8 caps/day)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	2	QL (5 caps/day)
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
RYTHMOL SR	3	
sorine	1	
sotalol af	1	
sotalol oral	1	
taztia xt	1	
TIAZAC	3	
TIKOSYN	3	
Beta-Adrenergic Blocking Agents		
acebutolol	1	
atenolol	1	
atenolol-chlorthalidone	1	
betaxolol oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (1 tab/day)
BYSTOLIC ORAL TABLET 20 MG	2	QL (2 tabs/day)

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Drug	Tier	Limits/Notes
BYVALSON	3	ST QL (use 2 preferred beta-blocker agents first; 1 tab/day)
carvedilol	1	
carvedilol phosphate	1	ST (use carvedilol first)
COREG	3	
COREG CR	3	ST (use carvedilol [Coreg] first)
CORGARD	3	
CORZIDE	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG	3	PA QL (2 tabs/day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG	3	PA QL (1 tab/day)
HEMANGEOL	3	PA QL (2 bottles/month)
INDERAL LA	3	
INDERAL XL	3	
INNOPRAN XL	3	
KAPSPARGO SPRINKLE	3	QL (1 cap/day)
labetalol oral	1	
LEVATOL	3	
LOPRESSOR HCT	3	
LOPRESSOR ORAL	3	
metoprolol succinate	1	
metoprolol su-hydrochlorothiaz oral tablet extended release 24 hr 100-12.5 mg	3	PA QL (2 tabs/day)
metoprolol su-hydrochlorothiaz oral tablet extended release 24 hr 25-12.5 mg	3	PA QL (1 tablet/day)
metoprolol su-hydrochlorothiaz oral tablet extended release 24 hr 50-12.5 mg	3	PA QL (1 tab/day)
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	
nadolol	1	
nadolol-bendroflumethiazide	1	
pindolol	1	
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
SOTYLIZE	3	PA QL (64 ml/day)
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
timolol maleate oral	1	
TOPROL XL	3	
ZIAC	3	
Calcium Channel Blocking Agents		
ADALAT CC	3	
afeditab cr	1	
amlodipine	1	
amlodipine-atorvastatin	1	PA QL (1 tab/day)

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ST - Step Therapy

Drug	Tier	Limits/Notes
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PA QL (1 tab/day)
CALAN	3	
CALAN SR	3	
CARDIZEM CD	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 240 MG, 360 MG, 420 MG	3	
cartia xt	1	
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet extended release 24 hr	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine oral	1	
nifedipine	1	
nimodipine	1	
nisoldipine	1	
NORVASC	3	
NYMALIZE ORAL SOLUTION 30 MG/10 ML	3	PA QL (60 ml per day, max of 21 days in 6 months)
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	QL (120 ml per day, max of 21 days in 6 months)
PROCARDIA	3	
PROCARDIA XL	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
verapamil oral	1	
VERELAN	3	
VERELAN PM	3	
Cardiovascular Agents, Other		
CORLANOR	3	PA QL (2 tabs/day)
DEMSER	3	
digitek oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digitek oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digox oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digox oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digoxin oral solution 50 mcg/ml	1	AL QL (PA required if 65 years of age or older and > 2.5 ml/day)
digoxin oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digoxin oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
LANOXIN ORAL TABLET 125 MCG	3	AL QL (PA required if 65 years of age or older and > 1 tab/day)
LANOXIN ORAL TABLET 187.5 MCG	3	AL QL (1 tab/day; PA required if 65 years of age or older and > 1 tab/day)

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Drug	Tier	Limits/Notes
LANOXIN ORAL TABLET 250 MCG	3	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
LANOXIN ORAL TABLET 62.5 MCG	3	AL QL (2 tabs/day; PA required if 65 years of age or older and > 2 tabs/day)
NORTHERA ORAL CAPSULE 100 MG	4	PA QL (18 caps/day)
NORTHERA ORAL CAPSULE 200 MG	4	PA QL (9 caps/day)
NORTHERA ORAL CAPSULE 300 MG	4	PA QL (6 caps/day)
pentoxifylline	1	
RANEXA	3	PA QL (2 tabs/day)
TEKturna	3	ST QL (use an ARB and one agent from the following classes first: ACE-inhibitor, beta-blocker, calcium channel blocker, or thiazide diuretic; 1 tab/day)
TEKturna HCT	3	ST QL (use an ARB and one agent from the following classes first: ACE-inhibitor, beta-blocker, calcium channel blocker, or thiazide diuretic; 1 tab/day)
vecamyl	1	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet	1	
dorzolamide	1	
KEVEYIS	4	PA QL (4 tabs/day)
methazolamide	1	
TRUSOPT	3	
Diuretics, Loop		
bumetanide oral	1	
DEMADEX ORAL TABLET 10 MG, 20 MG	3	
EDECIN	3	PA
ethacrynic acid	1	PA
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
LASIX	3	
torsemide oral	1	
Diuretics, Potassium-Sparing		
ALDACTAZIDE	3	
ALDACTONE	3	
amiloride	1	
amiloride-hydrochlorothiazide	1	
CAROSPIR	3	PA QL (20 ml/day)
DYAZIDE	3	
DYRENIUM	3	ST (use amiloride, spironolactone, or triamterene/hctz first)
eplerenone	1	
INSPRA	3	
MAXZIDE	3	
MAXZIDE-25MG	3	
spironolactone	1	
spironolactone-hydrochlorothiazide	1	
triamterene-hydrochlorothiazide	1	

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Drug	Tier	Limits/Notes
Diuretics, Thiazide		
chlorothiazide	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
DIURIL	3	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	1	
metolazone	1	
MICROZIDE	3	
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG	3	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 caps/day)
ANTARA ORAL CAPSULE 90 MG	3	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 cap/day)
fenofibrate micronized oral capsule 130 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 cap/day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	QL (1 cap/day)
fenofibrate micronized oral capsule 43 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 caps/day)
fenofibrate nanocrystallized oral tablet 145 mg	1	QL (1 tab/day)
fenofibrate nanocrystallized oral tablet 48 mg	1	QL (2 tabs/day)
fenofibrate oral capsule 150 mg	1	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 1 cap/day)
fenofibrate oral capsule 50 mg	1	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 2 caps/day)
fenofibrate oral tablet 120 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 tab/day)
fenofibrate oral tablet 160 mg	1	QL (1 tab/day)
fenofibrate oral tablet 40 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 tabs/day)
fenofibrate oral tablet 54 mg	1	QL (2 tabs/day)
fenofibric acid (choline)	1	QL (1 cap/day)
fenofibric acid oral tablet 105 mg	1	QL (1 tab/day)
fenofibric acid oral tablet 35 mg	1	QL (2 tabs/day)
FENOGLIDE ORAL TABLET 120 MG	3	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 tab/day)
FENOGLIDE ORAL TABLET 40 MG	3	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 tabs/day)
FIBRICOR ORAL TABLET 105 MG	3	QL (1 tab/day)
FIBRICOR ORAL TABLET 35 MG	3	QL (2 tabs/day)
gemfibrozil	1	QL (2.5 tabs/day)
LIPOFEN ORAL CAPSULE 150 MG	3	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 1 cap/day)
LIPOFEN ORAL CAPSULE 50 MG	3	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 2 caps/day)
LOPID	3	QL (2.5 tabs/day)
TRICOR ORAL TABLET 145 MG	3	QL (1 tab/day)
TRICOR ORAL TABLET 48 MG	3	QL (2 tabs/day)

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Drug	Tier	Limits/Notes
TRIGLIDE ORAL TABLET 160 MG	3	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 tab/day)
TRILIPIX	3	QL (1 cap/day)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV	3	QL (1 tab/day)
atorvastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day); PH
atorvastatin oral tablet 40 mg, 80 mg	1	QL (1 tab/day)
CRESTOR	3	QL (1 tab/day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	PA QL (5 ml/day)
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	3	PA QL (10 ml/day)
fluvastatin oral capsule	1	PA QL (1 cap/day)
fluvastatin oral tablet extended release 24 hr	1	PA QL (1 tab/day)
LESCOL	3	PA QL (1 cap/day)
LESCOL XL	3	PA QL (1 tab/day)
LIPITOR	3	QL (1 tab/day)
LIVALO	3	ST QL (use atorvastatin 80 mg or rosuvastatin 40 mg first; 1 tab/day)
lovastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
lovastatin oral tablet 40 mg	1	QL (2 tabs/day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL (1 tab/day)
pravastatin	1	QL (1 tab/day)
rosuvastatin	1	QL (1 tab/day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (1 tab/day); PH
simvastatin oral tablet 80 mg	1	QL (1 tab/day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	QL (1 tab/day)
ZYPITAMAG	3	ST QL (use atorvastatin 80 mg or rosuvastatin 40 mg first; 1 tab/day)
Dyslipidemics, Other		
cholestyramine (with sugar)	1	
cholestyramine light	1	
COLESTID	3	
COLESTID FLAVORED	3	
colestipol	1	
ezetimibe	1	QL (1 tab/day)
ezetimibe-simvastatin	1	ST QL (use atorvastatin 80 mg or rosuvastatin 40 mg first; 1 tab/day)
JUXTAPID	4	PA QL (1 cap/day)
LOVAZA	3	QL (4 caps/day)
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	1	QL (2 tabs/day)
niacin oral tablet extended release 24 hr 500 mg	1	QL (4 tabs/day)
niacor	1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 750 MG	3	QL (2 tabs/day)
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	QL (4 tabs/day)
omega-3 acid ethyl esters	1	QL (4 caps/day)
prevalite	1	

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Drug	Tier	Limits/Notes
QUESTRAN	3	
QUESTRAN LIGHT ORAL POWDER	3	
triklo	1	QL (4 caps/day)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	PA QL (2 caps/day)
VASCEPA ORAL CAPSULE 1 GRAM	3	PA QL (4 caps/day)
VYTORIN 10-10	3	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
VYTORIN 10-20	3	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
VYTORIN 10-40	3	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
VYTORIN 10-80	3	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
ZETIA	3	QL (1 tab/day)
Vasodilators, Direct-Acting Arterial/Venous		
DILATRATE-SR	3	
GONITRO	3	PA QL (36 packs/month)
isochron	1	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
minitran	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin oral	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual spray,non-aerosol	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
nitro-time	1	
RECTIV	3	PA
Vasodilators, Direct-Acting Arterial		
BIDIL	3	QL (6 tabs/day)
hydralazine oral	1	
minoxidil oral	1	
Central Nervous System Agents		
QSYMIA	3	PA QL (1 cap/day)
REGIMEX	3	PA QL (3 tabs/day)
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	AL QL (PA required if > 18 years of age; 4 tabs/day)
ADDERALL ORAL TABLET 12.5 MG	3	AL QL (PA required if > 18 years of age; 5 tabs/day)

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Drug	Tier	Limits/Notes
ADDERALL ORAL TABLET 20 MG	3	AL QL (PA required if > 18 years of age; 3 tabs/day)
ADDERALL ORAL TABLET 30 MG	3	AL QL (PA required if > 18 years of age; 2 tabs/day)
ADDERALL XR	3	AL QL (PA required if > 18 years of age; 2 caps/day)
ADZENYS ER	3	PA QL (15 ml/day)
ADZENYS XR-ODT	3	PA QL (1 tab/day)
amphetamine sulfate oral tablet 10 mg	1	ST AL QL (use two preferred amphetamine class agents first; PA required if > 18 years of age; 6 tabs/day)
amphetamine sulfate oral tablet 5 mg	1	ST AL QL (use two preferred amphetamine class agents first; PA required if > 18 years of age; 8 tabs/day)
DESOXYN	4	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 8 tabs/day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 6 caps/day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 4 caps/day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 5 MG	3	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 12 caps/day)
dextroamphetamine oral capsule, extended release 10 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 6 caps/day)
dextroamphetamine oral capsule, extended release 15 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 4 caps/day)
dextroamphetamine oral capsule, extended release 5 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 12 caps/day)
dextroamphetamine oral solution	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 40 ml/day)
dextroamphetamine oral tablet 10 mg	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 4 tabs/day)
dextroamphetamine oral tablet 5 mg	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 8 tabs/day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	AL QL (PA required if > 18 years of age; 2 caps/day)
dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1	AL QL (PA required if > 18 years of age; 4 tabs/day)
dextroamphetamine-amphetamine oral tablet 12.5 mg	1	AL QL (PA required if > 18 years of age; 5 tabs/day)
dextroamphetamine-amphetamine oral tablet 20 mg	1	AL QL (PA required if > 18 years of age; 3 tabs/day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
DYANAVEL XR	3	ST AL QL (use two preferred amphetamines first; PA required if > 18 years of age; 8 ml/day)
EVEKEO ORAL TABLET 10 MG	3	ST AL QL (use two preferred amphetamine class agents first; PA required if > 18 years of age; 6 tabs/day)
EVEKEO ORAL TABLET 5 MG	3	ST AL QL (use two preferred amphetamine class agents first; PA required if > 18 years of age; 8 tabs/day)
methamphetamine	4	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 8 tabs/day)
MYDAYIS	3	PA QL (1 cap/day)
procenutra	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 40 ml/day)
VYVANSE ORAL CAPSULE	2	AL QL (PA required if > 18 years of age; 1 cap/day)

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Drug	Tier	Limits/Notes
VYVANSE ORAL TABLET,CHEWABLE	2	AL QL (PA required if > 18 years of age; 1 tab/day)
ZENZEDI ORAL TABLET 10 MG	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 4 tabs/day)
ZENZEDI ORAL TABLET 15 MG, 20 MG	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 3 tabs/day)
ZENZEDI ORAL TABLET 2.5 MG, 30 MG	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 2 tabs/day)
ZENZEDI ORAL TABLET 5 MG	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 8 tabs/day)
ZENZEDI ORAL TABLET 7.5 MG	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 4 tabs/day)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR	3	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 1 cap/day)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg	1	AL QL (PA required if > 18 years of age; 4 caps/day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	AL QL (PA required if > 18 years of age; 1 cap/day)
atomoxetine oral capsule 40 mg	1	AL QL (PA required if > 18 years of age; 2 caps/day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	AL QL (PA required if > 18 years of age; 1 tab/day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	AL QL (PA required if > 18 years of age; 2 tabs/day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG	3	PA AL QL (PA also required if > 18 years of age; 2 tabs/day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 8.6 MG	3	PA AL QL (PA also required if > 18 years of age; 5 tabs/day)
DAYTRANA	3	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 1 patch/day)
dexmethylphenidate oral capsule,er biphasic 50-50	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 1 cap/day)
dexmethylphenidate oral tablet	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
FOCALIN	3	AL QL (PA required if > 18 years of age; 2 tabs/day)
FOCALIN XR	3	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 1 cap/day)
guanfacine oral tablet extended release 24 hr	1	AL QL (PA required if > 18 years of age; 1 tab/day)
INTUNIV ER	3	AL QL (PA required if > 18 years of age; 1 tab/day)
KAPVAY	3	PA AL QL (PA also required if > 18 years of age; 4 tabs/day)
metadate er	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 3 tabs/day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 30 ml/day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 60 ml/day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 2 caps/day)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 1 cap/day)

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Drug	Tier	Limits/Notes
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg	1	AL QL (PA required if > 18 years of age; 2 caps/day)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg	1	AL QL (PA required if > 18 years of age; 1 cap/day)
methylphenidate hcl oral solution 10 mg/5 ml	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 30 ml/day)
methylphenidate hcl oral solution 5 mg/5 ml	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 60 ml/day)
methylphenidate hcl oral tablet 10 mg	1	AL QL (PA required if > 18 years of age; 6 tabs/day)
methylphenidate hcl oral tablet 20 mg	1	AL QL (PA required if > 18 years of age; 3 tabs/day)
methylphenidate hcl oral tablet 5 mg	1	AL QL (PA required if > 18 years of age; 12 tabs/day)
methylphenidate hcl oral tablet extended release 10 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 6 tabs/day)
methylphenidate hcl oral tablet extended release 20 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 3 tabs/day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	AL QL (PA required if > 18 years of age; 1 tab/day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	1	AL PA QL (PA also required if > 18 years of age; 1 tab/day)
methylphenidate hcl oral tablet,chewable	1	AL QL (PA required if > 18 years of age; 6 tabs/day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PA AL QL (PA also required if > 18 years of age; 1 tab/day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PA AL QL (PA also required if > 18 years of age; 2 tabs/day)
QUILLIVANT XR	3	PA QL (12 ml/day)
relexxii	1	AL PA QL (PA also required if > 18 years of age; 1 tab/day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG	3	AL QL (PA required if > 18 years of age; 2 caps/day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 40 MG	3	AL QL (PA required if > 18 years of age; 1 cap/day)
RITALIN ORAL TABLET 10 MG	3	AL QL (PA required if > 18 years of age; 6 tabs/day)
RITALIN ORAL TABLET 20 MG	3	AL QL (PA required if > 18 years of age; 3 tabs/day)
RITALIN ORAL TABLET 5 MG	3	AL QL (PA required if > 18 years of age; 12 tabs/day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG	3	AL QL (PA required if > 18 years of age; 4 caps/day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	AL QL (PA required if > 18 years of age; 1 cap/day)
STRATTERA ORAL CAPSULE 40 MG	3	AL QL (PA required if > 18 years of age; 2 caps/day)
Central Nervous System Agents		
AUSTEDO	4	PA QL (4 tabs/day)
benzphetamine oral tablet 25 mg	1	PA QL (3 tabs/day)
benzphetamine oral tablet 50 mg	1	PA
INGREZZA	4	PA QL (1 cap/day)
phendimetrazine tartrate	1	PA
tetrabenazine oral tablet 12.5 mg	4	PA QL (8 tabs/day)
tetrabenazine oral tablet 25 mg	4	PA QL (4 tabs/day)
TIGLUTIK	4	PA QL (20 ml/day)
Central Nervous System, Other		
adipex-p oral capsule	1	PA
ADIPEX-P ORAL TABLET	3	PA

