



Foreword

This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection process is essential in ensuring continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P&T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

Access to the most current version of the PEEHIP Commercial Formulary can be obtained by visiting www.rsa-al.gov.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary

The Formulary is a list of medications available to PEEHIP members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is *italicized*.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
MO	Maintenance Medication	First fill limited to 30 day supply; subsequent fill can be for 90 day supply when prescription is written as 90 day Rx and no more than 130 days have lapsed between fills at retail pharmacy
G	Gender Edit	Coverage may depend on patient gender
MD	Physician Specialty Edit	Coverage may depend on prescribing physician's specialty or board certification
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact MedImpact at (877) 606-0727.

The following topics may apply:

1. Generic Substitution

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are *italicized* in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P&T Committee.
- Drug product will be approved for generic substitution by the MedImpact P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered on Tier 2, and non-preferred brand drugs will be covered on Tier 3. Specialty drugs will be covered under the highest tier (highest copay).

Tier Definitions

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred medications (non-formulary agents)
- Tier 4: Specialty medications

3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Coverage Exceptions

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

Questions or information regarding the medication request or formulary process may be obtained by: faxing a completed **Medication Request Form** to MedImpact at (877) 606-0728.



MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. General Exclusions

- A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
- B. Drugs specifically listed as not covered.
- C. Any drug products used for cosmetic purposes.
- D. Experimental drug products or any drug product used in an experimental manner.
- E. Replacement of lost or stolen medication.
- F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
- G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- H. Drugs specifically used for the treatment of erectile dysfunction.

The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. Pharmacist and Physician Communication

The Formulary is a tool to promote cost-effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee
Med Impact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131



Attn: Prior Authorization Department
10181 Scripps Gateway Court
San Diego, CA 92131 Phone: (800) 347-5841
Fax: (877) 606-0728

DO NOT WRITE IN BLOCKED AREAS. FOR INTERNAL USE ONLY	
Contacted:	Approved:
Physician:	Denied:
Pharmacy:	Returned:
Patient:	ID #

Medication Request Form

MedImpact Healthcare Systems, Inc.

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (877) 606-0728 or please call (800) 347-5841 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 347-5841.

Review Criteria:

The following guidelines are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care

Medication Request Information (please complete each section of this form prior to transmittal):

PATIENT NAME (REQUIRED):	PATIENT'S HEALTH PLAN (REQUIRED):
PATIENT ID # (REQUIRED):	PHYSICIAN NAME/SPECIALTY:
PATIENT HEIGHT AND WEIGHT (REQUIRED):	PHYSICIAN ID#/DEA#:
PATIENT DOB (REQUIRED):	PHYSICIAN AREA CODE AND TELEPHONE NUMBER:
DIAGNOSIS (REQUIRED):	PHYSICIAN AREA CODE AND FAX NUMBER (REQUIRED):
PHARMACY USED BY MEMBER:	PHARMACY AREA CODE AND TELEPHONE NUMBER:
DRUG REQUESTED:	QUANTITY (PER MONTH):
DOSE:	LENGTH OF TREATMENT (PLEASE BE SPECIFIC):
STRENGTH:	DOSAGE FORM (e.g. ORAL, INJECTION):
REASON FOR MEDICATION REQUEST (PLEASE BE SPECIFIC, GIVE DETAIL):	
OTHER MEDICATIONS TRIED AND/OR FAILED (PLEASE BE SPECIFIC, GIVE DETAIL INCLUDING REASON FOR FAILURE):	
OTHER PERTINENT HISTORY (RELATIVE OR PERTAINING TO THIS REQUEST):	
PROVIDER NAME AND SIGNATURE:	

Drug Name	Tier	Requirements/Limits
ALLERGY		
ALLERGENIC EXTRACTS, THERAPEUTICS		
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR	3 PA
WEED POLLEN-SHORT RAGWEED	RAGWITEK	3 PA
ANTIHISTAMINES - 1ST GENERATION		
<i>carbinoxamine maleate</i>	CLISTIN	1
CARBINOXAMINE MALEATE	KARBINAL ER	3 ST, QL: 960 ML PER 30 DAYS
<i>carbinoxamine maleate</i>	PALGIC	1
<i>clemastine fumarate</i>	TAVIST	1
<i>cyproheptadine hcl</i>	PERIACTIN	1
<i>diphenhydramine hcl</i>	BENADRYL	1
<i>hydroxyzine hcl</i>	ATARAX	1
<i>hydroxyzine hcl</i>	VISTARIL	1
<i>hydroxyzine pamoate</i>	VISTARIL	1
<i>promethazine hcl</i>	PHENERGAN	1
<i>promethazine hcl</i>	PHENERGAN VC	1
ANTIHISTAMINES - 2ND GENERATION		
<i>desloratadine</i>	CLARINEX (5 MG) (TABLET)	1 QL: 30 PER 30 DAYS
NASAL ANTIHISTAMINE		
<i>azelastine hcl</i>	ASTELIN	1 QL: 60 ML PER FILL
<i>azelastine hcl</i>	ASTEPRO	1 QL: 60 ML PER FILL
NASAL ANTI-INFLAMMATORY STEROIDS		
BECLOMETHASONE DIPROPIONATE	QNASL CHILDREN	2 ST, QL: 4.9 GRAMS PER 30 DAYS
<i>flunisolide</i>	NASALIDE	1 QL: 75 ML PER FILL
<i>mometasone furoate</i>	NASONEX	1 QL: 17 GRAMS PER 30 DAYS
ANTIEMESIS/ANTIVERTIGO		
ANTIEMETIC/ANTIVERTIGO AGENTS		
<i>aprepitant</i>	EMEND (125 MG) (CAPSULE)	1 QL: 1 PER FILL
APREPITANT	EMEND (125 MG) (SUSP RECON)	2 QL: 3 PACKETS PER 21 DAYS
<i>aprepitant</i>	EMEND (125MG- 80MG) (CAP DS PK)	1 QL: 3 PER FILL
<i>aprepitant</i>	EMEND (40 MG) (CAPSULE)	1 QL: 1 PER FILL
<i>aprepitant</i>	EMEND (80 MG) (CAPSULE)	1 QL: 2 PER FILL
DOLASETRON MESYLATE	ANZEMET	3 ST, QL: 1 PER FILL
<i>dronabinol</i>	MARINOL	1 QL: 2 PER DAY
GRANISETRON	SANCUSO	3 ST, QL: 1 PER FILL
GRANISETRON	SUSTOL	3 PA
<i>granisetron hcl</i>	KYTRIL	1 ST, QL: 8 PER 30 DAYS
NABILONE	CESAMET	3 ST, QL: 6 PER DAY
NETUPITANT/PALONOSETRON HCL	AKYNZEO	3 PA, QL: 1 PER 28 DAYS
<i>ondansetron</i>	ZOFRAN ODT	1
ONDANSETRON	ZUPLENZ (8 MG) (FILM)	3 ST, QL: 1 PER 3 DAYS
<i>ondansetron hcl</i>		1
<i>ondansetron hcl/pf</i>	ZOFRAN PRESERVATIVE FREE	1
<i>prochlorperazine</i>	COMPAZINE	1
<i>prochlorperazine maleate</i>	COMPAZINE	1
PROMETHAZINE HCL	PHENERGAN	2
<i>promethazine hcl</i>		1
ROLAPITANT HCL	VARUBI	3 PA

Drug Name		Tier	Requirements/Limits
<i>scopolamine</i>	TRANSDERM-SCOP (1 MG/3 DAY) (PATCH TD 3)	1	
SCOPOLAMINE	TRANSDERM-SCOP (1 MG/3 DAY) (PATCH TD 3)	3	
TRIMETHOBENZAMIDE HCL	TIGAN (100 MG/ML) (VIAL)	2	
<i>trimethobenzamide hcl</i>	TIGAN (300 MG) (CAPSULE)	1	
ASTHMA AND COPD			
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING			
<i>ipratropium bromide</i>	ATROVENT	1	MO
IPRATROPIUM BROMIDE	ATROVENT HFA	2	QL: 25.8 GRAMS PER FILL, MO
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
ACOLIDINIUM BROMIDE	TUDORZA PRESSAIR	3	QL: 1 PER 30 DAYS, MO
GLYCOPYRROLATE	SEEBRI NEOHALER	3	ST, QL: 60 PER 30 DAYS
TIOTROPIUM BROMIDE	SPIRIVA	2	QL: 60 PER FILL, MO
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT	2	QL: 4 GRAMS PER 30 DAYS
UMECLIDIINIUM BROMIDE	INCRUSE ELLIPTA	3	ST, QL: 30 PER 30 DAYS
BETA-ADRENERGIC AGENTS			
<i>albuterol sulfate (2 mg) (tablet)</i>		1	QL: 4 PER DAY, MO
<i>albuterol sulfate (2 mg/5 ml) (syrup)</i>		1	MO
<i>albuterol sulfate (4 mg) (tab er 12h)</i>		1	QL: 2 PER DAY, MO
<i>albuterol sulfate (4 mg) (tablet)</i>		1	QL: 4 PER DAY, MO
<i>albuterol sulfate (8 mg) (tab er 12h)</i>		1	QL: 2 PER DAY, MO
<i>metaproterenol sulfate</i>	ALUPENT (10 MG) (TABLET)	1	QL: 4 PER DAY, MO
<i>metaproterenol sulfate</i>	ALUPENT (10 MG/5 ML) (SYRUP)	1	QL: 40 ML PER DAY, MO
<i>metaproterenol sulfate</i>	ALUPENT (20 MG) (TABLET)	1	QL: 4 PER DAY, MO
<i>terbutaline sulfate (1 mg/ml) (vial)</i>		1	
<i>terbutaline sulfate (2.5 mg) (tablet)</i>		1	QL: 3 PER DAY, MO
<i>terbutaline sulfate (5 mg) (tablet)</i>		1	QL: 3 PER DAY, MO
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
<i>albuterol sulfate</i>		1	MO
ALBUTEROL SULFATE	PROAIR HFA	2	MO
ALBUTEROL SULFATE	PROAIR RESPICLICK	2	QL: 2 INHALERS PER 30 DAYS, MO
ALBUTEROL SULFATE	PROVENTIL HFA	3	QL: 20.1 GRAMS PER FILL, MO
ALBUTEROL SULFATE	VENTOLIN HFA (90 MCG) (HFA AER AD)	3	QL: 54 GRAMS PER FILL, MO
<i>levalbuterol hcl</i>	XOPENEX	1	
<i>levalbuterol tartrate</i>	XOPENEX HFA	1	QL: 45 GRAMS PER FILL
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING			
INDACATEROL MALEATE	ARCAPTA NEOHALER	3	ST, QL: 1 PER DAY
OLODATEROL HCL	STRIVERDI RESPIMAT	3	ST, QL: 4 GRAMS PER 30 DAYS
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING			
ARFORMOTEROL TARTRATE	BROVANA	3	QL: 180 ML PER FILL, MO
FORMOTEROL FUMARATE	PERFOROMIST	2	QL: 240 ML PER FILL, MO
SALMETEROL XINAFOATE	SEREVENT DISKUS	3	ST, QL: 120 PER FILL, MO

Drug Name		Tier	Requirements/Limits
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS			
GLYCOPYRROLATE/FORMOTEROL FUM	BEVESPI AEROSPHERE	3	ST, QL: 10.7 GRAMS PER 30 DAYS
INDACATEROL/GLYCOPYRROLATE	UTIBRON NEOHALER	3	ST, QL: 60 PER 30 DAYS
IPRATROPIUM/ALBUTEROL SULFATE	COMBIVENT RESPIMAT	2	QL: 8 GRAMS PER 30 DAYS
<i>ipratropium/albuterol sulfate</i>	DUONEB	1	QL: 615 ML PER FILL
TIOTROPIUM BR/OLODATEROL HCL	STIOLTO RESPIMAT	3	QL: 4 GRAMS PER 30 DAYS
UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA	2	QL: 60 PER 30 DAYS, MO
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS			
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	2	QL: 10.2 GRAMS PER 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR DISKUS	2	QL: 60 PER 30 DAYS, MO
FLUTICASONE/SALMETEROL	ADVAIR HFA	2	QL: 12 GRAMS PER 30 DAYS, MO
<i>fluticasone/salmeterol</i>	AIRDUO RESPICLICK	3	ST, QL: 1 PER 30 DAYS
FLUTICASONE/VILANTEROL	BREO ELLIPTA	2	QL: 60 PER 30 DAYS, MO
MOMETASONE/FORMOTEROL	DULERA	2	QL: 13 GRAMS PER 30 DAYS, MO
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED			
FLUTICASONE/UMECLIDIN/VILANTER	TRELEGY ELLIPTA	3	ST, QL: 60 PER 30 DAYS
GLUCOCORTICOID, ORALLY INHALED			
BECLOMETHASONE DIPROPIONATE	QVAR REDHALER	2	QL: 21.2 GRAMS PER 30 DAYS
<i>budesonide</i>	PULMICORT (0.25MG/2ML) (AMPUL-NEB)	1	QL: 140 ML PER FILL, MO
<i>budesonide</i>	PULMICORT (0.5 MG/2ML) (AMPUL-NEB)	1	QL: 140 ML PER FILL, MO
<i>budesonide</i>	PULMICORT (1 MG/2 ML) (AMPUL-NEB)	1	QL: 70 ML PER FILL, MO
BUDESONIDE	PULMICORT FLEXHALER	2	QL: 1 PER 30 DAYS, MO
CICLESONIDE	ALVESCO	3	ST, QL: 12.2 GRAMS PER 25 DAYS
FLUNISOLIDE	AEROSPAN	3	ST, QL: 17.8 GRAMS PER 30 DAYS
FLUTICASONE FUROATE	ARNUIITY ELLIPTA (100 MCG) (BLST W/DEV)	3	ST, QL: 30 PER 30 DAYS, MO
FLUTICASONE FUROATE	ARNUIITY ELLIPTA (200 MCG) (BLST W/DEV)	3	ST, QL: 30 PER 30 DAYS, MO
FLUTICASONE FUROATE	ARNUIITY ELLIPTA (50 MCG) (BLST W/DEV)	3	ST, QL: 30 PER 30 DAYS, MO
FLUTICASONE PROPIONATE	FLOVENT DISKUS (100 MCG) (BLST W/DEV)	3	ST, QL: 2 PER DAY, MO
FLUTICASONE PROPIONATE	FLOVENT DISKUS (250 MCG) (BLST W/DEV)	3	ST, QL: 4 PER DAY, MO
FLUTICASONE PROPIONATE	FLOVENT DISKUS (50 MCG) (BLST W/DEV)	3	ST, QL: 2 PER DAY, MO
FLUTICASONE PROPIONATE	FLOVENT HFA (110 MCG) (AER W/ADAP)	3	ST, QL: 12 GRAMS PER 30 DAYS, MO
FLUTICASONE PROPIONATE	FLOVENT HFA (220 MCG) (AER W/ADAP)	3	ST, QL: 24 GRAMS PER 30 DAYS, MO

Drug Name		Tier	Requirements/Limits
FLUTICASONE PROPIONATE	FLOVENT HFA (44 MCG) (AER W/ADAP)	3	ST, QL: 21.2 GRAMS PER 30 DAYS, MO
MOMETASONE FUROATE	ASMANEX	2	QL: 1 PER 30 DAYS
MOMETASONE FUROATE	ASMANEX HFA	3	QL: 13 GRAMS PER 30 DAYS
LEUKOTRIENE RECEPTOR ANTAGONISTS			
<i>montelukast sodium</i>	SINGULAIR (10 MG) (TABLET)	1	MO
<i>montelukast sodium</i>	SINGULAIR (4 MG) (GRAN PACK)	1	QL: 1 PER DAY, MO
<i>montelukast sodium</i>	SINGULAIR (4 MG) (TAB CHEW)	1	MO
<i>montelukast sodium</i>	SINGULAIR (5 MG) (TAB CHEW)	1	MO
<i>zafirlukast</i>	ACCOLATE	1	QL: 2 PER DAY, MO
MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	GASTROCROM	1	QL: 40 ML PER DAY
MAST CELL STABILIZERS, ORALLY INHALED			
<i>cromolyn sodium</i>		1	QL: 16 ML PER DAY, MO
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
ROFLUMILAST	DALIRESP (250 MCG) (TABLET)	2	ST, QL: 1 PER DAY
ROFLUMILAST	DALIRESP (500 MCG) (TABLET)	2	ST, QL: 1 PER DAY, MO
RESPIRATORY AIDS, DEVICES, EQUIPMENT			
MUCUS CLEARING DEVICE	AEROBIKA	3	
MUCUS CLEARING DEVICE	QUAKE	3	
NASAL EXHALATION RESISTANC.DEV	PROVENT	3	
SPIROMETER/DRUG DELIVERY ADAPT	MISTASSIST KIT	3	
XANTHINES			
<i>caffeine citrate</i>	CAFCIT	1	
<i>theophylline anhydrous</i>	SLO-PHYLLIN	1	MO
THEOPHYLLINE ANHYDROUS	THEO-24 (100 MG) (CAP ER 24H)	3	QL: 1 PER DAY, MO
THEOPHYLLINE ANHYDROUS	THEO-24 (200 MG) (CAP ER 24H)	3	QL: 2 PER DAY, MO
THEOPHYLLINE ANHYDROUS	THEO-24 (300 MG) (CAP ER 24H)	3	QL: 4 PER DAY, MO
<i>theophylline anhydrous</i>	THEO-DUR (100 MG) (TAB ER 12H)	1	MO
<i>theophylline anhydrous</i>	THEO-DUR (200 MG) (TAB ER 12H)	1	MO
<i>theophylline anhydrous</i>	THEO-DUR (300 MG) (TAB ER 12H)	1	QL: 4 PER DAY, MO
<i>theophylline anhydrous</i>	THEO-DUR (450 MG) (TAB ER 12H)	1	QL: 4 PER DAY, MO
<i>theophylline anhydrous</i>	UNIPHYL	1	MO
AUTONOMIC NERVOUS SYSTEM DISORDERS			
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
<i>memantine hcl</i>	NAMENDA (10 MG) (TABLET)	1	QL: 60 PER 30 DAYS, MO
<i>memantine hcl</i>	NAMENDA (5 MG) (TABLET)	1	QL: 60 PER 30 DAYS, MO
<i>memantine hcl</i>	NAMENDA (5 MG-10 MG) (TAB DS PK)	1	QL: 49 PER 28 DAYS, MO
<i>memantine hcl</i>	NAMENDA XR (14 MG) (CAP SPR 24)	1	QL: 30 PER 30 DAYS, MO

Drug Name		Tier	Requirements/Limits
<i>memantine hcl</i>	NAMENDA XR (21 MG) (CAP SPR 24)	1	QL: 30 PER 30 DAYS, MO
<i>memantine hcl</i>	NAMENDA XR (28 MG) (CAP SPR 24)	1	QL: 30 PER 30 DAYS, MO
<i>memantine hcl</i>	NAMENDA XR (7 MG) (CAP SPR 24)	1	QL: 30 PER 30 DAYS, MO
MEMANTINE HCL	NAMENDA XR (7-14-21-28) (CAP24 DSPK)	2	QL: 28 PER 28 DAYS, MO
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB			
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC	3	ST, QL: 1 PER DAY, MO
CHOLINESTERASE INHIBITORS			
<i>donepezil hcl</i>	ARICEPT	1	MO
<i>donepezil hcl</i>	ARICEPT ODT	1	MO
<i>galantamine hbr</i>	RAZADYNE	1	MO
<i>galantamine hbr</i>	RAZADYNE ER	1	MO
<i>pyridostigmine bromide</i>	MESTINON (180 MG) (TABLET ER)	1	
<i>pyridostigmine bromide</i>	MESTINON (60 MG) (TABLET)	1	
PYRIDOSTIGMINE BROMIDE	MESTINON (60 MG/5 ML) (SYRUP)	2	PA
<i>rivastigmine</i>	EXELON	1	QL: 30 PER 30 DAYS, MO
<i>rivastigmine tartrate</i>	EXELON	1	MO
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
<i>mirtazapine</i>		1	MO
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	3	MO
<i>phenelzine sulfate</i>	NARDIL	1	MO
<i>tranylcypromine sulfate</i>	PARNATE	1	MO
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
<i>bupropion hcl</i>	WELLBUTRIN	1	MO
<i>bupropion hcl</i>	WELLBUTRIN SR	1	QL: 68 PER FILL, MO
<i>bupropion hcl</i>	WELLBUTRIN XL	1	QL: 34 PER FILL, MO
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
<i>citalopram hydrobromide</i>	CELEXA	1	MO
<i>escitalopram oxalate</i>	LEXAPRO	1	MO
<i>fluoxetine hcl</i>		1	ST, MO
<i>fluoxetine hcl</i>	PROZAC (10 MG) (CAPSULE)	1	MO
<i>fluoxetine hcl</i>	PROZAC (10 MG) (TABLET)	1	MO
<i>fluoxetine hcl</i>	PROZAC (20 MG) (CAPSULE)	1	MO
<i>fluoxetine hcl</i>	PROZAC (20 MG) (TABLET)	1	MO
<i>fluoxetine hcl</i>	PROZAC (20 MG/5 ML) (SOLUTION)	1	MO
<i>fluoxetine hcl</i>	PROZAC (40 MG) (CAPSULE)	1	MO
<i>fluoxetine hcl</i>	PROZAC WEEKLY	1	MO
FLUOXETINE HCL	SARAFEM	3	ST, MO
<i>fluvoxamine maleate</i>	LUVOX (100 MG) (TABLET)	1	QL: 102 PER FILL, MO
<i>fluvoxamine maleate</i>	LUVOX (25 MG) (TABLET)	1	QL: 34 PER FILL, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
<i>fluvoxamine maleate</i>	LUVOX (50 MG) (TABLET)	1	QL: 68 PER FILL, MO
<i>fluvoxamine maleate</i>	LUVOX CR	1	QL: 68 PER FILL, MO
<i>paroxetine hcl</i>	PAXIL (10 MG) (TABLET)	1	QL: 34 PER FILL, MO
PAROXETINE HCL	PAXIL (10 MG/5 ML) (ORAL SUSP)	2	ST, MO
<i>paroxetine hcl</i>	PAXIL (20 MG) (TABLET)	1	QL: 68 PER FILL, MO
<i>paroxetine hcl</i>	PAXIL (30 MG) (TABLET)	1	QL: 68 PER FILL, MO
<i>paroxetine hcl</i>	PAXIL (40 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>paroxetine hcl</i>	PAXIL CR	1	QL: 68 PER FILL, MO
<i>paroxetine mesylate</i>	BRISDELLE	1	ST, QL: 30 PER 30 DAYS, MO
<i>sertraline hcl</i>	ZOLOFT (100 MG) (TABLET)	1	QL: 68 PER FILL, MO
<i>sertraline hcl</i>	ZOLOFT (20 MG/ML) (ORAL CONC)	1	MO
<i>sertraline hcl</i>	ZOLOFT (25 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>sertraline hcl</i>	ZOLOFT (50 MG) (TABLET)	1	QL: 68 PER FILL, MO
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
<i>nefazodone hcl</i>	SERZONE	1	MO
<i>trazodone hcl</i>	DESYREL	1	MO
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
DESVENLAFAXINE ER		3	ST, QL: 30 PER 30 DAYS, MO
DESVENLAFAXINE FUMARATE ER		3	ST, QL: 30 PER 30 DAYS, MO
<i>desvenlafaxine succinate</i>	PRISTIQ (100 MG) (TAB ER 24H)	1	ST, QL: 34 PER FILL, MO
<i>desvenlafaxine succinate</i>	PRISTIQ (25 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
<i>desvenlafaxine succinate</i>	PRISTIQ (50 MG) (TAB ER 24H)	1	ST, QL: 34 PER FILL, MO
<i>duloxetine hcl (20 mg) (capsule dr)</i>		1	QL: 68 PER FILL, MO
<i>duloxetine hcl (30 mg) (capsule dr)</i>		1	QL: 34 PER FILL, MO
<i>duloxetine hcl (60 mg) (capsule dr)</i>		1	QL: 68 PER FILL, MO
LEVOMILNACIPRAN HCL	FETZIMA	3	ST, QL: 1 PER DAY, MO
<i>venlafaxine hcl</i>	EFFEXOR	1	QL: 102 PER FILL, MO
<i>venlafaxine hcl</i>	EFFEXOR XR (150 MG) (CAP ER 24H)	1	QL: 34 PER FILL, MO
<i>venlafaxine hcl</i>	EFFEXOR XR (37.5 MG) (CAP ER 24H)	1	QL: 34 PER FILL, MO
<i>venlafaxine hcl</i>	EFFEXOR XR (75 MG) (CAP ER 24H)	1	QL: 102 PER FILL, MO
<i>venlafaxine hcl er</i>		1	QL: 34 PER FILL, MO
SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT			
VILAZODONE HCL	VIIBRYD (10 MG) (TABLET)	3	ST, QL: 1 PER DAY, MO
VILAZODONE HCL	VIIBRYD (10 MG- 20MG) (TAB DS PK)	3	ST, QL: 1 PER DAY
VILAZODONE HCL	VIIBRYD (20 MG) (TABLET)	3	ST, QL: 1 PER DAY, MO
VILAZODONE HCL	VIIBRYD (40 MG) (TABLET)	3	ST, QL: 1 PER DAY, MO
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT			
VORTIOXETINE HYDROBROMIDE	TRINTELLIX	3	ST, QL: 1 PER DAY, MO

Drug Name		Tier	Requirements/Limits
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
<i>amitriptyline/chlordiazepoxide</i>	LIMBITROL	1	MO
<i>amitriptyline/chlordiazepoxide</i>	LIMBITROL DS	1	MO
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
<i>perphenazine/amitriptyline hcl</i>	ETRAFON-A	1	MO
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 2-10	1	MO
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 2-25	1	MO
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 4-25	1	MO
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 4-50	1	MO
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB			
<i>amitriptyline hcl</i>	ELAVIL	1	MO
<i>amoxapine</i>	ASENDIN	1	MO
<i>clomipramine hcl</i>	ANAFRANIL	1	MO
<i>desipramine hcl</i>	NORPRAMIN	1	MO
<i>doxepin hcl</i>	SINEQUAN	1	MO
<i>imipramine hcl</i>	TOFRANIL	1	MO
<i>imipramine pamoate</i>	TOFRANIL-PM	1	MO
<i>maprotiline hcl</i>	LUDIOMIL	1	MO
<i>nortriptyline hcl</i>	PAMELOR	1	MO
<i>protriptyline hcl</i>	VIVACTIL	1	MO
<i>trimipramine maleate</i>	SURMONTIL	1	MO
BEHAVIORAL HEALTH - OTHER			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
<i>dextroamphetamine sulfate</i>	DEXEDRINE	1	
<i>dextroamphetamine sulfate</i>	PROCENTRA	1	
DEXTROAMPHETAMINE SULFATE	ZENZEDI (15 MG) (TABLET)	2	ST, QL: 3 PER DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (2.5 MG) (TABLET)	2	ST, QL: 3 PER DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (20 MG) (TABLET)	2	ST, QL: 3 PER DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (30 MG) (TABLET)	2	ST, QL: 2 PER DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (7.5 MG) (TABLET)	2	ST, QL: 3 PER DAY
<i>dextroamphetamine/amphetamine</i>	ADDERALL	1	
<i>dextroamphetamine/amphetamine</i>	ADDERALL XR	1	
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	2	ST, QL: 1 PER DAY
<i>methamphetamine hcl</i>	DESOXYN	1	
ANTI-ALCOHOLIC PREPARATIONS			
<i>acamprosate calcium</i>	CAMPRAL	1	
<i>disulfiram</i>	ANTABUSE	1	
NALTREXONE MICROSPHERES	VIVITROL	4	
ANTI-ANXIETY - BENZODIAZEPINES			
<i>alprazolam (0.25 mg) (tab rapdis)</i>		1	QL: 120 PER 30 DAYS
<i>alprazolam (0.25 mg) (tablet)</i>		1	
<i>alprazolam (0.5 mg) (tab er 24h)</i>		1	QL: 90 PER 30 DAYS
<i>alprazolam (0.5 mg) (tab rapdis)</i>		1	QL: 120 PER 30 DAYS
<i>alprazolam (0.5 mg) (tablet)</i>		1	
<i>alprazolam (1 mg) (tab er 24h)</i>		1	QL: 90 PER 30 DAYS
<i>alprazolam (1 mg) (tab rapdis)</i>		1	QL: 120 PER 30 DAYS
<i>alprazolam (1 mg) (tablet)</i>		1	
<i>alprazolam (2 mg) (tab er 24h)</i>		1	QL: 60 PER 30 DAYS
<i>alprazolam (2 mg) (tab rapdis)</i>		1	QL: 90 PER 30 DAYS
<i>alprazolam (2 mg) (tablet)</i>		1	
<i>alprazolam (3 mg) (tab er 24h)</i>		1	QL: 60 PER 30 DAYS
ALPRAZOLAM INTENSOL		2	QL: 60 ML PER FILL

Drug Name		Tier	Requirements/Limits
<i>chlordiazepoxide hcl</i>		1	
<i>clorazepate dipotassium (15 mg) (tablet)</i>		1	QL: 120 PER 30 DAYS
<i>clorazepate dipotassium (3.75 mg) (tablet)</i>		1	QL: 90 PER 30 DAYS
<i>clorazepate dipotassium (7.5 mg) (tablet)</i>		1	QL: 90 PER 30 DAYS
<i>diazepam (10 mg) (tablet)</i>		1	
<i>diazepam (2 mg) (tablet)</i>		1	
<i>diazepam (5 mg) (tablet)</i>		1	
<i>diazepam (5 mg/5 ml) (solution)</i>		1	
<i>diazepam (5 mg/ml) (oral conc)</i>		1	QL: 60 ML PER FILL
<i>lorazepam (0.5 mg) (tablet)</i>		1	
<i>lorazepam (1 mg) (tablet)</i>		1	
<i>lorazepam (2 mg) (tablet)</i>		1	
<i>lorazepam (2 mg/ml) (oral conc)</i>		1	QL: 60 ML PER FILL
<i>oxazepam</i>		1	QL: 120 PER 30 DAYS
ANTI-ANXIETY DRUGS			
<i>buspirone hcl</i>	BUSPAR	1	
<i>meprobamate</i>		1	
ANTI-MANIA DRUGS			
CARBAMAZEPINE	EQUETRO	3	
<i>lithium carbonate</i>		1	MO
LITHIUM CARBONATE	LITHOBID	2	MO
<i>lithium citrate</i>		1	MO
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT			
SODIUM OXYBATE	XYREM	4	PA, QL: 540 ML PER 30 DAYS
ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES			
<i>pimozide</i>	ORAP	1	MO
ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED			
CARIPRAZINE HCL	VRAYLAR (1.5 MG) (CAPSULE)	3	ST, QL: 1 PER DAY
CARIPRAZINE HCL	VRAYLAR (1.5 MG-3MG) (CAP DS PK)	3	ST, QL: 7 PER 28 DAYS
CARIPRAZINE HCL	VRAYLAR (3 MG) (CAPSULE)	3	ST, QL: 1 PER DAY
CARIPRAZINE HCL	VRAYLAR (4.5 MG) (CAPSULE)	3	ST, QL: 1 PER DAY
CARIPRAZINE HCL	VRAYLAR (6 MG) (CAPSULE)	3	ST, QL: 1 PER DAY
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
<i>aripiprazole</i>	ABILIFY (1 MG/ML) (SOLUTION)	1	ST, AGE: <= 17 YEARS, MO
<i>aripiprazole</i>	ABILIFY (10 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>aripiprazole</i>	ABILIFY (15 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>aripiprazole</i>	ABILIFY (2 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>aripiprazole</i>	ABILIFY (20 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>aripiprazole</i>	ABILIFY (30 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>aripiprazole</i>	ABILIFY (5 MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
ARIPIPRAZOLE	ABILIFY MAINTENA	3	
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS			
LOXAPINE	ADASUVE	3	
<i>loxapine succinate</i>	LOXITANE	1	MO

