

2016 Drug Formulary

**For HealthPlus ACA Compliant
Commercial**

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PREFACE TO THE CURRENT EDITION

Recommendations in the formulary are intended to promote the most cost-effective therapy while maintaining a high quality drug benefit. The drug formulary is not meant to take the place of the product package insert, and users are encouraged to refer to the full prescribing information provided with the product.

Input and suggestions for inclusion in the 2017 edition are encouraged. Please direct your comments and suggestions to:

HealthPlus®- Now part of the HAP® family
Pharmacy Department
2050 S Linden Road
P.O. Box 1700
Flint, MI 48501-1700

Or e-mail:

rx@healthplus.org

Formulary information is also available at www.healthplus.org.

Formulary information is also available through various e-prescribing applications (along with eligibility verification and prescription history).

HOW TO USE THIS FORMULARY

ORGANIZATION

The HealthPlus VenturePlus (Small Group) and Signature (Individual) drug formulary contains information about drug coverage, generic drugs, preferred and non-preferred brand drugs, non-formulary drugs and information about HealthPlus pharmacy policies, procedures and programs.

There are two ways to find a drug in the formulary:

Category of Drug/Medical Condition

The drugs in this formulary are grouped into categories based on the type of drug or medical conditions they are used to treat. For example, drugs used to treat infections are listed under the category “ANTI-INFECTIVE AGENTS.” If you know what a drug is used for, look for the drug category name under the Table of Contents that follows. Then look under the category name for your drug.

Alphabetical Listing

You may also look for the drug name in the formulary Index. The Index is an alphabetical list of all of the drugs on the formulary. Both brand name drugs (in bold capital letters) and generic drugs (in lower case italic letters) are listed. Find the drug in the Index and then scroll to that page to find the drug and coverage information.

CONTENT

The drug formulary is a list of recommended drugs selected by HealthPlus with a team of health care providers including doctors and pharmacists, called the Pharmacy & Therapeutics Committee. Recommendations for the drug formulary are developed through the Pharmacy & Therapeutics Committee and are based on a review of current drug information and medical literature. HealthPlus recognizes that it is the sole responsibility of the physician to determine the best course of care for a particular patient.

The drug formulary is a closed formulary. This means that preferred and non-preferred drugs that are listed on the formulary are covered. Drugs that are not listed on the formulary, also called non-formulary, are not covered. For covered drugs that are listed on the formulary, restrictions may still apply. “Restrictions” may include prior authorization, quantity limits and other restrictions, and may apply to both preferred and non-preferred drugs. The process for requesting addition of a non-formulary drug to the formulary is included under the heading “Formulary Updates and Revisions” on page 10.

DRUG LISTING

For each drug category, drugs are listed alphabetically. Generic drugs are listed in *lower case italic* letters. Brand name drugs are listed in **UPPER CASE bold** letters. The copayment level/drug tier is included for each medication, along with any type of restrictions such as prior authorization (PA), quantity limits, etc.

Drug Status/Tier

Tier 1= Generic drugs

Tier 2= Preferred brand drugs

Tier 3= Non-preferred brand drugs

Tier 4= Specialty drugs

Tier 5= Zero copay (preventative drugs with coverage required by health care reform)

Tier 6/MB = Medical benefit (administered in an office or facility)

Tier 7 = Not Covered

Here are some common abbreviations that appear in the drug formulary:

PA (Prior Authorization): This means that there are established criteria that must be met before this drug is covered. The criteria may require the use of generic drugs before certain brand name drugs, or a specific diagnosis or clinical conditions.

QL (Quantity Limit): This means that coverage for this drug is limited to a specific quantity based on the day supply dispensed by the pharmacy.

30D (30 Day Supply): This means that coverage for this drug is limited to a 30 day supply per prescription fill. This may include drugs with special handling requirements. All specialty drugs are limited to a 30 day supply per fill.

AL (Age Limit): This means that this drug is covered, or limited, with age criteria that must be met.

For each listed drug, the drug formulary includes the drug status/copay tier and restrictions, when applicable. Members and providers can view or print the drug formulary, or formulary updates, at www.healthplus.org. A printed copy of formulary documents is also available upon request.

HealthPlus encourages the use of OTC (over-the-counter) products when appropriate. Some OTC products are covered based on health care reform regulations. In addition, HealthPlus may choose to cover specific OTC products with a written prescription; in this case, the product will be included in the drug category listing.

COPAYS

In general, copays vary based on the type of drug:

Generic drugs= Tier 1, lowest copay

Preferred brand drugs= Tier 2, medium copay

Non-preferred brand drugs= Tier 3, higher copay

However, copays vary based on the benefit purchased by the employer group or member. For benefits with a two-tier copay (generic/brand), the standard brand copay applies for all drugs in copay tiers 2 and 3. For some benefits, a fourth tier copay applies for specific medications or for all specialty medications.

Please refer to your Subscriber Contract, Certificate of Coverage or Benefit Rider for specific copay amounts and copay tiers.

Members also have access to up-to-date information about prescription drugs, the formulary and information that is specific to their benefit at www.healthplus.org. Go to the Pharmacy Center/My Pharmacy Tools/Drug Price Check.

MEMBER PRESCRIPTION BENEFIT

Prescriptions must be written by a participating physician, or a non-participating physician with the required referral. If the medication is a covered benefit, members may fill their prescription at a participating HealthPlus pharmacy by presenting their identification card. A list of participating pharmacies may be found in the Provider Directory, on-line at www.healthplus.org or by contacting the Customer Service department.

GENERIC SUBSTITUTION

When a drug is generically available, HealthPlus covers the generic drug (not the brand equivalent). These drugs appear in *lower case italic* letters in the formulary. A generic drug has the same active ingredient as the brand name drug. Generic drugs cost less than brand name drugs but they are equivalent. Brand name drugs (when there is a generic equivalent) are non-preferred and are listed in the non-preferred tier. Prior authorization based on medical necessity is required for coverage of a brand name drug instead of the generic, when a generic equivalent is available. If a member prefers to receive the brand drug instead of the generic equivalent (not based on medical necessity), he or she may do so by paying the difference in cost and/or any applicable copay.

STEP THERAPY/PRIOR AUTHORIZATION PROGRAM

HealthPlus requires step therapy or prior authorization for certain formulary drugs based on clinical, safety, or cost reasons. A copy of the Pharmacy Prior Authorization/Exception Request form is included as Appendix C on page 12. Prior Authorization means that there are established criteria that must be met before the drug is covered. In some cases, prior authorization is based on step therapy. Step therapy means that there are “first step” drugs that must be used before the “second step” drug is covered. Established criteria for prior authorization are included in this drug formulary and are also available at the HealthPlus website.

To request approval for a formulary drug that requires prior authorization:

- The physician or office staff may complete the Pharmacy Prior Authorization/Exception Request form.
- The form may be faxed to the HealthPlus Pharmacy department:
FAX (810) 720-2757 (FLINT)

If the patient presents a prescription to the pharmacy and prior authorization has not been requested, the pharmacy should contact the prescribing physician and suggest preferred alternatives or instruct the physician to complete the Pharmacy Prior Authorization/Exception Request form. For medications included in the specialty pharmacy program, the physician may initiate the request for medication through the specialty vendor. The specialty vendor will then contact HealthPlus.

HealthPlus processes all prior authorization requests in a timely manner based on required timeframes and circumstances. Requests are reviewed by HealthPlus pharmacy staff, including pharmacists. If a request is approved, HealthPlus notifies the physician by fax. If a request is denied, HealthPlus notifies the physician by fax and also mails a copy of the denial notice to the

member. This notice contains the reason for the denial and an explanation of the appeal process.

EXCEPTION PROCESS

With a closed formulary, drugs that are not listed on the formulary (also called non-formulary drugs) are not covered.

HealthPlus has an exception process to review requests for non-formulary/non-covered drugs. Physicians or members may request an exception, but it must be based on medical necessity. If a member makes the request, HealthPlus pharmacy staff will obtain the necessary information from the member's physician in order to review the request, using the Pharmacy Prior Authorization/Exception Request form. If the member's physician does not provide the information to support the request, the request will be denied.

To request an exception to the formulary:

- The physician or office staff may complete the Pharmacy Prior Authorization/Exception Request form.
- The form may be faxed to the HealthPlus Pharmacy department:
FAX (810) 720-2757 (FLINT)
- Members may request an exception via telephone or the website

HealthPlus processes exception requests within 24 hours after receipt of complete information to review the request. Requests are reviewed by HealthPlus pharmacy staff, including pharmacists. If a request is approved, HealthPlus notifies the physician by fax. If a request is denied, HealthPlus notifies the physician by fax and also mails a copy of the denial notice to the member. This notice contains the reason for the denial and an explanation of the appeal process.

HealthPlus uses the following established exception criteria to review all requests for non-formulary/non-covered drugs:

1. Based on specific documented patient circumstances, each/all of the formulary drugs/alternatives are not appropriate because:
 - a. Medication(s) are contraindicated or unsafe, or
 - b. Patient is intolerant or allergic, or
 - c. Patient had an inadequate or inappropriate response; **AND**
2. Chart documentation to support this medical necessity has been provided; **AND**
3. The requested drug and dosage is FDA-approved for the patient's diagnosis; **AND**
4. If established (commercial) HealthPlus prior authorization criteria exists, the prior authorization criteria will also apply.

PREFERRED MEDICATION PROGRAM

HealthPlus administers a Preferred Medication Program to promote the use of certain brand drugs. HealthPlus uses messaging with the claim to provide information to the dispensing pharmacist.

PHARMACY AUDIT PROGRAM

HealthPlus (or its designee) performs pharmacy audits to help ensure consistent and accurate electronic submission of prescription claims by the pharmacy network. Prescription claim audit activities may include a review of utilization by pharmacies, physicians, and members. The pharmacy audit program includes desk (paper) audits, on-site audits, and an appeals process.

DRUG RECALL SURVEILLANCE PROGRAM

When a drug product is recalled or withdrawn from the market due to safety reasons, HealthPlus reviews prescription use to identify members receiving that drug. HealthPlus notifies members and physicians affected by the recall, as appropriate.

DOSE OPTIMIZATION PROGRAM

HealthPlus administers a Dose Optimization Program for specific drugs taken once a day or drugs with maximum dosing limits. This program may result in quantity limits for some medications but it also improves medication adherence. For requests above the allowed quantity, the physician may submit the standard Pharmacy Prior Authorization/Exception Request form, with information that includes a current diagnosis and medical necessity for the dosage regimen.

DRUG UTILIZATION REVIEW (DUR)

HealthPlus administers a comprehensive DUR program to help ensure the quality and safety of prescribing and dispensing medications to members. The program includes point-of-service quality and safety edits to the pharmacist when a prescription is being filled, and retrospective analysis of claims data (with integration of medical and pharmacy data) to identify opportunities for educational intervention and improve quality and outcomes. For more information regarding the DUR program, please contact the HealthPlus Pharmacy department at 1-810-720-2758 or toll-free at 1-877-710-0993.

CONTROLLED SUBSTANCES PHARMACY PROGRAM (CSPP)

HealthPlus offers services through a Controlled Substances Pharmacy Program to support the appropriate management of pain, ensure patient safety of narcotic use, and monitor for and prevent potential fraud and abuse of narcotics. For more information about the CSPP program, please contact the HealthPlus Pharmacy department at 1-810-720-2758 or toll-free at 1-877-710-0993.

MANDATORY 90 DAY PROGRAM

For most chronic formulary medications, members are required to receive a 90-day supply with each prescription fill. Members may obtain a 90-day supply of chronic medications at their local HealthPlus participating pharmacy, or by mail order through Express Scripts. Copay savings may apply.

To receive a 90-day supply, HealthPlus requires that the member has already received a 30-day supply of the same drug and same strength within the last year (to help assure that the member

is stabilized on the drug and dose before receiving a 90-day supply). This is a quality requirement and helps to avoid wasted medication.

Specialty/injectable medications are not covered in a 90-day supply.

MANDATORY SPECIALTY PHARMACY PROGRAM

HealthPlus administers a mandatory specialty pharmacy program for oral and injectable specialty medications. This means that specific formulary drugs must be obtained through a HealthPlus-contracted specialty pharmacy. The specialty pharmacy will mail the medication to the physician's office or the member's home.

For more information about the specialty pharmacy program or specialty drugs, please contact the HealthPlus Customer Service department at 1-800-332-9161.

DENTAL FORMULARY

The HealthPlus dental formulary is a restricted list of drugs that are covered when prescribed by dentists. Drugs that are not listed on the dental formulary are not a covered benefit when prescribed by a dentist. HealthPlus covers the generic drug (not the brand equivalent). A copy of the dental formulary is printed on the next page.

HEALTHPLUS DENTAL FORMULARY

	<u>Antifungals</u>	
nystatin		MYCOSTATIN*
	<u>Antivirals</u>	
acyclovir		ZOVIRAX*
valacyclovir		VALTREX*
	<u>Antibiotics</u>	
	<u>Cephalosporins</u>	
cephalexin HCL		KEFLEX* (NOT 750MG)
cefadroxil		DURICEF*
cefuroxime		CEFTIN*
	<u>Erythromycins</u>	
erythromycin		ERYTHROMYCIN*
	<u>Penicillins</u>	
amoxicillin		AMOXIL*
amoxicillin-clavulanate potassium		AUGMENTIN*
penicillin V potassium		PENVEEK*
	<u>Tetracyclines</u>	
doxycycline hyolate		VIBRAMYCIN*, VIBRATABS*
tetracycline HCL		(NOT DORYX, ORACEA)
	<u>Miscellaneous Antibiotics</u>	
clindamycin HCL		CLEOCIN 150mg*
	<u>Skeletal Muscle Relaxants</u>	
diazepam		VALIUM*
	<u>Miscellaneous Anti-Infectives</u>	
metronidazole		FLAGYL*
	<u>Nonsteroidal Anti-Inflammatory Agents</u>	
ibuprofen		RX MOTRIN*
indomethacin		INDOCIN CAPSULES*
naproxen		NAPROSYN*
	<u>Narcotic Analgesics</u>	
acetaminophen/codeine		TYLENOL W/CODEINE*
acetaminophen 325/oxycodone 5		PERCOSET*
aspirin/caffeine/dihydrocodeine		SYNALGOS-DC*
aspirin/codeine		EMPIRIN W/CODEINE*
aspirin 325/oxycodone 5		PERCODAN*
butalbital/aspirin/caffeine/codeine		FIORINAL W/CODEINE*
acetaminophen 325/hydrocodone 10		NORCO*
acetaminophen 325/hydrocodone 7.5		NORCO*
acetaminophen 325/hydrocodone 5		NORCO*
ibuprofen 200/hydrocodone 7.5		VICOPROFEN*
	<u>Systemic Corticosteroids</u>	
methylprednisolone		MEDROL DOSE PAK*
	<u>Miscellaneous Rinses</u>	
chlorhexidine gluconate		PERIDEX*
	<u>Miscellaneous</u>	
lidocaine viscous solution/ointment		LIDOCAINE*

*generic available

PHARMACY & THERAPEUTICS COMMITTEE

The Pharmacy & Therapeutics Committee is a group of doctors and pharmacists from the community, in addition to HealthPlus staff. The committee may invite persons within or outside the organization who can contribute specialized or unique knowledge, skills, and judgments. The function of the committee is to serve in an evaluative, educational, and advisory capacity to the physician providers in all matters pertaining to drug use. The committee also provides strategic guidance for pharmacy programs. The committee is involved in the development and updating of pharmaceutical management procedures. In addition, the committee meets at least four times annually to evaluate drugs for the formulary. The recommendations of the Pharmacy & Therapeutics Committee are communicated to the Medical Affairs Committee and finally sent to the Board of Directors for approval.

FORMULARY UPDATES AND REVISIONS

The drug formulary is revised regularly through recommendations from the Pharmacy & Therapeutics Committee. HealthPlus reviews drugs and drug categories on an ongoing basis to help ensure that the formulary provides an ample, up-to-date selection of quality, cost-effective medication choices. The formulary is revised and republished annually with notification to members and providers, with periodic updates on the website at www.healthplus.org; providers and members may also receive a printed copy of the formulary upon request. HealthPlus routinely provides updated information to physicians, pharmacies and members with updates at the website and articles in the newsletters. The formulary is also available for providers through various e-prescribing software applications. Specifically for negative changes to the formulary (addition of prior authorization requirements, step therapy, a change in status from preferred to non-preferred when a generic equivalent is not available, a change in status from formulary to non-formulary), HealthPlus notifies affected members and their prescribers of the change.

Members may also obtain up-to-date formulary and cost information specific to their benefit at www.healthplus.org. For more information, please contact the HealthPlus Pharmacy department at 1-810-230-2118.

Physician requests for additions to the formulary must be made on a Request for Addition to the Formulary form, which includes the reason for the request and any clinical data supporting that request. Please refer to APPENDIX A (page 11) for a copy of the Request for Addition to the HealthPlus Formulary form. Member requests for additions to the formulary are forwarded to the Pharmacy department for appropriate review and consideration.

SMOKING CESSATION PHARMACOTHERAPY

All OTC and prescription FDA-approved smoking cessation products are covered. These products are covered with no copay and prior authorization is not required. Duration limits may apply for specific products.

APPENDIX A
REQUEST FOR ADDITION TO THE HEALTHPLUS FORMULARY

Completed forms will be reviewed by the Pharmacy & Therapeutics Committee. The need for the drug, alternative therapy available, efficacy, safety and cost-effectiveness will be considered. It is *essential* that this form be completed for proper evaluation.

1. Generic Names: _____
2. Brand Name & Manufacturer: _____
3. Dosage Form(s) & Strength(s): _____
4. Specific pharmacologic action and indications for use:

5. Comparable drugs currently on the formulary:

6. If the requested drug is added to the formulary, can any of the brand drugs above be removed from the formulary?

7. List the therapeutic advantages of the requested drugs over those already listed on the formulary. Supply references to support these advantages:

8. Estimate the anticipated cost impact if the requested drug is added to the formulary:

DATE _____

PRINT NAME _____

SIGNATURE _____

Send to: HealthPlus

ATTN: Pharmacy Department
2050 S Linden Road; PO Box 1700
Flint, MI 48501-1700
FAX: 810-720-2757
[E-MAIL: rx@healthplus.org](mailto:rx@healthplus.org)



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STATUS

PHARMACY PRIOR AUTHORIZATION/EXCEPTION REQUEST FORM

Forward form to the HealthPlus Pharmacy Department via facsimile:

Flint facsimile: 810-720-2757

For questions or to request via telephone:

Flint local phone: 810-720-2758 Toll free phone: 877-710-0993

FOR A TIMELY RESPONSE, PLEASE PROVIDE **COMPLETE INFORMATION**.

HealthPlus ID#: _____ Patient Name: _____

Date of Birth: _____ Height: _____ Weight: _____ BMI: _____

This is a request for (check one): **DAW** **Medication Requiring P/A** **P/A for Dosage Regimen**

MedicarePlus Advantage Part D: **Exception Request** **Medically Urgent**

Closed Formulary: **Exception Request**

Prescribed Drug and Dosing Regimen: _____

Reason for Use (Diagnosis): _____

Previous Medications: _____

Please attach pertinent laboratory test(s) or procedure(s): (if applicable)

Reason why an alternative drug (or dosing regimen) cannot be used: _____

DEA#: _____ HealthPlus Provider ID#: _____

Office Phone: (_____) _____ Office Facsimile: (_____) _____

Pharmacy Name (optional): _____ Pharmacy Phone: _____

Infusions/Injections (if applicable)

Lab Results (if applicable)

Place of Infusion/injection: _____

CrCL: _____

Provider ID: _____

TG: _____

I represent to the best of my knowledge and belief that the information provided is true, complete, and fully disclosed. A person may be committing insurance fraud if false or deceptive information with the intent to defraud is provided.

Physician's Name (please print) _____ Physician's Signature _____

Office Contact Person: _____

For HealthPlus Use Only

Request Date: _____ LOB: _____ L _____ E _____ N _____

Non-Urgent Request: _____ Urgent Request: _____

Exception Request: _____

CPT Review Time _____ RPh Review Time _____ Med Dir Review Time _____

Comments: _____

Approved Partial Approval Denied

Approved by: _____ Reason for Denial: _____

Effective Date: _____

Faxed to Indigent Program: _____

If you would like to discuss this case with a pharmacist or physician reviewer, please call (800) 332-9161.

Michigan Prior Authorization Request Form For Prescription Drugs

Instructions

Important: Please read all instructions below before completing FIS 2288.

Section 2212c of Public Act 218 of 1956, MCL 500.2212c, requires the use of a standard prior authorization form when a policy, certificate or contract requires prior authorization for prescription drug benefits.

A standard form, FIS 2288, is being made available by the Department of Insurance and Financial Services to simplify exchanges of information between prescribers and health insurers as part of the process of requesting prescription drug prior authorization. This form will be updated periodically and the form number and most recent revision date are displayed in the top left-hand corner.

- **This form is made available for use by prescribers to initiate a prior authorization request with the health insurer.**
- Prior authorization requests are defined as requests for pre-approval from an insurer for specified medications before they are dispensed.
- “Prescriber” means the term as defined in section 17708 of the Public Health Code, 1978 PA 368, MCL 333.17708.
- “Prescription drug” means the term as defined in section 17708 of the Public Health Code, 1978 PA 368, MCL 333.17708.
- Pursuant to MCL 500.2212c, prescribers and insurers must comply with required timeframes pertaining to the processing of a prior authorization request. Insurers may request additional information or clarification needed to process a prior authorization request.
- The prior authorization is considered granted if the insurer fails to grant the request, deny the request, or require additional information of the prescriber within 72 hours after the date and time of submission of an expedited prior authorization request or within 15 days after the date and time of submission of a standard prior authorization request. If additional information is requested by an insurer, a prior authorization request is considered to have been granted by the insurer if the insurer fails to grant the request, deny the request, or otherwise respond to the request of the prescriber within 72 hours after the date and time of submission of the additional information for an expedited prior authorization request; or within 15 days after the date and time of submission of the additional information for standard prior authorization request.
- The prior authorization is considered void if the prescriber fails to submit the additional information within 5 days after the date and time of the original submission of a properly completed expedited prior authorization request or within 21 days after the date and time of the original submission of a properly completed standard prior authorization request.
- In order to designate a prior authorization request for expedited review, a prescriber must certify that applying the 15-day standard review period may seriously jeopardize the life and health of the patient or the patient’s ability to regain maximum function.

**Michigan Prior Authorization
Request Form for Prescription Drugs**

(PRESCRIBERS SUBMIT THIS FORM TO THE PATIENT'S HEALTH PLAN)

Expedited Review Request: I hereby certify that a standard review period may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
Physician's Direct Contact Phone Number () _____ - _____ Initials: _____

A) Reason for Request

Initial Authorization Request Renewal Request DAW

B) Patient Demographics

Is patient hospitalized: Yes No

Patient Name: _____ DOB: _____

Patient Health Plan ID: _____

Male Female

C) Pharmacy Insurance Plan

Priority Magellan Blue Cross Blue Shield of Michigan HAP _____
 Total Health Care Blue Care Network HealthPlus of Michigan Meridian Health Plan

D) Prescriber Information

Prescriber Name: _____ NPI: _____ Specialty: _____

DEA (required for controlled substance requests only): _____

Contact Name: _____ Contact Phone: _____ Contact Fax: _____

Health Plan Provider ID (if accessible): _____

E) Pharmacy Information (optional)

Pharmacy Name _____ Pharmacy Telephone _____

F) Requested Prescription Drug Information

Drug Name: _____ Strength: _____

Dosing Schedule: _____ Duration: _____

Diagnosis (specific) with ICD#: _____

Place of infusion / injection (if applicable): _____

Facility Provider ID / NPI: _____

Has the patient already started the medication? _____ Yes _____ No If so, when? _____

G) Rationale for Prior Authorization (e.g., information such as history of present illness, past medical history, current medications, etc.; you may also attach chart notes to support your request if you believe they will assist with the review process)

H) Failed/Contraindicated Therapies

Drug Name	Strength	Dosing Schedule	Duration	Adverse Event/Specific Failure
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I) Other Pertinent Information** (Optional - to be filled out if other information is necessary such as relevant diagnostic labs, measures of response to treatment, etc.) Please refer to plan's website for additional information that may be necessary for review. Please note that sending this form with insufficient clinical information may result in extended review period or adverse determination.
-
-
-

I represent to the best of my knowledge and belief that the information provided is true, complete and fully disclosed. A person may be committing insurance fraud if false or deceptive information with the intent to defraud is provided.

Physician's Name: _____

Physician's Signature: _____

Date: _____

PA 218 of 1956 as amended requires the use of a standard prior authorization form by prescribers when a patient's health plan requires prior authorization for prescription drug benefits.

For Health Plan Use Only

Request Date: _____	LOB: _____
Approved: _____	Denied: _____
Approved By: _____	Denied By: _____
Effective Date: _____	Reason for Denial: _____
Additional Comments: _____	



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

PRESCRIPTION BENEFIT LIMITATIONS

APPENDIX E

Some general limitations and exclusions are provided here for reference. Administrative limitations are also included in the list of drugs. For a complete list of benefit limitations and exclusions, please refer to your Subscriber Contract, Certificate of Coverage or Benefit Rider.

Limitations

- Coverage is limited to medications on the formulary.
- Medications that are not on the formulary are not covered. Requests for exception will be reviewed against established criteria based on medical necessity.
- Coverage for formulary drugs is limited to the reasonable cost of generically-available products, unless no generically-equivalent product exists or a member-specific review for medical necessity determines the need for the brand name medication.
- Coverage for formulary drugs is limited to FDA-approved indications when reviewed, unless a member-specific review for medical necessity determines the need for a particular medication for an off-label use.
- Prescriptions written by a dentist are limited to those medications on the HealthPlus Dental Formulary.
- Covered medications are limited to a 30-day supply at participating retail and specialty pharmacies, and up to a 90-day supply through participating HealthPlus retail pharmacies and the mail order provider. Refills may be obtained when 80% of the day supply received has passed.
- Prior Authorization based on specific criteria is required for formulary drugs included in the Pharmacy Prior Authorization Program, including the Dose Optimization Program.
- Coverage for formulary medications included in the Dose Optimization Program is limited to an allowed quantity based on once daily dosing or maximum dose recommendations; unless a member specific review determines medical necessity for the specified dosing regimen.
- Coverage for specific formulary migraine medications is limited to a maximum quantity per month, unless a member specific review determines that the member is also currently taking medication for the prophylaxis of migraine and still requires more than the established limit.
- Formulary medications for weight loss require Prior Authorization, initiated through the Pharmacy department.
- Coverage for formulary drugs for primary oral drug therapy for Hepatitis C shall be subject to quantity limits and other restrictions that may include step therapy, prior authorization or duration limits. Authorization of primary oral Hepatitis C agents is limited to one treatment course per lifetime.
- Coverage for formulary prescription drugs with potential for abuse and/or dependency shall be subject to quantity limits and other restrictions that may include step therapy, prior authorization or duration limits. Prescription drugs with potential for abuse and/or dependency shall be limited to established quantities approved by the HealthPlus Pharmacy and Therapeutics Committee and only for FDA-approved indications.
- There is no coverage for replacement of lost, stolen or destroyed medication.

Exclusions

- Cosmetic drugs, bulk chemicals, compounding kits, dermatological kits, prescription homeopathic products, pharmaceutical aids, diagnostic agents

HealthPlus 2016 Closed ACA Compliant Formulary

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HealthPlus 2016 Closed ACA Compliant Formulary

CURRENT AS OF 12/1/2016

Drug Tier Tier 1 = Generic Tier 2 = Preferred Brand Tier 3 = Non-Preferred Brand Tier 4 = Preferred Specialty Tier 5 = Zero Copay Tier 6 = Medical Tier 7 = Not Covered Tier 8 = Non-Preferred Specialty	Notes 30D = 30 Day Supply DDS = Dental Formulary Drug Infert. = Infertility Drug Mand 90 = Mandatory 90 PA = Prior Authorization PA (New) = PA for New Starts QL = Quantity Limit QL = Quantity Limit QL/DS = Quantity & Day Supply Limits Specialty = Must fill at Specialty Pharmacy Specialty = Specialty Pharmacy Contact Info
lowercase italics = Generic drugs UPPERCASE BOLD = Brand name drugs	

Drug Name	Drug Tier	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Narcotic Agonists		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 7	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 7	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	Tier 7	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	Tier 7	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Tier 7	
DISKETS ORAL TABLET,SOLUBLE 40 MG	Tier 7	
DOLOPHINE ORAL TABLET 10 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	Tier 7	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Tier 7	
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 32 MG, 8 MG	Tier 7	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA; QL (4 lozenges per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	QL (15 patches per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 7	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 3	PA; QL (1 tablet per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Tier 7	
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	Tier 7	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>methadone intensol oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier 7	
<i>methadose oral tablet,soluble 40 mg</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine concentrate oral syringe 20 mg/ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 60 mg</i>	Tier 7	
MORPHINE ORAL CAPSULE,EXTEND.RELEASE PELLETS 80 MG	Tier 7	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 7	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	PA; QL (6 tablets per 1 day)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	Tier 3	PA; QL (3 tablets per 1 day)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG, 40 MG	Tier 7	
OPANA INJECTION SOLUTION 1 MG/ML	Tier 7	
OPANA ORAL TABLET 10 MG, 5 MG	Tier 7	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral syringe 10 mg/0.5 ml</i>	Tier 7	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)

Drug Name	Drug Tier	Notes
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 7	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 7	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	Tier 7	
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 7	
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i>	Tier 7	
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 150 mg, 200 mg</i>	Tier 7	
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 7	
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Tier 3	PA; QL (1 tablet per 1 day)
ULTRAM ORAL TABLET 50 MG	Tier 7	
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 7	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA; QL (2 capsules per 1 day)
Analgesic Narcotic Codeine Combinations		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	QL (13 tablets per 1 day)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	Tier 1	QL (12 capsules per 1 day)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	Tier 1	QL (12 capsules per 1 day)
<i>butalbital compound-codeine oral capsule 30-50-325-40 mg</i>	Tier 1	QL (12 capsules per 1 day)

Drug Name	Drug Tier	Notes
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (12 capsules per 1 day)
CAPITAL WITH CODEINE ORAL SUSPENSION 120-12 MG/5 ML	Tier 7	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (12 capsules per 1 day)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	Tier 7	
FIORINAL-CODEINE #3 ORAL CAPSULE 30-50-325-40 MG	Tier 7	
TYLENOL-CODEINE #3 ORAL TABLET 300-30 MG	Tier 7	
TYLENOL-CODEINE #4 ORAL TABLET 300-60 MG	Tier 7	
Analgesic Narcotic Dihydrocodeine Combinations		
<i>aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg</i>	Tier 1	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG	Tier 7	
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 7	
Analgesic Narcotic Dihydrocodeine, Non-Salicylate Analgesic,Xanthine		
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 7	
Analgesic Narcotic Dihydrocodeine, Salicylate Analgesic, Xanthine Comb		
<i>aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg</i>	Tier 1	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG	Tier 7	
Analgesic Narcotic Hydrocodone And Non-Salicylate Combinations		
HYCET ORAL SOLUTION 7.5-325 MG/15 ML	Tier 7	
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	PA; QL (13 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 tablets per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 7	

Drug Name	Drug Tier	Notes
LORCET HD ORAL TABLET 10-325 MG	Tier 7	
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 7	QL (12 tablets per 1 day)
LORTAB 10-325 ORAL TABLET 10-325 MG	Tier 7	
LORTAB 5-325 ORAL TABLET 5-325 MG	Tier 7	
LORTAB 7.5-325 ORAL TABLET 7.5-325 MG	Tier 7	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 7	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 7	
VICODIN ES ORAL TABLET 7.5-300 MG	Tier 7	
VICODIN HP ORAL TABLET 10-300 MG	Tier 7	
VICODIN ORAL TABLET 5-300 MG	Tier 7	
XODOL 10/300 ORAL TABLET 10-300 MG	Tier 7	
XODOL 5/300 ORAL TABLET 5-300 MG	Tier 7	
XODOL 7.5/300 ORAL TABLET 7.5-300 MG	Tier 7	
Analgesic Narcotic Hydrocodone And Nsaid Combinations		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG	Tier 7	
REPREXAIN ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 7	
XYLON 10 ORAL TABLET 10-200 MG	Tier 7	
Analgesic Narcotic Hydrocodone Combinations		
HYCET ORAL SOLUTION 7.5-325 MG/15 ML	Tier 7	
hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	Tier 1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	PA; QL (13 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 tablets per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG	Tier 7	
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 7	

Drug Name	Drug Tier	Notes
LORCET HD ORAL TABLET 10-325 MG	Tier 7	
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 7	QL (12 tablets per 1 day)
LORTAB 10-325 ORAL TABLET 10-325 MG	Tier 7	
LORTAB 5-325 ORAL TABLET 5-325 MG	Tier 7	
LORTAB 7.5-325 ORAL TABLET 7.5-325 MG	Tier 7	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 7	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 7	
REPREXAIN ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 7	
VICODIN ES ORAL TABLET 7.5-300 MG	Tier 7	
VICODIN HP ORAL TABLET 10-300 MG	Tier 7	
VICODIN ORAL TABLET 5-300 MG	Tier 7	
XODOL 10/300 ORAL TABLET 10-300 MG	Tier 7	
XODOL 5/300 ORAL TABLET 5-300 MG	Tier 7	
XODOL 7.5/300 ORAL TABLET 7.5-300 MG	Tier 7	
XYLON 10 ORAL TABLET 10-200 MG	Tier 7	
Analgesic Narcotic Oxycodone And Non-Salicylate Combinations		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 7	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 7	
Analgesic Narcotic Oxycodone And Nsaid Combinations		
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	QL (28 tablets per 30 days)
Analgesic Narcotic Oxycodone And Salicylate Combinations		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
Analgesic Narcotic Oxycodone Combinations		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	QL (28 tablets per 30 days)

Drug Name	Drug Tier	Notes
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 7	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 7	
Analgesic Narcotic Partial-Mixed Agonists		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 7	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	PA; QL (2 bottles (5ml) per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 3	PA; QL (4 patches per 28 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Narcotic Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
ULTRACET ORAL TABLET 37.5-325 MG	Tier 7	
Analgesic Narcotic Tramadol Combinations		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
ULTRACET ORAL TABLET 37.5-325 MG	Tier 7	
Analgesic Or Antipyretic Non-Narcotic/Sedative Combinations		
ALLZITAL ORAL TABLET 25-325 MG	Tier 7	
BUPAP ORAL TABLET 50-300 MG	Tier 7	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
ESGIC ORAL CAPSULE 50-325-40 MG	Tier 7	
ESGIC ORAL TABLET 50-325-40 MG	Tier 7	
MARGESIC ORAL CAPSULE 50-325-40 MG	Tier 1	
MARTEN-TAB ORAL TABLET 50-325 MG	Tier 1	
<i>tencon oral tablet 50-325 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 7	
zebutal oral capsule 50-325-40 mg	Tier 1	
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 7	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 7	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 7	
Dmard - Antimalarials		
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG	Tier 7	
Dmard - Antimetabolites		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
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, 7.5 MG/0.4 ML	Tier 7	
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, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Tier 7	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 7	
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib.		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 7	

Drug Name	Drug Tier	Notes
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - B Cell Targeted Agents		
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 6	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Dmard - Immunosuppressives		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 7	
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
CELLCEPT ORAL CAPSULE 250 MG	Tier 7	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 7	
CELLCEPT ORAL TABLET 500 MG	Tier 7	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>gengraf oral solution 100 mg/ml</i>	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 7	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 7	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 7	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 7	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 7	

Drug Name	Drug Tier	Notes
Dmard - Interleukin-1 Receptor Antagonist (Il-1Ra)		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dmard - Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL TABLET 5 MG	Tier 7	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 7	
Dmard - Other		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 7	
AZULFIDINE ORAL TABLET 500 MG	Tier 7	
CUPRIMINE ORAL CAPSULE 250 MG	Tier 7	
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 3	
MINOCIN ORAL CAPSULE 100 MG, 50 MG, 75 MG	Tier 7	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg</i>	Tier 7	
MINOCYCLINE ORAL TABLET 75 MG	Tier 7	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA ORAL TABLET 30 MG	Tier 7	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 7	
Dmard - Pyrimidine Synthesis Inhibitors		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations		
DUEXIS ORAL TABLET 800-26.6 MG	Tier 7	
Nsaid Analgesic And Prostaglandin Analog Combinations		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Tier 7	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Tier 7	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	PA; QL (1 tablet per 1 day)
Nsaid Analgesic And Proton Pump Inhibitor Combinations		
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	Tier 7	
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 7	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 7	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 7	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Tier 7	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 7	
PONSTEL ORAL CAPSULE 250 MG	Tier 7	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	Tier 7	

Drug Name	Drug Tier	Notes
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
FELDENE ORAL CAPSULE 10 MG, 20 MG	Tier 7	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	Tier 7	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	Tier 7	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 7	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier 7	
ZIPSOR ORAL CAPSULE 25 MG	Tier 7	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Tier 7	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 7	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 7	
NALFON ORAL CAPSULE 400 MG	Tier 7	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	Tier 7	
NAPROSYN ORAL TABLET 500 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	Tier 7	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	PA
Nsaid Analgesics, (Cox Non-Specific) -		
Indole Acetic Acid Derivatives		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	PA
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	PA
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 7	
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 7	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	AR (PA required for age 66 and older)
LODINE ORAL TABLET 400 MG	Tier 7	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG	Tier 7	
Salicylate Analgesic And Sedative Combinations		
<i>butilbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
FIORINAL ORAL CAPSULE 50-325-40 MG	Tier 7	
Salicylate Analgesic Combinations		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	

Drug Name	Drug Tier	Notes
<i>aspirin oral tablet 325 mg</i>	Tier 5	AR (covered for age 45 and older)
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 5	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg</i>	Tier 5	AR (covered for age 45 and older)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 5	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
CHILD ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 7	
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 5	AR (covered for age 45 and older)
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
Anesthetics		
Local Anesthetic - Amides		
<i>lidocaine (pf) injection syringe 10 mg/ml (1 %)</i>	Tier 7	
<i>lidocaine hcl injection syringe 100 mg/5 ml (2 %)</i>	Tier 7	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	
Anorectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 7	
Anorectal - Glucocorticoids		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 7	

Drug Name	Drug Tier	Notes
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	Tier 1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 7	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Tier 7	
PROCTOCORT TOPICAL CREAM 1 %	Tier 7	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
ANALPRAM E RECTAL KIT,CREAM AND TOWELETTE 2.5 %-1 % (4 GRAM)-1 %, 2.5-1-1 %	Tier 7	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	Tier 7	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	Tier 7	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3 %-1 % (7 gram)	Tier 7	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 7	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 7	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 7	
lidocaine-hydrocortisone-aloe rectal kit 2-2 %, 3-2.5 % (7 gram)	Tier 7	
PRAMCORT RECTAL CREAM 1-1 %	Tier 7	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 7	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 7	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %	Tier 7	

Drug Name	Drug Tier	Notes
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %)	Tier 7	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	Tier 7	
Antidote Others		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
Chelating Agents - Copper		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 3	
SYPRINE ORAL CAPSULE 250 MG	Tier 3	PA
Chelating Agents - Iron		
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 6	
DESFERAL INJECTION RECON SOLN 2 GRAM, 500 MG	Tier 7	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
EXJADE ORAL TABLET, DISPERSIBLE 500 MG	Tier 7	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 7	
FERRIPROX ORAL TABLET 500 MG	Tier 3	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 7	
Chelating Agents - Lead Poisoning		
CHEMET ORAL CAPSULE 100 MG	Tier 2	