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ST - Step Therapy

Drug	Tier	Limits/Notes
ascomp with codeine	1	QL (84 caps/month)
BELVIQ	3	PA QL (2 tabs/day)
BELVIQ XR	3	PA QL (1 tab/day)
butalbital compound w/codeine	1	QL (84 caps/month)
caffeine citrate oral	1	
codeine-butalbital-asa-caff	1	QL (84 caps/month)
diethylpropion	1	PA
FIORINAL-CODEINE #3	3	QL (84 caps/month)
HETLIOZ	4	PA QL (1 cap/day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA QL (2 tabs/day)
lomaira	1	PA
NUEDEXTA	2	PA QL (2 caps/day)
phentermine	1	PA
RILUTEK	3	
riluzole	1	
XENAZINE ORAL TABLET 12.5 MG	4	PA QL (8 tabs/day)
XENAZINE ORAL TABLET 25 MG	4	PA QL (4 tabs/day)
Fibromyalgia Agents		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA QL (3 caps/day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA QL (2 caps/day)
LYRICA ORAL SOLUTION	3	PA QL (30 ml/day)
SAVELLA ORAL TABLET	3	ST QL (use two different drug class agents from the following: a tri-cyclic antidepressant (TCA), a selective-serotonin reuptake inhibitor (SSRI), a serotonin-norepinephrine reuptake inhibitor (SNRI), tramadol, gabapentin, or cyclobenzaprine first; 2 tabs/day)
SAVELLA ORAL TABLETS,DOSE PACK	3	ST QL (use two different drug class agents from the following: a tri-cyclic antidepressant (TCA), a selective-serotonin reuptake inhibitor (SSRI), a serotonin-norepinephrine reuptake inhibitor (SNRI), tramadol, gabapentin, or cyclobenzaprine first; 1 pack/month)
Multiple Sclerosis Agents		
AMPYRA	4	PA QL (2 tabs/day)
AUBAGIO	4	PA QL (1 tab/day)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 syringe/day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (3 syringes/week)
dalfampridine	4	PA QL (2 tabs/day)
GILENYA	4	QL (1 cap/day)
glatiramer subcutaneous syringe 20 mg/ml	4	QL (1 syringe/day)
glatiramer subcutaneous syringe 40 mg/ml	4	QL (3 syringes/week)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 syringe/day)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (3 syringes/week)
Dental And Oral Agents		
EVOXAC	3	
SALAGEN (PILOCARPINE)	3	
Dental And Oral Agents		
cevimeline	1	

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Drug	Tier	Limits/Notes
oralone	1	
pilocarpine hcl oral	1	
triamcinolone acetonide dental	1	
Dermatological Agents		
Dermatological Agents		
ABSORICA	3	
ACANYA TOPICAL GEL WITH PUMP	3	ST (use generic Benzaclin first)
acitretin	1	
ACZONE	3	PA QL (90 gm/month)
adapalene topical cream	1	AL (PA required if > 40 years of age)
adapalene topical gel 0.3 %	1	AL (PA required if > 40 years of age)
adapalene topical gel with pump	1	AL (PA required if > 40 years of age)
adapalene topical lotion	1	AL (PA required if > 40 years of age)
adapalene topical solution	1	PA
adapalene-benzoyl peroxide	1	ST AL (PA required if > 40 years of age; use adapalene or benzoyl peroxide containing product first)
AKTIPAK	3	
ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	ST (use two preferred topical steroids in the same potency class first)
alclometasone	1	
ALDARA	3	QL (24 packs/month, max of 48 packs/6 months)
ALTRENO	3	PA
amcinonide	3	ST (use two preferred topical steroids in the same potency class first)
amnesteem	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
anusol-hc topical	1	
APEXICON E	3	ST (use two preferred topical steroids in the same potency class first)
ATRALIN	3	AL (PA required if > 40 years of age)
AVAR LS TOPICAL CLEANSER	3	
AVAR LS TOPICAL PADS, MEDICATED	3	PA
avar topical cleanser	1	
AVAR TOPICAL PADS, MEDICATED	3	PA
avar-e	1	
avar-e green	1	
AVAR-E LS	3	
AVITA	3	AL (PA required if > 40 years of age)
azelaic acid	1	QL (1 tube/month)
AZELEX	3	
BENSAL HP TOPICAL OINTMENT 3 %	4	PA
BENZAACLIN	3	
BENZAACLIN PUMP	3	ST (use clindamycin 1%/benzoyl peroxide 5% gel in jar first)
BENZAMYCIN	3	

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Drug	Tier	Limits/Notes
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	3	ST (use one preferred topical steroid in the same potency class first)
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
bp 10-1	1	
BRYHALI	3	PA QL (200 gm/28 days)
calcipotriene	1	
calcipotriene-betamethasone	1	PA QL (400 gm/month)
calcitrene	1	
calcitriol topical	1	
CAPEX	3	PA
CARAC	4	PA QL (1 tube/month)
cem-urea	1	ST (use two preferred urea products first)
claravis	1	
clinda-benzoyl perox 1-5% pump	1	ST (use clindamycin 1%/benzoyl peroxide 5% gel in jar first)
clindamycin-benzoyl peroxide topical gel	1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	ST (use generic Benzaclin first)
clindamycin-tretinoin	1	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 years of age)
clobetasol scalp	1	
clobetasol topical cream	1	
clobetasol topical foam	1	PA
clobetasol topical gel	1	
clobetasol topical lotion	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical ointment	1	
clobetasol topical shampoo	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical spray,non-aerosol	3	ST QL (use clobetasol cream, ointment, solution, gel, or cream emollient first; 125 ml/month)
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	PA
CLOBEX TOPICAL LOTION	3	ST (use one preferred topical clobetasol formulation including: clobetasol cream, ointment, solution, gel, and cream emollient)
CLOBEX TOPICAL SHAMPOO	3	ST (use one preferred topical clobetasol formulation including: clobetasol cream, ointment, solution, gel, and cream emollient)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST QL (use one preferred topical clobetasol formulation including: clobetasol cream, ointment, solution, gel, and cream emollient; 125 ml/month)
clocortolone pivalate	3	ST (use two preferred topical steroids in the same potency class first)
clodan	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)

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Drug	Tier	Limits/Notes
CLODERM	3	ST (use two preferred topical steroids in the same potency class first)
CONDYLOX TOPICAL GEL	2	
CORDRAN TAPE LARGE ROLL	3	PA
CORDRAN TOPICAL CREAM 0.025 %	3	PA
CORDRAN TOPICAL CREAM 0.05 %	3	PA
CORDRAN TOPICAL LOTION	3	PA
CORDRAN TOPICAL OINTMENT	3	PA
cormax scalp	1	
CORTIFOAM	2	
COSENTYX	4	PA QL (1 syringe/28 days)
COSENTYX (2 SYRINGES)	4	PA QL (2 syringes/28 days)
COSENTYX PEN	4	PA QL (1 pen/28 days)
COSENTYX PEN (2 PENS)	4	PA QL (2 pens/28 days)
CUTIVATE TOPICAL CREAM	3	
CUTIVATE TOPICAL LOTION	3	ST (use two preferred topical steroids in the same potency class first)
dapsone topical	1	PA QL (90 gm/month)
DERMA-SMOOTH/FS BODY OIL	3	
DERMA-SMOOTH/FS SCALP OIL	3	
DERMATOP TOPICAL OINTMENT	3	
DERMOTIC OIL	2	
DESONATE	3	PA
desonide topical cream	1	
desonide topical lotion	1	ST (use two preferred topical steroids in the same potency class first)
desonide topical ointment	1	
DESOWEN TOPICAL CREAM	3	
DESOWEN TOPICAL LOTION	3	ST (use two preferred topical steroids in the same potency class first)
desoximetasone topical cream	1	ST (use two preferred topical steroids in the same potency class first)
desoximetasone topical gel	1	ST (use two preferred topical steroids in the same potency class first)
desoximetasone topical ointment	1	ST (use two preferred topical steroids in the same potency class first)
desoximetasone topical spray,non-aerosol	1	ST QL (use one high potency topical corticosteroid AND desoximetasone 0.25% cream or ointment first; 1 bottle/month)
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	1	PA QL (1 dose pack/2 months)
diclofenac sodium topical drops	1	PA QL (1 bottle/month)
diclofenac sodium topical gel 1 %	1	QL (5 tubes/month)
diclofenac sodium topical gel 3 %	4	PA QL (1 tube/month; max 3 tubes/year)
DIFFERIN TOPICAL CREAM	3	AL (PA required if > 40 years of age)
DIFFERIN TOPICAL GEL 0.3 %	3	AL (PA required if > 40 years of age)
DIFFERIN TOPICAL GEL WITH PUMP	3	AL (PA required if > 40 years of age)
DIFFERIN TOPICAL LOTION	3	AL (PA required if > 40 years of age)

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Drug	Tier	Limits/Notes
diflorasone	3	ST (use two preferred topical steroids in the same potency class first)
DIPROLENE TOPICAL OINTMENT	3	
DOVONEX TOPICAL	3	
doxepin topical	3	
doxycycline monohydrate oral capsule,ir - delay rel,biphasic	1	PA QL (1 cap/day; max of 120 caps/5 months)
DUAC	3	
DUPIXENT	4	PA QL (2 syringes/28 days)
EFUDEX TOPICAL CREAM	3	
ELIDEL	2	ST AL QL (PA required for those 12 years of age or older; use medium, high, or very high potency topical steroid first; 1 tube/fill)
ELOCON TOPICAL CREAM	3	
ELOCON TOPICAL OINTMENT	3	
ENSTILAR	3	PA QL (7 bottles/28 days)
EPIDUO FORTE	2	ST AL (PA required if > 40 years of age; use adapalene or benzoyl peroxide containing product first)
EPIDUO TOPICAL GEL WITH PUMP	3	ST AL (PA required if > 40 years of age; use adapalene or benzoyl peroxide containing product first)
ery pads	1	
erygel	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
EUCRISA	3	PA QL (1 tube/month)
FABIOR	3	AL QL (PA required if > 40 years of age; 100 gm/month)
FINACEA TOPICAL FOAM	3	QL (1 bottle/month)
FINACEA TOPICAL GEL	3	QL (1 tube/month)
FLAC OTIC OIL	3	PA
fluocinolone	1	
fluocinolone acetonide oil	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
fluocinonide-emollient	1	
FLUOROPLEX	3	PA QL (1 tube/month)
fluorouracil topical cream 0.5 %	4	PA QL (1 tube/month)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
flurandrenolide topical cream	3	PA
flurandrenolide topical lotion	1	PA
flurandrenolide topical ointment	1	PA
fluticasone topical cream	1	

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Drug	Tier	Limits/Notes
fluticasone topical lotion	3	ST (use two preferred topical steroids in the same potency class first)
fluticasone topical ointment	1	
GORDONS UREA TOPICAL OINTMENT 22 %	3	
halobetasol propionate	1	
HALOG	3	
HYDRO 35	3	ST (use two preferred urea products first)
HYDRO 40	3	ST (use two preferred urea products first)
hydrocortisone butyrate topical cream	1	
hydrocortisone butyrate topical lotion	1	ST (use two preferred topical steroids in the same potency class first)
hydrocortisone butyrate topical ointment	1	
hydrocortisone butyrate topical solution	1	
hydrocortisone butyr-emollient	3	ST (use two preferred topical steroids in the same potency class first)
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
imiquimod topical cream in metered-dose pump	1	ST QL (use imiquimod 5% packets first; 1 bottle month; max 2 bottles/6 months)
imiquimod topical cream in packet	1	QL (24 packs/month, max of 48 packs/6 months)
IMPOYZ	3	PA QL (1 tube/month)
isotretinoin	1	
KENALOG TOPICAL	3	ST (use 2 preferred medium potency topical corticosteroids; one of which is triamcinolone, first)
KERAFOAM	3	ST (use two preferred urea products first)
KERALAC	3	ST QL (use two preferred urea products first; 1 tube/month)
KERALYT RX	3	
LEXETTE	3	PA QL (50 gm/week)
LOCOID LIPOCREAM	3	ST (use two preferred topical steroids in the same potency class first)
LOCOID TOPICAL CREAM	3	
LOCOID TOPICAL LOTION	3	ST (use two preferred topical steroids in the same potency class first)
LOCOID TOPICAL SOLUTION	3	
LUXIQ	3	ST (use one preferred topical steroid in the same potency class first)
methoxsalen	1	
metopic	1	ST QL (use two preferred urea products first; 2 bottles/month)
METROGEL TOPICAL GEL 1 %	3	
METROGEL TOPICAL GEL WITH PUMP	3	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	

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Drug	Tier	Limits/Notes
MIRVASO	3	QL (1 tube/month)
mometasone topical solution	1	
myorisan	1	
NEO-SYNALAR	3	PA QL (1 tube/month)
NEUAC	3	
NOLIX TOPICAL CREAM	3	PA
nolix topical lotion	1	PA
OLUX	3	PA
OLUX-E	3	PA
ONEXTON	3	ST QL (use clindamycin 1%/benzoyl peroxide 5% gel or clindamycin 1.2%/benzoyl peroxide 5% first; 1 bottle/month)
ORACEA	3	PA QL (1 cap/day; max of 120 caps/5 months)
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	QL (1 bottle/month)
OVACE PLUS WASH	3	PA QL (1 bottle/month)
OXSORALEN ULTRA	3	
PANDEL	3	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	PA QL (1 bottle/month)
PENNSAID TOPICAL SOLUTION IN PACKET	4	PA
PLEXION	3	PA QL (1 bottle/month)
PLEXION CLEANSING CLOTHS	3	PA QL (1 box/month)
PLIXDA	3	PA
podofilox	1	
prednicarbate	1	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc topical	1	
proctozone-hc	1	
PROTOPIC TOPICAL OINTMENT 0.03 %	3	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 13 years of age or older; 1 tube/fill)
PROTOPIC TOPICAL OINTMENT 0.1 %	3	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 15 years of age and younger; 1 tube/fill)
PRUDOXIN	3	
PSORCON	3	ST (use two preferred topical steroids in the same potency class first)
QBREXZA	3	PA QL (1 towelette/day)
REGRANEX	2	PA
RETIN-A	3	AL (PA required if > 40 years of age)
RETIN-A MICRO	3	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)

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Drug	Tier	Limits/Notes
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	ST AL QL (use two formulary topical retinoids first; PA required if > 40 years of age; 1 bottle/month)
RHOFADE	3	PA QL (One 30 gm tube/month)
rosadan topical gel	1	
rosanil	1	
ROSULA	3	PA QL (1 bottle/month)
ROSULA CLEANSING CLOTHS	3	QL (60 pads/month)
SALEX TOPICAL SHAMPOO	3	
salicylic acid topical cream	1	
salicylic acid topical cream,extended release	1	
salicylic acid topical film forming liquid w/appl	1	
salicylic acid topical foam	1	
salicylic acid topical gel	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion	1	
salicylic acid topical lotion,extended release	1	QL (400 gm/month)
salicylic acid topical ointment	4	PA
salicylic acid topical shampoo	1	
salimez	1	
SALVAX	3	
SANTYL	2	QL (180 grams/month)
scalacort	1	ST (use two preferred topical steroids in the same potency class first)
SERNIVO	3	PA QL (1 bottle/month)
SILIQ	4	PA QL (2 syringes/28 days)
SOLARAZE	4	PA QL (1 tube/month; max 3 tubes/year)
SOOLANTRA	3	QL (1 tube/month)
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	PA
sss 10-5	1	
STELARA SUBCUTANEOUS SYRINGE	4	PA QL (1 syringe/84 days)
sulfacetamide sodium topical cleanser	1	
sulfacetamide sodium topical cleanser, gel	1	PA QL (1 bottle/month)
sulfacetamide sodium topical shampoo	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %	1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA

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Drug	Tier	Limits/Notes
sulfacleanse 8-4	1	PA
SUMAXIN	3	
SUMAXIN TS	3	PA
SYNALAR	3	
TACLONEX TOPICAL OINTMENT	3	PA QL (400 gm/28 days)
TACLONEX TOPICAL SUSPENSION	3	PA
tacrolimus topical ointment 0.03 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 13 years of age or older; 1 tube/fill)
tacrolimus topical ointment 0.1 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 15 years of age and younger; 1 tube/fill)
TALTZ AUTOINJECTOR	4	PA QL (1 pen injector/28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA QL (1 pen injector/28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA QL (1 pen injector/28 days)
TALTZ SYRINGE	4	PA QL (1 syringe/28 days)
tazarotene	1	AL (PA required if > 40 years of age)
TAZORAC	3	AL (PA required if > 40 years of age)
TEMOVATE TOPICAL CREAM	3	
TEMOVATE TOPICAL OINTMENT	3	
TEXACORT	3	
TOLAK	2	QL (1 tube/month)
TOPICORT TOPICAL CREAM	3	ST (use two preferred topical steroids in the same potency class first)
TOPICORT TOPICAL GEL	3	ST (use two preferred topical steroids in the same potency class first)
TOPICORT TOPICAL OINTMENT	3	ST (use two preferred topical steroids in the same potency class first)
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST QL (use one high potency topical corticosteroid AND desoximetasone 0.25% cream or ointment first; 1 bottle/month)
TREMFYA	4	PA QL (1 syringe/8 weeks)
tretinoin	1	AL (PA required if > 40 years of age)
tretinoin microspheres	1	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)
TRETIN-X TOPICAL CREAM 0.075 %	3	ST AL (use tretinoin [Retin-A] first; PA required if > 40 years of age)
triamcinolone acetonide topical aerosol	1	ST (use triamcinolone and one other preferred medium potency topical steroid first)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
TRIANEX	3	ST (use two preferred topical steroids in the same potency class first)
triderm topical cream	1	
ULTRAVATE TOPICAL CREAM	3	
ULTRAVATE TOPICAL LOTION	3	ST QL (use two preferred topical steroids in the same potency class, one being either halobetasol 0.05% cream or ointment; 1 bottle/month)
ULTRAVATE TOPICAL OINTMENT	3	

