

Fallon Health

Premium Saver II and Premium Saver 2000/500 II

Formulary

(4-Tier)

List of Covered Drugs

Please read

This document contains information
about the drugs we cover in this plan.

(For Direct Care, Select Care, Steward Community Care and Fallon Preferred Care
Premium Saver II and Premium Saver 2000/500 II plans)



What is a formulary?

A formulary is a listing of prescription drugs that are approved for coverage by Fallon Health. These drugs are classified by therapeutic category or disease class.

Fallon uses a 4-tier formulary for Direct Care, Select Care, Fallon Preferred Care and Steward Community Care Premium Saver II and Premium Saver 2000/500 II plans. The covered prescription drugs are listed on the following pages. Please note that drugs not on the following list will not be covered by your Fallon prescription drug benefit under any circumstances.

How do I use the formulary?

The chart on the following pages provides coverage information about the drugs covered by Fallon.

Covered medications are listed alphabetically by drug class. Both brand-name drugs and generic drugs are included, so you may look up either name.

- The first column (Drug Name) lists the names of the covered drugs in alphabetical order. Brand-name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lowercase (e.g., capacet).
- The second column (Drug Tier) identifies which Tier each drug falls into.
- The third column (Requirements/Limits) tells you if there any special requirements for coverage of your drug.

The following is an explanation of the codes that may appear in this column. Please note that all of the covered drugs listed in this formulary are available through mail-order.

Code	Explanation
ST	Step therapy. In some cases, Fallon requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we will not cover Drug B unless you try Drug A first. If Drug A does not work for you, we may then cover Drug B.
PA	Prior Authorization. Fallon requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from Fallon before you fill your prescriptions. If you don't get approval, Fallon may not cover the drug.
QL	Quantity Limit. For certain drugs, Fallon limits the amount of the drug that Fallon will cover. For example, Fallon provides 30 each per 30 day supply for Lidoderm. This may be in addition to a standard one month or three month supply.
SP	Specialty pharmacy. Drugs carrying this code must be filled using the CVS Caremark Specialty Pharmacy mail-order service. With the exception of the initial fill, these prescriptions cannot be filled at a network retail pharmacy location. Note: All specialty prescription drugs are limited to a 30-day supply.

ACA Preventive Service \$0	Indicates drug offered at \$0 cost share due to regulations in the Affordable Care Act (ACA).
Oral Chemo Mandate \$0	This indicates drug covered for \$0.

What if my drug is not on the formulary?

There may be periodic changes to the drugs listed in this formulary. To determine whether a particular drug is included or excluded from the 4-tier formulary, please call Customer Service at the number on the back of your ID card. TTY users, please call TRS 711. We are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m. You may also access our website fallonhealth.org to view the updated formulary online.

Can this formulary change?

Yes, Fallon may add or remove drugs from our formulary during the year. If we remove drugs from our formulary during the year, we must notify you of the change at least 60 days before the date that the change becomes effective.

For more information

For more detailed information about your prescription drug coverage through Fallon, please review your *Member Handbook/Evidence of Coverage* and other plan materials. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at fallonhealth.org. If you have additional questions, you can speak with any member of our Customer Service team.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL	4	PA
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	1	
<i>acetaminophen/codeine #2</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine solution</i>	1	
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 60mg</i>	1	
ACTIQ	4	PA
<i>ali-flex</i>	1	
ANAPROX	3	
ANAPROX DS	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
<i>ascomp/codeine</i>	1	
<i>aspirin ec tablet delayed release 81mg</i>	1	QL (100 EA per 100 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE	1	
<i>aspirin tablet chewable</i>	1	QL (100 EA per 100 days)
ASPIRIN TABLET 81MG	1	QL (100 EA per 100 days)
AVINZA	3	
BIOREGESIC	3	
BUNAVAIL	3	PA
BUPAP	3	
<i>buprenorphine hcl/naloxone hcl</i>	1	PA
<i>buprenorphine hcl tablet sublingual</i>	1	PA
<i>butalbital/acetaminophen</i>	1	
<i>butalbital/acetaminophen/caffeine</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butalbital/apap/caffeine</i>	1	
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>butorphanol tartrate solution</i>	1	PA
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	3	PA
CAMBIA	3	PA
CAPITAL/CODEINE	3	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
CATAFLAM	3	
CELEBREX	3	PA
<i>celecoxib capsule</i>	1	PA
<i>choline magnesium trisalicylate liquid</i>	1	
<i>choline magnesium trisalicylate tablet 1000mg</i>	1	
CODEINE SULFATE TABLET	1	
CODEINE SULFATE SOLUTION	3	
CONZIP	3	PA
DAYPRO	3	
DEMEROL TABLET 100MG	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>diflunisal tablet</i>	1	
DILAUDID LIQUID, TABLET	3	
DOLGIC PLUS	3	
DOLOGESIC LIQUID	3	
<i>dologesic tablet</i>	1	
DOLOPHINE	3	
DOLOPHINE HCL	3	
<i>dolorex</i>	1	
DUEXIS	3	PA
DURAGESIC	3	
EC-NAPROSYN	3	
<i>ed-flex</i>	1	
EMBEDA	3	PA
<i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>endodan</i>	1	
ESGIC	3	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
EXALGO	3	PA
FELDENE	3	
FENOPROFEN CALCIUM CAPSULE	1	
FENOPROFEN CALCIUM TABLET	3	
<i>fentanyl citrate oral transmucosal</i>	4	PA
FENTANYL PATCH 72 HOUR 37.5MCG/HR, 62.5MCG/HR, 87.5MCG/HR	3	
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	
FENTORA	4	PA
FIORICET	3	
FIORICET/CODEINE	3	
FIORINAL/CODEINE #3	3	
FLECTOR	3	PA
<i>flurbiprofen tablet</i>	1	
GRALISE	3	PA
GRALISE STARTER	3	PA
HYCET	3	
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	
HYDROCODONE BITARTRATE/ACETAMINOPHEN TABLET 750MG; 10MG	1	
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	1	
<i>hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	1	
HYDROCODONE/ACETAMINOPHEN TABLET 500MG; 7.5MG, 650MG; 7.5MG	1	
<i>hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 5mg, 650mg; 10mg, 660mg; 10mg</i>	1	
<i>hydrocodone/ibuprofen tablet 2.5mg; 200mg, 5mg; 200mg, 7.5mg;</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>hydrogesic</i>	1	
HYDROMORPHONE HCL ER TABLET ER 24 HOUR ABUSE-DETERRENT 32MG	1	PA
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 12mg, 16mg, 8mg</i>	1	PA
HYDROMORPHONE HCL SUPPOSITORY	3	
<i>hydromorphone hcl liquid, tablet</i>	1	
HYSINGLA ER	3	PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule</i>	1	
KADIAN	3	PA
KETOPROFEN ER	1	
<i>ketoprofen capsule</i>	1	
<i>ketorolac tromethamine tablet</i>	1	PA
LAZANDA	4	PA
LEVORPHANOL TARTRATE TABLET	1	
LIQUICET	3	
<i>lorcet</i>	1	
LORCET 10/650	3	
<i>lorcet hd</i>	1	
LORCET PLUS TABLET 650MG; 7.5MG	3	
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	
LORTAB ELIXIR	3	
LORTAB TABLET 500MG; 10MG, 500MG; 5MG, 500MG; 7.5MG	3	
<i>lortab tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
MAGNACET	3	
<i>margesic</i>	1	
<i>marten-tab</i>	1	
MECLOFENAMATE SODIUM CAPSULE	1	
<i>mefenamic acid capsule</i>	1	
MELOXICAM SUSPENSION	1	
<i>meloxicam tablet</i>	1	
MEPERIDINE HCL SOLUTION	1	
<i>meperidine hcl tablet</i>	1	
<i>meperitab</i>	1	
<i>methadone hcl intensol</i>	1	
<i>methadone hcl concentrate, tablet, tablet soluble</i>	1	
METHADONE HCL SOLUTION 10MG/5ML, 5MG/5ML	1	
<i>methadone hcl solution 10mg/5ml, 5mg/5ml</i>	1	
METHADOSE SUGAR-FREE	3	
METHADOSE CONCENTRATE	3	
<i>methadose tablet, tablet soluble</i>	1	
MOBIC	3	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 30MG, 45MG, 60MG, 75MG, 90MG	1	
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>morphine sulfate er tablet extended release</i>	1	
MORPHINE SULFATE TABLET	1	
<i>morphine sulfate solution 10mg/5ml, 20mg/5ml, 20mg/ml</i>	1	
MORPHINE SULFATE SUPPOSITORY 10MG, 20MG, 5MG	1	
MORPHINE SULFATE SUPPOSITORY 30MG	3	
MS CONTIN	3	
MST 600	3	
<i>nabumetone</i>	1	
NALFON CAPSULE 400MG	3	
NAPRELAN	3	PA
NAPROSYN	3	
<i>naproxen dr</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
NAPROXEN SUSPENSION	1	
<i>naproxen tablet</i>	1	
NORCO	3	
NUCYNТА	3	PA
NUCYNТА ER	3	PA
OPANA ER (CRUSH RESISTANT) TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 5MG, 7.5MG	3	QL (60 EA per 30 days) PA
OPANA ER (CRUSH RESISTANT) TABLET ER 12 HOUR ABUSE-DETERRENT 30MG, 40MG	4	QL (60 EA per 30 days) PA
OPANA TABLET	3	PA
<i>opium</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
<i>oxaprozin</i>	1	
OXECTA	3	PA
OXYCODONE HCL ER	3	QL (60 EA per 30 days) PA
OXYCODONE HCL CONCENTRATE 100MG/5ML	1	
<i>oxycodone hcl concentrate 100mg/5ml</i>	1	
<i>oxycodone hcl capsule, tablet</i>	1	
OXYCODONE HCL SOLUTION 5MG/5ML	1	
<i>oxycodone hcl solution 5mg/5ml</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG	3	QL (60 EA per 30 days) PA
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60MG, 80MG	4	QL (60 EA per 30 days) PA
<i>oxymorphone hydrochloride</i>	1	PA
<i>oxymorphone hydrochloride er</i>	1	QL (60 EA per 30 days) PA
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
PERCOCET	3	
PERCODAN	3	
PHRENILIN FORTE	3	
<i>piroxicam capsule</i>	1	
PONSTEL	3	

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
PRIMLEV	3	
RELAGESIC	3	
<i>repan</i>	1	
REPREXAIN TABLET 2.5MG; 200MG, 5MG; 200MG	3	
<i>reprexain tablet 10mg; 200mg</i>	1	
RHINOFLEX-650	3	
ROXICET SOLUTION	3	
<i>roxicet tablet</i>	1	
ROXICODONE TABLET 15MG, 30MG	3	
RYBIX ODT	3	
<i>salsalate</i>	1	
SPRIX	3	PA
SUBOXONE	3	PA
SUBSYS	4	PA
<i>sulindac tablet</i>	1	
SYNALGOS-DC	3	
TENCON TABLET 650MG; 50MG	3	
<i>tencon tablet 325mg; 50mg</i>	1	
TIVORBEX	N/A	
TOLMETIN SODIUM TABLET	1	
<i>tolmetin sodium capsule</i>	1	
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG	1	
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG, 300MG	1	PA
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	PA
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	PA
<i>tramadol hcl tablet</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	PA
TREZIX	3	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
ULTRACET	3	PA
ULTRAM	3	
ULTRAM ER	3	
<i>verdrocet</i>	1	
VICOPROFEN	3	
VOLTAREN-XR	3	
XARTEMIS XR	3	
XODOL	3	
XOLOX	3	
<i>zamicet</i>	1	
<i>zebutal</i>	1	
ZIPSOR	3	
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	PA

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ZORVOLEX	3	
ZYDONE	3	
Anesthetics		
<i>aero otic hc</i>	1	
AKTEN	3	
<i>antipyrine/benzocaine solution 5.4%; 1.4%</i>	1	
<i>aurax</i>	1	
<i>aurodex</i>	1	
COCAINE HCL	1	
CORTANE-B AQUEOUS	3	
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	
<i>cyotic</i>	1	
EMLA	3	
EPIFOAM	3	
<i>exotic-hc</i>	1	
<i>hydrocortisone acetate/lidocaine hcl</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
LIDOCAINE AND TETRACAINE CREAM	1	
<i>lidocaine hcl jelly</i>	1	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	1	
LIDOCAINE HCL LOTION	3	
<i>lidocaine hcl solution</i>	1	
<i>lidocaine viscous</i>	1	
LIDOCAINE/PRILOCAINE KIT	1	
<i>lidocaine/prilocaine cream</i>	1	
<i>lidocaine cream 3%</i>	1	
<i>lidocaine ointment</i>	1	
<i>lidocaine patch</i>	1	QL (30 EA per 30 days)
LIDODERM	3	QL (30 EA per 30 days)
LIDORX	3	
<i>otic care</i>	1	
<i>oticin</i>	1	
PLIAGLIS	3	
PRAMOSONE	3	
PRAMOTIC	3	
SYNERA	3	
TREAGAN OTIC	3	
XERESE	3	PA
XYLOCAINE SOLUTION	3	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium dr</i>	1	PA
ANTABUSE	3	
BUNAVAIL	3	PA
<i>buprenorphine hcl/naloxone hcl</i>	1	PA
<i>buprenorphine hcl tablet sublingual</i>	1	PA
<i>buproban</i>	1	ACA Preventive Service \$0
<i>bupropion hcl sr</i>	1	ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	3	PA
CAMPRAL	3	PA
CHANTIX CONTINUING MONTH PAK	3	ACA Preventive Service \$0
CHANTIX STARTING MONTH PAK	3	ACA Preventive Service \$0
CHANTIX TABLET 0.5MG, 1MG	3	ACA Preventive Service \$0
<i>disulfiram tablet</i>	1	
EVZIO	3	PA
<i>naltrexone hcl tablet</i>	1	
<i>nicotine polacrilex gum, lozenge</i>	1	ACA Preventive Service \$0
NICOTINE TRANSDERMAL SYSTEM KIT	3	ACA Preventive Service \$0
<i>nicotine patch 24 hour</i>	1	ACA Preventive Service \$0
NICOTROL INHALER	3	ACA Preventive Service \$0
NICOTROL NS	3	ACA Preventive Service \$0
REVIA	3	
SUBOXONE	3	PA
ZUBSOLV	3	PA
ZYBAN	3	ACA Preventive Service \$0
Anti-inflammatory Agents		
<i>acetazol hc</i>	1	
ALA QUIN	3	
ALCORTIN A	3	
ANAPROX	3	
ANAPROX DS	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
<i>aspirin ec tablet delayed release 81mg</i>	1	QL (100 EA per 100 days)
<i>aspirin tablet chewable</i>	1	QL (100 EA per 100 days)
ASPIRIN TABLET 81MG	1	QL (100 EA per 100 days)
CAMBIA	3	PA
CATAFLAM	3	
CELEBREX	3	PA
<i>celecoxib capsule</i>	1	PA
<i>choline magnesium trisalicylate liquid</i>	1	
<i>choline magnesium trisalicylate tablet 1000mg</i>	1	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	
<i>diclofenac sodium gel</i>	1	PA
<i>diflunisal tablet</i>	1	
EC-NAPROSYN	3	
<i>ed-flex</i>	1	
EPIFOAM	3	

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents		
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	
FENOPROFEN CALCIUM CAPSULE	1	
FENOPROFEN CALCIUM TABLET	3	
FLECTOR	3	PA
<i>flurbiprofen tablet</i>	1	
<i>hydrocortisone acetate & iodoquinol</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule</i>	1	
KETOPROFEN ER	1	
<i>ketoprofen capsule</i>	1	
<i>ketorolac tromethamine tablet</i>	1	PA
MECLOFENAMATE SODIUM CAPSULE	1	
MEDROL	3	
<i>mefenamic acid capsule</i>	1	
MELOXICAM SUSPENSION	1	
<i>meloxicam tablet</i>	1	
<i>methylprednisolone</i>	1	
MOBIC	3	
<i>nabumetone</i>	1	
NALFON CAPSULE 400MG	3	
NAPRELAN	3	PA
NAPROSYN	3	
<i>naproxen dr</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
NAPROXEN SUSPENSION	1	
<i>naproxen tablet</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION	1	
<i>neomycin/polymyxin/hydrocortisone solution, otic suspension</i>	1	
<i>nystatin/triamcinolone cream 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone ointment</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam capsule</i>	1	
PONSTEL	3	
PRAMOSONE	3	
SPRIX	3	PA
<i>sulindac tablet</i>	1	
TIVORBEX	N/A	
TOLMETIN SODIUM TABLET	1	
<i>tolmetin sodium capsule</i>	1	
VOLTAREN-XR	3	
VYTONE	3	
ZIPSOR	3	