Drug Name		Tier	Requirements/Limits
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG			
ASENAPINE MALEATE	SAPHRIS (10 MG) (TAB SUBL)	3	ST, QL: 68 PER FILL, MO
ASENAPINE MALEATE	SAPHRIS (2.5 MG) (TAB SUBL)	3	ST, MO
ASENAPINE MALEATE	SAPHRIS (5 MG) (TAB SUBL)	3	ST, QL: 68 PER FILL, MO
<i>clozapine</i>		1	
<i>clozapine</i>	CLOZARIL	1	
CLOZAPINE	VERSACLOZ	3	ST, QL: 540 ML PER 30 DAYS
ILOPERIDONE	FANAPT (1 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (10 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (12 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (1-2-4- 6MG) (TAB DS PK)	3	ST, QL: 8 PER 28 DAYS, MO
ILOPERIDONE	FANAPT (2 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (4 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (6 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
ILOPERIDONE	FANAPT (8 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
LURASIDONE HCL	LATUDA	3	ST, QL: 1 PER DAY
<i>olanzapine</i>	ZYPREXA (10 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA (10 MG) (VIAL)	1	
<i>olanzapine</i>	ZYPREXA (15 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA (2.5 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA (20 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA (5 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA (7.5 MG) (TABLET)	1	QL: 34 PER FILL
<i>olanzapine</i>	ZYPREXA ZYDIS	1	QL: 34 PER FILL, MO
OLANZAPINE PAMOATE	ZYPREXA RELPREVV	3	
<i>paliperidone</i>	INVEGA (1.5 MG) (TAB ER 24)	1	ST, QL: 34 PER FILL, MO
<i>paliperidone</i>	INVEGA (3 MG) (TAB ER 24)	1	ST, QL: 34 PER FILL, MO
<i>paliperidone</i>	INVEGA (6 MG) (TAB ER 24)	1	ST, QL: 68 PER FILL, MO
<i>paliperidone</i>	INVEGA (9 MG) (TAB ER 24)	1	ST, QL: 34 PER FILL, MO
PALIPERIDONE PALMITATE	INVEGA SUSTENNA	3	
<i>quetiapine fumarate</i>	SEROQUEL (100 MG) (TABLET)	1	
<i>quetiapine fumarate</i>	SEROQUEL (200 MG) (TABLET)	1	QL: 102 PER FILL
<i>quetiapine fumarate</i>	SEROQUEL (25 MG) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
<i>quetiapine fumarate</i>	SEROQUEL (300 MG) (TABLET)	1	QL: 68 PER FILL
<i>quetiapine fumarate</i>	SEROQUEL (400 MG) (TABLET)	1	QL: 68 PER FILL
<i>quetiapine fumarate</i>	SEROQUEL (50 MG) (TABLET)	1	
<i>quetiapine fumarate</i>	SEROQUEL XR (150 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
<i>quetiapine fumarate</i>	SEROQUEL XR (200 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
<i>quetiapine fumarate</i>	SEROQUEL XR (300 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
<i>quetiapine fumarate</i>	SEROQUEL XR (400 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
<i>quetiapine fumarate</i>	SEROQUEL XR (50 MG) (TAB ER 24H)	1	ST, QL: 1 PER DAY, MO
QUETIAPINE FUMARATE	SEROQUEL XR (50-200-300) (TAB24HDSPK)	3	MO
<i>risperidone (0.25 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (0.25 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (0.5 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (0.5 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (1 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (1 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (1 mg/ml) (solution)</i>		1	MO
<i>risperidone (2 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (2 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (3 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (3 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (4 mg) (tab rapdis)</i>		1	QL: 68 PER FILL, MO
<i>risperidone (4 mg) (tablet)</i>		1	QL: 68 PER FILL, MO
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	2	
<i>ziprasidone hcl</i>	GEODON	1	QL: 68 PER FILL
ZIPRASIDONE MESYLATE	GEODON	3	
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES			
<i>thiothixene</i>	NAVANE	1	MO
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
<i>haloperidol</i>	HALDOL	1	MO
<i>haloperidol decanoate</i>	HALDOL	1	
<i>haloperidol decanoate</i>	HALDOL DECANOATE 100	1	
<i>haloperidol decanoate</i>	HALDOL DECANOATE 50	1	
<i>haloperidol lactate</i>		1	
ANTI-PSYCHOTICS,PHENOTHIAZINES			
<i>chlorpromazine hcl</i>	THORAZINE	1	
<i>fluphenazine decanoate</i>	PROLIXIN DECANOATE	1	
<i>fluphenazine hcl</i>	PROLIXIN	1	
<i>perphenazine</i>	TRILAFON	1	MO
<i>thioridazine hcl</i>	MELLARIL	1	
<i>trifluoperazine hcl</i>	STELAZINE	1	
BARBITURATES			
BUTABARBITAL SODIUM	BUTISOL SODIUM	3	ST, QL: 90 PER 30 DAYS
<i>phenobarbital</i>		1	MO

Drug Name		Tier	Requirements/Limits
MONOAMINE OXIDASE(MAO) INHIBITORS			
SELEGILINE	EMSAM	3	QL: 1 PER DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS			
<i>armodafinil</i>	NUVIGIL	1	PA
<i>modafinil</i>	PROVIGIL	1	PA
NARCOTIC ANTAGONISTS			
<i>naloxone hcl</i>	NARCAN (0.4 MG/ML) (SYRINGE)	1	
<i>naloxone hcl</i>	NARCAN (0.4 MG/ML) (VIAL)	1	
<i>naloxone hcl</i>	NARCAN (1 MG/ML) (SYRINGE)	1	
NALOXONE HCL	NARCAN (4 MG) (SPRAY)	3	
<i>naltrexone hcl</i>	REVIA	1	
SEDATIVE-HYPNOTICS - BENZODIAZEPINES			
<i>estazolam</i>		1	QL: 1 PER 2 DAYS
<i>flurazepam hcl</i>		1	QL: 1 PER 2 DAYS
QUAZEPAM	DORAL	3	QL: 1 PER 2 DAYS
<i>quazepam</i>		1	QL: 1 PER 2 DAYS
<i>temazepam</i>	RESTORIL	1	QL: 1 PER 2 DAYS
<i>triazolam</i>		1	QL: 1 PER 2 DAYS
SEDATIVE-HYPNOTICS, NON-BARBITURATE			
<i>eszopiclone</i>	LUNESTA	1	QL: 1 PER 2 DAYS
SUVOREXANT	BELSOMRA	3	ST, QL: 1 PER 2 DAYS
<i>zaleplon</i>	SONATA	1	QL: 1 PER 2 DAYS
<i>zolpidem tartrate</i>	AMBIEN	1	QL: 1 PER 2 DAYS
<i>zolpidem tartrate</i>	AMBIEN CR	1	QL: 1 PER 2 DAYS
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)			
PIMAVANSERIN TARTRATE	NUPLAZID	4	PA
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB			
<i>olanzapine/fluoxetine hcl</i>	SYMBYAX	1	QL: 30 PER 30 DAYS
TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST			
<i>clonidine hcl</i>	KAPVAY	1	QL: 120 PER 30 DAYS
<i>guanfacine hcl</i>	INTUNIV	1	
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY			
<i>dexmethylphenidate hcl</i>	FOCALIN	1	
<i>dexmethylphenidate hcl</i>	FOCALIN XR	1	
METHYLPHENIDATE	DAYTRANA	3	ST, QL: 30 PER 30 DAYS
METHYLPHENIDATE HCL	APTENSIO XR	3	ST, QL: 1 PER DAY
<i>methylphenidate hcl (10 mg) (cpbp 30-70)</i>		1	
<i>methylphenidate hcl (10 mg) (cpbp 50-50)</i>		1	QL: 1 PER DAY
<i>methylphenidate hcl (10 mg) (tab chew)</i>		1	
<i>methylphenidate hcl (10 mg) (tablet er)</i>		1	
<i>methylphenidate hcl (10 mg) (tablet)</i>		1	
<i>methylphenidate hcl (10 mg/5 ml) (solution)</i>		1	
<i>methylphenidate hcl (18 mg) (tab er 24)</i>		1	QL: 1 PER DAY
<i>methylphenidate hcl (2.5 mg) (tab chew)</i>		1	
<i>methylphenidate hcl (20 mg) (cpbp 30-70)</i>		1	
<i>methylphenidate hcl (20 mg) (cpbp 50-50)</i>		1	
<i>methylphenidate hcl (20 mg) (tablet er)</i>		1	QL: 3 PER DAY
<i>methylphenidate hcl (20 mg) (tablet)</i>		1	
<i>methylphenidate hcl (27 mg) (tab er 24)</i>		1	QL: 1 PER DAY
<i>methylphenidate hcl (30 mg) (cpbp 30-70)</i>		1	
<i>methylphenidate hcl (30 mg) (cpbp 50-50)</i>		1	
<i>methylphenidate hcl (36 mg) (tab er 24)</i>		1	QL: 2 PER DAY
<i>methylphenidate hcl (40 mg) (cpbp 30-70)</i>		1	

Drug Name		Tier	Requirements/Limits
<i>methylphenidate hcl (40 mg) (cpbp 50-50)</i>		1	
<i>methylphenidate hcl (5 mg) (tab chew)</i>		1	
<i>methylphenidate hcl (5 mg) (tablet)</i>		1	
<i>methylphenidate hcl (5 mg/5 ml) (solution)</i>		1	
<i>methylphenidate hcl (50 mg) (cpbp 30-70)</i>		1	
<i>methylphenidate hcl (54 mg) (tab er 24)</i>		1	QL: 1 PER DAY
<i>methylphenidate hcl (60 mg) (cpbp 30-70)</i>		1	
<i>methylphenidate hcl (60 mg) (cpbp 50-50)</i>		1	
METHYLPHENIDATE HCL	QUILLICHEW ER (20 MG) (TAB CBP24H)	2	ST, QL: 1 PER DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (30 MG) (TAB CBP24H)	2	ST, QL: 2 PER DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (40 MG) (TAB CBP24H)	2	ST, QL: 1 PER DAY
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	ST, QL: 360 ML PER 30 DAYS, 120 ML BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	ST, QL: 360 ML PER 30 DAYS, 150 ML BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	ST, QL: 360 ML PER 30 DAYS, 180 ML BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	ST, QL: 60 ML PER 30 DAYS, 60 ML BOTTLE
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			
<i>atomoxetine hcl</i>	STRATTERA (10 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (100 MG) (CAPSULE)	1	QL: 30 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (18 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (25 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (40 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (60 MG) (CAPSULE)	1	QL: 30 PER 30 DAYS
<i>atomoxetine hcl</i>	STRATTERA (80 MG) (CAPSULE)	1	QL: 30 PER 30 DAYS
CARDIOVASCULAR DISEASE - ARRHYTHMIA			
ANTIARRHYTHMICS			
<i>adenosine</i>	ADENOCARD	1	
<i>amiodarone hcl</i>	CORDARONE	1	MO
<i>disopyramide phosphate</i>	NORPACE	1	MO
DISOPYRAMIDE PHOSPHATE	NORPACE CR	2	MO
<i>dofetilide</i>	TIKOSYN	1	MO
DRONEDARONE HCL	MULTAQ	3	MO
<i>flecainide acetate</i>	TAMBOCOR	1	MO
<i>mexiletine hcl</i>	MEXITIL	1	MO
<i>propafenone hcl</i>	RYTHMOL	1	MO
<i>propafenone hcl</i>	RYTHMOL SR	1	MO
<i>quinidine gluconate</i>		1	MO
<i>quinidine sulfate</i>		1	MO

Drug Name		Tier	Requirements/Limits
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT			
ADRENERGIC AGENTS,CATECHOLAMINES			
EPINEPHRINE	ADRENALIN	2	
<i>epinephrine</i>		1	
<i>epinephrine hcl/pf</i>		1	
DIGITALIS GLYCOSIDES			
<i>digoxin (125 mcg) (tablet)</i>		1	MO
<i>digoxin (250 mcg) (tablet)</i>		1	MO
DIGOXIN (50 MCG/ML) (SOLUTION)		2	MO
DIGOXIN	LANOXIN (125 MCG) (TABLET)	2	MO
DIGOXIN	LANOXIN (187.5 MCG) (TABLET)	3	
DIGOXIN	LANOXIN (250 MCG) (TABLET)	2	MO
DIGOXIN	LANOXIN (62.5 MCG) (TABLET)	3	
CARDIOVASCULAR DISEASE - HYPERTENSION			
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION			
<i>amlodipine besylate/benazepril</i>	LOTREL	1	MO
<i>trandolapril/verapamil hcl</i>		1	MO
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC			
<i>benazepril/hydrochlorothiazide</i>	LOTENSIN HCT	1	MO
<i>captopril/hydrochlorothiazide</i>	CAPOZIDE	1	MO
<i>enalapril/hydrochlorothiazide</i>	VASERETIC	1	MO
<i>fosinopril/hydrochlorothiazide</i>	MONOPRIL-HCT	1	MO
<i>lisinopril/hydrochlorothiazide</i>	ZESTORETIC	1	MO
<i>moexipril/hydrochlorothiazide</i>	UNIRETIC	1	MO
<i>quinapril/hydrochlorothiazide</i>	ACCURETIC	1	MO
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
<i>carvedilol</i>	COREG	1	MO
<i>carvedilol phosphate</i>	COREG CR	1	MO
<i>labetalol hcl</i>	TRANDATE	1	MO
ALPHA-ADRENERGIC BLOCKING AGENTS			
<i>doxazosin mesylate</i>	CARDURA (1 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>doxazosin mesylate</i>	CARDURA (2 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>doxazosin mesylate</i>	CARDURA (4 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>doxazosin mesylate</i>	CARDURA (8 MG) (TABLET)	1	QL: 68 PER FILL, MO
DOXAZOSIN MESYLATE	CARDURA XL	3	QL: 34 PER FILL
<i>phenoxybenzamine hcl</i>	DIBENZYLINE	4	PA
<i>prazosin hcl</i>	MINIPRESS	1	MO
<i>terazosin hcl</i>	HYTRIN (1 MG) (CAPSULE)	1	QL: 34 PER FILL, MO
<i>terazosin hcl</i>	HYTRIN (10 MG) (CAPSULE)	1	QL: 68 PER FILL, MO
<i>terazosin hcl</i>	HYTRIN (2 MG) (CAPSULE)	1	QL: 34 PER FILL, MO
<i>terazosin hcl</i>	HYTRIN (5 MG) (CAPSULE)	1	QL: 34 PER FILL, MO
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB			
<i>amlodipine/valsartan/hcthiazyd</i>	EXFORGE HCT	1	ST, MO
<i>olmesartan/amlodipin/hcthiazyd</i>	TRIBENZOR	1	MO

Drug Name		Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR BLOCKER-BETA BLOCKER COMB.			
NEBIVOLOL HCL/VALSARTAN	BYVALSON	2	ST, QL: 1 PER DAY
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB			
AZILSARTAN MED/CHLORTHALIDONE	EDARBYCLOR	3	ST, MO
<i>candesartan/hydrochlorothiazid</i>	ATACAND HCT	1	MO
<i>irbesartan/hydrochlorothiazide</i>	AVALIDE	1	MO
<i>losartan/hydrochlorothiazide</i>	HYZAAR	1	MO
OLMESARTAN/HYDROCHLOROTHIAZIDE	BENICAR HCT	2	ST, MO
<i>olmesartan/hydrochlorothiazide</i>		1	MO
<i>telmisartan/hydrochlorothiazid</i>	MICARDIS HCT	1	ST, MO
VALSARTAN/HYDROCHLOROTHIAZIDE	DIOVAN HCT	2	ST, MO
<i>valsartan/hydrochlorothiazide</i>		1	MO
ANGIOTENSIN RECEPTOR ANTAGNST & CALC.CHANNEL BLOCKR			
<i>amlodipine bes/olmesartan med</i>	AZOR	1	ST, MO
<i>amlodipine besylate/valsartan</i>	EXFORGE	1	MO
<i>telmisartan/amlodipine</i>	TWYNSTA	1	ST, MO
ANTIHYPERTENSIVES, ACE INHIBITORS			
<i>benazepril hcl</i>	LOTENSIN	1	MO
<i>captopril</i>	CAPOTEN	1	MO
ENALAPRIL MALEATE	EPANED	3	ST, AGE: < 12 YEARS, QL: 1200 ML PER 30 DAYS
<i>enalapril maleate</i>	VASOTEC	1	MO
<i>fosinopril sodium</i>	MONOPRIL	1	MO
<i>lisinopril</i>	PRINIVIL	1	MO
<i>lisinopril</i>	ZESTRIL	1	MO
<i>moexipril hcl</i>	UNIVASC	1	MO
<i>perindopril erbumine</i>	ACEON	1	MO
<i>quinapril hcl</i>	ACCUPRIL	1	MO
<i>ramipril</i>	ALTACE	1	MO
<i>trandolapril</i>	MAVIK	1	MO
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
AZILSARTAN MEDOXOMIL	EDARBI	3	ST, MO
<i>candesartan cilexetil</i>	ATACAND	1	MO
<i>eprosartan mesylate</i>	TEVETEN	1	ST, MO
<i>irbesartan</i>	AVAPRO	1	MO
<i>losartan potassium</i>	COZAAR	1	MO
<i>olmesartan medoxomil</i>	BENICAR	1	MO
<i>telmisartan</i>	MICARDIS	1	MO
VALSARTAN	DIOVAN	2	ST, MO
<i>valsartan</i>		1	MO
ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS			
MECAMYLAMINE HCL	VECAMYL	3	PA
ANTIHYPERTENSIVES, MISCELLANEOUS			
METYROSINE	DEMSER	2	
ANTIHYPERTENSIVES, SYMPATHOLYTIC			
<i>clonidine</i>	CATAPRES-TTS 1	1	QL: 5 PER FILL, MO
<i>clonidine</i>	CATAPRES-TTS 2	1	QL: 5 PER FILL, MO
<i>clonidine</i>	CATAPRES-TTS 3	1	QL: 5 PER FILL, MO
<i>clonidine hcl</i>	CATAPRES	1	MO
<i>clonidine hcl/chlorthalidone</i>	COMBIPRES	1	MO
<i>guanfacine hcl</i>	TENEX	1	MO
<i>methyl dopa</i>	ALDOMET	1	MO
<i>methyl dopa/hydrochlorothiazide</i>	ALDORIL 15	1	MO
<i>methyl dopa/hydrochlorothiazide</i>	ALDORIL 25	1	MO
ANTIHYPERTENSIVES, VASODILATORS			
<i>hydralazine hcl</i>	APRESOLINE	1	MO
<i>minoxidil</i>	LONITEN	1	MO

Drug Name		Tier	Requirements/Limits
BETA-ADRENERGIC BLOCKING AGENTS			
<i>acebutolol hcl</i>	SECTRAL	1	MO
<i>atenolol</i>	TENORMIN	1	MO
<i>betaxolol hcl</i>	KERLONE	1	MO
<i>bisoprolol fumarate</i>	ZEBETA	1	MO
METOPROLOL SUCCINATE	KAPSPARGO SPRINKLE	3	ST, QL: 1 PER DAY
<i>metoprolol succinate</i>	TOPROL XL	1	MO
<i>metoprolol tartrate (100 mg) (tablet)</i>		1	MO
<i>metoprolol tartrate (25 mg) (tablet)</i>		1	MO
<i>metoprolol tartrate (50 mg) (tablet)</i>		1	MO
<i>nadolol</i>	CORGARD	1	MO
NEBIVOLOL HCL	BYSTOLIC	2	ST, MO
PENBUTOLOL SULFATE	LEVATOL	2	ST, MO
<i>pindolol</i>	VISKEN	1	MO
PROPRANOLOL HCL	HEMANGEOL	3	ST, QL: 360 ML PER 30 DAYS
<i>propranolol hcl</i>	INDERAL	1	MO
<i>propranolol hcl</i>	INDERAL LA	1	MO
<i>sotalol hcl</i>		1	MO
<i>timolol maleate</i>	BLOCADREN	1	MO
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED			
<i>atenolol/chlorthalidone</i>	TENORETIC 100	1	MO
<i>atenolol/chlorthalidone</i>	TENORETIC 50	1	MO
<i>bisoprolol/hydrochlorothiazide</i>	ZIAC	1	MO
<i>metoprolol/hydrochlorothiazide</i>	LOPRESSOR HCT	1	MO
<i>nadolol/bendroflumethiazide</i>	CORZIDE	1	MO
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-40/25	1	MO
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-80/25	1	MO
CALCIUM CHANNEL BLOCKING AGENTS			
<i>amlodipine besylate</i>	NORVASC	1	MO
<i>diltiazem hcl</i>	CARDIZEM	1	MO
<i>diltiazem hcl</i>	CARDIZEM CD	1	MO
<i>diltiazem hcl</i>	CARDIZEM SR	1	MO
<i>diltiazem hcl</i>	DILACOR XR	1	MO
<i>diltiazem hcl</i>	TIAZAC	1	MO
<i>felodipine</i>	PLENDIL	1	MO
<i>isradipine</i>	DYNACIRC	1	MO
<i>nicardipine hcl</i>		1	MO
<i>nifedipine</i>	ADALAT CC	1	MO
<i>nifedipine</i>	PROCARDIA	1	MO
<i>nifedipine</i>	PROCARDIA XL	1	MO
<i>nimodipine</i>	NIMOTOP	1	MO
NIMODIPINE	NYMALIZE	4	PA
<i>nisoldipine</i>	SULAR (17 MG) (TAB ER 24H)	1	MO
<i>nisoldipine</i>	SULAR (20 MG) (TAB ER 24H)	1	ST, MO
<i>nisoldipine</i>	SULAR (25.5 MG) (TAB ER 24H)	1	MO
<i>nisoldipine</i>	SULAR (30 MG) (TAB ER 24H)	1	ST, MO
<i>nisoldipine</i>	SULAR (34 MG) (TAB ER 24H)	1	MO
<i>nisoldipine</i>	SULAR (40 MG) (TAB ER 24H)	1	ST, MO
<i>nisoldipine</i>	SULAR (8.5MG) (TAB ER 24H)	1	MO

Drug Name		Tier	Requirements/Limits
<i>verapamil hcl</i>	CALAN (120 MG) (TABLET)	1	MO
<i>verapamil hcl</i>	CALAN (2.5 MG/ML) (AMPUL)	1	
<i>verapamil hcl</i>	CALAN (40 MG) (TABLET)	1	MO
<i>verapamil hcl</i>	CALAN (80 MG) (TABLET)	1	MO
<i>verapamil hcl</i>	CALAN SR	1	MO
<i>verapamil hcl</i>	VERELAN	1	MO
<i>verapamil hcl</i>	VERELAN PM	1	MO
LOOP DIURETICS			
<i>bumetanide</i>	BUMEX	1	MO
<i>furosemide</i>	LASIX	1	MO
<i>torseamide</i>	DEMADEX	1	MO
OSMOTIC DIURETICS			
MANNITOL	RESECTISOL	2	
POTASSIUM SPARING DIURETICS			
<i>amiloride hcl</i>	MIDAMOR	1	MO
<i>eplerenone</i>	INSPRA	1	MO
<i>spironolactone</i>	ALDACTONE	1	MO
TRIAMTERENE	DYRENIUM	3	MO
POTASSIUM SPARING DIURETICS IN COMBINATION			
<i>amiloride/hydrochlorothiazide</i>	MODURETIC 5-50	1	MO
<i>spironolact/hydrochlorothiazid</i>	ALDACTAZIDE (25 MG-25MG) (TABLET)	1	MO
SPIRONOLACT/HYDROCHLOROTHIAZID	ALDACTAZIDE (50 MG-50MG) (TABLET)	3	MO
<i>triamterene/hydrochlorothiazid</i>	DYAZIDE	1	MO
<i>triamterene/hydrochlorothiazid</i>	MAXZIDE	1	MO
<i>triamterene/hydrochlorothiazid</i>	MAXZIDE-25 MG	1	MO
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR			
RIOCIGUAT	ADEMPAS	4	PA, QL: 90 PER 30 DAYS
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB			
<i>sildenafil citrate</i>	REVATIO (20 MG) (TABLET)	1	PA, QL: 102 PER FILL
<i>tadalafil</i>	ADCIRCA	4	PA, QL: 68 PER FILL
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST			
AMBRISENTAN	LETAIRIS	4	PA
BOSENTAN	TRACLEER	4	PA
MACITENTAN	OPSUMIT	4	PA, QL: 30 PER 30 DAYS
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE			
EPOPROSTENOL SODIUM (ARGININE)	VELETRI	4	PA
<i>epoprostenol sodium (glycine)</i>	FLOLAN	4	PA
ILOPROST TROMETHAMINE	VENTAVIS	4	PA
SELEXIPAG	UPTRAVI	4	PA
TREPROSTINIL	TYVASO	4	PA
TREPROSTINIL DIOLAMINE	ORENITRAM ER	4	PA
TREPROSTINIL SODIUM	REMODULIN	4	PA
TREPROSTINIL/NEB ACCESSORIES	TYVASO REFILL KIT	4	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO INSTITUTIONAL START KIT	4	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO STARTER KIT	4	PA

Drug Name		Tier	Requirements/Limits
RENIN INHIBITOR, DIRECT			
ALISKIREN HEMIFUMARATE	TEKTRUNA	3	PA
RENIN INHIBITOR, DIRECT/THIAZIDE DIURETIC COMB			
ALISKIREN/HYDROCHLOROTHIAZIDE	TEKTRUNA HCT	3	PA
THIAZIDE AND RELATED DIURETICS			
<i>chlorothiazide</i>	DIURIL (250 MG) (TABLET)	1	MO
CHLOROTHIAZIDE	DIURIL (250 MG/5ML) (ORAL SUSP)	3	MO
<i>chlorothiazide</i>	DIURIL (500 MG) (TABLET)	1	MO
<i>chlorthalidone</i>	HYGROTON	1	MO
<i>hydrochlorothiazide</i>		1	MO
<i>indapamide</i>	LOZOL	1	MO
<i>methyclothiazide</i>		1	MO
<i>metolazone</i>	ZAROXOLYN	1	MO
VASODILATORS, COMBINATION			
ISOSORBIDE DINIT/HYDRALAZINE	BIDIL	3	
VASODILATORS,MISCELLANEOUS			
<i>alprostadil</i>		1	
ALPROSTADIL	PROSTIN VR PEDIATRIC	3	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB			
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-10MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-20MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-40MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-80MG) (TABLET)	1	ST, QL: 34 PER FILL, MO
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
<i>atorvastatin calcium</i>	LIPITOR (10 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>atorvastatin calcium</i>	LIPITOR (20 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>atorvastatin calcium</i>	LIPITOR (40 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>atorvastatin calcium</i>	LIPITOR (80 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>fluvastatin sodium</i>	LESCOL	1	ST, QL: 2 PER DAY, MO
<i>fluvastatin sodium</i>	LESCOL XL	1	ST, QL: 1 PER DAY, MO
<i>lovastatin</i>	MEVACOR (10 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>lovastatin</i>	MEVACOR (20 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE