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Drug	Tier	Limits/Notes
umecta topical foam	1	ST (use two preferred urea products first)
URAMAXIN GT TOPICAL GEL	3	ST (use two preferred urea products first)
URAMAXIN TOPICAL CREAM	3	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	ST (use two preferred urea products first)
URAMAXIN TOPICAL LOTION	3	ST (use two preferred urea products first)
urea nail stick	1	
urea topical cream 39 %	1	ST (use two preferred urea products first)
urea topical cream 40 %, 45 %, 50 %	1	
urea topical cream 41 %	1	ST QL (use two preferred urea products first; 2 bottles/month)
urea topical cream 47 %	1	ST QL (use two preferred urea products first; 1 bottle/month)
urea topical foam	1	ST (use two preferred urea products first)
urea topical gel 45 %	1	ST (use two preferred urea products first)
urea topical lotion 40 %	1	
urea topical lotion 45 %	1	ST (use two preferred urea products first)
uredeb	1	ST (use two preferred urea products first)
URE-K	4	PA
UTOPIC	3	ST QL (use two preferred urea products first; 2 bottles/month)
VANOS	3	PA
VECTICAL	3	
VELTIN	3	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 years of age)
VERDESO	3	PA
VEREGEN	3	ST QL (use imiquimod, podofilox soln, Condyllox gel, or Zyclara first; 1 tube/month, NTE 4 tube/6 months)
VIRASAL	3	
VOLTAREN TOPICAL	3	QL (5 tubes/month)
zenatane	1	
ZIANA	3	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 years of age)
ZONALON	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST QL (use Picato first; 1 bottle/month, max of 2 bottles/6 months)
ZYCLARA TOPICAL CREAM IN PACKET	3	ST QL (use Picato first; 28 packets/month, max of 56 packets/6 months)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Modifiers		
JYNARQUE	4	PA QL (2 tabs/day)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	4	PA QL (1 pack/day)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	4	PA QL (3 packs/day)
Electrolyte/Mineral Replacement		
KLOR-CON 10	3	
KLOR-CON 8	3	
KLOR-CON M15	3	

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Drug	Tier	Limits/Notes
klor-con sprinkle oral capsule, extended release 8 meq	1	
K-TAB	3	
potassium bicarb-citric acid	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral tablet extended release 10 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 20 meq	1	
potassium citrate	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	
CUPRIMINE	4	PA QL (16 caps/day)
DEPEN TITRATABS	4	PA QL (16 tabs/day)
FERRIPROX ORAL TABLET	4	PA QL (18 tabs/day)
JADENU SPRINKLE	4	
RADIOGARDASE	3	
SAMSCA ORAL TABLET 15 MG	4	PA QL (1 tab/day)
SAMSCA ORAL TABLET 30 MG	4	PA QL (2 tabs/day)
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1	
SPS (WITH SORBITOL) RECTAL	3	
SYPRINE	4	PA QL (8 caps/day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	4	PA QL (1 packet/day)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	4	PA QL (4 packet/box: 4 packets/90 days; 30 packets/box: 1 packet/day)
XURIDEN	4	PA QL (4 packets/day)
Phosphate Binders		
calcium acetate oral capsule	1	
FOSRENOL	3	
PHOSLYRA	3	
RENAGEL ORAL TABLET 800 MG	3	
RENVELA	3	
sevelamer carbonate oral tablet	1	
VELPHORO	3	
Endocrine		
Miscellaneous Therapeutic Agents		
TEGSEDI	4	PA QL (1 syringe/week)
Enzyme Replacement/Modifiers		
VIOKACE	3	
Enzyme Replacement/Modifiers		
CYSTAGON ORAL CAPSULE 150 MG	4	PA QL (26 caps/day)
CYSTAGON ORAL CAPSULE 50 MG	4	PA QL (4 caps/day)
ORFADIN ORAL CAPSULE 20 MG	4	PA QL (8 caps/day)
ORFADIN ORAL SUSPENSION	4	PA QL (35 ml/day)
sodium phenylbutyrate oral powder	4	PA QL (20 gm/day)

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ST - Step Therapy

Drug	Tier	Limits/Notes
SUCRAID	4	PA QL (12 ml/day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
ANASPAZ	3	
chlordiazepoxide-clidinium	3	
CUVPOSA	3	PA QL (45 ml/day)
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
ed-spaz	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate	1	
hyosyne	1	
LEVIBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
methscopolamine	1	
nulev	1	
oscimin	1	
oscimin sl	1	
oscimin sr	1	
phenobarb-hyoscy-atropine-scop	1	
phenohydro	1	
propantheline	1	
SYMAX DUOTAB	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
Gastrointestinal Agents, Other		
ACTIGALL	3	
anucort-hc	1	
anusol-hc rectal suppository	1	
CHENODAL	4	PA QL (6 tabs/day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA QL (5 caps/day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA QL (4 caps/day)
CLENPIQ	3	PA
cromolyn oral	1	
diphenoxylate-atropine	1	
GASTROCROM	3	

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Drug	Tier	Limits/Notes
GLYCATE	3	PA QL (3 tabs/day)
glycopyrrolate oral tablet 1.5 mg	4	PA QL (3 tabs/day)
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
LOMOTIL	3	
micort-hc topical cream with perineal applicator 2.5 %	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (4 GRAM)	3	PA QL (56 tubes/month)
MOTOFEN	3	
MOVANTIK	3	QL (1 tab/day)
MYTESI	3	PA QL (2 tabs/day)
OCALIVA	4	PA QL (1 tab/day)
OSMOPREP	3	PA; PH
PYLERA	3	QL (120 caps/month)
RELISTOR ORAL	4	PA QL (3 tabs/day)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA
RELISTOR SUBCUTANEOUS SYRINGE	4	PA
SYMPROIC	3	PA QL (1 tab/day)
URSO 250	3	
URSO FORTE	3	
ursodiol	1	
XENICAL	3	PA
XERMELO	4	PA QL (3 tabs/day)
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
DUEXIS	3	ST QL (use ibuprofen 800mg with either famotidine 20 mg or 40 mg tab first; 3 tabs/day)
famotidine oral suspension	1	
famotidine oral tablet 40 mg	1	
nizatidine	1	
PEPCID ORAL SUSPENSION	3	
pepcid oral tablet 40 mg	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 300 mg	1	
ZANTAC ORAL TABLET 300 MG	3	
Irritable Bowel Syndrome Agents		
alosetron	1	PA
AMITIZA	3	PA AL QL (PA also required for those less than 18 years of age; 2 caps/day)
LINZESS	2	QL (1 cap/day)
LOTRONEX	3	PA
TRULANCE	3	PA QL (1 tab/day)
VIBERZI	4	PA QL (2 tabs/day)

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Drug	Tier	Limits/Notes
Laxatives		
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	PA; PH
constulose	1	
enulose	1	
gavilyte-c	1	PH
gavilyte-g	1	PH
gavilyte-n	1	PH
generlac	1	
GOLYTELY ORAL POWDER IN PACKET	3	PA; PH
GOLYTELY ORAL RECON SOLN	3	PA; PH
KRISTALOSE ORAL PACKET 10 GRAM	3	PA QL (1 pack/day)
KRISTALOSE ORAL PACKET 20 GRAM	3	PA QL (2 packs/day)
lactulose oral packet	4	PA QL (1 packet/day)
lactulose oral solution	1	
MOVIPREP	3	PA; PH
NULYTLY WITH FLAVOR PACKS	3	PH
peg 3350-electrolytes	1	PH
peg-3350 with flavor packs	1	PH
peg-electrolyte soln	1	PH
peg-prep	1	PH
PLENNU	3	PA
PREPOPIK	3	PA; PH
SUPREP BOWEL PREP KIT	2	PH
trilyte with flavor packets	1	PH
Protectants		
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
ACIPHEX	3	
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST QL (use omeprazole, pantoprazole, rabeprazole, lansoprazole, and Dexilant first; 1 cap/day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	3	ST QL (use omeprazole, pantoprazole, lansoprazole, and Dexilant first; 1 cap/day)
DEXILANT	2	ST QL (use omeprazole, pantoprazole, rabeprazole or lansoprazole first; 1 cap/day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	PA
esomeprazole strontium oral capsule,delayed release(dr/ec) 49.3 mg	3	ST QL (use omeprazole, pantoprazole, lansoprazole, and rabeprazole first; 6 caps/day)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel	1	ST (use omeprazole, pantoprazole, rabeprazole, and lansoprazole first)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	ST QL (use omeprazole, pantoprazole, rabeprazole, lansoprazole 30mg cap, and Dexilant first; 1 packet/day)

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Drug	Tier	Limits/Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA QL (1 packet/day)
OMEPPi ORAL CAPSULE 40-1.1 MG-GRAM	4	PA QL (1 cap/day)
omeprazole oral capsule,delayed release(dr/ec)	1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	4	PA QL (1 cap/day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	4	PA QL (2 packs/day)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	4	PA QL (1 pack/day)
pantoprazole oral	1	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	
PREVACID SOLUTAB	3	ST (use omeprazole, pantoprazole, rabeprazole, lansoprazole, and Dexilant first)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	QL (2 packs/day)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	QL (3 packs/day)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
rabeprazole	1	
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	PA QL (1 cap/day)
ZEGERID ORAL PACKET 20-1,680 MG	4	PA QL (2 packs/day)
ZEGERID ORAL PACKET 40-1,680 MG	4	PA QL (1 pack/day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Antineoplastics, Other		
VISTOGARD	4	QL (20 packets/month)
Electrolyte/Mineral Modifiers		
EXJADE	4	
JADENU	4	
Electrolyte/Mineral Replacement		
CARBAGLU	4	PA QL (35 tabs/day)
Enzyme Replacement/Modifiers		
BUPHENYL ORAL POWDER	4	PA QL (20 gm/day)
BUPHENYL ORAL TABLET	4	PA QL (40 tabs/day)
CERDELGA	4	PA QL (2 caps/day)
CREON	2	
KUVAN ORAL POWDER IN PACKET 100 MG	4	PA QL (14 packs/day)
KUVAN ORAL POWDER IN PACKET 500 MG	4	PA QL (3 packets/day)
KUVAN ORAL TABLET,SOLUBLE	4	PA QL (14 tabs/day)
miglustat	4	PA QL (3 caps/day)
NITYR ORAL TABLET 10 MG	4	PA QL (14 tabs/day)
NITYR ORAL TABLET 2 MG	4	PA QL (70 tabs/day)
NITYR ORAL TABLET 5 MG	4	PA QL (28 tabs/day)
ORFADIN ORAL CAPSULE 10 MG	4	PA QL (14 caps/day)
ORFADIN ORAL CAPSULE 2 MG	4	PA QL (10 caps/day)
ORFADIN ORAL CAPSULE 5 MG	4	PA QL (2 caps/day)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA QL (1 syringe/day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA QL (4 syringes/28 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA QL (2 syringes/day)

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Drug	Tier	Limits/Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
PERTZYE	3	
RAVICTI	4	PA QL (17.5 ml/day)
sodium phenylbutyrate oral tablet	4	PA QL (40 tabs/day)
STRENSIQ	4	PA QL (24 vials/28 days)
ZAVESCA	4	PA QL (3 caps/day)
Glucocorticoids		
EMFLAZA ORAL SUSPENSION	4	PA QL (6 bottles/month)
EMFLAZA ORAL TABLET 18 MG	4	PA QL (1 tab/day)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	4	PA QL (2 tabs/day)
Miscellaneous Therapeutic Agents		
CYSTADANE	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin oral tablet extended release 24 hr 15 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
darifenacin oral tablet extended release 24 hr 7.5 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
DETROL	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
DETROL LA	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	QL (3 tabs/day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	QL (1 tab/day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	3	ST QL (use Vesicare and either oxybutynin IR/ER, or trospium IR/ER first; 1 tab/day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 7.5 MG	3	ST QL (use Vesicare and either oxybutynin IR/ER, or trospium IR/ER first; 2 tabs/day)
flavoxate	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST QL (use Vesicare or Myrbetriq and either oxybutynin ir/er or trospium ir/er first; One 30 gm gel pump/month)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST QL (use Vesicare or Myrbetriq and either oxybutynin ir/er or trospium ir/er first; 1 packet/day)
MYRBETRIQ	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg	1	QL (3 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 15 mg	1	QL (2 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	QL (1 tab/day)
OXYTROL	3	ST QL (use Gelnique first; 8 patches/month)
tolterodine oral capsule,extended release 24hr	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
tolterodine oral tablet	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
TOVIAZ	3	ST QL (use Vesicare or Myrbetriq, and either oxybutynin IR/ER, or trospium IR/ER first; 1 tab/day)

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Drug	Tier	Limits/Notes
trospium oral capsule,extended release 24hr	1	QL (1 cap/day)
trospium oral tablet	1	QL (2 tabs/day)
VESICARE ORAL TABLET 10 MG	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
VESICARE ORAL TABLET 5 MG	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
Benign Prostatic Hypertrophy Agents		
alfuzosin	1	
AVODART	3	QL (1 cap/day)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	GL PA QL (covered for males only; may not be available through mail-service; may not be covered for all plans; QL depends on diagnosis)
doxazosin	1	
dutasteride	1	QL (1 cap/day)
dutasteride-tamsulosin	1	PA QL (1 cap/day)
finasteride oral tablet 5 mg	1	
FLOMAX	3	
JALYN	3	PA QL (1 cap/day)
prazosin	1	
PROSCAR	3	
RAPAFLO	3	ST QL (use tamsulosin [Flomax] first; 1 cap/day)
tamsulosin	1	
terazosin	1	
UROXATRAL	3	
Genitourinary Agents, Other		
bethanechol chloride	1	
CAVERJECT	3	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
CAVERJECT IMPULSE	3	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
CIALIS ORAL TABLET 10 MG, 20 MG	3	GL PA QL (covered for males only; may not be available through mail-service; may not be covered for all plans; QL depends on diagnosis)
EDEX	3	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
ELMIRON	2	
LEVITRA	2	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
LITHOSTAT	3	
MUSE	2	GL PA QL (covered for males only; 6 supp/month if approved; not covered through mail service; not covered for all plans)
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sildenafil	1	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)

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Drug	Tier	Limits/Notes
STAXYN	3	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
STENDRA	3	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
tadalafil	1	GL PA QL (covered for males only; may not be available through mail-service; may not be covered for all plans; QL depends on diagnosis)
THIOLA	4	PA
URECHOLINE	3	
vardenafil	1	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
VIAGRA	3	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
Phosphate Binders		
lanthanum	1	
sevelamer carbonate oral powder in packet	1	
Hematological Agents		
Hematological Agents		
TAVALISSE	4	PA QL (2 tabs/day)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
fludrocortisone	1	
mometasone topical cream	1	
mometasone topical ointment	1	
Glucocorticoids		
hydrocortisone oral	1	
Progestins		
opcicon one-step	1	QL (1 tab/fill); PH
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP NASAL	3	
DDAVP ORAL	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR H.P.	4	PA
desmopressin nasal spray with pump	1	
desmopressin nasal spray,non-aerosol	1	
desmopressin oral	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA QL (2 vials/day)
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE	4	PA
INCRELEX	4	PA
MYALEPT	4	PA QL (1 vial/day)
NOCDURNA	3	PA QL (1 tab/day)
NOCTIVA	3	PA QL (1 bottle/month)
NORDITROPIN FLEXPRO	4	PA
NUTROPIN AQ NUSPIN	4	PA
OMNITROPE	4	PA
SAIZEN	4	PA

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Drug	Tier	Limits/Notes
SAIZEN SAIZENPREP	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
STIMATE	4	QL (2.5 ml/month)
ZOMACTON	4	PA
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
CYTOTEC	3	
KORLYM	4	PA QL (4 tabs/day)
misoprostol	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	3	PA
NATESTO	3	PA QL (3 bottles/month)
OXANDRIN	3	PA
oxandrolone	1	PA
Androgens		
ANDRODERM	3	PA QL (1 patch/day)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA QL (2 bottles/month; may process at a lower tier for certain plans)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA QL (300 grams/month)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	2	PA QL (1 packet/day; may process at a lower tier for certain plans)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PA QL (2 packets/day; may process at a lower tier for certain plans)
ANDROID	2	PA
AXIRON	3	PA QL (2 bottles/month)
covaryx	1	
covaryx h.s.	1	
danazol	1	
DEPO-TESTOSTERONE	3	QL (10 ml/month)
eemt	1	
eemt hs	1	
estrogens-methyltestosterone	1	
FORTESTA	3	PA QL (2 bottles/month)
IMVEXXY MAINTENANCE PACK	3	PA QL (8 inserts/28 days)
IMVEXXY STARTER PACK	3	PA QL (18 inserts/28 days)
INTRAROSA	3	PA QL (1 insert/day)
METHITEST	2	PA
methyltestosterone oral capsule	1	PA
STRIANT	3	PA QL (2 tabs/day)
TESTIM	3	PA QL (10 grams/day)
testosterone cypionate	1	QL (10 ml/month)
testosterone enanthate	1	QL (5 ml/month)
testosterone transdermal gel	1	PA QL (10 grams/day)

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Drug	Tier	Limits/Notes
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)	1	PA QL (2 bottles/month)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA QL (300 grams/month)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA QL (300 grams/month)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA QL (1 packet/day)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA QL (2 packets/day)
testosterone transdermal solution in metered pump w/app	1	PA QL (2 bottles/month)
TESTRED	3	PA
VOGELXO TRANSDERMAL GEL	3	PA QL (10 grams/day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA QL (300 grams/month)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA QL (300 grams/month)
XYOSTED	3	PA QL (1 injection/week)
Estrogens		
ACTIVELLA	3	QL (1 tab/day)
ALORA	3	QL (16 patches/28 days)
altavera (28)	1	PH
alyacen 1/35 (28)	1	PH
alyacen 7/7/7 (28)	1	PH
amabelz	1	QL (1 tab/day)
amethia	1	PH
amethia lo	1	PH
amethyst	1	QL (1 pack/month); PH
ANGELIQ	3	QL (1 tab/day)
apri	1	PH
aranelle (28)	1	PH
ashlyna	1	PH
aubra	1	PH
aubra eq	1	PH
aviane	1	PH
azurette (28)	1	PH
BALCOLTRA	3	PA (may be covered at \$0 with PA); PH
balziva (28)	1	PH
bekyree (28)	1	PH
BEYAZ	3	(may be covered at \$0 with PA); PH
blisovi 24 fe	1	PH
blisovi fe 1.5/30 (28)	1	PH
blisovi fe 1/20 (28)	1	PH
BREVICON (28)	3	(may be covered at \$0 with PA); PH
briellyn	1	PH
camrese	1	PH
camrese lo	1	PH
caziant (28)	1	PH
chateal	1	PH
chateal eq	1	PH