Drug Name	Drug Tier	Notes
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
ENTEREG ORAL CAPSULE 12 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 7	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Opiate/Narcotic Reversal Agents - Opiate Antagonists		
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 7	
Anti-Infective Agents		
Amebicides		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic		
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 7	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 7	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Tier 7	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	Tier 7	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	Tier 7	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	Tier 7	
Anthelmintic Agents - Benzimidazole Derivatives		
ALBENZA ORAL TABLET 200 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 7	
Anthelmintic Agents Other		
BILTRICIDE ORAL TABLET 600 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
STROMECTOL ORAL TABLET 3 MG	Tier 7	
Antibacterial Folate Antagonist - Other Combinations		
BACTRIM DS ORAL TABLET 800-160 MG	Tier 7	
BACTRIM ORAL TABLET 400-80 MG	Tier 7	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	Tier 1	
Antibacterial Folate Antagonist Others		
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 7	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antifungal - Allylamines		
LAMISIL ORAL TABLET 250 MG	Tier 7	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin oral powder 150 million unit, 50 million unit, 500 million unit</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Imidazoles		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 7	
Antifungal - Triazoles		
CRESEMBA ORAL CAPSULE 186 MG	Tier 7	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	Tier 7	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 7	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 7	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 7	
ONMEL ORAL TABLET 200 MG	Tier 7	
SPORANOX ORAL CAPSULE 100 MG	Tier 7	
SPORANOX ORAL SOLUTION 10 MG/ML	Tier 7	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	Tier 7	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 7	

Drug Name	Drug Tier	Notes
VFEND ORAL TABLET 200 MG, 50 MG	Tier 7	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antileprotic - Immunomodulators		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antileprotic - Sulfone Agents		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	PA
MALARONE ORAL TABLET 250-100 MG	Tier 7	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Tier 7	
Antimalarials		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
DARAPRIM ORAL TABLET 25 MG	Tier 3	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>primaquine oral tablet 26.3 mg</i>	Tier 1	
QUALAQUIN ORAL CAPSULE 324 MG	Tier 7	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antiprotozoal Agents - Other		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 8	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALINIA ORAL TABLET 500 MG	Tier 8	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	Tier 7	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
FLAGYL ER ORAL TABLET EXTENDED RELEASE 750 MG	Tier 7	
FLAGYL ORAL CAPSULE 375 MG	Tier 7	
FLAGYL ORAL TABLET 250 MG, 500 MG	Tier 7	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
TINDAMAX ORAL TABLET 500 MG	Tier 7	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	PA (New); Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	
ISENTRESS ORAL TABLET 400 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
VITEKTA ORAL TABLET 150 MG, 85 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT ORAL TABLET 25 MG	Tier 4	PA (New); Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RESCRIPTOR ORAL TABLET 200 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SUSTIVA ORAL TABLET 600 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	Tier 7	

Drug Name	Drug Tier	Notes
VIRAMUNE ORAL TABLET 200 MG	Tier 7	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier 7	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral tablet 300 mg</i>	Tier 1	PA (New)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 7	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
RETROVIR ORAL CAPSULE 100 MG	Tier 7	
RETROVIR ORAL SYRUP 10 MG/ML	Tier 7	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>stavudine oral recon soln 1 mg/ml</i>	Tier 1	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 200 MG, 250 MG, 400 MG	Tier 7	

Drug Name	Drug Tier	Notes
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	Tier 7	
ZERIT ORAL RECON SOLN 1 MG/ML	Tier 7	
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 3	PA
ZIAGEN ORAL TABLET 300 MG	Tier 7	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiretroviral Combinations - Nrti's		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
COMBIVIR ORAL TABLET 150-300 MG	Tier 3	
EPZICOM ORAL TABLET 600-300 MG	Tier 7	Specialty; 30D
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antiretroviral Combinations - Nucleoside And Nucleotide Analog Rtg		
DESCOVOY ORAL TABLET 200-25 MG	Tier 7	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Tier 7	
TRUVADA ORAL TABLET 200-300 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)

Drug Name	Drug Tier	Notes
Antiretroviral Combinations-Nucleoside Analogs And Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 4	PA (New); Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiretroviral- Nucleoside And Nucleotide Analogs,Integrase Inhibitors		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 7	
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 4	PA (New); Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 7	
Antitubercular - Aminobenzoic Acid Analogs		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
Antitubercular - D-Alanine Analogs		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO ORAL TABLET 100 MG	Tier 7	Specialty

Drug Name	Drug Tier	Notes
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid oral solution 50 mg/5 ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Rifamycin And Derivatives		
MYCOBUTIN ORAL CAPSULE 150 MG	Tier 7	
PRIFTIN ORAL TABLET 150 MG	Tier 7	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
RIFADIN ORAL CAPSULE 150 MG, 300 MG	Tier 7	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG	Tier 7	
TRECATOR ORAL TABLET 250 MG	Tier 7	
Antitubercular Combinations		
RIFAMATE ORAL CAPSULE 300-150 MG	Tier 7	
RIFATER ORAL TABLET 50-120-300 MG	Tier 7	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG	Tier 7	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	Tier 7	
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation		
CEDAX ORAL CAPSULE 400 MG	Tier 7	
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	Tier 7	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 7	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 7	
<i>cefixime oral suspension for reconstitution 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftibuten oral capsule 400 mg</i>	Tier 1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	Tier 1	
SPECTRACEF ORAL TABLET 400 MG	Tier 7	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Tier 7	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
Cmv Antiviral Agent - Nucleoside Analogs		
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 7	Specialty; 30D
VALCYTE ORAL TABLET 450 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
Fluoroquinolone Antibiotics		
AVELOX ABC PACK ORAL TABLET 400 MG	Tier 7	
AVELOX ORAL TABLET 400 MG	Tier 3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 7	
CIPRO ORAL TABLET 250 MG, 500 MG	Tier 7	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	PA
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG	Tier 7	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg</i>	Tier 7	
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
Glycopeptide Antibiotics		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Tier 7	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (20 mls per 1 day)

Drug Name	Drug Tier	Notes
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	PA; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
TYZEKA ORAL TABLET 600 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir oral tablet 10 mg</i>	Tier 1	
VEMLIDY ORAL TABLET 25 MG	Tier 7	
Hepatitis C - Interferons		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	Tier 4	PA (New); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA (New); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA (New); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis C - Ns3/4A Serine Protease Inhibitors		
OLYSIO ORAL CAPSULE 150 MG	Tier 7	Specialty
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination		
TECHNIVIE ORAL TABLET 12.5-75-50 MG	Tier 7	
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA; Specialty; QL (Limited to 14 day supply per prescription); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis C - Ns5a Replication Complex Inhibitors		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 7	
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
EPCLUSA ORAL TABLET 400-100 MG	Tier 7	
HARVONI ORAL TABLET 90-400 MG	Tier 4	PA; Specialty; QL (Limited to 14 day supply per prescription); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis C - Nucleos(T)Ide Analog Ns5b Polymerase Inhibitors		
SOVALDI ORAL TABLET 400 MG	Tier 4	PA; Specialty; QL (Limited to 14 day supply per prescription); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatitis C - Nucleoside Analogs		
RIBASPHERE ORAL CAPSULE 200 MG	Tier 1	

Drug Name	Drug Tier	Notes
RIBASPHERE ORAL TABLET 200 MG, 400 MG	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 7	
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	Tier 7	
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	Tier 7	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Tier 1	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 1	
Influenza-A Antiviral Agents		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Ketolide Antibiotics		
KETEK ORAL TABLET 300 MG, 400 MG	Tier 3	PA
Lincosamide Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	Tier 7	
CLEOCIN ORAL RECON SOLN 75 MG/5 ML	Tier 7	

Drug Name	Drug Tier	Notes
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 1	
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	Tier 7	
BIAXIN ORAL TABLET 250 MG, 500 MG	Tier 7	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 3	PA
<i>e.e.s. 400 oral tablet 400 mg</i>	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 7	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 7	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 7	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	Tier 7	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 1	
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	Tier 7	
ZITHROMAX ORAL PACKET 1 GRAM	Tier 7	

Drug Name	Drug Tier	Notes
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Tier 7	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG	Tier 7	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Tier 7	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Tier 7	
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	Tier 7	
Misc Anti-Infective		
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	
Oxazolidinone Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
linezolid oral tablet 600 mg	Tier 4	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 7	
ZYVOX ORAL TABLET 600 MG	Tier 7	
Penicillin Antibiotic - Natural		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Protease Inhibitors (Peptidic) Antiretroviral		
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
INVIRASE ORAL CAPSULE 200 MG	Tier 4	PA; Specialty; 30D
INVIRASE ORAL TABLET 500 MG	Tier 4	PA; Specialty; 30D
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	

Drug Name	Drug Tier	Notes
LEXIVA ORAL TABLET 700 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NORVIR ORAL CAPSULE 100 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NORVIR ORAL TABLET 100 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Rifamycins And Related Derivative Antibiotics		
MYCOBUTIN ORAL CAPSULE 150 MG	Tier 7	
PRIFTIN ORAL TABLET 150 MG	Tier 7	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
RIFADIN ORAL CAPSULE 150 MG, 300 MG	Tier 7	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 8	PA; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 8	PA; QL/DS (QL-Limited to 60 tablets per 30 days for hepatic encephalopathy or 42 tablets per 14 days for IBS)
Sulfonamide Antibiotic		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 7	
Tetracycline Antibiotics		
ACTICLATE ORAL TABLET 150 MG, 75 MG	Tier 7	
AVIDOXY ORAL TABLET 100 MG	Tier 7	
<i>demecloxycline oral tablet 150 mg, 300 mg</i>	Tier 1	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	Tier 7	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 7	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 75 MG	Tier 7	
<i>doxycycline monohydrate oral capsule 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg, 50 mg, 75 mg</i>	Tier 7	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphasic 40 mg</i>	Tier 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 7	
MINOCIN ORAL CAPSULE 100 MG, 50 MG, 75 MG	Tier 7	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 7	

Drug Name	Drug Tier	Notes
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	Tier 7	
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG, 75 MG	Tier 7	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	Tier 7	
MORGIDOX 1X100 KIT 100 MG	Tier 7	
MORGIDOX 2X100 KIT 100 MG	Tier 7	
MORGIDOX ORAL CAPSULE 100 MG, 50 MG	Tier 7	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 7	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Tier 7	
TARGADOX ORAL TABLET 50 MG	Tier 7	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG	Tier 7	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	Tier 7	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 3	PA
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib		
TYKERB ORAL TABLET 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
ZYTIGA ORAL TABLET 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
IRESSA ORAL TABLET 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 7	
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN ORAL TABLET 2 MG	Tier 2	
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN ORAL CAPSULE 50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE ORAL CAPSULE 50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN ORAL TABLET 2 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	Tier 2	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 6	
LEUKERAN ORAL TABLET 2 MG	Tier 4	30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	Tier 7	
Antineoplastic - Alkylating Agent - Triazenes		
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 7	
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 7	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
ALECensa ORAL CAPSULE 150 MG	Tier 7	
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
ZYKADIA ORAL CAPSULE 150 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Antiadrenals		
LYSODREN ORAL TABLET 500 MG	Tier 4	Specialty; 30D
Antineoplastic - Antiandrogens		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
<i>flutamide oral capsule 125 mg</i>	Tier 1	
NILANDRON ORAL TABLET 150 MG	Tier 7	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZYTIGA ORAL TABLET 250 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 6	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 6	
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 7	
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 7	
TABLOID ORAL TABLET 40 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
XELODA ORAL TABLET 150 MG, 500 MG	Tier 7	
Antineoplastic - Antimetabolite - Urea Derivatives		
HYDREA ORAL CAPSULE 500 MG	Tier 7	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 5	
ARIMIDEX ORAL TABLET 1 MG	Tier 7	
AROMASIN ORAL TABLET 25 MG	Tier 7	
<i>exemestane oral tablet 25 mg</i>	Tier 5	
FEMARA ORAL TABLET 2.5 MG	Tier 7	
<i>letrozole oral tablet 2.5 mg</i>	Tier 5	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 7	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 7	
Antineoplastic - Braf Kinase Inhibitors		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; Specialty; 30D; QL/DS (DS-Limited to 14 day supply per prescription. QL-Limited to 56 capsules per 14 days for MCL or 42 capsules per 14 days for CLL & WM); Specialty (Diplomat Specialty--(800)722-8720 Walgreens
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Epipodophyllotoxins		
ETOPOSIDE ORAL CAPSULE 50 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Estrogens		
EMCYT ORAL CAPSULE 140 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Immunotherapy, Virus-Based		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 7	
Antineoplastic - Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	Tier 7	
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 7	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 7	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 7	Specialty
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Antineoplastic - Multikinase Inhibitors		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 4	Specialty; 30D; QL (Limited to 14 day supply per prescription); Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NEXAVAR ORAL TABLET 200 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Progestins		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antineoplastic - Proteasome Enzyme Inhibitors		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF ORAL TABLET 100 MG, 500 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GLEEVEC ORAL TABLET 100 MG, 400 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; Specialty; 30D; QL/DS (DS-Limited to 14 day supply per prescription. QL-Limited to 56 capsules per 14 days for MCL or 42 capsules per 14 days for CLL & WM); Specialty (Diplomat Specialty--(800)722-8720 Walgreens

Drug Name	Drug Tier	Notes
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Retinoids		
<i>tretinoïn (chemotherapy) oral capsule 10 mg</i>	Tier 1	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON ORAL TABLET 60 MG	Tier 5	
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	Tier 5	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 5	
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
TARGETIN ORAL CAPSULE 75 MG	Tier 7	Specialty
Antineoplastic - Thalidomide Analogs		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Antineoplastic- Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL CAPSULE 50 MG	Tier 7	
Antineoplastic-Cd30 Directed Antibody-Microtubule Disrupting Conjugate		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 6	
Antineoplastic-Her2 Targeted Antibody-Microtubule Inhibitor Conjugate		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 6	
Methotrexate Rescue Agents		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX ORAL TABLET 400 MG	Tier 2	
Antiseptics And Disinfectants		
Antiseptic - Alcohols		
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 7	
Antiseptic - Others		
FORMADON TOPICAL SOLUTION 10 %	Tier 7	
FORMADON TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 7	
<i>formaldehyde topical solution with applicator 10 %</i>	Tier 1	
Disinfectants - Aldehydes		
FORMADON TOPICAL SOLUTION 10 %	Tier 7	
Biologicals		
Allergenic Extracts - Grass Pollen		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 7	
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 7	
Allergenic Extracts - Weed Pollen		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 7	
Immune Globulin - Gamma Globulin (Igg), Human		
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 7	
Live Vaccines		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 7	

Drug Name	Drug Tier	Notes
Toxoid Vaccine Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 6	
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG	Tier 7	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG	Tier 7	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 7	
Ace Inhibitor And Diuretic Combinations		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 7	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 7	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
VASERETIC ORAL TABLET 10-25 MG	Tier 7	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 7	

Drug Name	Drug Tier	Notes
Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 7	
ACEON ORAL TABLET 4 MG, 8 MG	Tier 7	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 7	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
EPANED ORAL RECON SOLN 1 MG/ML	Tier 7	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 20 MG, 40 MG	Tier 7	
MAVIK ORAL TABLET 1 MG, 2 MG	Tier 7	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
PRINVIL ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 7	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 7	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 7	
Aldosterone Receptor Antagonists		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG	Tier 7	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 7	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 7	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Beta-Adrenergic Blocker Comb.		
BYVALSON ORAL TABLET 5-80 MG	Tier 7	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 7	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 7	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 7	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 7	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 7	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Tier 7	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hcthyiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 7	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Tier 7	
<i>olmesartan-amlodipine-hcthyiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 7	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Tier 7	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Tier 7	

Drug Name	Drug Tier	Notes
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Tier 7	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 7	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 7	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 7	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 7	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 7	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Tier 7	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 7	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 7	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 7	
Angiotensin II Receptor Blockers (Arbs)		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Tier 7	
AVAPRO ORAL TABLET 150 MG, 75 MG	Tier 7	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Tier 7	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 3	QL (1 tablet per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	PA; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Notes
<i>eprosartan oral tablet 600 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 7	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
Antianginal - Coronary Vasodilators (Nitrates)		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 7	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 7	
ISOCHRON ORAL TABLET EXTENDED RELEASE 40 MG	Tier 7	
ISORDIL ORAL TABLET 40 MG	Tier 7	
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 7	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 7	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Tier 7	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual aerosol, spray 400 mcg/spray</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	Tier 7	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 7	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Tier 7	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	Tier 1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	Tier 3	PA
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 7	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 7	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 7	
Antiarrhythmic - Class Ib		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 7	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
RYTHMOL ORAL TABLET 225 MG	Tier 7	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	Tier 7	
Antiarrhythmic - Class II		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 7	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 7	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class III		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	PA
MULTAQ ORAL TABLET 400 MG	Tier 2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 7	
Antiarrhythmic - Class IV		
CALAN ORAL TABLET 120 MG, 80 MG	Tier 7	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Apolipoprotein B-100 Synthesis Inhibitor		
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 7	
Antihyperlipidemic - Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine light oral powder 4 gram</i>	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 7	
COLESTID FLAVORED ORAL GRANULES 5 GRAM	Tier 7	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 7	
COLESTID ORAL GRANULES 5 GRAM	Tier 7	
COLESTID ORAL PACKET 5 GRAM	Tier 7	
COLESTID ORAL TABLET 1 GRAM	Tier 7	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>prevalite oral powder 4 gram</i>	Tier 1	
<i>prevalite oral powder in packet 4 gram</i>	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 7	

Drug Name	Drug Tier	Notes
QUESTRAN ORAL POWDER 4 GRAM	Tier 7	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 7	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 3	PA
WELCHOL ORAL TABLET 625 MG	Tier 3	PA
Antihyperlipidemic - Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Tier 7	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Tier 7	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 7	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 7	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 7	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Tier 7	
FIBRICOR ORAL TABLET 105 MG, 35 MG	Tier 7	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 7	
LOFIBRA ORAL CAPSULE 134 MG, 200 MG, 67 MG	Tier 7	
LOFIBRA ORAL TABLET 160 MG, 54 MG	Tier 7	
LOPID ORAL TABLET 600 MG	Tier 7	
TRICOR ORAL TABLET 145 MG, 48 MG	Tier 7	
TRIGLIDE ORAL TABLET 160 MG	Tier 7	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Tier 7	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 7	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)

Drug Name	Drug Tier	Notes
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 7	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 1	PA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 7	
LESCOL ORAL CAPSULE 20 MG, 40 MG	Tier 7	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	Tier 7	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Tier 7	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 7	
<i>pravastatin oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>pravastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG	Tier 7	
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacor oral tablet 500 mg</i>	Tier 1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	Tier 7	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
ZETIA ORAL TABLET 10 MG	Tier 2	PA
Antihyperlipidemic Agents - Dietary Source		
LOVAZA ORAL CAPSULE 1 GRAM	Tier 7	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	PA
VASCÉPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Tier 7	

Drug Name	Drug Tier	Notes
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 7	
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg</i>	Tier 7	QL (1 tablet per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 7	
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
VYTORIN 10-10 ORAL TABLET 10-10 MG	Tier 7	
VYTORIN 10-20 ORAL TABLET 10-20 MG	Tier 7	
VYTORIN 10-40 ORAL TABLET 10-40 MG	Tier 7	
VYTORIN 10-80 ORAL TABLET 10-80 MG	Tier 7	
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Anti-Pcsk9 Monoclonal Antibodies		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 7	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Beta Blockers Cardiac Selective		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	PA; QL (1 tablet per 1 day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Tier 7	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 7	
ZEBETA ORAL TABLET 10 MG, 5 MG	Tier 7	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
SECTRAL ORAL CAPSULE 200 MG, 400 MG	Tier 7	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
LEVATOL ORAL TABLET 20 MG	Tier 3	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Beta Blockers Non-Cardiac Selective		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 7	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 7	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 7	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 7	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Tier 7	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 7	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 7	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 7	
<i>timolol maleate (bulk) powder 100 %</i>	Tier 7	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 7	
Calcium Channel Blockers - Benzothiazepines		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 7	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 7	

Drug Name	Drug Tier	Notes
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Tier 7	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, ext release degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	Tier 7	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 7	
<i>dilt-xr oral capsule, ext release degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 7	
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 7	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	PA
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	Tier 3	
Calcium Channel Blockers - Phenylalkylamines		
CALAN ORAL TABLET 120 MG, 80 MG	Tier 7	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	Tier 7	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 7	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 7	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	Tier 7	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	Tier 7	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	Tier 7	
LOPRESSOR HCT ORAL TABLET 50-25 MG	Tier 7	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 7	
TENORETIC 100 ORAL TABLET 100-25 MG	Tier 7	
TENORETIC 50 ORAL TABLET 50-25 MG	Tier 7	

Drug Name	Drug Tier	Notes
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	Tier 7	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
ADRENAClick INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 7	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	Tier 7	
<i>epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	Tier 1	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	
Cardiovascular Sympathomimetics		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	Tier 7	
<i>epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.		
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	Tier 7	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	Tier 7	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 7	

Drug Name	Drug Tier	Notes
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 7	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 7	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 7	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
TENEX ORAL TABLET 1 MG, 2 MG	Tier 7	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 7	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
<i>digoxin oral solution 0.25 mg/5 ml (5 ml), 50 mcg/ml</i>	Tier 1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
LANOXIN INJECTION SOLUTION 250 MCG/ML	Tier 3	
LANOXIN ORAL TABLET 125 MCG	Tier 7	
LANOXIN ORAL TABLET 187.5 MCG, 250 MCG, 62.5 MCG	Tier 3	
Direct Acting Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG	Tier 7	
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
DIAMOX SEQUELS ORAL CAPSULE, EXTENDED RELEASE 500 MG	Tier 7	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
NEPTAZANE ORAL TABLET 25 MG, 50 MG	Tier 7	
Diuretic - Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DEMADEX ORAL TABLET 10 MG, 20 MG	Tier 7	
EDECрин ORAL TABLET 25 MG	Tier 7	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 7	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	Tier 7	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
DYAZIDE ORAL CAPSULE 37.5-25 MG	Tier 7	
MAXZIDE ORAL TABLET 75-50 MG	Tier 7	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	Tier 7	
<i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235); QL (2 tablets per 1 day)
Diuretic - Thiazides And Related		
chlorothiazide oral tablet 250 mg, 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
methyclothiazide oral tablet 5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Ganglionic Blocking, Non-Depolarizing		
VECAMYL ORAL TABLET 2.5 MG	Tier 7	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 7	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG	Tier 7	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	Tier 7	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	

Drug Name	Drug Tier	Notes
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 7	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 7	
Peripheral Alpha-1 Receptor Blockers		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 7	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 7	
DIBENZYLINE ORAL CAPSULE 10 MG <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 7	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG <i>phenoxybenzamine oral capsule 10 mg</i>	Tier 7	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Peripheral Vasodilators, Single Agents		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
Pheochromocytoma, Agents To Treat		
DEMSER ORAL CAPSULE 250 MG	Tier 7	
Plasma Kallikrein Inhibitor Agents		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 7	
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG	Tier 7	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier 7	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 7	
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 7	
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 7	

Drug Name	Drug Tier	Notes
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 7	
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 7	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 7	
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 7	
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
OPSUMIT ORAL TABLET 10 MG	Tier 7	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	Tier 7	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 7	
REVATIO ORAL TABLET 20 MG	Tier 7	
<i>sildenafil intravenous solution 10 mg/12.5 ml</i>	Tier 7	
<i>sildenafil oral tablet 20 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
Renin Inhibitor, Direct		
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 3	

Drug Name	Drug Tier	Notes
Renin Inhibitor, Direct And Calcium Channel Blocker Combinations		
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	Tier 3	
Renin Inhibitor, Direct And Diuretic Combinations		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
Reserpine And Derivatives		
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	Tier 1	
Vasodilator Combinations		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	PA
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
VISTARIL ORAL CAPSULE 25 MG, 50 MG	Tier 7	
Antianxiety Agent - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 7	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
TRANXENE T-TAB ORAL TABLET 7.5 MG	Tier 7	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 7	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 7	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	Tier 7	
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 7	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	
Anticonvulsant - Barbiturates And Derivatives		
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 7	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 7	
DIASTAT RECTAL KIT 2.5 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 3	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	
Anticonvulsant - Carbamates		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 7	
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 7	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPAKENE ORAL CAPSULE 250 MG	Tier 7	
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 7	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 7	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 7	
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE 125 MG	Tier 7	
<i>divalproex oral capsule, sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 6	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid		
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	

Drug Name	Drug Tier	Notes
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA; QL (3 capsules per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 3	PA; QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 7	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 7	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 7	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	Tier 7	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 1	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 3	
SABRIL ORAL TABLET 500 MG	Tier 3	
Anticonvulsant - Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 2	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG, 30 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	
PEGANONE ORAL TABLET 250 MG	Tier 2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 7	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	Tier 7	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 7	
EPITOL ORAL TABLET 200 MG	Tier 7	
<i>oxcarbazepine oral suspension 300 mg/5 ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 7	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 7	
TEGRETOL ORAL TABLET 200 MG	Tier 7	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 7	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML	Tier 7	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 7	
Anticonvulsant - Monosaccharide Derivatives		
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 7	

Drug Name	Drug Tier	Notes
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 7	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 7	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 7	
Anticonvulsant - Phenyltriazine Derivatives		
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 7	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 7	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 7	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 7	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 7	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 7	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	Tier 7	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	Tier 7	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	Tier 7	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 7	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	Tier 7	

Drug Name	Drug Tier	Notes
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 7	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 7	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 7	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	Tier 1	
Anticonvulsant - Potassium Channel Opener		
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 7	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 7	
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 7	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 7	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 7	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 7	
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	

Drug Name	Drug Tier	Notes
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 7	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 7	
Anticonvulsant - Sulfonamide Derivatives		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 7	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives		
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 3	
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 7	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	Tier 7	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	PA
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 7	
PARNATE ORAL TABLET 10 MG	Tier 7	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssrис)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 7	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	PA
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL SOLUTION 5 MG/5 ML	Tier 7	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 7	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 7	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 7	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 7	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 7	
PROZAC WEEKLY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 90 MG	Tier 7	
SARAFEM ORAL TABLET 10 MG, 20 MG	Tier 7	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 7	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 7	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snrис)		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Tier 7	
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg, 50 mg</i>	Tier 1	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	
<i>desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 7	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 7	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 7	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	Tier 7	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	Tier 7	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	PA
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - Ssri And 5Ht1a Partial Agonist		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Notes
VIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 3	PA
Antidepressant - Ssri And Serotonin (5-HT) Receptor Modulator		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg	Tier 1	
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg, 6-50 mg	Tier 7	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Tier 7	
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 7	
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	QL (1 tablet per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 7	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG, 150 MG, 200 MG	Tier 7	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 7	

Drug Name	Drug Tier	Notes
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 7	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Tier 7	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 7	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 7	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 7	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 7	
Antiparkinson - Dopaminergic-Peripherally Acting Monoamine-Decarboxylase Inhibitor Combination		
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG	Tier 1	
STALEVO 100 ORAL TABLET 25-100-200 MG	Tier 7	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	Tier 7	

Drug Name	Drug Tier	Notes
STALEVO 150 ORAL TABLET 37.5-150-200 MG	Tier 7	
STALEVO 200 ORAL TABLET 50-200-200 MG	Tier 7	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	Tier 7	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	Tier 7	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 7	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG	Tier 7	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	Tier 7	
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
TASMAR ORAL TABLET 100 MG	Tier 7	
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
COMTAN ORAL TABLET 200 MG	Tier 7	
<i>entacapone oral tablet 200 mg</i>	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
LODOSYN ORAL TABLET 25 MG	Tier 7	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
PARLODEL ORAL CAPSULE 5 MG	Tier 7	
PARLODEL ORAL TABLET 2.5 MG	Tier 7	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 3	PA
ELDEPRYL ORAL CAPSULE 5 MG	Tier 7	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 7	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 7	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	Tier 7	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	Tier 7	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 7	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3.75 mg	Tier 7	
pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg	Tier 1	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	Tier 7	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 7	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	
FANAPT ORAL TABLETS,DOSE PACK 1IMG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	Tier 3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	Tier 6	
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 7	
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 7	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 7	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	Tier 1	
CLOZAPINE ORAL TABLET 50 MG	Tier 7	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 150 mg, 200 mg</i>	Tier 7	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 7	
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	Tier 7	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 2	
Antipsychotic - Butyrophenone Derivatives		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 7	
<i>loxpiprazine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 7	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
ORAP ORAL TABLET 1 MG, 2 MG	Tier 7	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	PA
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 7	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 7	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 6	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 7	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 6	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL TABLET 17 MG	Tier 7	
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 7	
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 7	
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Tier 7	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	PA; QL (1 tablet per 1 day)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 7	QL (1 tablet per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Tier 7	
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 7	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 1	
ADZENYS XR-ODT ORAL TABLET,DISINTIG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 7	
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 7	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Tier 7	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	PA
DESOXYN ORAL TABLET 5 MG	Tier 7	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 7	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>dexamethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	PA
<i>dexamethylphenidate oral capsule,er biphasic 50-50 20 mg</i>	Tier 1	
<i>dexamethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 7	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
EVEKEO ORAL TABLET 10 MG, 5 MG	Tier 7	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 7	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 7	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	Tier 3	PA
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 7	
<i>metadate er oral tablet extended release 20 mg</i>	Tier 1	
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	PA
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Tier 7	
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylphenidate oral tablet extended release 10 mg, 20 mg</i>	Tier 1	
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 3	PA
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	Tier 3	PA
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 30 MG, 40 MG	Tier 7	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	PA; QL (1 capsule per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Tier 3	PA
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Tier 3	PA; QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	Tier 3	PA; QL (1 capsule per 1 day)
Benzodiazepines		
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 3	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 7	
DEPAKENE ORAL CAPSULE 250 MG	Tier 7	
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 7	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 7	

Drug Name	Drug Tier	Notes
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 7	
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE 125 MG	Tier 7	
<i>divalproex oral capsule, sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
EPITOL ORAL TABLET 200 MG	Tier 7	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 7	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 7	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 7	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 7	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 7	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 7	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 7	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 7	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 7	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 7	
TEGRETOL ORAL TABLET 200 MG	Tier 7	

Drug Name	Drug Tier	Notes
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	Tier 7	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics		
ABILITY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 7	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 7	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 7	
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 7	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 7	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 7	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 7	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 7	

Drug Name	Drug Tier	Notes
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 7	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 7	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 7	
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 7	
Cns Stimulant - Amphetamine Combinations		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 7	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 1	
ADZENYS XR-ODT ORAL TABLET,DISINTIG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 7	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 7	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Cns Stimulant - Amphetamines		
DESOXYN ORAL TABLET 5 MG	Tier 7	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 7	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 7	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	Tier 1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
EVEKEO ORAL TABLET 10 MG, 5 MG	Tier 7	
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	PA
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Tier 7	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Tier 3	PA
Cns Stimulant - Analeptics		
<i>caffeine citrated oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
Fibromyalgia Agents - Gaba Analogs		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA; QL (3 capsules per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 3	PA; QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 3	PA
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Tier 7	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	PA
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	PA
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 7	
Hypnotics - Melatonin M1/M2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 7	
ROZEREM ORAL TABLET 8 MG	Tier 3	PA; QL (1 tablet per 1 day)
Migraine Therapy - Analgesic-Vasoconstrictors		
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	Tier 1	
PRODRIN ORAL TABLET 65-20-325 MG	Tier 7	

Drug Name	Drug Tier	Notes
Migraine Therapy - Analgesic-Vasoconstrictor-Sedative Combinations		
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	Tier 1	
NODOLOR ORAL CAPSULE 65-100-325 MG	Tier 7	
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 7	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - Ergot Alkaloids And Derivatives		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 7	
MIGRAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	Tier 7	
Migraine Therapy - Ergot Combinations		
CAFERGOT ORAL TABLET 1-100 MG	Tier 7	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA; QL (20 suppositories per 30 days)
Migraine Therapy - Nsaid Analgesics(Cyclooxygenase Inhib-Non-Selectiv)		
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 7	
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	PA; QL (9 tablets per 30 days)
ALSUMA SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	Tier 7	
AMERGE ORAL TABLET 1 MG, 2.5 MG	Tier 7	
AXERT ORAL TABLET 12.5 MG, 6.25 MG	Tier 7	QL (9 tablets per 30 days)
FROVA ORAL TABLET 2.5 MG	Tier 7	
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	PA; QL (9 tablets per 30 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	Tier 7	

Drug Name	Drug Tier	Notes
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 7	
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 7	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	Tier 7	
MAXALT ORAL TABLET 10 MG, 5 MG	Tier 7	
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	Tier 7	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 7	
RELPAX ORAL TABLET 20 MG, 40 MG	Tier 3	PA; QL (9 tablets per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 units per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (6 injections per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 7	
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 7	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (9 tablets per 1 day)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	PA; QL (9 tablets per 1 day)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	Tier 7	
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG	Tier 7	
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb.		
TREXIMET ORAL TABLET 10-60 MG, 85-500 MG	Tier 7	
Movement Disorder Therapy - Huntington's Disease		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 7	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Movement Disorder Therapy - Restless Legs Syndrome		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Tier 7	
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type		
XYREM ORAL SOLUTION 500 MG/ML	Tier 7	
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Tier 7	
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 7	
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Tier 7	
METHYLIN ORAL TABLET,CHEWABLE 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amp hetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 7	
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Tier 7	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	Tier 7	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
EVEKEO ORAL TABLET 10 MG, 5 MG	Tier 7	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Tier 3	PA
Postherpetic Neuralgia Agents		
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	Tier 7	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 7	
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 7	
Sedative-Hypnotic - Antihistamines		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
Sedative-Hypnotic - Barbiturates		
BUTISOL ORAL TABLET 30 MG	Tier 3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 7	
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 7	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	Tier 7	
AMBIEN ORAL TABLET 10 MG, 5 MG	Tier 7	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 7	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG	Tier 7	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 7	
SONATA ORAL CAPSULE 10 MG, 5 MG	Tier 7	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 7	
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 7	
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 7	
Sedative-Hypnotic - Tricyclic Antidepressant Type		
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 7	
Chemical Dependency, Agents To Treat		
Agents For Narcotic Withdrawal		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	Tier 7	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)

Drug Name	Drug Tier	Notes
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG	Tier 2	PA; QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	Tier 2	PA; QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 7	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Deterrents		
ANTABUSE ORAL TABLET 250 MG, 500 MG	Tier 7	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl oral tablet extended release 150 mg</i>	Tier 1	
ZYBAN ORAL TABLET EXTENDED RELEASE 150 MG	Tier 5	
Smoking Deterrents - Nicotine-Type		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	Tier 7	
<i>nicorelief buccal gum 2 mg, 4 mg</i>	Tier 5	
NICORETTE BUCCAL GUM 2 MG, 4 MG	Tier 7	
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	Tier 7	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 5	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 5	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 22 mg/24 hr, 7 mg/24 hr</i>	Tier 5	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 5	
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 5	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 5	
<i>quit 2 buccal gum 2 mg</i>	Tier 5	
<i>quit 2 buccal lozenge 2 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>quit 4 buccal gum 4 mg</i>	Tier 5	
<i>quit 4 buccal lozenge 4 mg</i>	Tier 5	
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	Tier 5	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 5	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 5	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	Tier 5	
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Tier 7	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR	Tier 7	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	Tier 7	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG	Tier 7	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	Tier 7	
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine oral solution 2 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 7	
NAMENDA ORAL SOLUTION 2 MG/ML	Tier 7	
NAMENDA ORAL TABLET 10 MG, 5 MG	Tier 7	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	Tier 7	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 7	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	Tier 3	
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 7	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 7	
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives		
Contraceptive Injectable - Progestin		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 7	
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	Specialty
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YEARS)	Tier 7	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/24 HR (3 YEARS)	Tier 5	
Contraceptive Oral - Biphasic		
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 5	

Drug Name	Drug Tier	Notes
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 5	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	Tier 5	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 5	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 5	
desog-e.estradol/e.estradol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
l norgest/e.estradol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	Tier 5	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 5	PA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 5	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 7	
necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg	Tier 5	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 7	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 5	
Contraceptive Oral - Monophasic		
altavera (28) oral tablet 0.15-0.03 mg	Tier 5	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	Tier 5	
AMETHYST ORAL TABLET 90-20 MCG	Tier 5	
apri oral tablet 0.15-0.03 mg	Tier 5	
aubra oral tablet 0.1-20 mg-mcg	Tier 5	
aviane oral tablet 0.1-20 mg-mcg	Tier 5	

Drug Name	Drug Tier	Notes
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg	Tier 5	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24)	Tier 7	
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 5	
<i>blisovi</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 5	
<i>blisovi</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 5	
<i>brevicon</i> (28) oral tablet 0.5-35 mg-mcg	Tier 5	
<i>brielllyn</i> oral tablet 0.4-35 mg-mcg	Tier 5	
<i>chateal</i> oral tablet 0.15-0.03 mg	Tier 5	
<i>cryselle</i> (28) oral tablet 0.3-30 mg-mcg	Tier 5	
<i>cyclafem</i> 1/35 (28) oral tablet 1-35 mg-mcg	Tier 5	
<i>dasetta</i> 1/35 (28) oral tablet 1-35 mg-mcg	Tier 5	
<i>delyla</i> (28) oral tablet 0.1-20 mg-mcg	Tier 5	
DESOGEN ORAL TABLET 0.15-0.03 MG	Tier 5	
<i>desogestrel-ethinyl estradiol</i> oral tablet 0.15-0.03 mg	Tier 5	
<i>drospirenone-e.estriadiol-lm.fa</i> oral tablet 3-0.02-0.451 mg (24)	Tier 5	
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg, 3-0.03 mg	Tier 5	
<i>elinest</i> oral tablet 0.3-30 mg-mcg	Tier 5	
<i>emoquette</i> oral tablet 0.15-0.03 mg	Tier 5	
<i>enskyce</i> oral tablet 0.15-0.03 mg	Tier 5	
<i>estarrylla</i> oral tablet 0.25-35 mg-mcg	Tier 5	
<i>falmina</i> (28) oral tablet 0.1-20 mg-mcg	Tier 5	
<i>femcon</i> fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	Tier 5	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 5	PA
<i>gianvi</i> (28) oral tablet 3-0.02 mg	Tier 5	
<i>gildagia</i> oral tablet 0.4-35 mg-mcg	Tier 5	
<i>introvale</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg	Tier 5	
<i>jolessa</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg	Tier 5	
<i>junel</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 5	
<i>junel</i> 1/20 (21) oral tablet 1-20 mg-mcg	Tier 5	

Drug Name	Drug Tier	Notes
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 5	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 5	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	Tier 5	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 5	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 5	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 5	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 5	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Tier 5	
<i>levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg</i>	Tier 5	
<i>levonorgestrel-ethynodiol dihydrogen phosphate oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	Tier 5	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-0.03 MG	Tier 7	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	Tier 5	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 7	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 7	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 7	
<i>lomedia 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 5	
<i>loryna (28) oral tablet 3-0.02 mg</i>	Tier 5	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	Tier 5	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	Tier 5	
<i>marlissa oral tablet 0.15-0.03 mg</i>	Tier 5	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 5	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 5	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 5	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 5	