Drug Name		Tier	Requirements/Limits
			PREVENTION MEDICATIONS IN 120 DAYS, QL: 68 PER FILL, MO
<i>lovastatin</i>	MEVACOR (40 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 68 PER FILL, MO
PITAVASTATIN CALCIUM	LIVALO	3	ST, QL: 1 PER DAY
PITAVASTATIN MAGNESIUM	ZYPITAMAG	3	ST, QL: 1 PER DAY
<i>pravastatin sodium</i>	PRAVACHOL	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>rosuvastatin calcium</i>	CRESTOR (10 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, MO
<i>rosuvastatin calcium</i>	CRESTOR (20 MG) (TABLET)	1	MO
<i>rosuvastatin calcium</i>	CRESTOR (40 MG) (TABLET)	1	MO
<i>rosuvastatin calcium</i>	CRESTOR (5 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, MO
<i>simvastatin (10 mg) (tablet)</i>		1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>simvastatin (20 mg) (tablet)</i>		1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>simvastatin (40 mg) (tablet)</i>		1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>simvastatin (5 mg) (tablet)</i>		1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 34 PER FILL, MO
<i>simvastatin (80 mg) (tablet)</i>		1	ST, QL: 34 PER FILL, MO
ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS			
ALIROCUMAB	PRALUENT PEN	4	PA
BILE SALT SEQUESTRANTS			
<i>cholestyramine (with sugar)</i>	QUESTRAN	1	MO
<i>cholestyramine/aspartame</i>	QUESTRAN LIGHT	1	MO
<i>colesevelam hcl</i>	WELCHOL (3.75 G) (POWD PACK)	1	QL: 1 PER DAY, MO
<i>colesevelam hcl</i>	WELCHOL (625 MG) (TABLET)	1	QL: 6 PER DAY, MO
<i>colestipol hcl</i>	COLESTID (1 G) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
<i>colestipol hcl</i>	COLESTID (5 G) (GRANULES)	1	
<i>colestipol hcl</i>	COLESTID (5 G) (PACKET)	1	
COLESTIPOL HCL	COLESTID (7.5 G) (PACKET)	2	
LIPOTROPICS			
<i>ezetimibe</i>	ZETIA	1	QL: 1 PER DAY, MO
<i>fenofibrate</i>	LOFIBRA	1	MO
<i>fenofibrate nanocrystallized</i>	TRICOR	1	MO
FENOFIBRATE NANOCRYSTALLIZED	TRIGLIDE	2	ST, MO
<i>fenofibrate,micronized</i>	LOFIBRA	1	MO
<i>fenofibric acid</i>	FIBRICOR	1	ST
<i>fenofibric acid (choline)</i>	TRILIPIX	1	
<i>gemfibrozil</i>	LOPID	1	MO
ICOSAPENT ETHYL	VASCEPA (0.5 GRAM) (CAPSULE)	2	QL: 6 PER DAY, MO
ICOSAPENT ETHYL	VASCEPA (1 G) (CAPSULE)	2	QL: 120 PER 30 DAYS, MO
METHIONINE/INOSI/CHOL/FOLIC AC	LIPOCHOL PLUS	3	
<i>niacin</i>	NIASPAN	1	ST, MO
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS			
ADRENERGIC VASOPRESSOR AGENTS			
DROXIDOPA	NORTHERA	4	PA, QL: 180 PER 30 DAYS
<i>midodrine hcl</i>	PROAMATINE	1	
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
SACUBITRIL/VALSARTAN	ENTRESTO	3	PA, QL: 2 PER DAY, MO
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
RANOLAZINE	RANEXA (1000 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS, MO
RANOLAZINE	RANEXA (500 MG) (TAB ER 12H)	2	QL: 120 PER 30 DAYS, MO
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR			
IVABRADINE HCL	CORLANOR	3	PA, QL: 2 PER DAY, MO
ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB			
<i>amlodipine/atorvastatin</i>	CADUET	1	ST, QL: 34 PER FILL, MO
CARDIOVASCULAR DISEASE - VASODILATION			
VASODILATORS,CORONARY			
<i>amyl nitrite</i>		1	
ISOSORBIDE DINITRATE	DILATRATE-SR	2	MO
<i>isosorbide dinitrate</i>	ISOCHRON	1	MO
<i>isosorbide dinitrate</i>	ISORDIL (10 MG) (TABLET)	1	MO
<i>isosorbide dinitrate</i>	ISORDIL (20 MG) (TABLET)	1	MO
<i>isosorbide dinitrate</i>	ISORDIL (30 MG) (TABLET)	1	MO
ISOSORBIDE DINITRATE	ISORDIL (40 MG) (TABLET)	3	MO
<i>isosorbide dinitrate</i>	ISORDIL TITRADOSE	1	MO
<i>isosorbide mononitrate</i>	IMDUR	1	MO
<i>isosorbide mononitrate</i>	MONOKET	1	MO
NITROGLYCERIN	NITRO-BID	2	MO
<i>nitroglycerin</i>	NITRO-DUR (0.1MG/HR) (PATCH TD24)	1	MO

Drug Name		Tier	Requirements/Limits
<i>nitroglycerin</i>	NITRO-DUR (0.2MG/HR) (PATCH TD24)	1	MO
NITROGLYCERIN	NITRO-DUR (0.3 MG/HR) (PATCH TD24)	3	MO
<i>nitroglycerin</i>	NITRO-DUR (0.4MG/HR) (PATCH TD24)	1	MO
<i>nitroglycerin</i>	NITRO-DUR (0.6MG/HR) (PATCH TD24)	1	MO
NITROGLYCERIN	NITRO-DUR (0.8MG/HR) (PATCH TD24)	3	MO
<i>nitroglycerin</i>	NITROLINGUAL	1	MO
NITROGLYCERIN	NITROMIST	3	MO
<i>nitroglycerin</i>	NITROSTAT	1	MO
<i>nitroglycerin</i>	NITRO-TIME	1	MO
VASODILATORS,PERIPHERAL			
<i>ergoloid mesylates</i>	HYDERGINE	1	
<i>isoxsuprine hcl</i>		1	MO
<i>papaverine hcl</i>		1	
CONTRACEPTION/OXYTOCICS			
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
ETONOGESTREL/ETHINYL ESTRADIOL	NUVARING	3	MO
CONTRACEPTIVES,INJECTABLE			
<i>medroxyprogesterone acetate</i>	DEPO-PROVERA	1	QL: 1 ML PER 90 DAYS
MEDROXYPROGESTERONE ACETATE	DEPO-SUBQ PROVERA 104	3	PA, QL: 0.65 ML PER 90 DAYS
CONTRACEPTIVES,INTRAVAGINAL			
NONOXYNOL 9	CONCEPTROL	3	G
NONOXYNOL 9	GYNOL II	3	G
<i>nonoxynol 9</i>		1	G
NONOXYNOL 9	TODAY CONTRACEPTIVE SPONGE	3	G
NONOXYNOL 9	VCF	3	G
CONTRACEPTIVES,ORAL			
<i>desog-e.estradiol/e.estradiol</i>	MIRCETTE	1	
<i>desogestrel-ethinyl estradiol</i>	CYCLESSA	1	
<i>desogestrel-ethinyl estradiol</i>	DESOGEN	1	
<i>desogestrel-ethinyl estradiol</i>	ORTHO-CEPT	1	
<i>drosipir/eth estra/levomefol ca</i>	BEYAZ	1	
<i>drosipir/eth estra/levomefol ca</i>	SAFYRAL	1	
ESTRADIOL VALERATE/DIENOGEST	NATAZIA	3	PA
<i>ethinyl estradiol/drospirenone</i>	YASMIN 28	1	
<i>ethinyl estradiol/drospirenone</i>	YAZ	1	
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN	1	
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN 1-50-21	1	
LEVONORGEST/ETH.ESTRADIOL/IRON	BALCOLTRA	3	PA
<i>levonorgestrel-ethin estradiol</i>		1	
<i>l-norgest/e.estradiol-e.estradiol</i>	LOSEASONIQUE	1	
<i>l-norgest/e.estradiol-e.estradiol</i>	QUARTETTE	1	
<i>l-norgest/e.estradiol-e.estradiol</i>	SEASONIQUE	1	
<i>noreth-ethinyl estradiol/iron</i>	FEMCON FE	1	
<i>noreth-ethinyl estradiol/iron</i>	GENERESS FE	1	
<i>norethindrone</i>	NOR-Q-D	1	

Drug Name		Tier	Requirements/Limits
<i>norethindrone</i>	ORTHO MICRONOR	1	
<i>norethindrone ac-eth estradiol</i>	LOESTRIN	1	
<i>norethindrone-e.estradiol-iron</i>	ESTROSTEP FE	1	
NORETHINDRONE-E.ESTRADIOL-IRON	LO LOESTRIN FE	3	PA
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN 24 FE	1	
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN FE	1	
<i>norethindrone-e.estradiol-iron</i>	MINASTRIN 24 FE	1	
NORETHINDRONE-E.ESTRADIOL-IRON	TAYTULLA	3	PA
<i>norethindrone-ethinyl estrad</i>	MODICON	1	
<i>norethindrone-ethinyl estrad</i>	ORTHO-NOVUM	1	
<i>norethindrone-ethinyl estrad</i>	OVCON-35	1	
<i>norethindrone-ethinyl estrad</i>	TRI-NORINYL	1	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN	1	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN LO	1	
<i>norgestimate-ethinyl estradiol</i>	ORTHO-CYCLEN	1	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-28	1	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-8	1	
<i>norgestrel-ethinyl estradiol</i>	OVRAL	1	
ULIPRISTAL ACETATE	ELLA	3	
CONTRACEPTIVES, TRANSDERMAL			
<i>norelgestromin/ethin.estradiol</i>	ORTHO EVRA	1	MO
OXYTOCICS			
DINOPROSTONE	CERVIDIL	3	
DINOPROSTONE	PROSTIN E2 VAGINAL SUPPOSITORY	3	
<i>methylergonovine maleate</i>		1	QL: 28 PER 7 DAYS
COUGH AND COLD			
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
<i>phenylephrine hcl/prometh hcl</i>	PHENERGAN VC	1	
<i>phenylephrine hcl/prometh hcl</i>	PHEN-TUSS AD	1	
1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB			
<i>pseudoephed/chlor-mal/bell alk</i>		1	
ANTITUSSIVES, NON-NARCOTIC			
<i>benzonatate</i>	TESSALON	1	
<i>benzonatate</i>	TESSALON PERLE	1	
<i>benzonatate</i>	ZONATUSS	1	
NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
<i>bromphenira/pseudoephed/codein</i>		1	
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 25	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 30	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 35	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 40	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 50	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 60	3	AGE: >= 12 YEARS
CHLORPHEN/PSEUDOEPHED/CODEINE	ZODRYL DAC 80	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/PE/CODEINE	CAPCOF	3	AGE: >= 12 YEARS
DEXCHLORPHEN/PHENYLEPH/CODEINE	PRO-RED AC	3	AGE: >= 12 YEARS
<i>promethazine/phenyleph/codeine</i>	PENTAZINE VC WITH CODEINE	1	AGE: >= 18 YEARS
<i>promethazine/phenyleph/codeine</i>	PHENERGAN VC WITH CODEINE	1	AGE: >= 18 YEARS
TRIPROLIDINE/PHENYLEPH/CODEINE	HISTEX-AC	3	AGE: >= 18 YEARS
NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB			
PSEUDOEPHED/CODEINE/GUAIFEN	CODITUSSIN DAC	3	AGE: >= 12 YEARS

Drug Name		Tier	Requirements/Limits
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 25	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 30	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 35	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 40	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 50	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 60	3	AGE: >= 12 YEARS
PSEUDOEPHED/CODEINE/GUAIFEN	ZODRYL DEC 80	3	AGE: >= 12 YEARS
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE			
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 25	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 30	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 35	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 40	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 50	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 60	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 80	3	AGE: >= 18 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	Z-TUSS AC	3	AGE: >= 18 YEARS
<i>hydrocodone/chlorphen p-stirex</i>	TUSSIONEX	1	AGE: >= 18 YEARS
HYDROCODONE/CHLORPHENIRAMINE	VITUZ	3	AGE: >= 18 YEARS
<i>promethazine hcl/codeine</i>	PHENERGAN WITH CODEINE	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.			
<i>hydrocodone bit/homatrop me-br</i>		1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION			
<i>codeine phosphate/guaifenesin</i>		1	AGE: >= 18 YEARS
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
<i>brompheniramine/pseudoephed/dm</i>		1	
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
<i>promethazine/dextromethorphan</i>	PHEN TUSS DM	1	
NOSE PREPARATIONS, VASOCONSTRICTORS (RX)			
EPINEPHRINE HCL	ADRENALIN CHLORIDE	3	
TETRAHYDROZOLINE HCL	TYZINE	3	
DERMATOLOGY - ACNE			
ACNE AGENTS,SYSTEMIC			
<i>isotretinoin</i>		1	
ACNE AGENTS, TOPICAL			
<i>clindamycin phos/benzoyl perox</i>	DUAC	1	
<i>sulfacetamide sodium</i>	KLARON	1	
ANTIBIOTICS, MISCELLANEOUS, OTHER			
<i>bacitracin</i>		1	
ANTICORROSIVE AGENTS			
BUTYLATED HYDROXYTOLUENE(BHT)		3	
ROSACEA AGENTS, TOPICAL			
AZELAIC ACID	FINACEA (15 %) (FOAM)	3	ST, QL: 50 GRAMS PER 30 DAYS
AZELAIC ACID	FINACEA (15 %) (GEL (GRAM))	2	ST, QL: 50 GRAMS PER 30 DAYS
BRIMONIDINE TARTRATE	MIRVASO	3	ST, QL: 30 GRAMS PER 30 DAYS
IVERMECTIN	SOOLANTRA	3	ST
<i>metronidazole</i>	METROCREAM	1	
<i>metronidazole</i>	METROGEL	1	
<i>metronidazole</i>	METROLOTION	1	
<i>metronidazole</i>	ROSADAN	1	
TOPICAL PREPARATIONS,ANTIBACTERIALS			
CADEXOMER IODINE	IODOFLEX	3	
CADEXOMER IODINE	IODOSORB	2	

Drug Name		Tier	Requirements/Limits
<i>hydrocortisone/iodoquinol</i>	DERMAZENE	1	
SILVER	SILVRSTAT	3	
SILVER CARBONATE	NORMLGEL AG	3	
<i>silver nitrate</i>		1	
VITAMIN A DERIVATIVES			
<i>adapalene</i>	DIFFERIN (0.3 %) (GEL (GRAM))	1	AGE: <= 25 YEARS; >25 YEARS REQUIRES PA
<i>tretinoin</i>	RETIN-A	1	AGE: <= 25 YEARS; >25 YEARS REQUIRES PA
TRETINOIN/EMOL 9/SKIN CLEANSRI	TRETIN-X	3	
DERMATOLOGY - ANTIINFECTIVE			
TOPICAL ANTIBIOTICS			
<i>clindamycin phosphate</i>	CLEOCIN T	1	QL: 120ML PER 30 DAYS
<i>clindamycin phosphate</i>	CLINDACIN ETZ	1	
<i>clindamycin phosphate</i>	CLINDACIN P	1	
<i>erythromycin base in ethanol</i>		1	
<i>gentamicin sulfate</i>		1	
<i>mupirocin</i>	BACTROBAN	1	
<i>mupirocin</i>	CENTANY	1	
MUPIROCIN	CENTANY AT	3	
<i>mupirocin calcium</i>	BACTROBAN	1	
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT			
<i>clotrimazole/betamethasone dip</i>	LOTRISONE	1	
TOPICAL ANTIFUNGALS			
<i>ciclopirox</i>	CICLODAN	1	
<i>ciclopirox</i>	LOPROX	1	
<i>ciclopirox</i>	PENLAC	1	
<i>ciclopirox olamine</i>	CICLODAN	1	
<i>ciclopirox olamine</i>	LOPROX	1	
CICLOPIROX/SKIN CLEANSER NO.28	CICLODAN	3	
<i>ciclopirox/urea/camph/men/euc</i>	CICLODAN	1	
ECONAZOLE NITRATE	ECOZA	3	
<i>econazole nitrate</i>	SPECTAZOLE	1	QL: 180 GRAMS PER 30 DAYS
<i>gentian violet/brgreen/proflav</i>		1	
<i>ketoconazole</i>	NIZORAL	1	
KETOCONAZOLE	XOLEGEL	3	
MICONAZOLE NITRATE/ZINC OX/PET	VUSION	3	
<i>nystatin</i>	MYCOSTATIN	1	
<i>nystatin</i>	NYAMYC	1	
<i>nystatin</i>	NYSTEX	1	
<i>nystatin</i>	NYSTOP	1	
<i>nystatin/triamcin</i>		1	
<i>sodium thiosulfate/sal acid</i>	VERSICLEAR	1	
TOPICAL ANTIPARASITICS			
BENZYL ALCOHOL	ULESFIA	3	
IVERMECTIN	SKLICE	3	
<i>lindane</i>	KWELL	1	
<i>malathion</i>	OVIDE	1	
<i>permethrin</i>		1	
<i>spinosad</i>	NATROBA	1	
TOPICAL ANTIVIRALS			
<i>acyclovir</i>	ZOVIRAX (5 %) (OINT. (G))	1	
TOPICAL PLEUROMUTILIN DERIVATIVES			
RETAPAMULIN	ALTABAX	3	

Drug Name		Tier	Requirements/Limits
TOPICAL SULFONAMIDES			
<i>mafenide acetate</i>	SULFAMYLON (50 G) (PACKET)	1	
MAFENIDE ACETATE	SULFAMYLON (8.5 %) (CREAM (G))	2	
<i>silver sulfadiazine</i>	SILVADENE	1	
<i>silver sulfadiazine</i>	THERMAZENE	1	
<i>sulfacetamide sod/sulfur/urea</i>		1	
<i>sulfacetamide sodium/sulfur</i>	AVAR (10-5%(W/W)) (CLEANSER)	1	
SULFACETAMIDE SODIUM/SULFUR	AVAR (9.5 %-5 %) (FOAM)	3	
SULFACETAMIDE SODIUM/SULFUR	AVAR (9.5 %-5 %) (MED. PAD)	3	
<i>sulfacetamide sodium/sulfur</i>	AVAR LS (10 %-2 %) (CLEANSER)	1	
SULFACETAMIDE SODIUM/SULFUR	AVAR LS (10 %-2 %) (FOAM)	3	
SULFACETAMIDE SODIUM/SULFUR	AVAR LS (10 %-2 %) (MED. PAD)	3	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E GREEN	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E LS	1	
<i>sulfacetamide sodium/sulfur</i>	BP 10-1	1	
<i>sulfacetamide sodium/sulfur</i>	CLARIFOAM EF	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (10-5%(W/W)) (LOTION)	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%-4.8%) (CLEANSER)	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%-4.8%) (CREAM (G))	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%-4.8%) (LOTION)	1	
SULFACETAMIDE SODIUM/SULFUR	PLEXION (9.8%-4.8%) (MED. PAD)	3	
SULFACETAMIDE SODIUM/SULFUR	ROSANIL	2	
<i>sulfacetamide sodium/sulfur</i>	SODIUM SULFACETAMIDE-SULFUR	1	
<i>sulfacetamide sodium/sulfur</i>	SULFACET-R	1	
<i>sulfacetamide sodium/sulfur</i>	SUMADAN	1	
<i>sulfacetamide/sulfur/cleansr23</i>	PLEXION	1	
<i>sulfact sod/sulur/avob/otn/oct</i>	SUMADAN XLT	1	
DERMATOLOGY - ANTIINFLAMMATORY			
TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB			
CRISABOROLE	EUCRISA	3	ST, QL: 60 GRAMS PER 30 DAYS
TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL			
NEOMYC/BACIT/POLYMYX/HYDROCORT	CORTISPORIN	2	
NEOMYCIN SULFATE/FLUOCINOLONE	NEO-SYNALAR	3	ST
NEOMYCIN/FLUOCINOLONE/EMOLL 65	NEO-SYNALAR	3	ST
NEOMYCIN/POLYMYXIN B/HYDROCORT	CORTISPORIN	2	
TOPICAL ANTI-INFLAMMATORY STEROIDAL			
<i>alclometasone dipropionate</i>	ACLOVATE	1	
<i>amcinonide</i>	CYCLOCORT	1	
<i>betamethasone dipropionate</i>	DIPROLENE	1	
<i>betamethasone valerate</i>	LUXIQ	1	
<i>betamethasone valerate</i>	VALISONE	1	
<i>betamethasone/propylene glyc</i>	DIPROLENE	1	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
<i>betamethasone/propylene glyc</i>	DIPROLENE AF	1	
<i>clobetasol propionate</i>	CLOBEX (0.05 %) (SHAMPOO)	1	QL: 118 ML PER 30 DAYS
<i>clobetasol propionate</i>	CLODAN	1	QL: 118 ML PER 30 DAYS
<i>clobetasol propionate</i>	TEMOVATE	1	
<i>clobetasol propionate/emoll</i>	TEMOVATE E	1	
<i>clobetasol propionate/emoll</i>	TEMOVATE EMOLLIENT	1	
CLOBETASOL/SKIN CLEANSER NO.28	CLODAN	3	
<i>desoximetasone</i>	TOPICORT	1	
DIFLORASONE DIACETATE/EMOLL	APEXICON E	3	
FLUOCINOLONE ACETONIDE	CAPEX SHAMPOO	2	
<i>fluocinolone acetonide</i>	DERMA-SMOOTH- FS	1	
<i>fluocinolone acetonide</i>	SYNALAR	1	
FLUOCINOLONE/EMOL COMB NO.65	SYNALAR	3	
<i>fluocinolone/shower cap</i>	DERMA-SMOOTH- FS	1	
FLUOCINOLONE/SKIN CLNSR28	SYNALAR TS	3	
<i>fluocinonide</i>	LIDEX	1	
<i>fluocinonide/emollient base</i>	LIDEX-E	1	
FLURANDRENOLIDE	CORDRAN (4MCG/SQ CM) (MED. TAPE)	3	ST, QL: 2 PER FILL
<i>fluticasone propionate</i>	CUTIVATE	1	
<i>halobetasol propionate</i>	ULTRAVATE (0.05 %) (CREAM (G))	1	
<i>halobetasol propionate</i>	ULTRAVATE (0.05 %) (OINT. (G))	1	
HYDROCORT/SAL ACID/SULF/SHAMP1	SCALACORT DK	3	
<i>hydrocortisone</i>		1	
HYDROCORTISONE	SCALACORT	3	
HYDROCORTISONE	TEXACORT	3	
HYDROCORTISONE ACET/ALOE VERA	NUCORT	3	
<i>hydrocortisone butyrate</i>	LOCOID	1	
HYDROCORTISONE/SKIN CLEANSER25	AQUA GLYCOLIC HC	3	
<i>mometasone furoate</i>	ELOCON	1	
<i>prednicarbate</i>	DERMATOP	1	
<i>triamcinolone acetonide</i>		1	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
DICLOFENAC EPOLAMINE	FLECTOR	3	ST, QL: 60 PER FILL
<i>diclofenac sodium</i>	PENNSAID (1.5 %) (DROPS)	1	ST
<i>diclofenac sodium</i>	VOLTAREN	1	
DICLOFENAC SODIUM/CAPSAICIN	DICLOPAK	3	
DICLOFENAC SODIUM/CAPSAICIN	NUDICLO	3	
DERMATOLOGY - ANTIPRURITIC DRUGS			
ANTIPRURITICS, TOPICAL			
NA MG FL/NA PHO/NACL/HA/NA HYP	LEVICYN	3	
NA MG FL/NA PHO/NACL/HA/NA HYP	SP ANTIPRURITIC	3	
DERMATOLOGY - MISCELLANEOUS			
ANTIPERSPIRANTS			
ALUMINUM CHLORIDE	DRYSOL	3	
ANTISEBORRHEIC AGENTS			
EMOLLIENT COMBINATION NO.43	PROMISEB	2	
<i>emollient combination no.85</i>		1	

Drug Name		Tier	Requirements/Limits
EMOLLIENT NO43/SKIN CLEANSER27	PROMISEB COMPLETE	3	
<i>selenium sulfide</i>		1	
SELENIUM SULFIDE	TERSI FOAM	3	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (CREAM (G))	3	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (FOAM)	3	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (LOTION)	3	ST
<i>sulfacetamide sodium</i>		1	
ANTISEPTICS,MISCELLANEOUS			
GUAIACOL		3	
EMOLLIENTS			
<i>emollient combination no.10</i>	BIAFINE	1	QL: 90 GRAMS PER 30 DAYS
HYALURONT/E/EMOL 12/ALLAN/SHEA	XCLAIR	3	
IODINE ANTISEPTICS			
POVIDONE-IODINE	BETADINE	3	
<i>povidone-iodine</i>		1	
IRRIGANTS			
<i>acetic acid</i>		1	
<i>mannitol/sorbitol solution</i>		1	
<i>neomycin sulf/polymyxin b sulf</i>		1	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOLYTE	3	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOSOL	3	
<i>ringer's solution</i>		1	
RINGER'S SOLUTION,LACTATED	LACTATED RINGERS	3	
SOD,POT CHLOR/MAG/SOD,POT PHOS	TIS-U-SOL PENTALYTE	3	
SODIUM CHLOR/HYPOCHLOROUS ACID	VASHE WOUND	3	
SODIUM CHLOR/HYPOCHLOROUS ACID	VASHE WOUND THERAPY	3	
<i>sorbitol solution</i>		1	
IRRITANTS/COUNTER-IRRITANTS			
CAPSAICIN/SKIN CLEANSER	QUTENZA	3	PA
KERATOLYTICS			
<i>benzoyl peroxide microspheres</i>		1	
PODOFILOX	CONDYLOX (0.5 %) (GEL (GRAM))	3	ST
<i>podofilox</i>	CONDYLOX (0.5 %) (SOLUTION)	1	
<i>podophyllum resin</i>		1	
SALICYLIC AC/BENZOYL PER/VIT E	INOVA 4-1	3	
SALICYLIC AC/BENZOYL PER/VIT E	INOVA 8-2	3	
SALICYLIC ACID	KERALYT SCALP	3	
<i>salicylic acid (26 %) (liquid)</i>		1	
<i>salicylic acid (27.5 %) (liq-film)</i>		1	
<i>salicylic acid (28.5 %) (sol-filmer)</i>		1	
<i>salicylic acid (6 %) (cream (g))</i>		1	
<i>salicylic acid (6 %) (crm er (g))</i>		1	
<i>salicylic acid (6 %) (foam)</i>		1	
<i>salicylic acid (6 %) (lotion er)</i>		1	
<i>salicylic acid (6 %) (lotion)</i>		1	
<i>salicylic acid (6 %) (shampoo)</i>		1	QL: 177 ML PER 30 DAYS
SALICYLIC ACID	SALIMEZ FORTE	3	
SALICYLIC ACID	ULTRASAL-ER	3	
<i>salicylic acid/ammon lact/aloe</i>	SALKERA	1	

Drug Name		Tier	Requirements/Limits
SALICYLIC ACID/UREA	SALVAX DUO PLUS	3	
<i>silver nitrate</i>		1	
<i>silver nitrate applicator</i>		1	
UREA	HYDRO 35	3	
UREA	KERAFOAM	3	
UREA	URAMAXIN	3	
<i>urea</i>		1	
UREA/EMOLLIENT COMBINATION 65	URAMAXIN GT	3	
OXIDIZING AGENTS			
HYP AC/SOD CHL/SOD SUL/SOD PHO	LEVICYN	3	
PROTECTIVES			
BIO/CARB/EQUIS/ETHAN/CHIT/MSM	GENADUR	3	
CARBIT/EQUIS XT/ETHAN/CHIT/MSM	GENADUR	3	
HOCL/NA HY/NAMGF/NA PH/NACL/WA	MICROCYN HYDROGEL	3	
HYALURONATE SODIUM	BIONECT (0.2 %) (CREAM (G))	3	
HYALURONATE SODIUM	BIONECT (0.2 %) (FOAM)	3	
HYALURONATE SODIUM	BIONECT (0.2 %) (GEL (GRAM))	2	
HYALURONATE/ALLANTOIN/ALOE EXT	RADIAPLEXRX	2	
<i>petrolatum,white</i>		1	
POLYDIMETHYLSILOXANES/SILICON	RECEDO	3	
<i>protectives2/ceramide 1,3,6-11</i>	TETRIX	1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	ANALPRAM HC	3	
HYDROCORTISONE/PRAMOXINE	EPIFOAM	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (CREAM (G))	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (LOTION)	3	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (OINT. (G))	3	
<i>hydrocortisone/pramoxine</i>	PRAMOSONE (2.5 %-1 %) (CREAM (G))	1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (LOTION)	3	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (OINT. (G))	3	
HYDROCORTISONE/PRAMOXINE/EMOLL	PRAMOSONE E	3	
<i>lidocaine/hydrocortisone ac</i>	LIDAMANTLE HC	1	QL: 170 GRAMS PER 30 DAYS
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS			
ALITRETINOIN	PANRETIN	4	
BEXAROTENE	TARGRETIN	4	PA
<i>diclofenac sodium</i>	SOLARAZE	1	PA
<i>fluorouracil</i>	EFUDEX	1	
MECHLORETHAMINE HCL	VALCHLOR	4	PA
TOPICAL LOCAL ANESTHETICS			
BENZOCAINE	ANACAINE	3	
<i>cocaine hcl</i>		1	
<i>ethyl chloride</i>		1	
<i>lidocaine (5 %) (adh. patch)</i>		1	QL: 90 PER 30 DAYS
<i>lidocaine (5 %) (oint. (g))</i>		1	QL: 250 GRAMS PER 30 DAYS
<i>lidocaine hcl (3 %) (cream (g))</i>		1	QL: 170 GRAMS PER 30 DAYS
<i>lidocaine/prilocaine</i>	EMLA	1	
<i>lidocaine/tetracaine</i>	PLIAGLIS	1	QL: 30 GRAMS PER 30 DAYS
TETRACAINE/BENZOCAINE/BUTAMBEN	CETACAINE	3	

Drug Name		Tier	Requirements/Limits
TETRACAINE/BENZOCAINE/BUTAMBEN	CETACAINE ANESTHETIC	3	
VIT E/LIDOCAINE/ALOE/COLLAGEN	LIDOTREX	3	
VIT E/LIDOCAINE/ALOE/COLLAGEN	REGENECARE	3	
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES			
COLLAGENASE CLOSTRIDIUM HIST.	SANTYL	3	QL: 90 GRAMS PER FILL
DERMATOLOGY - PSORIASIS/ECZEMA			
ANTIPSORIATIC AGENTS,SYSTEMIC			
<i>acitretin</i>	SORIATANE	4	
GUSELKUMAB	TREMFYA	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR (2 PACK)	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR (3 PACK)	4	PA
IXEKIZUMAB	TALTZ SYRINGE	4	PA
<i>methoxsalen</i>		1	ST
SECUKINUMAB	COSENTYX (2 SYRINGES)	4	PA
SECUKINUMAB	COSENTYX PEN	4	PA
SECUKINUMAB	COSENTYX PEN (2 PENS)	4	PA
SECUKINUMAB	COSENTYX SYRINGE	4	PA
ANTIPSORIATICS AGENTS			
ANTHRALIN	DRITHOCREME HP	2	ST
ANTHRALIN MICRONIZED	ZITHRANOL	3	ST
<i>calcipotriene</i>	DOVONEX	1	ST
CALCIPOTRIENE	SORILUX	3	ST
<i>calcitriol</i>	VECTICAL	1	ST
ECZEMA AGENTS,SYSTEMIC,INTERLEUKIN-4 REC.ANTAG MAB			
DUPIUMAB	DUPIXENT	4	PA
TOPICAL AGENTS,MISCELLANEOUS			
UREA	GORDON'S UREA	3	
TOPICAL IMMUNOSUPPRESSIVE AGENTS			
<i>tacrolimus</i>	PROTOPIC	1	ST, AGE: >= 2 YEARS
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL			
CALCIPOTRIENE/BETAMETHASONE	ENSTILAR	3	ST, QL: 60 GRAMS PER 30 DAYS
<i>calcipotriene/betamethasone</i>	TACLONEX (0.005-.064) (OINT. (G))	1	ST, QL: 120 GRAMS PER 30 DAYS
CALCIPOTRIENE/BETAMETHASONE	TACLONEX (0.005-.064) (SUSPENSION)	3	ST, QL: 60 GRAMS PER 30 DAYS
DIABETES			
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.			
<i>alogliptin benz/metformin hcl</i>	KAZANO	1	ST, QL: 60 PER 30 DAYS
LINAGLIPTIN/METFORMIN HCL	JENTADUETO	2	QL: 60 PER 30 DAYS, MO
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (2.5-1000MG) (TAB BP 24H)	2	QL: 2 PER DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (5MG-1000MG) (TAB BP 24H)	2	QL: 1 PER DAY