AL - Age Limit

GL - Gender Limit

PA - Prior Authorization

QL - Quantity Limit

PH - Preventive Health Drugs- \$0 copay if meets criteria

ST - Step Therapy

Drug	Tier	Limits/Notes
CLIMARA	3	QL (8 patches/28 days)
CLIMARA PRO	2	QL (4 patches/month)
COMBIPATCH	3	QL (8 patches/month)
cryselle (28)	1	PH
cyclafem 1/35 (28)	1	PH
cyclafem 7/7/7 (28)	1	PH
CYCLESSA (28)	3	(may be covered at \$0 with PA); PH
cyred	1	PH
cyred eq	1	PH
dasetta 1/35 (28)	1	PH
dasetta 7/7/7 (28)	1	PH
daysee	1	PH
DELESTROGEN	3	
delyla (28)	1	PH
DEPO-ESTRADIOL	3	
desog-e.estradiol/e.estradiol	1	PH
desogestrel-ethinyl estradiol	1	PH
DIVIGEL	3	QL (1 pack/day)
drospirenone-e.estradiol-lm.fa	1	PH
drospirenone-ethinyl estradiol	1	PH
DUAVEE	2	QL (1 tab/day)
ELESTRIN	3	QL (1 bottle/month)
elinstest	1	PH
emoquette	1	PH
enpresse	1	PH
enskyce	1	PH
estarrylla	1	PH
ESTRACE	3	
estradiol oral	1	
estradiol transdermal patch semiweekly	1	QL (16 patches/28 days)
estradiol transdermal patch weekly	1	QL (8 patches/28 days)
estradiol vaginal	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	QL (1 tab/day)
ESTRING	2	
ESTROGEL	3	QL (1 bottle/month)
estropipate oral tablet 0.75 mg	1	
ESTROSTEP FE-28	3	(may be covered at \$0 with PA); PH
ethynodiol diac-eth estradiol	1	PH
EVAMIST	3	QL (2 bottles/month)
falmina (28)	1	PH
fayosim	1	PH
FEMHRT LOW DOSE	3	QL (1 tab/day)
FEMRING	3	QL (1 ring/3 months)
femynor	1	PH

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QL - Quantity Limit

ST - Step Therapy

Drug	Tier	Limits/Notes
fyavolv	1	QL (1 tab/day)
GENERESS FE	3	(may be covered at \$0 with PA); PH
gianvi (28)	1	PH
hydroxyprogesterone (pf) (preg presv)	4	PA QL (1 vial/week)
introvale	1	PH
isibloom	1	PH
jevantique lo	1	QL (1 tab/day)
jinteli	1	QL (1 tab/day)
jolessa	1	PH
juleber	1	PH
junel 1.5/30 (21)	1	PH
junel 1/20 (21)	1	PH
junel fe 1.5/30 (28)	1	PH
junel fe 1/20 (28)	1	PH
junel fe 24	1	PH
kaitlib fe	1	PH
kariva (28)	1	PH
kelnor 1/35 (28)	1	PH
kelnor 1-50	1	PH
kurvelo	1	PH
l norgest/e.estradiol-e.estrad	1	PH
larin 1.5/30 (21)	1	PH
larin 1/20 (21)	1	PH
larin 24 fe	1	PH
larin fe 1.5/30 (28)	1	PH
larin fe 1/20 (28)	1	PH
larissa	1	PH
LAYOLIS FE	3	(may be covered at \$0 with PA); PH
leena 28	1	PH
lessina	1	PH
levonest (28)	1	PH
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	PH
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 90-20 mcg	1	QL (1 pack/month); PH
levonorgestrel-ethynodiol dihydrogen phosphate oral tablets, dose pack, 3 month	1	PH
levonorgestrel estradiol triphasic	1	PH
levora 0.15/30 (28)	1	PH
levora-28	1	PH
lilow	1	PH
LO LOESTRIN FE	3	(may be covered at \$0 with PA); PH
LOESTRIN 1.5/30 (21)	3	(may be covered at \$0 with PA); PH
LOESTRIN 1/20 (21)	3	(may be covered at \$0 with PA); PH
LOESTRIN FE 1.5/30 (28-DAY)	3	(may be covered at \$0 with PA); PH
LOESTRIN FE 1/20 (28-DAY)	3	(may be covered at \$0 with PA); PH
lopreeza	1	QL (1 tab/day)
loryna (28)	1	PH

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ST - Step Therapy

Drug	Tier	Limits/Notes
LOSEASONIQUE	3	(may be covered at \$0 with PA); PH
low-ogestrel (28)	1	PH
ltera (28)	1	PH
marlissa	1	PH
melodetta 24 fe	1	PH
MENEST	3	
MENOSTAR	3	
mibelas 24 fe	1	PH
microgestin 1.5/30 (21)	1	PH
microgestin 1/20 (21)	1	PH
MICROGESTIN 24 FE	3	(may be covered at \$0 with PA); PH
microgestin fe 1.5/30 (28)	1	PH
microgestin fe 1/20 (28)	1	PH
mil	1	PH
mimvey	1	QL (1 tab/day)
mimvey lo	1	QL (1 tab/day)
MINASTRIN 24 FE	3	(may be covered at \$0 with PA); PH
MINIVELLE	3	QL (16 patches/28 days)
MIRCETTE (28)	3	(may be covered at \$0 with PA); PH
mono-linyah	1	PH
mononessa (28)	1	PH
myzilra	1	PH
NATAZIA	3	(may be covered at \$0 with PA); PH
necon 0.5/35 (28)	1	PH
nikki (28)	1	PH
noreth-ethynodiol-iron	1	PH
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	QL (1 tab/day)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	PH
norethindrone-e.estradiol-iron	1	PH
norgestimate-ethynodiol-estradiol	1	PH
norgestrel-ethynodiol-estradiol	1	PH
nortrel 0.5/35 (28)	1	PH
nortrel 1/35 (21)	1	PH
nortrel 1/35 (28)	1	PH
nortrel 7/7/7 (28)	1	PH
NUVARING	2	QL (1 ring/month); PH
ocella	1	PH
ogestrel (28)	1	PH
orsythia	1	PH
ORTHO TRI-CYCLEN (28)	3	(may be covered at \$0 with PA); PH
ORTHO TRI-CYCLEN LO (28)	3	(may be covered at \$0 with PA); PH
ORTHO-CYCLEN (28)	3	(may be covered at \$0 with PA); PH
ORTHO-NOVUM 1/35 (28)	3	(may be covered at \$0 with PA); PH
ORTHO-NOVUM 7/7/7 (28)	3	(may be covered at \$0 with PA); PH

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ST - Step Therapy

Drug	Tier	Limits/Notes
philith	1	PH
pimtrea (28)	1	PH
pirmella	1	PH
portia	1	PH
PREFEST	3	QL (1 tab/day)
PREMARIN ORAL	3	
PREMARIN VAGINAL	2	
PREMPHASE	2	QL (28 tabs/month)
PREMPRO	2	QL (28 tabs/month)
previfem	1	PH
QUARTETTE	3	(may be covered at \$0 with PA); PH
quasense	1	PH
rajani	1	PH
reclipsen (28)	1	PH
rivelsa	1	PH
SAFYRAL	3	(may be covered at \$0 with PA); PH
SEASONIQUE	3	(may be covered at \$0 with PA); PH
setlakin	1	PH
sprintec (28)	1	PH
sronyx	1	PH
syeda	1	PH
tarina fe 1/20 (28)	1	PH
tarina fe 1-20 eq (28)	1	PH
TAYTULLA	3	(may be covered at \$0 with PA); PH
tilia fe	1	PH
tri femynor	1	PH
tri-estarylla	1	PH
tri-legest fe	1	PH
tri-linyah	1	PH
tri-lo-estarylla	1	PH
tri-lo-marzia	1	PH
tri-lo-sprintec	1	PH
tri-mili	1	PH
TRI-NORINYL (28)	3	(may be covered at \$0 with PA); PH
tri-previfem (28)	1	PH
tri-sprintec (28)	1	PH
trivora (28)	1	PH
tri-vylibra	1	PH
tydemy	1	PH
VAGIFEM	3	
velivet triphasic regimen (28)	1	PH
vienna	1	PH
viorele (28)	1	PH
VIVELLE-DOT	3	QL (16 patches/28 days)
vyfemla (28)	1	PH

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ST - Step Therapy

Drug	Tier	Limits/Notes
vylibra	1	PH
wera (28)	1	PH
wymzya fe	1	PH
xulane	1	QL (3 patches/month); PH
YASMIN (28)	3	(may be covered at \$0 with PA); PH
YAZ (28)	3	(may be covered at \$0 with PA); PH
yuvafem	1	
zarah	1	PH
zenchent (28)	1	PH
zovia 1/35e (28)	1	PH
Progesterone Agonists/Antagonists		
ELLA	3	QL (1 tab/fill; may be covered at \$0 with PA); PH
Progestins		
aftera	1	QL (1 tab/fill); PH
AYGESTIN	3	
camila	1	PH
CRINONE	2	PA
deblitane	1	PH
econtra ez	1	QL (1 tab/fill); PH
econtra one-step	1	QL (1 tab/fill); PH
ENDOMETRIN	3	PA
errin	1	PH
heather	1	PH
hydroxyprogesterone cap(ppres)	4	PA QL (5 ml/month)
incassia	1	PH
jencycla	1	PH
jolivette	1	PH
levonorgestrel oral tablet 1.5 mg	1	QL (1 tab/fill); PH
lyza	1	PH
MAKENA (PF)	4	PA QL (1 injection/week)
MAKENA INTRAMUSCULAR OIL 250 MG/ML	4	PA QL (5 ml/month)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	PA QL (1 vial/week)
medroxyprogesterone oral	1	
MEGACE ES	3	
megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
megestrol oral tablet	1	
my choice	1	QL (1 tab/fill); PH
my way	1	QL (1 tab/fill); PH
new day	1	QL (1 tab/fill); PH
NEXT CHOICE ONE DOSE	3	QL (1 tab/fill; may be covered at \$0 with PA); PH
nora-be	1	PH
norethindrone (contraceptive)	1	PH
norethindrone acetate	1	

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ST - Step Therapy

Drug	Tier	Limits/Notes
norlyda	1	PH
norlyroc	1	PH
opcicon one-step	1	QL (1 tab/fill); PH
option-2	1	QL (1 tab/fill); PH
ORTHO MICRONOR	3	(may be covered at \$0 with PA); PH
PLAN B ONE-STEP	3	(may be covered at \$0 with PA); PH
progesterone	1	
progesterone in oil	1	
progesterone micronized	1	
PROMETRIUM	3	
PROVERA	3	
sharobel	1	PH
TAKE ACTION	3	(may be covered at \$0 with PA); PH
tulana	1	PH
Selective Estrogen Receptor Modifying Agents		
EVISTA	3	QL (1 tab/day); PH
OSPHENA	3	PA QL (1 tab/day)
raloxifene	1	GL QL (Covered for females only; 1 tab/day); PH
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL	3	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID	3	
WP THYROID	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	2	
LEVO-T	3	
levothyroxine oral	1	
liothyronine oral	1	
NATURE-THROID	3	
NP THYROID	2	
SYNTHROID	2	
thyroid (pork)	2	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	

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ST - Step Therapy

Drug	Tier	Limits/Notes
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1	QL (16 tabs/month)
leuprolide subcutaneous kit	4	PA
octreotide acetate injection syringe	4	PA
SIGNIFOR	4	PA QL (2 ampules/day)
SOMAVERT	4	PA QL (1 vial/day)
SYNAREL	4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
TAPAZOLE	3	
Hypoactive Sexual Desire Disorder Treatment Agents		
Hsdd Agents-Mixed Serotonin Agonists/Antagonists		
ADDYI	4	PA GL QL (covered for females only; 1 tab/day)
Immunological Agents		
Angioedema (Hae) Agents		
FIRAZYR	4	PA QL (2 syringes per fill; not to exceed 12 syringes/2 months)
HAEGARDA	4	PA
Immune Suppressants		
ASTAGRAF XL	3	
AZASAN	3	
azathioprine	1	
BENLYSTA SUBCUTANEOUS	4	PA QL (1 syringe/week)
CELLCEPT	3	
CIMZIA	4	PA QL (1 kit/28 days)
CIMZIA STARTER KIT	4	PA QL (3 kits/180 days/Year)
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL MINI	4	PA QL (4 cartridges/28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA QL (8 vials/28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA QL (8 syringes/28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA QL (4 syringes/28 days)
ENBREL SURECLICK	4	PA QL (4 pen injectors/28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG	3	ST QL (use tacrolimus IR first; 11 tabs/day)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 1 MG	3	ST QL (use tacrolimus IR first; 8 tabs/day)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	3	ST QL (use tacrolimus IR first; 2 tabs/day)
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution	1	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA QL (3 to 6 syringes/year, depending on package size)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA QL (3 syr [1 kit]/ year)

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Drug	Tier	Limits/Notes
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA QL (2 syr [1 kit]/year)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA QL (6 syringes/year)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA QL (1 carton/year)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA QL (4 syringes/year)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA QL (1 carton/year)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA QL (2 pens [1 kit]/28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA QL (2 syringes/28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA QL (2 syringes[1 kit]/28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA QL (2 syringes/28 days)
IMURAN	3	
KINERET	4	PA QL (1 syringe/day)
methotrexate sodium (pf) injection solution	1	QL (8 ml/month)
methotrexate sodium injection	1	QL (8 ml/month)
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
MYFORTIC	3	
NEORAL	3	
ORENCIA	4	PA QL (1 syringe/week)
ORENCIA CLICKJECT	4	PA QL (1 injection/week)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	PA QL (1 syringe/week)
PROGRAF ORAL	3	
RAPAMUNE ORAL SOLUTION	2	
RAPAMUNE ORAL TABLET	3	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	PA QL (1 syringe/week)
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SIMPONI	4	PA QL (1 syringe/4 weeks)
sirolimus	1	
tacrolimus oral	1	
TREXALL	3	
XATMEP	4	AL QL (PA required if >8 years of age; 1 bottle/month)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	2	QL (2 tabs/day)
ZORTRESS ORAL TABLET 0.5 MG	2	QL (4 tabs/day)
Immunomodulators		
ACTEMRA SUBCUTANEOUS	4	PA QL (1 syringe/week)
ACTIMMUNE	4	PA

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Drug	Tier	Limits/Notes
ARAVA	3	
ARCALYST	4	PA
AVONEX (WITH ALBUMIN)	4	PA QL (4 inj/month)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA QL (4 inj/month)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA QL (4 inj/month)
BETASERON SUBCUTANEOUS KIT	4	PA QL (use Copaxone, Extavia, Gilenya, or Tecfidera first; 15 inj/month)
EXTAVIA	4	QL (1 kit/month)
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA QL (1 pen injector/14 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA QL (2 syringes/28 days)
leflunomide	1	
OLUMIANT	4	PA QL (1 tab/day)
OTEZLA	4	PA QL (2 tabs/day)
OTEZLA STARTER	4	PA QL (1 pack/month)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA QL (2 pens/28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA QL (1 starter pack/12 months)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA QL (2 syringes/28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA QL (1 starter pack/12 months)
REBIF (WITH ALBUMIN)	4	PA QL (12 inj./month)
REBIF REBIDOSE	4	PA QL (12 inj./month)
REBIF TITRATION PACK	4	PA QL (1 pack/month)
RIDAURA	2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	QL (1 pack/month)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 caps/day)
XELJANZ ORAL TABLET 5 MG	4	PA QL (2 tabs/day)
XELJANZ XR	4	PA QL (1 tab/day)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	2	QL (4 caps/day)
ASACOL HD	3	ST QL (use balsalazide first; 6 tabs/day)
balsalazide	1	QL (9 caps/day)
CANASA	2	
COLAZAL	3	QL (9 caps/day)
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST QL (use Apriso or Lialda first; 12 caps/day)
DIPENTUM	3	ST QL (use Apriso or Lialda first; 12 caps/day)
LIALDA	3	QL (4 tabs/day)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	QL (4 tabs/day)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1	ST QL (use balsalazide first; 6 tabs/day)
mesalamine rectal	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	ST QL (use Apriso or Lialda first; 4 caps/day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	ST QL (use Apriso or Lialda first; 8 caps/day)
ROWASA RECTAL ENEMA	3	
SFROWASA	3	

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Drug	Tier	Limits/Notes
Glucocorticoids		
budesonide oral capsule,delayed,extend.release	1	PA QL (3 caps/day)
budesonide oral tablet,delayed and ext.release	1	PA QL (1 tab/day)
cocolort	1	
CORTEF	3	
CORTENEMA	3	
cortisone	1	
decadron	1	
DELTASONE ORAL TABLET 20 MG	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)	1	PA
DEXPAK 10 DAY	3	PA
DEXPAK 13 DAY	3	PA
DEXPAK 6 DAY	3	PA QL (1 dose pack/2 months)
ENTOCORT EC	3	PA QL (3 caps/day)
hydrocortisone rectal	1	
millipred dp	1	
millipred oral tablet	1	
ORAPRED ODT	3	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone	1	
prednisone intensol	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG	3	PA QL (3 tabs/day)
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 2 MG	3	PA QL (2 tab/day)
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	3	PA QL (12 tabs/day)
taperdex	1	PA QL (1 dose pack/2 months)
UCERIS ORAL	3	PA QL (1 tab/day)
UCERIS RECTAL	3	QL (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
VERIPRED 20	3	
Inflammatory Bowel Agent-Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL TABLET 10 MG	4	PA QL (2 tabs/day)
Sulfonamides		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
sulfasalazine	1	