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents		
ZORVOLEX	3	
Antibacterials		
ADOXA	3	
<i>aero otic hc</i>	1	
<i>ak-poly-bac</i>	1	
AKNE-MYCIN	2	
ALCORTIN A	3	
ALTABAX	3	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
AMOXICILLIN TABLET CHEWABLE	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMPICILLIN SUSPENSION RECONSTITUTED	1	
<i>ampicillin capsule</i>	1	
AUGMENTIN XR	3	
AUGMENTIN SUSPENSION RECONSTITUTED, TABLET	3	
AVC	3	
AVELOX ABC PACK	3	
AVELOX TABLET	3	
AZASITE	3	
AZITHROMYCIN PACKET	1	
<i>azithromycin suspension reconstituted, tablet</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BACITRACIN OINTMENT	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	
BACTROBAN NASAL	3	QL (1 GM per 30 days)
BESIVANCE	3	
BETHKIS	3	SP
BIAXIN	3	
BIAXIN XL	3	
BIAXIN XL PAC	3	
BLEPH-10	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CAYSTON	4	PA
CEDAX	3	PA
CEFACLOR ER	3	
CEFACLOR SUSPENSION RECONSTITUTED	1	
<i>cefaclor capsule</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
CEFDITOREN PIVOXIL TABLET 200MG	1	
<i>cefixime</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
CEFTIN	3	
<i>cefuroxime axetil</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
CENTANY	1	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
CETRAXAL	3	
CILOXAN OINTMENT	2	
CILOXAN SOLUTION	3	
CIPRO HC	3	
CIPRO XR	3	QL (3 EA per dispensing)
CIPRO SUSPENSION RECONSTITUTED	3	
CIPRODEX	3	
<i>ciprofloxacin er</i>	1	QL (3 EA per dispensing)
<i>ciprofloxacin hcl solution</i>	1	
CIPROFLOXACIN HCL TABLET 100MG	1	
<i>ciprofloxacin hcl tablet 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin suspension reconstituted</i>	1	
CIPRO TABLET 250MG, 500MG	3	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
CLEOCIN	3	
CLEOCIN PEDIATRIC GRANULES	3	
<i>clindamycin hcl capsule</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate cream</i>	1	
CLINDESSE	3	
COLY-MYCIN S	3	
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	
CORTISPORIN	3	
CORTISPORIN-TC	3	
CRESYLATE	3	
<i>cyotic</i>	1	
DEBACTEROL	3	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	4	PA
DORYX	3	
<i>doxycycline hyclate dr</i>	1	
<i>doxycycline hyclate capsule</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate</i>	1	
DOXYCYCLINE CAPSULE DELAYED RELEASE	1	PA
<i>doxycycline capsule, suspension reconstituted</i>	1	
E.E.S. 400	1	
E.E.S. GRANULES	3	
ERY-TAB	2	
ERYGEL	3	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	1	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
ERYTHROMYCIN BASE	1	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	1	
<i>erythromycin/sulfisoxazole</i>	1	
<i>erythromycin capsule delayed release particles, gel, ointment, pad, solution</i>	1	
<i>exotic-hc</i>	1	
FACTIVE	3	PA
FEM PH	3	
FIRST-VANCOMYCIN 25	3	
FIRST-VANCOMYCIN 50	3	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	3	
GARAMYCIN SOLUTION	3	
<i>garamycin ointment</i>	1	
<i>gatifloxacin</i>	1	QL (2.5 ML per dispensing)
<i>gentak</i>	1	
GENTAMICIN SULFATE CREAM, EXTERNAL OINTMENT	1	
<i>gentamicin sulfate ophthalmic ointment, solution</i>	1	
HIPREX	3	
<i>hydrocortisone acetate & iodoquinol</i>	1	
KEFLEX	3	
KETEK	3	
KITABIS PAK	3	SP
LEVAQUIN SOLUTION, TABLET	3	
<i>levofloxacin</i>	1	
MACROBID	3	
MACRODANTIN CAPSULE 25MG	2	
MACRODANTIN CAPSULE 100MG, 50MG	3	
<i>mafenide acetate packet</i>	1	
MAXITROL	3	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE TABLET 0.5GM	1	
<i>methenamine mandelate tablet 1gm</i>	1	
METROCREAM	3	
METROGEL	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole capsule, cream, gel, lotion, tablet</i>	1	
MINOCIN CAPSULE	3	
<i>minocycline hcl er</i>	1	PA
<i>minocycline hcl capsule, tablet</i>	1	
MONODOX	3	
MONUROL	3	PA
MOXATAG	3	PA
MOXEZA	3	QL (3 ML per dispensing)
<i>moxifloxacin hcl</i>	1	
<i>mupirocin calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
<i>mupirocin ointment</i>	1	
<i>neomycin sulfate tablet</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION	1	
<i>neomycin/polymyxin/hydrocortisone solution, otic suspension</i>	1	
NEOSPORIN	3	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin suspension</i>	1	
NORITATE	3	
NOROXIN	2	
OCUFLOX	3	
<i>ofloxacin</i>	1	
ORACEA	3	PA
<i>paromomycin sulfate</i>	1	
PCE	3	
<i>penicillin v potassium</i>	1	
<i>poly-dex</i>	1	
<i>polycin b</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
POLYTRIM	3	
PRED-G	2	
PRED-G S.O.P.	2	
PRIMSOL	3	
RELAGARD	3	
<i>romycin</i>	1	
<i>rosadan</i>	1	
SILVADENE	3	
<i>silver sulfadiazine cream</i>	1	
SIVEXTRO TABLET	4	PA
<i>sodium sulfacetamide solution</i>	1	
SOLODYN	4	PA
SPECTRACEF	3	PA
<i>ssd</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SULFACETAMIDE SODIUM OINTMENT	3	
SULFADIAZINE TABLET	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
SULFAMYLON	3	
SUPRAX	3	
TARGADOX	N/A	
TETRACYCLINE HCL CAPSULE	1	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
<i>thermazene</i>	1	
TOBI	4	SP
TOBI PODHALER	4	SP
TOBRADEX ST	3	
TOBRADEX OINTMENT	2	
TOBRADEX SUSPENSION	3	
<i>tobramycin sulfate solution</i>	1	
<i>tobramycin/dexamethasone</i>	1	
<i>tobramycin nebulization solution</i>	4	SP
TOBREX OINTMENT	2	
TOBREX SOLUTION	3	
<i>trimethoprim tablet</i>	1	
UREX	3	
UROQID #2	3	
VANCOCIN HCL	4	PA
<i>vancomycin hcl capsule</i>	4	PA
<i>vandazole</i>	1	
VIBRAMYCIN	3	
VIGAMOX	3	QL (3 ML per 30 days)
VYTONE	3	
XIFAXAN TABLET 200MG	3	QL (9 EA per dispensing)
XIFAXAN TABLET 550MG	4	PA
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZITHROMAX PACKET, SUSPENSION RECONSTITUTED	3	
ZITHROMAX TABLET 250MG, 500MG	3	
ZITHROMAX TABLET 600MG	3	PA
ZMAX	3	
ZYLET	3	
ZYMAXID	3	QL (2.5 ML per dispensing)
ZYVOX SUSPENSION RECONSTITUTED, TABLET	4	PA
Anticonvulsants		
APTIOM	4	PA
BANZEL	4	PA
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam odt</i>	1	
<i>clonazepam tablet</i>	1	
<i>clorazepate dipotassium</i>	1	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	3	
DIAZEPAM GEL, SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>diazepam tablet</i>	1	
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPSULE 30MG	2	
DILANTIN CAPSULE 100MG	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	4	PA
<i>gabapentin capsule, solution, tablet</i>	1	
GABITRIL	3	
KEPPRA XR	3	
KEPPRA SOLUTION, TABLET	3	
KLONOPIN	3	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT TABLET DISPERSIBLE	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam tablet</i>	1	
<i>levetiracetam solution 100mg/ml</i>	1	
LYRICA	3	PA
MYSOLINE	3	
NEURONTIN	3	
ONFI SUSPENSION	4	PA
ONFI TABLET 5MG	3	PA
ONFI TABLET 10MG, 20MG	4	PA
<i>oxcarbazepine tablet</i>	1	
<i>oxcarbazepine suspension 300mg/5ml</i>	1	
OXTELLAR XR	4	PA
PEGANONE	3	
<i>phenobarbital elixir</i>	1	
PHENOBARBITAL TABLET 100MG, 15MG, 30MG, 60MG	1	
<i>phenobarbital tablet 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	
PHENYTEK	3	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
POTIGA	3	PA

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>primidone tablet</i>	1	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 200MG, 25MG, 50MG	3	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 200MG, 50MG	N/A	
SABRIL	4	PA; SP
STAVZOR	3	PA
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG	2	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200MG, 400MG	3	
TEGRETOL SUSPENSION, TABLET	3	
<i>tiagabine hydrochloride</i>	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
TOPIRAMATE ER	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TRANXENE T	3	
TRILEPTAL	3	
TROKENDI XR	4	PA
VALIUM	3	
<i>valproic acid capsule, syrup</i>	1	
VIMPAT SOLUTION, TABLET	3	PA
ZARONTIN	3	
ZONEGRAN	3	
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	3	
ARICEPT ODT	3	
<i>donepezil hcl</i>	1	
<i>ergoloid mesylates tablet</i>	1	
EXELON CAPSULE, SOLUTION	3	
EXELON PATCH 24 HOUR	3	QL (30 EA per 30 days)
GALANTAMINE HYDROBROMIDE SOLUTION	1	
<i>galantamine hydrobromide capsule extended release 24 hour, tablet</i>	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
Antidepressants		
ABILIFY	4	PA
ABILIFY DISCMELT	4	PA
<i>amitriptyline hcl tablet</i>	1	
AMOXAPINE	3	
ANAFRANIL	3	
APLENZIN	3	PA
<i>aripiprazole</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
BRINTELLIX	3	PA
BRISDELLE	3	
<i>budeprion sr</i>	1	
<i>bupropion hcl sr</i>	1	
<i>bupropion hcl xl</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl tablet</i>	1	
CELEXA	3	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl capsule</i>	1	
CYMBALTA	3	ST PA
<i>desipramine hcl tablet</i>	1	
DESVENLAFAXINE ER	3	QL (30 EA per 30 days) PA
DOXEPIN HCL CAPSULE 75MG	1	
<i>doxepin hcl capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>duloxetine hcl capsule delayed release particles</i>	1	ST PA
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 37.5MG, 75MG	3	ST
ELDEPRYL	3	
EMSAM	3	QL (30 EA per 30 days) PA
<i>escitalopram oxalate</i>	1	
FETZIMA	3	PA
FETZIMA TITRATION PACK	3	PA
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days) PA
<i>fluoxetine hcl capsule 10mg, 20mg</i>	1	
<i>fluoxetine hcl capsule 40mg</i>	1	PA
<i>fluoxetine hcl solution</i>	1	
FLUOXETINE HCL TABLET 60MG	3	
<i>fluoxetine hcl tablet 10mg, 20mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL (30 EA per 30 days)
FORFIVO XL	3	QL (30 EA per 30 days)
<i>imipramine hcl tablet</i>	1	
<i>imipramine pamoate</i>	1	
KHEDEZLA	3	QL (30 EA per 30 days) PA
LEXAPRO	3	
LUVOX CR	3	QL (30 EA per 30 days)
MAPROTILINE HCL	1	
MARPLAN	2	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
NARDIL	3	
NEFAZODONE HCL TABLET 100MG, 150MG, 200MG, 50MG	1	
<i>nefazodone hcl tablet 250mg</i>	1	
NORPRAMIN	3	
NORTRIPTYLINE HCL SOLUTION	1	
<i>nortriptyline hcl capsule</i>	1	
<i>olanzapine/fluoxetine</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
OLEPTRO	3	PA
PAMELOR CAPSULE 10MG, 50MG, 75MG	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	3	
PAXIL CR	3	
PERPHENAZINE/AMITRIPTYLINE	1	
PEXEVA	3	
<i>phenelzine sulfate</i>	1	
PRISTIQ	3	QL (30 EA per 30 days) PA
<i>protriptyline hcl</i>	1	
PROZAC	3	
PROZAC WEEKLY	3	QL (4 EA per 28 days) PA
<i>quetiapine fumarate</i>	1	
REMERON	3	
REMERON SOLTAB	3	
SARAFEM	3	PA
<i>selegiline hcl capsule, tablet</i>	1	
SEROQUEL XR	3	QL (30 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	
SEROQUEL TABLET 300MG, 400MG	4	
<i>sertraline hcl concentrate, tablet</i>	1	
SURMONTIL	3	
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG, 50MG; 6MG	3	PA
SYMBYAX CAPSULE 25MG; 12MG, 50MG; 12MG	4	PA
TOFRANIL	3	
TOFRANIL-PM	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl tablet</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	ST
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	3	
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
VIIBRYD	3	PA
VIVACTIL	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	QL (30 EA per 30 days)
ZELAPAR	3	
ZOLOFT	3	
Antiemetics		
AKYNZEO	4	PA
ANTIVERT	3	
ANZEMET TABLET	2	QL (3 EA per 30 days)
CESAMET	3	PA
<i>chlorpromazine hcl tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
COMPAZINE TABLET	3	
<i>compro</i>	1	
DICLEGIS	N/A	
<i>diphenhydramine hcl capsule 50mg</i>	1	
<i>dronabinol</i>	1	QL (60 EA per 30 days)
EMEND CAPSULE	3	PA
<i>granisetron hcl tablet</i>	1	QL (3 EA per 30 days)
GRANISOL	3	QL (15 ML per 30 days)
<i>hydroxyzine hcl syrup, tablet</i>	1	
HYDROXYZINE PAMOATE CAPSULE 100MG	1	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	
MARINOL	3	QL (60 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>metoclopramide hcl tablet</i>	1	
<i>metoclopramide hcl solution 5mg/5ml</i>	1	
METOSOLV ODT	3	PA
<i>ondansetron hcl solution</i>	1	QL (60 ML per 30 days)
<i>ondansetron hcl tablet 24mg</i>	1	QL (3 EA per 30 days)
<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (30 EA per 30 days)
<i>ondansetron odt</i>	1	QL (30 EA per 30 days)
<i>perphenazine tablet</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>promethazine hcl syrup, tablet</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethegan</i>	1	
SANCUSO	4	PA
TIGAN CAPSULE	3	
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	2	QL (4 EA per 30 days)
<i>trimethobenzamide hcl capsule</i>	1	
VISTARIL	3	
ZOFRAN ODT	3	QL (30 EA per 30 days)
ZOFRAN TABLET	3	QL (30 EA per 30 days)
ZOFRAN SOLUTION	3	QL (60 ML per 30 days)
ZUPLENZ	3	QL (30 EA per 30 days) PA
Antifungals		
ALA QUIN	3	
ANCOBON	4	
BIO-STATIN CAPSULE	3	
<i>bio-statin powder</i>	1	
<i>ciclodan</i>	1	PA
CICLODAN SOLUTION KIT	1	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine cream</i>	1	
CICLOPIROX TOPICAL SOLUTION KIT	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream, solution, troche</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
CRESEMBA	4	PA
<i>dermazene</i>	1	
DIFLUCAN SUSPENSION RECONSTITUTED	3	QL (75 ML per dispensing)
DIFLUCAN TABLET 150MG	3	QL (1 EA per dispensing)
DIFLUCAN TABLET 100MG, 200MG, 50MG	3	QL (15 EA per dispensing)
<i>econazole nitrate cream</i>	1	
ERTACZO	3	
EXELDERM	2	
<i>exoderm</i>	1	
EXTINA	3	PA
<i>fluconazole suspension reconstituted</i>	1	QL (75 ML per dispensing)
<i>fluconazole tablet 150mg</i>	1	QL (1 EA per dispensing)
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	1	QL (15 EA per dispensing)
<i>flucytosine</i>	4	
GRIFULVIN V	3	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>hydrocortisone/iodoquinol</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>ketoconazole cream, shampoo, tablet</i>	1	
<i>ketoconazole foam</i>	1	PA
LAMISIL SPRAY	3	
LAMISIL PACKET	3	PA
LAMISIL TABLET	3	QL (84 EA per 365 days)
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
MENTAX	2	
MICONAZOLE 3 SUPPOSITORY	1	
<i>naftifine hcl</i>	1	
NAFTIN	3	
NATACYN	3	
NOXAFIL SUSPENSION, TABLET DELAYED RELEASE	4	PA
<i>nyamyc</i>	1	
<i>nystatin/triamcinolone cream 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone ointment</i>	1	
<i>nystatin cream, ointment, powder, suspension, tablet</i>	1	
<i>nystop</i>	1	
ONMEL	4	PA
OXISTAT CREAM	2	
OXISTAT LOTION	3	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	PA
<i>selenium sulfide</i>	1	
SPORANOX	3	PA
SPORANOX PULSEPAK	3	PA
TERAZOL 3	3	