Drug Name	Drug Tier	Notes
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 5	PA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	Tier 5	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	Tier 5	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 5	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	Tier 5	
<i>nikki (28) oral tablet 3-0.02 mg</i>	Tier 5	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	Tier 5	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Tier 5	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 5	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 5	
<i>norgestrel-ethinyl estradiol oral tablet 0.5-50 mg-mcg</i>	Tier 5	
<i>norinyl 1+35 (28) oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 5	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>ocella oral tablet 3-0.03 mg</i>	Tier 5	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	Tier 5	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	Tier 5	
ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG	Tier 7	
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 7	
OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG	Tier 7	
<i>philith oral tablet 0.4-35 mg-mcg</i>	Tier 5	
<i>pirmella oral tablet 1-35 mg-mcg</i>	Tier 5	
<i>portia oral tablet 0.15-0.03 mg</i>	Tier 5	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	Tier 5	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	Tier 5	
RAJANI ORAL TABLET 3-0.02-0.451 MG (24)	Tier 5	

Drug Name	Drug Tier	Notes
<i>reclipsen</i> (28) oral tablet 0.15-0.03 mg	Tier 5	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21/7)	Tier 5	PA
<i>setlakin</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg	Tier 5	
<i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg	Tier 5	
<i>sronyx</i> oral tablet 0.1-20 mg-mcg	Tier 5	
<i>syeda</i> oral tablet 3-0.03 mg	Tier 5	
<i>tarina fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 5	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 7	
<i>vestura</i> (28) oral tablet 3-0.02 mg	Tier 5	
<i>vienva</i> oral tablet 0.1-20 mg-mcg	Tier 5	
<i>vyfemla</i> (28) oral tablet 0.4-35 mg-mcg	Tier 5	
<i>wera</i> (28) oral tablet 0.5-35 mg-mcg	Tier 5	
<i>wymzya fe</i> oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	Tier 5	
YASMIN (28) ORAL TABLET 3-0.03 MG	Tier 7	
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 7	
<i>zarah</i> oral tablet 3-0.03 mg	Tier 5	
<i>zenchent</i> (28) oral tablet 0.4-35 mg-mcg	Tier 5	
<i>zenchent fe</i> oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	Tier 5	
<i>zovia 1/35e</i> (28) oral tablet 1-35 mg-mcg	Tier 5	
<i>zovia 1/50e</i> (28) oral tablet 1-50 mg-mcg	Tier 5	
Contraceptive Oral - Progestin		
<i>camila</i> oral tablet 0.35 mg	Tier 5	
<i>deblitane</i> oral tablet 0.35 mg	Tier 5	
<i>errin</i> oral tablet 0.35 mg	Tier 5	
<i>heather</i> oral tablet 0.35 mg	Tier 5	
<i>jencycla</i> oral tablet 0.35 mg	Tier 5	
<i>jolivette</i> oral tablet 0.35 mg	Tier 5	
<i>lyza</i> oral tablet 0.35 mg	Tier 5	
<i>nora-be</i> oral tablet 0.35 mg	Tier 5	
<i>norethindrone</i> (contraceptive) oral tablet 0.35 mg	Tier 5	
<i>norlyroc</i> oral tablet 0.35 mg	Tier 5	
NOR-QD ORAL TABLET 0.35 MG	Tier 7	
ORTHO MICRONOR ORAL TABLET 0.35 MG	Tier 7	

Drug Name	Drug Tier	Notes
sharobel oral tablet 0.35 mg	Tier 5	
Contraceptive Oral - Quadraphasic		
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 5	PA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 5	PA
Contraceptive Oral - Triphasic		
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	Tier 5	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	Tier 5	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
CYCLESSA (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 7	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
empresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 7	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	Tier 5	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 5	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 7	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	PA
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 7	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 5	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 5	

Drug Name	Drug Tier	Notes
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 5	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 5	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 5	
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 5	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 5	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 5	
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 7	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 7	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 5	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 5	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 5	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	Tier 5	
Contraceptive Transdermal Combinations		
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 5	
Contraceptives - Intravaginal, Systemic		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 5	
Emergency Contraceptives		
ELLA ORAL TABLET 30 MG	Tier 5	PA
<i>fallback solo oral tablet 1.5 mg</i>	Tier 5	
<i>my way oral tablet 1.5 mg</i>	Tier 5	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	Tier 5	
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 5	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 7	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 7	

Drug Name	Drug Tier	Notes
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA ORAL TABLET 30 MG	Tier 5	PA
Emergency Contraceptives - Progestin Type		
<i>fallback solo oral tablet 1.5 mg</i>	Tier 5	
<i>my way oral tablet 1.5 mg</i>	Tier 5	
<i>next choice one dose oral tablet 1.5 mg</i>	Tier 5	
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 5	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 7	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 7	
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 7	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
Acne Therapy Topical - Anti-Infective		
ACZONE TOPICAL GEL 5 %	Tier 7	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 7	
AZELEX TOPICAL CREAM 20 %	Tier 7	
CLEOCIN T TOPICAL GEL 1 %	Tier 7	
CLEOCIN T TOPICAL LOTION 1 %	Tier 7	
CLEOCIN T TOPICAL SOLUTION 1 %	Tier 7	
CLEOCIN T TOPICAL SWAB 1 %	Tier 7	
CLINDACIN ETZ TOPICAL SWAB 1 %	Tier 7	
CLINDACIN P TOPICAL SWAB 1 %	Tier 7	
CLINDAGEL TOPICAL GEL 1 %	Tier 7	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 7	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 7	
ERY PADS TOPICAL SWAB 2 %	Tier 7	

Drug Name	Drug Tier	Notes
ERYGEL TOPICAL GEL 2 %	Tier 7	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical swab 2 %</i>	Tier 7	
EVOCLIN TOPICAL FOAM 1 %	Tier 7	
FINACEA TOPICAL FOAM 15 %	Tier 7	
FINACEA TOPICAL GEL 15 %	Tier 7	
KLARON TOPICAL SUSPENSION 10 %	Tier 7	
METROCREAM TOPICAL CREAM 0.75 %	Tier 7	
METROLOTION TOPICAL LOTION 0.75 %	Tier 7	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
NORITATE TOPICAL CREAM 1 %	Tier 7	
ROSADAN TOPICAL CREAM 0.75 %	Tier 7	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-Infective Combinations Other		
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 7	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 7	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
AVAR LS TOPICAL CLEANSER 10-2 %	Tier 7	
AVAR LS TOPICAL FOAM 10-2 %	Tier 7	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 7	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	Tier 7	
AVAR TOPICAL FOAM 9.5-5 %	Tier 7	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 7	
AVAR-E LS TOPICAL CREAM 10-2 %	Tier 7	
BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	Tier 7	
BENZACLIN TOPICAL GEL 1-5 %	Tier 7	
BENZAMYCIN TOPICAL GEL 3-5 %	Tier 7	
<i>bp 10-1 topical cleanser 10-1 %</i>	Tier 1	
<i>cleansing wash topical cleanser 10-4-10 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
DUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 7	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 7	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 7	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 7	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 7	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	Tier 7	
PLEXION TOPICAL CREAM 9.8-4.8 %	Tier 7	
PLEXION TOPICAL LOTION 9.8-4.8 %	Tier 7	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 7	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 7	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 7	
SS 10-2 TOPICAL CLEANSER 10-2 %	Tier 7	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 7	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical foam 10-5 %</i>	Tier 7	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 7	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 7	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	Tier 7	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 7	
<i>sulfact na-sul-avobnz-otn-ocsa topical combo pack, cleanser and cream 9 %-4.5 % -spf 25</i>	Tier 7	

Drug Name	Drug Tier	Notes
SUMADAN TOPICAL CLEANSER 9-4.5 %	Tier 7	
SUMADAN TOPICAL KIT 9-4.5 %	Tier 7	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Tier 7	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 7	
SUMAXIN TOPICAL CLEANSER 9-4 %	Tier 7	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	Tier 7	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	Tier 7	
ZENCIA TOPICAL CLEANSER 9-4 %	Tier 7	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 7	
VELTIN TOPICAL GEL 1.2-0.025 %	Tier 7	
ZIANA TOPICAL GEL 1.2-0.025 %	Tier 7	
Acne Therapy Topical - Keratolytic		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 7	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 7	
benzoyl peroxide topical cleanser 4 %, 7 %	Tier 1	
BPO CREAMY WASH PACK TOPICAL KIT 8-5 %	Tier 7	
BPO TOPICAL GEL 4 %, 8 %	Tier 7	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 7	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 7	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 7	
PACNEX TOPICAL CLEANSER 7 %	Tier 7	
PANOXYL TOPICAL BAR 10 %	Tier 7	
PANOXYL TOPICAL CLEANSER 10 %	Tier 7	
PANOXYL-4 TOPICAL CLEANSER 4 %	Tier 7	
potassium hydroxide topical solution 5 %	Tier 1	
Acne Therapy Topical - Keratolytic Combinations Other		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	Tier 7	

Drug Name	Drug Tier	Notes
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	Tier 7	
Acne Therapy Topical - Keratolytic Mixtures		
NUOX TOPICAL GEL 6-3 %	Tier 7	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 7	
Acne Therapy Topical - Retinoid Combinations Other		
EPIDUO TOPICAL GEL 0.1-2.5 %	Tier 7	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	Tier 7	
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 7	
<i>adapalene topical lotion 0.1 %</i>	Tier 7	
ATRALIN TOPICAL GEL 0.05 %	Tier 7	
AVITA TOPICAL CREAM 0.025 %	Tier 7	AR (PA required for 25 years and older)
AVITA TOPICAL GEL 0.025 %	Tier 7	AR (PA required for 25 years and older)
DIFFERIN TOPICAL CREAM 0.1 %	Tier 7	
DIFFERIN TOPICAL GEL 0.1 %, 0.3 %	Tier 7	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	Tier 7	
DIFFERIN TOPICAL LOTION 0.1 %	Tier 7	
FABIOR TOPICAL FOAM 0.1 %	Tier 7	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	Tier 7	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Tier 7	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 7	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 7	
TRETINOIN MICROSFERES TOPICAL GEL 0.04 %, 0.1 %	Tier 7	

Drug Name	Drug Tier	Notes
TRETINOIN MICROSPHERES TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	Tier 7	
<i>tretinoин topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	AR (PA required for 25 years and older--must have documented diagnosis of acne)
<i>tretinoин topical gel 0.01 %, 0.025 %</i>	Tier 1	AR (PA required for 25 years and older--must have documented diagnosis of acne)
<i>tretinoин topical gel 0.05 %</i>	Tier 7	
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 7	
TRETIN-X TOPICAL CREAM 0.075 %	Tier 7	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 7	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	Tier 7	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 7	
Antipsoriatic Agents-Interleukin-17A (IL-17A) Antagonist, Mc Antibody		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 7	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 7	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 7	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 7	
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 7	
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 7	
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 7	

Drug Name	Drug Tier	Notes
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 7	
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
Dermatological - Antibacterial And Antifungal Agents		
ALOQUIN TOPICAL GEL 1.25-1 %	Tier 7	
Dermatological - Antibacterial Other		
BACTROBAN TOPICAL CREAM 2 %	Tier 7	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 7	
CENTANY TOPICAL OINTMENT 2 %	Tier 7	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	
<i>mupirocin topical ointment 2 %</i>	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 7	
SILVER NITRATE TOPICAL OINTMENT 10 %	Tier 7	
SILVER NITRATE TOPICAL SOLUTION 0.5 %, 10 %, 25 %, 50 %	Tier 7	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 7	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 7	
Dermatological - Antibacterial Povidone-Iodine Preparations		
HOSPITAL ANTISEPTIC TOPICAL SOLUTION 10 %	Tier 1	
<i>povidone-iodine topical ointment 10 %</i>	Tier 1	
<i>povidone-iodine topical solution 10 %</i>	Tier 1	
Dermatological - Antibacterial Sulfonamides		
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	Tier 7	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	Tier 7	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	

Drug Name	Drug Tier	Notes
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	PA
ALCORTIN A TOPICAL GEL 2-1-1 %	Tier 7	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 7	
DERMASORB AF COMPLETE KIT TOPICAL CREAM 3-0.5 %	Tier 7	
Dermatological - Antibacterial-Glucocorticoid Combinations		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 3	PA
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 3	PA
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 7	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 7	
Dermatological - Antifungal Allylamines		
<i>naftifine topical cream 1 %</i>	Tier 1	
NAFTIN TOPICAL CREAM 2 %	Tier 3	PA
NAFTIN TOPICAL GEL 1 %, 2 %	Tier 3	PA
Dermatological - Antifungal Amphoteric Polyene Macrolides		
<i>nyamyc topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystop topical powder 100,000 unit/gram</i>	Tier 1	
Dermatological - Antifungal Benzylamines		
MENTAX TOPICAL CREAM 1 %	Tier 3	PA
Dermatological - Antifungal Combinations Other		
<i>exoderm topical lotion 25-1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Dermatological - Antifungal Hydroxypyridinone		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 7	
CICLODAN KIT TOPICAL SOLUTION 8 %	Tier 7	
CICLODAN TOPICAL CREAM 0.77 %	Tier 7	
CICLODAN TOPICAL SOLUTION 8 %	Tier 7	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	PA
<i>ciclopirox topical solution 8 %</i>	Tier 7	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 7	
CNL 8 NAIL TOPICAL KIT 8 %	Tier 7	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Tier 7	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	Tier 7	
LOPROX TOPICAL SHAMPOO 1 %	Tier 7	
PENLAC TOPICAL SOLUTION 8 %	Tier 7	
Dermatological - Antifungal Imidazole And Related Agents		
<i>clotrimazole topical cream 1 %</i>	Tier 7	
<i>econazole topical cream 1 %</i>	Tier 1	
ECOZA TOPICAL FOAM 1 %	Tier 7	
ERTACZO TOPICAL CREAM 2 %	Tier 7	
EXELDERM TOPICAL CREAM 1 %	Tier 7	
EXELDERM TOPICAL SOLUTION 1 %	Tier 7	
EXTINA TOPICAL FOAM 2 %	Tier 7	
<i>ketoconazole topical cream 2 %</i>	Tier 1	
<i>ketoconazole topical foam 2 %</i>	Tier 7	
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	
LUZU TOPICAL CREAM 1 %	Tier 3	PA
NIZORAL TOPICAL SHAMPOO 2 %	Tier 7	
OXISTAT TOPICAL CREAM 1 %	Tier 7	
OXISTAT TOPICAL LOTION 1 %	Tier 7	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	Tier 7	

Drug Name	Drug Tier	Notes
XOLEGEL TOPICAL GEL 2 %	Tier 7	
Dermatological - Antifungal Mixtures		
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML	Tier 7	
Dermatological - Antifungal Oxaborole		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
Dermatological - Antifungal Triazole		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM 1-1 %	Tier 7	
<i>iodoquinol-hc topical cream 1-1 %</i>	Tier 1	
LOTRISONE TOPICAL CREAM 1-0.05 %	Tier 7	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antineoplastic Alkylating Agents		
VALCHLOR TOPICAL GEL 0.016 %	Tier 7	
Dermatological - Antineoplastic Antimetabolites		
CARAC TOPICAL CREAM 0.5 %	Tier 7	
EFUDEX TOPICAL CREAM 5 %	Tier 7	
FLUOROPLEX TOPICAL CREAM 1 %	Tier 7	
<i>fluorouracil topical cream 0.5 %</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 %	Tier 7	

Drug Name	Drug Tier	Notes
Dermatological - Antineoplastic Or Premalig. Lesions -Diterpene Esters		
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA
SOLARAZE TOPICAL GEL 3 %	Tier 7	
Dermatological - Antineoplastic Retinoids		
PANRETIN TOPICAL GEL 0.1 %	Tier 3	PA
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN TOPICAL GEL 1 %	Tier 4	
Dermatological - Antiperspirants		
<i>aluminum chloride topical solution 20 %</i>	Tier 1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 7	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 4	Specialty; 30D
OXSORALEN ULTRA ORAL CAPSULE 10 MG	Tier 7	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	Tier 7	
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	QL (100 grams per 7 days)
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	QL (100 grams per 7 days)

Drug Name	Drug Tier	Notes
CALCITRENE TOPICAL OINTMENT 0.005 %	Tier 7	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	QL (200 grams per 7 days)
DOVONEX TOPICAL CREAM 0.005 %	Tier 7	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 7	
SORILUX TOPICAL FOAM 0.005 %	Tier 7	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	Tier 7	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 7	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Tier 7	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 7	
ZITHRANOL-RR TOPICAL CREAM, RAPID RELEASE 1.2 %	Tier 7	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 7	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 7	
Dermatological - Antiseborrheic		
LOUTREX TOPICAL CREAM	Tier 7	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 7	
OVACE PLUS TOPICAL CLEANSER,EXTENDED RELEASE 10 %	Tier 7	
OVACE PLUS TOPICAL CREAM 10 %	Tier 7	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 7	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 7	
OVACE PLUS WASH TOPICAL CLEANSER,GEL EXTENDED RELEASE 10 %	Tier 7	
OVACE TOPICAL CLEANSER 10 %	Tier 7	
PROMISEB COMPLETE TOPICAL KIT,CLEANSER AND CREAM	Tier 7	
PROMISEB TOPICAL CREAM	Tier 7	
SEB-PREV TOPICAL CLEANSER 10 %	Tier 7	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
SELRX TOPICAL SHAMPOO 2.3 %	Tier 7	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
SULFACETAMIDE SODIUM TOPICAL CLEANSER, GEL 10 %	Tier 7	
<i>sulfacetamide sodium topical shampoo 10 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 7	
Dermatological - Antiviral, Herpes		
<i>acyclovir topical ointment 5 %</i>	Tier 1	QL (Limited to a 21 day supply per prescription); QL (15 grams per 21 days)
DENAVIR TOPICAL CREAM 1 %	Tier 3	PA
ZOVIRAX TOPICAL CREAM 5 %	Tier 7	
ZOVIRAX TOPICAL OINTMENT 5 %	Tier 7	
Dermatological - Antiviral-Glucocorticoid Combinations		
XERESE TOPICAL CREAM 5-1 %	Tier 7	
Dermatological - Burn Products		
Anti-Infective		
SILVADENE TOPICAL CREAM 1 %	Tier 7	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
<i>ssd topical cream 1 %</i>	Tier 1	
SULFAMYLYON TOPICAL CREAM 85 MG/G	Tier 7	
SULFAMYLYON TOPICAL PACKET 50 GRAM	Tier 7	
THERMAZENE TOPICAL CREAM 1 %	Tier 7	
Dermatological - Calcineurin Inhibitors		
ELIDEL TOPICAL CREAM 1 %	Tier 2	PA
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	Tier 7	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	PA
Dermatological - Depigmenting Agents		
ESOTERICA FADE TOPICAL CREAM 2 %	Tier 7	
<i>hydroquinone microspheres topical cream, extended release 4 %</i>	Tier 7	
<i>hydroquinone topical cream 4 %</i>	Tier 7	
MELQUIN 3 TOPICAL SOLUTION 3 %	Tier 7	
OBAGI ELASTIDERM TOPICAL CREAM 4 %	Tier 7	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	Tier 7	

Drug Name	Drug Tier	Notes
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	Tier 7	
Dermatological - Depigmenting Combinations		
ACLARO TOPICAL EMULSION 4 %	Tier 7	
ALPHAQUIN HP TOPICAL CREAM 4 %	Tier 7	
ESOTERICA FADE TOPICAL CREAM 2-10 %-SPF	Tier 7	
MELPAQUE HP TOPICAL CREAM 4 %	Tier 7	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15	Tier 7	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %	Tier 7	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %	Tier 7	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Tier 7	
Dermatological - Emollient Combinations Other		
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %	Tier 7	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL	Tier 7	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 7	
Dermatological - Emollient Mixtures		
ATOPICLAIR TOPICAL CREAM	Tier 7	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL	Tier 7	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 7	
AVO CREAM TOPICAL EMULSION	Tier 7	
BIAFINE EMULSION TOPICAL EMULSION	Tier 7	
CELACYN TOPICAL GEL WITH PUMP	Tier 7	
ELETONE TOPICAL CREAM	Tier 7	
EMULSION SB TOPICAL EMULSION	Tier 7	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 7	
HPR PLUS TOPICAL CREAM	Tier 7	
HPR PLUS TOPICAL FOAM	Tier 7	
HPR TOPICAL FOAM	Tier 7	

Drug Name	Drug Tier	Notes
HYLATOPIC TOPICAL FOAM	Tier 7	
HYLATOPICPLUS TOPICAL CREAM	Tier 7	
HYLATOPICPLUS TOPICAL FOAM	Tier 7	
HYLATOPICPLUS TOPICAL LOTION	Tier 7	
LOUTREX TOPICAL CREAM	Tier 7	
NEOSALUS TOPICAL CREAM	Tier 7	
NEOSALUS TOPICAL FOAM	Tier 7	
NEOSALUS TOPICAL LOTION	Tier 7	
PROMISEB COMPLETE TOPICAL KIT,CLEANSER AND CREAM	Tier 7	
PROMISEB TOPICAL CREAM	Tier 7	
PRUCLAIR TOPICAL CREAM	Tier 7	
PRUMYX TOPICAL CREAM	Tier 7	
PRTECT TOPICAL EMULSION	Tier 7	
RADIGEL ACEMANNAN HYDROGEL TOPICAL GEL	Tier 7	
SONAFINE TOPICAL EMULSION	Tier 7	
XCLAIR TOPICAL CREAM	Tier 7	
Dermatological - Emollients		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
GERI-HYDROLAC TOPICAL LOTION 12 %	Tier 1	
GORDONS UREA TOPICAL OINTMENT 22 %, 40 %	Tier 7	
LACTIC ACID E TOPICAL CREAM 10 %	Tier 7	
lactic acid topical lotion 10 %	Tier 1	
RADIAGEL TOPICAL GEL	Tier 7	
REA LO 39 TOPICAL CREAM 39 %	Tier 7	
urea topical cream 39 %	Tier 1	
Dermatological - Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 2	
Dermatological - Glucocorticoid		
ala-cort topical cream 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 7	
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	

Drug Name	Drug Tier	Notes
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
APEXICON E TOPICAL CREAM 0.05 %	Tier 7	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 7	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 7	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	PA
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	PA
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 7	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	PA
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 7	
CLOBEX TOPICAL LOTION 0.05 %	Tier 7	
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 7	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	Tier 7	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	PA
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 7	
CLODERM TOPICAL CREAM 0.1 %	Tier 7	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 2	PA
CORDRAN TOPICAL CREAM 0.05 %	Tier 7	
CORDRAN TOPICAL LOTION 0.05 %	Tier 7	

Drug Name	Drug Tier	Notes
CORDRAN TOPICAL OINTMENT 0.05 %	Tier 7	
CORMAX SCALP SOLUTION 0.05 %	Tier 7	
CORTICOOL TOPICAL GEL 1 %	Tier 7	
CUTIVATE TOPICAL CREAM 0.05 %	Tier 7	
CUTIVATE TOPICAL LOTION 0.05 %	Tier 7	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Tier 7	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	Tier 7	
DERMATOP TOPICAL CREAM 0.1 %	Tier 7	
DERMATOP TOPICAL OINTMENT 0.1 %	Tier 7	
DESONATE TOPICAL GEL 0.05 %	Tier 7	
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
DESOWEN TOPICAL CREAM 0.05 %	Tier 7	
DESOWEN TOPICAL LOTION 0.05 %	Tier 7	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>diflorasone topical cream 0.05 %</i>	Tier 1	PA
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	PA
DIPROLENE AF TOPICAL CREAM 0.05 %	Tier 7	
DIPROLENE TOPICAL LOTION 0.05 %	Tier 7	
DIPROLENE TOPICAL OINTMENT 0.05 %	Tier 7	
ELOCON TOPICAL CREAM 0.1 %	Tier 7	
ELOCON TOPICAL OINTMENT 0.1 %	Tier 7	
ELOCON TOPICAL SOLUTION 0.1 %	Tier 7	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	

Drug Name	Drug Tier	Notes
<i>flurandrenolide topical cream 0.05 %</i>	Tier 7	
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 7	
<i>fluticasone topical cream 0.05 %</i>	Tier 1	
<i>fluticasone topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL CREAM 0.1 %	Tier 7	
HALOG TOPICAL OINTMENT 0.1 %	Tier 7	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Tier 7	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Tier 7	
LOCOID TOPICAL CREAM 0.1 %	Tier 7	
LOCOID TOPICAL LOTION 0.1 %	Tier 7	
LOCOID TOPICAL OINTMENT 0.1 %	Tier 7	
LOCOID TOPICAL SOLUTION 0.1 %	Tier 7	
LUXIQ TOPICAL FOAM 0.12 %	Tier 7	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 7	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
OLUX TOPICAL FOAM 0.05 %	Tier 7	
OLUX-E TOPICAL FOAM 0.05 %	Tier 7	
PANDEL TOPICAL CREAM 0.1 %	Tier 7	

Drug Name	Drug Tier	Notes
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTOCORT TOPICAL CREAM 1 %	Tier 7	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PSORCON TOPICAL CREAM 0.05 %	Tier 7	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 7	
SCALACORT TOPICAL LOTION 2 %	Tier 7	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 7	
SYNALAR TOPICAL CREAM 0.025 %	Tier 7	
SYNALAR TOPICAL OINTMENT 0.025 %	Tier 7	
SYNALAR TOPICAL SOLUTION 0.01 %	Tier 7	
TEMOVATE TOPICAL CREAM 0.05 %	Tier 7	
TEMOVATE TOPICAL OINTMENT 0.05 %	Tier 7	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 7	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	Tier 7	
TOPICORT TOPICAL GEL 0.05 %	Tier 7	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	Tier 7	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Tier 7	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 7	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 7	
TRIDERM TOPICAL CREAM 0.1 %	Tier 7	
VANOS TOPICAL CREAM 0.1 %	Tier 7	
VERDESO TOPICAL FOAM 0.05 %	Tier 7	

Drug Name	Drug Tier	Notes
Dermatological - Glucocorticoid-Emollient Combinations		
DERMASORB TA COMPLETE KIT TOPICAL CREAM 0.1 %	Tier 7	
HYDROCORTISONE-MIN OIL-WHT PET TOPICAL OINTMENT 1 %	Tier 7	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 7	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Tier 7	
ULTRAVATE X TOPICAL COMBO PACK 0.05-10 %	Tier 7	
ULTRAVATE X TOPICAL COMBO PACK, OINTMENT AND CREAM 0.05-10 %	Tier 7	
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
EPIFOAM TOPICAL FOAM 1-1 %	Tier 7	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac topical cream 3-0.5 %</i>	Tier 1	
NOVACORT (WITH ALOE) TOPICAL GEL 2-1-1 %	Tier 7	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 7	
PRAMOSONE E TOPICAL CREAM 2.5-1 %	Tier 7	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	Tier 7	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 7	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	Tier 7	
Dermatological - Glucocorticoid-Skin Cleanser Combinations		
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 7	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 7	
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK, CLEANSER AND LOTION 2 %	Tier 7	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 7	

Drug Name	Drug Tier	Notes
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Dermatological - Immunomodulator - Imidazoquinolinamines		
ALDARA TOPICAL CREAM IN PACKET 5 %	Tier 7	
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 7	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 7	
Dermatological - Keratolytic Combinations Other		
DERMASORB XM COMPLETE KIT TOPICAL CREAM 39 %	Tier 7	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 7	
UREA-HYALURONATE SODIUM TOPICAL KIT 40-0.2 %	Tier 7	
Dermatological - Keratolytic-Antimitotic Combinations		
SALKERA TOPICAL FOAM 6 %	Tier 7	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 7	
SILVER NITRATE APPLICATORS TOPICAL STICK 75-25 %	Tier 7	
Dermatological - Keratolytic-Antimitotic Single Agents		
BENSAL HP TOPICAL OINTMENT 3 %	Tier 7	
BP-50% UREA TOPICAL EMULSION 50 %	Tier 7	
CEM-UREA TOPICAL GEL 45 %	Tier 7	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	
CONDYLOX TOPICAL SOLUTION 0.5 %	Tier 3	
<i>dichloracetic acid (bulk) liquid 99 %</i>	Tier 7	
HYDRO 35 TOPICAL FOAM 35 %	Tier 7	

Drug Name	Drug Tier	Notes
HYDRO 40 TOPICAL FOAM 40 %	Tier 7	
KERAFOAM TOPICAL FOAM 30 %, 42 %	Tier 7	
KERALAC TOPICAL CREAM 47 %	Tier 7	
KERALYT RX TOPICAL GEL 6 %	Tier 7	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	Tier 7	
LATRIX TOPICAL SUSPENSION 50 %	Tier 7	
PODOCON TOPICAL LIQUID 25 %	Tier 7	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
REA LO 40 TOPICAL CREAM 40 %	Tier 7	
REA LO 40 TOPICAL LOTION 40 %	Tier 7	
REMEVEN TOPICAL CREAM 50 %	Tier 7	
RYNODERM TOPICAL CREAM 37.5 %	Tier 7	
SALACYN TOPICAL CREAM 6 %	Tier 7	
SALACYN TOPICAL LOTION 6 %	Tier 7	
SALEX TOPICAL COMBO PACK 6 %	Tier 7	
SALEX TOPICAL KIT,CLEANSER AND CREAM ER 6 %	Tier 7	
SALEX TOPICAL SHAMPOO 6 %	Tier 7	
<i>salicylic acid er-ceramides topical combo pack 6 %</i>	Tier 7	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i>	Tier 7	
<i>salicylic acid topical cream 6 %</i>	Tier 1	
SALICYLIC ACID TOPICAL CREAM,EXTENDED RELEASE 6 %	Tier 7	
SALICYLIC ACID TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	Tier 7	
<i>salicylic acid topical foam 6 %</i>	Tier 7	
<i>salicylic acid topical gel 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 7	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALVAX TOPICAL FOAM 6 %	Tier 7	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 7	
<i>trichloroacetic acid topical recon soln 25 %</i>	Tier 1	
<i>trichloroacetic acid topical recon soln 75 %</i>	Tier 7	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 7	

Drug Name	Drug Tier	Notes
UMECTA NAIL FILM PEN TOPICAL NAIL FILM SUSP, PEN APPLICATOR 40 %	Tier 7	
UMECTA PD TOPICAL EMULSION, ADHESIVE 40 %	Tier 7	
UMECTA PD TOPICAL SUSPENSION,ADHESIVE 40 %	Tier 7	
UMECTA TOPICAL EMULSION 40 %	Tier 7	
UMECTA TOPICAL FOAM 40 %	Tier 7	
UMECTA TOPICAL NAIL FILM SUSPENSION 40 %	Tier 7	
URAMAXIN GT TOPICAL GEL 45 %	Tier 7	
URAMAXIN TOPICAL CREAM 45 %	Tier 7	
URAMAXIN TOPICAL FOAM 20 %	Tier 7	
URAMAXIN TOPICAL GEL 45 %	Tier 7	
URAMAXIN TOPICAL LOTION 45 %	Tier 7	
<i>urea nail stick topical solution 50 %</i>	Tier 7	
<i>urea topical cream 40 %, 45 %, 50 %</i>	Tier 1	
<i>urea topical cream 47 %</i>	Tier 7	
<i>urea topical foam 35 %</i>	Tier 7	
<i>urea topical gel 40 %</i>	Tier 7	
UREA TOPICAL GEL 45 %	Tier 7	
<i>urea topical lotion 40 %, 45 %</i>	Tier 1	
URE-K TOPICAL CREAM 50 %	Tier 7	
UREVAZ TOPICAL CREAM 44 %	Tier 7	
UTOPIC TOPICAL CREAM 41 %	Tier 7	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	Tier 7	
Dermatological - Keratoplastic-Keratolytic Combinations		
TARSUM TOPICAL LIQUID 10-5 %	Tier 7	
X-SEB T PEARL TOPICAL SHAMPOO 10-4 %	Tier 7	
Dermatological - Local Anesthetic Combinations		
ADAZIN TOPICAL CREAM 2-2-10-0.035 %	Tier 7	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 7	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	
SYNVEKIA TC TOPICAL CREAM 4-1 %	Tier 7	
Dermatological - Local Anesthetic Gas Combinations		
PAIN EASE TOPICAL AEROSOL,SPRAY	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Miscellaneous Single Agents		
PYROGALLIC ACID TOPICAL OINTMENT 25-2 %	Tier 7	
Dermatological - Nsaid Single Agents		
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 3	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 7	
VOLTAREN TOPICAL GEL 1 %	Tier 7	
Dermatological - Ornithine Decarboxylase (Odc) Inhibitors		
VANIQA TOPICAL CREAM 13.9 %	Tier 7	
Dermatological - Photodynamic Therapy Agents Topical		
LEVULAN TOPICAL SOLUTION 20 %	Tier 7	
Dermatological - Pigmenting, Colorizing Agents		
CHROMELIN TOPICAL SOLUTION 5 %	Tier 7	
Dermatological - Protectant Combinations		
PR CREAM TOPICAL CREAM	Tier 7	
RADIAPLEXRX TOPICAL GEL	Tier 3	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
AVAGE TOPICAL CREAM 0.1 %	Tier 7	
REFISSA TOPICAL CREAM 0.05 %	Tier 7	
RENOVA TOPICAL CREAM 0.02 %	Tier 7	

Drug Name	Drug Tier	Notes
TRETINOIN (EMOLlient) TOPICAL CREAM 0.05 %	Tier 7	
Dermatological - Rosacea Therapy, Systemic		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 7	
Dermatological - Rosacea Therapy, Topical		
AZELEX TOPICAL CREAM 20 %	Tier 7	
<i>cleansing wash topical cleanser 10-4-10 %</i>	Tier 1	
FINACEA TOPICAL GEL 15 %	Tier 7	
MIRVASO TOPICAL GEL 0.33 %	Tier 7	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 7	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	Tier 7	
SOOLANTRA TOPICAL CREAM 1 %	Tier 7	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
<i>sulfact na-sul-avobnz-otn-oCSA topical combo pack,cleanser and cream 9 %-4.5 % -spf 25</i>	Tier 7	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Tier 7	
Dermatological - Topical Local Anesthetic Amides		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	Tier 7	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 7	
LIDO-K TOPICAL LOTION 3 %	Tier 7	

Drug Name	Drug Tier	Notes
LIDOPIN TOPICAL CREAM 3 %, 3.25 %	Tier 7	
LIDORX TOPICAL GEL WITH PUMP 3 %	Tier 7	
LIDOTRAL TOPICAL CREAM 3.88 %	Tier 7	
LIDOVEX TOPICAL CREAM 3.75 %	Tier 7	
PLIAGLIS TOPICAL CREAM 7-7 %	Tier 7	
REGENECARE TOPICAL GEL 2 %	Tier 7	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 7	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 7	
Dermatological Antipruritics - Antihistamines		
PRUDOXIN TOPICAL CREAM 5 %	Tier 3	
ZONALON TOPICAL CREAM 5 %	Tier 7	
Dermatological Antipruritics Other		
ALEVICYN ANTIPRURITIC TOPICAL GEL	Tier 7	
Hair Growth Agents - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 1 mg</i>	Tier 7	
PROPECIA ORAL TABLET 1 MG	Tier 7	
PROPECIA PRO-PAK ORAL TABLET 1 MG	Tier 7	
Hair Growth, Topical Hypertrichotic Agents, Eyelashes		
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 %	Tier 7	
Nail Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 7	
GENADUR TOPICAL LIQUID	Tier 7	
Scabicide And Pediculicide Single Agents		
ELIMITE TOPICAL CREAM 5 %	Tier 7	
EURAX TOPICAL CREAM 10 %	Tier 3	PA
EURAX TOPICAL LOTION 10 %	Tier 3	PA
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 7	

Drug Name	Drug Tier	Notes
OVIDE TOPICAL LOTION 0.5 %	Tier 7	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>permethrin topical liquid 1 %</i>	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	PA
<i>spinosad topical suspension 0.9 %</i>	Tier 7	
ULESFIA TOPICAL LOTION 5 %	Tier 7	
Wound Care - Cleanser Combinations		
ALEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 7	
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 7	
Wound Care - Cleansers		
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 7	
Wound Care - Growth Factor Agents		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	
Wound Care Combinations Other		
ALEVICYN ANTIPRURITIC TOPICAL GEL	Tier 7	
RADIGEL ACEMANNAN HYDROGEL TOPICAL GEL	Tier 7	
VENELEX TOPICAL OINTMENT 87-788 MG/GRAM	Tier 7	
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP	Tier 5	QL (10 strips per 30 days)
Eating Disorder Therapy		
Anorexiant Combinations		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 3	PA
Anorexiants		
ADIPEX-P ORAL CAPSULE 37.5 MG	Tier 7	
ADIPEX-P ORAL TABLET 37.5 MG	Tier 7	
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	PA
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	PA
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	PA
LOMAIRA ORAL TABLET 8 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	PA
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	PA
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	PA
REGIMEX ORAL TABLET 25 MG	Tier 7	
Anti-Obesity - Fat Absorption Decreasing Agents		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
Anti-Obesity - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 7	
Anti-Obesity - Serotonin 2C Receptor Agonists		
BELVIQ ORAL TABLET 10 MG	Tier 3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR 20 MG	Tier 7	
Anti-Obesity-Opioid Antag/Norepinephrine And Dopamine Reuptake Inhibit		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	PA
Appetite Stimulants - Cannabinoids		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Tier 7	
Appetite Stimulants - Progestin Hormone Type		
MEGACE ES ORAL SUSPENSION 625 MG/5 ML	Tier 3	
MEGACE ORAL SUSPENSION 400 MG/10 ML (40 MG/ML)	Tier 7	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml, 800 mg/20 ml (20 ml)</i>	Tier 1	
Electrolyte Balance-Nutritional Products		
B-Complex Vitamin Combinations		
<i>dalyvite oral tablet 100-1 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>folbee plus oral tablet 5 mg, 5-1.5-25 mg</i>	Tier 1	
<i>nephrocaps oral capsule 1 mg</i>	Tier 1	
NEPHROCAPS QT ORAL TABLET,DISINTEGRATING 1-1,750 MG-UNIT	Tier 7	
<i>renal caps oral capsule 1 mg</i>	Tier 1	
<i>reno caps oral capsule 1 mg</i>	Tier 1	
<i>virt-caps oral capsule 1 mg</i>	Tier 1	
<i>virt-vite plus oral tablet 5 mg</i>	Tier 1	
B-Complex Vitamins And Combinations		
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	Tier 1	
VOL-CARE RX ORAL TABLET 1-60-300 MG-MG-MCG	Tier 1	
Electrolyte Depleters - Ion Exchange Resin		
KALEXATE ORAL POWDER IN PACKET 15 GRAM	Tier 7	
KAYEXALATE ORAL POWDER	Tier 7	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	Tier 1	
<i>kionex oral powder</i>	Tier 1	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	Tier 1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 7	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 7	
Minerals And Electrolytes - Calcium Replacement		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
Minerals And Electrolytes - Iodine		
<i>sski oral solution 1 gram/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>strong iodine oral solution 5 %</i>	Tier 1	
Minerals And Electrolytes - Iron		
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 5	AR (covered for age 6-12 months)
Minerals And Electrolytes - Iron Combinations		
FEROCON ORAL CAPSULE 110-0.5 MG	Tier 7	
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG	Tier 1	
FERREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 7	
FERROGELS FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	Tier 1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	Tier 1	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
HEMATRON-AF ORAL TABLET EXTENDED RELEASE 24 HR 150-1-50 MG	Tier 7	
HEMETAB ORAL TABLET 22-6-1-25 MG-MG-MG-MCG	Tier 1	
HEMOCYTE-F ORAL TABLET 324 MG (106 MG IRON)-1 MG	Tier 7	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
NEPHRON FA ORAL TABLET 66.6-75-1 MG	Tier 7	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
TL ICON ORAL CAPSULE 110-0.5 MG	Tier 7	
TRICON ORAL CAPSULE 110-0.5 MG	Tier 7	
Minerals And Electrolytes - Phosphate		
K-PHOS-NEUTRAL ORAL TABLET 250 MG	Tier 7	
PHOS-NAK ORAL POWDER IN PACKET 280-160-250 MG	Tier 7	
<i>phospha 250 neutral oral tablet 250 mg</i>	Tier 1	
<i>virt-phos 250 neutral oral tablet 250 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Minerals And Electrolytes - Potassium Combinations		
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	Tier 1	
Minerals And Electrolytes - Potassium, Oral		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 7	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 7	
<i>klor-con 8 oral tablet extended release 8 meq</i>	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 7	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 7	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
KLOR-CON/25 ORAL PACKET 25 MEQ	Tier 7	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 7	
K-SOL ORAL LIQUID 20 MEQ/15 ML, 40 MEQ/15 ML	Tier 7	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	Tier 7	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
POTASSIUM ORAL TABLET 99 MG	Tier 7	