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Drug	Tier	Limits/Notes
Lhrh Agonist Analog Pituitary Suppressants		
Other Hormones		
ORILISSA ORAL TABLET 150 MG	3	PA QL (1 tab/day)
ORILISSA ORAL TABLET 200 MG	3	PA QL (2 tabs/day)
Metabolic Bone Disease Agents		
ROCALTROL	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	PA
Mast Cell Stabilizers		
paricalcitol oral capsule 4 mcg	1	
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG	3	ST QL (use alendronate and ibandronate first; 1 tab/month)
ACTONEL ORAL TABLET 35 MG	3	ST QL (use alendronate and ibandronate first; 4 tabs/month)
ACTONEL ORAL TABLET 5 MG	3	ST QL (use alendronate and ibandronate first; 1 tab/day)
alendronate oral solution	1	QL (4 bottles/month)
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL (4 tabs/month)
alendronate oral tablet 40 mg	1	QL (1 tab/day)
ATELVIA	3	ST QL (use alendronate and ibandronate first; 4 tabs/month)
BINOSTO	3	ST QL (use alendronate and ibandronate first; 4 tabs/month)
BONIVA ORAL	3	ST QL (use alendronate [Fosamax] first; 1 tab/month)
calcitonin (salmon)	1	QL (1 bottle/month)
calcitriol oral	1	
doxercalciferol oral	1	
etidronate disodium	1	
FORTEO	4	PA QL (1 pen injector/month)
FOSAMAX ORAL TABLET 70 MG	3	QL (4 tabs/month)
ibandronate oral	1	ST QL (use alendronate first; 1 tab/month)
MIACALCIN INJECTION	4	
paricalcitol oral capsule 1 mcg, 2 mcg	1	
RAYALDEE	3	PA
risedronate oral tablet 150 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/month)
risedronate oral tablet 30 mg	1	PA
risedronate oral tablet 35 mg	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
risedronate oral tablet 5 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/day)
risedronate oral tablet,delayed release (dr/ec)	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
TYMLOS	4	PA QL (1 pen injector/month)

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Drug	Tier	Limits/Notes
Metabolic Modifiers		
Pharmacological Chaperone-Alpha-Galactosid A Stabz		
GALAFOLD	4	PA QL (14 caps/28 days)
Miscellaneous Therapeutic Agents		
GRASTEK	3	PA QL (1 tab/day)
Miscellaneous Therapeutic Agents 5-Alpha-Reductase Inhibitors		
DROPSAFE PEN NEEDLE	2	
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK GUIDE	2	QL (200 strips/month)
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (200 strips/month)
ACCUTREND GLUCOSE TEST STRIP	2	QL (200 strips/month)
ACE AEROSOL CLOUD ENHANCER	2	
ADVANCED GLUC METER TEST STRIP	3	PA QL (200 strips/month)
ADVOCATE PEN NEEDLE	2	
ADVOCATE REDI-CODE	3	PA QL (200 strips/month)
ADVOCATE REDI-CODE PLUS STRIP	3	PA QL (200 strips/month)
ADVOCATE SYRINGES	2	
ADVOCATE TEST STRIPS	3	PA QL (200 strips/month)
AEROCHAMBER MINI	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS FLOW-VU,L MSK	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	
AEROCHAMBER PLUS FLOW-VU,S MSK	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER PLUS Z STAT LG MSK	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	
AEROCHAMBER PLUS Z STAT SM MSK	2	
AEROCHAMBER WITH FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS-FLW SG	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
AGAMATRIX AMP TEST STRIPS	3	PA QL (200 strips/month)
ASSURE 4 STRIPS	3	PA QL (200 strips/month)
ASSURE ID INSULIN SAFETY	2	
ASSURE ID PEN NEEDLE	2	
ASSURE PLATINUM STRIP	3	PA QL (200 strips/month)
ASSURE PRISM MULTI STRIP	3	PA QL (200 strips/month)
BD AUTOSHIELD DUO PEN NEEDLE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	

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Drug	Tier	Limits/Notes
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INSULIN SYRINGE SAFETY-LOK	2	
BD INSULIN SYRINGE SLIP TIP	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD ULTRA-FINE MICRO PEN NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	
BD ULTRA-FINE ORIG PEN NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE	2	
BD VEO INSULIN SYR HALF UNIT	2	
BD VEO INSULIN SYRINGE UF	2	
BIONIME RIGHTEST TEST STRIPS	3	PA QL (200 strips/month)
BLOOD GLUCOSE TEST	3	PA QL (200 strips/month)
BREATHERITE MDI SPACER	2	
BREATHERITE SPACER-MASK, NEO.	2	
BREATHERITE SPACER-MASK,ADULT	2	
BREATHERITE SPACER-MASK,CHILD	2	
BREATHERITE SPACER-MASK,INFANT	2	
BREATHERITE SPACER-MASK,S.CHLD	2	
BREATHERITE VALVED MDI CHAMBER	2	
BREATHERITE VALVED MDI SPACER	2	
BREEZE 2 TEST STRIPS	3	PA QL (200 strips/month)
CAREFINE PEN NEEDLE	2	
CARESENS N TEST STRIPS	3	PA QL (200 strips/month)
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH PEN NEEDLE	2	
CARETOUCH TEST STRIP STRIP	2	PA QL (200 strips/month)
CARETOUCH TEST STRIP STRIP	3	PA QL (200 strips/month)
CAYA CONTOURED	2	PH
CLEVER CHOICE CHAMBER-LRG MASK	2	
CLEVER CHOICE CHAMBER-MED MASK	2	
CLEVER CHOICE CHAMBER-SM MASK	2	
CLEVER CHOICE MICRO TEST STRIP	3	PA QL (200 strips/month)
CLEVER CHOICE PRO STRIP	3	PA QL (200 strips/month)
CLEVER CHOICE TALK TEST	3	PA QL (200 strips/month)
CLEVER CHOICE TEST STRIPS	3	PA QL (200 strips/month)

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Drug	Tier	Limits/Notes
CLEVER CHOICE VOICE+ TEST	3	PA QL (200 strips/month)
CLICKFINE	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ SYRINGE	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
COMPACT SPACE CHAMBER-LRG MASK	2	
COMPACT SPACE CHAMBER-MED MASK	2	
COMPACT SPACE CHAMBER-SM MASK	2	
CONTOUR NEXT TEST STRIPS	3	PA QL (200 strips/month)
CONTOUR TEST STRIPS	3	PA QL (200 strips/month)
COOL GLUCOSE TEST STRIP	3	PA QL (200 strips/month)
DARIO BLOOD GLUCOSE TEST STRIP	3	PA QL (200 strips/month)
DIATRUE PLUS TEST STRIP	3	PA QL (200 strips/month)
DROPLET INSULIN SYR HALF UNIT	2	
DROPLET INSULIN SYRINGE	2	
DROPLET PEN NEEDLE	2	
EASIVENT HOLDING CHAMBER	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE PEN NEEDLE	2	
EASY GLUCO G2	3	PA QL (200 strips/month)
EASY PLUS II TEST	3	PA QL (200 strips/month)
EASY STEP	3	PA QL (200 strips/month)
EASY TALK GLUCOSE TEST	3	PA QL (200 strips/month)
EASY TOUCH FLIPLOCK INSULIN	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LUER LOCK INSULIN	2	
EASY TOUCH PEN NEEDLE	2	
EASY TOUCH SHEATHLOCK INSULIN	2	
EASY TOUCH TEST STRIP	3	PA QL (200 strips/month)
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	
EASY TRAK GLUCOSE TEST	3	PA QL (200 strips/month)
EASYGLUCO TEST	3	PA QL (200 strips/month)
EASymax	3	PA QL (200 strips/month)
EASymax 15	3	PA QL (200 strips/month)
ELEMENT COMPACT TEST STRIPS	3	PA QL (200 strips/month)
ELEMENT TEST STRIPS	3	PA QL (200 strips/month)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	PA QL (200 strips/month)
EMBRACE EVO TEST STRIPS	3	PA QL (200 strips/month)
EMBRACE PRO TEST STRIPS	3	PA QL (200 strips/month)

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Drug	Tier	Limits/Notes
EMBRACE TALK TEST STRIPS	3	PA QL (200 strips/month)
EVENCARE G2 STRIP	3	PA QL (200 strips/month)
EVENCARE G3 TEST	3	PA QL (200 strips/month)
EVENCARE MINI GLUCOSE TEST STR	3	PA QL (200 strips/month)
EVENCARE PROVIEW TEST STRIP	3	PA QL (200 strips/month)
EVENCARE TEST	3	PA QL (200 strips/month)
EVOLUTION TEST STRIPS	3	PA QL (200 strips/month)
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
EZ SMART PLUS TEST	3	PA QL (200 strips/month)
EZ SMART TEST	3	PA QL (200 strips/month)
E-Z SPACER	2	
FEMCAP	2	PH
FIFTY50 TEST STRIP	3	PA QL (200 strips/month)
FLEXICHAMBER	2	
FLEXICHAMBER-LG CHILD MASK	2	
FLEXICHAMBER-SM ADULT MASK	2	
FLEXICHAMBER-SM CHILD MASK	2	
FORA 6 CONNECT GLUCOSE STRIP	3	PA QL (200 strips/month)
FORA 6 CONNECT KETONE STRIP	2	
FORA D15G	3	PA QL (200 strips/month)
FORA D20 STRIP	3	PA QL (200 strips/month)
FORA D40-G31 TEST STRIPS	3	PA QL (200 strips/month)
FORA G20 STRIP	3	PA QL (200 strips/month)
FORA G30-PREMIUM V10 TEST STRP	3	PA QL (200 strips/month)
FORA GD50 TEST STRIPS	3	PA QL (200 strips/month)
FORA TEST STRIP	3	PA QL (200 strips/month)
FORA TN'G VOICE TEST STRIPS	3	PA QL (200 strips/month)
FORA V10 STRIP	3	PA QL (200 strips/month)
FORA V10-V12-D10-D20 STRIPS	3	PA QL (200 strips/month)
FORA V12 GLUCOSE	3	PA QL (200 strips/month)
FORA V20 STRIP	3	PA QL (200 strips/month)
FORA V30A STRIP	3	PA QL (200 strips/month)
FORACARE GD20	3	PA QL (200 strips/month)
FORACARE GD40	3	PA QL (200 strips/month)
FORTISCARE GLUCOSE TEST STRIPS	3	PA QL (200 strips/month)
FREESTYLE INSULINX STRIP	3	PA QL (200 strips/month)
FREESTYLE INSULINX TEST STRIPS	3	PA QL (200 strips/month)
FREESTYLE LITE STRIPS	3	PA QL (200 strips/month)
FREESTYLE PRECISION	2	
FREESTYLE PRECISION NEO STRIPS	3	PA QL (200 strips/month)
FREESTYLE TEST	3	PA QL (200 strips/month)
GE100 BLOOD GLUCOSE TEST STRIP	3	PA QL (200 strips/month)
GLUCO NAVII TEST STRIP	3	PA QL (200 strips/month)
GLUCOCARD 01 SENSOR PLUS	3	PA QL (200 strips/month)

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Drug	Tier	Limits/Notes
GLUCOCARD EXPRESSION STRIP	3	PA QL (200 strips/month)
GLUCOCARD SHINE TEST STRIPS	3	PA QL (200 strips/month)
GLUCOCARD VITAL SENSOR	3	PA QL (200 strips/month)
GLUCOCARD VITAL TEST STRIPS	3	PA QL (200 strips/month)
GLUCOCOM GLUCOSE	3	PA QL (200 strips/month)
GM100 STRIP	3	PA QL (200 strips/month)
GOODLIFE AC-302 TEST STRIP	3	PA QL (200 strips/month)
HARMONY GLUCOSE TEST STRIP	3	PA QL (200 strips/month)
HEALTHPRO TEST STRIPS	3	PA QL (200 strips/month)
HEALTHY ACCENTS UNIFINE PENTIP	2	
HUMAPEN LUXURA HD	2	PA QL (1 pen/year)
IGLUCOSE TEST STRIP	3	PA QL (200 strips/month)
INCONTROL PEN NEEDLE	2	
INFINITY TEST STRIPS	3	PA QL (200 strips/month)
INFINITY VOICE TEST STRIP	3	PA QL (200 strips/month)
INPEN (FOR HUMALOG)	3	PA QL (1 pen/year)
INPEN (FOR NOVOLOG)	3	PA QL (1 pen/year)
INSPIRACHAMBER	2	
INSPIRACHAMBER WITH MASK-LARGE	2	
INSPIRACHAMBER WITH MASK-MED	2	
INSPIRACHAMBER WITH MASK-SMALL	2	
insulin syr/ndl u100 half mark	2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
insulin syringe needleless	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	2	
INSUPEN	2	
KETO-DIASTIX	2	
KETONE CARE	2	
KETONE URINE TEST	2	
KETOSTIX	2	
lancets	2	QL (200 lancets/month)
levocarnitine (with sugar)	1	
levocarnitine oral tablet	1	
LITE TOUCH INSULIN PEN NEEDLES	2	
LITE TOUCH INSULIN SYRINGE	2	
LITE TOUCH-MEDIUM MASK	2	

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Drug	Tier	Limits/Notes
LITEAIRE MDI CHAMBER	2	
LITETOUCH-LARGE MASK	2	
LITETOUCH-SMALL MASK	2	
MAGELLAN INSULIN SAFETY SYRNG	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXI-COMFORT INSULIN SYRINGE	2	
methergine	1	
methylergonovine oral	1	
MICRO BLOOD GLUCOSE	3	PA QL (200 strips/month)
MICROCHAMBER	2	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	PA QL (200 strips/month)
MICROSPACER	2	
MINI ULTRA-THIN II	2	
MONOJECT INSULIN SAFETY SYRING	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
MONOJECT ULTRA COMFORT INSULIN	2	
MYGLUCOHEALTH STRIP	3	PA QL (200 strips/month)
NEUTEK 2TEK TEST STRIPS	3	PA QL (200 strips/month)
NOVA MAX GLUCOSE TEST	3	PA QL (200 strips/month)
NOVAMAX PLUS KETONE	2	
NOVOFINE 32	2	
NOVOFINE AUTOCOVER	2	
NOVOFINE PLUS	2	
NOVOPEN ECHO	2	PA QL (1 pen/year)
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	
ON CALL EXPRESS TEST STRIP	3	PA QL (200 strips/month)
ON CALL PLUS TEST STRIP	3	PA QL (200 strips/month)
ON CALL VIVID TEST STRIP	3	PA QL (200 strips/month)
ONETOUCH ULTRA BLUE TEST STRIP	3	PA QL (200 strips/month)
ONETOUCH VERIO TEST STRIPS	3	PA QL (200 strips/month)
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND LG MASK	2	
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
OPTICHAMBER DIAMOND-SML MASK	2	
OPTIUM EZ	3	PA QL (200 strips/month)
OPTIUM TEST	3	PA QL (200 strips/month)
OPTUMRX STRIP	3	PA QL (200 strips/month)
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
pen needle, diabetic	2	
PENTIPS	2	
PHARMACIST CHOICE	3	PA QL (200 strips/month)

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Drug	Tier	Limits/Notes
POCKET CHAMBER	2	
PRECISION PCX PLUS TEST	3	PA QL (200 strips/month)
PRECISION PCX TEST	3	PA QL (200 strips/month)
PRECISION POINT OF CARE TEST	3	PA QL (200 strips/month)
PRECISION Q-I-D TEST	3	PA QL (200 strips/month)
PRECISION XTRA B-KETONE	2	
PRECISION XTRA TEST	3	PA QL (200 strips/month)
PREMIER TEST STRIP	3	PA QL (200 strips/month)
PREMIUM V10 STRIP	3	PA QL (200 strips/month)
PRIMEAIRE	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLE	2	
PRO VOICE V8-V9 TEST STRIP	3	PA QL (200 strips/month)
PROCHAMBER	2	
PRODIGY INSULIN SYRINGE	2	
PRODIGY NO CODING	3	PA QL (200 strips/month)
QUINTET AC STRIP	3	PA QL (200 strips/month)
QUINTET GLUCOSE TEST STRIPS	3	PA QL (200 strips/month)
REFUAH PLUS	3	PA QL (200 strips/month)
RELION PEN NEEDLES	2	
RELION PRIME TEST STRIPS	3	PA QL (200 strips/month)
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	PA QL (180 ml/day)
REVEAL TEST STRIP	3	PA QL (200 strips/month)
RIGHTEST GS250S TEST STRIPS	3	PA QL (200 strips/month)
RIGHTEST GS260 TEST STRIPS	3	PA QL (200 strips/month)
RIGHTEST GS550 TEST STRIPS	3	PA QL (200 strips/month)
RITEFLO AEROCHAMBER	2	
SAFESNAP INSULIN SYRINGE	2	
SILICONE MASK - INFANT	2	
SMART SENSE TEST STRIPS	3	PA QL (200 strips/month)
SMARTEST TEST	3	PA QL (200 strips/month)
SPACE CHAMBER PLUS	2	
SURE COMFORT INS. SYR. U-100	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT PEN NEEDLE	2	
SURE-FINE PEN NEEDLES	2	
SURE-JECT INSULIN SYRINGE	2	
SURE-TEST EASYPLUS MINI STRIP	3	PA QL (200 strips/month)
TECHLITE INSULIN SYR HALF UNIT	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLE	2	
TEL CARE TEST STRIPS	3	PA QL (200 strips/month)
TERUMO INSULIN SYRINGE	2	
TEST N'GO TEST	3	PA QL (200 strips/month)

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Drug	Tier	Limits/Notes
THINPRO INSULIN SYRINGE	2	
TOPCARE CLICKFINE	2	
TOPCARE ULTRA COMFORT	2	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE METRIX GLUCOSE TEST STRIP	3	PA QL (200 strips/month)
TRUE METRIX PRO TEST STRIP	3	PA QL (200 strips/month)
TRUEPLUS INSULIN	2	
TRUEPLUS KETONE	2	
TRUEPLUS PEN NEEDLE	2	
TRUETEST TEST STRIPS	3	PA QL (200 strips/month)
TRUETRACK TEST	3	PA QL (200 strips/month)
ULTICARE INSULIN SYR HALF UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE PEN NEEDLE	2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE	2	
ULTILET PEN NEEDLE	2	
ULTIMA TEST STRIPS	3	PA QL (200 strips/month)
ULTRA CMFT INS SYR HALF UNIT	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
ULTRA-THIN II (SHORT) INS SYR	2	
ULTRA-THIN II (SHORT) PEN NDL	2	
ULTRA-THIN II INS PEN NEEDLES	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRATRAK	3	PA QL (200 strips/month)
ULTRATRAK ULTIMATE STRIP	3	PA QL (200 strips/month)
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS	2	
UNISTRIP1 TEST STRIP	3	PA QL (200 strips/month)
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
VERASENS TEST STRIP	3	PA QL (200 strips/month)
VORTEX ADULT MASK	2	
VORTEX FROG MASK-CHILD	2	
VORTEX HOLDING CHAMBER	2	
VORTEX HOLDING CHAMBER CHILD	2	
VORTEX HOLDING CHAMBER TODDLER	2	
VORTEX LADYBUG MASK-TODDLER	2	