Drug Name		Tier	Requirements/Limits
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR)	3	ST, QL: 60 PER 30 DAYS, MO
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (5 MG-500MG) (TBMP 24HR)	3	ST, QL: 30 PER 30 DAYS, MO
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (5MG-1000MG) (TBMP 24HR)	3	ST, QL: 30 PER 30 DAYS, MO
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET	2	QL: 68 PER FILL, MO
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (100-1000MG) (TBMP 24HR)	2	QL: 30 PER 30 DAYS, MO
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50-1000 MG) (TBMP 24HR)	2	QL: 60 PER 30 DAYS, MO
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50MG-500MG) (TBMP 24HR)	2	QL: 60 PER 30 DAYS, MO
ANTIHYPERGLY,DPP-4 ENZYME INHIB &THIAZOLIDINEDIONE			
<i>alogliptin benz/pioglitazone</i>	OSENI	1	ST, QL: 30 PER 30 DAYS
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)			
ALBIGLUTIDE	TANZEUM	3	ST, QL: 4 PER 28 DAYS, MO
DULAGLUTIDE	TRULICITY	2	ST, QL: 2 ML PER 28 DAYS, MO
EXENATIDE	BYETTA (10MCG/0.04) (PEN INJCTR)	2	ST, QL: 2.4 ML PER 30 DAYS, MO
EXENATIDE	BYETTA (5MCG/0.02) (PEN INJCTR)	2	ST, QL: 1.2 ML PER 30 DAYS, MO
EXENATIDE MICROSPHERES	BYDUREON	2	ST, QL: 4 VIALS PER 28 DAYS, MO
EXENATIDE MICROSPHERES	BYDUREON BCISE	2	ST, QL: 0.85 ML PER 7 DAYS, MO
EXENATIDE MICROSPHERES	BYDUREON PEN	2	ST, QL: 4 SYRINGES PER 28 DAYS, MO
LIRAGLUTIDE	VICTOZA 2-PAK	2	ST, QL: 9 ML PER 30 DAYS, MO
LIRAGLUTIDE	VICTOZA 3-PAK	2	ST, QL: 9 ML PER 30 DAYS, MO
LIXISENATIDE	ADLYXIN	3	ST, QL: 6 ML PER 28 DAYS, MO
ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
CANAGLIFLOZIN	INVOKANA	2	ST, QL: 30 PER 30 DAYS, MO
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	3	ST, QL: 1 PER DAY
EMPAGLIFLOZIN	JARDIANCE	2	ST, QL: 1 PER DAY, MO
ERTUGLIFLOZIN PIDOLATE	STEGLATRO	3	ST, QL: 1 PER DAY
ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS			
BROMOCRIPTINE MESYLATE	CYCLOSET	3	ST, MO
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)			
<i>acarbose</i>	PRECOSE	1	MO
<i>miglitol</i>	GLYSET	1	MO
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE			
PRAMLINTIDE ACETATE	SYMLINPEN 120	2	ST, MO
PRAMLINTIDE ACETATE	SYMLINPEN 60	2	ST, MO
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS			
<i>alogliptin benzoate</i>	NESINA	1	ST, QL: 30 PER 30 DAYS
LINAGLIPTIN	TRADJENTA	2	QL: 30 PER 30 DAYS, MO
SAXAGLIPTIN HCL	ONGLYZA	3	ST, QL: 1 PER DAY, MO
SITAGLIPTIN PHOSPHATE	JANUVIA	2	QL: 34 PER FILL, MO
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE			
<i>chlorpropamide</i>	DIABINESE	1	MO
<i>glimepiride</i>	AMARYL	1	MO

Drug Name		Tier	Requirements/Limits
<i>glipizide</i>	GLUCOTROL	1	MO
<i>glipizide</i>	GLUCOTROL XL	1	MO
<i>glyburide</i>		1	MO
<i>glyburide,micronized</i>	GLYNASE	1	MO
<i>nateglinide</i>	STARLIX	1	QL: 102 PER FILL, MO
<i>repaglinide</i>	PRANDIN	1	MO
<i>tolazamide</i>	TOLINASE	1	MO
<i>tolbutamide</i>	ORINASE	1	MO
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)			
<i>pioglitazone hcl</i>	ACTOS	1	QL: 34 PER FILL, MO
ROSIGLITAZONE MALEATE	AVANDIA	3	ST, QL: 68 PER FILL, MO
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.			
DAPAGLIFLOZIN/SAXAGLIPTIN HCL	QTERN	3	ST, QL: 1 PER DAY
EMPAGLIFLOZIN/LINAGLIPTIN	GLYXAMBI	2	ST, QL: 1 PER DAY, MO
ERTUGLIFLOZIN/SITAGLIPTIN	STEGLUJAN	3	ST, QL: 1 PER DAY
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)			
<i>metformin hcl</i>	GLUCOPHAGE	1	MO
<i>metformin hcl</i>	GLUCOPHAGE XR	1	MO
ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST			
INSULIN DEGLUDEC/LIRAGLUTIDE	XULTOPHY 100-3.6	2	ST, QL: 15 ML PER 28 DAYS
INSULIN GLARGINE/LIXISENATIDE	SOLIQUA 100-33	2	ST, QL: 30 ML PER 28 DAYS
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB			
<i>glipizide/metformin hcl</i>	METAGLIP	1	MO
<i>glyburide/metformin hcl</i>		1	MO
<i>repaglinide/metformin hcl</i>	PRANDIMET	1	QL: 170 PER FILL
ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER			
MIFEPRISTONE	KORLYM	4	PA, QL: 4 PER DAY
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB			
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET	2	ST, QL: 2 PER DAY, MO
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET XR	2	ST, QL: 2 PER DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10-1000 MG) (TAB BP 24H)	3	ST, QL: 1 PER DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10MG-500MG) (TAB BP 24H)	3	ST, QL: 1 PER DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (2.5-1000MG) (TAB BP 24H)	3	ST, QL: 2 PER DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5 MG-500MG) (TAB BP 24H)	3	ST, QL: 1 PER DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5MG-1000MG) (TAB BP 24H)	3	ST, QL: 2 PER DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	2	ST, QL: 2 PER DAY, MO
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (10-1000 MG) (TAB BP 24H)	2	ST, QL: 1 PER DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (12.5-1000) (TAB BP 24H)	2	ST, QL: 2 PER DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (25-1000 MG) (TAB BP 24H)	2	ST, QL: 1 PER DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	2	ST, QL: 2 PER DAY

Drug Name		Tier	Requirements/Limits
ERTUGLIFLOZIN/METFORMIN	SEGLUROMET	3	ST, QL: 2 PER DAY
ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB			
PIOGLITAZONE HCL/METFORMIN HCL	ACTOPLUS MET XR	2	ST, MO
BLOOD SUGAR DIAGNOSTICS			
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK AVIVA PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK GUIDE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK SMARTVIEW	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ACCUTREND GLUCOSE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ADVANCED GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ADVANCED GLUCOSE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ADVOCATE REDI-CODE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ADVOCATE REDI-CODE+	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ADVOCATE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	AGAMATRIX AMP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ASSURE 4	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ASSURE PLATINUM	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ASSURE PRISM MULTI	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	BLOOD GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CARESENS N	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CARETOUCH TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CHOICEDM CLARUS TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE MICRO TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE PRO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE TALK	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE VOICE+ TST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CONTOUR NEXT TEST STRIP	2	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	CONTOUR TEST STRIP	2	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	COOL GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	DARIO BLOOD GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	DIATRUE PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASY GLUCO G2	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASY PLUS II	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASY STEP	3	QL: 200 PER 30 DAYS, MO

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	EASY TALK	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASY TOUCH TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASY TRAK	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASYGLUCO PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASYGLUCO TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASYMAX	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EASYMAX 15	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ELEMENT COMPACT	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ELEMENT TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EMBRACE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EMBRACE EVO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EMBRACE PRO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EVENCARE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EVENCARE G2	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EVENCARE G3	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EVENCARE MINI GLUCOSE TEST STR	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EVOLUTION TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EZ SMART	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	EZ SMART PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FIFTY50 TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA D15G	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA D20	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA D40-G31 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA G20	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA G30-PREMIUM V10 TEST STRP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA GD50 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA TN'G VOICE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA V10	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA V10-V12-D10-D20	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA V12	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA V20	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORA V30A	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORACARE GD20	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORACARE GD40	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FORTISCARE GLUCOSE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FREESTYLE LITE STRIPS	3	QL: 200 PER 30 DAYS, MO

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	FREESTYLE PRECISION NEO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	FREESTYLE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GE100 BLOOD GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GENSTRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GENULTIMATE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCO NAVII	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD 01 SENSOR PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD EXPRESSION	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD SHINE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD VITAL	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD VITAL SENSOR	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOCOM GLUCOSE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	GOODLIFE AC-302 TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	HEALTHPRO TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	IGLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	INFINITY TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	INFINITY VOICE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	MICRO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	MICRODOT	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	MICRODOT XTRA	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	MYGLUCOHEALTH	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	NEUTEK 2TEK TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	NOVA MAX GLUCOSE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ON CALL EXPRESS TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ON CALL PLUS TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ON CALL VIVID TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ONETOUCH ULTRA BLUE TEST STRP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ONETOUCH VERIO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	OPTIUM	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	OPTIUM EZ	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	OPTUMRX	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PHARMACIST CHOICE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PRECISION PCX	3	QL: 200 PER 30 DAYS, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	PRECISION PCX PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PRECISION POINT OF CARE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PRECISION Q-I-D	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PRECISION XTRA	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PREMIER TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PREMIUM BLOOD GLUCOSE TEST	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PREMIUM V10	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	PRODIGY NO CODING	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	QUINTET	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	QUINTET AC	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	REFUAH PLUS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RELION CONFIRM-MICRO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RELION PRIME TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	REVEAL TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS100 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS250S TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS260 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS300 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS550 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	SMART SENSE TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	SMARTEST TEST	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	SOLUS V2 TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	SURE-TEST EASYPLUS MINI	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TD GOLD TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TELCARE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TEST N'GO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TRUE METRIX GLUCOSE TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TRUETEST TEST STRIPS	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	TRUETRACK TEST STRIP	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ULTIMA	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ULTRATRAK	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	ULTRATRAK ULTIMATE	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	UNISTRIP1	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	WAVESENSE JAZZ	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC	WAVESENSE PRESTO	3	QL: 200 PER 30 DAYS, MO
BLOOD SUGAR DIAGNOSTIC, DISC	BREEZE 2	2	QL: 200 PER 30 DAYS, MO

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC, DRUM	ACCU-CHEK COMPACT PLUS STRIPS	3	QL: 200 PER 30 DAYS, MO
DIABETIC SUPPLIES			
BLOOD GLUCOSE CNTL HIGH,NORMAL	2TEK	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	AGAMATRIX CONTROL	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	ASSURE DOSE	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	ASSURE PRISM	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	BLOOD GLUCOSE CONTROL	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	CARESENS	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	EMBRACE PRO	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	GLUCOCARD 01 CONTROL	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	ON CALL PLUS CONTROL	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	ON CALL VIVID CONTROL	3	MO
BLOOD GLUCOSE CNTL HIGH,NORMAL	OPTUMRX	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ACCU-CHEK	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ACCU-CHEK COMPACT PLUS CONTROL	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ACCU-CHEK GUIDE CONTROL SOLN	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ACCUTREND GLUCOSE	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	EASY TOUCH CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	EVENCARE G2	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	EVENCARE G3	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	EVENCARE PROVIEW CONTROL SOLN	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	FREESTYLE CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	HARMONY CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	HEALTHPRO GLUCOSE CONTROL SOLN	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	MICRODOT	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	TELCARE CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ULTRATRAK	3	MO
BLOOD GLUCOSE CONTROL HIGH,LOW	ULTRATRAK ULTIMATE	3	MO
BLOOD GLUCOSE CTL HIGH,NML,LOW	GLUCOSE CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CTL HIGH,NML,LOW	MYGLUCOHEALTH CONTROL SOLUTION	3	MO
BLOOD GLUCOSE CTL HIGH,NML,LOW	ON CALL EXPRESS CONTROL SOLN	3	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD GLUCOSE STRIPS-DISPMETER	SIDEKICK	3	QL: 1 PER 365 DAYS, MO
BLOOD GLUCOSE,KETONE CNTRL NML	NOVAMAX PLUS GLU-KET	3	MO
BLOOD KETONE GLUCOSE MONITOR	FORA 6 CONNECT MULTIFUNCTN MTR	3	
BLOOD-GLU METER,CONT/TRANSMIT	GUARDIAN REAL- TIME	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUC TRANSMITTER/SENSOR	ENLITE	3	
BLOOD-GLUC TRANSMITTER/SENSOR	PARADIGM REAL- TIME	3	
BLOOD-GLUC,BP METER,ADULT CUFF	FORA D15	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUC,BP METER,ADULT CUFF	FORA D40	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUC.METER, WRIST BP MON	2TEK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUC.METER, WRIST BP MON	ADVOCATE DUO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUC.METER, WRIST BP MON	ADVOCATE REDI- CODE DUO	3	
BLOOD-GLUC.METER, WRIST BP MON	FORA D10	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE CALIB. CONTROL	ASSURE 4	3	MO
BLOOD-GLUCOSE CALIB. CONTROL	MEDISENSE	3	MO
BLOOD-GLUCOSE CALIB. CONTROL	MEDISENSE CONTROL	3	MO
BLOOD-GLUCOSE CALIB. CONTROL	MEDISENSE GLUCOSE KETONE	3	MO
BLOOD-GLUCOSE CALIB. CONTROL	PRECISION	3	MO
BLOOD-GLUCOSE CALIB. CONTROL	PRECISION GLUCOSE CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	ADVOCATE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	ADVOCATE REDI- CODE+ CTRL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	AGAMATRIX CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	BREEZE 2	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	CLEVER CHOICE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	CONTOUR	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	COOL CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	DIATRUE	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	EASY PLUS II	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	EASY TALK	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	EASY TRAK	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	ELEMENT COMPACT CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	ELEMENT CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	EMBRACE	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	EZ SMART	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	FORACARE GDH	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	FORTISCARE	3	MO

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, HIGH	GLUCOCOM CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	INFINITY CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	ONETOUCH VERIO	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	REFUAH PLUS GLUCOSE CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	RIGHTTEST CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	SOLUS V2 CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	TD GOLD LEVEL 3 CONTROL SOL	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	TRUE METRIX	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	TRUECONTROL	3	MO
BLOOD-GLUCOSE CONTROL, HIGH	UNISTRIP	3	MO
BLOOD-GLUCOSE CONTROL, LOW	ADVOCATE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	ADVOCATE REDI-CODE+ CTRL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, LOW	BREEZE 2	3	MO
BLOOD-GLUCOSE CONTROL, LOW	CLEVER CHOICE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	CONTOUR	3	MO
BLOOD-GLUCOSE CONTROL, LOW	CONTOUR NEXT CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	DIATRUE	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EASY PLUS II	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EASY TALK	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EASY TRAK	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EASYMAX	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EASYMAX 15	3	MO
BLOOD-GLUCOSE CONTROL, LOW	ELEMENT CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EMBRACE EVO	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EMBRACE GLUCOSE CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, LOW	EZ SMART	3	MO
BLOOD-GLUCOSE CONTROL, LOW	FORACARE GDH	3	MO
BLOOD-GLUCOSE CONTROL, LOW	FORTISCARE	3	MO
BLOOD-GLUCOSE CONTROL, LOW	INFINITY CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, LOW	PRODIGY CONTROL SOLUTION	2	MO
BLOOD-GLUCOSE CONTROL, LOW	SOLUS V2 CONTROL SOLUTION	3	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, LOW	TD GOLD LEVEL 1 CONTROL SOL	3	MO
BLOOD-GLUCOSE CONTROL, LOW	TRUE METRIX	3	MO
BLOOD-GLUCOSE CONTROL, LOW	TRUECONTROL	3	MO
BLOOD-GLUCOSE CONTROL, LOW	UNISTRIP	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ACCU-CHEK SMARTVIEW	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ASSURE DOSE	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	BLOOD-GLUCOSE CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	BREEZE 2	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CARESENS	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CHOICEDM CLARUS CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CLEVER CHOICE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CONTOUR	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CONTOUR NEXT CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	COOL CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	DIATRUE	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EASYGLUCO PLUS CONTROL NORMAL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EASYMAX	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EASYMAX 15	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ELEMENT COMPACT CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ELEMENT CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EVENCARE MINI GLUCOSE CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EVOLUTION CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	EZ SMART	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	FORA CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	FORACARE GDH	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	FORTISCARE	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	FREESTYLE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GE100 CONTROL SOLUTION NORMAL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOCARD 01 CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOCARD EXPRESSION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOCARD SHINE	3	MO

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOCOM CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOSE CONTROL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	GLUCOSE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	INFINITY CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	INFINITY VOICE CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	MEDISENSE	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	MEDISENSE GLUCOSE KETONE CONTR	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	METER-CHECK	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	MICRODOT	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	NOVA MAX GLUCOSE CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ONETOUCH ULTRA CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ONETOUCH VERIO	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	RIGHTTEST CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	RIGHTTEST GC250S CONTROL SOLN	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	SMARTEST	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	SURE-TEST EASYPLUS MINI	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	TD GOLD LEVEL 2 CONTROL SOL	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	TRUE METRIX	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	ULTRATRAK	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	VERASENS CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE CONTROL, NORMAL	WAVESENSE CONTROL SOLUTION	3	MO
BLOOD-GLUCOSE METER	ACCU-CHEK AVIVA PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ACCU-CHEK GUIDE MONITOR SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ACCU-CHEK NANO SMARTVIEW	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ADVANCED GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ADVOCATE BLOOD GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ADVOCATE REDICODE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ADVOCATE REDICODE PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	AGAMATRIX AMP	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ASSURE PLATINUM	3	QL: 1 PER 365 DAYS, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	ASSURE PRISM MULTI	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	BLOOD GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	BLOOD GLUCOSE MONITORING	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER		3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CARESENS N	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CARESENS N VOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CARETOUCH GLUCOSE MONITORING	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CHOICEDM CLARUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHEK BLOOD GLUCOSE SYST	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE BLOOD GLUC SYST	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE HD GLUCOSE SYST	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE MICRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE PRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CLEVER CHOICE TALK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR (EACH) (OTC)	2	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR (KIT) (OTC)	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR LINK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR NEXT	2	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR NEXT EZ (EACH) (OTC)	2	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR NEXT EZ (KIT) (OTC)	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTOUR NEXT ONE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	CONTROL AST	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	COOL BLOOD GLUCOSE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	COOL BLOOD GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	DIATRUE PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY CHECK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY PLUS II	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY STEP	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY TALK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY TOUCH GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY TRAK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYGLUCO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYGLUCO METER	3	QL: 1 PER 365 DAYS, MO

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	EASYGLUCO METER STARTER KIT	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYMAX L	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYMAX NG	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYMAX V SPEAKING	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASYMAX V2	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EASY-TOUCH	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ELEMENT COMPACT	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ELEMENT COMPACT V	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ELEMENT PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EMBRACE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EMBRACE EVO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EMBRACE PRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EVENCARE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EVENCARE G2	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EVENCARE G3	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EVENCARE MINI MONITOR SYSTEM (EACH) (OTC)	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EVOLUTION BLOOD GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EZ SMART	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	EZ SMART PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA D20	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA G20	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA G30A	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA GD50	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA PREMIUM V10	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA TEST N'GO VOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA TN'G VOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA V10	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA V12	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA V20	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORA V30A	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORACARE GD20	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORACARE GD40A	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORACARE GD40B	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FORTISCARE BLOOD GLUCOSE SYST	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE FLASH SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE FREEDOM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE FREEDOM LITE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE INSULINX	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE LITE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE PRECISION NEO METER	3	QL: 1 PER 365 DAYS, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	FREESTYLE SIDEKICK II	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	FREESTYLE SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GDRIVE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GE100 BLOOD GLUCOSE SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCO NAVII	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCARD 01	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCARD EXPRESSION	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCARD SHINE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCARD SHINE XL	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCARD VITAL	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GLUCOCOM BLOOD GLUCOSE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	GOODLIFE AC-302 GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	HEALTHPRO GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	IGLUCOSE BLOOD GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	INFINITY	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	INFINITY VOICE GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	JAZZ WIRELESS 2	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	MICRODOT	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	MYGLUCOHEALTH	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	NOVA MAX BLOOD GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ON CALL EXPRESS METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ON CALL PLUS METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ON CALL VIVID METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ON CALL VIVID PAL	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ONETOUCH ULTRA2	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ONETOUCH ULTRAMINI	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ONETOUCH VERIO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ONETOUCH VERIO FLEX	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ONETOUCH VERIO IQ	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	OPTUMRX	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PHARMACIST CHOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRECISION	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRECISION XTRA	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PREMIER BLU	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PREMIER VOICE	3	QL: 1 PER 365 DAYS, MO

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	PREMIUM BLOOD GLUCOSE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PREMIUM V10	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRESTO PRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRODIGY	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRODIGY AUTOCODE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRODIGY POCKET	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	PRODIGY VOICE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	QUINTET	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	QUINTET AC	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	REFUAH PLUS	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RELION ALL-IN-ONE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RELION CONFIRM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RELION MICRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RELION PRIME	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	REVEAL BLOOD GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RIGHTTEST GM100 SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RIGHTTEST GM250S METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RIGHTTEST GM260 METER	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RIGHTTEST GM300 SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	RIGHTTEST GM550 SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMART CARESENS N	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMART SENSE MONITORING SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST EJECT	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST PERSONA	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST PRONTO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST PROTEGE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST SMART CODE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SMARTEST TALKING	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SOLUS V2	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	SURE-TEST EASYPLUS MINI	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TD GOLD BLOOD GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TD GOLD VOICE GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TELCARE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TELCARE BGM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TEST N'GO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUE METRIX AIR GLUCOSE METER	3	QL: 1 PER 365 DAYS, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	TRUE METRIX BLOOD GLUCOSE MTR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUE METRIX GO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUE2GO BLOOD GLUCOSE SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUERESULT BLOOD GLUCOSE SYSTM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUETRACK BLOOD GLUCOSE SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	TRUETRACK SMART SYSTEM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ULTIMA	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ULTRATRAK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ULTRATRAK PRO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	ULTRATRAK ULTIMATE	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	WAVESENSE AMP	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER	WAVESENSE PRESTO	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER, DRUM-TYPE	ACCU-CHEK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER, WIRELESS	CONTOUR NEXT LINK	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER, WIRELESS	CONTOUR NEXT LINK 2.4	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G4	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G5	3	
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G6	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE METER,MOBILE DEV	DARIO BLOOD GLUCOSE MONITOR	3	QL: 1 PER 365 DAYS, MO
BLOOD-GLUCOSE SENSOR	DEXCOM G5-G4 SENSOR	3	
BLOOD-GLUCOSE SENSOR	DEXCOM G6	3	
BLOOD-GLUCOSE SENSOR	ENLITE GLUCOSE SENSOR	3	
BLOOD-GLUCOSE SENSOR	FREESTYLE NAVIGATOR	3	
BLOOD-GLUCOSE SENSOR	GUARDIAN SENSOR 3	3	
BLOOD-GLUCOSE SENSOR	SOF-SENSOR	3	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G4	3	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G5	3	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G6	3	
BLOOD-GLUCOSE TRANSMITTER	GUARDIAN LINK 3	3	
BLOOD-GLUCOSE TRANSMITTER	MINILINK REAL- TIME TRANSMITTER	3	
BLOOD-GLUCOSE TRANSMITTER	MINIMED 630G GUARDIAN START KT	3	
DIABETIC SUPPLIES,MISCELL	MINIMED QUICK- SERTER	3	
DIABETIC SUPPLIES,MISCELL	SIL-SERTER	3	
FLASH GLUCOSE SCANNING READER	FREESTYLE LIBRE 10 DAY READER	3	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
FLASH GLUCOSE SCANNING READER	FREESTYLE LIBRE 14 DAY READER	3	
FLASH GLUCOSE SENSOR	FREESTYLE LIBRE 10 DAY SENSOR	3	
FLASH GLUCOSE SENSOR	FREESTYLE LIBRE 14 DAY SENSOR	3	
HOME HEMOGLOBIN A1C MONITOR	AT HOME A1C	3	
INFUSION SET FOR INSULIN PUMP	AUTOSOFT 30	3	
INFUSION SET FOR INSULIN PUMP	AUTOSOFT 90	3	
INFUSION SET FOR INSULIN PUMP	AUTOSOFT XC	3	
INFUSION SET FOR INSULIN PUMP	CLEO 90 INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	COMFORT	3	
INFUSION SET FOR INSULIN PUMP	COMFORT SHORT	3	
INFUSION SET FOR INSULIN PUMP	CONTACT DETACH INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	INSET 30 INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	INSET INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	MINIMED	3	
INFUSION SET FOR INSULIN PUMP	MINIMED PRO-SET	3	
INFUSION SET FOR INSULIN PUMP	MIO INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	QUICK-SET PARADIGM	3	
INFUSION SET FOR INSULIN PUMP	SURE-T PARADIGM	3	
INFUSION SET FOR INSULIN PUMP	T:30 INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	T:90	3	
INFUSION SET FOR INSULIN PUMP	TRUSTEEL INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	VARISOFT INFUSION SET	3	
INSULIN ADMIN. SUPPLIES	AUTOJECT 2	2	
INSULIN ADMIN. SUPPLIES	AUTOPEN	2	
INSULIN ADMIN. SUPPLIES	HUMAPEN LUXURA HD	3	
INSULIN ADMIN. SUPPLIES	INPEN (FOR HUMALOG)	3	
INSULIN ADMIN. SUPPLIES	INPEN (FOR NOVOLOG)	3	
INSULIN ADMIN. SUPPLIES	NOVOPEN ECHO	3	
INSULIN PUMP CARTRIDGE	CARTRIDGE STAMPED	3	
INSULIN PUMP CARTRIDGE	OMNIPOD	3	
INSULIN PUMP CARTRIDGE	OMNIPOD DASH	3	
INSULIN PUMP CARTRIDGE	T:FLEX	3	
INSULIN PUMP CARTRIDGE	T:SLIM	3	
INSULIN PUMP CARTRIDGE	T:SLIM G4	3	
INSULIN PUMP CONTROLLER	OMNIPOD DASH PDM KIT	3	
INSULIN PUMP/INFUS. SET/METER	ACCU-CHEK	3	
LANCETS	ONETOUCH SURESOFT	2	MO
LANCING DEVICE	AUTOLET PLUS	3	
LANCING DEVICE		3	
LANCING DEVICE/LANCETS	ACCU-CHEK	3	
LANCING DEVICE/LANCETS	ACCU-CHEK FASTCLIX LANCING DEV	3	

Drug Name		Tier	Requirements/Limits
LANCING DEVICE/LANCETS	ACCU-CHEK SOFTCLIX	3	
LANCING DEVICE/LANCETS	ADVANCED LANCING DEVICE	3	
LANCING DEVICE/LANCETS	AUTOLET IMPRESSION	3	
LANCING DEVICE/LANCETS	HYPOLANCE	3	
LANCING DEVICE/LANCETS	LANCING DEVICE	3	
LANCING DEVICE/LANCETS	LANZO	3	
LANCING DEVICE/LANCETS	MICROLET 2	3	
LANCING DEVICE/LANCETS	MICROLET NEXT LANCING DEVICE	3	
LANCING DEVICE/LANCETS	MULTI-LANCET	3	
LANCING DEVICE/LANCETS	ONETOUCH DELICA	3	
LANCING DEVICE/LANCETS	SOLUS V2 LANCING DEVICE	3	
LANCING DEVICE/LANCETS	SUREFLEX	3	
LANCING DEVICE/LANCETS	ULTI-LANCE	3	
LANCING DEVICE/LANCETS	UNISTIK 2	3	
LANCING DEVICE/LANCETS	UNISTIK 2 EXTRA	3	
LANCING DEVICE/LANCETS	UNISTIK 2 NORMAL	3	
NEEDLE CLIP AND STORAGE DEVICE	SAFE-CLIP (EACH) (OTC)	3	
SUB-Q INSULIN DEVICE, 20 UNIT	VGO 20	3	
SUB-Q INSULIN DEVICE, 30 UNIT	VGO 30	3	
SUB-Q INSULIN DEVICE, 40 UNIT	VGO 40	3	
SUBQ INSULIN PUMP, GLUC.MON.SYS	ANIMAS VIBE	3	
DIABETIC ULCER PREPARATIONS, TOPICAL			
BECAPLERMIN	REGRANEX	2	QL: 15 GRAMS PER FILL
HYPERGLYCEMICS			
DIAZOXIDE	PROGLYCEM	2	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGEN	2	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	2	
INSULINS			
INSULIN ASPART	NOVOLOG (100/ML) (CARTRIDGE)	2	QL: 30 ML PER 28 DAYS, MO
INSULIN ASPART	NOVOLOG (100/ML) (VIAL)	2	QL: 40 ML PER 28 DAYS, MO
INSULIN ASPART	NOVOLOG FLEXPEN	2	QL: 30 ML PER 28 DAYS, MO
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70- 30	2	QL: 40 ML PER 28 DAYS, MO
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70- 30 FLEXPEN	2	QL: 30 ML PER 28 DAYS, MO
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U-100	2	QL: 30 ML PER 28 DAYS, MO
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U-200	2	QL: 18 ML PER 28 DAYS, MO
INSULIN DETEMIR	LEVEMIR	2	QL: 40 ML PER 28 DAYS, MO
INSULIN DETEMIR	LEVEMIR FLEXTOUCH	2	QL: 30 ML PER 28 DAYS, MO
INSULIN GLARGINE, HUM.REC.ANLOG	BASAGLAR KWIKPEN U-100	3	ST, QL: 30 ML PER 28 DAYS, MO
INSULIN GLARGINE, HUM.REC.ANLOG	LANTUS	2	QL: 40 ML PER 28 DAYS, MO
INSULIN GLARGINE, HUM.REC.ANLOG	LANTUS SOLOSTAR	2	ST, QL: 30 ML PER 28 DAYS, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
INSULIN GLARGINE,HUM.REC.ANLOG	TOUJEO MAX SOLOSTAR	2	QL: 18 ML PER 28 DAYS, MO
INSULIN GLARGINE,HUM.REC.ANLOG	TOUJEO SOLOSTAR	2	QL: 7.5 ML PER 30 DAYS, MO
INSULIN GLULISINE	APIDRA	3	QL: 40 ML PER 28 DAYS, MO
INSULIN GLULISINE	APIDRA SOLOSTAR	3	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO	ADMELOG	2	QL: 40 ML PER 28 DAYS, MO
INSULIN LISPRO	ADMELOG SOLOSTAR	2	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO	HUMALOG (100/ML) (CARTRIDGE)	2	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO	HUMALOG (100/ML) (VIAL)	2	QL: 40 ML PER 28 DAYS, MO
INSULIN LISPRO	HUMALOG JUNIOR KWIKPEN	2	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO	HUMALOG KWIKPEN U-100	2	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO	HUMALOG KWIKPEN U-200	3	QL: 12 ML PER 28 DAYS, MO
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	QL: 40 ML PER 28 DAYS, MO
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	QL: 30 ML PER 28 DAYS, MO
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	QL: 40 ML PER 28 DAYS, MO
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	QL: 30 ML PER 28 DAYS, MO
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	3	QL: 30 ML PER 28 DAYS, MO
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30	3	QL: 40 ML PER 28 DAYS, MO
INSULIN NPH HUM/REG INSULIN HM	NOVOLIN 70-30	2	QL: 40 ML PER 28 DAYS, MO
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	3	QL: 30 ML PER 28 DAYS, MO
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	3	QL: 30 ML PER 28 DAYS, MO
INSULIN NPH HUMAN ISOPHANE	NOVOLIN N	3	QL: 40 ML PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	AFREZZA (12 UNIT) (CART INHAL)	3	PA, QL: 180 PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(60)) (CART INHAL)	3	PA, QL: 360 PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(90)) (CART INHAL)	3	PA, MO
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT) (CART INHAL)	3	PA, QL: 360 PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	AFREZZA (4-8-12(60)) (CART INHAL)	3	PA, MO
INSULIN REGULAR, HUMAN	AFREZZA (8 UNIT) (CART INHAL)	3	PA, QL: 180 PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	HUMULIN R	2	QL: 40 ML PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	HUMULIN R U-500	2	QL: 40 ML PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	HUMULIN R U-500 KWIKPEN	2	QL: 24 ML PER 28 DAYS, MO
INSULIN REGULAR, HUMAN	NOVOLIN R	2	QL: 40 ML PER 28 DAYS, MO
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
<i>metformin hcl</i>		1	MO