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
TERAZOL 7	3	
<i>terbinafine hcl tablet</i>	1	QL (84 EA per 365 days)
<i>terconazole cream</i>	1	
<i>versiclear</i>	1	
VFEND	4	PA
<i>voriconazole suspension reconstituted, tablet</i>	4	PA
VUSION	3	
XOLEGEL	3	
<i>zazole</i>	1	
Antigout Agents		
<i>allopurinol tablet</i>	1	
COLCHICINE TABLET	1	
COLCRYS	3	
MITIGARE	3	
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
ULORIC	3	PA
ZYLOPRIM TABLET 100MG	3	
Antimigraine Agents		
ALSUMA	3	QL (2 ML per 30 days) ST
AMERGE	3	QL (9 EA per 30 days) PA
AXERT TABLET 12.5MG	3	QL (2 EA per 28 days)
AXERT TABLET 6.25MG	3	QL (6 EA per 30 days)
<i>butalbital/acetaminophen/caffeine</i>	1	
CAFERGOT	3	
D.H.E. 45	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION	3	QL (8 ML per 30 days)
<i>dihydroergotamine mesylate injection</i>	1	
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
DOLGIC PLUS	3	
ERGOMAR	2	
ESGIC	3	
FIORICET	3	
FROVA	3	QL (9 EA per 30 days)
IMITREX STATDOSE REFILL INJECTION 6MG/0.5ML	3	QL (2 ML per 30 days) ST
IMITREX STATDOSE SYSTEM	3	QL (2 ML per 30 days) ST
IMITREX INJECTION	3	QL (2 ML per 30 days) ST
IMITREX NASAL SOLUTION	3	QL (6 EA per 30 days) ST
IMITREX TABLET	3	QL (9 EA per 30 days) ST
<i>isometheptene mucate/caffeine/acetaminophen</i>	1	
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN	1	
<i>isometheptene/dichloralphenazone/acetaminophen</i>	1	
MAXALT	3	QL (9 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
MAXALT-MLT	3	QL (9 EA per 30 days)
MIGERGOT	3	
<i>migragesic ida</i>	1	
MIGRALAM	3	
MIGRANAL	3	QL (8 ML per 30 days)
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
<i>nodolor</i>	1	
PRODRIN	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 200MG, 25MG, 50MG	3	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 200MG, 50MG	N/A	
RELPAX	2	QL (6 EA per 30 days)
<i>repan</i>	1	
<i>rizatriptan benzoate</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (9 EA per 30 days)
STAVZOR	3	PA
SUMATRIPTAN	1	QL (6 EA per 30 days) ST
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	1	QL (2 ML per 30 days) ST
<i>sumatriptan succinate tablet</i>	1	QL (9 EA per 30 days) ST
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML	1	QL (2 ML per 30 days) ST
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (2 ML per 30 days) ST
SUMAVEL DOSEPRO INJECTION 6MG/0.5ML	3	QL (2 ML per 30 days) ST
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
TOPIRAMATE ER	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TREXIMET	3	QL (9 EA per 30 days) PA
TROKENDI XR	4	PA
<i>valproic acid capsule</i>	1	
<i>zolmitriptan odt</i>	1	
<i>zolmitriptan tablet</i>	1	
ZOMIG NASAL SPRAY	3	QL (6 EA per 30 days)
ZOMIG ZMT	3	QL (6 EA per 30 days)
ZOMIG TABLET	3	QL (6 EA per 30 days)
ZOMIG SOLUTION 2.5MG	4	QL (6 EA per 30 days)
Antimyasthenic Agents		
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRUP	2	
MESTINON TABLET	3	
PROSTIGMIN TABLET	3	
<i>pyridostigmine bromide tablet</i>	1	
Antimycobacterials		
CYCLOSERINE	1	
DAPSONE TABLET	3	
<i>ethambutol hcl</i>	1	
ISONIAZID SYRUP	3	
<i>isoniazid tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials		
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
<i>rifabutin</i>	1	
RIFADIN CAPSULE	3	
RIFAMATE	3	
<i>rifampin capsule</i>	1	
RIFATER	3	
SIRTURO	4	PA
TRECTOR	3	
Antineoplastics		
AFINITOR	4	PA; SP, Oral Chemo Mandate \$0
AFINITOR DISPERZ	4	PA; SP, Oral Chemo Mandate \$0
ALKERAN TABLET	3	Oral Chemo Mandate \$0
<i>anastrozole tablet</i>	1	Oral Chemo Mandate \$0
ARIMIDEX	3	Oral Chemo Mandate \$0
AROMASIN	3	Oral Chemo Mandate \$0
<i>azacitidine</i>	4	PA; SP
<i>bicalutamide</i>	1	Oral Chemo Mandate \$0
BOSULIF	4	PA; SP, Oral Chemo Mandate \$0
<i>capecitabine</i>	4	SP, Oral Chemo Mandate \$0
CAPRELSA	4	PA; Oral Chemo Mandate \$0
CASODEX	3	Oral Chemo Mandate \$0
COMETRIQ	4	PA; Oral Chemo Mandate \$0
CYCLOPHOSPHAMIDE TABLET	1	Oral Chemo Mandate \$0
CYCLOPHOSPHAMIDE CAPSULE	3	Oral Chemo Mandate \$0
DROXIA	3	
EMCYT	2	Oral Chemo Mandate \$0
ERIVEDGE	4	PA; SP, Oral Chemo Mandate \$0
ETOPOSIDE CAPSULE	1	Oral Chemo Mandate \$0
<i>exemestane</i>	1	Oral Chemo Mandate \$0
FARESTON	4	Oral Chemo Mandate \$0
FARYDAK	4	PA; SP, Oral Chemo Mandate \$0
FEMARA	3	Oral Chemo Mandate \$0
<i>flutamide</i>	1	Oral Chemo Mandate \$0
GILOTRIF	4	PA; SP, Oral Chemo Mandate \$0
GLEEVEC	4	SP, Oral Chemo Mandate \$0
GLEOSTINE	4	Oral Chemo Mandate \$0
HEXALEN	4	Oral Chemo Mandate \$0
HYCAMTIN CAPSULE	4	PA; SP, Oral Chemo Mandate \$0
HYDREA	3	
<i>hydroxyurea capsule</i>	1	
IBRANCE	4	PA; SP, Oral Chemo Mandate \$0
ICLUSIG	4	PA; SP, Oral Chemo Mandate \$0
IMBRUVICA	4	PA; SP, Oral Chemo Mandate \$0
INLYTA	4	PA; SP, Oral Chemo Mandate \$0
INTRON-A	4	PA; SP
INTRON-A W/DILUENT	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
JAKAFI	4	PA; SP, Oral Chemo Mandate \$0
LENVIMA 10MG DAILY DOSE	4	PA; SP, Oral Chemo Mandate \$0
LENVIMA 14MG DAILY DOSE	4	PA; SP, Oral Chemo Mandate \$0
LENVIMA 20MG DAILY DOSE	4	PA; SP, Oral Chemo Mandate \$0
LENVIMA 24MG DAILY DOSE	4	PA; SP, Oral Chemo Mandate \$0
<i>letrozole</i>	1	Oral Chemo Mandate \$0
LEUCOVORIN CALCIUM TABLET 10MG, 15MG	1	Oral Chemo Mandate \$0
<i>leucovorin calcium tablet 25mg, 5mg</i>	1	Oral Chemo Mandate \$0
LEUKERAN	2	Oral Chemo Mandate \$0
LOMUSTINE	1	Oral Chemo Mandate \$0
LYNPARZA	4	PA; SP, Oral Chemo Mandate \$0
MATULANE	4	Oral Chemo Mandate \$0
MEKINIST	4	PA; SP, Oral Chemo Mandate \$0
MENEST	2	
<i>mercaptopurine tablet</i>	1	Oral Chemo Mandate \$0
MESNEX TABLET	3	Oral Chemo Mandate \$0
MYLERAN	3	Oral Chemo Mandate \$0
NEXAVAR	4	PA; SP, Oral Chemo Mandate \$0
NILANDRON	3	PA; Oral Chemo Mandate \$0
PANRETIN	4	
PICATO	3	PA
POMALYST	4	PA; SP, Oral Chemo Mandate \$0
PURIXAN	4	SP, Oral Chemo Mandate \$0
REVLIMID	4	PA; SP, Oral Chemo Mandate \$0
SPRYCEL	4	PA; SP, Oral Chemo Mandate \$0
STIVARGA	4	PA; SP, Oral Chemo Mandate \$0
SUTENT CAPSULE 12.5MG, 25MG, 50MG	4	PA; SP, Oral Chemo Mandate \$0
SYLATRON	4	PA; SP, Oral Chemo Mandate \$0
TABLOID	3	Oral Chemo Mandate \$0
TAFINLAR	4	PA; SP, Oral Chemo Mandate \$0
<i>tamoxifen citrate tablet</i>	1	Oral Chemo Mandate \$0
TARCEVA	4	PA; SP, Oral Chemo Mandate \$0
TARGRETIN GEL	4	SP
TARGRETIN CAPSULE	4	SP, Oral Chemo Mandate \$0
TASIGNA	4	PA; SP, Oral Chemo Mandate \$0
TEMODAR CAPSULE	4	SP, Oral Chemo Mandate \$0
<i>temozolomide</i>	4	SP, Oral Chemo Mandate \$0
THALOMID	4	PA; SP, Oral Chemo Mandate \$0
<i>tretinoin</i>	4	Oral Chemo Mandate \$0
TYKERB	4	PA; SP, Oral Chemo Mandate \$0
VALCHLOR	4	PA
VIDAZA	4	PA; SP
VOTRIENT	4	PA; SP, Oral Chemo Mandate \$0
XALKORI	4	PA; SP, Oral Chemo Mandate \$0
XELODA	4	SP, Oral Chemo Mandate \$0
XTANDI	4	PA; SP, Oral Chemo Mandate \$0
ZELBORAF	4	PA; SP, Oral Chemo Mandate \$0
ZOLINZA	4	PA; SP, Oral Chemo Mandate \$0
ZYDELIG	4	PA; SP, Oral Chemo Mandate \$0

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
ZYKADIA	4	PA; SP, Oral Chemo Mandate \$0
ZYTIGA	4	PA; SP, Oral Chemo Mandate \$0
Antiparasitics		
ALBENZA	3	
ALINIA	3	
ARALEN	3	
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
BILTRICIDE	3	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	
EURAX	3	
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>ivermectin tablet</i>	1	
<i>lindane lotion, shampoo</i>	1	
MALARONE	3	
<i>malathion</i>	1	PA
<i>mefloquine hcl</i>	1	
MEPRON	4	
NATROBA	3	PA
NEBUPENT	3	
OVIDE	3	PA
<i>paromomycin sulfate</i>	1	
<i>permethrin cream</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE TABLET	3	
QUALAQUIN	3	PA
<i>quinine sulfate</i>	1	PA
SKLICE	3	
SPINOSAD	3	PA
STROMEKTOL	3	
TINDAMAX	3	QL (3 days supply per dispensing)
<i>tinidazole tablet</i>	1	QL (3 days supply per dispensing)
ULESFIA	3	
YODOXIN	3	
Antiparkinson Agents		
AMANTADINE HCL TABLET	1	
<i>amantadine hcl capsule, syrup</i>	1	
APOKYN	4	PA; SP
AZILECT	3	
<i>benztropine mesylate tablet</i>	1	
<i>bromocriptine mesylate capsule, tablet</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE	1	PA
<i>carbidopa tablet</i>	1	
COMTAN	3	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents		
<i>diphenhydramine hcl capsule 50mg</i>	1	
ELDEPRYL	3	
EMSAM	3	QL (30 EA per 30 days) PA
<i>entacapone</i>	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	PA
PARCOPA	3	
PARLODEL	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
RYTARY	3	PA
<i>selegiline hcl capsule, tablet</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	PA
STALEVO 125	3	PA
STALEVO 150	3	PA
STALEVO 200	3	PA
STALEVO 50	3	PA
STALEVO 75	3	PA
TASMAR	4	
<i>tolcapone</i>	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
Antipsychotics		
ABILIFY	4	PA
ABILIFY DISCMELT	4	PA
<i>aripiprazole</i>	2	PA
<i>chlorpromazine hcl tablet</i>	1	
<i>clozapine</i>	1	
CLOZAPINE ODT	1	
CLOZARIL	3	
COMPAZINE TABLET	3	
<i>compro</i>	1	
FANAPT	3	PA
FANAPT TITRATION PACK	3	PA
FAZACLO	3	
FLUPHENAZINE HCL CONCENTRATE, ELIXIR	1	
<i>fluphenazine hcl tablet</i>	1	
GEODON CAPSULE	3	
<i>haloperidol concentrate, tablet</i>	1	
INVEGA	3	QL (30 EA per 30 days) PA
LATUDA	3	PA

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics		
<i>loxapine succinate</i>	1	
LOXITANE	3	
<i>olanzapine odt</i>	1	
<i>olanzapine/fluoxetine</i>	1	PA
<i>olanzapine tablet</i>	1	
ORAP	2	
PERPHENAZINE/AMITRIPTYLINE	1	
<i>perphenazine tablet</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL M-TAB	3	QL (60 EA per 30 days)
RISPERDAL TABLET	3	QL (60 EA per 30 days)
RISPERDAL SOLUTION	3	QL (60 ML per 30 days)
<i>risperidone m-tab</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tablet dispersible 0.25mg</i>	1	
<i>risperidone tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone solution</i>	1	QL (60 ML per 30 days)
SAPHRIS	4	PA
SEROQUEL XR	3	QL (30 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	
SEROQUEL TABLET 300MG, 400MG	4	
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG, 50MG; 6MG	3	PA
SYMBYAX CAPSULE 25MG; 12MG, 50MG; 12MG	4	PA
<i>thioridazine hcl tablet</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
VERSACLOZ	3	
<i>ziprasidone hcl</i>	1	
ZYPREXA ZYDIS TABLET DISPERSIBLE 5MG	3	
ZYPREXA ZYDIS TABLET DISPERSIBLE 10MG, 15MG, 20MG	4	
ZYPREXA TABLET 2.5MG, 5MG, 7.5MG	3	
ZYPREXA TABLET 10MG, 15MG, 20MG	4	
Antispasticity Agents		
<i>baclofen tablet</i>	1	
<i>cyproheptadine hcl</i>	1	
DANTRIUM	3	
DANTROLENE SODIUM CAPSULE 100MG	1	
<i>dantrolene sodium capsule 25mg, 50mg</i>	1	
<i>gabapentin</i>	1	
NEURONTIN	3	
<i>tizanidine hcl capsule, tablet</i>	1	
ZANAFLEX	3	
Antivirals		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	
<i>acyclovir capsule, ointment, suspension, tablet</i>	1	
<i>adefovir dipivoxil</i>	1	PA
AMANTADINE HCL TABLET	1	

Drug Name	Drug Tier	Requirements/Limits
Antivirals		
<i>amantadine hcl capsule, syrup</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE	4	PA
COMBIVIR	4	
COMPLERA	4	
COPEGUS	4	PA; SP
CRIVAN	2	
DENAVIR	3	
<i>didanosine</i>	1	
EDURANT	4	
EMTRIVA	3	
<i>entecavir</i>	4	PA
EPIVIR	3	
EPIVIR HBV	3	
EPZICOM	4	
EVOTAZ	3	
<i>famciclovir tablet</i>	1	
FAMVIR	3	
FLUMADINE	3	PA
FUZEON	4	PA
HARVONI	4	PA; SP
HEPSERA	4	PA
INFERGEN	4	PA; SP
INTELENCE	4	
INTRON-A W/DILUENT	4	PA; SP
INTRON-A INJECTION 10MU/ML, 6000000UNIT/ML	4	PA; SP
INVIRASE	4	
ISENTRESS PACKET	3	
ISENTRESS TABLET CHEWABLE, TABLET	4	
KALETRA	4	
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	4	
LEXIVA	4	
<i>nevirapine er</i>	1	
NEVIRAPINE SUSPENSION	1	
<i>nevirapine tablet</i>	1	
NORVIR	2	
OLYSIO	4	PA; SP
PEG-INTRON	4	PA; SP
PEG-INTRON REDIPEN	4	PA; SP
PEG-INTRON REDIPEN PAK 4	4	PA; SP
PEGASYS PROCLICK	4	PA; SP
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	4	PA; SP
PREZCOBIX	3	
PREZISTA SUSPENSION	4	
PREZISTA TABLET 150MG, 75MG	3	
PREZISTA TABLET 400MG, 600MG, 800MG	4	
REBETOL	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Antivirals		
RELENZA DISKHALER	3	PA
RESCRIPTOR	3	
RETROVIR CAPSULE, SYRUP	3	
REYATAZ CAPSULE	4	
RIBASPHERE RIBAPAK	4	PA; SP
<i>ribasphere capsule</i>	4	PA; SP
RIBASPHERE TABLET 400MG, 600MG	4	PA; SP
<i>ribavirin</i>	4	PA; SP
<i>rimantadine hcl</i>	1	PA
SELZENTRY	4	PA
SOVALDI	4	PA; SP
<i>stavudine</i>	1	
STRIBILD	4	
SUSTIVA TABLET	4	
SUSTIVA CAPSULE 50MG	2	
SUSTIVA CAPSULE 200MG	4	
TAMIFLU CAPSULE	3	QL (10 EA per dispensing)
TAMIFLU SUSPENSION RECONSTITUTED	3	QL (150 ML per dispensing)
TIVICAY	4	
<i>trifluridine solution</i>	1	
TRIUMEQ	4	
TRIZIVIR	4	
TRUVADA	4	
TYBOST	3	
TYZEKA	4	QL (30 EA per 30 days) PA; SP
<i>valacyclovir hcl tablet 1000mg, 500mg</i>	1	
VALCYTE	4	PA
<i>valganciclovir</i>	4	PA
VALTREX	3	ST
VIDEX EC	3	
VIDEX PEDIATRIC	2	
VIEKIRA PAK	4	PA; SP
VIRACEPT	4	
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	
VIRAMUNE SUSPENSION	2	
VIRAMUNE TABLET	3	
VIREAD	4	
VIROPTIC	3	
XERESE	3	PA
ZERIT	3	
ZIAGEN SOLUTION	2	
ZIAGEN TABLET	3	
<i>zidovudine</i>	1	
ZIRGAN	3	
ZOVIRAX	3	
Anxiolytics		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
ALPRAZOLAM INTENSOL	3	
<i>alprazolam odt</i>	1	
ATIVAN TABLET	3	
<i>buspirone hcl tablet</i>	1	
<i>chlordiazepoxide hcl</i>	1	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	1	
<i>clonazepam odt</i>	1	
<i>clonazepam tablet</i>	1	
<i>clorazepate dipotassium</i>	1	
CYMBALTA	3	ST PA
<i>diazepam intensol</i>	3	
<i>diazepam tablet</i>	1	
DIAZEPAM SOLUTION 1MG/ML	1	
DORAL	3	
DOXEPIN HCL CAPSULE 75MG	1	
<i>doxepin hcl capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>duloxetine hcl capsule delayed release particles 20mg, 30mg, 60mg</i>	1	ST PA
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 37.5MG, 75MG	3	ST
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	QL (9 EA per 30 days)
<i>flurazepam hcl</i>	1	
HALCION	3	PA
<i>hydroxyzine hcl syrup, tablet</i>	1	
HYDROXYZINE PAMOATE CAPSULE 100MG	1	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	
IRENKA	N/A	
KLONOPIN	3	
LEXAPRO	3	
LORAZEPAM INTENSOL	3	
<i>lorazepam concentrate, tablet</i>	1	
<i>meprobamate</i>	1	
<i>midazolam hcl syrup</i>	1	
NIRAVAM	3	
<i>oxazepam</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
QUAZEPAM	1	
RESTORIL	3	
<i>sertraline hcl concentrate, tablet</i>	1	
<i>temazepam</i>	1	
TRANXENE T	3	
<i>triazolam</i>	1	
VALIUM	3	
<i>venlafaxine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	ST
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	3	
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
VISTARIL	3	
XANAX	3	
XANAX XR	3	QL (30 EA per 30 days)
ZOLOFT	3	
Bipolar Agents		
ABILIFY	4	PA
ABILIFY DISCMELT	4	PA
<i>aripiprazole</i>	2	PA
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
CARBATROL	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
GEODON CAPSULE	3	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT TABLET DISPERSIBLE	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
LITHIUM	3	
<i>lithium carbonate er</i>	1	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
LITHOBID	3	
<i>olanzapine odt</i>	1	
<i>olanzapine/fluoxetine</i>	1	PA
<i>olanzapine tablet</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL M-TAB	3	QL (60 EA per 30 days)
RISPERDAL TABLET	3	QL (60 EA per 30 days)
RISPERDAL SOLUTION	3	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Bipolar Agents		
<i>risperidone m-tab</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tablet dispersible 0.25mg</i>	1	
<i>risperidone tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone solution</i>	1	QL (60 ML per 30 days)
SAPHRIS	4	PA
SEROQUEL XR	3	QL (30 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	
SEROQUEL TABLET 300MG, 400MG	4	
STAVZOR	3	PA
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG, 50MG; 6MG	3	PA
SYMBYAX CAPSULE 25MG; 12MG, 50MG; 12MG	4	PA
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG	2	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200MG, 400MG	3	
TEGRETOL SUSPENSION, TABLET	3	
<i>valproic acid capsule</i>	1	
<i>ziprasidone hcl</i>	1	
ZYPREXA ZYDIS TABLET DISPERSIBLE 5MG	3	
ZYPREXA ZYDIS TABLET DISPERSIBLE 10MG, 15MG, 20MG	4	
ZYPREXA TABLET 2.5MG, 5MG, 7.5MG	3	
ZYPREXA TABLET 10MG, 15MG, 20MG	4	
Blood Glucose Regulators		
<i>acarbose</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET	3	QL (60 EA per 30 days)
ACTOPLUS MET XR	2	QL (30 EA per 30 days)
ACTOS	3	QL (30 EA per 30 days)
AFREZZA	3	PA
AMARYL	3	
APIDRA	3	
APIDRA SOLOSTAR	3	PA
AVANDAMET	3	
AVANDARYL	3	
AVANDIA	3	
BYDUREON INJECTION 2MG	3	ST PA
BYETTA	3	ST PA
CHLORPROPAMIDE	1	
CYCLOSET	3	PA
DIABETA	3	
DUETACT	3	QL (30 EA per 30 days)
FARXIGA	3	PA
FORTAMET	3	QL (30 EA per 30 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glipizide tablet</i>	1	
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL (120 EA per 30 days)
GLUMETZA	3	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	QL (120 EA per 30 days)
<i>glyburide tablet</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	3	PA
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG INJECTION 100UNIT/ML	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
INVOKAMET	3	PA
INVOKANA	3	PA
JANUMET	3	ST PA
JANUMET XR	3	ST PA
JANUVIA	3	QL (30 EA per 30 days) ST
JARDIANCE	3	PA
JENTADUETO	2	QL (60 EA per 30 days)
KAZANO	3	ST
KOMBIGLYZE XR	3	QL (30 EA per 30 days) ST
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	3	PA
LEVEMIR FLEXPEN	3	PA
LEVEMIR FLEXTOUCH	3	PA
<i>metformin hcl er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hcl er tablet extended release 24 hour 1000mg, 500mg</i>	1	QL (30 EA per 30 days)
<i>metformin hcl tablet</i>	1	
<i>nateglinide</i>	1	
NESINA	3	ST
NOVOLIN 70/30	3	PA
NOVOLIN 70/30 RELION	3	PA
NOVOLIN N	3	PA
NOVOLIN N RELION	3	PA
NOVOLIN R	3	PA