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Drug	Tier	Limits/Notes
VORTEX VHC FROG MASK-CHILD	2	
VORTEX VHC LADYBUG MASK-TODDLR	2	
WAVESENSE JAZZ	3	PA QL (200 strips/month)
WAVESENSE PRESTO STRIP	3	PA QL (200 strips/month)
WIDE-SEAL DIAPHRAGM 60	2	PH
WIDE-SEAL DIAPHRAGM 65	2	PH
WIDE-SEAL DIAPHRAGM 70	2	PH
WIDE-SEAL DIAPHRAGM 75	2	PH
WIDE-SEAL DIAPHRAGM 80	2	PH
WIDE-SEAL DIAPHRAGM 85	2	PH
WIDE-SEAL DIAPHRAGM 90	2	PH
WIDE-SEAL DIAPHRAGM 95	2	PH
Narcotic Antituss-Decongestant-Expectorant Comb		
Respiratory Tract Agents Antitussives		
cheratussin ac	1	QL (max 7 days therapy/month)
codeine-guaifenesin	1	QL (max 7 days therapy/month)
guaifenesin ac	1	QL (max 7 days therapy/month)
hydrocodone-guaifenesin	4	PA QL (60 ml/day, max 7 days therapy/month)
robafen ac	1	QL (max 7 days therapy/month)
virtussin ac	1	QL (max 7 days therapy/month)
Narcotic Antitussive-Expectorant Combination		
OBREDON	3	PA QL (60 ml/day, max 7 days therapy/month)
Narcotic-Antituss-Decongestant-Expectorant Comb		
g tussin ac	1	QL (max 7 days therapy/month)
guaiatussin ac	1	QL (max 7 days therapy/month)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic (eye)	1	ST QL (use latanoprost first; 5 ml/month)
latanoprost	1	QL (5 ml/month)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST QL (use latanoprost first; 5 ml/month)
RHOPRESSA	3	PA QL (1 bottle/month)
TRAVATAN Z	2	ST QL (use latanoprost first; 5 ml/month)
VYZULTA	3	PA QL (1 bottle/month)
XALATAN	3	QL (5 ml/month)
XELPROS	3	ST QL (use latanoprost first; 1 bottle/month)
ZIOPTAN (PF)	3	PA QL (1 dropperette/day)
Ophthalmic Agents, Other		
atropine ophthalmic (eye)	1	
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate	1	
CYSTARAN	4	PA QL (4 bottles/28 days)
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	3	

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Drug	Tier	Limits/Notes
LACRISERT	3	
MYDRIACYL	3	
phenylephrine hcl ophthalmic (eye)	1	
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG	4	PA QL (4 caps/day)
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG	4	PA QL (26 caps/day)
proparacaine	1	
RESTASIS	2	QL (2 droppers/day)
RESTASIS MULTIDOSE	2	QL (1 bottle/month)
sulfacetamide sodium ophthalmic (eye) ointment	1	
tropicamide	1	
XIIDRA	2	QL (2 droppers/day)
Ophthalmic Anti-Allergy Agents		
ALOCRIL	3	
ALOMIDE	2	
azelastine ophthalmic (eye)	1	
BEPREVE	3	QL (5 ml/month)
cromolyn ophthalmic (eye)	1	
ELESTAT	3	
EMADINE	3	ST (use azelastine [Optivar] and Pataday first)
epinastine	1	
LASTACAFT	2	QL (1 bottle/month)
olopatadine ophthalmic (eye) drops 0.1 %	1	QL (10 ml/month)
olopatadine ophthalmic (eye) drops 0.2 %	1	QL (1 bottle/month)
PATADAY	3	QL (1 bottle/month)
PATANOL	3	QL (10 ml/month)
PAZEO	2	QL (1 bottle/month)
Ophthalmic Antiglaucoma Agents		
acetazolamide oral capsule, extended release	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
apraclonidine	1	
AZOPT	2	
betaxolol ophthalmic (eye)	1	
BETIMOL	2	
BETOPTIC S	2	
brimonidine	1	
carteolol	1	
COMBIGAN	2	
COSOPT	3	
COSOPT (PF)	2	QL (2 droperettes/day)
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	QL (2 droperettes/day)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	2	
IOPIDINE OPHTHALMIC (EYE) DROPS	3	
ISOPTO CARPINE	3	

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Drug	Tier	Limits/Notes
ISTALOL	3	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
SIMBRINZA	2	
timolol maleate ophthalmic (eye)	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	2	
TIMOPTIC-XE	3	
Ophthalmic Anti-Inflammatories		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	2	
ALREX	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
bromfenac	1	
BROMSITE	3	PA QL (1 bottle/month)
dexamethasone sodium phosphate ophthalmic (eye)	1	
diclofenac sodium ophthalmic (eye)	1	
DUREZOL	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
FML LIQUIFILM	3	
FML S.O.P.	2	
ILEVRO	3	QL (1 bottle/month)
ketorolac ophthalmic (eye)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	QL (1 tube/month)
MAXIDEX	3	
NEVANAC	3	
OMNIPRED	3	
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
PROLENSA	3	QL (1 bottle/month)
sulfacetamide-prednisolone	1	

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Drug	Tier	Limits/Notes
Otic Agents		
Otic Agents		
acetic acid otic (ear)	1	
CIPRO HC	3	
CIPRODEX	3	
OTOVEL	3	QL (14 vials/7 days)
Plasma Kallikrein Inhibitors		
Plasma Kallikrein Inhibitor Agents		
TAKHZYRO	4	PA QL (2 ml/14 days)
Postherpetic Neuralgia Agents		
Analgesics		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA QL (3 tabs/day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA QL (2 tabs/day)
Prenatal Vitamin Preparations		
Vitamins		
TRISTART DHA	3	
Respiratory Tract Agents		
Antihistamines		
ryclora	1	AL ST (PA required for those 65 years of age or older; use carbinoxamine or cyproheptadine oral suspension first)
Respiratory Tract/Pulmonary Agents		
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	QL (1 bottle/25 days)
azelastine nasal	1	QL (1 bottle/25 days)
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	4	PA QL (4 tabs/day)
CLARINEX ORAL SYRUP	3	ST (use azelastine, flunisolide nasal, or Nasonex first)
CLARINEX ORAL TABLET	3	ST (use azelastine, flunisolide nasal, or mometasone furoate nasal first)
CLARINEX-D 12 HOUR	3	ST (use azelastine, flunisolide nasal, or Nasonex first)
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup	1	PA required for unit dose
cyproheptadine oral tablet	1	
desloratadine	1	ST (use azelastine, flunisolide nasal, fluticasone nasal, or mometasone furoate nasal first)
hydrocodone-chlorpheniramine	1	QL (max 7 days therapy/month)
hydrocodone-cpm-pseudoephed	1	QL (max 7 days therapy/month)
KARBINAL ER	3	PA QL (40 ml/day)
olopatadine nasal	1	ST QL (use azelastine 0.15% nasal or azelastine 0.1% nasal first; 1 bottle/month)
PATANASE	3	ST QL (use azelastine or Astepro first; 1 bottle/month)
promethazine vc	1	
promethazine-codeine	1	QL (max 7 days therapy/month)
promethazine-phenylephrine	1	
RYVENT	3	PA QL (4 tabs/day)
TUSSICAPS	3	PA QL (max 7 days therapy/month)

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Drug	Tier	Limits/Notes
TUSSIONEX PENNKinetic ER	3	QL (max 7 days therapy/month)
TUZISTRA XR	3	AL QL (PA required for those)
VITUZ	3	QL (max 7 days therapy/month)
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (1 inhaler/month)
ADVAIR HFA	2	QL (1 inhaler/month)
AEROSPAN	3	ST QL (use one preferred inhaled corticosteroid first; 2 inhalers/month)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	PA QL (1 inhaler/month)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 55-14 MCG/ACTUATION	3	QL (1 inhaler/month)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	ST QL (use one preferred inhaled corticosteroid first; 2 inhalers/month)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST QL (use one preferred inhaled corticosteroid first; 1 inhaler/month)
ARMONAIR RESPICLICK	3	PA QL (1 inhaler/month)
ARNUITY ELLIPTA	2	QL (1 inhaler/month)
ASMANEX HFA	3	ST QL (use one preferred inhaled corticosteroid first; 1 inhaler/month)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	ST QL (use one preferred inhaled corticosteroid first; 1 inhaler/month)
BECONASE AQ	3	ST QL (use 2 of the following first: flunisolide nasal, fluticasone nasal, Nasonex; 1 bottle/month)
BREO ELLIPTA	2	QL (1 inhaler/month)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (4 ml/day)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (2 ml/day)
DULERA	3	PA QL (1 inhaler/month)
DYMISTA	3	ST QL (use azelastine nasal first; 1 bottle/month)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 inhaler/month)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (4 inhalers/month)
FLOVENT HFA	2	QL (2 inhalers/month)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (2 bottles/month)
fluticasone nasal	1	QL (1 bottle/month)
fluticasone-salmeterol	1	QL (1 inhaler/month)
mometasone nasal	1	ST QL (use fluticasone or flunisolide first; 1 bottle/month)
NASONEX	3	ST QL (use fluticasone or flunisolide first; 1 bottle/month)
OMNARIS	3	ST QL (use 2 of the following first: flunisolide, fluticasone, or mometasone; 1 bottle/month)
PULMICORT FLEXHALER	2	QL (2 inhalers/month)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	QL (4 doses/day)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	QL (2 ml/day)
QNASL	3	ST QL (use 2 of the following first: flunisolide, fluticasone, or mometasone; 1 bottle/month)
QVAR REDIHALER	2	QL (2 inhalers/month)

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Drug	Tier	Limits/Notes
SYMBICORT	2	QL (1 inhaler/month)
TRELEGY ELLIPTA	2	QL (1 inhaler/month)
XHANCE	3	PA QL (2 bottles/month)
ZETONNA	3	ST QL (use 2 of the following first: flunisolide, fluticasone, or mometasone; 1 bottle/month)
Antileukotrienes		
ACCOLATE	3	
montelukast oral granules in packet	1	QL (1 pack/day)
montelukast oral tablet	1	QL (1 tab/day)
montelukast oral tablet, chewable	1	QL (1 tab/day)
SINGULAIR ORAL GRANULES IN PACKET	3	QL (1 pack/day)
SINGULAIR ORAL TABLET	3	QL (1 tab/day)
SINGULAIR ORAL TABLET,CHEWABLE	3	QL (1 tab/day)
zafirlukast	1	
zileuton	4	PA
ZYFLO	4	PA
ZYFLO CR	4	PA
Bronchodilators, Anticholinergic		
ANORO ELLIPTA	2	QL (1 inhaler/month)
ATROVENT HFA	2	QL (2 inhalers/month)
BEVESPI AEROSPHERE	3	ST QL (use Anoro Ellipta first; 1 inhaler/month)
COMBIVENT RESPIMAT	2	QL (1 inhaler/month)
INCRUSE ELLIPTA	2	QL (1 inhaler/month)
ipratropium bromide inhalation	1	QL (120 doses/month)
ipratropium bromide nasal spray, non-aerosol 0.03 %	1	QL (1 bottle/month)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	1	QL (3 bottles/month)
ipratropium-albuterol	1	QL (6 boxes [30 doses/box]/month)
LONHALA MAGNAIR REFILL	4	PA QL (2 vials/day)
LONHALA MAGNAIR STARTER	4	PA QL (2 vials/day)
SEEBRI NEOHALER	3	ST QL (use Spiriva or Incruse Ellipta first; 1 inhaler[60 caps]/month)
SPIRIVA RESPIMAT	2	QL (1 inhaler/month)
SPIRIVA WITH HANDIHALER	2	QL (30 caps/month)
STIOLTO RESPIMAT	3	ST QL (use Anoro Ellipta first; 1 inhaler/month)
TUDORZA PRESSAIR	3	ST QL (use Incruse Ellipta and Spiriva first; 1 inhaler/month)
UTIBRON NEOHALER	3	ST QL (use Anoro Ellipta first; 1 inhaler[60 caps]/month)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml	1	QL (5 boxes/month)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)	1	QL (375 ml/month)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (4 bottles/month)
albuterol sulfate oral	1	
ARCAPTA NEOHALER	3	ST QL (use striverdi or serevent first; 1 cap/day)
AUVI-Q	4	PA QL (4 injections/fill; max 6 fills/year)
BROVANA	3	QL (120 ml/month)

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Drug	Tier	Limits/Notes
epinephrine 0.3 mg auto-inject outer, suv	1	QL (4 injections/fill; max 6 fills/year; generic for Epipen)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	1	QL (4 injections/fill; max 6 fills/year; generic for Adrenaclick)
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	QL (4 injections/fill; max 6 fills/year; generic for Epipen)
EPIPEN	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN 2-PAK	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN JR	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN JR 2-PAK	2	QL (4 injections/fill; max 6 fills/year)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	QL (90 nebs/month)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	QL (90 vials/month)
levalbuterol tartrate	1	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
metaproterenol	1	
PERFOROMIST	3	QL (1 box/month)
PROAIR HFA	3	ST QL (use Ventolin HFA first; 2 inhalers/month)
PROAIR RESPICLICK	3	ST QL (use Ventolin HFA first; 2 inhalers/month)
PROVENTIL HFA	3	ST QL (use Ventolin HFA first; 2 inhalers/month)
SEREVENT DISKUS	2	QL (1 inhaler/month)
STRIVERDI RESPIMAT	2	QL (1 inhaler/month)
terbutaline oral	1	
VENTOLIN HFA	2	QL (2 inhalers/month)
XOPENEX	3	QL (90 nebs/month)
XOPENEX CONCENTRATE	3	QL (90 vials/month)
XOPENEX HFA	3	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
Cystic Fibrosis Agents		
KALYDECO ORAL GRANULES IN PACKET	4	PA QL (2 packs/day)
KALYDECO ORAL TABLET	4	PA QL (2 tabs/day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA QL (2 packs/day)
ORKAMBI ORAL TABLET	4	PA QL (4 tabs/day)
PULMOZYME	4	QL (5 ml/day)
SYMDEKO	4	PA QL (2 tabs/day)
Mast Cell Stabilizers		
cromolyn inhalation	1	QL (2 boxes/month)
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	3	PA QL (1 tab/day, not to exceed 28 days/6 months)
DALIRESP ORAL TABLET 500 MCG	3	PA QL (1 tab/day)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
THEO-24	2	
theochron	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	

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Drug	Tier	Limits/Notes
Pulmonary Agents		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA QL (2 tabs/day)
UPTRAVI ORAL TABLET 200 MCG	4	PA QL (package size #60: 2 tabs/day; package size #140: 140 tabs/6 months)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA QL (200 tabs/6 months)
Pulmonary Antihypertensives		
ADCIRCA	4	PA QL (2 tabs/day)
ADEMPAS	4	PA QL (3 tabs/day)
LETAIRIS	4	PA QL (1 tab/day)
OPSUMIT	4	PA QL (1 tab/day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG	4	PA QL (9 tabs/day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	4	PA QL (42 tabs/day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	4	PA QL (16 tabs/day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	4	PA QL (8 tabs/day)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA QL (6 ml/day)
REVATIO ORAL TABLET	4	PA QL (3 tabs/day)
sildenafil (antihypertensive) oral	4	PA QL (3 tabs/day)
tadalafil (antihypertensive)	4	PA QL (2 tabs/day)
TRACLEER ORAL TABLET	4	PA QL (2 tabs/day)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA QL (4 tabs/day)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	4	PA QL (9 caps/day)
ESBRIET ORAL TABLET 267 MG	4	PA QL (9 tabs/day)
ESBRIET ORAL TABLET 801 MG	4	PA QL (3 tabs/day)
OFEV	4	PA QL (2 caps/day)
Respiratory Tract Agents, Other		
acetylcysteine	1	
benzonatate	1	
hydrocodone-homatropine	1	QL (max 7 days therapy/month)
hydromet	1	QL (max 7 days therapy/month)
HYPER-SAL	3	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
ODACTRA	3	PA QL (1 tab/day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA QL (1 tab/day; Not available through mail-service)
promethazine-dm	1	
promethazine-phenyleph-codeine	1	QL (max 7 days therapy/month)
pulmosal	1	
RAGWITEK	3	PA QL (1 tab/day)
sodium chloride inhalation	1	
sski	1	
TESSALON PERLES	3	
TYZINE	3	

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Drug	Tier	Limits/Notes
Skeletal Muscle Relaxants		
FEXMID	3	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
LORZONE	3	QL (4 tabs/day)
ROBAXIN ORAL	3	AL (PA required for those 65 years of age or older)
ROBAXIN-750	3	AL (PA required for those 65 years of age or older)
SKELAXIN	3	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
SOMA ORAL TABLET 250 MG	3	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
Skeletal Muscle Relaxants		
AMRIX	3	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 1 cap/day)
carisoprodol	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
chlorzoxazone	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 7.5 mg	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
metaxall	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone oral tablet 400 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone oral tablet 800 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
methocarbamol oral	1	AL (PA required for those 65 years of age or older)
orphenadrine citrate oral	1	AL (PA required for those 65 years of age or older)
SOMA ORAL TABLET 350 MG	3	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
Sleep Disorder Agents		
Gaba Receptor Modulators		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG	3	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 6.25 MG	3	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
AMBIEN ORAL TABLET 10 MG	3	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
AMBIEN ORAL TABLET 5 MG	3	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
EDLUAR	3	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
eszopiclone	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
INTERMEZZO	3	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
LUNESTA	3	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zaleplon oral capsule 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 caps/day)
zaleplon oral capsule 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 4 caps/day)