Drug Name	Drug Tier	Notes
Multivitamin And Mineral Combinations		
v-c forte oral capsule 1 mg	Tier 1	
Multivitamins		
ANIMI-3 WITH VITAMIN D ORAL CAPSULE 500-1,000-500 MG-UNIT-MCG	Tier 7	
se-tan plus oral capsule 162-115.2-1 mg	Tier 1	
Prenatal Vitamins And Minerals		
ACTIVE OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	Tier 7	
ATABEX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29-1-50 MG	Tier 7	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	Tier 7	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Tier 7	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 7	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 7	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 7	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 7	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 7	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Tier 7	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 7	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 7	
C-NATE DHA ORAL CAPSULE 28-1-200 MG	Tier 7	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250 MG	Tier 7	
COMPLETENATE ORAL TABLET,CHEWABLE 29-1 MG	Tier 7	

Drug Name	Drug Tier	Notes
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	Tier 7	
CONCEPT OB ORAL CAPSULE 85-1 MG	Tier 7	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	Tier 7	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	Tier 7	
ELITE-OB 400 ORAL CAPSULE 35-5-1.2-400 MG	Tier 7	
ELITE-OB ORAL CAPSULE 28-1.25-200 MG	Tier 7	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 7	
FOLBECAL ORAL TABLET, ER MULTIPHASE 24 HR 1-200-75-12 MG-MG-MG-MCG	Tier 7	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 7	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 7	
HEMENATAL OB + DHA ORAL COMBO PACK 28 MG IRON-6 MG IRON-1 MG	Tier 7	
HEMENATAL OB ORAL TABLET 28-6-1 MG	Tier 7	
LEVOMEFOLATE DHA ORAL CAPSULE 27-400-1.13-250 MG-MCG-MG-MG	Tier 7	
<i>macnatal cn dha oral capsule 28-1-50-250 mg</i>	Tier 1	
<i>marnatal-f oral capsule 60 mg iron-1 mg</i>	Tier 1	
MAXINATE ORAL TABLET 20-0.8 MG	Tier 7	
<i>m-vit oral tablet 27-1 mg</i>	Tier 1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	Tier 1	
<i>mynatal oral capsule 65-1 mg</i>	Tier 1	
<i>mynatal oral tablet 90-1-50 mg</i>	Tier 1	
<i>mynatal plus oral tablet 65-1 mg</i>	Tier 1	
<i>mynatal-z oral tablet 65-1 mg</i>	Tier 1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	Tier 7	
NATELLE ONE ORAL CAPSULE 28-1-250 MG	Tier 7	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Tier 7	

Drug Name	Drug Tier	Notes
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	Tier 7	
NESTABS DHA ORAL COMBO PACK 32-1,000-230 MG-MCG-MG	Tier 7	
NESTABS ORAL TABLET 32-1,000 MG-MCG	Tier 7	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 7	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Tier 7	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Tier 7	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Tier 7	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 7	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29-1-50 MG	Tier 7	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 7	
<i>o-cal fa oral tablet 66-1 mg</i>	Tier 1	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	Tier 1	
<i>paire ob plus dha oral combo pack 22-6-1-200 mg</i>	Tier 1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	Tier 1	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	Tier 7	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 7	
PNV-DHA ORAL CAPSULE 27-1-300 MG	Tier 7	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 7	
<i>pnv-omega oral capsule 28-1-300 mg</i>	Tier 1	
<i>pnv-select oral tablet 27-1 mg</i>	Tier 1	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	Tier 1	
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	Tier 1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	Tier 1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>pr natal 430 oral combo pack 29-1-430 mg</i>	Tier 1	
PREFERA-OB ONE ORAL CAPSULE 22-6-1-200 MG	Tier 7	
PREFERA-OB ORAL TABLET 28-6-1 MG	Tier 7	
PREFERA-OB PLUS DHA ORAL COMBO PACK 28 MG IRON-6 MG IRON-1 MG	Tier 7	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	Tier 7	
<i>prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	Tier 7	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	Tier 7	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	Tier 7	
<i>prenata oral tablet,chewable 29 mg iron- 1 mg</i>	Tier 1	
<i>prenatabs fa oral tablet 29-1 mg</i>	Tier 1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	Tier 1	
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	Tier 1	
<i>prenatal + dha oral combo pack 28 mg iron-800 mcg-200 mg</i>	Tier 7	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	Tier 1	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	Tier 1	
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	Tier 1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	Tier 1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	Tier 1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG	Tier 7	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Tier 7	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Tier 7	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG	Tier 7	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Tier 7	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	Tier 7	

Drug Name	Drug Tier	Notes
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Tier 7	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	Tier 7	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Tier 7	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Tier 7	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Tier 7	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Tier 7	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	Tier 7	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	Tier 1	
PREQUE 10 ORAL TABLET 15 MG IRON -0.5 MG-25 MG	Tier 7	
<i>pretab oral tablet 29-1 mg</i>	Tier 1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 7	
<i>purefe ob plus oral capsule 106 mg iron- 1 mg</i>	Tier 1	
<i>purefe plus oral capsule 106 mg iron- 1 mg</i>	Tier 1	
<i>relnate dha oral capsule 28-1-200 mg</i>	Tier 7	
<i>r-natal ob oral capsule 20 mg iron- 1 mg-320 mg</i>	Tier 7	
<i>select-ob (folic acid) oral tablet,chewable 29-1 mg</i>	Tier 7	
<i>select-ob + dha oral combo pack 29 mg iron-1 mg -250 mg</i>	Tier 7	
<i>select-ob oral tablet,chewable 29 mg iron- 1 mg</i>	Tier 7	
<i>se-natal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	Tier 1	
<i>se-natal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	Tier 1	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Tier 7	
<i>taron-c dha oral capsule 35-1-200 mg</i>	Tier 7	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	Tier 1	
<i>tl-select oral capsule 29-1.25-55-325 mg</i>	Tier 1	
<i>triadvance oral tablet 90-1-50 mg</i>	Tier 1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 7	

Drug Name	Drug Tier	Notes
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-25-500 MG	Tier 7	
trinatal gt oral tablet 90-1-50 mg	Tier 1	
trinatal rx 1 oral tablet 60 mg iron-1 mg	Tier 1	
trinate oral tablet 28-1 mg	Tier 1	
tri-tabs dha oral combo pack 32-1,000-230 mg-mcg-mg	Tier 1	
triveen-duo dha oral combo pack 29-1-400 mg	Tier 1	
triveen-one oral capsule 27-1-250 mg	Tier 1	
triveen-prx rnf oral capsule 26-1.2-55-300 mg	Tier 1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250 MG	Tier 7	
ultimatecare one nf oral capsule 27-1-50-500 mg	Tier 1	
ultimatecare one oral capsule 27-1-330 mg	Tier 1	
vemavite-prx-2 oral capsule 27-1.25-55-300 mg	Tier 1	
vena-bal dha oral combo pack,tablet and cap,dr 27-1-430 mg	Tier 7	
vinacal b oral tablets, sequential 20 mg iron-1 mg -25 mg/25 mg	Tier 1	
vinacal oral tablet 27-1-50 mg	Tier 1	
vinate care oral tablet,chewable 40 mg iron- 1 mg	Tier 1	
vinate dha oral capsule 27-400-1.13-250 mg-mcg-mg-mg	Tier 7	
VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG	Tier 7	
vinate gt oral tablet 90-1-50 mg	Tier 1	
vinate ii oral tablet 29-1 mg	Tier 1	
vinate m oral tablet 27-1 mg	Tier 1	
vinate one oral tablet 60 mg iron-1 mg	Tier 1	
vinate pn care oral tablet 30-1-50 mg	Tier 1	
vinate ultra oral tablet 90-1-50 mg	Tier 1	
virt-advance oral tablet 90-1-50 mg	Tier 1	
virt-c dha oral capsule 35-1-200 mg	Tier 1	
virt-pn dha oral capsule 27-1-300 mg	Tier 1	
virt-pn oral tablet 27-1 mg	Tier 1	
virt-pn plus oral capsule 28-1-300 mg	Tier 1	
virtprev oral capsule 26-1.2-55-300 mg	Tier 1	
virt-select oral capsule 29-1.25-55-325 mg	Tier 1	
virt-vite gt oral tablet 90-1-50 mg	Tier 1	
vitafol nano oral tablet 18 mg iron- 1 mg	Tier 1	

Drug Name	Drug Tier	Notes
vitafol ultra oral capsule 29 mg iron- 1 mg-200 mg	Tier 1	
vitafol-ob oral tablet 65-1 mg	Tier 1	
vitafol-ob+dha oral combo pack 65-1-250 mg	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 7	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	Tier 7	
VITAMED MD PLUS RX ORAL COMBO PACK 30 MG IRON-1 MG -300 MG	Tier 7	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	Tier 7	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	Tier 7	
viva dha oral capsule 28-1-200 mg	Tier 7	
vol-nate oral tablet 28-1 mg	Tier 1	
vol-tab rx oral tablet 29 mg iron- 1 mg	Tier 1	
vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg	Tier 1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	Tier 1	
VP-HEME OB ORAL TABLET 28-6-1 MG	Tier 7	
VP-HEME ONE ORAL CAPSULE 22-6-1-200 MG	Tier 7	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	Tier 7	
zatean-ch oral capsule 27-1-50-250 mg	Tier 7	
zatean-pn dha oral capsule 27-1-300 mg	Tier 1	
zatean-pn plus oral capsule 28-1-300 mg	Tier 1	
Vitamins - B Preparation Combinations		
ABANEU-SL SUBLINGUAL TABLET 600-600 MCG	Tier 7	
Vitamins - B-12, Cyanocobalamin And Derivatives		
ABANEU-SL SUBLINGUAL TABLET 600-600 MCG	Tier 7	
Vitamins - D Derivatives		
BABY DDROPS ORAL DROPS 400 UNIT/DROP	Tier 7	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	

Drug Name	Drug Tier	Notes
DDROPS ORAL DROPS 1,000 UNIT/DROP, 2,000 UNIT/DROP	Tier 7	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	Tier 5	
SUPER DAILY D3 ORAL DROPS 1,000 UNIT/DROP	Tier 7	
<i>vitamin d2 oral capsule 50,000 unit</i>	Tier 1	
Vitamins - Folic Acid And Derivatives		
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg</i>	Tier 5	
<i>levomefolate calcium oral tablet 7.5 mg</i>	Tier 1	
L-METHYLFOLATE ORAL TABLET 7.5 MG	Tier 7	
Vitamins - K, Phytonadione And Derivatives		
MEPHYTON ORAL TABLET 5 MG	Tier 7	
Endocrine		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 7	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 7	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 7	
Abortifacients- Progesterone Receptor Antagonist		
MIFEPRIFEX ORAL TABLET 200 MG	Tier 7	
Adrenocorticotropic Hormones		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	Tier 7	
Agents To Treat Hypoglycemia (Hyperglycemics)		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 7	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	Tier 7	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 7	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	

Drug Name	Drug Tier	Notes
Anabolic Steroid - Single Agents		
ANADROL-50 ORAL TABLET 50 MG	Tier 7	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG	Tier 7	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA
Androgen - Single Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 7	
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %), 20.25 MG/1.25 GRAM (1.62 %)	Tier 2	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Tier 2	PA
ANDROID ORAL CAPSULE 10 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 7	
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	Tier 7	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 7	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	Tier 7	
METHITEST ORAL TABLET 10 MG	Tier 7	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 7	
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG	Tier 7	
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 7	
TESTOPEL IMPLANT PELLET 75 MG	Tier 7	
<i>testosterone cyp, micro (bulk) powder 100 %</i>	Tier 7	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA

Drug Name	Drug Tier	Notes
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 7	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %), 10 mg/0.5 gram /actuation</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	Tier 1	PA
TESTRED ORAL CAPSULE 10 MG	Tier 7	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 7	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	Tier 7	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier 7	
Antidiuretic And Vasopressor Hormones		
DDAVP NASAL AEROSOL,SPRAY 10 MCG/SPRAY (0.1 ML)	Tier 7	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 7	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Tier 7	
DESMOPRESSIN INJECTION SOLUTION 4 MCG/ML	Tier 7	
DESMOPRESSIN NASAL AEROSOL,SPRAY 10 MCG/SPRAY (0.1 ML)	Tier 7	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 7	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	PA
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	

Drug Name	Drug Tier	Notes
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 7	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 7	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Tier 7	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 2	QL (1 tablet per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-II)		
KORLYM ORAL TABLET 300 MG	Tier 7	
Antihyperglycemic - Meglitinide Analog And Biguanide Combinations		
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 7	
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
PRANDIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
STARLIX ORAL TABLET 120 MG, 60 MG	Tier 7	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 7	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 7	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	Tier 7	

Drug Name	Drug Tier	Notes
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 7	
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 7	
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 7	
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG	Tier 7	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antihyperglycemic - Sulfonylurea Derivatives		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 7	
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLUCOTROL ORAL TABLET 10 MG, 5 MG	Tier 7	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	Tier 7	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	AR (PA required for age 66 and older)
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	Tier 7	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	Tier 7	
AVANDAMET ORAL TABLET 2-1,000 MG, 2-500 MG	Tier 7	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Tier 7	
PIOGLITAZONE-GLIMEPIRIDE ORAL TABLET 30-2 MG, 30-4 MG	Tier 7	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type		
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	Tier 2	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML	Tier 7	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 7	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	

Drug Name	Drug Tier	Notes
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 7	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	Tier 7	
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 7	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 7	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 7	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 7	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Tier 7	
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 3	PA
Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb		
XULTOPHY SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG/ML	Tier 7	
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 3	
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 7	
Bone Resorption Inhibitors - Bisphosphonates		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	Tier 7	
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	Tier 1	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	Tier 7	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 7	
BONIVA INTRAVENOUS SYRINGE 3 MG/3 ML	Tier 7	
BONIVA ORAL TABLET 150 MG	Tier 7	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	PA
FOSAMAX ORAL TABLET 70 MG	Tier 7	
IBANDRONATE INTRAVENOUS SOLUTION 3 MG/3 ML	Tier 7	
IBANDRONATE INTRAVENOUS SYRINGE 3 MG/3 ML	Tier 7	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	PA
RECLAST INTRAVENOUS SOLUTION 5 MG/100 ML	Tier 7	
<i>risedronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i>	Tier 7	
ZOLEDRONIC ACID INTRAVENOUS RECON SOLN 4 MG	Tier 7	
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/5 ML	Tier 7	

Drug Name	Drug Tier	Notes
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 4 MG/100 ML	Tier 7	
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML, 4 MG/5 ML	Tier 7	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 8	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Calcitonins		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 7	
MIACALCIN NASAL SPRAY,NON-AEROSOL 200 UNIT/ACTUATION	Tier 7	
Estrogen And Progestin With Antimineralocorticoid Activity,Combination		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	PA
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 7	
Estrogen-Androgen		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 7	AR (PA required for age 66 and older)
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 7	AR (PA required for age 66 and older)
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 7	AR (PA required for age 66 and older)
EEMT ORAL TABLET 1.25-2.5 MG	Tier 7	AR (PA required for age 66 and older)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
Estrogen-Progestin		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 7	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 7	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG	Tier 7	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 7	
Estrogens		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 7	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 7	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	Tier 7	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 7	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG (0.1 %), 0.5 MG (0.1 %), 1 MG (0.1 %)	Tier 7	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 7	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	
<i>estradiol transdermal patch transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 7	

Drug Name	Drug Tier	Notes
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Tier 1	AR (PA required for age 66 and older)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 7	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	PA; AR (PA required for age 66 and older)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 7	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 7	
PREMARIN INJECTION RECON SOLN 25 MG	Tier 7	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	PA; AR (PA required for age 66 and older)
VIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.075 MG/24 HR	Tier 7	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 7	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE VAGINAL GEL 8 %	Tier 3	PA
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 7	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh)		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
SEROPHENE ORAL TABLET 50 MG	Tier 7	
Follicle-Stimulating And Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 7	Infert. (Infertility not covered)
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ INJECTION SOLUTION 75 UNIT/0.5 ML	Tier 7	Infert. (Infertility not covered)
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 7	Infert. (Infertility not covered)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 7	Infert. (Infertility not covered)

Drug Name	Drug Tier	Notes
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 7	Infert. (Infertility not covered)
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 7	
ARISTOSSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	Tier 7	
ARISTOSSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	Tier 7	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 7	
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	Tier 7	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK 1.5 MG (35 TABS)	Tier 7	
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)	Tier 7	
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 7	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	Tier 7	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG	Tier 7	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 7	
MILLIPRED ORAL SOLUTION 10 MG/5 ML	Tier 7	
MILLIPRED ORAL TABLET 5 MG	Tier 7	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier 7	

Drug Name	Drug Tier	Notes
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	Tier 7	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 7	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
PREDNISONE ORAL TABLETS,DOSE PACK 10 MG, 5 MG	Tier 7	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 7	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 7	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 7	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 7	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SOMAVERT SUBCUTANEOUS RECON SOLN 30 MG	Tier 8	PA (New); Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 7	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 7	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 7	
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 7	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	Tier 4	PA; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 7	
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	Tier 7	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 7	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 7	

Drug Name	Drug Tier	Notes
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	Tier 7	
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	Tier 7	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 7	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 7	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 7	
Human Chorionic Gonadotropin (Hcg)		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 7	Specialty; Infert. (Infertility not covered)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 7	Infert. (Infertility not covered)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 7	Infert. (Infertility not covered)
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 7	Infert. (Infertility not covered)
Human Insulins - Fixed Combinations		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	PA
Human Insulins - Intermediate Acting		
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	PA
Human Insulins - Short Acting		
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	Tier 3	PA; QL/DS (4 unit cartridges: limited to 3 per day; 90 cartridges per 30 days 8 unit cartridges: limited to 9 per day; 270 cartridges per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 7	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	PA
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	PA
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 3	PA
Insulin Analogs - Long Acting		
BASAGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 7	
<i>lantus solostar subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 1	
<i>lantus subcutaneous solution 100 unit/ml</i>	Tier 1	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 7	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 7	
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 7	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 7	

Drug Name	Drug Tier	Notes
Insulin Analogs - Rapid Acting		
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	PA
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	Tier 2	
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	PA
Insulin Response Enhancers - Biguanides		
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG, 500 MG	Tier 7	
GLUCOPHAGE ORAL TABLET 1,000 MG, 500 MG, 850 MG	Tier 7	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 7	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	Tier 7	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	Tier 7	
<i>metformin oral tablet extended release 24hr 500 mg</i>	Tier 1	
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 7	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 7	

Drug Name	Drug Tier	Notes
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	PA
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 7	
Lhrh (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 7	
Lhrh (GnRH) Agonist Analog Pituitary Supp. And Progestin Comb.		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 7	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 7	
Lhrh (GnRH) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 7	
Lhrh (GnRH) Antagonists		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 7	Infert. (Infertility not covered)
GANIRELIX SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 7	
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA ORAL TABLET 60 MG	Tier 7	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
BRISDELLE ORAL CAPSULE 7.5 MG	Tier 7	
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Oxytocic - Ergot Alkaloids		
METHERGINE ORAL TABLET 0.2 MG	Tier 7	
Parathyroid Hormones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 7	
Progestins		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Tier 6	
MAKENA INTRAMUSCULAR OIL 250 MG/ML	Tier 7	Specialty; 30D
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 7	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 7	
Prolactin Inhibitor - Ergot Derivative		
Dopamine Receptor Agonists		
cabergoline oral tablet 0.5 mg	Tier 1	
Selective Estrogen Receptor Modulators (Serms)		
EVISTA ORAL TABLET 60 MG	Tier 7	
raloxifene oral tablet 60 mg	Tier 5	
Somatostatic Agents		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 7	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG	Tier 7	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 7	

Drug Name	Drug Tier	Notes
Thyroid Hormone Combinations - Synthetic T3 And T4		
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	PA
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	PA
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	PA
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	PA
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	PA
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3	AR (PA required for age 66 and older)
<i>nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg</i>	Tier 1	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	Tier 1	
<i>wp thyroid oral tablet 113.75 mg, 130 mg, 16.25 mg, 32.5 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 7	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 7	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	

Drug Name	Drug Tier	Notes
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 7	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 7	
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
OPIUM TINCTURE ORAL TINCTURE 10 MG/ML (MORPHINE)	Tier 7	
<i>paregoric oral liquid 2 mg/5 ml</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 7	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Tier 7	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 7	
Antiemetic - Anticholinergics		
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	Tier 3	
Antiemetic - Antihistamines		
ANTIVERT ORAL TABLET 12.5 MG, 25 MG	Tier 7	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Cannabinoids		
CESAMET ORAL CAPSULE 1 MG	Tier 7	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Tier 7	
Antiemetic - Dopamine (D2)/5-HT3 Antagonists		
TIGAN ORAL CAPSULE 300 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antiemetic - Phenothiazines		
COMPATINE ORAL TABLET 10 MG, 5 MG	Tier 7	
COMPATINE RECTAL SUPPOSITORY 25 MG	Tier 7	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 7	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 7	AR (PA required for age 66 and older)
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 7	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antiemetic - Selective Serotonin 5-HT3 Antagonists		
ANZEMET ORAL TABLET 100 MG, 50 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>gransetron hcl oral tablet 1 mg</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 7	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRINGE 10 MG/0.4 ML	Tier 7	
ZOFTRAN (AS HYDROCHLORIDE) ORAL SOLUTION 4 MG/5 ML	Tier 7	
ZOFTRAN (AS HYDROCHLORIDE) ORAL TABLET 4 MG, 8 MG	Tier 7	
ZOFTRAN ODT ORAL TABLET,DISINTEGRATING 4 MG, 8 MG	Tier 7	
ZUPLENZ ORAL FILM 4 MG, 8 MG	Tier 7	

Drug Name	Drug Tier	Notes
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	Tier 2	
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	Tier 2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 7	
VARUBI ORAL TABLET 90 MG	Tier 7	
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 7	
Bile Acids		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 7	
Colonic Acidifier (Ammonia Inhibitor)		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>generlac oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2,600-6,200- 10,850 UNIT	Tier 7	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000- 218,000 UNIT	Tier 1	
<i>zenpep oral capsule,delayed release(dr/ec) 5,000-17,000 -27,000 unit</i>	Tier 1	

Drug Name	Drug Tier	Notes
Gallstone Solubilizing (Litholysis) Agents		
ACTIGALL ORAL CAPSULE 300 MG	Tier 7	
CHENODAL ORAL TABLET 250 MG	Tier 7	
URSO 250 ORAL TABLET 250 MG	Tier 7	
URSO FORTE ORAL TABLET 500 MG	Tier 7	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
PEPCID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 7	
PEPCID ORAL TABLET 20 MG, 40 MG	Tier 7	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
ZANTAC ORAL TABLET 300 MG	Tier 7	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Tier 7	
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 7	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 7	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 7	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 1	PA
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	Tier 7	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG, 30 MG	Tier 7	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 7	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 7	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 7	
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	Tier 7	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	
Gastric Acid Secretion Reducing-Proton Pump Inhibitor And Antacid Comb		
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 7	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 7	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	Tier 7	
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	Tier 7	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 7	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	Tier 7	
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
Gi Antispasmodic - Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 7	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 7	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 7	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 7	
LEVIBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 7	
LEVSIN ORAL TABLET 0.125 MG	Tier 7	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Tier 7	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 7	
OSCIMIN ORAL TABLET 0.125 MG	Tier 7	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 7	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 7	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 7	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 7	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 7	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	Tier 7	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 7	

Drug Name	Drug Tier	Notes
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 1	
ROBINUL FORTE ORAL TABLET 2 MG	Tier 7	
ROBINUL ORAL TABLET 1 MG	Tier 7	
Gi Antispasmodic - Synthetic Tertiary Amines		
BENTYL ORAL CAPSULE 10 MG	Tier 7	
BENTYL ORAL TABLET 20 MG	Tier 7	
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Gi Antispasmodic And Benzodiazepine Combinations		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Tier 7	
Gi Antispasmodic Combinations Other		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	Tier 1	
<i>belladonna-phenobarbital oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	Tier 3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	Tier 3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Tier 7	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	Tier 1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	Tier 1	
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	Tier 7	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 2	PA

Drug Name	Drug Tier	Notes
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	Tier 7	
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 7	
Ibs Agent - Selective 5-HT3 Receptor Antagonists		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 7	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Tier 7	
Inflammatory Bowel Agent - Interleukin-12 And IL-23 Inhibitors, McAb		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 7	
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	Tier 7	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 7	
AZULFIDINE ORAL TABLET 500 MG	Tier 7	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 2	PA; QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG	Tier 7	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Tier 7	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	PA
GIAZO ORAL TABLET 1.1 GRAM	Tier 7	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 3	PA
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	Tier 7	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 7	

Drug Name	Drug Tier	Notes
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	PA
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Tier 7	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	Tier 7	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
SULFAZINE ORAL TABLET 500 MG	Tier 7	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 7	
<i>colocort rectal enema 100 mg/60 ml</i>	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Tier 7	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 7	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	Tier 7	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	Tier 7	
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 7	
Laxative - Saline And Osmotic		
<i>constulose oral solution 10 gram/15 ml</i>	Tier 1	
GLYCOLAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	Tier 7	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	Tier 1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures		
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 7	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	Tier 1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	
<i>gavilyte-n oral recon soln 420 gram</i>	Tier 1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 7	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 7	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 7	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	Tier 7	
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 7	

Drug Name	Drug Tier	Notes
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	Tier 1	
peg-3350 with flavor packs oral recon soln 420 gram	Tier 1	
peg-electrolyte soln oral recon soln 420 gram	Tier 1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 7	
trilyte with flavor packets oral recon soln 420 gram	Tier 1	
Laxative - Stimulant And Saline/Osmotic Combinations		
gavilyte-h and bisacodyl oral kit 5-210 mg-gram	Tier 7	
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 7	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 3	PA
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 7	
CARAFATE ORAL TABLET 1 GRAM	Tier 7	
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Peptic Ulcer - Treatment Of H. Pylori: Antibiotic-Bismuth Combinations		
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 7	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 7	
PREVPAC ORAL COMBO PACK 500-500-30 MG	Tier 7	
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 7	

Drug Name	Drug Tier	Notes
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 7	
Short Bowel Syndrome (Sbs) Agents		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 7	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 7	
Genitourinary Therapy		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 7	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Tier 7	
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 7	
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 7	
Interstitial Cystitis Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 7	
Kidney Stone Agents		
THIOLA ORAL TABLET 100 MG	Tier 7	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 3	PA; QL (1 tablet per 1 day)
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	Tier 7	
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>eliphos oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 7	
MAGNEBIND 300 ORAL TABLET 250-300 MG	Tier 7	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	Tier 7	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 2	PA
RENAGEL ORAL TABLET 400 MG, 800 MG	Tier 7	
RENELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 2	PA
RENELA ORAL TABLET 800 MG	Tier 7	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 7	
Phosphate Binders - Iron-Based		
AURYXIA ORAL TABLET 210 MG IRON	Tier 7	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 7	
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
FLOMAX ORAL CAPSULE,EXTENDED RELEASE 24HR 0.4 MG	Tier 7	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 3	PA
<i>tamsulosin oral capsule,extended release 24hr 0.4 mg</i>	Tier 1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Tier 7	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
PROSCAR ORAL TABLET 5 MG	Tier 7	
Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor		
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	PA; QL (1 tablet per 1 day)
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
AVODART ORAL CAPSULE 0.5 MG	Tier 7	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Notes
Urinary Acidifier - Bacterial Urease Inhibitor		
LITHOSTAT ORAL TABLET 250 MG	Tier 7	
Urinary Acidifier - Phosphates		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 2	
K-PHOS-NEUTRAL ORAL TABLET 250 MG	Tier 7	
<i>phospha 250 neutral oral tablet 250 mg</i>	Tier 1	
<i>virt-phos 250 neutral oral tablet 250 mg</i>	Tier 1	
Urinary Alkalizer - Citrates		
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	Tier 1	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML	Tier 7	
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Tier 1	
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 7	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 7	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Tier 7	
VIRTRATE-3 ORAL SOLUTION 550-500-334 MG/5 ML	Tier 7	
Urinary Analgesics		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine And Salts		
HIPREX ORAL TABLET 1 GRAM	Tier 7	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 7	

Drug Name	Drug Tier	Notes
Urinary Antibacterial - Nitrofuran Derivatives		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Tier 7	
MACROBID ORAL CAPSULE 100 MG	Tier 7	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	Tier 7	
MACRODANTIN ORAL CAPSULE 25 MG	Tier 7	AR (PA required for age 66 and older)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
Urinary Antibacterial - Quinolones		
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 7	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	Tier 7	
Urinary Antibacterials Other		
MONUROL ORAL PACKET 3 GRAM	Tier 7	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	Tier 1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	Tier 1	
<i>ur n-c oral tablet 81.6-10.8-40.8 mg</i>	Tier 1	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	Tier 1	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 7	
<i>urin ds oral tablet 81.6-10.8-40.8 mg</i>	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 7	
<i>ustell oral capsule 120-0.12 mg</i>	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 7	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations		
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 7	

Drug Name	Drug Tier	Notes
<i>urolet mb oral tablet 81.6-40.8-0.12 mg</i>	Tier 7	
URYL ORAL TABLET 81.6-40.8-0.12 MG	Tier 7	
UTA ORAL CAPSULE 120-40.8-10 MG	Tier 7	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	PA; QL (1 tablets per 1 day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG	Tier 7	
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 2	PA; QL (1 tablet per 1 day)
Urinary Antispasmodic - Smooth Muscle Relaxants		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	Tier 7	
DETROL ORAL TABLET 1 MG, 2 MG	Tier 7	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 7	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 7	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	Tier 7	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 7	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 3	PA; QL (1 tablet per 1 day)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 7	
<i>trospium oral tablet 20 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG	Tier 7	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine oral capsule 0.6 mg</i>	Tier 7	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
COLCRYS ORAL TABLET 0.6 MG	Tier 7	
MITIGARE ORAL CAPSULE 0.6 MG	Tier 7	
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uric Acid Transporter 1 (Urat1) Inhibitors		
ZURAMPIC ORAL TABLET 200 MG	Tier 7	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 3	PA; QL (1 tablet per 1 day)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	Tier 7	
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Cxcr4 Chemokine Receptor Antagonists		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axiom Specialty--(888)315-3395 x235)
Direct Factor Xa Inhibitors		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	QL (74 tablets per 31 days)

Drug Name	Drug Tier	Notes
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 7	
XARELTO ORAL TABLET 10 MG	Tier 2	QL (35 tablets per 1 episode)
XARELTO ORAL TABLET 15 MG	Tier 2	
XARELTO ORAL TABLET 20 MG	Tier 2	QL (1 tablet per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	
Erythropoietins		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 7	
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 7	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 7	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Granulocyte Colony-Stimulating Factor (G-Csf)		
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 7	
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 7	

Drug Name	Drug Tier	Notes
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 8	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hematorheologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents		
LYSTEDA ORAL TABLET 650 MG	Tier 7	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 7	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 4	PA; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 7	

Drug Name	Drug Tier	Notes
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, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 7	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 7	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 7	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (2 tablets per 1 day)
Platelet Aggregation Inhibitor Combinations		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	Tier 7	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 7	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
<i>aspirin oral tablet 325 mg</i>	Tier 5	AR (covered for age 45 and older)

Drug Name	Drug Tier	Notes
aspirin oral tablet, chewable 81 mg	Tier 5	
aspirin oral tablet, delayed release (dr/ec) 325 mg	Tier 5	AR (covered for age 45 and older)
aspirin oral tablet, delayed release (dr/ec) 81 mg	Tier 5	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
CHILD ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 7	
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 5	AR (covered for age 45 and older)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
clopidogrel oral tablet 300 mg	Tier 7	
clopidogrel oral tablet 75 mg	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 tablet per 1 day)
PLAVIX ORAL TABLET 300 MG, 75 MG	Tier 7	
ticlopidine oral tablet 250 mg	Tier 1	
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb		
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	Tier 7	
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitir		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	AR (PA required for age 66 and older)
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 7	

Drug Name	Drug Tier	Notes
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	
Thrombin Inhibitor - Selective Direct And Reversible		
PRADAXA ORAL CAPSULE 110 MG	Tier 7	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Tier 2	QL (2 capsules per 1 day)
Thrombin Inhibitor - Selective Direct And Reversible - Hirudin Type		
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	Tier 7	
Thrombopoietin Receptor Agonists		
PROMACTA ORAL TABLET 12.5 MG	Tier 8	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	Tier 8	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Hepatobiliary System Treatment Agents		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 7	
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 7	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 7	
gengraf oral capsule 100 mg, 25 mg	Tier 1	

Drug Name	Drug Tier	Notes
GENGRAF ORAL CAPSULE 50 MG	Tier 7	
<i>gengraf oral solution 100 mg/ml</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 7	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 7	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 7	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 7	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 7	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 7	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT ORAL CAPSULE 250 MG	Tier 7	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 7	
CELLCEPT ORAL TABLET 500 MG	Tier 7	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 7	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 7	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 7	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 4	Specialty; 30D
Immunosuppressive - Purine Analogs		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 7	
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 7	

Drug Name	Drug Tier	Notes
Locomotor System		
Als Agent - Benzathiazoles		
RILUTEK ORAL TABLET 50 MG	Tier 7	
<i>riluzole oral tablet 50 mg</i>	Tier 1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 7	
MESTINON ORAL TABLET 60 MG	Tier 7	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Tier 7	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 7	
Antimyasthenic Agents Other		
<i>guanidine oral tablet 125 mg</i>	Tier 1	
Neuromuscular Blocker - Neurotoxins		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 6	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Tier 7	
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	AR (PA required for age 66 and older)
<i>cyclobenzaprine oral tablet 7.5 mg</i>	Tier 7	
FEXMID ORAL TABLET 7.5 MG	Tier 7	
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 7	
<i>metaxalone oral tablet 800 mg</i>	Tier 7	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	AR (PA required for age 66 and older)

Drug Name	Drug Tier	Notes
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	AR (PA required for age 66 and older)
PARAFON FORTE DSC ORAL TABLET 500 MG	Tier 7	
ROBAXIN ORAL TABLET 500 MG	Tier 7	
ROBAXIN-750 ORAL TABLET 750 MG	Tier 7	
SKELAXIN ORAL TABLET 800 MG	Tier 7	
SOMA ORAL TABLET 250 MG, 350 MG	Tier 7	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	PA
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 7	
ZANAFLEX ORAL TABLET 4 MG	Tier 7	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	Tier 7	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	Tier 7	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 7	
Skeletal Muscle Relaxant - Narcotic Analgesic Combinations		
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 7	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 7	
Skeletal Muscle Relaxant, Salicylate, And Narcotic Analgesic Comb.		
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Blood Glucose Tests		
FREESTYLE INSULINX STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)

Drug Name	Drug Tier	Notes
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE LITE STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE TEST STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
PRECISION XTRA TEST STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)

Medical Supplies And Dme - Diaphragms

WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 5	

Medical Supplies And Dme - Glucose Monitoring Test Supplies

FREESTYLE CONTROL SOLUTION	Tier 5	
FREESTYLE FREEDOM KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE FREEDOM LITE KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE INSULINX	Tier 5	QL (1 meter per 1 year)
FREESTYLE LITE METER KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	Tier 5	QL (1 meter per 1 year)
MEDISENSE MID CONTROL SOLUTION	Tier 5	
PRECISION XTRA MONITOR	Tier 5	QL (1 meter per 1 year)

Drug Name	Drug Tier	Notes
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
<i>bd insulin syringe ultra-fine syringe 0.3 ml 31 gauge x 5/16</i>	Tier 1	
<i>monoject insulin syringe syringe 1 ml</i>	Tier 1	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
<i>bd insulin syringe ultra-fine syringe 0.3 ml 31 gauge x 5/16</i>	Tier 1	
FREESTYLE CONTROL SOLUTION	Tier 5	
FREESTYLE FREEDOM KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE FREEDOM LITE KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE INSULINX	Tier 5	QL (1 meter per 1 year)
FREESTYLE INSULINX STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE LITE METER KIT	Tier 5	QL (1 meter per 1 year)
FREESTYLE LITE STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE PRECISION NEO METER	Tier 5	QL (1 meter per 1 year)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
FREESTYLE TEST STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
MEDISENSE MID CONTROL SOLUTION	Tier 5	
<i>monoject insulin syringe syringe 1 ml</i>	Tier 1	
PRECISION XTRA B-KETONE STRIP	Tier 5	QL (10 strips per 30 days)
PRECISION XTRA MONITOR	Tier 5	QL (1 meter per 1 year)
PRECISION XTRA TEST STRIP	Tier 5	QL (No copay at the pharmacy- QL of 150 units per 30 days or 450 units per 90 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 5	

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 5	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	Tier 7	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG	Tier 7	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Tier 7	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 7	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 7	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA ORAL CAPSULE 84 MG	Tier 7	
ZAVESCA ORAL CAPSULE 100 MG	Tier 7	

Drug Name	Drug Tier	Notes
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 7	
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 7	
Metabolic Modifier - Homocystinuria Treatment Agents		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 7	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 7	
BUPHENYL ORAL TABLET 500 MG	Tier 8	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 7	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 8	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	PA; QL (1 tablet per 1 day)
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase		
KUVAN ORAL POWDER IN PACKET 100 MG	Tier 8	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 8	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 7	
denta 5000 plus dental cream 1.1 %	Tier 1	
dentagel dental gel 1.1 %	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 7	
FLUORABON ORAL DROPS 0.25 MG FLUORID (0.55MG)/0.6 ML	Tier 7	
FLUOR-A-DAY (WITH XYLITOL) ORAL TABLET,CHEWABLE 0.25 MG F (0.55 MG)-236.79MG, 1 MG F (2.2 MG)-236.79 MG	Tier 7	
FLUOR-A-DAY ORAL DROPS 2.5 MG FLUORIDE (5.56 MG)/ML	Tier 7	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	Tier 7	
FLUORITAB ORAL DROPS 0.125 MG FLUOR (0.275 MG)/DROP	Tier 7	
FLUORITAB ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	Tier 7	
FLURA-DROPS ORAL DROPS 0.25 MG FLUORID (0.55 MG)/DROP	Tier 7	
GEL-KAM DENTAL GEL 0.4 %	Tier 7	
LUIDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG FLUORID (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	Tier 7	
PERIO MED DENTAL SOLUTION 0.63 %	Tier 7	
PHOS-FLUR DENTAL SOLUTION 0.02 % FLUORIDE (0.044 %)	Tier 7	
PREVENTID 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 7	
PREVENTID 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 7	
PREVENTID 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 7	