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
NOVOLIN R RELION	3	PA
NOVOLOG	3	PA
NOVOLOG FLEXPEN	3	PA
NOVOLOG MIX 70/30	3	PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	PA
NOVOLOG PENFILL	3	PA
ONGLYZA	3	ST
OSENI	3	ST
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL (30 EA per 30 days)
PRANDIMET	2	QL (90 EA per 30 days)
PRANDIN	3	QL (90 EA per 30 days)
PRECOSE	3	QL (90 EA per 30 days)
PROGLYCEM	3	
<i>repaglinide</i>	1	QL (90 EA per 30 days)
RIOMET	3	
STARLIX	3	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
TANZEUM	3	PA
TOLAZAMIDE TABLET 500MG	1	
<i>tolazamide tablet 250mg</i>	1	
TOLBUTAMIDE	1	
TOUJEO SOLOSTAR	3	
TRADJENTA	2	QL (30 EA per 30 days)
TRULICITY	3	PA
VICTOZA	3	PA
WELCHOL	3	
XIGDUO XR	3	PA
Blood Products/Modifiers/Volume Expanders		
AGGRENOX	3	
AGRYLIN	3	PA
AMICAR	3	
<i>aminocaproic acid syrup</i>	1	
AMINOCAPROIC ACID TABLET 1000MG	3	
<i>aminocaproic acid tablet 500mg</i>	1	
<i>anagrelide hydrochloride</i>	1	PA
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA; SP
ARIXTRA	4	QL (14 days supply per dispensing)
BRILINTA	3	PA
<i>cilostazol</i>	1	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	1	QL (1 EA per dispensing)

Drug Name	Drug Tier	Requirements/Limits
Blood Products/Modifiers/Volume Expanders		
COUMADIN	3	
<i>dipyridamole tablet</i>	1	
EFFIENT	3	PA
ELIQUIS	3	PA
<i>enoxaparin sodium injection 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	QL (21 days supply per dispensing)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	4	QL (21 days supply per dispensing)
EPOGEN	4	PA; SP
<i>fondaparinux sodium</i>	4	QL (14 days supply per dispensing)
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	2	QL (14 days supply per dispensing)
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 25000UNIT/ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	QL (14 days supply per dispensing)
GRANIX	4	SP
<i>jantoven</i>	1	
LOVENOX INJECTION 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML	3	QL (21 days supply per dispensing)
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 80MG/0.8ML	4	QL (21 days supply per dispensing)
LYSTEDA	3	QL (30 EA per 30 days)
MIRCERA	4	PA
MOZOBIL	4	PA; SP
NEULASTA	4	SP
NEUMEGA	4	PA; SP
NEUPOGEN	4	SP
OMONTYS	3	PA
PERSANTINE	3	
PLAVIX TABLET 75MG	3	
PLAVIX TABLET 300MG	3	QL (1 EA per dispensing)
PLETAL	3	
PRADAXA	3	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML	4	PA; SP
PROMACTA	4	PA; SP
SAVAYSA	3	PA
<i>ticlopidine hcl</i>	1	
<i>tranexamic acid tablet</i>	1	QL (30 EA per 30 days)
<i>warfarin sodium tablet</i>	1	
XARELTO	3	PA
ZONTIVITY	3	PA
Cardiovascular Agents		
ACCUPRIL	3	QL (30 EA per 30 days)
ACCURETIC	3	QL (30 EA per 30 days)
<i>acebutolol hcl capsule</i>	1	
ACEON	3	
ACETAZOLAMIDE TABLET 125MG	1	
<i>acetazolamide tablet 250mg</i>	1	
ADALAT CC	3	
ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 1000MG, 20MG; 500MG, 40MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>afeditab cr</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
ALTOPREV	3	
<i>amiloride hcl tablet</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amiodarone hcl tablet 200mg, 400mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) PA
<i>amlodipine besylate tablet</i>	1	
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days)
AMTURNIDE	3	PA
ANTARA CAPSULE 30MG, 90MG	3	
ANTARA CAPSULE 130MG, 43MG	3	ST
ATACAND	3	
ATACAND HCT	3	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tablet</i>	1	
<i>atorvastatin calcium</i>	1	QL (45 EA per 30 days)
AVALIDE	3	
AVAPRO	3	
AZOR TABLET 10MG; 40MG	3	QL (2 EA per 28 days)
AZOR TABLET 10MG; 20MG, 5MG; 20MG, 5MG; 40MG	3	QL (30 EA per 30 days)
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tablet</i>	1	
BENICAR	2	
BENICAR HCT	2	
BETAPACE	3	
BETAPACE AF	3	PA
<i>betaxolol hcl</i>	1	
BIDIL	3	PA
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide tablet</i>	1	
BYSTOLIC	3	QL (30 EA per 30 days) ST
CADUET	3	QL (30 EA per 30 days)
CALAN	3	
CALAN SR	3	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	
<i>captopril tablet</i>	1	
CARDENE SR CAPSULE EXTENDED RELEASE 12 HOUR 30MG, 60MG	3	
CARDIZEM	3	
CARDIZEM CD	3	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
CARDIZEM LA	3	
CARDURA	3	
CARDURA XL	3	QL (30 EA per 30 days)
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
CHLOROTHIAZIDE TABLET 250MG	1	
<i>chlorothiazide tablet 500mg</i>	1	
CHLORTHALIDONE	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine packet, powder</i>	1	
<i>clonidine hcl patch weekly, tablet</i>	1	
CLORPRES	3	
COLESTID	3	
COLESTID FLAVORED	3	
<i>colestipol hcl</i>	1	
<i>colestipol hcl for oral suspension</i>	1	
CORDARONE	3	
COREG	3	
COREG CR	2	QL (30 EA per 30 days)
CORGARD	3	
CORZIDE	3	
COZAAR	3	
CRESTOR TABLET 5MG	3	QL (30 EA per 30 days)
CRESTOR TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST
DEMADEX	3	
DIBENZYLINE	3	
<i>digitek</i>	1	
<i>digox</i>	1	
DIGOXIN SOLUTION	1	
DILACOR XR	3	
DILATRATE SR	2	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tablet</i>	1	
<i>diltzac</i>	1	
DIOVAN	3	
DIOVAN HCT	3	
<i>disopyramide phosphate</i>	1	
DIURIL	3	
<i>dorzolamide hcl</i>	1	
<i>doxazosin mesylate</i>	1	
DUTOPROL	3	QL (30 EA per 30 days)
DYRENIUM	3	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
EDARBI	3	QL (30 EA per 30 days)
EDARBYCLOR	3	QL (30 EA per 30 days)
EDECIN	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tablet</i>	1	
<i>eplerenone</i>	1	PA
<i>eprosartan mesylate</i>	1	
EXFORGE	3	QL (30 EA per 30 days) PA
EXFORGE HCT	3	QL (30 EA per 30 days)
<i>felodipine er</i>	1	
<i>fenofibrate micronized</i>	1	
FENOFIBRATE CAPSULE 150MG, 50MG	3	
<i>fenofibrate capsule 130mg, 43mg</i>	1	ST
<i>fenofibrate tablet 160mg, 54mg</i>	1	
<i>fenofibrate tablet 145mg, 48mg</i>	1	ST
FENOFIBRIC ACID	1	
<i>fenofibric acid dr</i>	1	ST PA
FENOGLIDE	3	
FIBRICOR	3	
FIRAZYR	4	PA; SP
<i>flecainide acetate</i>	1	
<i>fluvastatin</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tablet</i>	1	
FUROSEMIDE SOLUTION 8MG/ML	3	
<i>furosemide solution 10mg/ml</i>	1	
<i>gemfibrozil tablet</i>	1	
<i>guanfacine hcl</i>	1	
HEMANGEOL	3	
<i>hydralazine hcl tablet</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
HYZAAR	3	QL (30 EA per 30 days)
IMDUR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INDERAL XL	3	
INNOPRAN XL	3	
INSPRA	3	PA
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
ISOPTIN SR	3	
ISORDIL TITRADOSE TABLET 5MG	3	
<i>isosorbide dinitrate er</i>	1	
ISOSORBIDE DINITRATE TABLET 30MG	1	
<i>isosorbide dinitrate tablet 10mg, 20mg, 5mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
ISOXSUPRINE HCL TABLET 20MG	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>isoxsuprine hcl tablet 10mg</i>	1	
<i>isradipine capsule 5mg</i>	1	
JUXTAPID	4	PA
KERLONE	3	
KYNAMRO	4	PA; SP
<i>labetalol hcl tablet</i>	1	
LANOXIN TABLET	3	
LASIX TABLET 20MG, 80MG	3	
LESCOL	3	
LESCOL XL	2	
LEVATOL	3	PA
LIPITOR	3	QL (45 EA per 30 days)
LIPOFEN	3	
LIPTRUZET	3	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LIVALO	3	QL (30 EA per 30 days) ST PA
LOFIBRA	3	
LOPID	3	
LOPRESSOR	3	
LOPRESSOR HCT	3	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
<i>lovastatin</i>	1	
LOVAZA	3	PA
<i>matzim la</i>	1	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i>	1	
METHYCLOTHIAZIDE TABLET	1	
<i>methyldopa</i>	1	
METHYLDOPA/HYDROCHLOROTHIAZIDE	1	
<i>metolazone</i>	1	
<i>metoprolol succinate er</i>	1	QL (45 EA per 30 days)
<i>metoprolol tartrate tablet</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
MEVACOR	3	
<i>mexiletine hcl</i>	1	
MICARDIS	3	
MICARDIS HCT	3	
MICROZIDE	3	
<i>midodrine hcl</i>	1	PA
MINIPRESS	3	
<i>minitran</i>	1	
<i>minoxidil tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
MULTAQ	3	PA
<i>nadolol/bendroflumethiazide</i>	1	
<i>nadolol tablet</i>	1	
NEPTAZANE	3	
NEXICLON XR	3	PA
<i>niacin er</i>	1	
<i>niacin tablet 500mg</i>	1	
NIACOR	1	
NIASPAN	3	
<i>nicardipine hcl capsule</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine capsule</i>	1	
<i>nimodipine capsule</i>	1	
NISOLDIPINE ER	1	
NISOLDIPINE TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG, 40MG	1	
<i>nisoldipine tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	1	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitro-time capsule extended release 2.5mg, 9mg</i>	1	
<i>nitroglycerin er</i>	1	
NITROGLYCERIN LINGUAL AEROSOL SOLUTION	3	
<i>nitroglycerin lingual solution</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	2	
NORPACE	3	
NORPACE CR	2	
NORTHERA	4	PA; SP
NORVASC	3	
NYMALIZE	3	
<i>omega-3-acid ethyl esters</i>	1	PA
<i>pacerone</i>	1	
<i>pentoxifylline er</i>	1	
<i>perindopril erbumine</i>	1	
<i>pindolol</i>	1	
PRAVACHOL	3	QL (45 EA per 30 days)
<i>pravastatin sodium</i>	1	QL (45 EA per 30 days)
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PRINIVIL	3	QL (30 EA per 30 days)
PROCARDIA	3	QL (30 EA per 30 days)
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60MG	3	
<i>propafenone hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>propafenone hcl er</i>	1	PA
<i>propranolol hcl er</i>	1	
PROPRANOLOL HCL SOLUTION	1	
<i>propranolol hcl tablet</i>	1	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
<i>quinapril hcl</i>	1	QL (30 EA per 30 days)
<i>quinapril/hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
<i>quinidine gluconate cr</i>	1	
QUINIDINE SULFATE ER	1	
QUINIDINE SULFATE TABLET 200MG	1	
<i>quinidine sulfate tablet 300mg</i>	1	
<i>ramipril</i>	1	
RANEXA	3	PA
RECTIV	3	PA
RESERPINE TABLET	1	
RYTHMOL	3	
RYTHMOL SR	3	PA
SECTRAL	3	
SIMCOR	3	QL (30 EA per 30 days)
<i>simvastatin</i>	1	QL (45 EA per 30 days)
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	PA
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>spironolactone tablet</i>	1	
SULAR	3	
TARKA	3	
<i>taztia xt</i>	1	
TEKAMLO	3	PA
TEKTRNA	3	PA
TEKTRNA HCT	3	PA
<i>telmisartan</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochloroth</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
TENEX	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>terazosin hcl</i>	1	
TEVETEN	3	
TEVETEN HCT	3	
TIAZAC	3	
TIKOSYN	3	SP
TIMOLOL MALEATE TABLET	1	
TOPROL XL	3	QL (45 EA per 30 days)
<i>torseimide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
TRANDATE TABLET 200MG, 300MG	3	
<i>trandolapril</i>	1	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPSULE 25MG; 50MG	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
TRIBENZOR	3	QL (30 EA per 30 days)
TRICOR	3	ST
TRIGLIDE	3	
TRILIPIX	3	PA
TRUSOPT	3	
TWYNSTA	3	
UNIRETIC	3	
UNIVASC	3	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VASCEPA	3	PA
VASERETIC	3	
VASOTEC	3	
VECAMYL	4	PA
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	1	PA
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	1	
VERAPAMIL HCL TABLET 40MG	1	
<i>verapamil hcl tablet 120mg, 80mg</i>	1	
VERELAN	3	
VERELAN PM	3	PA
VYTORIN	3	
WELCHOL	3	
ZAROXOLYN	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	
ZETIA	3	
ZIAC	3	
ZOCOR	3	QL (45 EA per 30 days) ST
Central Nervous System Agents		
ADDERALL	3	
ADDERALL XR	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (60 EA per 30 days)
AMPYRA	4	PA; SP
<i>ascomp/codeine</i>	1	
AUBAGIO	4	PA; SP
AVONEX	4	SP
AVONEX PEN	4	SP
BETASERON	4	SP

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butalbital/aspirin/caffeine</i>	1	
<i>butalbital/aspirin/caffeine/codeine</i>	1	
CAFCIT	3	PA
<i>caffeine citrate solution 20mg/ml</i>	1	PA
<i>clonidine hcl er</i>	1	PA
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
COPAXONE INJECTION 40MG/ML	4	PA; SP
COPAXONE INJECTION 20MG/ML	4	SP
CYMBALTA	3	ST PA
DAYTRANA	3	PA
DESOXYN	3	
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>dexmethylphenidate hcl er</i>	1	
<i>dexmethylphenidate hcl tablet</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>dextroamphetamine sulfate solution, tablet</i>	1	
<i>duloxetine hcl capsule delayed release particles</i>	1	ST PA
EVEKEO	3	
EXTAVIA	4	PA; SP
FIORICET/CODEINE	3	
FIORINAL	3	
FIORINAL/CODEINE #3	3	
FOCALIN	3	
FOCALIN XR	3	QL (30 EA per 30 days)
GILENYA	4	PA; SP
<i>guanfacine er</i>	1	PA
HETLIOZ	4	PA; SP
HORIZANT	3	PA
INTUNIV	3	PA
KAPVAY	3	PA
LEVACET	3	
LYRICA	3	PA
METADATE CD	3	
<i>metadate er</i>	1	
<i>methamphetamine hcl</i>	1	
METHYLIN	3	
<i>methylphenidate hcl cd</i>	1	
<i>methylphenidate hcl er capsule extended release 24 hour</i>	1	
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10MG	1	
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	1	QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 36MG	1	QL (60 EA per 30 days)
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hcl tablet chewable, tablet</i>	1	
<i>methylphenidate hydrochloride</i>	1	
NAMZARIC	N/A	
NUEDEXTA	4	PA