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Drug	Tier	Limits/Notes
zolpidem oral tablet 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem oral tablet,ext release multiphase 12.5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet,ext release multiphase 6.25 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem sublingual	1	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
ZOLPIMIST	3	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 bottle/month)
Sleep Disorders, Other		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA QL (1 tab/day)
armodafinil oral tablet 50 mg	3	PA QL (2 tabs/day)
BELSOMRA	3	ST QL (use zolpidem IR, zolpidem ER, eszopiclone, zaleplon or Rozerem first; 1 tab/day)
BUTISOL ORAL TABLET 30 MG	3	
modafinil oral tablet 100 mg	1	PA QL (3 tabs/day)
modafinil oral tablet 200 mg	1	PA QL (2 tabs/day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PA QL (1 tab/day)
NUVIGIL ORAL TABLET 50 MG	3	PA QL (2 tabs/day)
PROVIGIL ORAL TABLET 100 MG	3	PA QL (3 tabs/day)
PROVIGIL ORAL TABLET 200 MG	3	PA QL (2 tabs/day)
ROZEREM	3	ST AL QL (use zolpidem IR, zolpidem ER, eszopiclone, or zaleplon first if 64 years of age or younger; 1 tab/day)
SECONAL SODIUM	3	QL (1 cap/day, not to exceed 14 caps/30 days)
SILENOR	3	QL (1 tab/day)
XYREM	4	PA QL (3 bottles/month)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
FERRIPROX ORAL SOLUTION	4	PA QL (90 ml/day)
kionex (with sorbitol)	1	
sodium polystyrene (sorb free)	1	
sodium polystyrene sulfonate oral	1	
sodium polystyrene sulfonate rectal enema 50 gram/200 ml	1	
SPS (WITH SORBITOL) ORAL	3	
trientine	4	PA QL (8 caps/day)
tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	PH
Electrolyte/Mineral Replacement		
AURYXIA	3	
av-phos 250 neutral	1	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
cytra-k	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	

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Drug	Tier	Limits/Notes
effer-k oral tablet, effervescent 25 meq	1	
extra-virt plus dha	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	2	QL (4 tabs/month)
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	3	QL (4 tabs/month)
GALZIN	3	
hemenatal ob	1	
k-effervescent	1	
klor-con	1	
klor-con m10	1	
klor-con m20	1	
klor-con/ef	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	3	
K-PHOS-NEUTRAL	3	
NATACHEW (FE BIS-GLYCINATE)	3	
newgen	1	
NEXA PLUS	3	
OB COMPLETE GOLD	3	
OB COMPLETE PETITE	3	
ORACIT	3	
phospha 250 neutral	1	
pnv 29-1	1	
POLY-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC	3	PH
POLY-VI-FLOR WITH IRON	3	PH
pot,sodium citrate-citric acid	1	
potassium bicarb and chloride	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	
potassium citrate-citric acid oral solution	1	
PRENA1 CHEW	3	
prena1 pearl	1	
prenatal plus	1	
prenatal plus (calcium carb)	1	
prenatal vitamin plus low iron	1	
PRENATE CHEWABLE	3	
PRENATE DHA	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE RESTORE	3	

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Drug	Tier	Limits/Notes
PRENATE STAR	3	
preplus	1	
R-NATAL OB	3	
sodium citrate-citric acid	1	
tricitrates	1	
TRI-VI-FLOR	3	PH
tri-vitamin with fluoride	1	PH
tri-vite with fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml	1	PH
VINATE DHA RF	3	
virt-phos 250 neutral	1	
virtrate-2	1	
virtrate-3	1	
virtrate-k	1	
virt-select	1	
VITAMED MD ONE RX	3	
VITAPEARL	3	
vp-ch plus	1	
vp-ch-pnv	1	
VP-PNV-DHA	3	
zingiber	1	
Miscellaneous Therapeutic Agents		
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
Vitamins		
ATABEX EC	3	
CADEAU DHA	3	
calcium pnv	1	
CITRANATAL (DUAL-IRON)	3	
CITRANATAL HARMONY (IRON FUM)	3	
c-nate dha	1	
completenate	1	
CONCEPT DHA	3	
CONCEPT OB	3	
cyanocobalamin (vitamin b-12) injection	1	
dothelle dha	1	
DRISDOL ORAL CAPSULE	3	
elite ob with dha	1	
elite-ob	1	
elite-ob 400	1	
ENBRACE HR	3	
ergocalciferol (vitamin d2) oral capsule	1	
ESCAVITE	3	PH
ESCAVITE D	3	
ESCAVITE LQ	3	
FLORIVA	3	PH

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Drug	Tier	Limits/Notes
FOLET ONE	3	
folic acid oral tablet 1 mg	1	
folivane-ob	1	
KOSHER PRENATAL PLUS IRON	3	
MARNATAL-F	3	
MEPHYTON	3	QL (5 tabs/week)
multi-vit with fluoride-iron	1	PH
multivitamin with fluoride	1	PH
multi-vitamin with fluoride	1	PH
multivitamins with fluoride	1	PH
MVC-FLUORIDE	3	PH
mynatal advance	1	
MYNATAL ORAL CAPSULE	3	
mynatal oral tablet	1	
mynatal plus	1	
mynatal-z	1	
mynate 90 plus	1	
NASCOBAL	3	QL (1 bottle/week)
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ONE	3	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
OBSTETRIX EC	3	
obstetrix one	1	
O-CAL PRENATAL	3	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL (5 tabs/week)
pnv-dha	1	
pnv-dha + docusate	1	
pnv-ferrous fumarate-docu-fa	1	
pnv-omega	1	
pnv-select	1	
pnv-vp-u	1	
POLY-VI-FLOR ORAL TABLET,CHEWABLE	3	PH
PREFERA-OB	3	
PREFERA-OB ONE	3	
prenaissance	1	
prenaissance plus	1	
PRENATA	3	
PRENATABS FA	3	
PRENATABS RX	3	
prenatal 19	1	
prenatal 19 (with docusate)	1	

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Drug	Tier	Limits/Notes
prenatal low iron	1	
prenatal-u	1	
PRENATE AM	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
pretab	1	
PRIMACARE	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
QUFLORA FE	3	QL (1 tab/day); PH
QUFLORA FE (FERROUS SULFATE)	3	PH
QUFLORA PEDIATRIC	3	QL (1 tab/day); PH
QUFLORA PEDIATRIC DROPS	3	PH
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
taron-c dha	1	
taron-prex prenatal-dha	1	
thrivite rx	1	
tl-select	1	
triadvance	1	
TRICARE	3	
trinatal rx 1	1	
TRINATE	3	
triple vitamin with fluoride	1	PH
triveen-one	1	
triveen-prx rnf	1	
vinacal	1	
vinate care	1	
vinate gt	1	
vinate ii	1	
vinate m	1	
vinate one	1	
vinate pn care	1	
vinate ultra	1	
virt-advance	1	
virt-c dha	1	
virt-nate dha	1	
virt-pn	1	
virt-pn dha	1	
virt-pn plus	1	
virtprevex	1	
virt-vite gt	1	
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VITAFOL NANO	3	

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Drug	Tier	Limits/Notes
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-ONE	3	
VITAMEDMD REDICHEW RX	3	
vitamin d2	1	
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	PH
VIVA DHA	3	
zatean-pn dha	1	
zatean-pn plus	1	

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CADUET	52
CAFERGOT	25
caffeine citrate	60
CALAN	52
CALAN SR	52

calcipotriene	62	cephalexin	13
calcipotriene-betamethasone	62	CERDELGA	74
calcitonin (salmon)	90	CESAMET	30
calcitrene	62	CETRAXAL	14
calcitriol	62, 90	cevimeline	60
calcium acetate	70	CHANTIX	10
calcium prn	110	CHANTIX CONTINUING MONTH BOX	10
CALQUENCE	29	CHANTIX STARTING MONTH BOX	10
CAMBIA	3	chateal	79
camila	84	chateal eq	79
camrese	79	CHEMET	70
camrese lo	79	CHENODAL	71
CANASA	88	cheratussin ac	99
candesartan	47	chlordiazepoxide hcl	39
candesartan-hydrochlorothiazid	47	chlordiazepoxide-clidinium	71
capacet	3	chloroquine phosphate	31
capecitabine	27	chlorothiazide	54
CAPEX	62	chlorpromazine	22
CAPRELSA	29	chlorpropamide	41
captopril	49	chlorthalidone	54
captopril-hydrochlorothiazide	49	chlorzoaxzone	107
CARAC	62	CHOLBAM	71
CARAFATE	73	cholestyramine (with sugar)	55
CARBAGLU	74	cholestyramine light	55
carbamazepine	41	CIALIS	76
CARBATROL	41	ciclodan	23
carbidopa	33	ciclopirox	23
carbidopa-levodopa	33	cilostazol	46
carbidopa-levodopa-entacapone	33	CILOXAN	14
carinoxamine maleate	102	CIMDUO	37
CARDIZEM	50	cimetidine	72
CARDIZEM CD	52	cimetidine hcl	72
CARDIZEM LA	50, 52	CIMZIA	86
CARDURA	46	CIMZIA STARTER KIT	86
CARDURA XL	46	CIPRO	14
CAREFINE PEN NEEDLE	92	CIPRO HC	102
CARESENS N TEST STRIPS	92	CIPRO XR	14
CARETOUCH INSULIN SYRINGE	92	CIPRODEX	102
CARETOUCH PEN NEEDLE	92	ciprofloxacin	14
CARETOUCH TEST STRIP	92	ciprofloxacin (mixture)	14
carisoprodol	107	ciprofloxacin hcl	14
carisoprodol-asa-codeine	7	citalopram	20
carisoprodol-aspirin	3	CITRANATAL (DUAL-IRON)	110
CARNITOR	110	CITRANATAL HARMONY (IRON FUM)	110
CARNITOR (SUGAR-FREE)	110	claravis	62
CAROSPIR	53	CLARINEX	102
carteolol	100	CLARINEX-D 12 HOUR	102
cartia xt	52	clarithromycin	14
carvedilol	51	clemastine	102
carvedilol phosphate	51	CLENPIQ	71
CASODEX	27	CLEOCIN	11
CATAPRES	46	CLEOCIN HCL	11
CATAPRES-TTS-1	46	CLEOCIN PEDIATRIC	11
CATAPRES-TTS-2	46	CLEOCIN T	11
CATAPRES-TTS-3	46	CLEVER CHOICE CHAMBER-LRG MASK	92
CAVERJECT	76	CLEVER CHOICE CHAMBER-MED MASK	92
CAVERJECT IMPULSE	76	CLEVER CHOICE CHAMBER-SM MASK	92
CAYA CONTOURED	92	CLEVER CHOICE MICRO TEST STRIP	92
CAYSTON	13	CLEVER CHOICE PRO	92
caziant (28)	79	CLEVER CHOICE TALK TEST	92
cefaclor	13	CLEVER CHOICE TEST STRIPS	92
cefadroxil	13	CLEVER CHOICE VOICE+ TEST	93
cefdinir	13	CLICKFINE	93
cefditoren pivoxil	13	CLIMARA	80
cefixime	13	CLIMARA PRO	80
cefpodoxime	13	clindacin etz	11
cefprozil	13	clindacin p	11
cefuroxime axetil	13	CLINDAGEL	11
CELEBREX	3	clindamycin hcl	11
celecoxib	3	clindamycin palmitate hcl	11
CELEXA	20	clindamycin pediatric	11
CELLCEPT	86	clindamycin phosphate	11
CELONTIN	17	clindamycin-benzoyl peroxide	62
cem-urea	62	clindamycin-tretinoin	62
CENTANY	11	CLINDESSE	11

clobazam	17	CORTISPORIN	11
clobetasol	62	CORZIDE	51
clobetasol-emollient	62	COSENTYX	63
CLOBEX	62	COSENTYX (2 SYRINGES)	63
clocortolone pivalate	62	COSENTYX PEN	63
clodan	62	COSENTYX PEN (2 PENS)	63
CLODERM	63	COSOPT	100
clomipramine	21	COSOPT (PF)	100
clonazepam	39	COTELLIC	29
clonidine	46	COTEMPLA XR-ODT	58
clonidine hcl	46	COUMADIN	45
clopidogrel	46	covaryx	78
clorazepate dipotassium	40	covaryx h.s.	78
clorpres	46	COZAAR	47
clotrimazole	23	CREON	74
clotrimazole-betamethasone	23	CRESEMBIA	23
clozapine	34	CRESTOR	55
CLOZARIL	34	CRINONE	84
c-nate dha	110	CRIXIVAN	38
COARTEM	31	cromolyn	71, 100, 105
codeine sulfate	7	crotan	31
codeine-butalbital-asa-caff	60	cryselle (28)	80
codeine-guaifenesin	99	CUPRIMINE	70
COLAZAL	88	CUTIVATE	63
colchicine	24	CUVPOSA	71
COLCRYST	24	cyanocobalamin (vitamin b-12)	110
colesevelam	41	cyclafem 1/35 (28)	80
COLESTID	55	cyclafem 7/7/7 (28)	80
COLESTID FLAVORED	55	CYCLESSA (28)	80
colestipol	55	cyclobenzaprine	107
colocort	89	CYCLOGYL	99
COLY-MYCIN S	11	CYCLOMYDRIL	99
COLYTE WITH FLAVOR PACKS	73	cyclopentolate	99
COMBIGAN	100	cyclophosphamide	26
COMBIPATCH	80	cycloserine	26
COMBIVENT RESPIMAT	104	CYCLOSET	42
COMBIVIR	37	cyclosporine	86
COMETRIQ	26	cyclosporine modified	86
COMFORT EZ PEN NEEDLES	93	CYMBALTA	20
COMFORT EZ SYRINGE	93	cyproheptadine	102
COMPACT SPACE CHAMBER	93	cyred	80
COMPACT SPACE CHAMBER PLUS	93	cyred eq	80
COMPACT SPACE CHAMBER-LRG MASK	93	CYSTADANE	75
COMPACT SPACE CHAMBER-MED MASK	93	CYSTAGON	70
COMPACT SPACE CHAMBER-SM MASK	93	CYSTARAN	99
COMPazine	22	CYTOMEL	85
compazine	22	CYTOTEC	78
COMPLERA	36	cytra k crystals	108
completenate	110	cytra-2	108
compro	22	cytra-3	108
COMTAN	32	cytra-k	108
CONCEPT DHA	110	D	
CONCEPT OB	110	D.H.E.45	25
CONCERTA	58	DAKLINZA	35
CONDYLOX	63	dalfampridine	60
constulose	73	DALIRESP	105
CONTOUR NEXT TEST STRIPS	93	danazol	78
CONTOUR TEST STRIPS	93	DANTRIUM	34
CONTRAVE	31	dantrolene	35
CONZIP	5	dapsone	26, 63
COOL GLUCOSE TEST STRIP	93	DARAPRIM	31
COPAXONE	60	darifenacin	75
COPIKTRA	28	DARIO BLOOD GLUCOSE TEST STRIP	93
CORDRAN	63	dasetta 1/35 (28)	80
CORDRAN TAPE LARGE ROLL	63	dasetta 7/7/7 (28)	80
COREG	51	DAYPRO	3
COREG CR	51	daysee	80
coremino	15	DAYTRANA	58
CORGARD	51	DDAVP	77
CORLANOR	52	deblitane	84
cormax	63	decadron	89
CORTEF	89	DELESTROGEN	80
CORTENEMA	89	DELSTRIGO	36
CORTIFOAM	63	DELTASONE	89
cortisone	89		

delyla (28)	80	dilt-xr	50
DELZICOL	88	DIOVAN	47
DEMADEX	53	DIOVAN HCT	47
demeclocycline	15	DIPENTUM	88
DEMEROL	7	diphenoxylate-atropine	71
DEMSEER	52	DIPROLENE	64
DENAVIR	36	dipyridamole	46
DEPAKENE	17	DISALCID	3
DEPAKOTE	17	DISKETS	5
DEPAKOTE ER	17	disopyramide phosphate	50
DEPAKOTE SPRINKLES	17	disulfiram	9
DEPEN TITRATABS	70	DITROPAN XL	75
DEPO-ESTRADIOL	80	DIURIL	54
DEPO-TESTOSTERONE	78	divalproex	17
DERMA-SMOOTH/FS BODY OIL	63	DIVIGEL	80
DERMA-SMOOTH/FS SCALP OIL	63	dofetilide	50
DERMATOP	63	DOLOPHINE	5
DERMOTIC OIL	63	donepezil	19
DESCOVY	37	DONNATAL	71
desipramine	22	DOPTELET	45
desloratadine	102	DORAL	40
desmopressin	77	DORYX	15
desog-e.estradiol/e.estradiol	80	DORYX MPC	15
desogestrel-ethynodiol estradiol	80	dorzolamide	53
DESONATE	63	dorzolamide-timolol	100
desonide	63	dorzolamide-timolol (pf)	100
DESOWEN	63	dothelle dha	110
desoximetasone	63	DOVONEX	64
DESOXYN	57	doxazosin	76
desvenlafaxine	20	doxepin	40, 64
desvenlafaxine fumarate	20	doxercalciferol	90
desvenlafaxine succinate	21	doxycycline hydrate	15
DETROL	75	doxycycline monohydrate	15, 64
DETROL LA	75	DRISDOL	110
dexamethasone	63, 89	dronabinol	30
dexamethasone intensol	89	DROPLET INSULIN SYR HALF UNIT	93
dexamethasone sodium phosphate	101	DROPLET INSULIN SYRINGE	93
DEXEDRINE SPANSULE	57	DROPLET PEN NEEDLE	93
DEXILANT	73	DROPSAFE PEN NEEDLE	91
dexamethylphenidate	58	drospirenone-e.estradiol-lm.fa	80
DEXPAK 10 DAY	89	drospirenone-ethynodiol estradiol	80
DEXPAK 13 DAY	89	DROXIA	27
DEXPAK 6 DAY	89	DUAC	64
dextroamphetamine	57	DUAVEE	80
dextroamphetamine-amphetamine	57	DUETACT	42
DIASTAT	17	DUEXIS	72
DIASTAT ACUDIAL	17	DULEREA	103
DIATRUE PLUS TEST STRIP	93	duloxetine	21
diazepam	40	DUPIXENT	64
diazepam intensol	40	DURAGESIC	5
DIBENZYLINE	46	DUREZOL	101
DICLEGIS	22	DURLAZA	46
diclofenac potassium	3	dutasteride	76
diclofenac sodium	3, 63, 101	dutasteride-tamsulosin	76
diclofenac-misoprostol	3	DUTOPROL	51
dicloxacillin	14	DUZALLO	24
dicyclomine	71	DYANAVEL XR	57
didanosine	37	DYZAIDE	53
diethylpropion	60	DYMISTA	103
DIFFERIN	63	DYRENIUM	53
DIFCID	14		
diflorasone	64		
DIFLUCAN	22	E	
dilfusal	3	E.E.S. 400	14
digitek	52	E.E.S. GRANULES	14
digox	52	EASIVEN HOLDING CHAMBER	93
digoxin	52	EASIVEN MASK LARGE	93
dihydroergotamine	25	EASIVEN MASK MEDIUM	93
DILANTIN	19	EASIVEN MASK SMALL	93
DILANTIN EXTENDED	19	EASY COMFORT INSULIN SYRINGE	93
DILANTIN INFATABS	19	EASY COMFORT PEN NEEDLES	93
DILANTIN-125	19	EASY GLIDE PEN NEEDLE	93
DILATRATE-SR	56	EASY GLUCO G2	93
DILAUDID	7	EASY PLUS II TEST	93
diltiazem hcl	50, 52	EASY STEP	93
		EASY TALK GLUCOSE TEST	93