Drug Name	Drug Tier	Notes
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 7	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 7	
PREVIDENT DENTAL GEL 1.1 %	Tier 7	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 7	
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride dental solution 0.2 %</i>	Tier 1	
<i>sodium fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 5	
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	Tier 5	
Mouth And Throat - Antifungals		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth And Throat - Anti-Infective Mixtures		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 7	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 7	
Mouth And Throat - Anti-Infective-Local Anesthetic Combinations		
BUCALESEP MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 7	
BUCALESEP MUCOUS MEMBRANE SOLUTION	Tier 7	
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 1	
Mouth And Throat - Artificial Saliva		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 7	
Mouth And Throat - Glucocorticoids		
<i>oralone dental paste 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Mouth And Throat - Local Anesthetic Amides		
ADVANCED DNA MEDICATED COLLECT MUCOUS MEMBRANE KIT 2 %		
lidocaine hcl mucous membrane jelly 2 %	Tier 7	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 7	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	Tier 7	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG	Tier 7	
Periodontal Product - Tetracycline Antiinfective, Local		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 7	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hydiate oral tablet 20 mg</i>	Tier 1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 7	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Interferons		
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 8	PA; Specialty; 30D
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 8	PA; Specialty; 30D
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 8	PA; Specialty; 30D
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 8	PA; Specialty; 30D
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 8	PA; Specialty; 30D
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 8	PA (New); Specialty; 30D
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 8	PA (New); Specialty; 30D
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 8	PA; Specialty; 30D
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	Tier 4	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	Tier 1	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 1	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 1	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Multiple Sclerosis Agent - Others		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Multiple Sclerosis Agent - Potassium Channel Blocker		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 7	
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 8	PA; Specialty; 30D
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
GILENYA ORAL CAPSULE 0.5 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Multiple Sclerosis Agent-Interleukin-2 Receptor Modulator, Mc Antibody		
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	
Ophthalmic Agents		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	Tier 2	
Miotics - Direct Acting		
ISOPTO CARPINE OPHTHALMIC DROPS 1 %, 2 %, 4 %	Tier 7	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic And Cycloplegic Combinations		
CYCLOMYDRIL OPHTHALMIC DROPS 0.2-1 %	Tier 7	
PAREMYD OPHTHALMIC DROPS 1-0.25 %	Tier 7	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %	Tier 3	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %	Tier 7	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 7	
MAXITROL OPHTHALMIC DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Tier 7	
MAXITROL OPHTHALMIC OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Tier 7	
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
NEO-POLYCIN HC OPHTHALMIC OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 7	
PRED-G OPHTHALMIC DROPS,SUSPENSION 0.3-1 %	Tier 7	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 7	
<i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC DROPS,SUSPENSION 0.3-0.1 %	Tier 7	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 7	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %	Tier 7	
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %	Tier 7	
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic drops 1 %</i>	Tier 1	
<i>atropine ophthalmic ointment 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC DROPS 0.5 %, 1 %, 2 %	Tier 7	
<i>cyclopentolate ophthalmic drops 0.5 %</i>	Tier 7	
<i>cyclopentolate ophthalmic drops 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC DROPS 5 %	Tier 7	
<i>homatropine hbr ophthalmic drops 5 %</i>	Tier 1	
ISOPTO ATROPINE OPHTHALMIC DROPS 1 %	Tier 7	
MYDRIACYL OPHTHALMIC DROPS 1 %	Tier 7	
<i>tropicamide ophthalmic drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antihistamines		
ALAWAY OPHTHALMIC DROPS 0.025 % (0.035 %)	Tier 7	
<i>allergy eye (ketotifen) ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
<i>azelastine ophthalmic drops 0.05 %</i>	Tier 1	PA
BEPREVE OPHTHALMIC DROPS 1.5 %	Tier 3	PA
ELESTAT OPHTHALMIC DROPS 0.05 %	Tier 7	
EMADINE OPHTHALMIC DROPS 0.05 %	Tier 3	PA

Drug Name	Drug Tier	Notes
<i>epinastine ophthalmic drops 0.05 %</i>	Tier 1	PA
<i>eye itch relief ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
<i>itchy eye drops ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
<i>ketotifen fumarate ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
LASTACAF T OPHTHALMIC DROPS 0.25 %	Tier 3	PA
<i>olopatadine ophthalmic drops 0.1 %</i>	Tier 1	
PATADAY OPHTHALMIC DROPS 0.2 %	Tier 7	
PATANOL OPHTHALMIC DROPS 0.1 %	Tier 7	
PAZEO OPHTHALMIC DROPS 0.7 %	Tier 7	
<i>wal-zyr (ketotifen) ophthalmic drops 0.025 % (0.035 %)</i>	Tier 1	
ZADITOR OPHTHALMIC DROPS 0.025 % (0.035 %)	Tier 7	
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %	Tier 7	
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC DROPS 0.05 %	Tier 3	PA
FLAREX OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 7	
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i>	Tier 1	
FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 %	Tier 7	
FML LIQUIFILM OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 7	
FML S.O.P. OPHTHALMIC OINTMENT 0.1 %	Tier 7	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	Tier 7	
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %	Tier 7	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %	Tier 3	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 7	

Drug Name	Drug Tier	Notes
MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 7	
OMNIPRED OPHTHALMIC DROPS,SUSPENSION 1 %	Tier 7	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Tier 7	
PRED FORTE OPHTHALMIC DROPS,SUSPENSION 1 %	Tier 7	
PRED MILD OPHTHALMIC DROPS,SUSPENSION 0.12 %	Tier 7	
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	Tier 1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	Tier 7	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	Tier 7	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	Tier 3	PA; QL (2 units per 1 day)
XIIDRA OPHTHALMIC DROPPERETTE 5 %	Tier 7	
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
XIIDRA OPHTHALMIC DROPPERETTE 5 %	Tier 7	
Ophthalmic - Anti-Inflammatory, Nsaids		
ACULAR LS OPHTHALMIC DROPS 0.4 %	Tier 7	
ACULAR OPHTHALMIC DROPS 0.5 %	Tier 7	
ACUVAIL (PF) OPHTHALMIC DROPPERETTE 0.45 %	Tier 7	
<i>bromfenac ophthalmic drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC DROPS 0.075 %	Tier 7	
<i>diclofenac sodium ophthalmic drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %	Tier 7	
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 3	
OCUFEN OPHTHALMIC DROPS 0.03 %	Tier 7	
PROLENSA OPHTHALMIC DROPS 0.07 %	Tier 7	
Ophthalmic - Beta Blockers-Adrenergic Combinations		
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	Tier 3	PA
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
COSOPT (PF) OPHTHALMIC DROPPERETTE 2-0.5 %	Tier 7	
COSOPT OPHTHALMIC DROPS 22.3-6.8 MG/ML	Tier 7	
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	Tier 3	PA
<i>dorzolamide ophthalmic drops 2 %</i>	Tier 1	
TRUSOPT OPHTHALMIC DROPS 2 %	Tier 7	
Ophthalmic - Cystine Depleting Agents		
CYSTARAN OPHTHALMIC DROPS 0.44 %	Tier 7	
Ophthalmic - Decongestants		
<i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
BETAGAN OPHTHALMIC DROPS 0.5 %	Tier 7	
<i>betaxolol ophthalmic drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC DROPS 0.25 %, 0.5 %	Tier 3	PA
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %	Tier 7	
<i>carteolol ophthalmic drops 1 %</i>	Tier 1	
ISTALOL OPHTHALMIC DROPS, ONCE DAILY 0.5 %	Tier 7	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier 1	
<i>metipranolol ophthalmic drops 0.3 %</i>	Tier 1	
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %, 0.5 %	Tier 7	
TIMOPTIC OPHTHALMIC DROPS 0.25 %, 0.5 %	Tier 7	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	Tier 7	
Ophthalmic - Local Anesthetic Esters		
ALCAINE OPHTHALMIC DROPS 0.5 %	Tier 7	
<i>proparacaine ophthalmic drops 0.5 %</i>	Tier 1	
TETCAINE OPHTHALMIC DROPS 0.5 %	Tier 7	
<i>tetracaine hcl (pf) ophthalmic drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic drops 0.5 %</i>	Tier 1	
TETRAVISC FORTE OPHTHALMIC DROPPERETTE,HYPERVISCOUS 0.5 %	Tier 7	
TETRAVISC FORTE OPHTHALMIC DROPS,HYPERVISCOUS 0.5 %	Tier 7	
TETRAVISC OPHTHALMIC DROPPERETTE,VISCOUS 0.5 %	Tier 7	
TETRAVISC OPHTHALMIC DROPS, VISCOUS 0.5 %	Tier 7	
Ophthalmic - Local Anesthetic, Amides		
AKTEN (PF) OPHTHALMIC GEL 3.5 %	Tier 7	
Ophthalmic - Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC DROPS 2 %	Tier 3	PA
ALOMIDE OPHTHALMIC DROPS 0.1 %	Tier 3	PA
<i>cromolyn ophthalmic drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 7	
NEOSPORIN (NEO-POLYM-GRAMICID) OPHTHALMIC DROPS 1.75 MG-10,000 UNIT-0.025MG/ML	Tier 7	

Drug Name	Drug Tier	Notes
POLYCIN OPHTHALMIC OINTMENT 500-10,000 UNIT/GRAM	Tier 7	
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i>	Tier 1	
POLYTRIM OPHTHALMIC DROPS 10,000 UNIT- 1 MG/ML	Tier 7	
Ophthalmic Antibiotic - Aminoglycosides		
<i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i>	Tier 1	
<i>gentamicin ophthalmic drops 0.3 %</i>	Tier 1	
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i>	Tier 1	
<i>tobramycin ophthalmic drops 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC DROPS 0.3 %	Tier 7	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 7	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin ophthalmic ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE OPHTHALMIC DROPS,SUSPENSION 0.6 %	Tier 3	PA
CILOXAN OPHTHALMIC DROPS 0.3 %	Tier 7	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 7	
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic drops 0.5 %</i>	Tier 1	
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %	Tier 7	
OCUFLOX OPHTHALMIC DROPS 0.3 %	Tier 7	
<i>ofloxacin ophthalmic drops 0.3 %</i>	Tier 1	
VIGAMOX OPHTHALMIC DROPS 0.5 %	Tier 7	
ZYMAXID OPHTHALMIC DROPS 0.5 %	Tier 7	
Ophthalmic Antibiotic - Macrolides		
AZASITE OPHTHALMIC DROPS 1 %	Tier 7	
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	Tier 1	
ILOTYCIN OPHTHALMIC OINTMENT 5 MG/GRAM (0.5 %)	Tier 7	

Drug Name	Drug Tier	Notes
Ophthalmic Antibiotic - Sulfonamides		
<i>bleph-10 ophthalmic drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals		
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %	Tier 7	
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 3	
Ophthalmic Antivirals		
<i>trifluridine ophthalmic drops 1 %</i>	Tier 1	
VIROPTIC OPHTHALMIC DROPS 1 %	Tier 7	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 7	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %, 0.15 %	Tier 7	
<i>apraclonidine ophthalmic drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic drops 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC DROPPERETTE 1 %	Tier 7	
IOPIDINE OPHTHALMIC DROPS 0.5 %	Tier 7	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost ophthalmic drops 0.03 %</i>	Tier 7	
<i>latanoprost ophthalmic drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier 3	PA
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	Tier 7	
XALATAN OPHTHALMIC DROPS 0.005 %	Tier 7	
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE 0.0015 %	Tier 7	
Otic		
Otic - Anti-Infective Mixtures		
<i>acetic acid-aluminum acetate otic drops 2 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
Otic - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC OTIC DROPS,SUSPENSION 0.2-1 %	Tier 7	
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %	Tier 2	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 % (0.25 ML)	Tier 7	
Otic - Anti-Infectives Other		
<i>acetic acid otic solution 2 %</i>	Tier 1	
Otic - Fluoroquinolones		
CETRAXAL OTIC DROPPERETTE 0.2 %	Tier 7	
<i>ciprofloxacin hcl otic dropperette 0.2 %</i>	Tier 1	
FLOXIN OTIC DROPS 0.3 %	Tier 7	
<i>ofloxacin otic drops 0.3 %</i>	Tier 1	
Otic - Glucocorticoids		
<i>acetasol hc otic drops 1-2 %</i>	Tier 1	
DERMOTIC OIL OTIC DROPS 0.01 %	Tier 7	
<i>fluocinolone acetonide oil otic drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	Tier 1	
Otic - Pinna Combinations		
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 7	
Respiratory Therapy Agents		
Antihistamine - 1St Generation - Ethanolamines		
ARBINOXA ORAL TABLET 4 MG	Tier 7	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 7	
VANAMINE PD ORAL DROPS 6.25 MG/ML	Tier 7	

Drug Name	Drug Tier	Notes
Antihistamine - 1St Generation - Phenothiazines		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antihistamine - 1St Generation - Piperidines		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation		
ARBINOXA ORAL TABLET 4 MG	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	AR (PA required for age 66 and older)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AR (PA required for age 66 and older)
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	PA
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	PA
Antihistamines - 2Nd Generation - Piperazines		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	PA
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	PA
Antitussives - Nonnarcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
TESSALON PERLES ORAL CAPSULE 100 MG	Tier 7	

Drug Name	Drug Tier	Notes
Asthma Therapy - 5-Lipoxygenase Inhibitors		
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR 600 MG	Tier 3	PA
ZYFLO ORAL TABLET 600 MG	Tier 3	PA
Asthma Therapy - Glucocorticoids		
AEROSPACE INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 7	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 7	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 7	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier 3	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 7	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	Tier 7	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	Tier 7	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 3	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	

Drug Name	Drug Tier	Notes
Asthma Therapy - Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 7	
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	Tier 7	
SINGULAIR ORAL TABLET 10 MG	Tier 7	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	Tier 7	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 7	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 500 MCG	Tier 3	PA
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 7	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 7	

Drug Name	Drug Tier	Notes
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 7	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 7	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	PA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 8	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	PA
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	PA
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 7	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 7	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 7	

Drug Name	Drug Tier	Notes
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	Tier 7	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 7	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	Tier 7	
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 7	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 7	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	QL (6 doses per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 7	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 7	

Drug Name	Drug Tier	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 7	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Tier 2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	
Cystic Fibrosis - Inhaled Aminoglycosides		
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
KALYDECO ORAL TABLET 150 MG	Tier 8	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 7	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
Nasal Antibiotics		
BACTROBAN NASAL NASAL OINTMENT 2 %	Tier 7	
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 0.06 %</i>	Tier 1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations		
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 7	
Nasal Antihistamines		
ASTEPRO NASAL SPRAY,NON-AEROSOL 0.15 % (205.5 MCG)	Tier 7	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	PA
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	Tier 7	
Nasal Corticosteroids		
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	Tier 7	
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	Tier 1	
FLONASE ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	Tier 7	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i>	Tier 1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 7	
NASACORT NASAL AEROSOL,SPRAY 55 MCG	Tier 7	
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	Tier 7	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 7	

Drug Name	Drug Tier	Notes
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 7	
RHINOCORT ALLERGY NASAL SPRAY, NON-AEROSOL 32 MCG/ACTUATION	Tier 7	
VERAMYST NASAL SPRAY, SUSPENSION 27.5 MCG/ACTUATION	Tier 7	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 7	
Nasal Sympathomimetic Decongestants (Intranasal)		
TYZINE NASAL DROPS 0.05 %	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE 267 MG	Tier 7	
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 7	
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN VAGINAL CREAM 2 %	Tier 7	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 7	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Tier 7	
Vaginal Antibacterial - Sulfonamides		
AVC VAGINAL VAGINAL CREAM 15 %	Tier 7	
Vaginal Antifungal - Imidazoles		
GYNIAZOLE-1 VAGINAL CREAM 2 %	Tier 3	PA
<i>miconazole-3 vaginal suppository 200 mg</i>	Tier 1	
Vaginal Antifungal - Triazoles		
TERAZOL 7 VAGINAL CREAM 0.4 %	Tier 7	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
METROGEL VAGINAL VAGINAL GEL 0.75 %	Tier 7	

Drug Name	Drug Tier	Notes
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 7	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 7	
Vaginal Estrogens		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 2	
ESTRING VAGINAL RING 2 MG	Tier 7	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 7	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	PA
VAGIFEM VAGINAL TABLET 10 MCG	Tier 7	
<i>yuvafem vaginal tablet 10 mcg</i>	Tier 7	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %	Tier 3	PA

Medical Benefit

Drug Name	Drug Tier	Notes
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 6	Specialty; 30D
<i>ammonium chloride intravenous solution 5 meq/ml</i>	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 6	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
BICNU INTRAVENOUS RECON SOLN 100 MG	Tier 6	Specialty; 30D
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	Tier 6	Specialty; 30D

Drug Name	Drug Tier	Notes
CA-DTPA INTRAVENOUS SOLUTION 200 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ceftriaxone injection recon soln 1 gram, 100 gram, 2 gram, 250 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CHLORPROMAZINE INJECTION SOLUTION 25 MG/ML	Tier 6	Specialty
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 6	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
CUBICIN INTRAVENOUS RECON SOLN 500 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 7	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Tier 7	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 6	PA; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 6	Specialty
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 6	Specialty
FOSCARNET INTRAVENOUS SOLUTION 24 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 8	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 6	Specialty
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 6	Specialty
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 6	Specialty
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 6	Specialty; 30D
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	Tier 6	Specialty; 30D
INFED INJECTION SOLUTION 100 MG/2 ML (50 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 6	Specialty
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ketorolac injection syringe 30 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
KOATE-DVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	Specialty; 30D
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	Specialty; 30D

Drug Name	Drug Tier	Notes
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 6	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>levoleucovorin intravenous solution 10 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>magnesium sulfate injection syringe 4 meq/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MARCAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MARCAINE INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 6	Specialty
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HR (5 YEARS)	Tier 5	Specialty
NEXPLANON SUBLERMAL IMPLANT 68 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ORENCIA (WITH MALTOSA) INTRAVENOUS RECON SOLN 250 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PENTAM INJECTION RECON SOLN 300 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	Tier 6	Specialty
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 6	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 6	Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HOUR (3 YEARS)	Tier 5	Specialty
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA; Specialty
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 6	PA; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
WILATE INTRAVENOUS RECON SOLN 450-450 UNIT, 900-900 UNIT	Tier 6	Specialty; 30D
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 6	PA; Specialty; 30D; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZN-DTPA INTRAVENOUS SOLUTION 200 MG/ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

Drug Name	Drug Tier	Notes
<i>zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml</i>	Tier 6	PA; Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 6	Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 6	Specialty; Specialty (Diplomat Specialty--(800)722-8720 Walgreens Specialty--(888)282-5166 Axium Specialty--(888)315-3395 x235)

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DRUG/CATEGORY	QTY LIMIT	CRITERIA
ADD Medications Vyvanse® (lisdexamfetamine dimesylate)	Limited to 1 unit per day	<ol style="list-style-type: none"> 1. The patient must have a chart documented trial or Rx claims for generic Adderall or Adderall XR in the past 120 days; OR 2. Patient is 18 years of age or older with a documented diagnosis or moderate to severe binge eating disorder.
Strattera® (atomoxetine)	10mg, 18mg, 25mg, and 40mg: Limited to a qty of 60 units per month 60mg, 80mg and 100mg: Limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD); AND 2. The patient must have documented failure based on chart documentation or prescription claims with a generic methylphenidate (i.e., Ritalin, Concerta) AND generic Adderall; OR 3. The patient must have a documented history or risk of substance abuse; OR 4. The patient must have a documented diagnosis of anxiety or tics.
Focalin XR® (dexmethylphenidate)		<ol style="list-style-type: none"> 1. The patient must have chart documented trial or Rx claims for a generic methylphenidate in the past 120 days.
Daytrana® (methylphenidate patch) Quillivant XR® (methylphenidate suspension)		<ol style="list-style-type: none"> 1. The patient is at least six years of age and has a documented diagnosis of ADD/ADHD; AND 2. The patient must have a chart documented trial or Rx claims for a generic methylphenidate in the past 120 days; OR <p>For Daytrana only: If the patient has a chart documented inability to swallow, a trial of oral methylphenidate is not required.</p>
guanfacine (Intuniv®)	Limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD); AND 2. The patient must have documented failure based on chart documentation or prescription claims with a generic methylphenidate (i.e., Ritalin, Concerta) AND generic Adderall; OR 3. The patient must have a documented history or risk of substance abuse; OR 4. The patient must have a documented diagnosis of anxiety or tics.
methamphetamine (Desoxyn®)		<ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD); AND 2. The patient must have documented failure based on chart documentation or prescription claims with a generic methylphenidate (i.e., Ritalin, Concerta) AND generic Adderall or Adderall XR; OR 1. The patient is prescribed the medication for weight loss; AND 2. The patient meets the weight loss medication prior authorization criteria; AND 3. The patient does not have a history of substance abuse. <p>Note: Weight loss medications are only covered for 1 year.</p>

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<u>ADD Medications, continued</u> Methylin® chewable		<ol style="list-style-type: none"> 1. The patient must have documented failure based on chart documentation or prescription claims with a generic methylphenidate (i.e., Ritalin, Concerta); OR 2. The patient has a chart documented inability to swallow oral dosage forms.
Ritalin LA® 10 mg, 60mg (methylphenidate ER)		<ol style="list-style-type: none"> 1. The patient must have documented failure based on chart documentation or prescription claims with a generic methylphenidate (i.e., Ritalin, Concerta).
Zenedi® (dextroamphetamine) 2.5mg, 7.5mg, 15mg, 20mg, 30mg		<ol style="list-style-type: none"> 1. The patient is being treated for ADHD or Narcolepsy; AND 2. The patient has chart documented treatment failure or intolerance to 2 generic formulary alternatives (i.e., mixed amphetamine salts, dextroamphetamine, methylphenidate).
<u>Analgesics</u> <i>fentanyl citrate oral transmucosal</i> (Actiq®)	Limited to 4 units/day	<ol style="list-style-type: none"> 1. The patient has a documented current diagnosis of cancer. 2. The patient is already receiving and is tolerant to opioid therapy for underlying persistent cancer pain. <p>NOTE: System will automatically approve if written by an oncologist (or if there are prescription claims for chemotherapy-related medications) and the patient is receiving opioid pain medications.</p>
<i>morphine ext. release</i> (MS Contin®)		QUANTITY LIMITS ONLY NOTE: Limited to 3 units per day
Nucynta® (tapentadol) Nucynta ER® (tapentadol)	Limited to 6 units per day (IR) Limited to 2 units per day (ER)	<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication or failure of 2 formulary alternatives (i.e., generic MS Contin, tramadol, fentanyl, methadone, hydrocodone/APAP)
Opana ER (Crush Resistant)® (oxymorphone) Oxymorphone ER (Non-Crush Resistant) (oxymorphone)	Qty is limited to 3 units per day	<ol style="list-style-type: none"> 1. The patient has a documented current diagnosis of active cancer. <p>NOTE: System will automatically approve if written by an oncologist or if there are previous claims for chemotherapy-related medications.</p>
<i>oxycodone/Ibuprofen</i>		QUANTITY LIMITS ONLY NOTE: Limited to 28 units per 30 days
<i>butorphanol</i> (Stadol NS®)	Limited to 2 bottles (5ml) per 30 days	<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication to or failure of at least 2 generic opiates (i.e., morphine, hydrocodone, fentanyl); OR 2. The patient has a chart documented diagnosis of migraine headaches and is currently receiving prophylactic therapy.
<i>tramadol</i> (Ultram®)		QUANTITY LIMITS ONLY NOTE: Limited to 8 units per day
<i>tramadol ER</i> (Ultram ER®)	Limited to 1 unit per day	<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication or failure of generic tramadol 50 mg tablets.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Analgesics, continued Butrans® (buprenorphine patch)	Qty is limited to 4 units per 28 days	<p>For indications other than cancer:</p> <ol style="list-style-type: none"> 1. The patient must have documented failure or prescription claims for at least two formulary alternatives (i.e., morphine ER, tramadol, APAP/codeine, hydrocodone/APAP) within the last 3 months; OR 2. Based on chart documentation, all formulary alternatives are inappropriate, AND 3. The patient is not being treated for opioid dependence. <p>NOTE: System will automatically approve if written by an oncologist or if there are prescription claims for chemotherapy-related medications.</p>
<i>morphine sulfate, sustained release</i> (Avinza®)	Qty is limited to 30 units per 30 days	<ol style="list-style-type: none"> 1. The patient has a documented current diagnosis of active cancer. 2. System will automatically approve if written by an oncologist or if there are previous claims for chemotherapy-related medications.
All acetaminophen-containing narcotic analgesics		<p>DOSE OPTIMIZATION ONLY</p> <p>NOTE: System edits apply for prescription claims with a monthly quantity that exceeds the MAX recommended dose of 4gm/day of acetaminophen. Physician must submit signed request stating he/she is allowing the patient to exceed the MAX recommended dose of acetaminophen.</p>
fentanyl (Duragesic Patches®)		<p>QUANTITY LIMITS ONLY</p> <p>NOTE: Limited to 15 units per 30 days</p>
hydrocodone/ APAP 10-300mg, 5-300mg, 7.5/300mg		<ol style="list-style-type: none"> 1. Physician must provide chart documentation that shows that a product with 325mg acetaminophen (i.e. generic Norco) is contraindicated in this patient but that a product with 300mg acetaminophen is not contraindicated <p>Note: Acetaminophen is not recommended for patients with liver disease.</p>
Oxycontin® (oxycodone)		<ol style="list-style-type: none"> 1. The patient must have a current documented diagnosis of active cancer. <p>NOTE: Limited to 3 units per day</p>
extended release hydromorphone (Exalgo®)	8mg, 12mg, 16mg-qty limited to 1 unit per day 32mg-qty limited to 2 units per day	<p>Requires prior authorization for indications other than cancer. System will automatically approve if written by an oncologist or if there are previous claims for chemotherapy-related medications.</p> <ol style="list-style-type: none"> 1. The patient must have documented failure or Rx claims with generic Dilaudid (hydromorphone) and generic Duragesic (fentanyl).

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Analgesics, continued Single Ingredient Hydrocodone Products Hysingla ER® (hydrocodone) Zohydro ER® (hydrocodone)	Zohydro ER Qty is limited to 2 units per day Hysingla ER Qty is limited to 1 unit per day	<ol style="list-style-type: none"> 1. The patient must have documented failure or Rx claims for both generic MS Contin and generic Duragesic patches in the past 6 months; AND 2. The prescriber must submit a current MAPS report (or similar report) which shows no sign of substance abuse or multiple prescribers of narcotics in the past 6 months; AND 3. The authorization will be approved for 6 months. Renewals require submission of an updated MAPS report confirming no evidence of substance abuse.
Androgens Android® (methyltestosterone)		<ol style="list-style-type: none"> 1. The patient has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year; AND 3. The patient must have documented failure or Rx claims with a preferred formulary testosterone replacement product (i.e., testosterone cypionate/enanthate, generic testosterone gel, Androgel); OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of delayed puberty; AND 2. The patient must have documented failure or RX claims with testosterone cypionate/enanthate; OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of breast cancer.
Androgel® (testosterone gel) generic testosterone gel		<ol style="list-style-type: none"> 1. The patient has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year.
<i>danazol</i> (Danocrine®)		<ol style="list-style-type: none"> 1. The patient has a diagnosis of endometriosis, fibrocystic breast disease, or hereditary angioedema.
<i>testosterone cypionate</i> (Depo-Testosterone®)		<ol style="list-style-type: none"> 1. The patient has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year; OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of delayed puberty; OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of breast cancer
<i>oxandrolone</i> (Oxandrin®)		<ol style="list-style-type: none"> 1. The patient has a documented diagnosis of hypogonadism; AND 2. The patient has a morning (before 11AM) serum total testosterone concentration of less than 300 ng/dL documented on 2 separate occasions in the past year; OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of delayed puberty; OR <ol style="list-style-type: none"> 1. The patient has a documented diagnosis of breast cancer

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Angiotensin II Receptor Blockers Benicar® (olmesartan) Edarbi® (azilsartan) <i>candesartan</i> (Atacand®) <i>telmisartan</i> (Micardis®) <i>eprosartan</i> (Teveten®)	1 tablet per day	1. The patient must have a chart documented contraindication or failure to all preferred ARBS (i.e., losartan, valsartan, irbesartan).
Antiarrhythmics Tikosyn® (dofetilide)		1. The prescription must be written by a cardiologist; AND 2. The patient has a chart documented diagnosis of atrial fibrillation or atrial flutter; AND 3. The patient has started Tikosyn while in the hospital for at least 3 days; AND 4. The patient is not receiving cimetidine, hydrochlorothiazide, ketoconazole, megestrol, prochlorperazine, trimethoprim, or verapamil.
Antibiotics Vibramycin Syrup® (doxycycline calcium)		1. The patient must have a documented inability to swallow a solid dosage form.
<i>doxycycline monohydrate</i> (Oracea®)		1. The patient must have documented failure or Rx claim for generic Vibramycin.
<i>demeclacycline</i> (Declomycin®)		1. The patient must have chart documented failure or intolerance to both tetracycline and doxycycline; OR 2. The patient has a confirmed diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH).
Dificid® (fidaxomicin)		1. Patient has documented diagnosis of C. difficile associated diarrhea, AND 2. Patient has tried and failed an adequate trial of vancomycin, OR 3. Patient has a contraindication or intolerance to vancomycin, OR 4. Patient has been recently discharged from a hospital or a medical facility and has had documented treatment with Dificid or vancomycin. New Starts Only

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<u>Antibiotics, continued</u> Ketek® (telithromycin)		<ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of acute bacterial exacerbation of chronic bronchitis or acute bacterial sinusitis; AND 2. The patient must have clinical failure to 2 formulary agents (i.e., amoxicillin, amoxicillin-clavulanate, cefdinir, moxifloxacin, clarithromycin, azithromycin); OR 3. The patient has a documented contraindication or intolerance to all the formulary agents; OR <ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of community-acquired pneumonia; AND 2. The patient has clinical failure, intolerance, or contraindication to 1 formulary agent (i.e., clarithromycin, azithromycin, doxycycline, or moxifloxacin); OR 3. Confirmed multi-drug resistance is present, confirmed by a culture and sensitivity lab report.
Factive® (gemifloxacin mesylate)		<ol style="list-style-type: none"> 1. The patient must have documented failure or Rx claim for a formulary fluoroquinolone (e.g., generic Cipro, Levaquin or Avelox) in the past 60 days. <p>NOTE: Individual requests are reviewed to include consideration of the diagnosis, culture and sensitivity, and other documentation.</p>
Xifaxan® (rifaximin)	200 mg tablets limited to 9 per 30 days for TD 550 mg tablets limited to 60 per 30 days for HE 550 mg tablets limited to 42 tablets per 90 days for IBS	For 200 mg tablets: <ol style="list-style-type: none"> 1. The patient has a chart documented diagnosis of travelers' diarrhea (TD); AND 2. The patient has a chart documented contraindication or failure of ciprofloxacin or azithromycin. For 550 mg tablets: <ol style="list-style-type: none"> 1. The patient has a chart documented diagnosis of hepatic encephalopathy (HE); AND 2. The patient has a chart documented contraindication or failure of lactulose; OR 3. The patient has a chart documented diagnosis of irritable bowel syndrome (IBS) with diarrhea.
tobramycin (Tobi Solution)		<ol style="list-style-type: none"> 1. The patient must have a diagnosis of Cystic Fibrosis; AND 2. The drug is given for 28 days followed by 28 days off, in repeat cycles.
<u>Anticoagulants</u> Brilinta® (ticagrelor)	Qty is limited to 60 units per 30 days	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than twice daily dosing.
Effient® (prasugrel hydrochloride)	Qty is limited to 30 units per 30 days	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Anticoagulants, continued Eliquis® (apixaban)	Qty is limited to 74 units per 31 days	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than 74 units in 31 days.
Pradaxa® (dabigatran)	Qty is limited to 60 units per 30 days	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than twice daily dosing.
Xarelto® 10 mg (rivaroxaban)	Qty for 10mg is limited to 35 units	
Xarelto® 20mg (rivaroxaban)	Qty is limited to 30 units per 30 days	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing.
Anticonvulsants Aptiom® (eslicarbazepine)		<ol style="list-style-type: none"> 1. The patient must be 18 years of age or older; AND 2. Patient has a documented diagnosis of partial-onset seizures; AND 3. The patient must have documented insufficient response, intolerable side effects, or Rx claims for at least 2 generic anti-epileptic drugs (i.e., lamotrigine, topiramate, oxcarbazepine, carbamazepine, levetiracetam, divalproex, gabapentin, zonisamide).
Lyrica® (pregabalin)		<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication or failure of generic gabapentin. <p>Quantity limits/dose optimization:</p> <ol style="list-style-type: none"> 1. The 25, 50, 75, 100, 150 and 200mg capsules are limited to a quantity of 90 per month. 2. The 225 and 300mg capsules are limited to a quantity of 60 per month.
Antidepressants Emsam® (selegiline)		<ol style="list-style-type: none"> 1. The patient must have a diagnosis of major depression; AND 2. The patient has a contraindication or failure of a SSRI, bupropion, OR venlafaxine; AND 3. The patient has a contraindication or failure of at least one tricyclic antidepressant.
fluvoxamine ext. release (Luvox CR®) Viibryd® (vilazodone)	Limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. The patient must have documented failure with dose titration and Rx claims for at least two generic SSRI medications (i.e., Prozac, Celexa, Paxil and Zoloft).
fluoxetine (Prozac Weekly®)		<ol style="list-style-type: none"> 1. The patient has a diagnosis of depression, AND 2. The patient has been treated with fluoxetine 20mg daily for at least 13 weeks, based on Rx claims, and has responded to treatment with symptom control.
venlafaxine, ext. rel. (Effexor XR®) escitalopram oxalate (Lexapro®)	Limited to a qty of 30 units per month	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Antidepressants, continued <i>bupropion, ext. release</i> (Wellbutrin XL®)		<p>DOSE OPTIMIZATION ONLY</p> <ol style="list-style-type: none"> For Wellbutrin XL 150mg tablets are limited to Once Daily Dosing. Wellbutrin XL 300mg requires the physician to prescribe a 300mg tablet (not 2 of the 150mg tablets) once daily to optimize the dose. Dosages greater than 450mg per day will require the physician to submit medical necessity for that dosing regimen.
Antiemetic Aloxi® (palonosetron)		<ol style="list-style-type: none"> The patient is receiving highly emetogenic chemotherapy (see HEC list below), OR The patient has previously failed with other 5HT3 agent (Zofran or Kytril) while on the current regimen. (Failure is defined as 2 or more documented episodes of vomiting attributed to the current chemotherapy regimen); OR The patient is at least 1 month old and less than 17 years old; AND The patient is receiving emetogenic chemotherapy; AND The drug is not being used for acute nausea and vomiting. <p>Note: Highly emetogenic chemotherapy (HEC) includes: Cisplatin, Mechlorethamine, Streptomycin, Cyclophosphamide, Carmustine, Dacarbazine, Dactinomycin, Doxorubicin, Epirubicin, Ifosfamide.</p>
Anzemet® (dolasetron)		<ol style="list-style-type: none"> The patient is receiving emetogenic chemotherapy or radiation therapy; AND The patient has a documented contraindication or failure of generic ondansetron.
dronabinol (Marinol®)		<ol style="list-style-type: none"> The patient must have an active diagnosis of cancer. <p>NOTE: System will automatically approve if written by an oncologist or if there are prescription claims for chemotherapy-related medications.</p>
Antihistamines levocetirizine (Xyzal®)		<ol style="list-style-type: none"> The patient must have a documented failure or Rx claims for generic Zyrtec (cetirizine) and generic Claritin (loratadine).
olopatadine (Patanase®)		<ol style="list-style-type: none"> The patient must have a documented failure or Rx claims for generic Astelin (azelastine) and a generic nasal steroid (i.e., fluticasone, flunisolide)
Antifungals Gynazole 1® (butoconazole)		<ol style="list-style-type: none"> The patient must have a documented failure or Rx claims for at least 1 vaginal antifungal (i.e., terconazole, metronidazole)
Antiparasitics Alinia® (nitazoxanide)		<ol style="list-style-type: none"> The patient must have a chart documented diagnosis of cryptosporidiosis; OR The patient must have a diagnosis of giardiasis and have a documented contraindication, failure, or intolerance to metronidazole.
Biltricide® (praziquantel)		<ol style="list-style-type: none"> The patient must have a documented failure of OTC Pin-X (pyrantel) or ivermectin; OR Alternatives are not clinically appropriate.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Antimalarial Coartem® (artemether/lumefantrine)		<ol style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of uncomplicated Plasmodium falciparum malaria. <p>Note: Not covered for the prevention of malaria.</p>
Daraprim® (pyrimethamine)		<ol style="list-style-type: none"> 1. The patient must be diagnosed with malaria or at risk for transmission, OR 2. The patient has toxoplasmosis and is also receiving sulfonamide therapy. <p>Note: Daraprim is not included in the CDC guidelines for malaria prophylaxis and transmission control due to resistance.</p>
Antiparkinson Azilect® (rasagiline)		<ol style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of Parkinson's disease; AND 2. The patient has a documented intolerance to or failure of generic selegiline (Eldepryl) tablets.
Antipsychotics, Atypical Latuda® (lurasidone)		<ol style="list-style-type: none"> 1. The patient must have documented failure or prescription claims for at least two formulary atypical antipsychotic alternatives (e.g., geq Risperdal, geq Clozaril, geq Geodon or geq Seroquel). OR 2. The patient must have documented failure or prescription claims for at least 1 formulary atypical antipsychotic and 1 formulary mood stabilizer (e.g., lithium, divalproex sodium, valproate) if prescribed for Bipolar Depression
ariPIPrazole (Abilify®) olanzapine (Zyprexa/Zydiss®)	Limited to a qty of 30 units per month	<p>DOSE OPTIMIZATION ONLY</p> <p>NOTE: System edits apply for prescription claims submitted for more than once daily dosing.</p>
Orap® (pimozide)		<ol style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of Tourette's disorder; AND 2. The patient must not be receiving a medication that is known to cause motor and phonic tics (i.e., methylphenidate and amphetamines); AND 3. The patient must have a chart documented contraindication or failure of fluphenazine.
Saphris® (asenapine)		<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication or failure of a formulary atypical antipsychotic (i.e., risperidone, ziprasidone, quetiapine, olanzapine).
Asthma/COPD Brand Single Ingredient Corticosteroid Inhalers Asmanex Twisthaler® (mometasone furoate) Alvesco® (ciclesonide)		<ol style="list-style-type: none"> 1. Patient has a documented contraindication to all preferred formulary corticosteroid inhalers (i.e., Pulmicort Flexhaler and QVAR).
Brovana® (arformoterol)		<ol style="list-style-type: none"> 1. The patient has chart documented COPD, chronic bronchitis, or emphysema; AND 2. The patient has a chart documented contraindication or failure of Serevent; OR 3. The patient is unable to use an inhaler.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Asthma/COPD, continued Combivent Respimat® (albuterol/ ipratropium)	Limited to 6 doses per day	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than 6 doses a day.
levalbuterol (Xopenex®)		1. The patient must have documented intolerant side effects to albuterol (e.g., palpitations, tremors and tachycardia).
Zyflo/CR® (zileuton)		1. The patient must have a diagnosis of asthma; AND 2. The patient must be 12 years of age or older; AND 3. The patient must have chart documented failure or prescription claims for generic Singulair or Accolate.
Beta Blockers Bystolic® (nebivolol)	Limited to a qty of 30 units per month	1. The patient must have chart documented intolerance or failure to 2 generic beta-blockers (i.e., metoprolol, atenolol, carvedilol)
Levatol® (penbutolol)		1. The patient must have a chart documented contraindication or failure of generic pindolol.
Bisphosphonates etidronate disodium (Didronel®)		The patient must have one of the following documented diagnoses: 1. Paget's disease 2. Heterotopic ossification 3. Hypercalcemia associated with malignant neoplasms
Calcium Channel Blockers isradipine (DynaCirc®)		1. The patient must have a contraindication or failure of generic amlodipine.
nisoldipine ER (Sular®)		1. The patient must have a chart documented contraindication or failure of generic amlodipine.
Cardiovascular Agents Ranexa® (ranolazine)		1. The patient must have a documented diagnosis of chronic angina; in addition, there must be a pharmacy claim for amlodipine or beta-blocker or non-acute nitrates.
Cholesterol Medications Crestor® (rosuvastatin) Livalo® (pitavastatin calcium)	All HMGs are limited to a qty of 30 units per month	1. The patient must have documented failure or Rx claim(s) for generic Zocor, OR 2. The patient is currently receiving a medication that potentiates simvastatin levels (i.e., itraconazole, ketoconazole, HIV protease inhibitors, erythromycin, gemfibrozil, cyclosporine, amiodarone, verapamil, diltiazem, amlodipine, ranolazine).
fluvastatin (Lescol®)		1. The patient must have chart documented failure of all other generic statins (i.e., simvastatin, lovastatin, pravastatin, atorvastatin)
Omega-3 Fatty Acid Products omega-3-acid ethyl esters (Lovaza®)		1. The patient's triglyceride (TG) levels are >500mg/dL (with chart documentation provided) OR 1. The patient must have documented failure or Rx claims in the past six months for at least two or more lipid-lowering agents, with at least one being a generic product (e.g., statins, fenofibrate, nicotinic acid).
WelChol® (colesevelam)		1. The patient must have a chart documented contraindication or failure to both cholestyramine and colestipol.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Cholesterol Medications, continued Zetia® (ezetimibe)		AUTHORIZATION IS ONLY REQUIRED FOR THE FOLLOWING: <ol style="list-style-type: none"> If the patient has not had an Rx claim for an HMG statin medication in the previous year. Criteria for authorization for monotherapy include a documented contraindication for both hydrophilic (Pravachol, Lescol) and lipophilic (Zocor, Lipitor) statins, elevated liver enzymes, etc. A dose >10mg per day requires documentation to support safety and efficacy.
Contraceptives All Brand Oral Contraceptives Beyaz® Natazia® Ortho Tri-Cyclen Lo® Safyral®		<ol style="list-style-type: none"> The patient must have a documented trial or Rx claims for at least two generically available oral contraceptives in the past year before any brand product will be covered. <p>NOTE: Injectable generic Depo-Provera is an alternative if compliance is a potential issue.</p>
Dermatologicals acitretin (Soriatane®)		<ol style="list-style-type: none"> The patient must have a diagnosis of severe psoriasis; AND The patient has tried and failed treatment with a topical steroid and methotrexate.
Fluorouracil (Carac®)		<ol style="list-style-type: none"> The patient has a chart documented diagnosis of actinic ketotosis; AND The patient has chart documented failure, intolerance, or Rx claims for generic Efudex (fluorouracil 2% solution or 5% cream or solution).
Clobetasol Propionate Cream and Ointment -generics clobetasol propionate (Cormax®) clobetasol propionate (Temovate®) clobetasol propionate (Temovate E®)		<ol style="list-style-type: none"> The patient must have documented failure or Rx claims for generic Diprolene/AF (augmented betamethasone) or generic Ultravate (halobetsol) cream or ointment in the past 60 days.
Cortisporin ointment® (neomycin/bacitracin/polymyxin/ hydrocortisone) Cortisporin cream® (neomycin/polymyxin/hydrocortisone)		<ol style="list-style-type: none"> The patient must have a chart documented trial, contraindication, or Rx claims for generic Bactroban and hydrocortisone 2.5% cream in the past 30 days; OR Chart documentation supports the preferred products are not appropriate for the patient's condition.
diflorasone 0.05% cream & ointment (Apexicon®)		<ol style="list-style-type: none"> The patient must have chart documented failure or Rx claim with a generic topical steroid in the same potency class (e.g., betamethasone dipropionate or fluocinonide in the past 60 days).
Elidel® (pimecrolimus)		<ol style="list-style-type: none"> The patient must have documented failure or Rx claims with at least two generically available topical steroids AND generic topical tacrolimus in the past 180 days.
Eurax® (crotamiton)		<ol style="list-style-type: none"> The patient must have a chart documented diagnosis of scabies; AND The patient must be 18 years of age or older; AND The patient must have used Permethrin 5% in the past 7-14 days with inadequate results.
Granulex® (balsam peru, castor oil, trypsin)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of Santyl.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Dermatologicals, continued <i>imiquimod (Aldara®)</i>		<ul style="list-style-type: none"> 1. The patient must have a diagnosis of actinic keratosis; AND 2. The patient must have documented failure or prescription claims for generic 5-fluorouracil cream; OR 1. The patient has a diagnosis of superficial basal cell carcinoma; AND 2. The prescriber is a dermatologist or oncologist; OR 1. The patient has a diagnosis of external genital or perianal warts; AND 2. The patient is over the age of 12 years old; AND 3. The patient has documented failure or Rx claims for generic podofilox gel or solution.
Panretin® (alitretinoin)		<ul style="list-style-type: none"> 1. The patient has a diagnosis of cutaneous lesions due to AIDS-related Kaposi's sarcoma; AND 2. The patient is not in need of systemic anti-KS therapy (e.g., more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement)
Sklice® (ivermectin)		<ul style="list-style-type: none"> 1. The patient must have a chart documented contraindication or failure of generic permethrin 1%.
Veregen® (sinecatechins)		<ul style="list-style-type: none"> 1. Patient must be 18 years or older, AND 2. Patient must have documented diagnosis of external genital or perianal warts, AND 3. Patient has documented failure with both generic Aldara and generic Condyllox.
acyclovir (Zovirax®) Ointment	Limited to 15 grams per 21 days	<p>QUANTITY LIMITS Prescription fills are limited to a 21 day supply at one time.</p>
Denavir® (penciclovir)		<ul style="list-style-type: none"> 1. The patient must have a chart documented failure with generic acyclovir tablets.
Branded Topical Antifungal Agents Ala-Quin® (clioquinol/hydrocortisone) Jublia® (efinaconazole) Kerydin® (tavaborole) Mentax® (butenafine) Naftin® (naftifine)		<ul style="list-style-type: none"> 1. The patient must have documented failure and Rx claims for four generic antifungals (e.g., Loprox, Nizoral, Spectazole and Grifulvin V).
Luzu® (luliconazole)		<ul style="list-style-type: none"> 1. The patient must have documented failure or Rx claims for at least 2 generic antifungal products (i.e., clotrimazole, miconazole, tolnaftate, terbinafine).
ciclopirox 1% shampoo		<ul style="list-style-type: none"> 1. The patient must have a documented failure or Rx claims for generic ketoconazole 2% shampoo.
All Tretinoin Products		<p>Age Restriction: Patients \geq 25 years of age must have a documented diagnosis of acne.</p>
All Generic Isotretinoin Products Amnesteem (isotretinoin) Claravis (isotretinoin) Myorisan (isotretinoin) Zenatane (isotretinoin)		<ul style="list-style-type: none"> 1. The patient has a documented diagnosis or severe recalcitrant nodular or refractory acne OR severe refractory rosacea; AND 2. The patient has tried and failed treatment with at least 3 generic topical acne products AND one oral generic antibiotic; OR 1. The patient has neuroblastoma or cutaneous T-cell lymphoma (CTCL).