Drug Name		Tier	Requirements/Limits
EAR - GENERAL DISORDERS			
EAR PREPARATIONS ANTI-INFLAMMATORY			
<i>fluocinolone acetone oil</i>	DERMOTIC	1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
<i>acetic acid</i>	VOSOL	1	
<i>hydrocortisone/acetic acid</i>	VOSOL HC	1	
HYDROCORTISONE/PRAMOXINE/C-XYL	CORTANE-B	2	
EAR PREPARATIONS,ANTIBIOTICS			
<i>ciprofloxacin hcl</i>	CETRAXAL	1	
NEOMYC/COLIST/HYDROCORT/THONZN	COLY-MYCIN S	3	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>ofloxacin</i>		1	
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS			
CIPROFLOXACIN HCL/DEXAMETH	CIPRODEX	2	
CIPROFLOXACIN HCL/FLUOCINOLONE	OTOVEL	2	
CIPROFLOXACIN/HYDROCORTISONE	CIPRO HC	3	
ELECTROLYTE REGULATION			
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS			
TOLVAPTAN	SAMSCA (15 MG) (TABLET)	4	PA, QL: 30 PER 365 DAYS
TOLVAPTAN	SAMSCA (30 MG) (TABLET)	4	PA
BICARBONATE PRODUCING/CONTAINING AGENTS			
<i>sodium bicarbonate</i>		1	
ELECTROLYTE DEPLETERS			
<i>calcium acetate</i>	ELIPHOS	1	MO
<i>calcium acetate</i>	PHOSLO	1	MO
CALCIUM ACETATE	PHOSLYRA	3	MO
FERRIC CITRATE	AURYXIA	3	QL: 12 PER DAY
LANTHANUM CARBONATE	FOSRENOL (1000 MG) (POWD PACK)	3	
<i>lanthanum carbonate</i>	FOSRENOL (1000 MG) (TAB CHEW)	1	
<i>lanthanum carbonate</i>	FOSRENOL (500 MG) (TAB CHEW)	1	
LANTHANUM CARBONATE	FOSRENOL (750 MG) (POWD PACK)	3	
<i>lanthanum carbonate</i>	FOSRENOL (750 MG) (TAB CHEW)	1	
PATIROMER CALCIUM SORBITEX	VELTASSA	3	PA
<i>sevelamer carbonate</i>	REVELA	1	MO
SEVELAMER HCL	RENAGEL	2	MO
<i>sodium polystyrene sulfon/sorb</i>		1	
SODIUM POLYSTYRENE SULFON/SORB	SPS	2	
<i>sodium polystyrene sulfonate</i>		1	
SODIUM ZIRCONIUM CYCLOSILICATE	LOKELMA	3	PA
SUCROFERRIC OXYHYDROXIDE	VELPHORO	3	
ELECTROLYTE MAINTENANCE			
RINGER'S SOLUTION,LACTATED	LACTATED RINGERS	3	
POTASSIUM REPLACEMENT			
<i>pot chloride/pot bicarb/cit ac</i>		1	
POTASSIUM BICARBONATE/CIT AC	EFFER-K	3	
<i>potassium bicarbonate/cit ac</i>	KLOR-CON-EF (25 MEQ) (TABLET EFF)	1	MO

Drug Name		Tier	Requirements/Limits
POTASSIUM BICARBONATE/CIT AC	KLOR-CON-EF (25 MEQ) (TABLET EFF)	2	MO
<i>potassium chloride</i>		1	MO
<i>potassium chloride in 0.9%nacl</i>		1	
SODIUM/SALINE PREPARATIONS			
<i>0.9 % sodium chloride</i>		1	
<i>bacteriostatic sodium chloride</i>		1	
<i>sodium chloride</i>		1	
<i>sodium chloride 0.45 %</i>		1	
ENDOCRINE DISORDER - FERTILITY			
FERTILITY STIMULATING PREPARATIONS, NON-FSH			
<i>clomiphene citrate</i>	SEROPHENE	4	
FOLLICLE STIM./LUTEINIZING HORMONES			
MENOTROPINS	MENOPUR	4	
FOLLICLE-STIMULATING HORMONE (FSH)			
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F	4	
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F RFF	4	
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F RFF REDI-JECT	4	
FOLLITROPIN BETA, RECOMB	FOLLISTIM AQ	4	
UROFOLLITROPIN	BRAVELLE	4	
HUMAN CHORIONIC GONADOTROPIN (HCG)			
CHORIOGONADOTROPIN ALFA	OVIDREL	4	
CHORIONIC GONADOTROPIN, HUMAN	CHORIONIC GONADOTROPIN	4	QL: 3 PER FILL
CHORIONIC GONADOTROPIN, HUMAN	NOVAREL	4	QL: 3 PER FILL
CHORIONIC GONADOTROPIN, HUMAN	PREGNYL	4	QL: 3 PER FILL
PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL			
PROGESTERONE, MICRONIZED	CRINONE	4	
PROGESTERONE, MICRONIZED	ENDOMETRIN	4	
ENDOCRINE DISORDER - OTHER			
ANTIDIURETIC AND VASOPRESSOR HORMONES			
<i>desmopressin acetate (0.1 mg) (tablet)</i>		1	MO
<i>desmopressin acetate (0.2 mg) (tablet)</i>		1	MO
<i>desmopressin acetate (10/spray) (spray/pump)</i>		1	QL: 15 ML IN 30 DAYS
<i>desmopressin acetate (4 mcg/ml) (ampul)</i>		1	
<i>desmopressin acetate (4 mcg/ml) (vial)</i>		1	
DESMOPRESSIN ACETATE	STIMATE	2	MO
ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.			
GOSERELIN ACETATE	ZOLADEX	4	PA
HISTRELIN ACETATE	VANTAS	4	
LEUPROLIDE ACETATE	ELIGARD	4	PA
<i>leuprolide acetate</i>		4	
LEUPROLIDE ACETATE	LUPRON DEPOT (22.5 MG) (SYRINGEKIT)	4	PA, QL: 1 KIT PER 90 DAYS
LEUPROLIDE ACETATE	LUPRON DEPOT (30 MG) (SYRINGEKIT)	4	PA, QL: 1 KIT PER 120 DAYS
LEUPROLIDE ACETATE	LUPRON DEPOT (45 MG) (SYRINGEKIT)	4	PA, QL: 1 KIT PER 180 DAYS
LEUPROLIDE ACETATE	LUPRON DEPOT (7.5 MG) (SYRINGEKIT)	4	PA
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE			
TERIPARATIDE	FORTEO	4	PA, QL: 2.4 ML PER 28 DAYS
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES			
ABALOPARATIDE	TYMLOS	4	PA

Drug Name		Tier	Requirements/Limits
BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS			
ALENDRONATE SODIUM/VITAMIN D3	FOSAMAX PLUS D	2	ST, QL: 5 PER FILL, MO
BONE RESORPTION INHIBITORS			
<i>alendronate sodium</i>	FOSAMAX (10 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>alendronate sodium</i>	FOSAMAX (35 MG) (TABLET)	1	QL: 5 PER FILL, MO
<i>alendronate sodium</i>	FOSAMAX (40 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>alendronate sodium</i>	FOSAMAX (5 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>alendronate sodium</i>	FOSAMAX (70 MG) (TABLET)	1	QL: 5 PER FILL, MO
<i>alendronate sodium</i>	FOSAMAX (70 MG/75ML) (SOLUTION)	1	QL: 375 ML PER FILL, MO
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN (200/ML) (VIAL)	2	MO
<i>calcitonin,salmon,synthetic</i>	MIACALCIN (200/SPRAY) (SPRAY/PUMP)	1	MO
DENOSUMAB	XGEVA	4	PA
<i>etidronate disodium</i>	DIDRONEL	1	
<i>ibandronate sodium</i>	BONIVA	1	QL: 1 PER FILL
<i>raloxifene hcl</i>	EVISTA	1	MO
<i>risedronate sodium (150 mg) (tablet)</i>		1	ST, QL: 1 PER FILL, MO
<i>risedronate sodium (30 mg) (tablet)</i>		1	ST, QL: 34 PER FILL, MO
<i>risedronate sodium (35 mg) (tablet dr)</i>		1	ST, QL: 4 PER 28 DAYS
<i>risedronate sodium (35 mg) (tablet)</i>		1	ST, QL: 5 PER FILL, MO
<i>risedronate sodium (5 mg) (tablet)</i>		1	ST, QL: 34 PER FILL, MO
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER			
CINACALCET HCL	SENSIPAR	4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS			
PEGVISOMANT	SOMAVERT	4	PA
GROWTH HORMONE RELEASING HORMONE (GHRH) & ANALOGS			
TESAMORELIN ACETATE	EGRIFTA	4	PA, QL: 2 PER DAY
GROWTH HORMONES			
SOMATROPIN	OMNITROPE	4	PA
SOMATROPIN	SEROSTIM	4	PA
SOMATROPIN	ZORBTIVE	4	PA
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
CALCIFEDIOL	RAYALDEE	3	PA
<i>doxercalciferol</i>		1	MO
<i>paricalcitol</i>		1	MO
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES			
MECASERMIN	INCRELEX	4	PA
LEPTIN HORMONE ANALOGS			
METRELEPTIN	MYALEPT	4	PA, QL: 1 PER DAY
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
LEUPROLIDE ACETATE	LUPRON DEPOT (11.25 MG) (SYRINGEKIT)	4	PA, QL: 1 KIT PER 90 DAYS
LEUPROLIDE ACETATE	LUPRON DEPOT (3.75 MG) (SYRINGEKIT)	4	PA
LEUPROLIDE ACETATE	LUPRON DEPOT (LUPANETA)	4	PA

Drug Name		Tier	Requirements/Limits
NAFARELIN ACETATE	SYNAREL	4	
LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS			
CETRORELIX ACETATE	CETROTIDE	4	
ELAGOLIX SODIUM	ORLISSA	3	PA
GANIRELIX ACETATE		4	
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY			
LEUPROLIDE ACETATE	LUPRON DEPOT-PED (11.25 MG) (KIT)	4	PA
LEUPROLIDE ACETATE	LUPRON DEPOT-PED (11.25 MG) (SYRINGEKIT)	4	PA, QL: 1 KIT PER 90 DAYS
LEUPROLIDE ACETATE	LUPRON DEPOT-PED (15 MG) (KIT)	4	PA
LEUPROLIDE ACETATE	LUPRON DEPOT-PED (30 MG) (SYRINGEKIT)	4	PA
LEUPROLIDE ACETATE	LUPRON DEPOT-PED (7.5 MG) (KIT)	4	PA
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR			
OSPEMIFENE	OSPHENA	3	QL: 30 PER 30 DAYS
PITUITARY SUPPRESSIVE AGENTS			
<i>cabergoline</i>	DOSTINEX	1	
<i>danazol</i>	DANOCRINE	1	
ENDOCRINE DISORDER - THYROID			
ANTITHYROID PREPARATIONS			
<i>methimazole</i>	TAPAZOLE	1	MO
<i>propylthiouracil</i>		1	MO
IODINE CONTAINING AGENTS			
<i>potassium iodide</i>		1	
<i>potassium iodide/iodine</i>		1	
THYROID HORMONES			
LEVOTHYROXINE SODIUM	LEVO-T	2	MO
<i>levothyroxine sodium</i>		1	MO
LEVOTHYROXINE SODIUM	LEVOXYL	2	MO
LEVOTHYROXINE SODIUM	SYNTHROID	2	MO
LEVOTHYROXINE SODIUM	TIROSINT	3	MO
LEVOTHYROXINE SODIUM	UNITHROID	2	MO
LIOthyRONINE SODIUM	CYTOMEL	2	MO
<i>liothyronine sodium</i>		1	MO
LIOTRIX	THYROLAR-1	2	MO
LIOTRIX	THYROLAR-1/2	2	MO
LIOTRIX	THYROLAR-1/4	2	MO
LIOTRIX	THYROLAR-2	2	MO
LIOTRIX	THYROLAR-3	2	MO
THYROID,PORK	ARMOUR THYROID (120 MG) (TABLET)	3	MO
THYROID,PORK	ARMOUR THYROID (15 MG) (TABLET)	3	MO
THYROID,PORK	ARMOUR THYROID (180 MG) (TABLET)	2	MO
THYROID,PORK	ARMOUR THYROID (240 MG) (TABLET)	3	MO
THYROID,PORK	ARMOUR THYROID (30 MG) (TABLET)	2	MO
THYROID,PORK	ARMOUR THYROID (300 MG) (TABLET)	2	MO

Drug Name		Tier	Requirements/Limits
THYROID,PORK	ARMOUR THYROID (60 MG) (TABLET)	2	MO
THYROID,PORK	ARMOUR THYROID (90 MG) (TABLET)	2	MO
<i>thyroid,pork</i>		1	MO
EYE - GENERAL DISORDERS			
EYE ANTIBIOTIC-CORTICOID COMBINATIONS			
<i>gatifloxacin/dexamethasone</i>		1	
GENTAMICIN SULF/PREDNISOLONE	PRED-G	2	
<i>neomycin/bacit/p-myx/hydrocort</i>		1	
<i>neomycin/polymyxin b/dexametha</i>		1	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>tobramycin/dexamethasone</i>	TOBRADEX (0.3 %-0.1%) (DROPS SUSP)	1	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX (0.3 %-0.1%) (OINT. (G))	3	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX ST	3	
EYE ANTIHISTAMINES			
ALCAFTADINE	LASTACAPT	3	
<i>azelastine hcl</i>		1	
EMEDASTINE DIFUMARATE	EMADINE	2	
<i>epinastine hcl</i>		1	
<i>olopatadine hcl</i>		1	
<i>olopatadine hcl</i>		1	
OLOPATADINE HCL	PAZEO	3	
EYE ANTIINFLAMMATORY AGENTS			
<i>bromfenac sodium</i>		1	
DEXAMETHASONE	MAXIDEX	3	
<i>dexamethasone sodium phosphate</i>		1	
<i>diclofenac sodium</i>		1	
DIFLUPREDNATE	DUREZOL	3	
<i>fluorometholone</i>		1	
FLUOROMETHOLONE	FML FORTE	3	
FLUOROMETHOLONE	FML S.O.P.	2	
FLUOROMETHOLONE ACETATE	FLAREX	3	
<i>flurbiprofen sodium</i>		1	
<i>ketorolac tromethamine</i>		1	
<i>ketorolac tromethamine</i>		1	
KETOROLAC TROMETHAMINE/PF	ACUVAIL	3	
NEPAFENAC	ILEVRO	3	
NEPAFENAC	NEVANAC	3	
<i>prednisolone acetate</i>		1	
<i>prednisolone acetate</i>		1	
PREDNISOLONE ACETATE	PRED MILD	2	
<i>prednisolone acetate/pf</i>		1	
<i>prednisolone sod phosphate</i>		1	
EYE ANTIVIRALS			
GANCICLOVIR	ZIRGAN	3	QL: 5 GRAMS PER FILL
<i>trifluridine</i>		1	
EYE LOCAL ANESTHETICS			
<i>benoxinate hcl/fluorescein sod</i>		1	
<i>benoxinate hcl/fluorescein sod</i>		1	
<i>benoxinate hcl/fluorescein sod</i>		1	
<i>proparacaine hcl</i>		1	
<i>proparacaine/fluorescein sod</i>		1	
TETRACAINE HCL	TETCAINE	3	

Drug Name		Tier	Requirements/Limits
<i>tetracaine hcl</i>		1	
TETRACAINE HCL	TETRAVISC (0.5 %) (DROPR VISC)	2	
TETRACAINE HCL	TETRAVISC (0.5 %) (DROPS VISC)	3	
TETRACAINE HCL	TETRAVISC FORTE	2	
<i>tetracaine hcl/pf</i>	TETRACAINE HYDROCHLORIDE	1	
EYE SULFONAMIDES			
<i>sulfacetamide sodium</i>	SODIUM SULAMYD	1	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE	3	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide/prednisolone sp</i>		1	
EYE VASOCONSTRICTORS (RX ONLY)			
<i>phenylephrine hcl</i>		1	
OPHTHALMIC ANTIBIOTICS			
AZITHROMYCIN	AZASITE	3	
<i>bacitracin</i>		1	
<i>bacitracin/polymyxin b sulfate</i>		1	
<i>ciprofloxacin hcl</i>	CILOXAN (0.3 %) (DROPS)	1	
CIPROFLOXACIN HCL	CILOXAN (0.3 %) (OINT. (G))	2	
<i>erythromycin base</i>	ILOTYCIN	1	
<i>gatifloxacin</i>	ZYMAXID	1	
<i>gentamicin sulfate</i>	GARAMYCIN	1	
<i>gentamicin sulfate</i>	GENTAK	1	
<i>levofloxacin</i>		1	
MOXIFLOXACIN HCL	MOXEZA	2	
<i>moxifloxacin hcl</i>	VIGAMOX	1	
NATAMYCIN	NATACYN	2	
<i>neomycin sulf/bacitracin/poly</i>	NEO-POLYCIN	1	
<i>neomycin/polymyxn b/gramicidin</i>	NEOSPORIN	1	
<i>ofloxacin</i>	OCUFLOX	1	
<i>polymyxin b sulf/trimethoprim</i>	POLYTRIM	1	
<i>tobramycin</i>	TOBREX (0.3 %) (DROPS)	1	
TOBRAMYCIN	TOBREX (0.3 %) (OINT. (G))	3	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
CYCLOSPORINE	RESTASIS	2	PA, QL: 60 PER FILL
CYCLOSPORINE	RESTASIS MULTIDOSE	2	PA
<i>cyclosporine/chondroit sulf a</i>		1	
LIFITEGRAST	XIIDRA	3	PA
OPHTHALMIC MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	OPTICROM	1	
LODOXAMIDE TROMETHAMINE	ALOMIDE	2	
NEDOCROMIL SODIUM	ALOCRIAL	3	
OPHTHALMIC PREPARATIONS, MISCELLANEOUS			
HYPOCHLOROUS ACID/SODIUM CHLOR	ACUICYN	3	
HYPOCHLOROUS ACID/SODIUM CHLOR	AVENOVA	3	
HYPOCHLOROUS ACID/SODIUM CHLOR	HYPOCYN	3	
EYE - GLAUCOMA			
CARBONIC ANHYDRASE INHIBITORS			
<i>acetazolamide</i>		1	MO
<i>methazolamide</i>	NEPTAZANE	1	MO

Drug Name		Tier	Requirements/Limits
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
<i>apraclonidine hcl</i>	IOPIDINE (0.5 %) (DROPS)	1	
APRACLONIDINE HCL	IOPIDINE (1 %) (DROPERETTE)	2	
<i>betaxolol hcl</i>	BETOPTIC	1	MO
BETAXOLOL HCL	BETOPTIC S	2	MO
BIMATOPROST	LUMIGAN (0.01 %) (DROPS)	2	MO
<i>bimatoprost</i>	LUMIGAN (0.03 %) (DROPS)	1	MO
<i>brimonidine tartrate</i>	ALPHAGAN	1	MO
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	3	MO
<i>brimonidine tartrate</i>	ALPHAGAN P (0.15 %) (DROPS)	1	MO
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	2	MO
<i>brimonidine/dorzolamide/pf</i>		1	
BRINZOLAMIDE	AZOPT	2	MO
BRINZOLAMIDE/BRIMONIDINE TART	SIMBRINZA	3	MO
<i>carteolol hcl</i>	OCUPRESS	1	MO
<i>dorzolamide hcl</i>	TRUSOPT	1	MO
<i>dorzolamide hcl/timolol maleat</i>	COSOPT	1	MO
<i>dorzolamide/timolol/pf (2 %-0.5 %) (droperette)</i>		1	ST, QL: 2 PER DAY
ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	2	
<i>latanoprost</i>	XALATAN	1	MO
<i>levobunolol hcl</i>	BETAGAN	1	
<i>metipranolol</i>	OPTIPRANOLOL	1	
NETARSUDIL MESYLATE	RHOPRESSA	3	ST, QL: 2.5 ML PER 30 DAYS
PILOCARPINE HCL	ISOPTO CARPINE	2	
<i>pilocarpine hcl</i>		1	
TAFLUPROST/PF	ZIOPTAN	3	ST, QL: 30 PER 30 DAYS
<i>timolo/brimon/dorzo/latanop/pf</i>		1	
TIMOLOL	BETIMOL	3	
<i>timolol maleate</i>	TIMOPTIC	1	
<i>timolol maleate</i>	TIMOPTIC-XE	1	
TIMOLOL MALEATE/PF	TIMOPTIC OCUDOSE	3	ST, QL: 2 PER DAY
<i>timolol/brimonidin/dorzolam/pf</i>		1	
TRAVOPROST	TRAVATAN Z	3	MO
MYDRIATICS			
<i>atropine sulfate</i>		1	
<i>atropine sulfate</i>	ISOPTO ATROPINE (1 %) (DROPS)	1	MO
ATROPINE SULFATE	ISOPTO ATROPINE (1 %) (DROPS)	2	MO
<i>cyclopentolate hcl</i>	CYCLOGYL	1	
CYCLOPENTOLATE/PHENYLEPHRINE	CYCLOMYDRIL	3	
<i>homatropine hbr</i>	ISOPTO HOMATROPINE	1	MO
HYDROXYAMPHETAMINE/TROPICAMIDE	PAREMYD	3	
<i>tropicamide</i>	MYDRIACYL	1	
EYE - MISCELLANEOUS			
ARTIFICIAL TEARS			
HYDROXYPROPYL CELLULOSE	LACRISERT	3	PA
EYE PREPARATIONS, MISCELLANEOUS (OTC)			
GELATIN	GELFILM	3	

Drug Name		Tier	Requirements/Limits
OPHTHALMIC CYSTINE DEPLETING AGENTS			
CYSTEAMINE HCL	CYSTARAN	4	PA
FLUID REPLACEMENT			
IV SOLUTIONS: DEXTROSE-SALINE			
<i>dextrose 5 % and 0.9 % nacl</i>		1	
GOUT AND RELATED DISEASES			
COLCHICINE			
<i>colchicine</i>	COLCRYS	1	QL: 4 PER DAY, MO
<i>colchicine</i>	MITIGARE	1	ST, QL: 2 PER DAY, MO
<i>probenecid/colchicine</i>		1	MO
HYPERURICEMIA TX - PURINE INHIBITORS			
<i>allopurinol</i>	ZYLOPRIM	1	MO
FEBUXOSTAT	ULORIC	2	ST
URICOSURIC AGENTS			
LESINURAD	ZURAMPIC	3	ST, QL: 1 PER DAY
<i>probenecid</i>	BENEMID	1	MO
URICOSURIC AND XANTHINE OXIDASE INHIBITOR COMB.			
LESINURAD/ALLOPURINOL	DUZALLO	3	ST, QL: 1 PER DAY
HEMATOLOGICAL DISORDERS			
ANTICOAGULANTS, COUMARIN TYPE			
WARFARIN SODIUM	COUMADIN (1 MG) (TABLET)	2	MO
WARFARIN SODIUM	COUMADIN (10 MG) (TABLET)	2	MO
WARFARIN SODIUM	COUMADIN (2 MG) (TABLET)	3	MO
WARFARIN SODIUM	COUMADIN (2.5 MG) (TABLET)	2	MO
WARFARIN SODIUM	COUMADIN (3 MG) (TABLET)	3	MO
WARFARIN SODIUM	COUMADIN (4 MG) (TABLET)	3	MO
WARFARIN SODIUM	COUMADIN (5 MG) (TABLET)	3	MO
WARFARIN SODIUM	COUMADIN (6 MG) (TABLET)	3	MO
WARFARIN SODIUM	COUMADIN (7.5 MG) (TABLET)	2	MO
<i>warfarin sodium</i>		1	MO
ANTIFIBRINOLYTIC AGENTS			
AMINOCAPROIC ACID	AMICAR (1000 MG) (TABLET)	3	
AMINOCAPROIC ACID	AMICAR (250 MG/ML) (SOLUTION)	3	AGE: <= 6 YEARS, QL: 450 ML PER 30 DAYS
AMINOCAPROIC ACID	AMICAR (500 MG) (TABLET)	2	
FIBRINOGEN	FIBRYGA	3	
FIBRINOGEN	RIASTAP	2	
<i>tranexamic acid</i>	LYSTEDA	1	
ANTIHEMOPHILIC FACTORS			
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	AFSTYLA	4	
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE	4	PA
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE	4	PA
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	NOVOEIGHT	4	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA	4	

Drug Name		Tier	Requirements/Limits
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE	4	
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	ADVATE	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	HELIXATE FS	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOGENATE FS	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOVALTRY	4	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE	4	
ANTIHEMOPHILIC FACTOR, HUMAN	HEMOPIL M	4	
ANTIHEMOPHILIC FACTOR, HUMAN	KOATE	4	
ANTIHEMOPHILIC FACTOR, HUMAN	MONOCLATE-P	4	
ANTIHEMOPHILIC FACTOR/VWF	ALPHANATE	4	
ANTIHEMOPHILIC FACTOR/VWF	HUMATE-P	4	
ANTIHEMOPHILIC FACTOR/VWF	WILATE	4	
ANTIHEMOPHILIC FVIII,REC PORC	OBIZUR	4	
ANTI-INHIBITOR COAGULANT COMP.	FEIBA NF	4	
COAGULATION FACTOR VIIA,RECOMB	NOVOSEVEN RT	4	
BLOOD FACTORS,MISCELLANEOUS			
FACTOR XIII	CORIFACT	4	
CITRATES AS ANTICOAGULANTS			
CITRATE DEXTROSE SOLUTION	ACD-A	3	
<i>citrate phosphate dextros soln</i>		1	
DEXTROSE/SOD CITRATE/CITRIC AC	ACD	3	
<i>sodium citrate</i>		1	
DIRECT FACTOR XA INHIBITORS			
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2	QL: 60 PER 30 DAYS, MO
APIXABAN	ELIQUIS (5 MG (74)) (TAB DS PK)	2	QL: 74 PER 30 DAYS
APIXABAN	ELIQUIS (5 MG) (TABLET)	2	QL: 60 PER 30 DAYS, MO
BETRIXABAN MALEATE	BEVYXXA	3	QL: 43 PER 42 DAYS
EDOXABAN TOSYLATE	SAVAYSA	3	ST, QL: 30 PER 30 DAYS
RIVAROXABAN	XARELTO (10 MG) (TABLET)	2	QL: 1 PER DAY, MO
RIVAROXABAN	XARELTO (15 MG) (TABLET)	2	QL: 1 PER DAY, MO
RIVAROXABAN	XARELTO (15 MG- 20MG) (TAB DS PK)	2	QL: 51 PER 30 DAYS, MO
RIVAROXABAN	XARELTO (20 MG) (TABLET)	2	QL: 1 PER DAY, MO
FACTOR IX PREPARATIONS			
FACTOR IX	ALPHANINE SD	4	
FACTOR IX	MONONINE	4	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE	4	
FACTOR IX CPLX(PCC)NO6,3FACTOR	BEBULIN	4	
FACTOR IX HUMAN RECOMB,THR 148	IXINITY	4	
FACTOR IX HUMAN RECOMBINANT	BENEFIX	4	
FACTOR IX HUMAN RECOMBINANT	RIXUBIS	4	
FACTOR IX REC, FC FUSION PROTN	ALPROLIX	4	PA
FACTOR IX RECOM,ALBUMIN FUSION	IDELVION	4	PA
FACTOR X PREPARATIONS			
COAGULATION FACTOR X	COAGADEX	4	
HEMATINICS,OTHER			
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP	4	PA
EPOETIN ALFA	EPOGEN	4	PA
EPOETIN ALFA	PROCRIT	4	PA
EPOETIN ALFA-EPBX	RETACRIT	4	PA