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
PLEGRIDY STARTER PACK INJECTION 0	4	PA
PLEGRIDY INJECTION 125MCG/0.5ML	4	PA
PROCENTRA	3	
QUILLIVANT XR	3	PA
REBIF	4	PA; SP
REBIF REBIDOSE	4	PA; SP
REBIF REBIDOSE TITRATION PACK	4	PA; SP
REBIF TITRATION PACK	4	PA; SP
RILUTEK	4	
<i>riluzole</i>	1	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
SAVELLA	3	PA
SAVELLA TITRATION PACK	3	PA
STRATTERA	3	PA
VYVANSE	3	PA
XENAZINE	4	PA; SP
<i>zebutal</i>	1	
ZENZEDI TABLET 15MG, 20MG, 30MG, 7.5MG	1	
ZENZEDI TABLET 2.5MG	3	
<i>zenzedi tablet 10mg, 5mg</i>	1	
Dental and Oral Agents		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
EVOXAC	3	
FIRST-MOUTHWASH BLM SUSPENSION 3.15GM/237ML; 0.2GM/237ML; 1.6GM/237ML; 3.15GM/237ML; 0.315GM/237ML	3	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
SALAGEN	3	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
8-MOP	3	
ABSORICA	4	
ACANYA	3	PA
<i>acitretin</i>	4	
ACLOVATE	3	
ACZONE	3	PA
<i>adapalene cream, gel</i>	1	
AKNE-MYCIN	2	
<i>ala cort</i>	1	
ALA SCALP	3	
<i>alclometasone dipropionate</i>	1	
ALDARA	4	QL (48 EA per 365 days)
<i>alphatrex</i>	1	
AMCINONIDE CREAM, LOTION	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
AMCINONIDE OINTMENT	3	
<i>amnesteam</i>	4	
ANACAINE	3	
ANALPRAM E	3	
ANALPRAM-HC	2	
ANUSOL-HC	3	
APEXICON E	3	
APOP	3	
ATRALIN	3	PA
<i>augmented betamethasone dipropionate</i>	1	
AVAR	3	
<i>avar cleanser</i>	1	
AVAR LS	3	
AVAR LS CLEANSER	3	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	3	
<i>avita gel</i>	1	
<i>avita cream</i>	1	PA
AZELEX	3	
BENZAC AC WASH	3	
BENZAC W WASH	3	
BENZACLIN	3	PA
BENZAMYCIN	3	
BENZAMYCINPAK	3	
BENZEFOAM	3	PA
BENZIQ	3	
BENZIQ LS	3	
<i>benziq wash</i>	1	
<i>benzoyl peroxide cleanser lotion 6%</i>	1	
<i>benzoyl peroxide foam</i>	1	PA
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	ST PA
BP CLEANSING WASH	1	
BPO	3	
BPO 3% FOAMING CLOTHS	3	
<i>bpo 6% foaming cloths</i>	3	
BPO 9% FOAMING CLOTHS	3	
<i>calcipotriene</i>	1	
<i>calcipotriene/betamethasone dipropionate</i>	4	PA
<i>calcitrene</i>	1	
CALCITRIOL	4	PA
CAPEX	3	
CARAC	3	
CARMOL-HC	3	
CEM-UREA	3	
<i>cerisa wash</i>	1	
CLARAVIS CAPSULE 30MG	4	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>claravis capsule 10mg, 20mg, 40mg</i>	4	
CLARIFOAM EF	3	
CLEOCIN-T	3	
CLINDAGEL	3	
<i>clindamax</i>	1	
<i>clindamycin phosphate gel, lotion, solution, swab</i>	1	
<i>clindamycin phosphate foam</i>	1	PA
<i>clindamycin/benzoyl peroxide</i>	1	PA
<i>clobetasol propionate emollient cream</i>	1	
<i>clobetasol propionate emollient foam</i>	1	PA
<i>clobetasol propionate cream, gel, ointment, solution</i>	1	
<i>clobetasol propionate foam, liquid, lotion, shampoo</i>	1	PA
CLOBEX	3	ST PA
CLOCORTOLONE PIVALATE	1	
CLOCORTOLONE PIVALATE PUMP	1	
CLODERM	3	
CLODERM PUMP	3	
<i>clotrimazole/betamethasone dipropionate</i>	1	
CONDYLOX	3	
CORDRAN	3	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	1	
CORTANE-B	3	
CORTIFOAM	2	
CORTISPORIN	3	
COSENTYX SENSOREADY PEN	4	PA; SP
CUTIVATE	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
DERMATOP	3	
<i>dermazene</i>	1	
DERMOTIC	3	
DESONATE	3	PA
<i>desonide cream, lotion, ointment</i>	1	
DESOWEN	3	
DESOXIMETASONE CREAM 0.05%	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel</i>	1	
DESOXIMETASONE OINTMENT 0.05%	1	
<i>desoximetasone ointment 0.25%</i>	1	
<i>diclofenac sodium</i>	1	
DIFFERIN	3	
DIFLORASONE DIACETATE OINTMENT	1	
DIFLORASONE DIACETATE CREAM	3	
DIPROLENE	3	
DIPROLENE AF	3	
DOVONEX	3	
DOXYCYCLINE	1	PA
DRITHO-CREME HP	3	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
DRYSOL	3	
DUAC	3	PA
EFUDEX	3	
ELIDEL	3	
ELOCON	3	
EPIDUO	3	PA
ERYGEL	3	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
EVOCLIN	3	PA
FABIOR	3	PA
FINACEA	3	
FIRST-HYDROCORTISONE	2	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide cream, oil, ointment, solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluocinonide cream, gel, ointment, solution</i>	1	
FLUOROPLEX	1	
FLUOROURACIL CREAM 0.5%	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil solution</i>	1	
<i>fluticasone propionate cream, lotion, ointment</i>	1	
GORDONS UREA OINTMENT 40%	3	
GRANULEX	3	
<i>halobetasol propionate</i>	1	
HALOG	2	
HYDRO 40 FOAM	3	
<i>hydrocortisone acetate/aloe gel</i>	1	
<i>hydrocortisone acetate/lidocaine hcl</i>	1	
<i>hydrocortisone acetate/pramoxine hcl</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 1%, 2.5%</i>	1	
<i>hypercare</i>	1	
<i>imiquimod cream</i>	4	QL (48 EA per 365 days)
KENALOG	3	
KERALAC	3	
KERALYT GEL 6%	3	
KLARON	3	
<i>latrix</i>	1	
LATRIX XM	3	
<i>lidazone hc</i>	1	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	1	
<i>lidocaine hcl/hydrocortisone acetate cream</i>	1	
<i>lidocaine hcl/hydrocortisone acetate kit 0.5%; 3%, 1%; 3%, 2.5%; 3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara</i>	1	
LOTRISONE	3	
LUGOLS STRONG IODINE	3	
LUXIQ	3	ST PA
MEDROX-RX	4	
<i>methoxsalen capsule</i>	4	
<i>mexar wash</i>	1	
MIRVASO	3	PA
<i>mometasone furoate</i>	1	
<i>myorisan</i>	4	
NOVACORT	3	
NUCORT	3	
NUOX	3	
NUZON	3	
OLUX	3	ST PA
OLUX-E	3	PA
ORACEA	3	PA
<i>oscion cleanser lotion 6%</i>	1	
OVACE PLUS WASH GEL	3	
OVACE PLUS SHAMPOO	3	
OVACE WASH	3	
OXSORALEN	4	
OXSORALEN ULTRA	4	
PANDEL	3	
PENNSAID	3	
PICATO	3	PA
PODOCON 25 IN BENZOIN TINCTURE	3	
<i>podofilox solution</i>	1	
<i>pr benzoyl peroxide wash</i>	1	
PRAMOSONE E	3	
<i>prascion</i>	1	
<i>prascion fc</i>	1	
<i>prednicarbate</i>	1	
<i>procto-pak</i>	1	
PROCTOFOAM HC	2	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PROTOPIC	3	
PRUDOXIN	3	
REGRANEX	4	PA
<i>remeven</i>	1	
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
RIAX	3	PA
ROSANIL	3	
<i>rosanil cleanser</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>salacyn cream</i>	1	
SALEX	3	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid cream, foam, gel, lotion, shampoo</i>	1	
SALICYLIC ACID LIQUID 26%	1	
SALKERA	3	
SALVAX	3	
SANTYL	2	
<i>scalacort</i>	1	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide wash liquid 10%</i>	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	3	
SODIUM SULFACETAMIDE/SULFUR IN UREA	3	
<i>sodium sulfacetamide/sulfur wash</i>	1	
<i>sodium sulfacetamide/sulfur cream 10%; 2%, 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur foam, liquid, pad</i>	1	
<i>sodium sulfacetamide/sulfur lotion 10%; 5%</i>	1	
SODIUM SULFACETAMIDE/SULFUR SUSPENSION 10%; 5%	3	
<i>sodium sulfacetamide/sulfur suspension 8%; 4%</i>	1	
SODIUM SULFACETAMIDE/UREA	3	
<i>sodium sulfacetamide gel, shampoo</i>	1	
SOLARAZE	3	PA
SORIATANE	4	
SORILUX	4	PA
SSS 10-4	3	
<i>sss 10-5</i>	1	
STELARA	4	PA; SP
<i>sulfacetamide sodium/sulfur cleanser</i>	1	
<i>sulfacetamide sodium suspension</i>	1	
<i>sulfacleanse 8/4</i>	1	
SULFOAM	3	
SUMADAN WASH	3	
SUMAXIN	3	
SUMAXIN TS	3	
SUMAXIN WASH	3	
SYNALAR	3	
TACLONEX	4	PA
<i>tacrolimus</i>	1	
TAZORAC	2	
<i>tbc</i>	1	
TEMOVATE	3	
TEMOVATE E	3	
TERSI FOAM	3	PA
TEXACORT	3	
TOPICORT CREAM, GEL	3	
TOPICORT LIQUID	3	PA
TOPICORT OINTMENT 0.25%	3	
TRETIN-X CREAM	3	PA
<i>tretinoin microsphere</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>tretinoin cream, gel</i>	1	PA
<i>triamcinolone acetonide aerosol solution, cream, lotion</i>	1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5%	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
TRIANEX	3	
<i>triderm</i>	1	
U-CORT	1	
ULTRAVATE	3	
UMECTA	3	
<i>umecta mousse</i>	1	
URAMAXIN	3	
<i>urea in zinc undecylenate/lactic acid vehicle</i>	1	
UREA NAIL STICK	3	
<i>urea nail gel</i>	1	
<i>urea topical</i>	1	
<i>urea cream 39%, 40%, 45%, 47%, 50%</i>	1	
<i>urea emulsion, gel, suspension</i>	1	
<i>urea lotion 40%, 45%</i>	1	
VALCHLOR	4	PA
VANOS	3	
<i>vaso/lex</i>	1	
VECTICAL	4	PA
VELTIN	3	PA
VERDESO	3	PA
VEREGEN	3	PA
VIRASAL	3	
VOLTAREN	3	
WESTCORT	3	
XENADERM	3	
ZACLIR CLEANSING	3	
<i>zenatane capsule 10mg, 20mg, 40mg</i>	4	
<i>zencia</i>	1	
ZIANA	3	PA
ZITHRANOL	3	PA
ZITHRANOL-RR	3	
ZONALON	3	
ZYCLARA	4	
ZYCLARA PUMP	4	
Enzyme Replacement/Modifiers		
BUPHENYL	4	SP
CERDELGA	4	PA; SP
CREON	2	
CYSTADANE	4	
CYSTAGON	4	SP
KUVAN	4	PA; SP
PANCREAZE	3	
PANCRELIPASE	3	
PERTZYE	3	
RAVICTI	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers		
<i>sodium phenylbutyrate powder</i>	4	SP
SUCRAID	3	
ULTRESA	3	
VIOKACE	3	
ZAVESCA	4	PA
ZENPEP	3	
Gastrointestinal Agents		
ACIPHEX	3	QL (30 EA per 30 days) PA
ACTIGALL	3	
<i>alosetron hydrochloride</i>	2	QL (60 EA per 30 days) PA
AMITIZA	3	PA
ANASPAZ	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
AXID SOLUTION	3	
AXID CAPSULE 300MG	3	
BELLADONNA & OPIUM	3	
BELLADONNA ALKALOIDS & OPIUM	3	
BENTYL CAPSULE, TABLET	3	
CANTIL	3	
CARAFATE	3	
CHENODAL	3	
<i>chlordiazepoxide hcl/clidinium bromide</i>	1	
CHOLBAM	N/A	
<i>cimetidine hcl</i>	1	
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	1	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>cromolyn sodium</i>	1	
CUVPOSA	3	PA
CYTOTEC	3	
DEXILANT	3	QL (30 EA per 30 days)
<i>diclofenac sodium/misoprostol</i>	1	
DICYCLOMINE HCL SOLUTION	1	
<i>dicyclomine hcl capsule, tablet</i>	1	
DIPHENOXYLATE/ATROPINE LIQUID	1	
<i>diphenoxylate/atropine tablet</i>	1	
DONNATAL	3	
DONNATAL EXTENTABS	3	
DUEXIS	3	PA
<i>enulose</i>	1	
<i>esomeprazole magnesium</i>	1	QL (30 EA per 30 days) PA
<i>famotidine suspension reconstituted</i>	1	PA
<i>famotidine tablet 40mg</i>	1	
FULYZAQ	4	PA
GASTRINEX NF	3	
GASTROCROM	3	
GATTEX	4	PA; SP
<i>gavilyte-g</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GLYCATE	3	
<i>glycopyrrolate tablet</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	
<i>hyomax-sl</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyosyne</i>	1	
ISOPTO HYOSCINE	2	
KRISTALOSE	2	
<i>lactulose solution 10gm/15ml</i>	1	
<i>lansoprazole capsule delayed release 15mg</i>	1	
LEVBIID	3	
LEVSIN/SL	3	
LEVSIN TABLET	3	
LIBRAX	3	PA
LINZESS	3	PA
<i>lofene</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl capsule</i>	1	
LOTRONEX	4	QL (60 EA per 30 days) PA
<i>me-pb-hyos</i>	1	
<i>methscopolamine bromide</i>	1	PA
<i>metoclopramide hcl tablet</i>	1	
<i>metoclopramide hcl solution 5mg/5ml</i>	1	
METOZOLV ODT	3	PA
<i>misoprostol</i>	1	
MOTOFEN	3	
MOVANTIK	3	PA
MOVIPREP	3	
NEXIUM	3	QL (30 EA per 30 days) PA
<i>nizatidine</i>	1	
<i>nulev</i>	1	
NULYTELY/FLAVOR PACKS	3	
OMEPRAZOLE TABLET DELAYED RELEASE	1	
<i>opium</i>	1	
OSMOPREP	3	
PAMINE	3	PA
PAMINE FORTE	3	PA
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PEPCID SUSPENSION RECONSTITUTED	3	PA
PEPCID TABLET 40MG	3	PA
<i>polyethylene glycol 3350 powder</i>	1	
PREPOPIK	3	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
PREVACID 24HR	1	
PRILOSEC OTC	1	
PROPANTHELINE BROMIDE	1	
PYLERA	3	QL (120 EA per 10 days) PA
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) PA
<i>ranitidine hcl capsule</i>	1	
<i>ranitidine hcl syrup 15mg/ml</i>	1	
<i>ranitidine hcl tablet 150mg, 300mg</i>	1	
RELISTOR INJECTION 12MG/0.6ML	3	PA
ROBINUL FORTE	3	
ROBINUL TABLET	3	
SUCLEAR	3	
<i>sucralfate tablet</i>	1	
SUPREP BOWEL PREP	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol capsule, tablet</i>	1	
VIMOVO	3	PA
XIFAXAN TABLET 200MG	3	QL (9 EA per dispensing)
XIFAXAN TABLET 550MG	4	PA
ZANTAC TABLET	3	
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days)
AURYXIA	4	PA
AVODART	3	
<i>bethanechol chloride tablet</i>	1	
CARDURA	3	
CAVERJECT	3	QL (4 EA per 30 days)
CAVERJECT IMPULSE	3	QL (4 EA per 30 days)
CIALIS	3	QL (4 EA per 30 days)
CUPRIMINE	4	
DEPEN TITRATABS	4	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
<i>doxazosin mesylate</i>	1	
EDEX	3	QL (4 EA per 30 days)
ELMIRON	2	
ENABLEX	3	QL (30 EA per 30 days)
ENCARE	1	ACA Preventive Service \$0
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate hcl</i>	1	
FLOMAX	3	
FOSRENOL	3	PA

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
GELNIQUE	3	PA
<i>hyophen</i>	1	
JALYN	3	
LEVITRA	3	QL (4 EA per 30 days)
LITHOSTAT	3	
MINIPRESS	3	
MUSE	3	QL (6 EA per 30 days)
MYRBETRIQ	3	QL (30 EA per 30 days) PA
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride syrup, tablet</i>	1	
<i>phenazopyridine hcl tablet 100mg, 200mg</i>	1	
<i>phosphasal</i>	1	
<i>prazosin hcl</i>	1	
PROSCAR	3	QL (30 EA per 30 days)
PROSED/DS	3	
PYRIDIUM	3	
RAPAFLO	3	PA
RENAGEL	2	
REVELA PACKET	2	
REVELA TABLET	3	
SANCTURA	3	
SANCTURA XR	3	
SEVELAMER CARBONATE	1	
SHUR-SEAL	1	ACA Preventive Service \$0
STAXYN	3	QL (4 EA per 30 days)
STENDRA	3	QL (4 EA per 30 days)
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
THIOLA	3	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	PA
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>ur n-c</i>	1	
URECHOLINE	3	
<i>urelle</i>	3	
URETRON D/S TABLET 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	
<i>uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
<i>uribel</i>	3	
<i>urin d/s</i>	1	
UROGESIC-BLUE	3	
UROXATRAL	3	QL (30 EA per 30 days)
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>uta</i>	1	
<i>uticap</i>	1	
<i>utira-c</i>	1	
<i>utrona-c</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
VCF VAGINAL CONTRACEPTIVE FILM	1	ACA Preventive Service \$0
VCF VAGINAL CONTRACEPTIVE FOAM	1	ACA Preventive Service \$0
VELPHORO	4	PA
VESICARE	3	QL (30 EA per 30 days)
VIAGRA	3	QL (4 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACLOVATE	3	
<i>ala cort</i>	1	
ALA SCALP	3	
<i>alclometasone dipropionate</i>	1	
<i>alphatrex</i>	1	
AMCINONIDE CREAM, LOTION	1	
AMCINONIDE OINTMENT	3	
ANALPRAM E	3	
ANALPRAM-HC LOTION	2	
ANALPRAM-HC CREAM	3	
<i>anucort-hc</i>	1	
ANUSOL-HC CREAM	3	
APEXICON E	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	ST PA
<i>budesonide capsule extended release 24 hour</i>	4	QL (90 EA per 30 days)
CAPEX	3	
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate emollient cream</i>	1	
<i>clobetasol propionate emollient foam</i>	1	PA
<i>clobetasol propionate cream, gel, ointment, solution</i>	1	
<i>clobetasol propionate foam, liquid, lotion, shampoo</i>	1	PA
CLOBEX	3	ST PA
CLOCORTOLONE PIVALATE	1	
CLOCORTOLONE PIVALATE PUMP	1	
CLODERM	3	
CLODERM PUMP	3	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>colocort</i>	1	
CORDRAN	3	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	1	
CORTEF	3	
CORTENEMA	3	
CORTIFOAM	2	
CORTISONE ACETATE TABLET	1	
CORTISPORIN	3	
DERMATOP	3	
<i>dermazene</i>	1	
<i>desonide cream, lotion, ointment</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DESOWEN	3	
DESOXIMETASONE CREAM 0.05%	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel</i>	1	
DESOXIMETASONE OINTMENT 0.05%	1	
<i>desoximetasone ointment 0.25%</i>	1	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
DEXAMETHASONE TABLET 1MG, 2MG	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
DEPAK 13 DAY	3	
DIFLORASONE DIACETATE OINTMENT	1	
DIFLORASONE DIACETATE CREAM	3	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
ENTOCORT EC	4	QL (90 EA per 30 days)
FIRST-HYDROCORTISONE	2	PA
FLO-PRED	3	
<i>fludrocortisone acetate tablet</i>	1	
<i>fluocinolone acetonide cream, oil, ointment</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluocinonide cream, gel, ointment, solution</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hemril-30</i>	1	
<i>hydrocortisone acetate/lidocaine hcl</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>hydrocortisone acetate/pramoxine hcl</i>	1	
<i>hydrocortisone acetate suppository</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	
<i>hydrocortisone butyrate cream, ointment, solution</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema, tablet</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 1%, 2.5%</i>	1	
KENALOG	3	
<i>lidazone hc</i>	1	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	1	
<i>lidocaine hcl/hydrocortisone acetate cream</i>	1	
<i>lidocaine hcl/hydrocortisone acetate kit 0.5%; 3%, 1%; 3%, 2.5%; 3%</i>	1	
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara</i>	1	
LOTRISONE	3	
LUXIQ	3	ST PA