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Dermatologicals, continued Brand Topical Steroids Cordran Tape® (flurandrenolide)		1. The patient must have documented failure or Rx claim with a generic topical steroid in the same potency class (e.g., Ultravate, Diprolene) in the past 60 days.
<i>clocortolone</i> (Cloderm®)		1. The patient must have a chart documented failure or Rx claim with a generic topical steroid in the same potency class (e.g., Aclovate, Desowen and Synalar) in the past 60 days.
<i>diclofenac 3% gel</i> (Solaraze®)		1. The patient must have a chart documented diagnosis of actinic keratosis.
<i>calcipotriene</i> (Dovonex®)	Safety limited to a qty of ≤ 100g per 7 days	QUANTITY LIMITS ONLY
<i>calcitriol</i> (Vectical®)	Safety limited to a qty of ≤ 200g per 7 days	QUANTITY LIMITS ONLY
Diabetes Avandia® (rosiglitazone)		1. The patient must have a chart documented contraindication or failure of generic Actos (pioglitazone).
Glyset® (miglitol)		1. The patient must have a diagnosis of type 2 diabetes mellitus; AND 2. The patient must have a chart documented contraindication to or inadequate glycemic control with metformin, a sulfonylurea, and pioglitazone.
Kombiglyze XR® (saxagliptin/metformin)		1. The patient must have documented failure or Rx claims with a preferred formulary DPP-4 inhibitor (i.e. Tradjenta, Jentadueto).
Onglyza® (saxagliptin)	Limited to a qty of 30 units per month	1. The patient must have documented failure or Rx claims with a preferred formulary DPP-4 inhibitor (i.e. Tradjenta, Jentadueto).
Tradjenta® (linagliptin) Invokana® (canagliflozin)	Limited to a qty of 30 units per month	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<u>Diabetes, continued</u> Afrezza® (insulin human inhalation powder)	4 unit cartridges limited to 3 per day; 90 cartridges per 30 days 8 unit cartridges limited to 9 per day; 270 cartridges per 30 days	<ol style="list-style-type: none"> Patient has a documented contraindication to a comparable preferred formulary insulin (i.e., Humulin and Humalog products) Patient has no history of: <ol style="list-style-type: none"> Smoking in the previous 6 months, OR Chronic lung disease, such as asthma or COPD For patients with type 1 diabetes, documentation must be provided that patient is using concurrent long-acting insulin.
Apidra® Novolin® Insulins (insulin) Novolog® Insulins (insulin aspart) Novolog Mix® (insulin)		<ol style="list-style-type: none"> Patient has a documented contraindication to a comparable preferred formulary insulin (i.e. Humulin and Humalog products),
Glucose Test Strips Freestyle Lite® Freestyle Insulinix® Precision Xtra®	Limited qty of 150 units per 30 days or 450 units per 90 days	DOSE OPTIMIZATION ONLY
<u>Estrogens</u> Enjuvia® (conjugated estrogens) Premarin® (conjugated estrogens) Menest® (esterified estrogens)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic Estrace (estradiol) tablets.
Premarin cream® (conjugated estrogens)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic estradiol tablets and Estrace cream.
<u>Estrogen/Progestin Combination</u> Angeliq® (drospirenone/estradiol)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic Estrace (estradiol).
<u>Genitourinary Medications</u> Avodart (dutasteride)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic Proscar (finasteride).
Enablex® (darifenacin) Toviaz® (fesoterodine) <i>tolterodine/ER</i> (Detrol/LA®) <i>trospium</i> (Sanctura®) Vesicare® (solifenacina)	Limited to a qty of 1 unit per day	<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic oxybutynin. <p>NOTE: System edits apply for prescription claims submitted for more than once daily dosing.</p>
<i>oxybutynin, sust release</i> (Ditropan XL®)	Limited to a qty of 1 unit per day	<ol style="list-style-type: none"> DOSE OPTIMIZATION ONLY <p>NOTE: System edits apply for prescription claims submitted for more than once daily dosing.</p>

APPENDIX D

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Genitourinary Medications, continued Cialis 2.5, 5MG® (tadalafil)	Limited to 30 tablets per month for indication of BPH	<ol style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of benign prostatic hyperplasia (BPH); AND 2. The patient must have documented failure or contraindication to at least one formulary alternative from either of the following classes of medication: <ol style="list-style-type: none"> a. Alpha-1 Adrenergic Blockers (i.e., alfuzosin, doxazosin, tamsulosin, or terazosin) b. 5-Alpha Reductase Inhibitors (i.e., finasteride or Avodart); AND 3. If the patient has a history of nitrate use <ol style="list-style-type: none"> a. The physician must submit a written request on physician letterhead stating that the patient is no longer using nitrates; AND b. The physician must hand-sign the request.
Myrbetriq® (mirabegron)	Limited to a qty of 1 unit per day	<ol style="list-style-type: none"> 1. Patient must have chart documented treatment failure or intolerance to at least 2 generic formulary alternatives for overactive bladder (i.e., oxybutynin, tolterodine, trospium chloride).
Rapaflo® (silodosin)		<ol style="list-style-type: none"> 1. The patient must have documented failure based on chart documentation or Rx claims for a generically available alpha1-blocker indicated for BPH (i.e., generic Cardura, Hytrin or Flomax).
Immunological Agents <i>mycophenolate suspension</i> (Cellcept®)		<ol style="list-style-type: none"> 1. The patient must have a documented inability to swallow a solid dosage form.
Laxatives Prepopik® (sodium picosulfate, mag oxide, citric acid)		<ol style="list-style-type: none"> 1. The patient must have a chart documented contraindication to a generic bowel prep regimen (i.e., PEG3350, TriLyte, GaviLyte).
Migraine Medications <i>almotriptan (Axert®)</i> <i>Frova® (frovatriptan)</i> <i>Relpax® (eletriptan)</i> <i>zolmitriptan/disintegrating</i> (Zomig/ZMT®)	All triptans combined are limited to a qty of 9 tablets per 30 days	<ol style="list-style-type: none"> 1. The patient must have chart documented failure or Rx claims for all preferred alternatives (i.e., generic Amerge, Imitrex, and Maxalt), or preferred alternatives must be inappropriate with chart documentation provided. <p>Criteria for more than 9 tablets per month</p> <ol style="list-style-type: none"> 1. The patient is currently receiving medication therapy for the prophylaxis of migraines based on Rx claims in the past 120 days and still requires more than nine tablets per month, OR 2. The patient has had documented failure of all options for migraine prophylaxis and still requires more than nine tablets per month.
<i>sumatriptan injection (Imitrex Injection®)</i>	All injectable sumatriptan products limited to 6 injections for 30 days	<p>Criteria for more than 6 injections per month</p> <ol style="list-style-type: none"> 1. Patient is currently receiving medication therapy for the prophylaxis of migraines based on Rx claims in the past 120 days and still requires more than 6 injections per month, OR 2. Patient has had documented failure or contraindication to all options for migraine prophylaxis and requires more than 6 injections per month.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Migraine Medications, continued <i>sumatriptan</i> (Imitrex Nasal Spray®)	limited to a quantity of 6 per month	<p>Criteria for more than 6 units per month</p> <p>1. Patient is currently receiving medication therapy for the prophylaxis of migraines based on Rx claims in the past 120 days and still requires more than 6 units per month, OR</p> <p>1. Patient has had documented failure or contraindication to all options for migraine prophylaxis and requires more than 6 units per month.</p>
Brand Ergotamine Products <i>Migergot®</i> (ergotamine/caffeine rectal suppositories)	20 supps per 30 days	<p>1. The patient must have a diagnosis of migraine headaches; AND</p> <p>2. The patient must have chart documented failure or prescription claims for an oral generic triptan medication (i.e. generic Imitrex, generic Amerge); OR</p> <p>3. The patient has a chart documented contraindication or intolerance to triptan medications.</p>
Muscle Relaxants <i>tizanidine</i> (Zanaflex® capsules)		<p>1. The member has a documented contraindication to generic tizanidine tablets</p>
Miscellaneous <i>phenoxybenzamine</i> (Dibenzyline®)		<p>1. The patient must have a chart documented diagnosis of pheochromocytoma.</p>
<i>Lyrica®</i> (pregabalin)		<p>1. The member must have a chart documented contraindication or failure of generic gabapentin.</p> <p>Quantity limits/dose optimization:</p> <p>1. The 25, 50, 75, 100, 150 and 200mg capsules are limited to a quantity of 90 per month.</p> <p>2. The 225 and 300mg capsules are limited to a quantity of 60 per month.</p>
<i>Movantik®</i> (naloxegol)	Limited to a qty of 30 units per 30 days	<p>1. The patient must be on a stable opioid regimen, AND</p> <p>2. The patient has documented opioid constipation, AND</p> <p>3. The patient must have documented treatment failure with at least 3 generic/OTC cathartics (e.g., bisacodyl, docusate sodium, lactulose, mineral oil, polyethylene glycol, phosphasoda enema, etc.) and Amitiza.</p>
<i>modafinil</i> (Provigil®) <i>Nuvigil®</i> (armodafinil)	Nuvigil quantity is limited to 30 units per 30 days	<p>1. The patient has a documented diagnosis of narcolepsy, or excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS) or shift work sleep disorder (SWSD).</p>
Sildenafil 20mg (Revatio®) For Pulmonary Hypertension	Limited to a qty of 30 units per 30 days.	<p>1. The patient must have a documented diagnosis of pulmonary arterial hypertension.</p>
<i>Adcirca®</i> (tadalafil)		<p>1. The patient must have a documented diagnosis of pulmonary arterial hypertension.</p> <p>2. If the patient has a history of nitrate use, the physician must submit a written request on his/her letterhead stating that the patient is no longer using nitrates.</p>

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Miscellaneous, continued <i>Savella® (milnacipran)</i>		<ol style="list-style-type: none"> 1. The patient must have a documented diagnosis of fibromyalgia, OR 2. Documentation of all of the following: <ol style="list-style-type: none"> a. Widespread pain for at least 3 months, AND b. Pain on both sides of the body, above and below the waist, AND c. Abnormal tenderness in at least 11 of the 18 anatomically-defined body sites.
Uloric® (febuxostat)	Limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. Patient must have documented failure or prescription claims with allopurinol, OR 2. The patient cannot tolerate therapeutic doses or is not an appropriate candidate for allopurinol based on documentation provided.
NSAIDs <i>diclofenac/misoprostol (Arthrotec®)</i>	All Cox-2 drugs are limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. Documented indication for acute or chronic treatment of the signs and symptoms of osteoarthritis or rheumatoid arthritis, AND 2. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.). Adequate course of therapy is defined as a full therapeutic dose on a scheduled basis for at least 1-2 weeks; OR 3. The patient is identified as "high risk" for developing GI complications: <ol style="list-style-type: none"> a. Age over 60 years old AND any one of the following risks: b. Requiring prolonged use of max dose of traditional NSAIDS OR c. Concomitant use of steroids OR d. Documented history of ulcer/bleed/perforation, OR 4. Active ulcer or recent documented history of ulcer (within 6 months) on history of GI bleed/perforation.
celecoxib (Celebrex®)	Cox-2 drugs are limited to a qty of 30 units per month	<ol style="list-style-type: none"> 1. Documented indication for acute or chronic treatment of the signs and symptoms of osteoarthritis or rheumatoid arthritis, AND 2. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.). Adequate course of therapy is defined as a full therapeutic dose on a scheduled basis for at least 1-2 weeks; OR 3. The patient is identified as "high risk" for developing GI complications: <ol style="list-style-type: none"> a. Age over 60 years old AND any one of the following risks: b. Requiring prolonged use of max dose of traditional NSAIDS OR c. Concomitant use of steroids OR d. Documented history of ulcer/bleed/perforation, OR 4. Active ulcer or recent documented history of ulcer (within 6 months) or history of GI bleed/perforation.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
NSAIDs, continued <i>etodolac/ER</i> (Lodine/XL®) <i>oxaprozin</i> (Daypro®)		1. The patient must have chart documented failure of at least 4 other generic NSAIDs.
Flector® (diclofenac epolamine transdermal patch)		1. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.). Adequate course of therapy is defined as a full therapeutic dose on a scheduled basis for at least 1-2 weeks; OR 2. The patient is identified as "high risk" for developing GI complications: a. Age over 60 years old AND any one of the following risks: b. Requiring prolonged use of max dose of traditional NSAIDS OR c. Concomitant use of steroids OR d. Documented history of ulcer/bleed/perforation, OR 3. Active ulcer or recent documented history of ulcer (within 6 months) or history of GI bleed/perforation.
Voltaren Gel® (diclofenac sodium)		1. The patient must have documented failure or Rx claims for an adequate course of therapy with at least two generic prescription NSAID agents (e.g., ibuprofen, naproxen, piroxicam, ketoprofen, diclofenac, etc.).
Ophthalmic Products Ophthalmic Antibiotic Besivance® (besifloxacin)		1. The patient must have a chart documented diagnosis of methicillin-resistant staphylococcus aureus (MRSA) infection of the eye.
azelastine (Optivar®) epinastine (Elestat®)		1. The patient must have documented failure or Rx claim for generic OTC Zaditor in the past 90 days (covered with written prescription).
AntiGlaucoma Agent Azopt® (brinzolamide)		1. The patient must have a documented failure or Rx claims for generic Trusopt (dorzolamide).
Brand Topical Ophthalmic Antihistamines Alocril® (nedocromil sodium) Alomide® (Iodoxamide tromethamide) Bepreve® (bepotastine besilate) Emadine® (emedastine difumarate) Lastacaft® (alcaftadine)		1. The patient must have documented failure or Rx claim for generic OTC Zaditor in the past 90 days (covered with written prescription). 2. If the patient fails treatment with generic OTC Zaditor, both generic Optivar and Elestat must be tried and failed before a brand will be approved.
Durezol® (difluprednate) Lotemax® (loteprednol) Vexol® (rimexolone)		1. The patient must have a chart documented contraindication or failure to fluorometholone 0.1% suspension or prednisolone 1% suspension.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
Ophthalmic Products, continued Restasis® (cyclosporine)	Qty is limited to 2 units per day	<ol style="list-style-type: none"> Patient has a diagnosis of tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca (chronic dry eye disease), Sjogren's Syndrome, or is being treated for Graft vs. Host Disease or Corneal Transplant Rejection AND all of the following: Patient must have a functioning lacrimal gland; AND Member has failed at least two separate 30-day trials using two different OTC ocular lubricants / artificial tear solutions 4x/day during each trial; AND Must be prescribed by an ophthalmologist or optometrist; AND Patient is not less than 16; AND Patient has not had an ocular infection, surgery, or injury in the last 6 months; AND Patient is not using daily contacts; AND <p>Authorization is limited to 3 months. Extended authorizations are dependent on response and use.</p>
Simbrinza® (brimonidine/brinzolamide)		1. The patient must have a chart documented trial of a brimonidine 0.2% ophthalmic solution.
Betimol® (timolol)		1. The patient must have documented failure or Rx claim for generic Timolol (i.e., Timoptic).
Combigan® (brimonidine/timolol)		1. The patient must have a chart documented trial of a brimonidine and beta blocker (i.e., timolol) ophthalmic product.
Topical Ophthalmic Prostaglandin Analogs Lumigan 0.01%® (bimatoprost)		1. The patient must have documented failure or prescription claims for a generic prostaglandin analog (i.e., generic Xalatan).
Osteoporosis ibandronate (Boniva®)		1. The patient must have a chart documented contraindication or failure of generic alendronate.
Phosphate Binders Phoslyra® (calcium acetate) solution Renvela® (sevelamer carbonate) packets		1. The patient must have a documented inability to swallow a solid dosage form.
Fosrenol® (lanthanum carbonate)		<ol style="list-style-type: none"> The patient must have a chart documented diagnosis of hyperphosphatemia; AND The patient has a contraindication or failure of generic calcium acetate.
Progestins Crinone® (progesterone gel)		1. The patient must currently be pregnant.
Proton Pump Inhibitors lansoprazole (Prevacid®)		1. The patient must have a chart documented contraindication or failure of generic omeprazole and pantoprazole.
Pulmonary Daliresp® (roflumilast)		<ol style="list-style-type: none"> The patient has severe COPD associated with chronic bronchitis; AND The patient had at least 1 COPD exacerbation requiring systemic corticosteroids or hospitalization in the previous year; AND The patient has documented treatment failure with an inhaled corticosteroid with a long-acting beta agonist.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<u>Sleeping Aids</u> Rozerem® (ramelteon)	Quantity is limited to 1 per day	<ol style="list-style-type: none"> If there is no contraindication present, the patient must have documented failure or Rx claim(s) for three generically available sleeping agents (e.g., Ambien, Desyrel, Halcion, Prosom, Restoril or Sonata). If a contraindication to benzodiazepines is present, the patient must try and fail an adequate course of therapy with generic Ambien AND Sonata. <p>NOTE: Limited to 1 unit per day. Prior Authorization for more than 1 unit per day is based on a specific review of medical necessity.</p>
<u>zolpidem</u> (Ambien/CR®) <u>temazepam</u> (Restoril®) <u>zaleplon</u> (Sonata®)		<p>QUANTITY LIMITS ONLY</p> <p>NOTE: Limited to 1 unit per day. Prior Authorization is only required for quantities that exceed the limit, and is based on a specific review of medical necessity.</p>
<u>Opioid Dependency Agents</u> Buprenorphine and Buprenorphine/Naloxone Combination Products Suboxone® Film (buprenorphine/naloxone) <i>buprenorphine/naloxone</i> (Suboxone® SL Tablet) buprenorphine/naloxone <i>buprenorphine</i> (Subutex®)	Suboxone 12-3mg, 4-1mg films limited to 2 units per day Suboxone 2-0.5mg, 8-2mg, Subutex, limited to 3 units per day	<ol style="list-style-type: none"> The patient must have a chart documented diagnosis of opioid addiction/dependence (Opioid Dependency Agents are not indicated or covered for the treatment of pain); AND The patient must not be using short or long acting opioids concurrently, verified by current MAPS report; AND The prescriber must be certified to prescribe buprenorphine for opioid dependence and provide their Drug Addiction Treatment (DATA) 2000 waiver identification number (X DEA number); AND For Subutex, if used for maintenance therapy, the patient must have a contraindication to or unable to tolerate naloxone in combination with buprenorphine If approved, all opioid analgesics claims will be blocked If during treatment, opioid use is discovered, the authorization may be terminated. <p>Duration of approval is for 6 months</p> <p>Renewal Criteria</p> <ol style="list-style-type: none"> The patient must have evidence of a dosage taper, AND The patient's MAPS report does not contain evidence of opioid use during treatment.
All Opioid Agents when the patient has current approval for an opioid dependency medication		<ol style="list-style-type: none"> If the patient has current approval for an opioid dependency medication, any/all opioid products will not be covered during the same timeframe.
<u>Thyroid Hormone</u> Thyrolar® (liotrix)		<ol style="list-style-type: none"> The patient must have a chart documented contraindication or failure of generic levothyroxine.
<u>Inflammatory Bowel Disease</u> Canasa (mesalamine) Delzicol (mesalamine) Dipentum® (olsalazine sodium) Lialda® (mesalamine) Pentasa (mesalamine)	Canasa limited to 1 suppository per day	<ol style="list-style-type: none"> The patient must have documented failure or Rx claims for at least two formulary agents (e.g., generic Azulfidine, Colazal, or Asacol) in the past year.
<u>Gastrointestinal agents</u> Amitiza® (lubiprostone)		<ol style="list-style-type: none"> The patient must have documented treatment failure with at least 3 generic/OTC cathartics (e.g., bisacodyl, docusate sodium, lactulose, mineral oil, etc)

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DRUG/CATEGORY	QTY LIMIT	CRITERIA
Gastrointestinal agents, continued Fulyzaq® (crofelemer)		1. The patient is currently being treated for diarrhea associated with antiretroviral therapy for the treatment of HIV/AIDS.
Relistor® (methylnaltrexone)		1. The patient must have a diagnosis of opioid-induced constipation; AND 2. The patient has advanced illness and receiving palliative care with a life expectancy of less than 6 months; AND 3. The patient has documented failure or contraindication of 3 other laxative drugs.
Vasodilating Agents BiDil® (isosorbide dinitrate/hydralazine)		1. The patient is of black descent as outlined in the FDA approved product labeling AND 2. The patient has heart failure and is also being treated with standard heart failure therapy (i.e., ACE, ARB, beta-blocker)
Letairis® (ambrisentan) Tracleer® (bosentan) <i>epoprostenol</i> (Flolan®) Remodulin® (treprostinil)		1. The patient must have a documented diagnosis of pulmonary arterial hypertension.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<p>Weight Management All medications for the treatment of obesity <u>Examples:</u> <i>phentermine</i> (Adipex®) <i>Belviq®</i> (lorcaserin) <i>phendimetrazine</i> (Bontril 105mg®) <i>phendimetrazine</i> (Bontril PDM 35mg®) <i>Contrave®</i> (naltrexone/bupropion) <i>Diethylpropion®</i> (diethylpropion) <i>Qsymia®</i> (phentermine/topiramate) <i>Xenical®</i> (orlistat)</p>		<ol style="list-style-type: none"> 1. The patient is an adult ≥ 18 years of age; AND 2. The patient has a body mass index (BMI) of $\geq 30\text{kg}/\text{m}^2$, OR 3. The patient has a body mass index (BMI) of $\geq 27\text{kg}/\text{m}^2$ with any of the following co-morbidities: <ul style="list-style-type: none"> -established coronary heart disease -atherosclerotic disease -type 2 diabetes -sleep apnea, OR 4. The patient has a body mass index (BMI) of $\geq 27\text{kg}/\text{m}^2$, <ol style="list-style-type: none"> A. With at least three of the following risk factors: <ul style="list-style-type: none"> -hypertension -high LDL cholesterol -low HDL cholesterol -impaired fasting glucose -smoking -family history of early cardiovascular disease -age ≥ 45 years for men or age ≥ 55 years for women, AND B. The patient has undergone evaluation to rule out other treatable causes of obesity, not presence of malabsorption syndrome, thyroid conditions, cholestasis, pregnancy, and/or lactation, AND C. There has been a previous weight loss attempt for at least 6-12 months within one (1) year through a physician-supervised diet and exercise program consisting of low calorie diet, AND D. The patient has a strong desire, willingness and cognitive ability to make changes in diet and activity level, AND E. The medication is part of a continued treatment plan, which includes a calorie and fat reduced diet and a regular exercise program. AND 5. The patient is not pregnant or breastfeeding, AND 6. If the medication is a brand name product, the patient must have tried a generically available product (i.e. phentermine, diethylpropion) in the past year AND meet drug specific criteria if applicable. <p>Belviq:</p> <ol style="list-style-type: none"> 1. The patient must not be taking a serotonergic drug (i.e. SSRIs, SNRIs, MAOIs, triptans, bupropion, dextromethorphan, St. John's Wort, AND) 2. The dose doesn't exceed 10 mg twice daily. <p>Contrave:</p> <ol style="list-style-type: none"> 1. The patient must not be taking bupropion, AND 2. The patient is not currently on long-term opioid analgesic therapy, AND 3. The patient doesn't have a history of seizures.

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<p>Weight Management, continued All medications for the treatment of obesity <u>Examples:</u> <i>phentermine</i> (Adipex®) <i>Belviq®</i> (lorcaserin) <i>phendimetrazine</i> (Bontril 105mg®) <i>phendimetrazine</i> (Bontril PDM 35mg®) <i>Contrave®</i> (naltrexone/bupropion) <i>Diethylpropion®</i> (diethylpropion) <i>Qsymia®</i> (phentermine/topiramate) <i>Xenical®</i> (orlistat)</p>		<p>Qsymia:</p> <ol style="list-style-type: none"> 1. The patient must not be intolerant to phentermine or topiramate, AND 2. The patient has not taken a MAOI in the past 14 days (i.e., isocarboxazid, linezolid, phenelzine, rasagiline, selegiline, tranylcypromine). <p>Xenical:</p> <ol style="list-style-type: none"> 1. The patient must not have a history of cholestasis or chronic intestinal malabsorption. <p>If the preceding criteria are met, the request for a weight loss medication will be approved for 1 year (365 days) of total coverage.</p>

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<p>Quantity Limit QL Specific request for a dose, quantity, day supply or duration that exceeds the established limits</p>		<ol style="list-style-type: none"> 1. The physician must provide documentation of the clinical rationale for requesting a dosage, quantity, day supply or duration of medication greater than the criteria specified in the formulary. 2. If the dosage exceeds the manufacturer product labeling/prescribing information, the physician must submit documentation of two articles from peer reviewed journals demonstrating the safety and efficacy of the prescribed therapy.

Exception Requests

DRUG/CATEGORY	QTY LIMIT	CRITERIA
<p>Exceptions Criteria (for all non-covered drugs in a closed formulary)</p>		<ol style="list-style-type: none"> 1. Based on specific documented patient circumstances, each/all of the formulary drugs/alternatives are not appropriate because: <ol style="list-style-type: none"> a. Medication(s) are contraindicated or unsafe, or b. Patient is intolerant or allergic, or c. Patient had an inadequate or inappropriate response; AND 2. Chart documentation to support this medical necessity has been provided; AND 3. The requested drug and dosage is FDA-approved for the patient's diagnosis; AND 4. If established HealthPlus prior authorization criteria exist for an open commercial formulary, the prior authorization criteria will also apply.

HEALTHPLUS PRIOR AUTHORIZATION CRITERIA

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High Risk Medications in the Elderly (≥ 66 years old)

Based on the availability of safer alternatives, the following medications require prior authorization for members 66 years of age and older with the following criteria:

- 1) The recommended alternative treatment(s) are not appropriate, are contraindicated or are unsafe for the patient based on specific documented patient circumstances, **OR**
- 2) The patient has a documented trial and failure (or prescription claims) for the recommended alternative treatment(s).

Name	Concern	Alternative Treatment
Estrogens – all oral and topical patches only (Premarin, estradiol, Estratest, generic Vivelle-Dot, etc.)	Evidence of breast/Endometrial cancer; No cardio or cognitive protection in older women	Hot flashes: non-pharmacological therapy, generics for Zoloft, Paxil, Effexor Bone density: Calcium with vitamin D ² , Fosamax, Boniva ¹ , Evista ¹
Promethazine (Phenergan) – including all combinations	Anticholinergic effects (i.e., urinary retention, confusion, sedation)	Antihistamine: Claritin ^{1,2} , Zyrtec ² Antiemetic: generics for Antivert, Zofran ¹ Cough: Dextromethorphan
Promethazine w/ Codeine		
Nitrofurantoin (Macrodantin)	Nephrotoxicity	Depends on site of infection, culture, and sensitivity. generics for Bactrim, Vibramycin, Azithromycin, Fluoroquinolone ¹
Thyroid USP (Armour Thyroid, Desiccated)	Cardiac adverse effects	Levothyroxine (LT4): Synthroid, generic Levoxyl
Glyburide (Micronase)	Associated with an increased risk of hypoglycemia compared to other agents	Diabetes: generics for Glucotrol, Amaryl, Metaglip
Glyburide-Metformin (Glucovance)		
Chlorpropamide (Diabinese)		
Hydroxyzine (Vistaril, Atarax)	Anticholinergic effects, urinary retention, confusion, sedation	Antihistamine: Claritin ² , Zyrtec ²
Carisoprodol (Soma)	Anticholinergic effects, sedation, cognitive impairment, weakness, urinary retention	Physiotherapy: correct seating & footwear Spasticity: Baclofen, Zanaflex tablets. Treat underlying problems
Cyclobenzaprine (Flexeril)		
Orphenadrine (Norflex)		
Chlorzoxazone (Parafon Forte)		
Methocarbamol (Robaxin)		

HEALTHPLUS PRIOR AUTHORIZATION CRITERIA

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Name	Concern	Alternative Treatment
Amitriptyline (Elavil)	Highly anticholinergic, sedating, and causes orthostatic hypotension	Depression: generics for Zoloft, Paxil, Effexor
Imipramine (Tofranil)		
Trimethobenzamide (Tigan)	Extrapyramidal side effects, poor efficacy	Nausea: generics for Zofran, Compazine, or Reglan
Ketorolac (Toradol)	GI bleeding	Pain: Tylenol ² , Motrin ² , generic Norco
Indomethacin		
Dipyridamole (Persantine)	Orthostatic hypotension, poor efficacy	For secondary prevention of non-cardioembolic stroke or TIA: generics for Plavix, Aggrenox, Aspirin

¹ Drug may require prior authorization or may have limited coverage depending on member's benefit plan

² Available OTC

HEALTHPLUS
PRIOR AUTHORIZATION CRITERIA FOR SPECIALTY/INJECTABLE DRUGS

APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Anticoagulants</u> fondaparinux (Arixtra®)	1. The patient must have a chart documented contraindication or failure of generic enoxaparin.		
<u>Antihyperlipidemics</u> Juxtapid® (lomitapide mesylate)	1. The patient must be over 18 years old; AND 2. The patient must have a previous Rx claim for a HMG-CoA reductase inhibitor (i.e. statin); AND 3. The patient must have clinical and/or laboratory determined presence of homozygous familial hypercholesterolemia. Acceptable documentation includes*: a. Chart documentation confirming the presence of xanthomas before the age of 10, an untreated LDL of >500mg/dL, a treated LDL of ≥300mg/dL, or a treated non-HDL ≥330mg/dL; OR b. Genetic testing showing 2 mutated alleles at the LDL-Receptor, ApoB, PCSK9, or ARH adaptor protein gene locus; AND 4. A negative pregnancy test must be completed just prior to initiating therapy; AND 5. The patient must have ALT, AST, alkaline phosphate, total bilirubin, INR, and SCr testing obtained just prior to initiating therapy; AND 6. The results from liver function tests must be normal (no clinically significant or unexplainable abnormalities); AND 7. The dose must be appropriate based on manufacturer recommendations.	Approval of prior authorization requests is limited to 12 months.	Recent lab results (within 3 months) are required for each renewal.