Drug Name		Tier	Requirements/Limits
METHOXY PEG-EPOETIN BETA	MIRCERA	4	PA
HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT			
EMICIZUMAB-KXWH	HEMLIBRA	4	PA
HEMORRHOLOGIC AGENTS			
<i>pentoxifylline</i>	TRENTAL	1	MO
HEPARIN AND RELATED PREPARATIONS			
DALTEPARIN SODIUM, PORCINE	FRAGMIN	2	
<i>enoxaparin sodium</i>	LOVENOX	1	
<i>fondaparinux sodium</i>	ARIXTRA	1	
<i>heparin sodium, porcine</i>		1	
<i>heparin sodium, porcine/pf</i>		1	
HUMAN MONOCLONAL ANTIBODY COMPLEMENT (C5) INHIBITOR			
ECULIZUMAB	SOLIRIS	4	PA
LEUKOCYTE (WBC) STIMULANTS			
FILGRASTIM	NEUPOGEN	4	PA
FILGRASTIM-SNDZ	ZARXIO	4	PA
SARGRAMOSTIM	LEUKINE	4	PA
TBO-FILGRASTIM	GRANIX	4	PA
PLATELET AGGREGATION INHIBITORS			
<i>aspirin</i>		1	AGE: 45-79 YEARS
<i>aspirin</i>	BAYER CHEWABLE ASPIRIN	1	AGE: 45-79 YEARS
<i>aspirin</i>	ECOTRIN	1	AGE: 45-79 YEARS
<i>aspirin/dipyridamole</i>	AGGRENOX	1	MO
<i>cilostazol</i>	PLETAL	1	MO
<i>clopidogrel bisulfate</i>	PLAVIX (300 MG) (TABLET)	1	QL: 120 PER 30 DAYS, MO
<i>clopidogrel bisulfate</i>	PLAVIX (75 MG) (TABLET)	1	MO
<i>dipyridamole</i>	PERSANTINE	1	MO
<i>prasugrel hcl</i>	EFFIENT	1	QL: 1 PER DAY, MO
TICAGRELOR	BRILINTA (60 MG) (TABLET)	2	MO
TICAGRELOR	BRILINTA (90 MG) (TABLET)	2	QL: 2 PER DAY, MO
VORAPAXAR SULFATE	ZONTIVITY	3	QL: 1 PER DAY
PLATELET REDUCING AGENTS			
<i>anagrelide hcl</i>	AGRYLIN	1	MO
SICKLE CELL ANEMIA AGENTS			
HYDROXYUREA	DROXIA	2	
SPLEEN TYROSINE KINASE INHIBITORS			
FOSTAMATINIB DISODIUM	TAVALISSE	4	PA
THROMBIN INHIBITORS, SEL., DIRECT, & REV.-HIRUDIN TYPE			
DESIRUDIN	IPRIVASK	3	
THROMBIN INHIBITORS, SELECTIVE, DIRECT, & REVERSIBLE			
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	3	ST, QL: 60 PER 30 DAYS, MO
THROMBOPOIETIN RECEPTOR AGONISTS			
AVATROMBOPAG MALEATE	DOPTELET	4	PA
ELTROMBOPAG OLAMINE	PROMACTA	4	PA
LUSUTROMBOPAG	MULPLETA	4	PA
ROMIPLOSTIM	NPLATE	4	PA
TOPICAL HEMOSTATICS			
FERRIC SUBSULFATE	ASTRINGYN	3	
<i>ferric subsulfate</i>		1	
GELATIN SPONGE, ABSORB/PORCINE	GELFOAM	3	

Drug Name		Tier	Requirements/Limits
GELATIN SPONGE, ABSORB/PORCINE	GELFOAM COMPRESSED	3	
MICROFIBRILLAR COLLAGEN	AVITENE	3	
MICROFIBRILLAR COLLAGEN	ENDO-AVITENE	2	
MICROFIBRILLAR COLLAGEN	SYRINGE AVITENE	3	
MICROFIBRILLAR COLLAGEN	ULTRAFOAM	3	
<i>thromb-cal-cell-dressing,hemos</i>		1	
<i>thrombin (bovine)</i>		1	
THROMBIN (RECOMBINANT)	RECOTHROM	3	
<i>thrombin/cal/cmc/gel/dress,hem</i>		1	
VITAMIN K PREPARATIONS			
<i>phytonadione (vit k1) (10 mg/ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (syringe)</i>		1	
<i>phytonadione (vit k1) (5 mg) (tablet)</i>		1	QL: 10 PER FILL
HORMONAL DEFICIENCY			
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC			
PRASTERONE (DHEA)	INTRAROSA	3	QL: 1 PER DAY
ANDROGENIC AGENTS			
<i>oxandrolone</i>	OXANDRIN	1	PA
OXYMETHOLONE	ANADROL-50	3	PA
TESTOSTERONE	ANDRODERM	3	PA
TESTOSTERONE	ANDROGEL (1.25G-1.62) (GEL PACKET)	3	PA
<i>testosterone</i>	ANDROGEL (12.5/1.25G) (GEL MD PMP)	1	PA, QL: 300 GRAMS PER 30 DAYS
TESTOSTERONE	ANDROGEL (2.5G-1.62%) (GEL PACKET)	3	PA
TESTOSTERONE	ANDROGEL (20.25/1.25) (GEL MD PMP)	2	PA, QL: 150 GRAMS PER 30 DAYS
<i>testosterone</i>	ANDROGEL (25MG(1%)) (GEL PACKET)	1	PA, QL: 150 GRAMS PER 30 DAYS
<i>testosterone</i>	ANDROGEL (50 MG (1%)) (GEL PACKET)	1	PA, QL: 300 GRAMS PER 30 DAYS
<i>testosterone</i>	AXIRON	1	PA, QL: 180 ML PER 30 DAYS
<i>testosterone</i>	FORTESTA	1	PA, QL: 4 GRAMS PER DAY
TESTOSTERONE	NATESTO	3	PA
TESTOSTERONE	STRIANT	3	PA
<i>testosterone</i>	TESTIM	1	PA, QL: 300 GRAMS PER 30 DAYS
<i>testosterone</i>	VOGELXO	1	PA, QL: 300 GRAMS PER 30 DAYS
<i>testosterone cypionate</i>	DEPO-TESTOSTERONE	1	PA
TESTOSTERONE CYPIONATE	TESTONE CIK	3	
<i>testosterone enanthate</i>	DELATESTRYL	1	PA
ESTROGEN & PROGESTIN WITH ANTIMINERALOCORTICOID CB			
DROSPIRENONE/ESTRADIOL	ANGELIQ	3	
ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB			
ESTROGENS, CONJ/BAZEDOXIFENE	DUAVEE	2	
ESTROGEN/ANDROGEN COMBINATIONS			
<i>estrogen, ester/me-testosterone</i>	COVARYX	1	MO
<i>estrogen, ester/me-testosterone</i>	COVARYX H.S.	1	MO
ESTROGENIC AGENTS			
ESTRADIOL	ALORA	2	QL: 10 PER FILL, MO

Drug Name		Tier	Requirements/Limits
<i>estradiol</i>	CLIMARA	1	QL: 5 PER FILL, MO
ESTRADIOL	DIVIGEL	3	QL: 34 GRAMS PER FILL, MO
ESTRADIOL	DIVIGEL	3	QL: 34 PER FILL, MO
ESTRADIOL	ELESTRIN	3	QL: 144 GRAMS PER FILL, MO
<i>estradiol</i>	ESTRACE	1	MO
ESTRADIOL	ESTROGEL	3	QL: 100 GRAMS PER FILL, MO
ESTRADIOL	EVAMIST	3	QL: 16.2 ML PER FILL, MO
ESTRADIOL	MENOSTAR	3	QL: 5 PER FILL, MO
ESTRADIOL	MINIVELLE	2	QL: 10 PER FILL, MO
<i>estradiol</i>	VIVELLE-DOT	1	QL: 10 PER FILL, MO
ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	2	
ESTRADIOL VALERATE	DELESTROGEN	2	
<i>estradiol valerate</i>		1	
ESTRADIOL/LEVONORGESTREL	CLIMARA PRO	3	QL: 5 PER FILL, MO
<i>estradiol/norethindrone acet</i>	ACTIVELLA	1	MO
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	2	MO
ESTRADIOL/NORGESTIMATE	PREFEST	3	MO
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	MO
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	MO
ESTROGENS, CONJUGATED	PREMARIN	2	MO
ESTROGENS,ESTERIFIED	MENEST	2	MO
<i>estropipate</i>	ORTHO-EST	1	MO
<i>norethindrone ac-eth estradiol</i>	FEMHRT	1	MO
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE	1	MO
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE LO	1	MO
LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB			
LEUPROLIDE/NORETHINDRONE ACET	LUPANETA PACK	4	PA
PROGESTATIONAL AGENTS			
MEDROXYPROGESTERONE ACETATE	DEPO-PROVERA	2	
<i>medroxyprogesterone acetate</i>	PROVERA	1	MO
<i>norethindrone acetate</i>	AYGESTIN	1	MO
<i>progesterone</i>		1	
PROGESTERONE, MICRONIZED	CRINONE	3	
<i>progesterone, micronized</i>	PROMETRIUM	1	MO
IMMUNIZATION			
ANTISERA			
HEPATITIS B IMMUNE GLOBULIN	HYPERHEP B S-D	2	
HEPATITIS B IMMUNE GLOBULIN	NABI-HB	2	
IGG/HYALURONIDASE,RECOMBINANT	HYQVIA	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	CUVITRU	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	GAMMAGARD LIQUID	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	HYQVIA IG COMPONENT	4	PA
IMMUN GLOB G(IGG)/PRO/IGA 0-50	HIZENTRA	4	PA
IMMUN GLOB G(IGG)/PRO/IGA 0-50	PRIVIGEN	4	PA
IMMUNE GLOBUL G (IGG)/GLYCINE	GAMASTAN	4	
IMMUNE GLOBUL G (IGG)/GLYCINE	GAMASTAN S-D	4	PA
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMMAKED	4	PA
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMUNEX-C	4	PA
RHO(D) IMMUNE GLOBULIN	HYPERRHO S-D	2	
RHO(D) IMMUNE GLOBULIN	MICRHOGAM ULTRA-FILTERED PLUS	2	
RHO(D) IMMUNE GLOBULIN	RHOGAM ULTRA-FILTERED PLUS	2	
TETANUS IMMUNE GLOBULIN/PF	HYPERTET S-D	2	
VARICELLA-ZOSTER IG/MALTOSE	VARIZIG	3	

Drug Name		Tier	Requirements/Limits
INFLUENZA VIRUS VACCINES			
FLU VAC QS 18-19 (4YR UP) CELL	FLUCELVAX QUAD 2018-2019	3	
FLU VAC QS 18-19(4YR UP)CEL/PF	FLUCELVAX QUAD 2018-2019	3	
FLU VAC QV 2018(18YR UP)RCM/PF	FLUBLOK QUAD 2018-2019	3	
FLU VACC QS 2018 (6-35MOS)/PF	FLUZONE QUAD PEDI 2018-2019	3	
FLU VACC QS2018-19 36MOS UP/PF	FLUZONE QUAD 2018-2019	3	
FLU VACC QS2018-19(6MOS UP)/PF	FLUARIX QUAD 2018-2019	3	
FLU VACC QS2018-19(6MOS UP)/PF	FLULAVAL QUAD 2018-2019	3	
FLU VACC QUAD 2018(5 YR UP)/PF	AFLURIA QUAD 2018-2019	3	
FLU VACC QUAD 2018-19(5 YR UP)	AFLURIA QUAD 2018-2019	3	
FLU VACC QUAD 2018-19(6MOS UP)	FLULAVAL QUAD 2018-2019	3	
FLU VACC QUAD 2018-19(6MOS UP)	FLUZONE QUAD 2018-2019	3	
FLU VACCIN TS2018-19 5YR UP/PF	AFLURIA 2018-2019	3	
FLU VACCINE TS2018-19(5 YR UP)	AFLURIA 2018-2019	3	
VIRAL/TUMORIGENIC VACCINES			
VARICELLA-ZOSTER GE VAC,2 OF 2	SHINGRIX GE ANTIGEN COMPONENT	3	AGE: >= 50 YEARS, QL: 2 PER 365 DAYS
VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX	3	AGE: >= 50 YEARS, QL: 2 PER 365 DAYS
ZOSTER VACCINE LIVE/PF	ZOSTAVAX	3	AGE: >= 60 YEARS
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
<i>imiquimod</i>	ALDARA	1	QL: 24 PACKETS PER 30 DAYS
INTERFERON ALFA-2B,RECOMB.	INTRON A	4	PA
INTERFERON ALFA-N3	ALFERON N	4	
IMMUNOSUPPRESSIVES			
AZATHIOPRINE	AZASAN	2	MO
<i>azathioprine</i>	IMURAN	1	MO
<i>cyclosporine</i>		1	MO
CYCLOSPORINE	SANDIMMUNE	3	MO
<i>cyclosporine, modified</i>		1	MO
CYCLOSPORINE, MODIFIED	NEORAL	3	MO
EVEROLIMUS	ZORTRESS	3	MO
MYCOPHENOLATE MOFETIL	CELLCEPT (200 MG/ML) (SUSP RECON)	2	MO
MYCOPHENOLATE MOFETIL	CELLCEPT (250 MG) (CAPSULE)	3	MO
MYCOPHENOLATE MOFETIL	CELLCEPT (500 MG) (TABLET)	3	MO
<i>mycophenolate mofetil</i>		1	MO
<i>mycophenolate sodium</i>	MYFORTIC	1	MO
SIROLIMUS	RAPAMUNE	2	MO
<i>sirolimus</i>		1	MO
TACROLIMUS	ASTAGRAF XL	3	MO
TACROLIMUS	ENVARUSUS XR	3	MO

Drug Name		Tier	Requirements/Limits
TACROLIMUS	PROGRAF	3	MO
<i>tacrolimus</i>		1	MO
INFECTIOUS DISEASE - BACTERIAL			
ABSORBABLE SULFONAMIDES			
<i>sulfamethoxazole/trimethoprim</i>		1	
BETALACTAMS			
AZTREONAM LYSINE	CAYSTON	4	PA, QL: 84 ML PER 56 DAYS
CEPHALOSPORINS - 1ST GENERATION			
<i>cefadroxil</i>	DURICEF	1	
<i>cephalexin</i>	KEFLEX (125 MG/5ML) (SUSP RECON)	1	
<i>cephalexin</i>	KEFLEX (250 MG) (CAPSULE)	1	
<i>cephalexin</i>	KEFLEX (250 MG) (TABLET)	1	
<i>cephalexin</i>	KEFLEX (250 MG/5ML) (SUSP RECON)	1	
<i>cephalexin</i>	KEFLEX (500 MG) (CAPSULE)	1	
<i>cephalexin</i>	KEFLEX (500 MG) (TABLET)	1	
<i>cephalexin</i>	KEFLEX (750 MG) (CAPSULE)	1	QL: 4 PER DAY
CEPHALOSPORINS - 2ND GENERATION			
<i>cefaclor</i>	CECLOR (125 MG/5ML) (SUSP RECON)	1	
<i>cefaclor</i>	CECLOR (250 MG) (CAPSULE)	1	
<i>cefaclor</i>	CECLOR (250 MG/5ML) (SUSP RECON)	1	QL: 150 ML PER FILL
<i>cefaclor</i>	CECLOR (375 MG/5ML) (SUSP RECON)	1	QL: 100 ML PER FILL
<i>cefaclor</i>	CECLOR (500 MG) (CAPSULE)	1	
<i>cefaclor</i>	CECLOR CD	1	QL: 20 PER 10 DAYS
<i>cefprozil</i>	CEFZIL	1	
<i>cefuroxime axetil</i>	CEFTIN (250 MG) (TABLET)	1	
<i>cefuroxime axetil</i>	CEFTIN (500 MG) (TABLET)	1	QL: 3 PER DAY
CEPHALOSPORINS - 3RD GENERATION			
<i>cefdinir</i>	OMNICEF	1	
<i>cefditoren pivoxil</i>	SPECTRACEF (200 MG) (TABLET)	1	QL: 20 PER 10 DAYS
<i>cefditoren pivoxil</i>	SPECTRACEF (400 MG) (TABLET)	1	QL: 2 PER DAY
CEFIXIME	SUPRAX (100 MG) (TAB CHEW)	3	AGE: <= 12 YEARS, QL: 40 PER 20 DAYS
<i>cefixime</i>	SUPRAX (100 MG/5ML) (SUSP RECON)	1	QL: 150 ML PER FILL
CEFIXIME	SUPRAX (200 MG) (TAB CHEW)	3	AGE: <= 12 YEARS, QL: 40 PER 20 DAYS

Drug Name		Tier	Requirements/Limits
<i>cefixime</i>	SUPRAX (200 MG/5ML) (SUSP RECON)	1	QL: 150 ML PER FILL
CEFIXIME	SUPRAX (400 MG) (CAPSULE)	3	QL: 1 PER DAY
CEFIXIME	SUPRAX (500 MG/5ML) (SUSP RECON)	3	QL: 50 ML PER FILL
<i>cefpodoxime proxetil</i>	VANTIN (100 MG) (TABLET)	1	
<i>cefpodoxime proxetil</i>	VANTIN (100 MG/5ML) (SUSP RECON)	1	QL: 200 ML PER FILL
<i>cefpodoxime proxetil</i>	VANTIN (200 MG) (TABLET)	1	QL: 2 PER DAY
<i>cefpodoxime proxetil</i>	VANTIN (50 MG/5 ML) (SUSP RECON)	1	QL: 200 ML PER FILL
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
FOSFOMYCIN TROMETHAMINE	MONUROL	2	
<i>meth/meblue/sod phos/psal/hyos</i>		1	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	PHOSPHASAL	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URELLE	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URETRON D-S	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIBEL	3	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIN D.S.	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	UTIRA-C	3	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	VILEVEV MB	2	
<i>methen/mblue/sal/sod phos/hyos</i>		1	
<i>methenam/m.blue/salicyl/hyoscy</i>		1	
<i>methenam/sod phos/mblue/hyoscy</i>		1	
METHENAM/SOD PHOS/MBLUE/HYOSCY	URYL	3	
METHENAM/SOD PHOS/MBLUE/HYOSCY	UTA	3	
<i>methenamine hippurate</i>	HIPREX	1	
<i>methenamine mandelate</i>	MANDELAMINE	1	
TRIMETHOPRIM	PRIMSOL	2	
<i>trimethoprim</i>	PROLOPRIM	1	
TRIMETHOPRIM	TRIMPEX	2	
MACROLIDES			
<i>azithromycin</i>	ZITHROMAX (1 G) (PACKET)	1	QL: 3 PER FILL
<i>azithromycin</i>	ZITHROMAX (100 MG/5ML) (SUSP RECON)	1	
<i>azithromycin</i>	ZITHROMAX (200 MG/5ML) (SUSP RECON)	1	
<i>azithromycin</i>	ZITHROMAX (250 MG) (TABLET)	1	
<i>azithromycin</i>	ZITHROMAX (500 MG) (TABLET)	1	
<i>azithromycin</i>	ZITHROMAX (600 MG) (TABLET)	1	
<i>azithromycin</i>	ZITHROMAX TRI-PAK	1	
<i>clarithromycin</i>	BIAXIN (125 MG/5ML) (SUSP RECON)	1	QL: 300 ML PER FILL
<i>clarithromycin</i>	BIAXIN (250 MG) (TABLET)	1	QL: 60 PER 30 DAYS

Drug Name		Tier	Requirements/Limits
<i>clarithromycin</i>	BIAXIN (250 MG/5ML) (SUSP RECON)	1	QL: 300 ML PER FILL
<i>clarithromycin</i>	BIAXIN (500 MG) (TABLET)	1	
<i>clarithromycin</i>	BIAXIN XL	1	QL: 2 PER DAY
ERYTHROMYCIN BASE	ERY-TAB	2	QL: 6 PER DAY
<i>erythromycin base (250 mg) (capsule dr)</i>		1	QL: 120 PER 30 DAYS
<i>erythromycin base (250 mg) (tablet dr)</i>		1	QL: 120 PER 30 DAYS
<i>erythromycin base (500 mg) (tablet dr)</i>		1	QL: 60 PER 30 DAYS
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 200	2	QL: 400 ML PER FILL
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 200	2	QL: 400 ML PER FILL
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 400	3	QL: 400 ML PER FILL
<i>erythromycin ethylsuccinate (200 mg/5ml) (susp recon)</i>		1	QL: 400 ML PER FILL
<i>erythromycin ethylsuccinate (400 mg) (tablet)</i>		1	QL: 4 PER DAY
FIDAXOMICIN	DIFICID	2	ST, QL: 20 PER 30 DAYS
NITROFURAN DERIVATIVES			
<i>nitrofurantoin</i>	FURADANTIN	1	ST, AGE: <= 12 YEARS
<i>nitrofurantoin macrocrystal</i>	MACRODANTIN (100 MG) (CAPSULE)	1	QL: 4 PER DAY
<i>nitrofurantoin macrocrystal</i>	MACRODANTIN (25 MG) (CAPSULE)	1	QL: 2 PER DAY
<i>nitrofurantoin macrocrystal</i>	MACRODANTIN (50 MG) (CAPSULE)	1	
<i>nitrofurantoin monohyd/m-cryst</i>	MACROBID	1	
OXAZOLIDINONES			
<i>linezolid</i>	ZYVOX (100 MG/5ML) (SUSP RECON)	1	AGE: < 12 YEARS
<i>linezolid</i>	ZYVOX (600 MG) (TABLET)	1	QL: 2 PER DAY
TEDIZOLID PHOSPHATE	SIVEXTRO	2	PA
PENICILLINS			
<i>amoxicillin</i>	AMOXIL	1	
AMOXICILLIN	MOXATAG	3	QL: 10 PER 10 DAYS
AMOXICILLIN/POTASSIUM CLAV	AUGMENTIN (125-31.25/) (SUSP RECON)	2	AGE: <= 6 YEARS, QL: 150 ML PER FILL
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5/5) (SUSP RECON)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5MG) (TAB CHEW)	1	QL: 4 PER DAY
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-125 MG) (TABLET)	1	QL: 3 PER DAY
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-62.5/5) (SUSP RECON)	1	QL: 500 ML PER FILL
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG) (TAB CHEW)	1	QL: 5 PER DAY
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG/5) (SUSP RECON)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (500-125 MG) (TABLET)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (875-125 MG) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
<i>amoxicillin/potassium clav</i>	AUGMENTIN ES-600	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN XR	1	QL: 4 PER DAY
<i>ampicillin trihydrate</i>	AMPICILLIN	1	
<i>dicloxacillin sodium</i>	PATHOCIL	1	
<i>penicillin v potassium</i>		1	
<i>penicillin v potassium</i>	VEETIDS	1	
QUINOLONES			
CIPROFLOXACIN	CIPRO	3	QL: 200 ML PER FILL
<i>ciprofloxacin</i>		1	QL: 200 ML PER FILL
<i>ciprofloxacin hcl</i>	CIPRO	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	CIPRO XR (1000 MG) (TBMP 24HR)	1	QL: 1 PER DAY
<i>ciprofloxacin/ciprofloxacin hcl</i>	CIPRO XR (500 MG) (TBMP 24HR)	1	QL: 2 PER DAY
DELAFLOXACIN MEGLUMINE	BAXDELA	3	PA
GEMIFLOXACIN MESYLATE	FACTIVE	3	QL: 7 PER FILL
<i>levofloxacin</i>	LEVAQUIN (250 MG) (TABLET)	1	QL: 34 PER FILL
<i>levofloxacin</i>	LEVAQUIN (250MG/10ML) (SOLUTION)	1	QL: 300 ML PER FILL
<i>levofloxacin</i>	LEVAQUIN (500 MG) (TABLET)	1	QL: 34 PER FILL
<i>levofloxacin</i>	LEVAQUIN (750 MG) (TABLET)	1	QL: 34 PER FILL
<i>moxifloxacin hcl</i>	AVELOX	1	QL: 1 PER DAY
<i>moxifloxacin hcl</i>	AVELOX ABC PACK	1	QL: 1 PER DAY
<i>ofloxacin</i>	FLOXIN (300 MG) (TABLET)	1	QL: 2 PER DAY
<i>ofloxacin</i>	FLOXIN (400 MG) (TABLET)	1	QL: 28 PER 14 DAYS
TETRACYCLINES			
<i>demeclocycline hcl</i>	DECLOMYCIN (150 MG) (TABLET)	1	QL: 4 PER DAY
<i>demeclocycline hcl</i>	DECLOMYCIN (300 MG) (TABLET)	1	QL: 2 PER DAY
DOXYCYCLINE CALCIUM	VIBRAMYCIN	3	
<i>doxycycline hyclate (100 mg) (capsule)</i>		1	
<i>doxycycline hyclate (100 mg) (tablet)</i>		1	
<i>doxycycline hyclate (50 mg) (capsule)</i>		1	
<i>doxycycline monohydrate</i>	ADOXA (150 MG) (TABLET)	1	QL: 2 PER DAY
<i>doxycycline monohydrate</i>	AVIDOXY	1	
<i>doxycycline monohydrate</i>	MONODOX	1	
<i>doxycycline monohydrate</i>	VIBRAMYCIN	1	QL: 240 ML PER FILL
<i>minocycline hcl</i>		1	
<i>tetracycline hcl</i>	PANMYCIN	1	QL: 4 PER DAY
<i>tetracycline hcl</i>	SUMYCIN	1	QL: 4 PER DAY
INFECTIOUS DISEASE - FUNGAL			
ANTIFUNGAL AGENTS			
<i>clotrimazole</i>	MYCELEX	1	
<i>fluconazole</i>	DIFLUCAN (10 MG/ML) (SUSP RECON)	1	
<i>fluconazole</i>	DIFLUCAN (100 MG) (TABLET)	1	QL: 3 PER DAY
<i>fluconazole</i>	DIFLUCAN (150 MG) (TABLET)	1	QL: 3 PER DAY

Drug Name		Tier	Requirements/Limits
<i>fluconazole</i>	DIFLUCAN (200 MG) (TABLET)	1	QL: 4 PER DAY
<i>fluconazole</i>	DIFLUCAN (40 MG/ML) (SUSP RECON)	1	
<i>fluconazole</i>	DIFLUCAN (50 MG) (TABLET)	1	
<i>flucytosine</i>	ANCOBON	1	PA
ISAVUCONAZONIUM SULFATE	CRESEMBA	3	PA
<i>itraconazole</i>	SPORANOX (10 MG/ML) (SOLUTION)	1	QL: 600 ML PER 30 DAYS
<i>itraconazole</i>	SPORANOX (100 MG) (CAPSULE)	1	QL: 34 PER FILL
<i>ketoconazole</i>	NIZORAL	1	QL: 6 PER DAY
MICONAZOLE	ORAVIG	3	ST, QL: 1 PER DAY
POSACONAZOLE	NOXAFIL (100 MG) (TABLET DR)	3	PA
POSACONAZOLE	NOXAFIL (200 MG/5ML) (ORAL SUSP)	2	PA
<i>terbinafine hcl</i>		1	
<i>voriconazole</i>	VFEND (200 MG) (TABLET)	1	QL: 4 PER DAY
<i>voriconazole</i>	VFEND (200 MG/5ML) (SUSP RECON)	1	QL: 75 ML PER 7 DAYS
<i>voriconazole</i>	VFEND (50 MG) (TABLET)	1	QL: 4 PER DAY
ANTIFUNGAL ANTIBIOTICS			
<i>griseofulvin ultramicrosize</i>		1	QL: 3 PER DAY
<i>griseofulvin, microsize</i>	GRIFULVIN V (125 MG/5ML) (ORAL SUSP)	1	QL: 480 ML PER FILL
<i>griseofulvin, microsize</i>	GRIFULVIN V (500 MG) (TABLET)	1	QL: 2 PER DAY
<i>nystatin (100000/ml) (oral susp)</i>		1	
<i>nystatin (150mm unit) (powder(ea))</i>		1	QL: 2 PER FILL
<i>nystatin (500k unit) (tablet)</i>		1	
INFECTIOUS DISEASE - MISCELLANEOUS			
AMINOGLYCOSIDES			
<i>amikacin sulfate</i>		1	
<i>gentamicin sulfate</i>		1	
<i>neomycin sulfate</i>		1	
TOBRAMYCIN	TOBI PODHALER	4	PA
<i>tobramycin in 0.225% sod chlor</i>	TOBI	4	PA, QL: 280 ML PER 56 DAYS, MO
ANTILEPTOTICS			
<i>dapsone (100 mg) (tablet)</i>		1	QL: 3 PER DAY
<i>dapsone (25 mg) (tablet)</i>		1	QL: 4 PER DAY
THALIDOMIDE	THALOMID	4	PA, QL: 2 PER DAY
ANTI-MYCOBACTERIUM AGENTS			
AMINOSALICYLIC ACID	PASER	3	PA
<i>ethambutol hcl</i>	MYAMBUTOL	1	
ETHIONAMIDE	TRECTOR	3	QL: 4 PER DAY
<i>isoniazid (100 mg) (tablet)</i>		1	
<i>isoniazid (300 mg) (tablet)</i>		1	
<i>isoniazid (50 mg/5 ml) (solution)</i>		1	QL: 946 ML PER 30 DAYS
<i>pyrazinamide</i>		1	QL: 6 PER DAY

Drug Name		Tier	Requirements/Limits
<i>rifabutin</i>	MYCOBUTIN	1	QL: 60 PER 30 DAYS
ANTITUBERCULAR ANTIBIOTICS			
BEDAQUILINE FUMARATE	SIRTURO	4	PA
<i>cycloserine</i>	SEROMYCIN	1	PA
RIFAMP/ISONIAZID/PYRAZINAMIDE	RIFATER	3	QL: 6 PER DAY
<i>rifampin</i>	RIFADIN (150 MG) (CAPSULE)	1	QL: 4 PER DAY
<i>rifampin</i>	RIFADIN (300 MG) (CAPSULE)	1	
RIFAPENTINE	PRIFTIN	2	QL: 32 PER 28 DAYS
LINCOSAMIDES			
<i>clindamycin hcl</i>	CLEOCIN HCL (150 MG) (CAPSULE)	1	
<i>clindamycin hcl</i>	CLEOCIN HCL (300 MG) (CAPSULE)	1	
<i>clindamycin hcl</i>	CLEOCIN HCL (75 MG) (CAPSULE)	1	QL: 4 PER DAY
<i>clindamycin palmitate hcl</i>	CLEOCIN PALMITATE	1	QL: 800 ML PER FILL
POLYMYXIN AND DERIVATIVES			
<i>colistin (colistimethate na)</i>	COLY-MYCIN M PARENTERAL	1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS			
RIFAXIMIN	XIFAXAN (200 MG) (TABLET)	3	QL: 9 PER FILL
RIFAXIMIN	XIFAXAN (550 MG) (TABLET)	3	PA
VANCOMYCIN AND DERIVATIVES			
VANCOMYCIN HCL	FIRVANQ	3	QL: 450 ML PER 10 DAYS
<i>vancomycin hcl (125 mg) (capsule)</i>		1	QL: 4 PER DAY
<i>vancomycin hcl (125mg/2.5) (syringe)</i>		1	
<i>vancomycin hcl (250 mg) (capsule)</i>		1	QL: 8 PER DAY
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
<i>tinidazole</i>	TINDAMAX	1	QL: 4 PER DAY
AMEBACIDES			
<i>paromomycin sulfate</i>	HUMATIN	1	QL: 96 PER 6 DAYS
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
<i>metronidazole</i>	FLAGYL (250 MG) (TABLET)	1	
<i>metronidazole</i>	FLAGYL (375 MG) (CAPSULE)	1	QL: 8 PER DAY
<i>metronidazole</i>	FLAGYL (500 MG) (TABLET)	1	
ANTHELMINTICS			
ALBENDAZOLE	ALBENZA	2	PA
<i>ivermectin</i>	STROMEKTOL	1	
<i>praziquantel</i>	BILTRICIDE	1	PA
ANTIMALARIAL DRUGS			
ARTEMETHER/LUMEFANTRINE	COARTEM	2	QL: 24 PER 3 DAYS
<i>atovaquone/proguanil hcl</i>	MALARONE (250- 100 MG) (TABLET)	1	QL: 4 PER DAY
<i>atovaquone/proguanil hcl</i>	MALARONE (62.5- 25 MG) (TABLET)	1	QL: 3 PER DAY
<i>chloroquine phosphate (250 mg) (tablet)</i>		1	
<i>chloroquine phosphate (500 mg) (tablet)</i>		1	QL: 30 PER 28 DAYS
<i>hydroxychloroquine sulfate</i>	PLAQUENIL	1	