EASY TOUCH FLIPLOCK INSULIN	93	enskyce	80
EASY TOUCH INSULIN SAFETY SYR	93	ENSTILAR	64
EASY TOUCH INSULIN SYRINGE	93	entacapone	32
EASY TOUCH LUER LOCK INSULIN	93	entecavir	35
EASY TOUCH PEN NEEDLE	93	ENTOCORT EC	89
EASY TOUCH SHEATHLOCK INSULIN	93	ENTRESTO	48
EASY TOUCH TEST STRIP	93	enulose	73
EASY TOUCH UNI-SLIP	93	ENVARSUS XR	86
EASY TRAK GLUCOSE TEST	93	EPANED	49
EASYGLUCO TEST	93	EPCLUSA	35
EASymax	93	EPIDIOLEX	16
EASymax 15	93	EPIDUO	64
EC-NAPROSYN	3	EPIDUO FORTE	64
econazole	23	EPIFOAM	24
econtra ez	84	epinastine	100
econtra one-step	84	epinephrine	105
ECOZA	24	EPIPEN	105
EDARBI	47	EPIPEN 2-PAK	105
EDARBYCLOR	48	EPIPEN JR	105
EDECрин	53	EPIPEN JR 2-PAK	105
EDEX	76	epitol	41
EDLUAR	107	EPIVIR	37
ed-spaz	71	EPIVIR HBV	35
EDURANT	36	eplerenone	53
eemt	78	eprosartan	48
eemt hs	78	EPZICOM	37
efavirenz	36, 37	EQUETRO	41
EFFER-K	108	ergocalciferol (vitamin d2)	110
effer-k	109	ergoloid	19
EFFEXOR XR	21	ERGOMAR	25
EFFIENT	46	ergotamine-cafffeine	25
EFUDEX	64	ERIVEDGE	28
EGRIFTA	77	ERLEADA	27
ELDEPRYL	33	errin	84
ELEMENT COMPACT TEST STRIPS	93	ERTACZO	22
ELEMENT TEST STRIPS	93	ery pads	64
ELESTAT	100	erygel	64
ELESTRIN	80	ERYPED 200	14
eletriptan	25	ERYPED 400	14
ELIDEL	64	ERY-TAB	14
ELIMITE	32	ERYTHROCIN (AS STEARATE)	14
elinest	80	erythromycin	14
ELIQUIS	45	erythromycin ethylsuccinate	14
elite ob with dha	110	erythromycin with ethanol	64
elite-ob	110	erythromycin-benzoyl peroxide	64
elite-ob 400	110	ESBRIET	106
ELIXOPHYLLIN	105	ESCAVITE	110
ELLA	84	ESCAVITE D	110
ELMIRON	76	ESCAVITE LQ	110
ELOCON	64	escitalopram oxalate	21
EMADINE	100	ESGIC	3
EMBEDA	5	esomeprazole magnesium	73
EMBRACE BLOOD GLUCOSE SYSTEM	93	esomeprazole strontium	73
EMBRACE EVO TEST STRIPS	93	estarrylla	80
EMBRACE PRO TEST STRIPS	93	estazolam	40
EMBRACE TALK TEST STRIPS	94	ESTRACE	80
EMCYT	27	estradiol	80
EMEND	30	estradiol valerate	80
EMFLAZA	75	estradiol-norethindrone acet	80
EMGALITY	25	ESTRING	80
emoquette	80	ESTROGEL	80
EMSAM	33	estrogens-methyltestosterone	78
EMTRIVA	37	estropipate	80
EMVERM	31	ESTROSTEP FE-28	80
ENABLEX	75	eszopiclone	107
enalapril maleate	49	ethacrynic acid	53
enalapril-hydrochlorothiazide	49	ethambutol	26
ENBRACE HR	110	ethosuximide	17
ENBREL	86	ethynodiol diac-eth estradiol	80
ENBREL MINI	86	etidronate disodium	90
ENBREL SURECLICK	86	etodolac	3
endocet	7	etoposide	28
ENDOMETRIN	84	EUCRISA	64
exoxaparin	45	EURAX	32
enpresse	80	EVAMIST	80

EVEKEO	57	FLAC OTIC OIL	64
EVENCARE G2	94	FLAGYL	11
EVENCARE G3 TEST	94	FLAREX	101
EVENCARE MINI GLUCOSE TEST STR	94	flavoxate	75
EVENCARE PROVIEW TEST STRIP	94	flecainide	50
EVENCARE TEST	94	FLECTOR	4
EVISTA	85	FLEXICHAMBER	94
EVOCLIN	11	FLEXICHAMBER-LG CHILD MASK	94
EVOLUTION TEST STRIPS	94	FLEXICHAMBER-SM ADULT MASK	94
EVOTAZ	38	FLEXICHAMBER-SM CHILD MASK	94
EVOXAC	60	FLOLIPID	55
EVZIO	10	FLOMAX	76
EXALGO ER	5	FLORIVA	110
EXEL INSULIN	94	FLOVENT DISKUS	103
EXELDERM	22	FLOVENT HFA	103
EXELON	19	fluconazole	23
exemestane	28	flucytosine	23
EXFORGE	48	fludrocortisone	77
EXFORGE HCT	48	FLUMADINE	39
EXJADE	74	flunisolide	103
EXTAVIA	88	fluocinolone	64
EXTINA	24	fluocinolone acetonide oil	64
extra-virt plus dha	109	fluocinolone and shower cap	64
EZ SMART PLUS TEST	94	fluocinonide	64
EZ SMART TEST	94	fluocinonide-e	64
E-Z SPACER	94	fluocinonide-emollient	64
ezetimibe	55	fluorometholone	101
ezetimibe-simvastatin	55	FLUOROPLEX	64
F		fluorouracil	64
FABIOR	64	fluoxetine	21
FACTIVE	15	fluphenazine hcl	33
falmina (28)	80	flurandrenolide	64
famciclovir	36	flurazepam	40
famotidine	72	flurbiprofen	4
FANAPT	34	flurbiprofen sodium	101
FARESTON	27	flutamide	27
FARXIGA	42	fluticasone	64, 65, 103
FARYDAK	28	fluticasone-salmeterol	103
fayosim	80	fluvastatin	55
FAZACLO	34	fluvoxamine	21
felbamate	17	FML FORTE	101
FELBATOL	17	FML LIQUIFILM	101
FELDENE	3	FML S.O.P.	101
felodipine	52	FOCALIN	58
FEMARA	28	FOCALIN XR	58
FEMCAP	94	FOLET ONE	111
FEMHRT LOW DOSE	80	folic acid	111
FEMRING	80	folivane-ob	111
femynor	80	fondaparinux	45
fenofibrate	54	FORA 6 CONNECT GLUCOSE STRIP	94
fenofibrate micronized	54	FORA 6 CONNECT KETONE STRIP	94
fenofibrate nanocrystallized	54	FORA D15G	94
fenofibric acid	54	FORA D20	94
fenofibric acid (choline)	54	FORA D40-G31 TEST STRIPS	94
FENOGLIDE	54	FORA G20	94
fenoprofen	3, 4	FORA G30-PREMIUM V10 TEST STRP	94
FENORTHO	4	FORA GD50 TEST STRIPS	94
fentanyl	5	FORA TEST STRIP	94
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FENTORA	7	FORA V10	94
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FETZIMA	21	FORA V12 GLUCOSE	94
FEXMID	107	FORA V20	94
FIASP FLEXTOUCH U-100 INSULIN	44	FORA V30A	94
FIASP U-100 INSULIN	44	FORACARE GD20	94
FIBRICOR	54	FORACARE GD40	94
FIFTY50 TEST STRIP	94	FORFIVO XL	20
FINACEA	64	FORTAMET	42
finasteride	76	FORTEO	90
fioricet	3	FORTESTA	78
FIORINAL	3	FORTISCARE GLUCOSE TEST STRIPS	94
FIORINAL-CODEINE #3	60	FOSAMAX	90
FIRAZYR	86	FOSAMAX PLUS D	109
FIRVANQ	11	fosamprenavir	38
		fosinopril	49

fosinopril-hydrochlorothiazide	49	GM100	95
FOSRENOL	70	GOCOVRI	32
FRAGMIN	45	GOLYELY	73
FREESTYLE INSULINX	94	GONITRO	56
FREESTYLE INSULINX TEST STRIPS	94	GOODLIFE AC-302 TEST STRIP	95
FREESTYLE LITE STRIPS	94	GORDONS UREA	65
FREESTYLE PRECISION	94	GRALISE	17
FREESTYLE PRECISION NEO STRIPS	94	GRALISE 30-DAY STARTER PACK	17
FREESTYLE TEST	94	granisetron hcl	30
FROVA	25	GRANIX	45
frovatriptan	25	GRASTEK	91
FULPHILA	45	griseofulvin microsize	23
FURADANTIN	11	griseofulvin ultramicrosize	23
furosemide	53	guaiatussin ac	99
FUZEON	38	guaifenesin ac	99
fyavolv	81	guanfacine	46, 58
FYCOMPA	16	guanidine	26
G		gynazole-1	23
g tussin ac	99	H	
gabapentin	17	HAEGARDA	86
GABITRIL	17	HALCION	40
GALAFOLD	91	halobetasol propionate	65
galantamine	19	HALOG	65
GALZIN	109	haloperidol	33
GASTROCROM	71	haloperidol lactate	33
gatifloxacin	15	HARMONY GLUCOSE TEST STRIP	95
gavilyte-c	73	HARVONI	35
gavilyte-g	73	HEALTHPRO TEST STRIPS	95
gavilyte-n	73	HEALTHY ACCENTS UNIFINE PENTIP	95
GE100 BLOOD GLUCOSE TEST STRIP	94	heather	84
GELNIQUE	75	HEMANGEOL	51
gemfibrozil	54	hemenatal ob	109
GENERESS FE	81	hemmorex-hc	72
generlac	73	heparin (porcine)	45
gengraf	86	HEPSERA	35
GENOTROPIN	77	HETLIOZ	60
GENOTROPIN MINIQUICK	77	HIPREX	11
gentak	10	homatropaire	99
gentamicin	10	homatropine hbr	99
GENVOYA	37	HORIZANT	17, 60
GEODON	34	HUMALOG JUNIOR KWIKPEN U-100	44
gianvi (28)	81	HUMALOG KWIKPEN INSULIN	44
GILENYA	60	HUMALOG MIX 50-50 INSULN U-100	44
GILOTRIF	28	HUMALOG MIX 50-50 KWIKPEN	44
glatiramer	60	HUMALOG MIX 75-25 KWIKPEN	44
GLATOPA	60	HUMALOG MIX 75-25(U-100)INSULN	44
GLEEVEC	29	HUMALOG U-100 INSULIN	44
GLEOSTINE	27	HUMAPEN LUXURA HD	95
glimepiride	42	HUMATROPE	77
glipizide	42	HUMIRA	87
glipizide-metformin	42	HUMIRA PEDIATRIC CROHN'S START	86, 87
GLUCAGEN HYPOKIT	43	HUMIRA PEN	87
GLUCAGON EMERGENCY KIT (HUMAN)	43	HUMIRA PEN CROHN'S-UC-HS START	87
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GLUCOCARD EXPRESSION	95	HUMULIN 70/30 U-100 KWIKPEN	44
GLUCOCARD SHINE TEST STRIPS	95	HUMULIN N NPH INSULIN KWIKPEN	44
GLUCOCARD VITAL SENSOR	95	HUMULIN N NPH U-100 INSULIN	44
GLUCOCARD VITAL TEST STRIPS	95	HUMULIN R REGULAR U-100 INSULN	44
GLUCOCOM GLUCOSE	95	HUMULIN R U-500 (CONC) INSULIN	44
GLUCOPHAGE	42	HUMULIN R U-500 (CONC) KWIKPEN	44
GLUCOPHAGE XR	42	HYCAMTIN	28
GLUCOTROL	42	HYCET	7
GLUCOTROL XL	42	hydralazine	56
GLUMETZA	42	HYDREA	27
glyburide	42	HYDRO 35	65
glyburide micronized	42	HYDRO 40	65
glyburide-metformin	42	hydrochlorothiazide	54
GLYCATE	72	hydrocodone-acetaminophen	7
glycopyrrolate	71, 72	hydrocodone-chlorpheniramine	102
glydo	9	hydrocodone-cpm-pseudoephed	102
GLYNASE	42	hydrocodone-guaifenesin	99
GLYSET	42	hydrocodone-homatropine	106
GLYXAMBI	42	hydrocodone-ibuprofen	4

hydrocortisone	65, 77, 89	INTRAROSA	78
hydrocortisone acetate	72	INTRON A	35
hydrocortisone butyrate	65	introvale	81
hydrocortisone butyr-emollient	65	INTUNIV ER	58
hydrocortisone valerate	65	INVEGA	34
hydrocortisone-acetic acid	24	INVIRASE	38
hydrocortisone-pramoxine	65	INVOKAMET	42
hydromet	106	INVOKAMET XR	42
hydromorphone	5, 7	INVOKANA	42
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Blue Shield Pharmacy Services
P.O. Box 7168
San Francisco, CA 94120-7168



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

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

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)
Fax: (916) 350-7405
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.
(Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話(866) 346-7198。

(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198.
(Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro / Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198.
(Tagalog)

Baa' ákohwiindzindoo7g7: D77 naaltsoos7sh y77niłta'go b77n7ghah?
Doo b77n7ghahgóó é7, naaltsoos nich'8' yiid0o[tah7g77 ła' nihee hól=.
D77 naaltsoos a[d0' t'11 Din4 k'ehj7 1dooln77[n7n7zingo b7ighah.
Doo b22h 7l7n7g0 sh7k1' adoowo[n7n7zing0 nihich'8' b44sh bee
hod7ilnih d00 n1mboo 47 d77 Blue Shield bee n47ho'd7lzin7g7 bine'd44'
bik11' 47 doodag0 47(866) 346-7198j8' hod77lnih.
(Navajo)

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아주 보험부, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357, Tagalog

Ավագան Լեզվական Ծառայություններ: Կուր կարող եք քարզման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնուրյան (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացրից օգնության համար 1-800-927-4357 համարով զանգահարեք Կալվարիայի Ապահովության Բաժանմունքը: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجاني مربوط به زبان. ميتوانيد از خدمات يك مترجم تقاهي استفاده كنيد و بگويند مدارك به زيان فارسي بر اريتان خوانده شوند. بر اي در يافت كمک با ما از طريق شماره تلفنی که روی کارت شناساني شما قبیل شده است و يا اين شماره 1-866-346-7198- تماس پاگيريد. بر اي در يافت كمک بيشتر، به شماره 1-800-927-4357 CA Dept. of Insurance (اداره بيمه كاليفورنيا) به شماره Persian. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਧਾਸ਼ੇ ਦੀਆਂ ਸੌਵਾਂਹਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੱਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੱਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਗਏ ਬੈਚਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਨ੍ਹੂੰ ਛੇਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੋਰੇਸ਼ਨ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

សំណើកម្មាធាមតិភីតិត្រិន្ទី។ អ្នកអាចទទួលបានអ្នកបកពីប្រាកាសា និងការិយាល័យអ្នកជាតិ សាស្ត្រខ្លួន ។ សម្រាប់ចិន

ស្អែកសំណើកម្មាធាមតិភីតិត្រិន្ទី។ សាខាបន្ទាន់បន្ទាន់ដើម្បីរបស់អ្នក ម្នាស់ 1-866-346-7198 ។ សម្រាប់ខ្លួនបានអ្នកជាតិ សម្រាប់ចិន។ សម្រាប់ចិន 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على ترجمة وقراءة الوثائق لك باللغة العربية. الحصول على المساعدة، تصلينا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-346-7198. Arabic 1-800-927-4357 على المزيد من المعلومات، اتصل بادارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357.

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj rieeg los txhais lus rau koj thiab kom rieeg rieem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอป้าไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากก้าม รวมถึงให้เจ้าหน้าที่ดำเนินเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมหาลัยแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फोन करें। Hindi

Doo báah ilínígó saad bee yáá'í bee aná'áwo'. Díí shá atá halne' dooígí hólqodoo nínizingo éí biighah. Naaltsoos naanináhájeehígí shichíjí' yídooltaah éí doodagó lá' shichíjí' adoolníñi nínizingo biighah. Shika a' doowol nínizingo nihichíjí' bee hodiilníñi doo' námboó éí díi ninaaltssoos doot'izhígí bee néihó' dílzinigí biné' déé' bikáá' éí doodagó éí (866) 346-7198jí' hodilníñi. Hózhó shiká anáá' doowol nínizingo éí díi Akééháshíjíh Béeso Ách'ágħ Naa'nil bí haz'áájí' 1-800-927-4357jí' hodilníñi. Navajo