HEALTHPLUS
PRIOR AUTHORIZATION CRITERIA FOR SPECIALTY/INJECTABLE DRUGS

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Antihyperlipidemics, continued</u> Praluent® (alirocumab) Repatha® (evolocumab)	<p>1. For the management of hyperlipidemia as ADJUNCT to diet and maximally tolerated statin therapy in the following patient populations:</p> <ul style="list-style-type: none"> a. <u>Familial Hypercholesterolemia (FH)</u> <ul style="list-style-type: none"> I. Homozygous (HoFH) or Heterozygous (HeFH) II. Evidence in the medical record of established HoFH or HeFH with diagnostic criteria for clinical diagnosis of FH or positive results of genetic testing - OR - b. <u>Clinical ASCVD</u> <ul style="list-style-type: none"> I. Clinical diagnosis of Atherosclerotic Cardiovascular Disease (ASCVD), defined as evidence in medical record on history of ONE of the following: <ul style="list-style-type: none"> ▪ Myocardial infarction (MI) -OR- ▪ Acute Coronary Syndrome (ACS) -OR- ▪ Stable or unstable angina -OR- ▪ Thromboembolic stroke -OR- ▪ Transient ischemic attack (TIA) -OR- ▪ Peripheral arterial disease (PAD) -OR- ▪ Coronary or other arterial revascularization II . Documented adherence to 2013 ACC/AHA Lifestyle Management guidelines (e.g. heart healthy diet, aerobic exercises 3 to 4 times weekly, active weight loss) - AND - III . Documented non-smoker - AND - IV . Failure to attain LDL-C reduction in accordance with the 2013 ACC/AHA cholesterol guidelines defined as < 50% reduction in LDL-C compared to baseline LDL-C level with the ~ 12 weeks use of high-intensity statin therapy (must include trial of rosuvastatin 40 mg daily or equivalent) plus ezetimibe <ul style="list-style-type: none"> i . Adherence to statin therapy and ezetimibe (with evidence of ≥ 75% adherence to prescribed regimen via claims processing) -OR- (continued on next page...) 	Duration of initial approval is for 3 months.	<p>Praluent: QL 1 injection per 14 days. Prescriptions are limited to 14 day supplies to monitor adherence to therapy.</p> <p>Renewal requires documentation of the following: <ul style="list-style-type: none"> a. LDL levels have dropped by 40% since initiating therapy; -- AND b. Liver transaminases are less than 3X normal limit. </p> <p>Repatha: Prescriptions are limited to: <ul style="list-style-type: none"> • 1 (140mg/ml) injection per 14 days for patients with HeFH or clinical atherosclerotic cardiovascular disease • 3 (140mg/ml) injections per 28 days for patients with HoFH </p> <p>Renewal requires documentation of the following: <ul style="list-style-type: none"> a. LDL levels have dropped by 40% since initiating therapy </p>

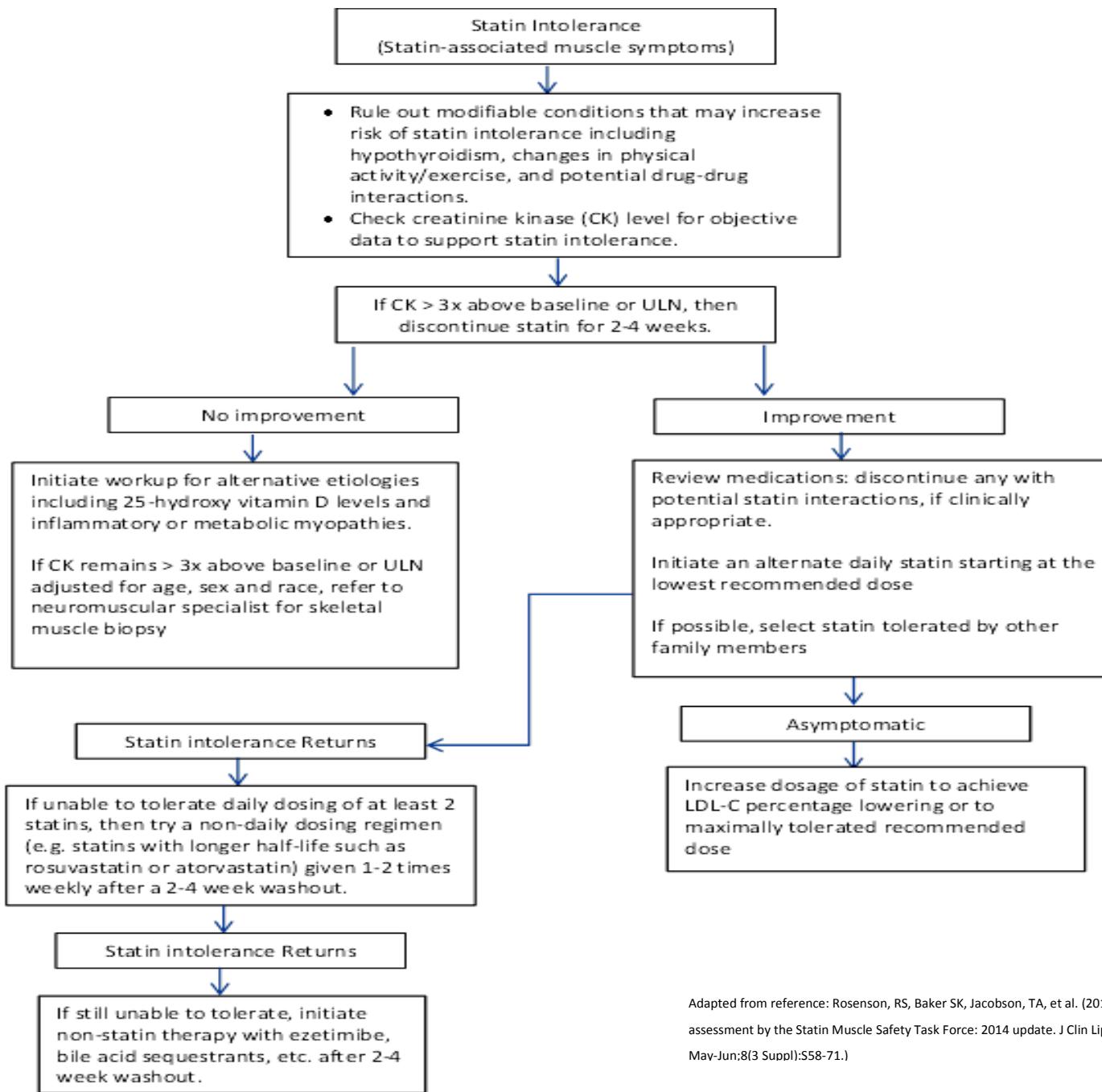
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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Antihyperlipidemics, continued</u> Praluent® (alirocumab) Repatha® (evolocumab)	<p>V . Intolerance to statin therapy, where medical records containing objective data (e.g. elevated LFTs or elevated creatinine kinase levels) must be submitted for review to support statin intolerance</p> <ul style="list-style-type: none"> i. Must demonstrate evidence of statin intolerance via objective data on ≥ 3 statin regimens (refer to figure on page 29 for required trials of statin therapy) and demonstrate adherence through pharmacy claims data (See page 29 for workflow process) <ul style="list-style-type: none"> ▪ Reference: Moriarty PM, Thompson PD, Cannon CP, et al. ODYSSEY ALTERNATIVE: efficacy and safety of alirocumab versus ezetimibe, in patients with statin intolerance defined by placebo run-in and statin rechallenge arm. Presented at: American Heart Association 2014 Scientific Sessions; November 15-19, 2014a; Chicago, IL, USA. http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@scon/documents/downloadable/ucm_469684.pdf <ol style="list-style-type: none"> 2. Initially prescribed by cardiologist or lipid specialist for hyperlipidemia. [Requests for renewal may be submitted by cardiologist, lipid specialist, or primary care physician (PCP). If renewal completed by PCP, member is adherent to annual follow-up with specialist (i.e. cardiology). 3. Concurrent use of high intensity statin with PCSK9 inhibitor (adherence). 4. Medical records and labs are required to be submitted for review of appropriateness based on listed criteria for use <p>-PCSK9 medication will not be approved for use with another PCSK9 inhibitor, Kynamro, or Juxtapid</p>		

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Adapted from reference: Rosenson, RS, Baker SK, Jacobson, TA, et al. (2014). An assessment by the Statin Muscle Safety Task Force: 2014 update. *J Clin Lipidol.* 2014 May-Jun;8(3 Suppl):S58-71.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antivirals entecavir (Baraclude®)	<ul style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of chronic Hepatitis B with evidence of active viral replication; AND 2. There is evidence of persistent elevations in serum aminotransferases (ALT or AST); OR 3. The patient has histologically active disease. 		Limited to 1 tablet or 20 ml per day
Antivirals HIV Medications All Products Containing Abacavir Epzicom® (abacavir sulfate/lamivudine) Triumeq® (abacavir/ dolutegravir/lamivudi) <i>abacavir sulfate/</i> <i>lamivudine/zidovudine</i> (Trizivir®) Ziagen® (abacavir) solution <i>abacavir</i> (Ziagen®) tablet	<ul style="list-style-type: none"> 1. The patient has been screened for the HLA-B*5701 allele with a negative test result. <p>New Starts Only</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Antivirals</u> HIV Medications, continued All Products Containing Rilpivirine Complera® (emtricitabine/rilpivirine/tenofovir) Edurant® (rilpivirine)	<p>1. The patient has a HIV-1 RNA level less than or equal to 100,000 copies/mL; AND 2. The patient has a confirmed CD4+ count greater than or equal to 200 cells/mm3.</p> <p>New Starts Only</p>	Duration of prior authorization approval is limited to 12 months	
Evotaz® (atazanavir/cobicistat) Prezcobix® (darunavir/cobicistat)	<p>DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing</p>		Limited to a quantity of 1 unit per day
Fuzeon® (enfuvirtide)	<p>1. For new starts, patient must have a diagnosis of HIV-1; AND 2. Fuzeon must be used in combination with other anti-retroviral agents; AND 3. Patient must be anti-retroviral treatment-experienced; AND 4. Evidence of HIV-1 replication despite ongoing anti-retroviral therapy; AND 5. Patient or caregiver is able to demonstrate appropriate techniques for administration of Fuzeon.</p>	Long-term	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Antivirals</u> HIV Medications, continued Protease Inhibitors <i>saquinavir</i> (Invirase®) <i>tipranavir</i> (Aptivus®)	1. Patient is concomitantly receiving the boosting agent ritonavir (Norvir tablets or capsules), AND 2. Pharmacy submits the claims for the boosting agent and the protease inhibitor on the same day according to the required protocol. New Starts Only		1. A pharmacy must first submit, and receive, an adjudicated claim for the boosting agent ritonavir (Norvir Tablets or Capsules). 2. Once the ritonavir claim is accepted, the pharmacy may then submit a claim for the prescribed protease inhibitor. 3. Claims must be submitted on the same day. If Norvir is reversed, accompanying PI must also be reversed. If submitted out of order, the pharmacy will receive a message stating “Norvir boosting required for his agent. Please submit ritonavir (Norvir) prior to adjudicating the primary protease inhibitor”.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Antivirals</u> HIV Medications, continued Prezista® (darunavir)	<p>1. Patient is concomitantly receiving the boosting agent Norvir or Tybost, AND</p> <p>2. Pharmacy submits the claims for the boosting agent and the protease inhibitor on the same day according to the required protocol.</p>		<p>1. A pharmacy must first submit, and receive, an adjudicated claim for the boosting agent Norvir or Tybost.</p> <p>2. Once the Norvir or Tybost claim is accepted, the pharmacy may then submit a claim for the prescribed protease inhibitor.</p> <p>3. Claims must be submitted on the same day. If the boosting agent is reversed, accompanying PI must also be reversed.</p> <p>If submitted out of order, the pharmacy will receive a message stating "Boosting required for his agent. Please submit Norvir or Tybost prior to adjudicating the primary protease inhibitor".</p>
Selzentry® (maraviroc)	<p>1. The patient has had a coreceptor tropism assay confirming the presence of only CCR5 tropic HIV-1 virus.</p> <p>New Starts Only</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antivirals HIV Medications, continued Tivicay® (dolutegravir)	<p>1. A dose exceeding one per day, up to a maximum of two per day, will only be authorized under the following circumstances:</p> <ul style="list-style-type: none"> a. For pediatric patients 12 years of age and < 18 years of age, weighing at least 40kg, documentation of the following is required: <ul style="list-style-type: none"> i. Concurrent therapy with efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir or rifampin (due to induction of UGT1A1 and CYP3A mediated dolutegravir metabolism which may result in decreased dolutegravir serum concentrations, treatment failure, and the development of drug resistance). b. For patients ≥ 18 years of age, documentation of one of the following is required: <ul style="list-style-type: none"> i. Concurrent therapy with efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir or rifampin (due to induction of UGT1A1 and CYP3A mediated dolutegravir metabolism which may result in decreased dolutegravir serum concentrations, treatment failure, and the development of drug resistance); OR ii. Integrase strand transfer inhibitor (INSTI)-associated resistance substitutions or clinically suspected INSTI-resistance as outlined in section 12.4 (Microbiology/Resistance) of the FDA approved prescribing information document for Tivicay. 		Limited to a quantity of 1 unit per day

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antivirals HIV Medications, continued Truvada® (emtricitabine/tenofovir disoproxil fumarate)	DOSE OPTIMIZATION ONLY NOTE: System edits apply for prescription claims submitted for more than once daily dosing		Limited to a quantity of 1 unit per day
Tybost® (cobicistat)	1. Member is concurrently receiving Reyataz (atazanavir) 300 mg once daily; OR 2. Member is concurrently receiving Prezista (darunavir) 800 mg once daily		Limited to a quantity of 1 unit per day
Vitekta (elvitegravir)	<p>1. Patient is concomitantly receiving the appropriate dose of the boosting agent ritonavir (Norvir tablets or capsules)</p> <ul style="list-style-type: none"> a. If being used concomitantly with ritonavir 100 mg once daily in combination with atazanavir 300 mg once daily (Norvir+Reyataz), the recommended Vitekta dose is 85 mg once daily. b. If being used concomitantly with ritonavir 100 mg twice daily in combination with lopinavir 400 mg twice daily (Kaletra), the recommended Vitekta dose is 85 mg once daily. c. If being used concomitantly with ritonavir 100 mg twice daily in combination with either darunavir 600 mg twice daily (Norvir+Prezista) or fosamprenavir 700 mg twice daily (Norvir+Lexiva), the recommended dose is 150 mg once daily. d. If being used concomitantly with ritonavir 200 mg twice daily in combination with tipranavir 500 mg twice daily (Norvir+Aptivus), the recommended Vitekta dose is 150 mg once daily. <p>2. Pharmacy submits the claims for the boosting agent and the Vitekta on the same day according to the required protocol.</p>		<p>Limited to a quantity of 1 unit per day</p> <p>1. A pharmacy must first submit, and receive, an adjudicated claim for the boosting agent ritonavir (Norvir Tablets or Capsules). 2. Once the ritonavir claim is accepted, the pharmacy may then submit a claim for Vitekta. 3. Claims must be submitted on the same day. If Norvir is reversed, Vitekta must also be reversed.</p> <p>If submitted out of order, the pharmacy will receive a message stating "Norvir boosting required for his agent. Please submit ritonavir (Norvir) prior to adjudicating Vitekta".</p>

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Brand (generic) Name	Criteria	Notes
<u>Antivirals</u> , continued All Primary Oral Hepatitis C Treatments Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir) Zepatier® (elbasvir/ grazoprevir)	<p>General Coverage Criteria (for all Genotypes)</p> <ol style="list-style-type: none"> 1. Therapy is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist; AND 2. Patient must have compensated liver disease (CPT A (CPT score <6); not CPT B or C); AND 3. Patient has advanced fibrosis as documented by <ol style="list-style-type: none"> a. Liver biopsy-proven fibrosis staging score of F3 or F4 on the IASL, Batts-Ludwig, or Metavir fibrosis staging scales; OR b. Liver biopsy fibrosis staging score greater than or equal to F4 on the Ishak fibrosis staging scale; OR c. If documentation contraindicating a liver biopsy is provided, medical imaging-proven fibrosis staging score of F3 or F4 on IASL, Batt-Ludwig, or Metavir scales or greater than or equal to F4 on Ishak scale; AND 4. Patient has abstained from the use of unauthorized or illicit drugs and alcohol for a minimum of 3 months immediately prior to therapy as evidenced by a MAPS report and blood serum testing (results must be submitted with request and include COC, THC, OPI, AMP, BZO, BAR, BUP, MDMA, MTD, OXY); AND 5. Patient has not initiated treatment to facilitate cessation of drug and/or alcohol abuse in the last 6 months; AND 6. If patient has a history of substance abuse, patient must be enrolled in HealthPlus case Management for the duration of treatment as deemed appropriate by HealthPlus case management; AND 7. Patient must not have received a liver transplant; AND 8. Member does not have severe renal impairment (eGFR<30ml/min/1.73m²) or end stage renal disease requiring hemodialysis; AND 9. Patient does not have significant or unstable heart disease (indicated by NYHA Functional Class III-IV or Objective Assessment Class C-D); AND 10. A quantitative HCV-RNA test must be drawn at week 4 to evaluate patient response, adherence to therapy, and/or treatment futility if applicable; AND 11. Authorization of primary oral Hepatitis C agents is limited to one treatment course per lifetime; 12. Patient must sign an acknowledgment of criteria prior to initiation of therapy; AND drug specific criteria are met. 	<p>Limitations:</p> <ol style="list-style-type: none"> 1. For all members, a one-time approval for any direct-acting antiviral (DAA) will be granted if criteria are met. Due to lack of evidence in peer reviewed literature regarding outcomes with repeated courses of therapy after failure of novel direct acting antiviral agents, additional courses of therapy will not be approved based on medical necessity. 2. Regimens for which clinical evidence supports interferon concomitant therapy use, interferon must be used. The only exceptions for NOT using interferon: <ol style="list-style-type: none"> a. Previous adverse reaction with interferon that led to discontinuation of treatment: <ol style="list-style-type: none"> i. Hematologic toxicity: ANC <500/mm3 or platelets < 25,000/mm3 ii. Hypersensitivity reaction (acute, serious), ophthalmic disorders (new or worsening), thyroid abnormality development (which cannot be normalized with medication), signs or symptoms of liver failure. iii. Liver function abnormality, pulmonary infiltrate development, evidence of pulmonary function impairment, or autoimmune disorder development, triglycerides >1000 mg/dL. <p>(Continued on next page)</p>

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Brand (generic) Name	Criteria	Notes
<u>Antivirals, continued</u> All Primary Oral Hepatitis C Treatments Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir) Zepatier® (elbasvir/grazoprevir)	Harvoni: 1. Consideration for coverage of dosing and duration in HCV mono-infected Genotype 1: <ul style="list-style-type: none"> a. Treatment naïve, without cirrhosis (and Metavir F3), with baseline HCV RNA < 6million IU/mL <ul style="list-style-type: none"> i. Once daily therapy of ledipasvir/sofosbuvir for 8 weeks b. Treatment naïve; with cirrhosis or without cirrhosis (and Metavir F3), with baseline HCV RNA > 6 million IU/mL: <ul style="list-style-type: none"> i. Once daily therapy of ledipasvir/sofosbuvir for 12 weeks c. Treatment experienced, without cirrhosis (and Metavir F3) <ul style="list-style-type: none"> i. Once daily therapy of ledipasvir/sofosbuvir for 12 weeks d. Treatment experienced, with cirrhosis <ul style="list-style-type: none"> i. Once daily therapy of ledipasvir/sofosbuvir + weight-based ribavirin for 12 weeks ii. Exception to receive Harvoni monotherapy for 24 weeks if medical documentation supports an intolerance to ribavirin (see Limitations) 	Limitations Cont: <ul style="list-style-type: none"> iv. Major neuropsychiatric disorders (uncontrolled depression during treatment) b. Member has not tried interferon, but has the following: <ul style="list-style-type: none"> i. autoimmune hepatitis, hepatic decompensation; CrCl<50; hemoglobinopathies (e.g. ITP); didanosine therapy; demonstrated psychiatric disease with recent suicide attempt and/or treatment resistant depression (patient is on active therapy). 3. Regimens for which clinical evidence supports ribavirin concomitant therapy use, ribavirin must be used. The only exceptions for NOT using ribavirin: <ul style="list-style-type: none"> a. Previous adverse reaction with ribavirin that led to discontinuation of treatment, or CBC results within the past month <ul style="list-style-type: none"> i. Hematologic toxicity: ANC <750/mm3 or platelets <50,000/mm3 ii. Hemoglobin <10g/dL iii. Hypersensitivity reaction (acute, serious) <p style="text-align: center;">(Continued on next page)</p>

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Brand (generic) Name	Criteria	Notes
Antivirals, continued All Primary Oral Hepatitis C Treatments Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir) Zepatier® (elbasvir/ grazoprevir)	<p>Harvoni Cont...:</p> <p>2. Consideration for coverage of dosing and duration in HCV mono-infected Genotype 4, Genotype 5, or Genotype 6:</p> <ul style="list-style-type: none"> a. Treatment naïve or treatment experienced with cirrhosis or without cirrhosis (and Metavir F3) <ul style="list-style-type: none"> i. Once daily therapy of ledipasvir/sofosbuvir for 12 weeks 3. Consideration for treatment experienced patients are for those who have tried and failed prior therapy with peg-interferon/ribavirin or peg-interferon/ribavirin + protease inhibitor (PI: telaprevir, boceprevir, simeprevir) 4. Ledipasvir/sofosbuvir (Harvoni) is NOT covered in the following clinical scenarios due to lack of published literature in peer-reviewed journals demonstrating established safety and/or efficacy for use: <ul style="list-style-type: none"> a. Hepatocellular carcinoma b. Co-infection with Hepatitis B c. Concomitant use of telaprevir, boceprevir, or simeprevir therapy d. Previous treatment history with sofosbuvir and/or ledipasvir/sofosbuvir <p>Sovaldi:</p> <p><i>Sovaldi may be considered (once all general coverage criteria are satisfied) for Genotype 2, and Genotype 3 (specific criteria for use of Sovaldi may be required).</i></p> <p>Sofosbuvir is NOT covered in the following clinical scenarios due to lack of published literature in peer-reviewed journals demonstrating established safety and/or efficacy for use:</p> <ul style="list-style-type: none"> a. Genotype 1 (refer to <i>Ledipasvir/sofosbuvir (Harvoni)</i>^c) b. Pre- and Post-liver transplant^c c. Monotherapy use of <i>sofosbuvir</i>^c d. Member is treatment experienced with regimens that include prior history with protease inhibitors (telaprevir, boceprevir, simeprevir), or <i>sofosbuvir</i>^c e. Genotype 5 and Genotype 6^c 	<ul style="list-style-type: none"> b. Member has not tried ribavirin, but has the following: <ul style="list-style-type: none"> i. autoimmune hepatitis or other autoimmune condition known to be exacerbated by ribavirin, hepatic decompensation (Child Pugh score > 6; class B); pregnant or partner is pregnant, hemoglobinopathies (e.g. thalassemia major, sickle cell disease); documented history of significant or unstable cardiac disease; hemolytic anemia; pancreatitis; CrCl<50 <p>In general coverage criteria, the statement regarding renal insufficiency, "Member does not have severe renal impairment (eGFR < 30 ml/min/1.73m²) or end stage renal disease requiring hemodialysis" is not applicable for requests for Zepatier. All other general coverage criteria apply.</p> <p>All Hepatitis C treatments (primary/adjunctive/oral/injectable) are included in the mandatory specialty program.</p> <p>Prescriptions are limited to 14 day supplies for all Hepatitis-C products to monitor adherence to therapy.</p> <p>Viral loads (HCV-RNA test) should be drawn at 4 weeks to monitor patient response and adherence to therapy.</p> <p>Viral loads will be requested 12 weeks after therapy completion to document patient response.</p> <p>^c<i>HealthPlus/HAP clinical criteria used to determine coverage are based upon FDA-approved indications supported with publication of at least one completed study in peer-reviewed journal.</i></p>

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Antivirals, continued All Primary Oral Hepatitis C Treatments Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir) Zepatier® (elbasvir/grazoprevir)	<p>Zepatier:</p> <p>Note: All general coverage criteria MUST BE SATISFIED prior to drug specific coverage criteria being reviewed for all scenarios outlined EXCEPT for use of Zepatier in HCV/HIV-1 co-infected Genotype 1 or Genotype 4.</p> <ol style="list-style-type: none"> 1. Consideration for coverage of dosing and duration in HCV mono-infected and HCV/HIV-1 co-infected Genotype 1a: <ol style="list-style-type: none"> a. Treatment naïve or PegIFN/RBV-experienced without baseline NS5A polymorphisms, with or without cirrhosis (and Metavir F3) <ol style="list-style-type: none"> i. 12 weeks b. Treatment naïve or PegIFN/RBV-experienced with baseline NS5A polymorphisms, with or without cirrhosis (and Metavir F3) <ol style="list-style-type: none"> i. 16 weeks + weight-based ribavirin 2. Consideration for coverage of dosing and duration in HCV mono-infected and HCV/HIV-1 co-infected Genotype 1b: <ol style="list-style-type: none"> a. Treatment naïve or PegIFN/RBV-experienced (regardless of NS5A polymorphisms), with or without cirrhosis (and Metavir F3) <ol style="list-style-type: none"> i. 12 weeks 3. Consideration for coverage of dosing and duration in HCV mono-infected and HCV/HIV-1 co-infected Genotype 1a or 1b: <ol style="list-style-type: none"> a. PegIFN/RBV/HCVNS3/4A Protease inhibitor-experienced (e.g. boceprevir, telaprevir, simeprevir), with or without cirrhosis (and Metavir F3) <ol style="list-style-type: none"> i. 12 weeks + weight-based ribavirin 	<p>All Hepatitis C treatments (primary/adjunctive/oral/injectable) are included in the mandatory specialty program.</p> <p>Prescriptions are limited to 14 day supplies for all Hepatitis-C products to monitor adherence to therapy.</p> <p>Viral loads (HCV-RNA test) should be drawn at 4 weeks to monitor patient response and adherence to therapy.</p> <p>Viral loads will be requested 12 weeks after therapy completion to document patient response.</p> <p style="text-align: center;">See Limitations Above (Starts on Page 36)</p>

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Brand (generic) Name	Criteria	Notes
Antivirals, continued All Primary Oral Hepatitis C Treatments Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir) Zepatier® (elbasvir/grazoprevir)	<p>Zepatier Cont.:</p> <p>4. Consideration for coverage of dosing and duration in HCV mono-infected and HCV/HIV-1 co-infected Genotype 4:</p> <ul style="list-style-type: none"> a. Treatment naïve (regardless of NS5A polymorphisms), with or without cirrhosis (and Metavir F3) <ul style="list-style-type: none"> i. 12 weeks b. PegIFN/RBV-experienced (regardless of NS5A polymorphisms), with or without cirrhosis (and Metavir F3) <ul style="list-style-type: none"> i. 16 weeks + weight-based ribavirin <p>5. General coverage criteria in the setting of renal impairment (CKD 4/5), including hemodialysis, must be satisfied for use of Zepatier in Genotype 1.</p>	<p>All Hepatitis C treatments (primary/adjunctive/oral/injectable) are included in the mandatory specialty program.</p> <p>Prescriptions are limited to 14 day supplies for all Hepatitis-C products to monitor adherence to therapy.</p> <p>Viral loads (HCV-RNA test) should be drawn at 4 weeks to monitor patient response and adherence to therapy.</p> <p>Viral loads will be requested 12 weeks after therapy completion to document patient response.</p> <p style="text-align: center;">See Limitations Above (Starts on Page 36)</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antivirals, continued Synagis® (palivizumab)	<ol style="list-style-type: none"> 1. Infants and children younger than 2 years of age with documented chronic lung disease (CLD), born less than 32 weeks gestation, who have required medical therapy (e.g., supplemental oxygen, bronchodilator, diuretics, or corticosteroid therapy) for their CLD within 6 months before the anticipated RSV season may receive a maximum of 5 monthly doses; OR 2. Infants born at 28 weeks gestation (up to and including 28 weeks, 6 days) or earlier without CLD and who are 12 months of age or younger may receive a maximum of 5 monthly doses; OR 3. Infants and children who are 12 months or younger with hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) or severe immunodeficiencies may receive a maximum of 5 doses. 4. Infants and children who have either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions may receive a maximum of 5 doses during the first year of life. 5. Infants and children less than 24 months of age who undergo cardiac transplantation during the RSV season. 6. Infants and children less than 24 months of age who are profoundly immunocompromised (e.g., solid organ or hematopoietic stem cell transplantation or receiving chemotherapy) during the RSV season. 	Approved for 5 months interval, during the region's RSV season, beginning as soon as October and ending as late as April.	Monthly prophylaxis should be discontinued for any child who is hospitalized for RSV.

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<u>Antivirals, continued</u> Pegasys, Proclick® (pegylated interferon alfa-2a) Peg-Intron® (pegylated interferon alfa-2b)	<ul style="list-style-type: none"> 1. Patient has diagnosis of Hepatitis B or C, AND 2. Peg-Intron requires prior authorization for documented failure of or intolerance to Pegasys, AND 3. Approval is for 48 weeks provided that HCV-RNA levels are not indicative of treatment futility. Viral loads (HCV RNA test) must be drawn to evaluate treatment futility. <ul style="list-style-type: none"> a. For pegylated interferon in combination with ribavirin, prior authorization will be rescinded if HCV-RNA is detectable after 24 weeks. b. For combination therapy involving a protease inhibitor, patient must meet criteria associated with the protease inhibitor. Prior authorization will be rescinded if: <ul style="list-style-type: none"> 1. HCV-RNA level is >100 IU/ml after 12 or 24 weeks of combination therapy with Victrelis <p>New Starts Only</p>	<p>Initial authorization approved for 6 months.</p> <p>Renewal approved for 6 months.</p> <p>-renewal permitted if the patient has Genotype 1 HCV; or has initial viral load >2 million copies/mL.</p>	
Alferon N® (interferon alfa-n3)	<ul style="list-style-type: none"> 1. Patient must have diagnosis of refractory or recurring external condylomata acuminate, due to the human papillomavirus infection. 		
Tyzeka® (telbivudine)	<ul style="list-style-type: none"> 1. The patient must have a chart documented diagnosis of chronic hepatitis B; AND 2. The patient must be 16 years of age or older. 		Limited to 1 tablet per day
Actimmune® (Interferon-1b)	<ul style="list-style-type: none"> 1. The patient has a diagnosis of Chronic Granulomatous Disease; OR 2. The patient has a diagnosis of clinically severe, malignant osteoporosis. 		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antivirals, continued Intron A® (interferon alpha-2b)	<ul style="list-style-type: none"> 1. For diagnosis of hairy cell leukemia, malignant melanoma, follicular lymphoma, AIDS related Kaposi's Sarcoma and CML, patients must be >18 years of age; OR 2. For the diagnosis of condylomata acuminata, documented failure of, or intolerance to, traditional treatment modalities (e.g., podofilox, imiquimod, acid-therapy, or surgical options); OR 3. For the diagnosis of chronic hepatitis B, patients must have documented liver disease and hepatitis B viral replication; OR 4. For the diagnosis of chronic hepatitis C, allow 6-month initial authorization and 6-month renewal permitted if the patient has Genotype 1 HCV; or has initial viral load >2 million copies/mL. 	<p>Approvals for diagnosis of condylomata acuminata should be approved for 4 months.</p> <p>Approvals for all other diagnoses should be approved for 6 months.</p>	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Antineoplastic Sylatron® (peg-interferon alfa 2b)	<p>1. Consideration of FDA-approved labeled indications, appropriate dosing and therapies tried and failed. Prescribed by a contracted oncologist.</p> <p>2. Adjuvant treatment of malignant melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy. Previous failure with other therapies.</p>	<p>Initial starts – 3 month approval Continuations – up to 6 months depending on tolerability to regimen, compliance, evidence of benefit</p>	<p>Requires laboratory test and or diagnostic test to show applicability for initial request and evidence of benefit for renewal requests Mandatory Specialty Program.</p>
Targretin® (Oral) (bexarotene)	<p>1. Consideration of FDA-approved labeled indications, appropriate dosing and therapies tried and failed.</p> <p>2. Prescribed by a contracted dermatologist or oncologist.</p> <p>3. 18 years and older.</p> <p>4. FDA-approved for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma (CTCL) (aka Mycosis Fungoides/Sezary Syndrome), for patients who are refractory to at least one prior systemic therapy for CTCL.</p> <p>5. Documented prior treatment failure (refractory or persistent disease) after failure of ONE of the following systemic treatment regimens:</p> <ul style="list-style-type: none"> a) Chemotherapy (Examples: methotrexate, doxorubicin, gemcitabine, cyclophosphamide, etoposide, etc.) b) Interferon alfa and gamma <p>6. Pregnancy must be excluded prior to administration; appropriate contraceptive methods must be used.</p>		<p>Targretin capsules and gel are category X and may cause fetal harm when administered to pregnant women.</p> <p>Baseline LFTs should be obtained, and carefully monitored after one, two, four weeks of treatment initiation; then every eight weeks during treatment.</p> <p>Monitoring involves liver function tests, fasting lipid panel, WBC, thyroid function tests.</p> <p>Oral capsule is available in generic formulation.</p> <p>Mandatory Specialty Program</p>

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<u>Antineoplastic, continued</u> Afinitor® Bosulif® Cabometyx® Capecitabine (Xeloda) ® Eribulin® Farydak® Gilotrif® Gleevec® Ibrance® Imbruvica® Inlyta® Iressa® Jakafi® Lonsurf® Mekinist® Nexavar® Ninlaro® Odomzo® Pomalyst® Revlimid® Sprycel® Stivarga® Sutent® Tarceva® Tasigna® Temodar® temozolomide® Thalomid® Tykerb® Vandetanib® Votrient® Xalkori® Xtandi® Zelboraf® Zolinza® Zydelig® Zykadia® Zytiga®	<ul style="list-style-type: none"> • All oral oncology requests [general]: Consideration for coverage is given for FDA-approved labeled indications, with FDA-approved dosing, and previous therapies tried and failed (some oncology therapies have listed treatments which should be attempted prior to a specific oncology agent). HealthPlus may have preferred agents for specific oncology indications for which a trial of preferred agent(s) is required, documentation of therapeutic failure on preferred agent(s) or documentation of a medical contraindication to preferred agent(s) must be provided. • Prescribed by a contracted oncologist. • For medications with multiple dosage strengths; minimizing the number of pills used to achieve total daily dose will be enforced <p><u>Breast Cancer</u></p> <p>Medical Information may include (where applicable):</p> <ul style="list-style-type: none"> • CBC, LFTs, serum bilirubin, serum creatinine • HER2 testing in patients with invasive (early stage or recurrence) breast cancer on the basis of one or more HER2 test results (negative, equivocal or positive) • ER/PR status • mammogram, ultrasound, or MRI <p><u>Other criteria/notes:</u></p> <ul style="list-style-type: none"> • <i>Afinitor</i>: (1) post-menopausal women with advanced, hormone receptor +, HER2 negative; (2) previous use of letrozole or anastrozole; (3) a combination of exemestane with everolimus can be considered for patients who progressed within 12 months or on non-steroidal AI, or any time on tamoxifen for endocrine therapy for recurrent or stage IV disease • <i>Tykerb</i>: (1) used in combination with capecitabine, trastuzumab, or letrozole; (2) if used with trastuzumab, patient must first try trastuzumab without Tykerb (lapatinib) • <i>Ibrance</i>: (1) ER+, HER2- advanced breast cancer; (2) post-menopausal; (3) locally recurrent disease not amendable to surgery or evidence of metastatic disease; (4) no evidence of brain metastases; (5) not received letrozole as either neoadjuvant or adjuvant treatment within the last 12 months; (6) not received previous treatment for advanced breast cancer (Stage III or IV) * consideration may be made on a case-by-case basis 	<p>Oncology requests in general:</p> <ul style="list-style-type: none"> • Medical records (including prior and current therapies), laboratory tests and/or diagnostic tests are required to show applicability for requested indication and evidence of benefit, tolerability, safety and lack of disease progression for renewal requests. • For medications with multiple dosage strengths; minimizing the number of pills used to achieve total daily dose will be enforced <p>Initial starts – 0 to 3 months Continuations – 1 to 6 months depending on tolerability to regimen, compliance, evidence of benefit, and lack of disease progression</p> <p>All off-label, non-FDA-approved indications require submission of supportive documentation in peer-reviewed journals outlining efficacy and safety for the requested indication. Support in NCCN will be taken into consideration. However, HealthPlus may have preferred agents for specific oncology indications for which a trial of preferred agent(s) is required, documentation of therapeutic failure on preferred agent(s) or documentation of a medical contraindication to preferred agent(s) must be provided.</p> <p>Requests are reviewed on a case-by-case basis.</p> <p>NOTE: Scenarios described to the left do not include all approved indications for specific oral oncology agents, or all oral oncology agents.</p> <p>All listed drugs are mandatory specialty</p>

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Metabolic Bone Disease Agents Prolia (denosumab)	<p>1. Patient has a history of osteoporotic fractures or 2 or more factors for fracture (i.e., history of multiple recent low trauma fractures, BMD T-score less than or equal to -2.5, corticosteroid use, or use of gonadotropin-releasing hormone analogues); OR</p> <p>2. The patient has a contraindication to or has failed a 6 month trial of bisphosphonates.</p>		
zoledronic acid (Reclast®)	<p>1. Creatinine clearance is > 35 ml/min; AND</p> <p>2. Documented failure of, or intolerance to, an oral bisphosphonate agent; AND</p> <p>3. Patient has a diagnosis of osteoporosis or is postmenopausal with osteopenia as indicated by a t-score <-1; OR</p> <p>4. Diagnosis of Paget's disease; OR</p> <p>5. Patient is considered high-risk (e.g., recent low-trauma hip fracture) and Reclast® is indicated for secondary fracture prophylaxis.</p>	<p>Approved for 1 year Dose optimization not to exceed 5mg once a year (with the exception of Paget's disease)</p>	<p>Retreatment may be necessary for patients with Paget's disease who have relapsed, so there is no defined dosing frequency.</p> <p>When treating Paget's disease, patients should receive 1500 mg elemental calcium daily in divided doses (750 mg two times a day, or 500 mg three times a day) and 800 IU vitamin D daily, particularly in the 2 weeks following administration to prevent hypocalcemia.</p> <p>For osteoporosis treatment (postmenopausal, in men, and glucocorticoid induced), concomitant treatment with an average of at least 1200 mg calcium and 800-1000 IU vitamin D daily is recommended (dietary + supplemental).</p>

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<u>Chelating Agents</u> Syprine® (trientine)	<ol style="list-style-type: none"> 1. The patient must be ≥ 2 years of age; AND 2. The patient must have a diagnosis of Wilson's disease; AND 3. The patient must have intolerable or life endangering side effects to penicillamine. 		
<u>Cystic Fibrosis Treatments</u> Kalydeco® Tablet (ivacaftor)	<ol style="list-style-type: none"> 1. Patient has a diagnosis of cystic fibrosis with documentation of a G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R, or R117H mutation in the CFTR gene; AND 2. Patient must be 2 years of age or older; AND 3. Patient must have a recent (within the last 3 months) liver function panel, AND 4. The patient is not homozygous for the F508del mutation in the CFTR gene. 	Approved for 1 year	Quantity is limited to 60 units per 30 days.
<u>Enzymes</u> Cerezyme® (imiglucerase) VPRTIV™ (velaglucerase alfa)	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of Type 1 (non-neuronopathic or adult) Gaucher's disease with evidence of at least 1 of the following: <ul style="list-style-type: none"> - Moderate to severe anemia OR - Thrombocytopenia OR - Bone disease OR - Hepatomegaly OR - Splenomegaly 	Long-term Evaluate initially at 3 month intervals for maintenance dose reductions/ development of sensitivity	<p>Recommended dose: Cerezyme Initial dosage may begin at 2.5 units/kg of body weight infused 3 times a week up to as much as 60 units/kg administered as frequently as once a week or as infrequently as every 4 weeks.</p> <p>VPRTIV Dose 60units/kg IVPB every other week.</p>

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<u>Enzymes, continued</u> Fabrazyme® (agalsidase)	1. The patient must have diagnosis of Fabry disease	Evaluate in 3 months for response/development of sensitivity	Recommended dose: 1mg/kg infused once every 2 weeks Pt should receive antipyretics prior to infusion Precaution: Most patients will develop IgG antibodies to Fabrazyme; physicians should periodically monitor IgE levels/Fabrazyme sensitivity
<u>Erythrocyte Stimulating Agents</u> Epogen® (epoetin alfa) Procrit® (epoetin alfa)	1. The patient must have a diagnosis of anemia associated with <ul style="list-style-type: none"> a. chronic renal failure, OR b. cancer treated with chemotherapy, OR c. zidovudine-treated HIV infection, OR d. hepatitis C, OR e. chronic disease, OR f. prematurity, OR g. myelodysplastic syndrome, OR h. rheumatoid arthritis, AND 2. Hgb level is < 11g/dL or < 10g/dL if on cancer chemotherapy; OR 1. Treatment is needed to reduce the need for allogenic blood transfusion prior to surgery for anemic patients (Hgb >10 to \leq 13g/dL) who are at high risk for perioperative blood loss from elective, non-cardiac, non-vascular surgery.		For each of the conditions listed (except for allogenic blood transfusion), therapy is to be discontinued when Hgb level > 11g/dL OR after 8 weeks of therapy if there has been no response as measured by hemoglobin levels.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Growth Hormones Norditropin® Products (somatropin) Egrifta® (tesamorelin)	Pediatric patients: <ol style="list-style-type: none"> 1. Diagnosis of chronic renal failure and growth retardation; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Diagnosis of growth hormone (GH) deficiency; AND Patient must meet 3 of the 4 following criteria for documentation of growth failure: <ol style="list-style-type: none"> a. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND b. Growth velocity is subnormal (age specific growth rate at less than the 25th percentile); AND c. Bone age is delayed; AND d. Documented failure of at least one GH stimulation tests (defined as a peak growth hormone level of less than 10mcg/L after GH stimulation by insulin, arginine, clonidine, glucagon, or levodopa). GH stimulation tests not required with diagnosis of Turner Syndrome, Noonan Syndrome, or Prader-Willi Syndrome; OR 4. Diagnosis of Idiopathic Short Stature (ISS); AND <ol style="list-style-type: none"> a. Height is >2 standard deviations below the mean for age and sex (less than 5th percentile for age); AND b. Documentation that epiphyses are not closed. Adult patients: <ol style="list-style-type: none"> 1. Diagnosis of HIV and an unintentional weight loss of 10% over 12 months, 7.5% over 6 months or a BMI <20mg/kg; OR 2. Diagnosis of hypothalamic-pituitary lesions or panhypopituitarism; OR 3. Documented GH deficiency; OR 4. Diagnosis of Short Bowel Syndrome; AND 5. Patient is currently receiving specialized nutrition support directed by a healthcare professional (Total Parenteral Nutrition (TPN), Peripheral Parenteral Nutrition (PPN), or high-complex carbohydrate, low-fat diet) 	Approved for 1 year Documentation required for pediatric renewal: <ol style="list-style-type: none"> 1. Growth rate has exceeded 2.5cm/year 2. Epiphyses remain open 	Contraindicated for: -Diabetic retinopathy -Epiphyseal closure -Respiratory insufficiency -Sleep Apnea -Product specific hypersensitivities (Cresol, Benzyl Alcohol, Glycerin) -Active neoplastic disease -Intracranial hypertension -Acute critical illness -Prader-Willi Syndrome in Children

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Growth Hormones, continued Somavert (pegvisomant)	1. The patient must be being treated for acromegaly and have had an inadequate response to surgery, radiation therapy, or for whom these therapies are not appropriate.		
Hormones Lupron Depot® (leuprolide) Eligard® (leuprolide)	1. The patient must have a diagnosis of uterine fibroid tumors, endometriosis, ovarian cancer or prostate cancer; AND 2. The patient must be 18 years of age or older.		
Lupron Depot-Ped® (leuprolide)	1. The patient has Central Precocious Puberty (CPP) and displays onset of secondary sexual characteristics earlier than age 8 for girls and 9 for boys; AND 2. The patient is less than 13 years old; AND 3. Diagnosis is confirmed by a pubertal gonadal sex steroid level or a pubertal LH response to stimulation by native GnRH; AND 4. Tumor has been ruled out by lab tests, CT, MRI or ultrasound.		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators Actemra® (tocilizumab)	<p>1. A negative TB test before initiating therapy; OR</p> <p>2. Treatment for latent TB infections must be initiated before treatment with Actemra; AND</p> <p>3. Patient has no active infection (including bacterial sepsis, tuberculosis, invasive fungal and other opportunistic infections; AND</p> <p>4. Patient has ANC >2000/mm³ AND Platelets >100,000/mm³ AND ALT or AST <1.5x upper limits of normal; AND</p> <p>5. Patient is not also receiving TNF antagonists, or other biologics (Enbrel, Humira, Remicade, Simponi, Cimzia, Kineret, Rituxan, Orencia), or live vaccines and diagnostic specific criteria are met.</p> <p>Rheumatoid Arthritis:</p> <p>6. Diagnosis of moderate to severe rheumatoid arthritis; AND</p> <p>7. Patient has documented failure of, or intolerance to, both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR</p> <p>8. The patient is not physically able to administer or is not an appropriate candidate for a subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND</p> <p>9. Documented failure of, intolerance or contraindication to, two other disease modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine).</p> <p>Juvenile Idiopathic Arthritis (JIA)/Juvenile Rheumatoid Arthritis (JRA) / polyarticular juvenile idiopathic arthritis (PJIA):</p> <p>6. Patient is ≥ 2 years old; AND</p> <p>7. Patient has a diagnosis of active systemic JIA/JRA/PJIA. AND</p> <p>8. Patient has documented failure of, or intolerance to, both formulary subcutaneous biologic agents (e.g., Humira and Enbrel).</p>		The dose of Actemra is 4mg/kg IV every 4 weeks; may increase to 8 mg/kg IV based on clinical response (Max: 800mg per infusion). Infuse over 60 minutes with infusion set.