Drug Name		Tier	Requirements/Limits
<i>mefloquine hcl</i>	LARIAM	1	
PRIMAQUINE PHOSPHATE	PRIMAQUINE	2	
PYRIMETHAMINE	DARAPRIM	4	PA
<i>quinine sulfate</i>	QUALAQUIN	1	QL: 42 PER 7 DAYS
ANTIPARASITICS			
NITAZOXANIDE	ALINIA (100 MG/5ML) (SUSP RECON)	2	AGE: < 12 YEARS, QL: 60 ML PER 3 DAYS
NITAZOXANIDE	ALINIA (500 MG) (TABLET)	2	QL: 20 PER 10 DAYS
ANTIPROTOZOAL DRUGS, MISCELLANEOUS			
<i>atovaquone</i>	MEPRON	1	QL: 10 ML PER DAY
<i>benznidazole</i>		1	PA
MILTEFOSINE	IMPAVIDO	3	PA
PENTAMIDINE ISETHIONATE	NEBUPENT	2	QL: 1 PER FILL
INFECTIOUS DISEASE - VIRAL			
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.			
DOLUTEGRAVIR/RILPIVIRINE	JULUCA	2	QL: 1 PER DAY
ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.			
DARUNAVIR/COB/EMTRI/TENOF ALAF	SYMTUZA	2	QL: 1 PER DAY
ANTIVIRALS, GENERAL			
ACYCLOVIR	SITAVIG	3	ST, QL: 4 PER 365 DAYS
<i>acyclovir</i>	ZOVIRAX (200 MG) (CAPSULE)	1	
<i>acyclovir</i>	ZOVIRAX (200 MG/5ML) (ORAL SUSP)	1	QL: 750 ML PER 30 DAYS
<i>acyclovir</i>	ZOVIRAX (400 MG) (TABLET)	1	
<i>acyclovir</i>	ZOVIRAX (800 MG) (TABLET)	1	
<i>famciclovir</i>	FAMVIR (125 MG) (TABLET)	1	QL: 21 PER FILL
<i>famciclovir</i>	FAMVIR (250 MG) (TABLET)	1	QL: 68 PER FILL
<i>famciclovir</i>	FAMVIR (500 MG) (TABLET)	1	QL: 21 PER FILL
LETERMOVIR	PREVYMIS	4	PA
<i>oseltamivir phosphate</i>	TAMIFLU (30 MG) (CAPSULE)	1	QL: 40 PER 365 DAYS
<i>oseltamivir phosphate</i>	TAMIFLU (45 MG) (CAPSULE)	1	QL: 20 PER 365 DAYS
<i>oseltamivir phosphate</i>	TAMIFLU (6 MG/ML) (SUSP RECON)	1	AGE: < 13 YEARS, QL: 360 ML PER 183 DAYS
<i>oseltamivir phosphate</i>	TAMIFLU (75 MG) (CAPSULE)	1	QL: 20 PER 365 DAYS
<i>rimantadine hcl</i>	FLUMADINE	1	QL: 2 PER DAY
<i>valacyclovir hcl</i>	VALTREX	1	QL: 34 PER FILL
<i>valganciclovir hcl</i>	VALCYTE (450 MG) (TABLET)	1	QL: 4 PER DAY
<i>valganciclovir hcl</i>	VALCYTE (50 MG/ML) (SOLN RECON)	1	AGE: <= 16 YEARS
ZANAMIVIR	RELENZA	2	QL: 40 PER 365 DAYS

Drug Name		Tier	Requirements/Limits
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
DARUNAVIR ETHANOLATE	PREZISTA (100 MG/ML) (ORAL SUSP)	2	QL: 240 ML PER 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (150 MG) (TABLET)	2	QL: 240 PER 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (600 MG) (TABLET)	2	QL: 60 PER 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (75 MG) (TABLET)	2	QL: 480 PER 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (800 MG) (TABLET)	2	QL: 30 PER 30 DAYS
DARUNAVIR/COBICISTAT	PREZCOBIX	3	QL: 1 PER DAY
TIPRANA VIR	APTIVUS	2	PA
TIPRANA VIR/VITAMIN E TPGS	APTIVUS	2	PA
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
EMTRICITABINE/TENOFOV ALAFENAM	DESCOVY	2	QL: 1 PER DAY
EMTRICITABINE/TENOFOVIR (TDF)	TRUVADA	2	QL: 30 PER 30 DAYS
LAMIVUDINE/TENOFOVIR DISOP FUM	CIMDUO	2	QL: 1 PER DAY
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
<i>abacavir sulfate/lamivudine</i>	EPZICOM	1	QL: 30 PER 30 DAYS
<i>abacavir/lamivudine/zidovudine</i>	TRIZIVIR	1	PA
<i>lamivudine/zidovudine</i>	COMBIVIR	1	QL: 60 PER 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
MARAVIROC	SELZENTRY	2	PA
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFUVRTIDE	FUZEON	2	ST, QL: 2 PER DAY
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR (100 MG) (TAB DISPER)	2	QL: 12 PER DAY
DELAVIRDINE MESYLATE	RESCRIPTOR (200 MG) (TABLET)	2	QL: 6 PER DAY
<i>efavirenz</i>	SUSTIVA (200 MG) (CAPSULE)	1	QL: 3 PER DAY
<i>efavirenz</i>	SUSTIVA (50 MG) (CAPSULE)	1	QL: 6 PER DAY
<i>efavirenz</i>	SUSTIVA (600 MG) (TABLET)	1	QL: 1 PER DAY
ETRAVIRINE	INTELENCE	2	PA
<i>nevirapine</i>	VIRAMUNE (200 MG) (TABLET)	1	QL: 60 PER 30 DAYS
<i>nevirapine</i>	VIRAMUNE (50 MG/5 ML) (ORAL SUSP)	1	QL: 1200 ML PER 30 DAYS
<i>nevirapine</i>	VIRAMUNE XR (100 MG) (TAB ER 24H)	1	QL: 3 PER DAY
<i>nevirapine</i>	VIRAMUNE XR (400 MG) (TAB ER 24H)	1	QL: 1 PER DAY
RILPIVIRINE HCL	EDURANT	2	PA
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
<i>abacavir sulfate</i>	ZIAGEN (20 MG/ML) (SOLUTION)	1	AGE: < 13 YEARS, QL: 900 ML PER 30 DAYS
<i>abacavir sulfate</i>	ZIAGEN (300 MG) (TABLET)	1	QL: 60 PER 30 DAYS
DIDANOSINE	VIDEX	2	QL: 600 ML PER 30 DAYS
<i>didanosine</i>	VIDEX EC (125 MG) (CAPSULE DR)	1	QL: 2 PER DAY

Drug Name		Tier	Requirements/Limits
<i>didanosine</i>	VIDEX EC (200 MG) (CAPSULE DR)	1	QL: 2 PER DAY
<i>didanosine</i>	VIDEX EC (250 MG) (CAPSULE DR)	1	QL: 1 PER DAY
<i>didanosine</i>	VIDEX EC (400 MG) (CAPSULE DR)	1	QL: 1 PER DAY
EMTRICITABINE	EMTRIVA (10 MG/ML) (SOLUTION)	2	QL: 720 ML PER 30 DAYS
EMTRICITABINE	EMTRIVA (200 MG) (CAPSULE)	2	QL: 30 PER 30 DAYS
<i>lamivudine</i>	EPIVIR (10 MG/ML) (SOLUTION)	1	QL: 900 ML PER 30 DAYS
<i>lamivudine</i>	EPIVIR (150 MG) (TABLET)	1	QL: 60 PER 30 DAYS
<i>lamivudine</i>	EPIVIR (300 MG) (TABLET)	1	QL: 30 PER 30 DAYS
STAVUDINE	ZERIT (1 MG/ML) (SOLN RECON)	2	QL: 2400 ML PER 30 DAYS
<i>stavudine</i>	ZERIT (15 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>stavudine</i>	ZERIT (20 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>stavudine</i>	ZERIT (30 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>stavudine</i>	ZERIT (40 MG) (CAPSULE)	1	QL: 60 PER 30 DAYS
<i>zidovudine</i>	RETROVIR (10 MG/ML) (SYRUP)	1	QL: 1800 ML PER 30 DAYS
<i>zidovudine</i>	RETROVIR (100 MG) (CAPSULE)	1	QL: 180 PER 30 DAYS
<i>zidovudine</i>	RETROVIR (300 MG) (TABLET)	1	QL: 60 PER 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	2	QL: 30 PER 30 DAYS
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	2	QL: 30 PER 30 DAYS
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	2	QL: 30 PER 30 DAYS
<i>tenofovir disoproxil fumarate</i>	VIREAD (300 MG) (TABLET)	1	QL: 30 PER 30 DAYS
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (40MG/SCOOP) (POWDER)	2	QL: 225 GRAMS PER 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
LOPINAVIR/RITONAVIR	KALETRA (100MG- 25MG) (TABLET)	2	QL: 300 PER 30 DAYS
LOPINAVIR/RITONAVIR	KALETRA (200MG- 50MG) (TABLET)	2	QL: 120 PER 30 DAYS
<i>lopinavir/ritonavir</i>	KALETRA (400- 100/5) (SOLUTION)	1	QL: 390 ML PER 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
<i>atazanavir sulfate</i>	REYATAZ (150 MG) (CAPSULE)	1	QL: 2 PER DAY
<i>atazanavir sulfate</i>	REYATAZ (200 MG) (CAPSULE)	1	QL: 2 PER DAY
<i>atazanavir sulfate</i>	REYATAZ (300 MG) (CAPSULE)	1	QL: 1 PER DAY

Drug Name		Tier	Requirements/Limits
ATAZANAVIR SULFATE	REYATAZ (50 MG) (POWD PACK)	2	QL: 5 PER DAY
ATAZANAVIR SULFATE/COBICISTAT	EVOTAZ	3	QL: 1 PER DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	2	PA
<i>fosamprenavir calcium</i>	LEXIVA (700 MG) (TABLET)	1	PA
INDINAVIR SULFATE	CRIXIVAN	2	QL: 6 PER DAY
NELFINAVIR MESYLATE	VIRACEPT (250 MG) (TABLET)	2	QL: 10 PER DAY
NELFINAVIR MESYLATE	VIRACEPT (625 MG) (TABLET)	2	QL: 4 PER DAY
RITONAVIR	NORVIR (100 MG) (CAPSULE)	2	QL: 360 PER 30 DAYS
RITONAVIR	NORVIR (100 MG) (POWD PACK)	2	QL: 12 PER DAY
<i>ritonavir</i>	NORVIR (100 MG) (TABLET)	1	QL: 360 PER 30 DAYS
RITONAVIR	NORVIR (80 MG/ML) (SOLUTION)	2	QL: 450 ML PER 30 DAYS
SAQUINAVIR MESYLATE	INVIRASE (200 MG) (CAPSULE)	2	ST, QL: 300 PER 30 DAYS
SAQUINAVIR MESYLATE	INVIRASE (500 MG) (TABLET)	2	ST, QL: 120 PER 30 DAYS
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY	2	PA
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (POWD PACK)	2	QL: 2 PER DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (TAB CHEW)	2	QL: 6 PER DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (25 MG) (TAB CHEW)	2	QL: 6 PER DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (400 MG) (TABLET)	2	QL: 2 PER DAY
RALTEGRAVIR POTASSIUM	ISENTRESS HD	2	QL: 2 PER DAY
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICIT/TENOFOVR DF	ATRIPLA	2	QL: 30 PER 30 DAYS
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI	2	QL: 1 PER DAY
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI LO	2	QL: 1 PER DAY
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	2	PA
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	2	PA
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
BICTEGRAV/EMTRICIT/TENOFOV ALA	BIKTARVY	2	QL: 1 PER DAY
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	2	QL: 1 PER DAY
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	2	QL: 30 PER 30 DAYS
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	2	QL: 1 PER DAY
CYTOCHROME P450 INHIBITORS			
COBICISTAT	TYBOST	2	PA, QL: 1 PER DAY
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO			
SOFOBUVIR/VELPATAS/VOXILAPREV	VOSEVI	4	PA
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.			
LEDIPASVIR/SOFOBUVIR	HARVONI	4	PA
SOFOBUVIR/VELPATASVIR	EPCLUSA	4	PA
HEPATITIS B TREATMENT AGENTS			
<i>adefovir dipivoxil</i>	HEPSERA	4	QL: 1 PER DAY

Drug Name		Tier	Requirements/Limits
ENTECAVIR	BARACLUDE (0.05 MG/ML) (SOLUTION)	4	AGE: <= 12 YEARS, QL: 20 ML PER DAY
<i>entecavir</i>	BARACLUDE (0.5 MG) (TABLET)	4	QL: 1 PER DAY
<i>entecavir</i>	BARACLUDE (1 MG) (TABLET)	4	QL: 1 PER DAY
<i>lamivudine</i>	EPIVIR HBV (100 MG) (TABLET)	1	QL: 1 PER DAY
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	2	QL: 720 ML PER 30 DAYS
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	4	QL: 1 PER DAY
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	4	PA
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	4	PA
RIBAVIRIN	REBETOL	2	AGE: <= 12 YEARS
<i>ribavirin (200 mg) (capsule)</i>		1	QL: 7 PER DAY
<i>ribavirin (200 mg) (tablet)</i>		1	QL: 6 PER DAY
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
ELBASVIR/GRAZOPRE VIR	ZEPATIER	4	PA
GLECAPRE VIR/PIBRENTASVIR	MAVYRET	4	PA
INFLAMMATORY DISEASE			
ANTI-ARTHRITIC AND CHELATING AGENTS			
PENICILLAMINE	DEPEN	4	PA
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS			
METHOTREXATE/PF	OTREXUP	4	ST, QL: 1.6 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (10MG/0.2ML) (AUTO INJCT)	4	ST, QL: 0.8 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (12.5/0.25) (AUTO INJCT)	4	ST, QL: 1 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (15MG/0.3ML) (AUTO INJCT)	4	ST, QL: 1.2 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (17.5/0.35) (AUTO INJCT)	4	ST, QL: 1.4 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (20MG/0.4ML) (AUTO INJCT)	4	ST, QL: 1.6 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (22.5/0.45) (AUTO INJCT)	4	ST, QL: 1.8 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (25MG/0.5ML) (AUTO INJCT)	4	ST, QL: 2 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (30MG/0.6ML) (AUTO INJCT)	4	ST, QL: 2.4 ML PER 28 DAYS
METHOTREXATE/PF	RASUVO (7.5MG/0.15) (AUTO INJCT)	4	ST, QL: 0.6 ML PER 28 DAYS
ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
ANAKINRA	KINERET	4	PA
RILONACEPT	ARCALYST	4	PA
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
ADALIMUMAB	HUMIRA	4	PA, QL: 2 SYRINGES PER 28 DAYS

Drug Name		Tier	Requirements/Limits
ADALIMUMAB	HUMIRA PEDIATRIC CROHN'S	4	PA, QL: 2 SYRINGES PER 28 DAYS
ADALIMUMAB	HUMIRA PEN	4	PA, QL: 2 SYRINGES PER 28 DAYS
ADALIMUMAB	HUMIRA PEN CROHN-UC-HS STARTER	4	PA, QL: 2 SYRINGES PER 28 DAYS
ADALIMUMAB	HUMIRA PEN PSORIASIS-UVEITIS	4	PA, QL: 2 SYRINGES PER 28 DAYS
CERTOLIZUMAB PEGOL	CIMZIA	4	PA
ETANERCEPT	ENBREL	4	PA
ETANERCEPT	ENBREL MINI	4	PA
ETANERCEPT	ENBREL SURECLICK	4	PA
GOLIMUMAB	SIMPONI	4	PA, QL: 0.5 ML PER 30 DAYS
GOLIMUMAB	SIMPONI ARIA	4	PA, QL: 0.5 ML PER 30 DAYS
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
<i>leflunomide</i>	ARAVA	1	MO
ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.			
APREMILAST	OTEZLA	4	PA
ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR			
ABATACEPT	ORENCIA	4	PA, QL: 4 SYRINGES PER 28 DAYS
ABATACEPT	ORENCIA CLICKJECT	4	PA, QL: 4 SYRINGES PER 28 DAYS
ABATACEPT/MALTOSE	ORENCIA	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS			
ICATIBANT ACETATE	FIRAZYR	4	PA, QL: 9 ML PER 365 DAYS
C1 ESTERASE INHIBITORS			
C1 ESTERASE INHIBITOR	BERINERT	4	PA, QL: 4 VIALS PER 365 DAYS
C1 ESTERASE INHIBITOR	CINRYZE	4	PA, QL: 20 VIALS PER 30 DAYS
C1 ESTERASE INHIBITOR	HAEGARDA	4	PA
C1 ESTERASE INHIBITOR, RECOMB	RUCONEST	4	PA, QL: 4 VIALS PER 30 DAYS
GLUCOCORTICOIDS			
<i>betamethasone acetate,sod phos</i>	CELESTONE	1	
<i>budesonide</i>	ENTOCORT EC	1	
<i>budesonide</i>	UCERIS	1	ST, QL: 1 PER DAY
<i>cortisone acetate</i>	CORTONE	1	
DEFLAZACORT	EMFLAZA	4	PA
<i>dexamethasone</i>		1	
DEXAMETHASONE INTENSOL		2	
<i>dexamethasone sodium phosp/pf</i>		1	
<i>dexamethasone sodium phosphate</i>		1	
<i>hydrocortisone</i>	CORTEF	1	
<i>hydrocortisone sod succinate</i>		1	
HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	2	
HYDROCORTISONE SODIUM SUCC/PF	SOLU-CORTEF	2	
<i>methylprednisolone</i>	MEDROL (16 MG) (TABLET)	1	
METHYLPREDNISOLONE	MEDROL (2 MG) (TABLET)	3	
<i>methylprednisolone</i>	MEDROL (32 MG) (TABLET)	1	
<i>methylprednisolone</i>	MEDROL (4 MG) (TAB DS PK)	1	
<i>methylprednisolone</i>	MEDROL (4 MG) (TABLET)	1	
<i>methylprednisolone</i>	MEDROL (8 MG) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
METHYLPREDNISOLONE ACETATE	DEPO-MEDROL (20 MG/ML) (VIAL)	2	
<i>methylprednisolone acetate</i>	DEPO-MEDROL (40 MG/ML) (VIAL)	1	
<i>methylprednisolone acetate</i>	DEPO-MEDROL (80 MG/ML) (VIAL)	1	
<i>methylprednisolone sod succ</i>		1	
METHYLPREDNISOLONE SOD SUCC	SOLU-MEDROL	2	
METHYLPREDNISOLONE SOD SUCC/PF	SOLU-MEDROL (1000MG/8ML) (VIAL)	2	
METHYLPREDNISOLONE SOD SUCC/PF	SOLU-MEDROL (125 MG/2ML) (VIAL)	3	
METHYLPREDNISOLONE SOD SUCC/PF	SOLU-MEDROL (40 MG/ML) (VIAL)	3	
PREDNISOLONE	MILLIPRED	2	
PREDNISOLONE	MILLIPRED DP	2	
<i>prednisolone</i>	ORAPRED	1	
<i>prednisolone sod phosphate</i>		1	
<i>prednisone</i>		1	
PREDNISONE INTENSOL		2	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K80G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN II SUIK	3	
TRIAMCINOLONE ACETONIDE	KENALOG-10	2	
<i>triamcinolone acetonide</i>	KENALOG-40	1	
GOLD SALTS			
AURANOFIN	RIDAURA	4	
IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB			
BELIMUMAB	BENLYSTA	4	PA
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
SARILUMAB	KEVZARA	4	PA
TOCILIZUMAB	ACTEMRA	4	PA, QL: 3.6 ML PER 28 DAYS
JANUS KINASE (JAK) INHIBITORS			
BARICITINIB	OLUMIANT	4	PA
TOFACITINIB CITRATE	XELJANZ	4	PA
TOFACITINIB CITRATE	XELJANZ XR	4	PA
MINERALOCORTICIDS			
<i>fludrocortisone acetate</i>	FLORINEF	1	
MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB			
USTEKINUMAB	STELARA	4	PA
NSAID & TOPICAL IRRITANT COUNTER-IRRITANT COMB.			
IBUPROFEN/IRR.COUNT-IRRIT.NO.2	COMFORT PAC-IBUPROFEN	3	
MELOXICAM/IRRIT.CNTR-IRR CMB 2	COMFORT PAC-MELOXICAM	3	
NAPROXEN/IRRITANT CNTR-IRRIT 2	COMFORT PAC-NAPROXEN	3	
NSAIDS (COX NON-SPECIFIC INHIB)& PROSTAGLANDIN CMB			
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 50	1	
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 75	1	
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE			
<i>celecoxib</i>	CELEBREX	1	MO
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE			
<i>diclofenac potassium</i>	CATAFLAM	1	MO
<i>diclofenac sodium</i>	VOLTAREN	1	MO
<i>diclofenac sodium</i>	VOLTAREN-XR	1	MO
<i>etodolac</i>	LODINE	1	MO

Drug Name		Tier	Requirements/Limits
<i>etodolac</i>	LODINE XL	1	MO
<i>fenopropfen calcium</i>	FENORTHO (400 MG) (CAPSULE)	1	
FENOPROFEN CALCIUM	NALFON (400 MG) (CAPSULE)	3	ST
<i>fenopropfen calcium</i>	NALFON (600 MG) (TABLET)	1	MO
<i>flurbiprofen</i>	ANSAID	1	MO
<i>ibuprofen</i>	MOTRIN	1	MO
<i>indomethacin</i>	INDOCIN (25 MG) (CAPSULE)	1	
<i>indomethacin</i>	INDOCIN (50 MG) (CAPSULE)	1	
<i>indomethacin</i>	INDOCIN SR	1	
<i>ketoprofen</i>		1	
<i>ketorolac tromethamine</i>	TORADOL (10 MG) (TABLET)	1	QL: 20 PER FILL
<i>ketorolac tromethamine</i>	TORADOL (15 MG/ML) (VIAL)	1	
<i>ketorolac tromethamine</i>	TORADOL (30 MG/ML) (SYRINGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (30 MG/ML) (VIAL)	1	
<i>ketorolac tromethamine</i>	TORADOL (30MG/ML(1)) (VIAL)	1	
<i>ketorolac tromethamine</i>	TORADOL (60 MG/2 ML) (SYRINGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (60 MG/2 ML) (VIAL)	1	
<i>meclofenamate sodium</i>	MECLOMEN	1	
<i>meloxicam</i>	MOBIC (15 MG) (TABLET)	1	MO
<i>meloxicam</i>	MOBIC (7.5 MG) (TABLET)	1	QL: 34 PER FILL, MO
<i>meloxicam</i>	MOBIC (7.5 MG/5ML) (ORAL SUSP)	1	MO
<i>nabumetone</i>	RELAFEN	1	MO
<i>naproxen</i>	EC-NAPROSYN	1	MO
<i>naproxen</i>	NAPROSYN	1	MO
<i>naproxen sodium</i>	ANAPROX	1	MO
<i>naproxen sodium</i>	ANAPROX DS	1	MO
<i>oxaprozin</i>	DAYPRO	1	
<i>piroxicam</i>	FELDENE	1	
<i>sulindac</i>	CLINORIL	1	
<i>tolmetin sodium</i>	TOLECTIN	1	
<i>tolmetin sodium</i>	TOLECTIN DS	1	
PLASMA KALLIKREIN INHIBITORS			
ECALLANTIDE	KALBITOR	4	PA
LANADELUMAB-FLYO	TAKHZYRO	4	PA
LOCAL ANESTHESIA			
LOCAL ANESTHETICS			
B-CAINE/ZINC CL/PINE/CETYLPYRD	BUCALSEP	2	
BUPIVACAINE LIPOSOME/PF	EXPAREL	3	
<i>lidocaine hcl (10 mg/ml) (vial)</i>		1	
<i>lidocaine hcl (2 %) (jelly(ml))</i>		1	
<i>lidocaine hcl (2 %) (solution)</i>		1	
<i>lidocaine hcl (20 mg/ml) (vial)</i>		1	

Drug Name		Tier	Requirements/Limits
<i>lidocaine hcl (40 mg/ml) (solution)</i>		1	QL: 100 ML PER FILL
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
BOWEL ANTIINFLAMATORY AGENTS			
<i>sulfadiazine</i>		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	3	MO
<i>mesalamine</i>	SFROWASA	1	MO
<i>mesalamine w/cleansing wipes</i>	ROWASA	1	
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
<i>balsalazide disodium</i>	COLAZAL	1	
MESALAMINE	APRISO	2	MO
<i>mesalamine</i>	ASACOL HD (800 MG) (TABLET DR)	1	ST, MO
MESALAMINE	ASACOL HD (800 MG) (TABLET DR)	3	ST, MO
MESALAMINE	DELZICOL	3	ST, QL: 6 PER DAY, MO
<i>mesalamine</i>	LIALDA	1	ST, MO
MESALAMINE	PENTASA	3	ST, MO
<i>sulfasalazine</i>	AZULFIDINE	1	MO
HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH			
HYDROCORT/PRAMOYN/SKIN CLNSR16	ZYPRAM	3	
<i>hydrocortisone/lidocaine/aloe</i>	ANA-LEX HC	1	
<i>hydrocortisone/lidocaine/aloe</i>	ANAMANTLE HC	1	
<i>hydrocortisone/lidocaine/aloe</i>	RECTAGEL HC	1	
<i>hydrocortisone/pramoxine</i>	ANALPRAM HC	1	
<i>hydrocortisone/pramoxine</i>	PRAMCORT	1	
HYDROCORTISONE/PRAMOXINE	PROCORT	3	
HYDROCORTISONE/PRAMOXINE	PROCTOFOAM-HC	2	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3 %-0.5 %) (CREAM/APPL)	1	QL: 14 GRAMS PER DAY
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3 %-0.5 %) (KIT)	1	QL: 1 PER FILL
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3%-1%(7 G)) (KIT)	1	QL: 1 PER FILL
IBS AGENTS,MIXED OPIOID RECEP AGONISTS/ANTAGONISTS			
ELUXADOLINE	VIBERZI	3	PA
IRRITABLE BOWEL AGENTS,GUANYLATE CYLASE-C AGONIST			
LINACLOTIDE	LINZESS	2	QL: 1 PER DAY, MO
PLECANATIDE	TRULANCE	3	ST, QL: 1 PER DAY
LOCAL ANORECTAL NITRATE PREPARATIONS			
NITROGLYCERIN	RECTIV	3	
RECTAL PREPARATIONS			
HYDROCORTISONE ACETATE	ANUSOL-HC	2	
HYDROCORTISONE ACETATE	HEMMOREX-HC	2	
<i>hydrocortisone acetate</i>		1	
HYDROCORTISONE ACETATE	PROCTOCORT	2	
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)			
BUDESONIDE	UCERIS	3	ST
<i>hydrocortisone</i>	CORTENEMA	1	
HYDROCORTISONE ACETATE	CORTIFOAM	2	
LOWER GASTROINTESTINAL DISORDERS - OTHER			
AMMONIA INHIBITORS			
ACETOHYDROXAMIC ACID	LITHOSTAT	3	
CARGLUMIC ACID	CARBAGLU	4	
<i>lactulose</i>	CHRONULAC	1	

Drug Name		Tier	Requirements/Limits
<i>sodium phenylbutyrate</i>	BUPHENYL (0.94 G/G) (POWDER)	4	
ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS			
CROFELEMER	MYTESI	3	ST, QL: 60 PER 30 DAYS
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR			
TELOTRISTAT ETIPRATE	XERMELO	4	PA
ANTIDIARRHEALS			
DEXTRANOMER/HYALURONATE/NACL	SOLESTA	4	
<i>diphenoxylate hcl/atropine</i>	LOMOTIL	1	
<i>opium tincture</i>		1	
<i>paregoric</i>		1	
BILE SALTS			
<i>ursodiol</i>	ACTIGALL	1	
<i>ursodiol</i>	URSO	1	
<i>ursodiol</i>	URSO FORTE	1	
IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE			
<i>alosetron hcl</i>	LOTROXEX	1	QL: 2 PER DAY, MO
LAXATIVES AND CATHARTICS			
<i>bisac/nacl/nahco3/kcl/peg 3350</i>	HALFLYTELY-BISACODYL	1	
<i>lactulose</i>	CHRONULAC	1	
LACTULOSE	KRISTALOSE	3	
LUBIPROSTONE	AMITIZA	2	QL: 2 PER DAY, MO
PEG 3350/SOD CHLOR/POTASS CIT	GIALAX	3	
PEG3350/SOD SUL/NACL/KCL/ASB/C	MOVIPREP	3	
PEG3350/SOD SUL/NACL/KCL/ASB/C	PLENVU	3	
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	COLYTE WITH FLAVOR PACKETS	1	
PEG3350/SOD SULF,BICARB,CL/KCL	GOLYTELY (227.1-21.5) (POWD PACK)	3	
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	GOLYTELY (236-22.74G) (SOLN RECON)	1	
SOD PHOSPHATE MBAS/SOD PHOS,DI	OSMOPREP	3	
SOD PICOSULF/MAG OX/CITRIC AC	CLENPIQ	3	
SOD PICOSULF/MAG OX/CITRIC AC	PREPOPIK	3	
<i>sodium chloride/nahco3/kcl/peg</i>	NULYTELY WITH FLAVOR PACKS	1	
SODIUM, POTASSIUM,MAG SULFATES	SUPREP	2	
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING			
ALVIMOPAN	ENTEREG	3	
METHYLNALTREXONE BROMIDE	RELISTOR	3	PA
NALOXEGOL OXALATE	MOVANTIK	2	QL: 1 PER DAY
SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS			
TEDUGLUTIDE	GATTEX	4	PA
MEDICAL SUPPLIES			
BANDAGES AND RELATED SUPPLIES			
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM	3	
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM PETROLATUM DRESSING	2	
COLLAGEN/SOD ALGIN/CARBOXYMETH	BIOSTEP	3	
DRESS,COLLAGN/SILV/ALGINAT/CMC	BIOSTEP AG	3	
FOAM BANDAGE	ALLEVYN	3	
FOAM BANDAGE	ALLEVYN ADHESIVE	3	
FOAM BANDAGE	ALLEVYN HEEL	3	