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone tablet</i>	1	
MILLIPRED	3	
MILLIPRED DP	3	
<i>mometasone furoate cream, ointment, solution</i>	1	
NUCORT	3	
OLUX	3	ST PA
OLUX-E	3	PA
ORAPRED	3	
ORAPRED ODT	3	
PANDEL	3	
<i>pramcort</i>	1	
PRAMOSONE E	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate odt</i>	1	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 25MG/5ML	1	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
PREDNISON INTENSOL	3	
PREDNISON SOLUTION	1	
PREDNISON TABLET 10MG, 50MG, 5MG	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>procto-pak</i>	1	
PROCTOFOAM HC	2	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RAYOS	3	
<i>rectacort-hc</i>	1	
<i>scalacort</i>	1	
SYNALAR	3	
TACLONEX	4	PA
TEMOVATE	3	
TEMOVATE E	3	
TEXACORT	3	
TOPICORT CREAM, GEL	3	
TOPICORT LIQUID	3	PA
TOPICORT OINTMENT 0.25%	3	
<i>triamcinolone acetonide aerosol solution, cream, lotion</i>	1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5%	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
TRIANEX	3	
<i>triderm</i>	1	
U-CORT	1	
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	PA
UCERIS FOAM	4	PA
ULTRAVATE	3	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
VANOS	3	
VERDESO	3	PA
VERIPRED 20	3	
WESTCORT	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
BRAVELLE	4	QL (20 EA per 30 days) PA; SP
<i>chorionic gonadotropin</i>	4	QL (1 EA per 30 days) PA; SP
DDAVP SOLUTION, TABLET	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate solution 0.01%</i>	1	
EGRIFTA	4	PA; SP
FOLLISTIM AQ INJECTION 150UNIT/0.5ML	4	QL (10 ML per 30 days) PA; SP
FOLLISTIM AQ INJECTION 900UNT/1.08ML	4	QL (2 ML per 30 days) PA; SP
FOLLISTIM AQ INJECTION 75UNIT/0.5ML	4	QL (20 ML per 30 days) PA; SP
FOLLISTIM AQ INJECTION 600UNT/0.72ML	4	QL (3 ML per 30 days) PA; SP
FOLLISTIM AQ INJECTION 300UNT/0.36ML	4	QL (5 ML per 30 days) PA; SP
GENOTROPIN	4	PA; SP
GENOTROPIN MINIUQUICK	4	PA; SP
GONAL-F	4	QL (1 EA per 30 days) PA; SP
GONAL-F RFF	4	QL (20 EA per 30 days) PA; SP
GONAL-F RFF PEN INJECTION 900UNIT/1.5ML	4	QL (2 ML per 30 days) PA; SP
GONAL-F RFF PEN INJECTION 450UNT/0.75ML	4	QL (4 ML per 30 days) PA; SP
GONAL-F RFF PEN INJECTION 300UNIT/0.5ML	4	QL (5 ML per 30 days) PA; SP
HUMATROPE COMBO PACK	4	PA; SP
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA; SP
INCRELEX	4	PA; SP
NORDITROPIN FLEXPPO INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	4	PA; SP
<i>novarel</i>	4	QL (1 EA per 30 days) PA; SP
NUTROPIN AQ NUSPIN 10	4	PA; SP
NUTROPIN AQ NUSPIN 20	4	PA; SP
NUTROPIN AQ NUSPIN 5	4	PA; SP
NUTROPIN AQ PEN	4	PA; SP
OMNITROPE	4	PA; SP
OVIDREL	4	QL (1 ML per 30 days) PA; SP
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	QL (1 EA per 30 days) PA; SP
SAIZEN	4	PA; SP
SAIZEN CLICK.EASY	4	PA; SP
SEROSTIM	4	PA; SP
STIMATE	4	SP
TEV-TROPIN	4	PA; SP
ZORBTIVE	4	PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
CAVERJECT	3	QL (4 EA per 30 days)
CAVERJECT IMPULSE	3	QL (4 EA per 30 days)
CYTOTEC	3	
EDEX	3	QL (4 EA per 30 days)
KORLYM	4	PA
MIFEPREX	3	QL (8 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>misoprostol tablet</i>	1	
MUSE	3	QL (6 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA	3	
ALORA	3	QL (8 EA per 28 days)
<i>altavera</i>	1	ACA Preventive Service \$0
<i>alyacen 1/35</i>	1	ACA Preventive Service \$0
<i>alyacen 7/7/7</i>	1	ACA Preventive Service \$0
<i>amethia</i>	1	ACA Preventive Service \$0
<i>amethia lo</i>	1	ACA Preventive Service \$0
<i>amethyst</i>	1	ST; ACA Preventive Service \$0
ANADROL-50	4	PA
ANDRODERM	3	QL (30 EA per 30 days)
ANDROGEL	3	
ANDROGEL PUMP	3	
ANDROID	3	
ANDROXY	3	
ANGELIQ	3	
<i>apri</i>	1	ACA Preventive Service \$0
<i>aranelle</i>	1	ACA Preventive Service \$0
<i>ashlyna</i>	1	ACA Preventive Service \$0
<i>aubra</i>	1	ACA Preventive Service \$0
<i>aviane</i>	1	ACA Preventive Service \$0
AXIRON	3	PA
AYGESTIN	3	
<i>azurette</i>	1	ACA Preventive Service \$0
<i>balziva</i>	1	ACA Preventive Service \$0
BEYAZ	3	ST
BREVICON-28	3	
<i>briellyn</i>	1	ACA Preventive Service \$0
<i>camila</i>	1	
<i>camrese</i>	1	ACA Preventive Service \$0
<i>camrese lo</i>	1	ACA Preventive Service \$0
<i>caziant</i>	1	ACA Preventive Service \$0
CENESTIN	3	
<i>cesia</i>	1	ACA Preventive Service \$0
<i>chateal</i>	1	ACA Preventive Service \$0
CLIMARA	3	QL (4 EA per 28 days)
CLIMARA PRO	3	QL (4 EA per 28 days)
CLOMID	3	
<i>clomiphene citrate tablet</i>	1	
COMBIPATCH	3	
CRINONE	3	QL (60 GM per 30 days) PA
<i>cryselle-28</i>	1	ACA Preventive Service \$0
<i>cyclafem 1/35</i>	1	ACA Preventive Service \$0
<i>cyclafem 7/7/7</i>	1	ACA Preventive Service \$0
CYCLESSA	3	
<i>danazol capsule</i>	1	
<i>dasetta 1/35</i>	1	ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>dasetta 7/7/7</i>	1	ACA Preventive Service \$0
<i>daysee</i>	1	ACA Preventive Service \$0
<i>delyla</i>	1	ACA Preventive Service \$0
DEPO-PROVERA CONTRACEPTIVE	3	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104	2	QL (1 ML per 90 days) ST
DESOGEN	3	
<i>desogestrel/ethinyl estradiol</i>	1	ACA Preventive Service \$0
DIVIGEL	3	
<i>drospirenone/ethinyl estradiol</i>	1	ACA Preventive Service \$0
DUAVEE	3	
ELESTRIN	3	
<i>elinest</i>	1	ACA Preventive Service \$0
ELLA	3	
<i>emoquette</i>	1	ACA Preventive Service \$0
ENDOMETRIN	3	PA
ENJUVIA	3	
<i>enpresse-28</i>	1	ACA Preventive Service \$0
<i>enskyce</i>	1	ACA Preventive Service \$0
<i>errin</i>	1	
<i>estarylla</i>	1	ACA Preventive Service \$0
ESTRACE CREAM	2	
ESTRACE TABLET 1MG, 2MG	3	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol tablet</i>	1	
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days)
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days)
ESTRASORB	3	
ESTRING	3	QL (1 EA per dispensing)
ESTROGEL	3	
ESTROPIPATE TABLET 3MG	1	
<i>estropipate tablet 0.75mg, 1.5mg</i>	1	
ESTROSTEP FE	3	
EVAMIST	3	
EVISTA	3	Oral Chemo Mandate \$0
FALESSA KIT	3	ST
<i>falmina</i>	1	ACA Preventive Service \$0
FEMCON FE	3	
FEMHRT LOW DOSE	3	
FEMRING	3	QL (1 EA per 90 days)
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	3	
FIRST-TESTOSTERONE	2	
FIRST-TESTOSTERONE MC COMPOUNDING KIT	2	
FORTESTA	3	PA
GENERESS FE	3	ST
<i>gianvi</i>	1	ACA Preventive Service \$0
<i>gildagia</i>	1	ACA Preventive Service \$0
<i>gildess 1.5/30</i>	1	ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>gildess 1/20</i>	1	ACA Preventive Service \$0
<i>gildess 24 fe</i>	1	ACA Preventive Service \$0
<i>gildess fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>gildess fe 1/20</i>	1	ACA Preventive Service \$0
<i>heather</i>	1	
<i>introvale</i>	1	QL (1 EA per 91 days); ACA Preventive Service \$0
<i>jencycla</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL (1 EA per 91 days); ACA Preventive Service \$0
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	ACA Preventive Service \$0
<i>junel 1/20</i>	1	ACA Preventive Service \$0
<i>junel fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>junel fe 1/20</i>	1	ACA Preventive Service \$0
<i>junel fe 24</i>	1	ACA Preventive Service \$0
<i>kariva</i>	1	ACA Preventive Service \$0
<i>kelnor 1/35</i>	1	ACA Preventive Service \$0
<i>kimidess</i>	1	ACA Preventive Service \$0
<i>kurvelo</i>	1	ACA Preventive Service \$0
<i>larin 1.5/30</i>	1	ACA Preventive Service \$0
<i>larin 1/20</i>	1	ACA Preventive Service \$0
<i>larin 24 fe</i>	1	ACA Preventive Service \$0
<i>larin fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>larin fe 1/20</i>	1	ACA Preventive Service \$0
<i>layolis fe</i>	1	ACA Preventive Service \$0
<i>leena</i>	1	ACA Preventive Service \$0
<i>lessina</i>	1	ACA Preventive Service \$0
<i>levonest</i>	1	ACA Preventive Service \$0
<i>levonorgestrel and ethinyl estradiol</i>	1	ACA Preventive Service \$0
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	ACA Preventive Service \$0
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	1	QL (1 EA per 91 days); ACA Preventive Service \$0
LEVONORGESTREL TABLET 0.75MG	1	QL (2 EA per dispensing); ACA Preventive Service \$0
<i>levonorgestrel tablet 1.5mg</i>	1	QL (2 EA per dispensing); ACA Preventive Service \$0
<i>levora 0.15/30-28</i>	1	ACA Preventive Service \$0
LO LOESTRIN FE	3	ST
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
<i>lomedica 24 fe</i>	1	ST; ACA Preventive Service \$0
<i>loryna</i>	1	ACA Preventive Service \$0
LOSEASONIQUE	3	
<i>low-ogestrel</i>	1	ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>luta</i>	1	ACA Preventive Service \$0
<i>lyza</i>	1	
MAKENA	4	PA; SP
<i>marlissa</i>	1	ACA Preventive Service \$0
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL (1 ML per 90 days)
MEGACE ES	3	
MEGACE ORAL	3	Oral Chemo Mandate \$0
<i>megestrol acetate tablet</i>	1	Oral Chemo Mandate \$0
<i>megestrol acetate suspension 40mg/ml</i>	1	Oral Chemo Mandate \$0
MENEST	2	
MENOSTAR	3	QL (4 EA per 28 days)
METHITEST	3	
<i>methyltestosterone/esterified estrogens</i>	1	
<i>methyltestosterone/esterified estrogens hs</i>	1	
<i>microgestin 1.5/30</i>	1	ACA Preventive Service \$0
<i>microgestin 1/20</i>	1	ACA Preventive Service \$0
<i>microgestin fe</i>	1	ACA Preventive Service \$0
<i>microgestin fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>mimvey</i>	1	
MINASTRIN 24 FE	3	ST
MINIVELLE	3	QL (8 EA per 28 days)
MIRCETTE	3	
MODICON	3	
<i>mono-linyah</i>	1	ACA Preventive Service \$0
<i>mononessa</i>	1	ACA Preventive Service \$0
<i>my way</i>	1	ACA Preventive Service \$0
<i>myzilra</i>	1	ACA Preventive Service \$0
NATAZIA	3	ST
<i>necon 0.5/35-28</i>	1	ACA Preventive Service \$0
<i>necon 1/35</i>	1	ACA Preventive Service \$0
NECON 1/50-28	1	ST; ACA Preventive Service \$0
NECON 10/11-28	3	ST
<i>necon 7/7/7</i>	1	ACA Preventive Service \$0
<i>next choice one dose</i>	1	QL (1 EA per dispensing); ACA Preventive Service \$0
<i>nikki</i>	1	ACA Preventive Service \$0
NOR-QD	3	
<i>nora-be</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	ACA Preventive Service \$0
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	ACA Preventive Service \$0
<i>norethindrone acetate tablet</i>	1	ACA Preventive Service \$0
<i>norethindrone tablet</i>	1	ACA Preventive Service \$0
<i>norgestimate/ethinyl estradiol</i>	1	ACA Preventive Service \$0
NORINYL 1+35	3	
NORINYL 1+50	2	ST
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	ACA Preventive Service \$0
<i>nortrel 1/35</i>	1	ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>nortrel 7/7/7</i>	1	ACA Preventive Service \$0
NUVARING	3	ST
<i>ocella</i>	1	ACA Preventive Service \$0
OGESTREL	3	ST
<i>orsythia</i>	1	ACA Preventive Service \$0
ORTHO EVRA	3	ST
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN	3	
ORTHO TRI-CYCLEN LO	3	ST
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 1/35	3	
ORTHO-NOVUM 7/7/7	3	
OSPHENA	3	PA
OVCON-35	3	
OXANDRIN	4	PA
<i>oxandrolone tablet</i>	4	PA
<i>philith</i>	1	ACA Preventive Service \$0
<i>pimtrea</i>	1	ACA Preventive Service \$0
<i>pirmella 1/35</i>	1	ACA Preventive Service \$0
<i>pirmella 7/7/7</i>	1	ACA Preventive Service \$0
PLAN B	3	
PLAN B ONE-STEP	3	
<i>portia-28</i>	1	ACA Preventive Service \$0
PREFEST	3	
PREMARIN CREAM	2	
PREMARIN TABLET	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	ACA Preventive Service \$0
<i>progesterone capsule, injection</i>	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	3	ST
<i>quasense</i>	1	QL (1 EA per 91 days); ACA Preventive Service \$0
<i>raloxifene hydrochloride</i>	1	Oral Chemo Mandate \$0
<i>reclipsen</i>	1	ACA Preventive Service \$0
SAFYRAL	3	ST
SEASONALE	3	
SEASONIQUE	3	QL (1 EA per 91 days)
<i>solia</i>	1	ACA Preventive Service \$0
<i>sprintec 28</i>	1	ACA Preventive Service \$0
<i>sronyx</i>	1	ACA Preventive Service \$0
STRIANT	3	PA
<i>syeda</i>	1	ACA Preventive Service \$0
<i>tarina fe 1/20</i>	1	ACA Preventive Service \$0
TESTIM	3	PA