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Immunomodulators, continued Cimzia® (certolizumab pegol)	1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Cimzia; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Enbrel, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met. Crohn's Disease: 5. Diagnosis of moderate to severe active Crohn's disease with documented failure of, intolerance or contraindication to, conventional therapy (azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 6. Patient has documented failure of, or intolerance to, Humira; AND 7. Dose is 400 mg at week 0, 2, and 4 weeks. If response, dose is 400 mg every 4 weeks. Rheumatoid Arthritis: 5. Diagnosis of moderately to severely active rheumatoid arthritis. AND 6. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 7. Dose is 400 mg at week 0, 2, and 4, followed by 200 mg every other week. May consider 400 mg every 4 weeks for maintenance.	Approved for 1 year	.

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Immunomodulators, continued Cimzia® (certolizumab pegol), continued	<p>Psoriatic Arthritis:</p> <ul style="list-style-type: none"> 5. Diagnosis of active psoriatic arthritis; AND 6. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 7. Dose is 400 mg at week 0, 2, and 4, followed by 200 mg every other week. May consider 400 mg every 4 weeks for maintenance. <p>Ankylosing Spondylitis:</p> <ul style="list-style-type: none"> 5. Diagnosis of active ankylosing spondylitis; AND 6. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 7. Dose is 400 mg at week 0, 2, and 4, followed by 200 mg every other week or 400 mg every 4 weeks. 		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Enbrel® (etanercept)	1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Enbrel; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Humira, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met. Arthritis: 5. Diagnosis of rheumatoid arthritis (RA), juvenile RA (JRA), juvenile idiopathic arthritis (JIA), or psoriatic arthritis (JRA/JIA approved for ages 2-17). Psoriasis: 5. Diagnosis of plaque psoriasis; AND 6. Prescription is written by a dermatologist; AND 7. Documented failure of, intolerance or contraindication to, at least 2 traditional therapies (e.g., PUVA, UVB, methotrexate, or cyclosporine). Spondylitis: 5. Diagnosis of ankylosing spondylitis or juvenile spondyloarthropathy.	Approved for 1 year Dose Optimization not to exceed 50mg twice a week	Patients with a latex allergy or sensitivity should not handle the prefilled syringe or autoinjector syringe since the needle cap(s) contain latex.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Humira® (adalimumab)	<p>1. A negative TB test before initiating therapy; OR</p> <p>2. Treatment for latent TB infections must be initiated before treatment with Humira; AND</p> <p>3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND</p> <p>4. Patient is not also receiving Orencia, Kineret, Enbrel, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met.</p> <p>Ankylosing Spondylitis OR Psoriatic Arthritis:</p> <p>5. Diagnosis of ankylosing spondylitis or psoriatic arthritis.</p> <p>6. The dose of Humira is 40mg administered subcutaneously every other week.</p> <p>Crohn's Disease:</p> <p>5. Diagnosis of moderate to severe Crohn's disease; AND</p> <p>6. Documented failure of, intolerance or contraindication to, conventional therapy (azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND</p> <p>7. The dose of Humira is 160mg on day 1, 80mg on day 15 and then 40mg every other week starting on day 28.</p> <p>Juvenile Idiopathic Arthritis (JIA)/Juvenile Rheumatoid Arthritis (JRA):</p> <p>5. Patient is 4 years of age and older; AND</p> <p>6. Patient has moderately to severely active polyarticular JIA/JRA.</p> <p>7. The dose of Humira for patients:</p> <ul style="list-style-type: none"> - 15 kg (33 lbs) to <30 kg (66 lbs) is 20 mg administered subcutaneously every other week. - ≥30 kg (66 lbs) is 40 mg administered subcutaneously every other week. 	Approved for 1 year	Patients with a latex allergy or sensitivity should not handle the needle cover of the syringe as it contains latex.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Humira® (adalimumab), continued	<p>Psoriasis:</p> <ul style="list-style-type: none"> 5. Diagnosis of chronic moderate to severe plaque psoriasis; AND 6. Documented failure of, intolerance or contraindication to, at least 2 traditional therapies (e.g. PUVA, UVB, methotrexate, or cyclosporine); AND 7. Prescription is written by a dermatologist. 8. The dose of Humira is 80 mg subcutaneously followed by 40 mg every other week starting 1 week after the initial dose. <p>Rheumatoid Arthritis:</p> <ul style="list-style-type: none"> 5. Diagnosis of rheumatoid arthritis; AND 6. The dose of Humira is 40mg every other week. <p>Ulcerative Colitis:</p> <ul style="list-style-type: none"> 5. Diagnosis of moderate-to-severe ulcerative colitis; AND 6. Documented failure of, intolerance or contraindication to, conventional therapy (azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 7. The dose of Humira is 160mg on day 1, 80mg on day 15 and then 40mg every other week thereafter. <p>Documentation of clinical remission must be submitted to continue therapy beyond 12 weeks.</p> <p>Uveitis:</p> <p>For the treatment of non-infectious uveitis (including intermediate, posterior, and panuveitis):</p> <ul style="list-style-type: none"> 1. Evidence of chronic, recurrent, treatment-refractory or vision-threatening disease 2. Prior failure of periocular, intraocular, or systemic corticosteroids 3. Prior failure of TWO immunosuppressive agents (e.g. methotrexate, mycophenolate, azathioprine, cyclophosphamide, or cyclosporine) 4. Negative TB test 5. Prescribed by ophthalmology specialist <p>Limitations:</p> <p>(1) Therapy will be discontinued if evidence of treatment failure defined as: (a) development of new inflammatory chorioretinal and/or inflammatory retinal vascular lesions; (b) an increase in anterior chamber cell grade or vitreous haze grade; (c) a decrease in best corrected visual acuity</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued (FDA approved indications vary by product)	Primary Immunodeficiencies [X-linked (congenital) agamma-globulinemia, X-linked (congenital) immunodeficiency with hyper-IgM, Hypogammaglobulinemia, Common variable immunodeficiency, and Combined immunodeficiency syndromes including: Wiskott-aldrich syndrome; severe combined immunodeficiency syndrome (SCIDs)] 1. A serum trough IgG of ≤400 mg/dl. (In rare circumstances where serum trough level is recommended >600 mg/dl, documentation should support rationale)	1 year	
Immune Globulin (IM) GamaSTAN™	Selective IgG subclass deficiencies with severe infection including Specific Antibody Deficiency (SAD)	1 year	
Immune Globulin (IV) Bivigam® Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammaplex® Gamunex® Hyqvia® Octagam® Privigen®	1. Documentation of IgG subclass deficiency (Appendix 1), -or- 2. Documentation of severe polysaccharide non-responsiveness (inability to make IgG antibody against diphtheria and tetanus toxoids, pneumococcal polysaccharide vaccine, or both), -or- 3. Documentation of antigen testing with less than 4 fold increase in specific antibody titer and lack of protective antibody titer (specific IgG antibody titer <1.3 mcg/ml), -and- 4. Documented trial and failure of an antibiotic within the last year (for initial authorization only).		
Immune Globulin (SQ) Gamunex-C® Hizentra®			

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Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Immunomodulators,</u> continued (FDA approved indications vary by product)	Idiopathic Thrombocytopenia Purpura (ITP) Acute ITP 1. Platelet count <50,000/uL and rapid rise in platelet count is necessary prior to surgery, or to avoid/defer splenectomy, or patient is at risk for acute bleeding. Chronic ITP 1. Platelet count is low < 30,000/uL, -and- 2. Age ≥10 years of age, -and- 3. Duration of illness > 6 months, -and- 4. Documented failure of, intolerance, or contraindication to at least 3 of the following: corticosteroids, rituximab, danazol, colchicine, dapsone, cyclophosphamide, azathioprine, mycophenolate, cyclosporine, chemotherapy -or- 5. Splenectomy ITP in pregnancy 1. Platelets <30,000/uL in 3 rd trimester, -or- 2. Previously delivered infants with autoimmune thrombocytopenia and platelet counts <75,000/uL during current pregnancy, -and- 3. Documented failure of, intolerance, or contraindication to corticosteroids, -or- 4. Splenectomy	Acute ITP 1 week Chronic ITP 1 year ITP in pregnancy 1 year	
<u>Immune Globulin (IM)</u> GamaSTAN™	Kawasaki syndrome/Mucocutaneous Lymph Node Syndrome (MCLS) 1. Therapy is started within 10 days of fever, -and- 2. Concurrent aspirin administration.	1 week	
<u>Immune Globulin (IV)</u> Carimune NF ® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammoplex® Gamunex® Hyqvia® Octagam® Privigen®			
<u>Immune Globulin (SQ)</u> Gamunex-C® Hizentra®			

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued (FDA approved indications vary by product)	Allogeneic (genetically similar donor) bone marrow transplant 1. Therapy is started within the first 100 days post- transplant, -or- 2. Patient is 100 days post-transplant, -and- 3. IgG levels < 400 mg/dl (exception made for patients who underwent transplantation for multiple myeloma or malignant macroglobulinemia because total IgG concentration is affected by their underlying paraproteinemia, -or- 4. Patient has history of CMV or RSV.	4 months	
Immune Globulin (IM) GamaSTAN™	Chronic Lymphocytic Leukemia (CLL) 1. Immunoglobulin (IgG) level of < 600 mg/dl, -and- 2. Documented trial and failure of an antibiotic within the last year (for initial authorization only)	1 year	
Immune Globulin (IV) Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammoplex® Gamunex® Hyqvia® Octagam® Privigen®	Pediatric HIV infection 1. Documentation of ≥2 bacterial infections in a 1 year period, -or- 2. Patient has HIV-associated thrombocytopenia, - or- 3. Patient has bronchiectasis, -or- 4. Documentation of T4 cell count ≥200 /mm ³	1 year	
Immune Globulin (SQ) Gamunex-C® Hizentra®			

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued (FDA approved indications vary by product)	Acute and Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)/Guillain-Barre Syndrome (GBS) For Chronic CIDP: 1. Documented failure of, intolerance, or contraindication to prednisone or azathioprine, - or - 2. Documented plasma exchange. For GBS 1. Patient must initiate within first four weeks of illness.	Not limited	
Immune Globulin (IM) GamaSTAN™			
Immune Globulin (IV) Carimune NF® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammoplex® Gamunex® Hyqvia® Octagam® Privigen®	Post transfusion purpura 1. Platelet count less than 10,000/uL, -and- 2. Infusion must be within 14 days of bleeding post transfusion, -and- 3. Documented failure of, intolerance, or contraindication to corticosteroids, -or - 4. Documented plasma exchange.	1 month (to account for relapse)	
Immune Globulin (SQ) Gamunex-C® Hizentra®	Multiple Sclerosis (MS) 1. Patient must have relapse-remitting MS only (not primary or secondary progressive MS), -and- 2. Documented treatment with, intolerance, or contraindication to any interferon therapy (Betaseron, Avonex, or Rebif).	1 year	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued (FDA approved indications vary by product)	Myasthenia Gravis (MG) and Lambert-Eaton (LE) Myasthenia <i>MG:</i> 1. Documented failure of, intolerance, or contraindication to at least 2 of the following: anticholinesterases (eg., Mestinon, Prostigmin), corticosteroids, cyclosporine, cyclophosphamide, or azathioprine. <i>LE :</i> 1. Documented failure of, intolerance, or contraindication to anticholinesterases (eg. Mestinon, Prostigmin), -or- 2. Documented plasma exchange.	1 week	
Immune Globulin (IM) GamaSTAN™	Dermatomyositis and Polymyositis 1. Documented failure of, intolerance, or contraindication to at least 2 of the following: corticosteroids, methotrexate, azathioprine, cyclophosphamide, or cyclosporine.	6 months	
Immune Globulin (IV) Carimune NF ® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammoplex® Gamunex® Hyqvia® Octagam® Privigen®	Systemic Lupus Erythematosus (SLE) 1. Documentation of severe (solid organ involvement), active SLE, -and- 2. Documented failure of, intolerance, or contraindication to at least 2 of the following: corticosteroids, methotrexate, azathioprine, or cyclophosphamide	Not limited	
Immune Globulin (SQ) Gamunex-C® Hizentra®			

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued (FDA approved indications vary by product)	Autoimmune mucocutaneous blistering diseases, including Pemphigus vulgaris, Pemphigus foliaceus, Bullous pemphigoid, Mucous membrane pemphigoid, Epidermolysis bullosa 1. Documented failure of, intolerance, or contraindication to at least 2 of the following: corticosteroids, methotrexate, azathioprine, or cyclophosphamide, -or- 2. Documentation of rapidly progressive disease in which a clinical response could not be affected quickly enough using prerequisite therapies.	6 months	
Immune Globulin (IM) GamaSTAN™	Multifocal Motor Neuropathy 1. Diagnosis is required	Not limited	
Immune Globulin (IV) Carimune NF ® Flebogamma® Gammagard® Gammagard S/D® Gammaked® Gammoplex® Gamunex® Hyqvia® Octagam® Privigen®	Stiff Person Syndrome 1. Diagnosis is required	Not limited	
Immune Globulin (SQ) Gamunex-C® Hizentra®	Fetal/neonatal alloimmune thrombocytopenia (FAIT/NAIT) 1. Diagnosis is required	Not limited	
	Hemolytic disease of the newborn 1. Diagnosis is required	Not limited	
	Hemolytic Uremic Syndrome 1. Diagnosis is required	Not limited	
	Complications of transplanted organs (including solid organ and bone marrow) 1. Diagnosis is required	Not limited	

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APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Kineret® (anakinra)	1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Kineret; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Enbrel, Remicade or other anti-TNF therapy; AND diagnosis specific criteria are met. Rheumatoid Arthritis: 5. The patient must be >18 years of age; AND 6. Diagnosis of rheumatoid arthritis; AND 7. Documented failure of, or intolerance to, methotrexate; AND 8. Documented failure of, or intolerance to, another disease modifying antirheumatic drug (DMARD) (e.g., azathioprine, leflunomide, cyclosporine, penicillamine, sulfasalazine); AND 9. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 10. The dose of Kineret is 100mg administered subcutaneously once daily. Cryopyrin-Associated Periodic Syndromes 5. The patient must be diagnosed with Neonatal-Onset Multisystem Inflammatory Disease (NOMID); AND 6. The max dose is 8mg/kg per day	Approved for 1 year	Patients with a latex allergy or sensitivity should not handle the Kineret needle cover as it contains latex. Kineret should not be given by intravenous administration or intramuscular administration.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Orencia® (abatacept)	1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Orencia; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Cimzia, Kineret, Enbrel, or Remicade or other anti-TNF therapy; AND 5. For infused Orencia, the patient has documented failure of, intolerance to, or is not physically able to administer the subcutaneous formulation of Orencia; AND diagnosis specific criteria are met. Arthritis: 6. Diagnosis of moderate to severe rheumatoid arthritis; OR 7. Diagnosis of moderate to severe polyarticular juvenile rheumatoid arthritis (JRA)/juvenile idiopathic arthritis (JIA); (JRA/JIA approved for > 6 years of age). 8. Patient has documented failure of, intolerance or contraindication to, two other disease modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine); AND 9. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel).	Approved for 1 year	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Remicade® (infliximab)	<ol style="list-style-type: none"> 1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Remicade; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Orencia, Kineret, Enbrel, or Humira or other anti-TNF therapy; AND 5. Diagnosis specific criteria are met. <p>Ankylosing Spondylitis OR Psoriatic Arthritis:</p> <ol style="list-style-type: none"> 6. Diagnosis of ankylosing spondylitis or psoriatic arthritis; AND 7. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 8. Patient has documented failure of, or intolerance to, or inability to inject a formulary subcutaneously administered anti-TNF agent (e.g., Humira, Enbrel); AND 9. The maintenance dose is a maximum of 5 mg/kg every 6 weeks (Ankylosing Spondylitis) or every 8 weeks (Psoriatic Arthritis). <p>Crohn's Disease:</p> <ol style="list-style-type: none"> 6. Patient is \geq 6 years old; AND 7. Patient has a diagnosis of moderate to severe Crohn's disease; OR 8. Diagnosis of Crohn's disease with draining enterocutaneous fistulae; AND 9. Documented failure of, or intolerance to, mesalamine and corticosteroids and 6-mercaptopurine or azathioprine; AND 10. Patient has documented failure of, or intolerance to, or inability to inject a formulary subcutaneously administered anti-TNF agent (e.g., Humira); AND 11. The maintenance dose is a maximum of 10mg/kg every 8 weeks. 	Approved for 1 year	

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Remicade® (infliximab) continued	Psoriasis: 6. Prescription is written by a dermatologist; AND 7. Patient has diagnosis of chronic, severe (i.e., extensive and/or disabling) plaque psoriasis; AND 8. Documented failure of, or intolerance to, at least 2 traditional therapies (e.g., PUVA, UVB, methotrexate, or cyclosporine); AND 9. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 10. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND 11. The maintenance dose is a maximum of 5 mg/kg every 8 weeks. Rheumatoid Arthritis: 6. Diagnosis of rheumatoid arthritis; AND 7. Patient has documented failure of, or intolerance to, two other disease modifying antirheumatic drugs(DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine); AND 8. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 9. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira, Enbrel); AND 10. The maintenance dose is a maximum of 10mg/kg every 4 weeks.		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Remicade® (infliximab), continued	<p>Ulcerative Colitis:</p> <p>6. Patient has moderately to severely active ulcerative colitis and required high dose systemic corticosteroid use; OR</p> <p>7. Patient has documented inadequate response to conventional therapy (e.g., mesalamine (5-ASA), azathioprine, mercaptopurine); AND</p> <p>8. Patient has documented failure of, or intolerance to formulary subcutaneous biologic agents (e.g., Humira); OR</p> <p>9. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneously administered biologic agent (e.g., Humira); AND</p> <p>10. The maintenance dose is a maximum of 5 mg/kg every 8 weeks.</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Rituxan® (rituximab)	1. Prescription is written by an oncologist or hematologist; OR 2. The patient has a diagnosis of moderate to severe rheumatoid arthritis; AND 3. Patient has no active infection (including influenza, systemic fungal or bacterial infections, or acute hepatitis B or C viral infections); AND 4. Patient is not also receiving Cimzia, Kineret, Enbrel, or Remicade or other anti-TNF therapy; AND 5. Patient has documented failure of, or intolerance to both formulary subcutaneous biologic agents (e.g., Humira and Enbrel); OR 6. The patient is not physically able to administer or is not an appropriate candidate for a formulary subcutaneous biologic agent (e.g., Humira, Enbrel); AND 7. Documented failure of, or intolerance to, two other disease modifying antirheumatic drugs (DMARDs) (e.g., methotrexate, sulfasalazine, azathioprine, or hydroxychloroquine).	For a diagnosis of RA: Since safety and efficacy of re-treatment have not been established in controlled trials and a limited number of patients have received two to five courses (two infusions per course) of treatment in an uncontrolled setting, the duration of approval for RA should be limited to 5 courses (3 months) with re-evaluation based on individual response.	The dose for use in RA is 2 x 1000mg IV infusions separated by 2 weeks. Glucocorticoids, administered as methylprednisolone 100mg IV or its equivalent, given 30 minutes prior to each infusion, are recommended to reduce the incidence and severity of infusion reactions.

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Stelara® (ustekinumab)	1. A negative TB test before initiating therapy; OR 2. Treatment for latent TB infections must be initiated before treatment with Stelara; AND 3. Patient has no active infection (including bacterial, fungal or viral); AND diagnostic specific criteria are met Psoriasis: 4. Diagnosis of moderate to severe plaque psoriasis; AND 5. Prescription is written by a dermatologist; AND 6. Documented failure of, intolerance or contraindication to, at least two traditional therapies (e.g., PUVA, UVB, methotrexate, or cyclosporine); AND 7. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 8. The dose is 45 mg (≤ 100 kg) or 90 mg (> 100 kg) at weeks 0 and 4, followed by 45 mg (≤ 100 kg) or 90 mg (> 100 kg) every 12 weeks. Psoriatic arthritis: 4. Diagnosis of active psoriatic arthritis; AND 5. Patient has documented failure of, or intolerance to Humira and Enbrel; AND 6. The dose is 45 mg at weeks 0 and 4, followed by 45 mg every 12 weeks; OR 7. With co-existent moderate to severe plaque psoriasis weighing > 100 kg, the dose is 90 mg at week 0 and 4, followed by 90 mg every 12 weeks.		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Tysabri® (natalizumab)	<p>For patients with Multiple Sclerosis</p> <ol style="list-style-type: none"> 1. Patient must have a diagnosis of a relapsing form of multiple sclerosis; AND 2. Patient has had treatment failure, contraindication, or intolerance to Copaxone (glatiramer acetate); AND 3. Patient is intolerant to both Avonex (interferon beta 1a) and Rebif (interferon beta 1a) (i.e. severe or intolerable injection site reactions or side effects); OR 4. Patient has had treatment failure, contraindication, or allergy to interferon therapy; AND 5. Patient must not be currently on combination therapy with Avonex, Rebif, Betaseron, Extavia, Copaxone, or Gilyena; AND 6. Patient must not be on concurrent immunosuppressive therapy; AND 7. Documentation of an MRI scan must be obtained for each patient with MS to help differentiate potential, future symptoms from progressive multifocal leukoencephalopathy (PML). <p>For patients with Crohn's Disease</p> <ol style="list-style-type: none"> 1. Patient must have a diagnosis of moderate to severe of Crohn's disease; AND 2. Patient must have had documented failure of, intolerance or contraindication to, conventional Crohn's disease therapy (i.e. azathioprine, mesalamine, mercaptopurine, sulfasalazine, methotrexate, corticosteroids); AND 3. Patient must have had documented failure of, intolerance or contraindication to a, TNF-α inhibitor (i.e. Humira, Cimzia, Remicade); AND 4. Patient must not be currently on combination therapy with immunosuppressants or TNF-α inhibitors. <p>New Starts Only</p>		

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Immunomodulators, continued Xgeva™ (denosumab)	<ul style="list-style-type: none"> 1. Patient has a diagnosis of bone metastases secondary to solid tumor; OR 2. The patient has a diagnosis of giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity. 	1 year	<p>Dose: 120 mg every 4 weeks subcutaneously. For giant cell tumor, additional 120 mg doses are given on day 8 and 15 of the first month of therapy.</p> <p>Administer calcium and Vit D PRN to treat or prevent hypocalcemia</p> <p>Not indicated in patients with multiple myeloma.</p>
Cryopyrin-Associated Periodic Syndromes Arcalyst® (rilonacept)	<ul style="list-style-type: none"> 1. Diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 years and older. 	Evaluate in 3 months for to determine patient response	<p>Recommended dose: <u>Adults 18 yrs or older:</u> Loading dose: 320mg Sub Q Maintenance dose: 160mg SubQ once weekly <u>Pediatric patients 12 to 17 yrs old:</u> Loading dose: 4.4mg/kg(to max of 320mg) SQ Maintenance dose: 2.2mg/kg SubQ once weekly *Dose should not be given more than once per week Precautions: Arcalyst should not be administered if patient has active or chronic infection. Patient should receive all recommended vaccinations prior to receiving Arcalyst.</p>

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Miscellaneous Entereg® (alvimopan)	<ol style="list-style-type: none"> 1. The patient must be undergoing bowel surgery; AND 2. The medication must be given in the hospital. 		Quantity Limit: 15 tablets per surgery Entereg is considered a specialty drug and is included in the Mandatory Specialty Program.
Mozobil® (plerixafor)	<ol style="list-style-type: none"> 1. The patient must have a diagnosis of lymphoma, multiple myeloma, or testicular carcinoma; AND 2. After stem cell mobilization and collection, a subsequent autologous hematopoietic stem cell transplant is anticipated; AND 3. A maximum of up to 4 consecutive doses per cycle, with a maximum of 2 cycles per year. 		Mozobil is considered a specialty drug and is included in the Mandatory Specialty Program.
Samsca® (tolvaptan)	<ol style="list-style-type: none"> 1. The patient must have clinically significant and euvolemic hyponatremia (serum sodium <125 mEq/L or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction); AND 2. Therapy will be initiated in an inpatient setting; AND 3. Maximum length of therapy is 30 days to minimize the risk of liver injury. 	Duration of approval is 30 days	Quantity Limit: 15 mg (30 units per 30 days) 30 mg (60 units per 30 days)

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Brand (generic) Name	Criteria	Duration of Approval	Notes
Multiple Sclerosis, Disease-Modifying Agents, Avonex® (interferon beta 1a) Rebif® (interferon beta 1a) Copaxone® (glatiramer acetate) Glatopa® (glatiramer acetate)	<ul style="list-style-type: none"> 1. Patient has a diagnosis of multiple sclerosis; OR 2. Patient has had signs and symptoms of Clinically Isolated Syndrome (CIS) suggestive of MS 	Long-term	
Aubagio® (teriflunomide) Betaseron® (interferon beta 1b) Extavia® (interferon beta 1b)da® Lemtrada® (alemtuzumab) Plegridy® (peginterferon beta 1a) Tecfidera® (dimethyl fumarate)	<ul style="list-style-type: none"> 1. Patient has a diagnosis of multiple sclerosis; OR 2. Patient has had signs and symptoms of Clinically Isolated Syndrome (CIS) suggestive of MS; AND 3. Patient has had treatment failure, contraindication, or intolerance to Copaxone (glatiramer acetate); AND 4. Patient is intolerant to both Avonex (interferon beta 1a) and Rebif (interferon beta 1a) (i.e. severe or intolerable injection site reactions or side effects); OR 5. Patient has had treatment failure, contraindication, or allergy to interferon therapy. 		Lemtrada is in the Medical Prior Authorization Program

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APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
Multiple Sclerosis, Disease-Modifying Agents, continued Gilenya® (fingolimod)	<ol style="list-style-type: none"> 1. The patient must have documented diagnosis of a relapsing form of multiple sclerosis; 2. There is documentation of the following within the last 6 months: <ol style="list-style-type: none"> a. CBC, Liver Function Tests, and b. Ophthalmologic Evaluation; and 3. Physician must submit documentation that the first dose is administered in a setting with resources to appropriately manage symptomatic bradycardia. Setting allows for hourly patient monitoring of pulse and blood pressure for 6 hours for signs and symptoms of bradycardia, including an electrocardiogram prior to dosing, and at the end of the observation period. 4. Patient has not had a recent (within the last six months) occurrence of MI, unstable angina, stroke, TIA, decompensated HF requiring hospitalization, or Class II/IV HF. 5. Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker. 6. Patient has a QTc interval >/500ms. 7. Patient is not receiving treatment with a Class 1a or Class III antiarrhythmic drug. 8. Patients receiving concurrent therapy with drugs that slow heart rate (e.g., beta blockers, heart-rate lowering calcium channel blockers such as diltiazem or verapamil, or digoxin) must receive overnight continuous ECG monitoring with administration of first dose. 9. Patient has had treatment failure, contraindication, or intolerance to Copaxone (glatiramer acetate); AND 10. Patient is intolerant to both Avonex (interferon beta 1a) and Rebif (interferon beta 1a) (i.e. severe or intolerable injection site reactions or side effects); OR 11. Patient has had treatment failure, contraindication, or allergy to interferon therapy. 		Quantity is limited to 30 units per month. Patient should not receive Gilenya concomitantly with another immunomodulator therapy for multiple sclerosis (e.g. Avonex, Rebif, Betaseron, Extavia, Copaxone, or Tysabri).

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APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
Neurological Xenazine® (tetrabenazine)	<ul style="list-style-type: none"> 1. The patient must have a diagnosis of chorea associated with Huntington's disease; AND 2. The patient must have documented failure of, intolerance to, or contraindication to at least two of the following: amantadine, an antipsychotic (fluphenazine, haloperidol, risperidone, ziprasidone, quetiapine or olanzapine), riluzole, or a benzodiazepine, AND 3. Prescription must be prescribed by a neurologist, AND 4. For doses greater than 50 mg/day, CYP2D6 genotyping is required. 	3 months	<p>Patients who do not express CYP2D6 (i.e., poor metabolizers of CYP2D6) require a daily dose of 37.5—50 mg, in 3 divided doses.</p> <p>Patients who do express CYP2D6 (i.e., intermediate or extensive metabolizers of CYP2D6) require a daily dose of at least 50 mg-100mg in 3 divided doses.</p>

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APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
Neuromuscular Blocking Agent Botox® Dysport® (botulism toxin type A)	Patient must have a FDA approved diagnosis and meet the following disease specific criteria: Cervical dystonia 1. Patient must be ≥16 years old. Strabismus 1. Patient must be ≥12 years old. Blepharospasm 1. Patient must be ≥12 years old. Severe Primary Axillary Hyperhidrosis 1. Patient must be ≥18 years old, AND 2. Patient has chart documented failure or RX claims for prescription strength aluminum chloride (i.e., Drysol). Upper Limb Spasticity 1. Patient must be ≥18 years old. Chronic Migraine 1. Patient must be ≥18 years old and have chronic migraine, AND 2. Patient must have chart documentation showing a headache present for 15 or more days each month, lasting 4 or more hours each day, AND 3. Patient has chart documented failure or contraindication to at least one NSAID and butalbital combination product, AND 4. Patient has chart documented failure or contraindication to at least 2 triptan medications, AND 5. Patient has chart documented failure or contraindication to prophylactic therapies (i.e., beta blocker, tricyclic antidepressant, calcium channel blocker, topiramate)	Approved 3 months	

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APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
<u>Neuromuscular Blocking Agent, continued</u> Botox® Dysport® (botulism toxin type A)	<p><u>Overactive Bladder</u></p> <ol style="list-style-type: none"> 1. Patient must be ≥18 years old, AND 2. Patient has chart documented failure or contraindication to at least 2 anticholinergic medications (i.e., oxybutynin, tolterodine, trospium). <p><u>Urinary Incontinence</u></p> <ol style="list-style-type: none"> 1. Patient's incontinence is due to neurological condition (i.e., spinal cord injury, multiple sclerosis), AND 2. Patient has chart documented failure or contraindication to at least 2 anticholinergic medications (i.e., oxybutynin, tolterodine, trospium). 		
<u>Pulmonary</u> Cayston® (aztreonam for inhalation)	<ol style="list-style-type: none"> 1. Patient must have pseudomonas aeruginosa in the lungs, AND 2. Patient must have cystic fibrosis, AND 3. Prescription must be written by a pulmonologist, or infectious disease specialist, AND 4. Patient must be 7 years of age or older, AND 5. FEV1 must be >25% or <75%. 		

HEALTHPLUS
PRIOR AUTHORIZATION CRITERIA FOR SPECIALTY/INJECTABLE DRUGS

APPENDIX D

Brand (generic) Name	Criteria	Duration of Approval	Notes
Pulmonary, continued Xolair® (omalizumab)	<p>1. Patient is over 12 years of age; AND 2. Diagnosis specific criteria are met.</p> <p>Moderate to severe allergic asthma: 3. Patient has a positive skin test or in vitro reactivity to a perennial aeroallergen; AND 4. Failure of, or intolerance to, maximum dose of oral inhaled steroids (medication compliance should be taken into consideration); AND/OR 5. Patient required long-term (>3months) oral steroids previously and had at least 1 ED or hospital admission during the last 6 months; AND 6. Maximum dose is 750 mg every 4 weeks.</p> <p>Chronic idiopathic urticarial: 3. Patient has chart documented failure or contraindication to H1 antihistamines; AND 4. Maximum dose is 300 mg every 4 weeks.</p>	<p>Approved 3 months to determine patient response. Renewals may be authorized long-term.</p>	The warnings for Xolair include malignancy and anaphylaxis.

Appendix 1 (for Immune Globulin criteria):

Normal Immunoglobulin Levels (mg/dl)				Normal IgG Subclass Levels (mg/dl)				
AGE	IgA	IgG	IgM	AGE	IgG1	IgG2	IgG3	IgG4
1 - 2 mo	1 - 53	251 - 906	20 - 87	cord	435 - 1084	143 - 453	27 - 146	1 - 47
2 - 3 mo	3 - 47	206 - 601	17 - 105	0 - 3 mo	218 - 496	40 - 167	4 - 23	1 - 33
3 - 4 mo	4 - 73	176 - 581	24 - 101	3 - 6 mo	143 - 394	23 - 147	4 - 100	1 - 14
4 - 5 mo	8 - 84	172 - 814	33 - 108	6 - 9 mo	190 - 388	37 - 60	12 - 62	1 - 1
5 - 6 mo	8 - 68	215 - 704	35 - 102	9 mo - 3 yr	286 - 680	30 - 327	13 - 82	1 - 65
6 - 8 mo	11 - 90	217 - 904	34 - 125	3 - 5 yr	381 - 884	70 - 443	17 - 90	1 - 116
8 mo - 1 yr	16 - 84	294 - 1069	41 - 149	5 - 7 yr	292 - 816	83 - 513	8 - 111	1 - 121
1 - 2 yr	14 - 106	345 - 1213	43 - 173	7 - 9 yr	442 - 802	113 - 480	15 - 133	1 - 84
2 - 3 yr	14 - 123	424 - 1051	48 - 168	9 - 11 yr	456 - 938	163 - 513	26 - 113	1 - 121
3 - 4 yr	22 - 159	441 - 1135	47 - 200	11 - 13 yr	456 - 952	147 - 493	12 - 179	1 - 168
4 - 6 yr	25 - 154	463 - 1236	43 - 196	13 - 15 yr	347 - 993	140 - 440	23 - 117	1 - 183
6 - 9 yr	33 - 202	633 - 1280	48 - 207	15 yr & up	422 - 1292	117 - 747	41 - 129	1 - 291
9 - 11 yr	45 - 236	608 - 1572	52 - 242					
11 yr & up	70 - 312	639 - 1349	56 - 352					