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>testosterone cypionate injection</i>	1	
<i>testosterone enanthate injection</i>	1	
TESTOSTERONE PUMP	1	
TESTOSTERONE GEL 25MG/2.5GM	1	
TESTOSTERONE GEL 1%, 10MG/ACT	1	PA
TESTRED	3	
<i>tilia fe</i>	1	ACA Preventive Service \$0
<i>tri-estarylla</i>	1	ACA Preventive Service \$0
<i>tri-legest fe</i>	1	ACA Preventive Service \$0
<i>tri-linyah</i>	1	ACA Preventive Service \$0
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	ACA Preventive Service \$0
<i>tri-sprintec</i>	1	ACA Preventive Service \$0
<i>trinessa</i>	1	ACA Preventive Service \$0
<i>trivora-28</i>	1	ACA Preventive Service \$0
VAGIFEM	3	
<i>velivet</i>	1	ACA Preventive Service \$0
<i>vestura</i>	1	ACA Preventive Service \$0
<i>viorele</i>	1	ACA Preventive Service \$0
VIVELLE-DOT	3	QL (8 EA per 28 days)
VOGELXO	3	PA
VOGELXO PUMP	N/A	
<i>vyfemla</i>	1	ACA Preventive Service \$0
<i>wera</i>	1	ACA Preventive Service \$0
<i>wymzya fe</i>	1	ACA Preventive Service \$0
<i>xulane</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zarah</i>	1	ACA Preventive Service \$0
<i>zenchent</i>	1	ACA Preventive Service \$0
<i>zenchent fe</i>	1	ACA Preventive Service \$0
<i>zeosa</i>	1	ACA Preventive Service \$0
<i>zovia 1/35e</i>	1	ACA Preventive Service \$0
ZOVIA 1/50E	1	ST; ACA Preventive Service \$0
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	
CYTOMEL	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tablet</i>	1	
NATURE-THROID	3	
NATURE-THROID NT-2.5	3	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	QL (30 EA per 30 days)
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
WESTHROID	3	
WP THYROID	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	Oral Chemo Mandate \$0
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	4	PA; SP
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate capsule, tablet</i>	1	
<i>cabergoline</i>	1	QL (8 EA per 30 days)
CETROTIDE	4	PA; SP
GANIRELIX ACETATE	4	PA; SP
<i>leuprolide acetate injection</i>	4	SP
MENOPUR	4	QL (20 EA per 30 days) PA; SP
<i>octreotide acetate</i>	4	PA; SP
PARLODEL	3	
REPRONEX	4	QL (20 EA per 30 days) PA; SP
SANDOSTATIN	4	PA; SP
SIGNIFOR INJECTION 0.6MG/ML, 0.9MG/ML	4	PA
SOMATULINE DEPOT	4	PA; SP
SOMAVERT INJECTION 30MG	4	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG	4	PA; SP
SYNAREL	2	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tablet</i>	1	
<i>propylthiouracil tablet</i>	1	
TAPAZOLE	3	
Immunological Agents		
ACTEMRA INJECTION 162MG/0.9ML	4	PA; SP
ARAVA	3	
ARCALYST	4	PA; SP
ASTAGRAF XL	4	
AVONEX	4	SP
AVONEX PEN	4	SP
AZASAN	3	
<i>azathioprine tablet</i>	1	
BETASERON	4	SP
CELLCEPT	4	
CIMZIA STARTER KIT	4	PA; SP
CIMZIA INJECTION 200MG/ML	4	PA; SP
CUPRIMINE	4	
CYCLOSPORINE MODIFIED CAPSULE 50MG	1	
<i>cyclosporine modified capsule 100mg, 25mg</i>	1	
<i>cyclosporine modified solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
<i>cyclosporine capsule</i>	1	
DEPEN TITRATABS	4	
ELIDEL	3	
ENBREL SURECLICK	4	QL (4 ML per 30 days); SP
ENBREL INJECTION 50MG/ML	4	QL (4 ML per 30 days); SP
ENBREL INJECTION 25MG	4	QL (8 EA per 30 days); SP
ENBREL INJECTION 25MG/0.5ML	4	QL (8 ML per 30 days); SP
EXTAVIA	4	PA; SP
FIRAZYR	4	PA; SP
<i>gengraf</i>	1	
<i>hecoria capsule 0.5mg</i>	1	
<i>hecoria capsule 1mg, 5mg</i>	4	
HUMIRA	4	QL (2 EA per 28 days); SP
HUMIRA PEN	4	QL (2 EA per 28 days); SP
HUMIRA PEN-CROHNS DISEASESTARTER	4	QL (6 EA per 28 days); SP
HUMIRA PEN-PSORIASIS STARTER	4	QL (4 EA per 28 days); SP
<i>hydroxychloroquine sulfate</i>	1	
IMURAN	3	
KINERET	4	PA; SP
<i>leflunomide</i>	1	
<i>mercaptopurine tablet</i>	1	Oral Chemo Mandate \$0
<i>methotrexate sodium injection 25mg/ml</i>	1	
<i>methotrexate tablet</i>	1	
<i>mycophenolate mofetil</i>	4	
<i>mycophenolic acid dr</i>	1	
MYFORTIC	4	ST
NEORAL	3	
ORENCIA INJECTION 125MG/ML	4	PA; SP
OTEZLA	4	PA; SP
OTREXUP	4	PA; SP
PLAQUENIL	3	
PLEGRIDY STARTER PACK INJECTION 0	4	PA
PLEGRIDY INJECTION 125MCG/0.5ML	4	PA
PROGRAF CAPSULE 0.5MG	3	
PROGRAF CAPSULE 1MG, 5MG	4	
PROTOPIC	3	
PURIXAN	4	SP, Oral Chemo Mandate \$0
RAPAMUNE SOLUTION	2	
RAPAMUNE TABLET	3	
RASUVO	3	PA; SP
REBIF	4	PA; SP
REBIF REBIDOSE	4	PA; SP
REBIF REBIDOSE TITRATION PACK	4	PA; SP
REBIF TITRATION PACK	4	PA; SP
RHEUMATREX	3	
RIDAURA	2	
SANDIMMUNE CAPSULE, SOLUTION	3	
SIMPONI INJECTION 100MG/ML, 50MG/0.5ML	4	PA; SP
<i>sirolimus tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
<i>tacrolimus capsule 0.5mg</i>	1	
<i>tacrolimus capsule 1mg, 5mg</i>	4	
<i>tacrolimus ointment</i>	1	
TECFIDERA	4	PA; SP
TECFIDERA STARTER PACK	4	PA; SP
TREXALL	3	PA
VIVOTIF BERNA	3	
XELJANZ	4	PA; SP
ZORTRESS	4	
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>budesonide capsule extended release 24 hour</i>	4	QL (90 EA per 30 days)
CANASA	2	
CELESTONE	3	
COLAZAL	3	
<i>colocort</i>	1	
CORTEF	3	
CORTENEMA	3	
CORTISONE ACETATE	1	
DELZICOL	3	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
DEXAMETHASONE TABLET 1MG, 2MG	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
DEXPAK 13 DAY	3	
DIPENTUM	4	
ENTOCORT EC	4	QL (90 EA per 30 days)
GIAZO	3	ST
<i>hydrocortisone</i>	1	
LIALDA	3	PA
MEDROL	3	
<i>mesalamine enema</i>	1	
<i>mesalamine kit</i>	4	
<i>methyprednisolone</i>	1	
MILLIPRED	3	
MILLIPRED DP	3	
ORAPRED	3	
ORAPRED ODT	3	
PENTASA	3	
<i>prednisolone sodium phosphate odt</i>	1	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 25MG/5ML	1	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
PREDNISONE INTENSOL	3	
PREDNISONE SOLUTION	1	
PREDNISONE TABLET 10MG, 50MG, 5MG	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
ROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	PA
UCERIS FOAM	4	PA
VERIPRED 20	3	
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days)
ACTONEL TABLET 30MG, 5MG	3	QL (30 EA per 30 days)
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days)
ALENDRONATE SODIUM SOLUTION	1	
ALENDRONATE SODIUM TABLET 40MG	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (2 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
BINOSTO	3	ST
BONIVA TABLET	3	QL (1 EA per 28 days) ST PA
<i>calcitonin-salmon</i>	1	
<i>calcitriol</i>	1	
<i>doxercalciferol capsule</i>	1	
ETIDRONATE DISODIUM	1	
FORTEO	4	PA; SP
FORTICAL	3	
FOSAMAX PLUS D	2	QL (4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days)
HECTOROL CAPSULE	3	
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 28 days) ST PA
MIACALCIN INJECTION	2	
MIACALCIN NASAL SOLUTION	3	
<i>paricalcitol capsule</i>	1	PA
<i>risedronate sodium dr</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days)
ROCALTROL	3	
SKELID	3	
ZEMPLAR CAPSULE	3	PA
Miscellaneous Therapeutic Agents		
ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	3	ST
ACCU-CHEK ACTIVE STRIPS	3	QL (150 EA per 30 days) ST
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)	3	ST
ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION	3	ST
ACCU-CHEK COMFORT CURVE TEST STRIPS	3	QL (150 EA per 30 days) ST
ACCU-CHEK COMPACT PLUS	3	QL (150 EA per 30 days) ST
ACCU-CHEK INSTANT GLUCOSECONTROL SOLUTION (2 LEVELS)	3	ST

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
ACCU-CHEK SOFT TOUCH LANCETS	2	
ADVANCE INTUITION CONTROL SOLUTION	3	ST
ADVANCE INTUITION TEST STRIPS	3	QL (150 EA per 30 days) ST
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2	3	ST
ADVANCE MICRO-DRAW NORMAL CONTROL	3	ST
ADVANCE MICRO-DRAW TEST STRIPS	3	QL (150 EA per 30 days) ST
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
ASCENSIA AUTODISC LOW ANDHIGH CONTROLS	3	ST
ASCENSIA AUTODISC NORMAL CONTROL	3	ST
ASCENSIA AUTODISC TEST STRIPS	3	QL (150 EA per 30 days) ST
ASSURE 3 CONTROL LEVEL 1/2	3	ST
ASSURE 3 TEST STRIPS	3	QL (150 EA per 30 days) ST
ASSURE II CHECK STRIP	3	QL (150 EA per 30 days) ST
ASSURE II CONTROL LEVEL 1	3	ST
ASSURE II CONTROL LEVEL 1/2	3	ST
ASSURE II TEST STRIPS	3	QL (150 EA per 30 days) ST
AT LAST CONTROL SOLUTION	3	ST
AT LAST LANCETS	2	
AT LAST TEST STRIPS	3	QL (150 EA per 30 days) ST
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	3	QL (150 EA per 30 days) ST
BAYER MICROLET LANCETS	2	
BD 1ML SYRINGE/NEEDLE/SLIP TIP/SUBQ/26G X 5/8"	2	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"	2	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	2	
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	2	
BD INSULIN SYRINGE/U-100/2ML/29G X 1/2"	2	
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
BD LANCET ULTRAFINE 33G	2	
BD NEEDLE/27G X 1/2"	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16"	2	
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	2	
BIOSCANNER GLUCOSE TEST STRIPS	3	QL (150 EA per 30 days) ST
CARNITOR SOLUTION, TABLET	3	
CAYA	1	QL (1 EA per dispensing); ACA Preventive Service \$0
CLINISTIX	3	
DIASTIX	3	
EASY TOUCH 32GX5MM	2	
EASYGLUCO STRIP	3	QL (150 EA per 30 days) ST
EASYTEST II LANCETS	2	
EASYTEST LANCETS	2	
EVENCARE + BLOOD GLUCOSE TEST STRIP	3	QL (150 EA per 30 days) ST
EVENCARE BLOOD GLUCOSE TEST STRIP	3	QL (150 EA per 30 days) ST
EVENCARE CONTROL SOLUTION	3	ST
EXACTECH R-S-G TEST STRIPS	3	QL (150 EA per 30 days) ST
EXACTECH TEST STRIPS	3	QL (150 EA per 30 days) ST
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	
EZ-LETS LANCETS 23G	2	
FERRIPROX	4	PA
FREESTYLE LANCETS	2	
FREESTYLE TEST STRIPS	3	QL (150 EA per 30 days) ST
GENTLE-LET GP LANCETS	2	
GRASTEK	3	PA
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
HYPODERMIC NEEDLE 27GX1/2"	2	
INSULIN SYRINGE/0.3ML/29G X 1"	2	
INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
INSULIN SYRINGE/0.5ML/27G X 1/2"	2	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
INSUPEN PEN NEEDLES 32G X4MM	2	
INSUPEN SENSITIVE 32GX6MM	2	
INSUPEN SENSITIVE 32GX8MM	2	
INTROL	3	
KETOSTIX	3	
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
LANCETS	2	
LANCING DEVICE	3	
<i>levocarnitine solution, tablet</i>	1	
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	2	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-LOW,1-MED,1 HIGH	3	ST
MEDISENSE HIGH/LOW CONTROL SOLUTION	3	ST
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION	3	ST
MEDISENSE MID CONTROL SOLUTION	3	ST
<i>methylergonovine maleate tablet</i>	1	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/27GX1/2"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
MONOLET LANCETS	2	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
MYALEPT	4	PA; SP
NATPARA	4	PA; SP
NEXGEN NORMAL CONTROL	3	ST
NEXGEN TEST STRIPS	3	QL (150 EA per 30 days) ST
NOVOFINE 30GX8MM	2	
OMNIFLEX DIAPHRAGM	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH LANCETS	2	
ONETOUCH ULTRA BLUE	2	QL (150 EA per 30 days)
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA MINI	N/A	QL (1 EA per lifetime)
ONETOUCH ULTRA SYSTEM KIT	N/A	QL (1 EA per lifetime)
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	N/A	QL (1 EA per lifetime)
ONETOUCH VERIO TEST STRIPS	2	QL (150 EA per 30 days)
OPTIUM TEST STRIPS	3	QL (150 EA per 30 days) ST
ORALAIR	3	PA; SP
ORFADIN	4	PA
ORTHO DIAPHRAGM ALL-FLEX/65MM	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM ALL-FLEX/70MM	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM ALL-FLEX/75MM	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM ALL-FLEX/80MM	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM COIL SPRING KIT 100	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM COIL SPRING KIT 105	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM COIL SPRING KIT 50	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 55	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 60	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 65	1	QL (1 EA per dispensing); ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
ORTHO DIAPHRAGM FLAT SPRING KIT 70	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 75	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 80	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 85	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 90	1	QL (1 EA per dispensing); ACA Preventive Service \$0
ORTHO DIAPHRAGM FLAT SPRING KIT 95	1	QL (1 EA per dispensing); ACA Preventive Service \$0
PRECISION GLUCOSE CONTROL	3	ST
PRECISION GLUCOSE CONTROL SOLUTION (TRI-LEVEL/HI/LO/NORMAL)	3	ST
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH	3	ST
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO	3	ST
PRECISION PCX	3	QL (150 EA per 30 days) ST
PRECISION PCX PLUS TEST STRIPS	3	QL (150 EA per 30 days) ST
PRECISION POINT OF CARE TEST STRIPS	3	QL (150 EA per 30 days) ST
PRECISION QID TEST STRIPS	3	QL (150 EA per 30 days) ST
PRECISION SOF-TACT TEST STRIPS	3	QL (150 EA per 30 days) ST
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	2	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/1ML/29G X 1/2"	2	
PRECISION THIN LANCETS	2	
PRECISION THINS GP LANCET	2	
PRECISION ULTRA LANCET	2	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	3	QL (150 EA per 30 days) ST
PRENTIF CAVITY-RIM CERVICAL CAP	1	QL (1 EA per dispensing); ACA Preventive Service \$0
PRODIGY INSULIN PEN NEEDLES/29G X 1/2"	2	
PSS SELECT GP LANCETS	2	
PSS SELECT SAFETY LANCETS	2	
PTS PANELS GLUCOSE TEST	3	QL (150 EA per 30 days) ST
QUICKTEK CONTROL SOLUTION	3	ST
QUICKTEK TEST STRIPS	3	QL (150 EA per 30 days) ST
RAGWITEK	3	PA
RELION BLOOD GLUCOSE TEST STRIPS	3	QL (150 EA per 30 days) ST
SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/29G X 1/2"	2	
SCHNUCKS INSULIN SYRINGE ULTI-FINE/U-100/0.5ML/30G X 5/16"	2	
SOLARTEK GLUCOSE CONTROL SOLUTIONS	3	ST
SURELITE LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
SURESTEP GLUCOSE CONTROL	2	
SURESTEP PRO HIGH GLUCOSE CONTROL	2	
SURESTEP PRO LOW GLUCOSE CONTROL	2	
SURESTEP PRO NORMAL GLUCOSE CONTROL	2	
SURESTEP PRO TEST STRIPS	2	QL (150 EA per 30 days)
THINLETS GP LANCETS	2	
THINLETS LANCET	2	
THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8"	2	
THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8"	2	
THINPRO INSULIN SYRINGE/1ML/31G X 3/8"	2	
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
TRUETRACK GLUCOSE CONTROLHIGH	3	ST
TRUETRACK GLUCOSE CONTROLLOW	3	ST
ULTILET CLASSIC LANCETS	2	
ULTILET INSULIN SYRINGE/0.3ML/29G X 7/16"	2	
ULTILET INSULIN SYRINGE/0.3ML/30G X 7/16"	2	
ULTILET INSULIN SYRINGE/0.5ML/29G X 7/16"	2	
ULTILET INSULIN SYRINGE/0.5ML/30G X 7/16"	2	
ULTILET INSULIN SYRINGE/1ML/29G X 7/16"	2	
ULTILET INSULIN SYRINGE/1ML/30G X 7/16"	2	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	2	
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	2	
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	2	
ULTILET LANCETS	2	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
W&F LANCETS 26G	2	
W&F LANCETS COLORED 21G	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	1	QL (1 EA per dispensing); ACA Preventive Service \$0

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	1	QL (1 EA per dispensing); ACA Preventive Service \$0
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	1	ACA Preventive Service \$0
Ophthalmic Agents		
<i>acetazolamide er</i>	1	
ACETAZOLAMIDE TABLET 125MG	1	
<i>acetazolamide tablet 250mg</i>	1	
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
<i>ak-poly-bac</i>	1	
<i>akorn balanced salt solution</i>	1	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P SOLUTION 0.1%	2	
ALPHAGAN P SOLUTION 0.15%	3	
ALREX	2	
<i>altafrin solution 10%</i>	1	
<i>apraclonidine</i>	1	
ATROPINE SULFATE OINTMENT	1	
<i>atropine sulfate solution</i>	1	
<i>azelastine hcl</i>	1	
AZOPT	3	
<i>bacitracin/polymyxin b</i>	1	
<i>balanced salt solution injection 0.48mg/ml; 0.3mg/ml; 0.75mg/ml; 3.9mg/ml; 6.4mg/ml; 1.7mg/ml</i>	1	
BEPREVE	3	
<i>betaxolol hcl</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
BLEPH-10	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
<i>bromfenac</i>	1	
<i>carteolol hcl</i>	1	
CIPRO HC	3	
CIPRODEX	3	
COMBIGAN	3	
COSOPT	3	
COSOPT PF	3	
<i>cromolyn sodium</i>	1	
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
CYSTARAN	4	PA
<i>dexamethasone sodium phosphate</i>	1	
DIAMOX	3	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
<i>diclofenac sodium</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	
DUREZOL	3	
ELESTAT	3	
EMADINE	3	
<i>epinastine hcl</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
<i>homatropaire</i>	1	
ILEVRO	3	
IOPIDINE SOLUTION 1%	2	
IOPIDINE SOLUTION 0.5%	3	
ISOPTO ATROPINE	3	
ISOPTO CARBACHOL	2	
ISOPTO CARPINE	3	
ISOPTO HOMATROPINE	3	
ISTALOL	3	
<i>ketorolac tromethamine</i>	1	
LACRISERT	3	
LASTACAPT	3	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL SOLUTION 0.25%	1	
<i>levobunolol hcl solution 0.5%</i>	1	
LOTEMAX	3	
LUMIGAN	3	
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide tablet</i>	1	
METIPRANOLOL	1	
MYDFRIN	3	
<i>mydral</i>	1	
MYDRIACYL	3	
NAPHAZOLINE HCL	1	
<i>neofrin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
NEPTAZANE	3	
NEVANAC	3	
OCUFEN	3	
OMNIPRED	3	
OPTIPRANOLOL	3	
OPTIVAR	3	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
PATADAY	3	
PATANOL	3	
<i>phenylephrine hcl solution 10%, 2.5%</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	1	
PILOPINE HS	2	
<i>poly-dex</i>	1	
<i>polycin b</i>	1	
PRED FORTE	3	
PRED MILD	3	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PROCYSBI	4	PA
PROLENSA	3	
RESCULA	3	
RESTASIS	3	QL (64 EA per 30 days) PA
SIMBRINZA	3	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SULFACETAMIDE SODIUM OINTMENT	3	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE SOLUTION 0.5%	3	
TIMOPTIC-XE	3	
TOBRADEX ST	3	
TOBRADEX OINTMENT	2	
TOBRADEX SUSPENSION	3	
<i>tobramycin/dexamethasone</i>	1	
TRAVATAN Z	2	
TRAVOPROST	3	
<i>tropicamide</i>	1	
TRUSOPT	3	
VEXOL	2	
XALATAN	3	
ZIOPTAN	3	PA
ZYLET	3	
Otic Agents		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
ACETIC ACID/ALUMINUM ACETATE	1	
<i>aero otic hc</i>	1	
<i>antipyrine/benzocaine solution 5.4%; 1.4%</i>	1	
<i>aurax</i>	1	
<i>aurodex</i>	1	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	

Drug Name	Drug Tier	Requirements/Limits
Otic Agents		
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	
CORTISPORIN	3	
CORTISPORIN-TC	3	
CRESYLATE	3	
<i>cyotic</i>	1	
<i>exotic-hc</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION	1	
<i>neomycin/polymyxin/hydrocortisone solution, otic suspension</i>	1	
<i>otic care</i>	1	
<i>oticin</i>	1	
OTOZIN	3	
PRAMOTIC	3	
TREAGAN OTIC	3	
Respiratory Tract/Pulmonary Agents		
ACCOLATE	3	QL (60 EA per 30 days)
<i>acetylcysteine solution</i>	1	
ADCIRCA	4	PA; SP
ADEMPAS	4	PA; SP
ADRENAClick	3	
ADRENALIN SOLUTION	3	
ADVAIR DISKUS	3	
ADVAIR HFA	3	
AEROSPAN	3	
ALBATUSIN	3	
ALBATUSIN NN	3	
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate nebulization solution, syrup, tablet</i>	1	
<i>ali-flex</i>	1	
ALVESCO	3	PA
ANORO ELLIPTA	3	
<i>arbinoxa tablet</i>	1	
ARCAPTA NEOHALER	3	
ARNUIITY ELLIPTA	3	
ASMANEX HFA	3	
ASMANEX TWISTHALER 120 METERED DOSES	3	
ASMANEX TWISTHALER 14 METERED DOSES	3	
ASMANEX TWISTHALER 30 METERED DOSES	3	
ASMANEX TWISTHALER 60 METERED DOSES	3	
ASMANEX TWISTHALER 7 METERED DOSES	3	
ASTEPRO	3	
ATROVENT	3	
ATROVENT HFA	2	
AUVI-Q	3	
<i>azelastine hcl</i>	1	
BECONASE AQ	3	ST
<i>benzonatate capsule 100mg, 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
BETHKIS	3	SP
BIOREGESIC	3	
BREO ELLIPTA	3	
<i>bromfed dm</i>	1	
BROVANA	3	PA
<i>budesonide inhalation suspension</i>	1	PA
<i>budesonide nasal suspension</i>	1	ST
CAPCOF	3	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	
<i>carbinoxamine maleate</i>	1	
CAYSTON	4	PA
<i>cheratussin ac syrup</i>	1	
CLEMASTINE FUMARATE SYRUP	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
COMBIVENT	2	
COMBIVENT RESPIMAT	2	
CPB WC	3	
CROMOLYN SODIUM NEBULIZATION SOLUTION	1	
<i>cyproheptadine hcl syrup, tablet</i>	1	
DALIRESP	3	
DECON-A ELIXIR	3	
DECON-G	3	
DEXCHLORPHENIRAMINE MALEATE SYRUP	1	
DEXTROMETHORPHAN HBR/CHLORPHENIRAMINE/PHENYLEPHRINE HCL	1	
<i>difil-g forte</i>	1	
<i>diphenhydramine hcl capsule 50mg</i>	1	
DOLOGESIC LIQUID	3	
<i>dologesic tablet</i>	1	
<i>dolorex</i>	1	
DULERA	3	
DUONEB	3	
DYMISTA	3	
ED-CHLOR-TAN	3	
ELIXOPHYLLIN	3	
EPINEPHRINE INJECTION 0.3MG/0.3ML	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
ESBRIET	4	PA
FLONASE	3	ST
FLOVENT DISKUS	2	QL (60 EA per 30 days)
FLOVENT HFA	2	
FLUNISOLIDE	1	
<i>fluticasone propionate</i>	1	
FORADIL AEROLIZER	2	
GILPHEX TR	3	
GILTUSS	3	
GILTUSS PED-C	3	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
<i>giltuss pediatric</i>	1	
GILTUSS TR	3	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin dac</i>	1	
<i>guaifenesin/codeine</i>	1	
HDC DM	3	
<i>hydrocodone bitartrate/chlorpheniramine maleate/pse</i>	1	
<i>hydrocodone bitartrate/homatropine methylbromide tablet</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>hydrocodone/homatropine</i>	1	
<i>hydromet</i>	1	
<i>hydroxyzine hcl syrup, tablet</i>	1	
HYDROXYZINE PAMOATE CAPSULE 100MG	1	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	
HYPER-SAL	3	
HYPERSAL NEBULIZATION SOLUTION 3.5%	3	
INCRUSE ELLIPTA	3	
IODINE STRONG	3	
<i>iophen c-nr</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	
<i>ipratropium bromide inhalation solution, nasal solution</i>	1	
KALYDECO	4	PA; SP
KARBINAL ER	3	
KITABIS PAK	3	SP
LETAIRIS	4	PA; SP
<i>levalbuterol hcl nebulization solution</i>	1	PA
<i>levalbuterol nebulization solution</i>	1	PA
LUFYLLIN	3	
MAXAIR AUTOHALER	3	
METAPROTERENOL SULFATE SYRUP, TABLET	1	
<i>montelukast sodium</i>	1	
NASACORT AQ	3	ST
NASONEX	2	
NEBUSAL NEBULIZATION SOLUTION 6%	3	
<i>nebusal nebulization solution 3%</i>	1	
NEOTUSS PLUS	3	
NEOTUSS-D LIQUID 4MG/10ML; 60MG/10ML; 400MG/10ML; 60MG/10ML	3	
NORTUSS-EX	1	
OFEV	4	PA
<i>olopatadine hcl</i>	1	
OMNARIS	3	ST
OPSUMIT	4	PA; SP
ORENITRAM	4	PA; SP
PALGIC	3	
PATANASE	3	
PEDIATEX TD	3	
PEDIATEX TDM	3	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
PERFOROMIST	3	PA
<i>phenadoz</i>	1	
<i>phenylephrine/guaifenesin</i>	1	
PROAIR HFA	2	
<i>promethazine hcl syrup, tablet</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
PROMETHAZINE VC PLAIN	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-dm</i>	1	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
<i>promethegan</i>	1	
PROVENTIL HFA	3	
PULMICORT	3	PA
PULMICORT FLEXHALER	2	
<i>pulmosal</i>	1	
PULMOZYME	4	SP
QNASL	3	
QNASL CHILDRENS	3	
QVAR	2	
RELAGESIC	3	
<i>relcof c</i>	1	
RELHIST	3	
RESCON-JR	3	
RESCON-MX	3	
REVATIO TABLET	4	PA; SP
REZIRA	3	
RHINOCORT AQUA	2	ST
RHINOFLEX-650	3	
SEMPREX-D	2	
SEREVENT DISKUS	3	
<i>sildenafil citrate tablet</i>	4	PA; SP
SINGULAIR	3	
<i>sodium chloride nebulization solution</i>	1	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
SSKI	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SUTTAR-2	3	
SUTTAR-SF	3	
SYMBICORT	3	
<i>terbutaline sulfate tablet</i>	1	
TESSALON PERLES	3	
TGQ 15DM/5PEH/2CPM	3	
TGQ 30PSE/3BRM/15DM	3	
TGQ 50PSE/3BRM/30DM	3	
<i>tgq 7.5peh/4brm/15dm</i>	1	
THEO-24	2	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
<i>theochron</i>	1	
<i>theophylline er</i>	1	
<i>theophylline solution</i>	1	
TOBI	4	SP
TOBI PODHALER	4	SP
<i>tobramycin</i>	4	SP
TRACLEER	4	PA; SP
<i>triamcinolone acetonide</i>	1	
TUDORZA PRESSAIR	3	
<i>tusnel c</i>	1	
TUSNEL PED-C	3	
TUSNEL CAPSULE	3	
<i>tussafed ex</i>	1	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 4MG; 5MG	3	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	
TUZISTRA XR	N/A	
TYVASO	4	PA; SP
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
VENTAVIS	4	PA; SP
VENTOLIN HFA	3	
VERAMYST	3	ST
VISTARIL	3	
VITUZ	3	
VOSPIRE ER	3	
XOLAIR	4	PA; SP
XOPENEX	3	PA
XOPENEX CONCENTRATE	3	PA
XOPENEX HFA	3	PA
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
ZETONNA	3	
ZUTRIPRO	3	
ZYFLO	4	PA
ZYFLO CR	4	PA
Skeletal Muscle Relaxants		
AMRIX	3	PA
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
CARISOPRODOL TABLET 250MG	1	
<i>carisoprodol tablet 350mg</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl tablet</i>	1	
FEXMID	3	
LORZONE	3	
<i>metaxalone tablet 800mg</i>	1	
<i>methocarbamol tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Skeletal Muscle Relaxants		
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN-750	3	
ROBAXIN TABLET	3	
SKELAXIN	3	
SOMA	3	
Sleep Disorder Agents		
AMBIEN	3	QL (30 EA per 30 days)
AMBIEN CR	3	QL (9 EA per 30 days) PA
BELSOMRA	3	PA
BUTISOL SODIUM	2	
EDLUAR	3	PA
<i>eszopiclone</i>	1	PA
<i>flurazepam hcl</i>	1	
HALCION	3	PA
INTERMEZZO	3	PA
LUNESTA	3	ST PA
<i>modafinil</i>	1	QL (30 EA per 30 days) PA
NUVIGIL	3	PA
<i>phenobarbital elixir</i>	1	
PHENOBARBITAL TABLET 100MG, 15MG, 30MG, 60MG	1	
<i>phenobarbital tablet 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	
PROVIGIL	3	QL (30 EA per 30 days) PA
RESTORIL	3	
ROZEREM	3	PA
SECONAL	2	
SILENOR	3	PA
SONATA	3	QL (9 EA per 30 days)
<i>temazepam</i>	1	
<i>triazolam</i>	1	
XYREM	4	PA; SP
<i>zaleplon</i>	1	QL (9 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 30MG, 7.5MG	1	
ZENZEDI TABLET 2.5MG	3	
<i>zenzedi tablet 10mg, 5mg</i>	1	
<i>zolpidem tartrate</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL (9 EA per 30 days) PA
ZOLPIMIST	3	PA
Therapeutic Nutrients/Minerals/Electrolytes		
AMINO BENZOATE POTASSIUM	1	
AURYXIA	4	PA
BABY DDROPS	1	QL (100 ML per 100 days); ACA Preventive Service \$0
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
CARBAGLU	3	PA
CHEMET	4	
CITROLITH	3	

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes		
CUPRIMINE	4	
<i>cyanocobalamin injection</i>	1	
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
CYTRA-3	1	
<i>cytra-k</i>	1	
<i>d 400 tablet chewable</i>	1	QL (100 EA per 100 days); ACA Preventive Service \$0
DEPEN TITRATABS	4	
DRISDOL CAPSULE	3	
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	
<i>effe-k tablet effervescent 25meq</i>	1	
<i>effervescent pot chloride</i>	1	
<i>effervescent potassium/chloride</i>	1	
ELIPHOS	3	
<i>endur-acin</i>	1	
<i>ergocalciferol capsule</i>	1	
ESTROSTEP FE	3	
EXJADE	4	SP
FEMCON FE	3	
FERROUS SULFATE SYRUP	1	ACA Preventive Service \$0
FERROUS SULFATE LIQUID	3	ACA Preventive Service \$0
<i>ferrous sulfate elixir, solution</i>	1	ACA Preventive Service \$0
<i>floritab</i>	1	
FLURA-DROPS SOLUTION 0.25MG/DROP	1	
<i>flura-drops solution 0.125mg/drop</i>	1	
<i>folic acid tablet 1mg</i>	1	
<i>folic acid tablet 400mcg, 800mcg</i>	1	QL (100 EA per 100 days); ACA Preventive Service \$0
FOSAMAX PLUS D	2	QL (4 EA per 28 days)
GENERESS FE	3	ST
<i>gildess 24 fe</i>	1	ACA Preventive Service \$0
<i>gildess fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>gildess fe 1/20</i>	1	ACA Preventive Service \$0
JADENU	3	SP
<i>june fe 1.5/30</i>	1	ACA Preventive Service \$0
<i>june fe 1/20</i>	1	ACA Preventive Service \$0
<i>june fe 24</i>	1	ACA Preventive Service \$0
<i>k-effervescent</i>	1	
K-PHOS	2	
K-PHOS NEUTRAL	3	
K-PHOS NO 2	2	
K-TAB	3	
<i>k-vescent</i>	1	
<i>karidium</i>	1	
KAYEXALATE	3	
<i>kionex suspension</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes		
KLOR-CON 25	3	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>larin 24 fe</i>	1	ACA Preventive Service \$0
<i>layolis fe</i>	1	ACA Preventive Service \$0
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LOZI-FLUR	3	
<i>ludent</i>	1	
LURIDE	3	
MEPHYTON	2	
MICRO-K	3	
<i>microgestin fe</i>	1	ACA Preventive Service \$0
<i>microgestin fe 1.5/30</i>	1	ACA Preventive Service \$0
MYKIDZ IRON 10	3	ACA Preventive Service \$0
NASCOBAL	3	PA
<i>niacin er capsule extended release 250mg, 500mg</i>	1	
<i>niacin er tablet extended release</i>	1	
<i>niacin sr capsule extended release 250mg</i>	1	
<i>niacin sr tablet extended release</i>	1	
NIACIN TR TABLET EXTENDED RELEASE 1000MG	3	
<i>niacin tr tablet extended release 500mg, 750mg</i>	1	
<i>niacin tablet 500mg</i>	1	
NIACOR	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	ACA Preventive Service \$0
ORACIT	3	
PHOSLO	3	
PHOSLYRA	3	
<i>phospha 250 neutral</i>	1	
POTABA	2	
<i>potassium chloride er</i>	1	
<i>potassium chloride liquid</i>	1	
<i>potassium citrate er</i>	1	
SAMSCA	3	PA; SP
SHOHL'S SOLUTION MODIFIED	3	
SLO-NIACIN TABLET EXTENDED RELEASE 500MG, 750MG	3	
<i>sodium fluoride solution</i>	1	
<i>sodium fluoride tablet chewable 0.25mg</i>	1	
<i>sodium polystyrene sulfonate powder, suspension</i>	1	
SPS	3	
SYPRINE	4	
<i>tarina fe 1/20</i>	1	ACA Preventive Service \$0
<i>tilia fe</i>	1	ACA Preventive Service \$0
<i>tri-legest fe</i>	1	ACA Preventive Service \$0
UROCIT-K 10	3	
UROCIT-K 15	3	

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes		
UROCIT-K 5	3	
<i>vitamin d-3 tablet 400unit</i>	1	QL (100 EA per 100 days); ACA Preventive Service \$0
VITAMIN D2 TABLET 400UNIT	1	QL (100 EA per 100 days); ACA Preventive Service \$0
<i>vitamin d3 400</i>	1	QL (100 EA per 100 days); ACA Preventive Service \$0
VITAMIN D3 LIQUID 1200UNIT/15ML	1	QL (100 ML per 100 days); ACA Preventive Service \$0
<i>vitamin d capsule 50000unit</i>	1	
<i>vitamin d liquid</i>	1	QL (100 ML per 100 days); ACA Preventive Service \$0
WELLESSE VITAMIN D3	1	QL (100 ML per 100 days); ACA Preventive Service \$0
<i>zenchent fe</i>	1	ACA Preventive Service \$0
<i>zeosa</i>	1	ACA Preventive Service \$0
Unclassified		
ALFERON N	3	PA; SP
BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1 "	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 25GX1 "	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 25GX5/8 "	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 26GX5/8 "	2	
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	2	
BD INSULIN SYRINGE U-40/1ML/25G X 5/8 "	2	
BD NEEDLE/20G X 1 "	2	
BD NEEDLE/25G X 5/8 "	2	
BD NEEDLE/25G X 7/8 "	2	
BD NEEDLE/30G X 1/2 "	2	
BD SYRINGE LUER-LOK/1ML	2	
BENSAL HP	3	
<i>carbidopa/levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE	1	PA
CHEK-STIX CONTROL	3	
CHEMSTRIP-K	3	
DEX-TUSS	3	
ETHYL CHLORIDE/MIST	3	
FC FEMALE CONDOM	1	ACA Preventive Service \$0
GORDOFILM	3	
HYPODERMIC NEEDLE 25GX1 "	2	
HYPODERMIC NEEDLE 25GX3/4 "	2	
HYPODERMIC NEEDLE 25GX5/8 "	2	
HYPODERMIC NEEDLE 26GX1/2 "	2	
HYPODERMIC NEEDLE 26GX3/8 "	2	
HYPODERMIC NEEDLE 26GX5/8 "	2	
HYPODERMIC NEEDLE 30GX1/2 "	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	2	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 1-1/4 "	2	

Drug Name	Drug Tier	Requirements/Limits
Unclassified		
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MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	2	
MONOJECT INSULIN SYRINGE/1ML	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX5/8"	2	
OBREDON	N/A	
ORBIVAN	3	
PENLET II AUTOMATIC BLOODSAMPLER	2	
<i>pramoxine-hc</i>	1	
PROAIR RESPICLICK	2	
PYROGALLIC ACID	3	
RASUVO	3	PA; SP
ROSULA	3	
SOMAVERT	4	PA; SP
TODAY SPONGE	1	ACA Preventive Service \$0
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	
<i>wee care</i>	1	ACA Preventive Service \$0
XENICAL	3	PA
YALE NEEDLES 18G X 1-1/2"	2	
YALE NEEDLES 21G X 1"	2	
YALE NEEDLES 22G X 1"	2	
YALE NEEDLES 23G X 3/4"	2	
YALE NEEDLES 26G X 1/2"	2	
YALE NEEDLES 26G X 3/8"	2	
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