Drug Name		Tier	Requirements/Limits
FOAM BANDAGE	ALLEVYN LIFE	3	
FOAM/GAUZE/LIDOCA/CHLHX/ISOPRO	VACUSTIM BLACK	3	
GAUZE BANDAGE	CURITY AMD	3	
GEL DRESSING	CARRASYN HYDROGEL WOUND	3	
GEL DRESSING	CURAFIL	3	
GEL DRESSING	KERAGEL	3	
GEL DRESSING	KERAGELT	3	
GEL DRESSING	SPECTRAGEL	3	
GEL-MATRIX PAD DRESS, SILICONE	CICATRACE PAD	3	
GEL-MATRIX PAD DRESS, SILICONE	SCARCINPAD	3	
GEL-MATRIX PAD DRESS, SILICONE	SILIVEX	3	
GEL-MATRIX PAD DRESS, SILICONE	SIL-K	3	
HYDROCOLLOID DRESSING	REPLICARE	3	
HYDROCOLLOID DRESSING	REPLICARE THIN	3	
HYDROCOLLOID DRESSING	REPLICARE ULTRA	3	
HYDROCOLLOID DRESSING	REPLICARE ULTRA SACRUM	3	
IODOFORM	CURITY IODOFORM	3	
METH BLUE/GEN VIOLET/FOAM BAND	HYDROFERA BLUE READY	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	CURITY AMD	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	KERLIX AMD	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	KERLIX AMD BANDAGE	3	
PORCINE ACELL SUBMUCOSA,MESHED	OASIS ULTRA	3	
PORCINE SUBMUCOSA, FENESTRATED	OASIS ULTRA	3	
PORCINE SUBMUCOSA, FENESTRATED	WOUND MATRIX	3	
PVA/GENTIAN VIOLET/METHYL BLUE	HYDROFERA BLUE	3	
SILV/BANDG/LIDOCA/CHLORHEX/ALC	VACUSTIM SILVER	3	
SILVER	ACTICOAT	3	
SILVER	ACTICOAT 7	3	
SILVER	ACTICOAT FLEX 3	3	
SILVER	ACTICOAT FLEX 7	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG ADHESIVE	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG GENTLE	3	
SILVER SULFATE/FOAM BANDAGE	RESTORE	3	
SILVER SULFATE/NON-ADH BANDAGE	RESTORE CONTACT LAYER SILVER	3	
SILVER/CALCIUM ALGINATE	RESTORE	3	
SILVER/CALCIUM ALGINATE	RESTORE CALCIUM ALGINATE	3	
SILVER/FOAM BANDAGE	ACTICOAT SURGICAL	3	
CATHETERS AND RELATED DEVICES			
CATHETER	ADVANCE PLUS INTERMITTENT	3	
CATHETER	APOGEE HC INTERMITTENT	3	
CATHETER	APOGEE IC INTERMITTENT CATHETR	3	
CATHETER	DOVER LATEX FOLEY CATHETER	3	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
CATHETER	DOVER RED RUBBER ROBIBSON CATH	3	
CATHETER	FEMALE SELF CATHETER	3	
CATHETER	KENGUARD	3	
CATHETER	MAGIC3 INTERMITTENT CATHETER	3	
CATHETER	ROBINSON CLEAR VINYL CATHETER	3	
CATHETER	SPEEDICATH	3	
CATHETER	TOUCH-TROL	3	
CATHETERIZATION TRAY	DOVER UNIVERSAL	3	
CATHETERIZATION TRAY	KENGUARD	3	
DRAINAGE BAG	CURITY	3	
DRAINAGE BAG	DOVER ADVANTAGE	3	
DRAINAGE BAG	DOVER ADVANTAGE DRAINAGE	3	
DRAINAGE BAG	DOVER PREMIUM	3	
DRAINAGE BAG	MONO-FLO	3	
URINARY BAG/CATH TRAY	DOVER COATED LATEX FOLEY	3	
URINARY BAG/CATHETER	ADVANCE PLUS INTERMITTENT	3	
URINARY BAG/CATHETER	VAPRO PLUS INTERMITT CATHETER	3	
DURABLE MEDICAL EQUIPMENT,MISC			
MEDICAL SUPPLY, MISCELLANEOUS	AMIELLE VAGINAL TRAINER	3	
MEDICAL SUPPLY, MISCELLANEOUS	ARGYLE	3	
MEDICAL SUPPLY, MISCELLANEOUS	JETCO-SPRAY CANNULA	3	
MEDICAL SUPPLY, MISCELLANEOUS	PRO-CEPTION FERTILITY PAK	3	
MEDICAL SUPPLY, MISCELLANEOUS	RECONSTITUTE	3	
MEDICAL SUPPLY, MISCELLANEOUS	T.E.D. SEQUNT COMPRESS DEVICE	3	
TENS UNIT	TENS 502	3	
TENS UNIT	TENS 504	3	
TENS UNIT ELECTRODES	PRO COMFORT TENS ELECTRODE	3	
TENS UNITS AND TENS ELECTRODES	CEFALY	3	
TENS UNITS AND TENS ELECTRODES	PRO COMFORT TENS UNIT	3	
DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1)			
BLADE LANCET, SAFETY	ASSURE HAEMOLANCE PLUS	3	MO
BLADE LANCET, SAFETY	MEDLANCE PLUS SPECIAL BLADE	3	MO
BLADE LANCET, SAFETY	MICROTAINER LANCETS	3	MO
LANCETS	1ST TIER UNILET COMFORTOUCH	2	MO
LANCETS	ACCU-CHEK	3	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LANCETS	ACCU-CHEK FASTCLIX LANCET DRUM	3	MO
LANCETS	ACCU-CHEK SAFE- T-PRO	3	MO
LANCETS	ACCU-CHEK SAFE- T-PRO PLUS	3	MO
LANCETS	ACCU-CHEK SOFTCLIX	2	MO
LANCETS	ACTI-LANCE	3	MO
LANCETS	ADVANCED TRAVEL LANCETS	3	MO
LANCETS	ADVOCATE LANCET	3	MO
LANCETS	ADVOCATE LANCETS	3	MO
LANCETS	ALTERNATE SITE LANCETS	3	MO
LANCETS	ASSURE HAEMOLANCE PLUS	3	MO
LANCETS	ASSURE LANCE	3	MO
LANCETS	ASSURE LANCE PLUS	3	MO
LANCETS	BD MICROTAINER LANCETS	3	MO
LANCETS	BD ULTRA-FINE	3	MO
LANCETS	BD ULTRA-FINE II	3	MO
LANCETS	BLOOD LANCETS	3	MO
LANCETS	BULLSEYE MINI SAFETY LANCETS	3	MO
LANCETS	CAREONE	3	MO
LANCETS	CARESENS	3	MO
LANCETS	CARETOUCH TWIST LANCET	3	MO
LANCETS	CLEVER CHEK LANCETS	3	MO
LANCETS	COAGUCHEK	3	MO
LANCETS	COLOR LANCETS	3	MO
LANCETS	COMFORT EZ	3	MO
LANCETS	COMFORT LANCETS	3	MO
LANCETS	DROPLET LANCETS	3	MO
LANCETS	EASY COMFORT	3	MO
LANCETS	EASY TOUCH	3	MO
LANCETS	EASY TOUCH LANCETS	3	MO
LANCETS	EASY TWIST & CAP LANCETS	3	MO
LANCETS	EMBRACE	3	MO
LANCETS	E-Z JECT LANCETS	3	MO
LANCETS	EZ SMART LANCETS	3	MO
LANCETS	E-ZJECT LANCETS	3	MO
LANCETS	FIFTY50 SAFETY SEAL LANCETS	2	MO
LANCETS	FINE 30 UNIVERSAL LANCETS	3	MO
LANCETS	FINGERSTIX	3	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LANCETS	FORA LANCETS	3	MO
LANCETS	FORACARE LANCETS	3	MO
LANCETS	FREESTYLE LANCETS	3	MO
LANCETS	FREESTYLE UNISTIK 2	3	MO
LANCETS	GLUCOCOM	3	MO
LANCETS	GLUCOCOM LANCETS	3	MO
LANCETS	HEALTHY ACCENTS UNILET LANCET	2	MO
LANCETS	INCONTROL SUPER THIN LANCETS	3	MO
LANCETS	INCONTROL ULTRA THIN LANCETS	3	MO
LANCETS	INJECT EASE LANCETS	3	MO
LANCETS	INVACARE LANCETS	3	MO
LANCETS		3	MO
LANCETS THIN		3	MO
LANCETS ULTRA THIN		3	MO
LANCETS	LITE TOUCH	3	MO
LANCETS	MEDISENSE THIN LANCETS	3	MO
LANCETS	MEDLANCE PLUS	3	MO
LANCETS	MICRO THIN LANCETS	3	MO
LANCETS	MICROLET	3	MO
LANCETS	MONOLET LANCETS	3	MO
LANCETS	MONOLET THIN LANCETS	3	MO
LANCETS	MYGLUCOHEALTH LANCETS	3	MO
LANCETS	NOVA SAFETY LANCETS	3	MO
LANCETS	NOVA SUREFLEX	3	MO
LANCETS	ON CALL LANCET	3	MO
LANCETS	ON CALL PLUS LANCET	3	MO
LANCETS	ONETOUCH DELICA	3	MO
LANCETS	ONETOUCH LANCETS	2	MO
LANCETS	ONETOUCH SURESOFT	2	MO
LANCETS	ON-THE-GO	3	MO
LANCETS	PRESSURE ACTIVATED LANCETS	3	MO
LANCETS	PRO COMFORT LANCET	3	MO
LANCETS	PRO COMFORT LANCETS	3	MO
LANCETS	PRODIGY LANCETS	2	MO
LANCETS	PRODIGY TWIST TOP LANCET	2	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LANCETS	PUSH BUTTON SAFETY LANCETS	3	MO
LANCETS	READYLANCE SAFETY LANCETS	3	MO
LANCETS	RELIAMED	3	MO
LANCETS	RELIAMED SAFETY SEAL LANCETS	3	MO
LANCETS	RELION THIN	3	MO
LANCETS	RIGHTEST GL300 LANCETS	3	MO
LANCETS	SAFETY LANCETS	3	MO
LANCETS	SAFETY SEAL LANCETS	3	MO
LANCETS	SAFETY-LET	3	MO
LANCETS	SINGLE-LET	3	MO
LANCETS	SMART SENSE	3	MO
LANCETS	SMART SENSE LANCETS	3	MO
LANCETS	SMARTEST LANCET	3	MO
LANCETS	SOFT TOUCH	3	MO
LANCETS	SOLUS V2	3	MO
LANCETS	SOLUS V2 LANCETS	3	MO
LANCETS	STERILANCE TL	3	MO
LANCETS	SUPER THIN LANCETS	3	MO
LANCETS	SURE COMFORT LANCETS	3	MO
LANCETS	SURE-LANCE	3	MO
LANCETS	SURE-TOUCH	3	MO
LANCETS	TECHLITE LANCETS	3	MO
LANCETS	TELCARE	3	MO
LANCETS	THIN LANCETS	3	MO
LANCETS	TOPCARE UNIVERSAL1 LANCET	3	MO
LANCETS	TOPCARE UNIVERSAL1 THIN LANCET	3	MO
LANCETS	TRUEPLUS LANCETS	3	MO
LANCETS	TWIST LANCETS	3	MO
LANCETS	ULTILET BASIC	3	MO
LANCETS	ULTILET CLASSIC	3	MO
LANCETS	ULTILET LANCETS	3	MO
LANCETS	ULTILET SAFETY	3	MO
LANCETS	ULTRA FINE LANCETS	3	MO
LANCETS	ULTRA THIN LANCETS	3	MO
LANCETS	ULTRA THIN PLUS	3	MO
LANCETS	ULTRA THIN PLUS LANCETS	3	MO
LANCETS	ULTRA-CARE LANCETS	3	MO
LANCETS	ULTRALANCE	3	MO
LANCETS	ULTRA-THIN II	3	MO

Drug Name		Tier	Requirements/Limits
LANCETS	ULTRATLC LANCETS	3	MO
LANCETS	UNILET COMFORTOUCH	3	MO
LANCETS	UNILET EXCELITE	3	MO
LANCETS	UNILET EXCELITE II	3	MO
LANCETS	UNILET GP LANCET	3	MO
LANCETS	UNILET LANCET	3	MO
LANCETS	UNILET LANCETS	2	MO
LANCETS	UNISTIK 3 (21 GAUGE) (EACH) (OTC)	2	MO
LANCETS	UNISTIK 3 (23 GAUGE) (EACH) (OTC)	2	MO
LANCETS	UNISTIK 3 (30 GAUGE) (EACH) (OTC)	3	MO
LANCETS	UNISTIK 3 (EACH) (OTC)	2	MO
LANCETS	UNISTIK 3 EXTRA	3	MO
LANCETS	UNISTIK CZT	2	MO
LANCETS	UNISTIK PRO	3	MO
LANCETS	UNISTIK SAFETY	3	MO
LANCETS	UNISTIK TOUCH	3	MO
LANCETS	UNIVERSAL 1	3	MO
LANCETS/BLOOD GLUCOSE STRIPS	FORA V10-V12-D10- D20	3	
FEEDING DEVICES			
ENTERAL PUMP ACCESS.HYDROLYSIS	RELIZORB	3	
FEEDER CONT, GRAVITY SET,ENFIT	ENTERAL GRAVITY BAG SET-ENFIT	3	
FEEDER CONTAINER	ARGYLE	3	
FEEDER CONTAINER W-GRAVITY SET	KANGAROO GRAVITY SET	3	
FEEDER CONTAINER WITH PUMP SET	KANGAROO EPUMP SET	3	
GASTROSTOMY TUBE, ENFIT	COMPAT ENFIT GASTROTUBE	3	
PUMP SET	KANGAROO 924 SAFETY SCREW	3	
INCONTINENCE SUPPLIES			
FECAL COLL W-CHARCOAL/CATH/SYR	FLEXI-SEAL SIGNAL FMS	3	
MEDICAL SUPPLIES,MISCELLANEOUS			
TRANSFER SET/SYRINGE/BAND/TUBE	VARITHENA ADMINISTRATION PACK	3	
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 2)			
MIDDLE EAR INFLATION DEVICE	EAR POPPER	3	
TOPICAL CREAM METERED-DOSE DEV	PCCA ACCUPEN-15	3	
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 3)			
INFUSION SET FOR INSULIN PUMP	COMFORT	3	
INFUSION SET FOR INSULIN PUMP	COMFORT SHORT	3	
INFUSION SET FOR INSULIN PUMP	INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	QUICK RELEASE SOFT TEFLON	3	

Drug Name		Tier	Requirements/Limits
INFUSION SET FOR INSULIN PUMP	SILHOUETTE	3	
INFUSION SET FOR INSULIN PUMP	SOFT-SET	3	
INFUSION SET FOR INSULIN PUMP	SOFT-SET MICRO	3	
MYELOGRAM TRAY		3	
PARENTERAL ADMINISTRATION SETS			
ASSEMBLY SYS,VIAL TO TRNSF,CLS	PHASEAL ASSEMBLY FIXTURE	3	
CLAMP, IV TUBING	PHASEAL INFUSION	3	
CONNECTOR LUER LOCK,CLOSD SYST	PHASEAL CONNECTOR LUER	3	
INFUSION ADAPTER, CLOSED SYSTM	PHASEAL ADAPTER	3	
INJECTION PORTS	I-PORT	3	
INJECTION PORTS	I-PORT ADVANCE	3	
INTRAVENOUS ADMINISTRATION SET	RATE FLOW REGULATOR IV SET	3	
INTRAVENOUS CATHETER	INSYTE AUTOGUARD	3	
INTRAVENOUS CATHETER	INSYTE IV CATHETER	3	
INTRAVENOUS CATHETER	NEXIVA	3	
INTRAVENOUS CATHETER KIT	SAF-T-INTIMA IV CATHETER	3	
INTRAVENOUS EQUIPMENT	MONOJECT LUER ADAPTER	3	
INTRAVENOUS EXTEN.SET-FILTER	FILTERED EXTENSION SET	3	
INTRAVENOUS EXTENSION SET	MICROBORE EXTENSION SET	3	
INTRAVENOUS PIGGYBACK SET	PHASEAL SECONDARY SET	3	
NEEDLE INJECTOR,LUER,CLOSD SYS	PHASEAL INJECTOR LUER	3	
NEEDLE INJECTR,LUER LOCK,CLOSD	PHASEAL INJECTOR LUER	3	
SUBCUTANEOUS ADMIN. SET	NERIA	3	
SUBCUTANEOUS ADMIN. SET,SAFETY	SOFT-GLIDE SAF-Q INFUSION SET	3	
SUB-Q ADMIN SET, BIFURCATED	NERIA MULTI	3	
SUB-Q ADMIN SET, QUAD-FURCATED	NERIA MULTI	3	
SUB-Q ADMIN SET, TRIFURCATED	NERIA MULTI	3	
SUB-Q INFUSION PUMP ACCESSORY	ACCU-CHEK	3	
SUB-Q INFUSION PUMP ACCESSORY	ACCU-CHEK SPIRIT	3	
SUB-Q INFUSION PUMP ACCESSORY	INSET 30 TUBING	3	
SUB-Q INFUSION PUMP ACCESSORY	PARADIGM INFUSION	3	
SUB-Q INFUSION PUMP ACCESSORY	PARADIGM SILHOUETTE	3	
SUB-Q INFUSION PUMP ACCESSORY	POLYFIN QR	3	
SUB-Q INFUSION PUMP ACCESSORY	SILHOUETTE	3	
SUB-Q INFUSION PUMP ACCESSORY	SURE-T	3	
TRANSFER SETS	HI-VOLUME PUMPING CHAMBER	3	
Y-SITE CONNECTOR, CLOSED SYSTM	PHASEAL Y-SITE	3	

Drug Name		Tier	Requirements/Limits
SYRINGES AND ACCESSORIES			
ALCOHOL SWAB CAP	KENDALL DISINFECTANT CAP	3	
INSULIN PUMP SYRINGE, 1.8 ML	MINIMED RESERVOIR	3	
INSULIN PUMP SYRINGE, 1.8 ML	PARADIGM	3	
INSULIN PUMP SYRINGE, 3 ML	MINIMED RESERVOIR	3	
INSULIN PUMP SYRINGE, 3 ML	PARADIGM	3	
SYR,NDL 0.3 ML,INS,SAFE,D.UNIT	SAFESNAP INSULIN SYRINGE	2	MO
SYR,NDL 1 ML,INS,SAFE,DISP UNT	SAFESNAP INSULIN SYRINGE	2	MO
SYR,NDL,INS,SAFE 0.5ML,DISP UN	SAFESNAP INSULIN SYRINGE	2	MO
SYRGE-NDL,INS 0.3 ML HALF MARK	INSULIN SYRINGE	2	MO
SYRGE-NDL,INS 0.3 ML HALF MARK	TECHLITE INSULIN SYRINGE	2	MO
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTICARE INSULIN SYRINGE	2	MO
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTRA COMFORT	2	MO
SYRGE-NDL,INS 0.3 ML HALF MARK	VEO INSULIN SYRINGE	2	MO
SYRGE-NDL,INS 0.5 ML HALF MARK	TECHLITE INSULIN SYRINGE	2	MO
SYRINGE ACCESSORY	LEVER LOCK CANNULA	3	
SYRINGE AND NEEDLE,INSULIN,1ML	ADVOCATE SYRINGES	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	CARETOUCH INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	COMFORT EZ	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	EASY COMFORT INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	EASY-TOUCH INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ECLIPSE SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	FREESTYLE PRECISION	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	LITE TOUCH	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	LITETOUCH INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	MAXI-COMFORT	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	MONOJECT INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	PRO COMFORT INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	PRODIGY INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	SAFETYGLIDE INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	SAFETYGLIDE SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT INSULIN SYRINGE	2	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
SYRINGE AND NEEDLE,INSULIN,1ML	SURE-JECT INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	TECHLITE INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	TERUMO INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	THINPRO INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	TOPCARE ULTRA COMFORT	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	TRUEPLUS INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ULTICARE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ULTICARE INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ULILET INSULIN SYRINGE	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ULTRA COMFORT	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	ULTRA-THIN II	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	VANISHPOINT	2	MO
SYRINGE AND NEEDLE,INSULIN,1ML	VEO INSULIN SYRINGE	2	MO
SYRINGE WITH NEEDLE, INSULIN	MONOJECT INSULIN SAFETY SYRNG	2	MO
SYRINGE,INSUL U-500,NDL,0.5ML	INSULIN SYRINGE U-500	2	MO
SYRINGE,INSULIN,NEEDLESS 1 ML	EASY TOUCH LUER LOCK INSULIN	2	MO
SYRINGE,INSULIN,NEEDLESS 1 ML	EASY TOUCH UNI- SLIP	2	MO
SYRINGE,INSULIN,NEEDLESS 1 ML	INSULIN SYRINGE	2	MO
SYRINGE,INSULIN,NEEDLESS 1 ML	LUER-LOK SYRINGE	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	ASSURE ID INSULIN SAFETY	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH FLIPLOCK INSULIN	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH INSULIN SAFETY	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH SHEATHLOCK INSULIN	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	MAGELLAN INSULIN SAFETY SYRNG	2	MO
SYRINGE,NEEDLE,INSULN,SAFE,1ML	SAFETYGLIDE INSULIN SYRINGE	2	MO
SYRINGE,NEEDLE,INSULN,SF 0.5ML	ASSURE ID INSULIN SAFETY	2	MO
SYRINGE,NEEDLE,INSULN,SF 0.5ML	EASY TOUCH INSULIN SAFETY	2	MO
SYRINGE,NEEDLE,INSULN,SF 0.5ML	MAGELLAN INSULIN SAFETY SYRNG	2	MO
SYRINGE,NEEDLE,INSULN,SF 0.5ML	MAGELLAN INSULIN SYRINGE	2	MO
SYRINGE,NEEDLE,INSULN,SF 0.5ML	SAFETYGLIDE INSULIN SYRINGE	2	MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SAFETY SYRNG	2	MO
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SYRINGE	2	MO
SYRINGE,NEEDLE,INSULN,SF,0.3ML	SAFETYGLIDE INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ADVOCATE SYRINGES	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	CARETOUCH INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	COMFORT EZ	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY COMFORT INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	FREESTYLE PRECISION	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITE TOUCH	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITETOUCH INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	MAXI-COMFORT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	PRO COMFORT INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	PRODIGY INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	SAFETYGLIDE INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE-JECT INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	TERUMO INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	THINPRO INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	TOPCARE ULTRA COMFORT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	TRUEPLUS INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTILET INSULIN SYRINGE	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA COMFORT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA-THIN II	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	VANISHPOINT	2	MO
SYRINGE-NEEDLE,INSULIN,0.5 ML	VEO INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ADVOCATE SYRINGES	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	CARETOUCH INSULIN SYRINGE	2	MO

Drug Name		Tier	Requirements/Limits
SYRING-NEEDL,DISP,INSUL,0.3 ML	COMFORT EZ	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY COMFORT INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITE TOUCH	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITETOUCH INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	MONOJECT INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	PRODIGY INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	SAFETYGLIDE INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE-JECT INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	TERUMO INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	THINPRO INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	TOPCARE ULTRA COMFORT	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	TRUEPLUS INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTILET INSULIN SYRINGE	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA COMFORT	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA-THIN II	2	MO
SYRING-NEEDL,DISP,INSUL,0.3 ML	VEO INSULIN SYRINGE	2	MO
MISCELLANEOUS AGENTS			
ANAPHYLAXIS THERAPY AGENTS			
EPINEPHRINE	AUVI-Q (0.1MG/.1ML) (AUTO INJCT)	3	PA, QL: 2 PER 365 DAYS
<i>epinephrine</i>		1	QL: 4 PER FILL
EPINEPHRINE	EPIPEN	3	QL: 4 PER FILL
EPINEPHRINE	EPIPEN 2-PAK	3	QL: 4 PER FILL
EPINEPHRINE	EPIPEN JR	3	QL: 3 PER FILL
EPINEPHRINE	EPIPEN JR 2-PAK	3	QL: 4 PER FILL
MISCELLANEOUS AGENTS			
LIVER EXTRACT (BEEF-PORK)	NEXAVIR	3	
PARASYMPATHETIC AGENTS			
<i>bethanechol chloride</i>	URECHOLINE	1	
<i>guanidine hcl</i>	GUANIDINE	1	
<i>pilocarpine hcl</i>	SALAGEN	1	
PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ			
MIGALASTAT HCL	GALAFOLD	4	PA
PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE			
PEGVALIASE-PQPZ	PALYNZIQ	4	PA

Drug Name	Tier	Requirements/Limits
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE		
SAPROPTERIN DIHYDROCHLORIDE KUVAN	4	PA
SYSTEMIC ENZYME INHIBITORS		
ALPHA-1-PROTEINASE INHIBITOR ARALAST NP	4	PA
ALPHA-1-PROTEINASE INHIBITOR GLASSIA	4	PA
ALPHA-1-PROTEINASE INHIBITOR PROLASTIN C	4	PA
ALPHA-1-PROTEINASE INHIBITOR ZEMAIRA	4	PA
NEOPLASTIC DISEASE		
ALKYLATING AGENTS		
ALTRETAMINE HEXALEN	4	
BUSULFAN MYLERAN	4	
CHLORAMBUCIL LEUKERAN	4	
<i>cyclophosphamide</i>	4	
<i>hydroxyurea</i> HYDREA	1	
LOMUSTINE GLEOSTINE	4	PA
<i>melphalan</i> ALKERAN	1	
<i>temozolomide</i> TEMODAR	4	PA
ANTIANDROGENIC AGENTS		
ABIRATERONE ACET,SUBMICRONIZED YONSA	4	PA
ABIRATERONE ACETATE ZYTIGA	4	PA
APALUTAMIDE ERLEADA	4	PA
<i>bicalutamide</i> CASODEX	1	
ENZALUTAMIDE XTANDI	4	PA, QL: 4 PER DAY
<i>flutamide</i> EULEXIN	1	
<i>nilutamide</i> NILANDRON	4	PA, QL: 1 PER DAY
ANTIBIOTIC ANTINEOPLASTICS		
<i>bleomycin sulfate</i>	4	
ANTIMETABOLITES		
<i>azacitidine</i> VIDAZA	4	
<i>capecitabine</i> XELODA	4	PA
<i>floxuridine</i> FUDR	4	
<i>fluorouracil</i>	1	
<i>mercaptopurine</i> PURINETHOL	1	
MERCAPTOPURINE PURIXAN	4	
<i>methotrexate sodium</i> FOLEX	1	
METHOTREXATE SODIUM TREXALL (10 MG) (TABLET)	2	
METHOTREXATE SODIUM TREXALL (15 MG) (TABLET)	2	
<i>methotrexate sodium</i> TREXALL (2.5 MG) (TABLET)	1	
METHOTREXATE SODIUM TREXALL (5 MG) (TABLET)	2	
METHOTREXATE SODIUM TREXALL (7.5 MG) (TABLET)	2	
<i>methotrexate sodium/pf</i> FOLEX	1	
THIOGUANINE TABLOID	4	
TRIFLURIDINE/TIPIRACIL HCL LONSURF	4	PA
ANTINEOPLASTIC AROMATASE INHIBITORS		
<i>anastrozole</i> ARIMIDEX	1	MO
<i>exemestane</i> AROMASIN	1	QL: 1 PER DAY, MO
<i>letrozole</i> FEMARA	1	MO
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
DABRAFENIB MESYLATE TAFINLAR	4	PA, QL: 120 PER 30 DAYS
ENCORAFENIB BRAFTOVI	4	PA
VEMURAFENIB ZELBORAF	4	PA, QL: 240 PER 30 DAYS

Drug Name		Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
SONIDEGB PHOSPHATE	ODOMZO	4	PA
VISMODEGIB	ERIVEDGE	4	PA, QL: 30 PER 30 DAYS
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	4	PA, QL: 2 PER DAY
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
BINIMETINIB	MEKTOVI	4	PA
COBIMETINIB FUMARATE	COTELLIC	4	PA
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST (0.5 MG) (TABLET)	4	PA, QL: 90 PER 30 DAYS
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST (2 MG) (TABLET)	4	PA, QL: 30 PER 30 DAYS
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR	4	PA, QL: 1 PER DAY
EVEROLIMUS	AFINITOR DISPERZ	4	PA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
<i>irinotecan hcl</i>	CAMPTOSAR	4	
TOPOTECAN HCL	HYCANTIN	4	PA
ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT			
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO-PACK	4	PA
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	4	PA, QL: 1 PER DAY
PEGINTERFERON ALFA-2B	SYLATRON	4	PA, QL: 5 PER FILL
POMALIDOMIDE	POMALYST	4	PA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS			
DEGARELIX ACETATE	FIRMAGON (120 MG) (VIAL)	4	QL: 2 VIALS PER 365 DAYS
DEGARELIX ACETATE	FIRMAGON (80 MG) (VIAL)	4	QL: 1 VIAL PER 30 DAYS
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ABEMACICLIB	VERZENIO	4	PA
ACALABRUTINIB	CALQUENCE	4	PA
AFATINIB DIMALEATE	GILOTRIF	4	PA
ALECTINIB HCL	ALECENSA	4	PA
AXITINIB	INLYTA (1 MG) (TABLET)	4	PA, QL: 180 PER 30 DAYS
AXITINIB	INLYTA (5 MG) (TABLET)	4	PA, QL: 60 PER 30 DAYS
BOSUTINIB	BOSULIF (100 MG) (TABLET)	4	PA, QL: 4 PER DAY
BOSUTINIB	BOSULIF (400 MG) (TABLET)	4	PA
BOSUTINIB	BOSULIF (500 MG) (TABLET)	4	PA, QL: 1 PER DAY
BRIGATINIB	ALUNBRIG	4	PA
CABOZANTINIB S-MALATE	CABOMETYX	4	PA
CABOZANTINIB S-MALATE	COMETRIQ	4	PA
CERITINIB	ZYKADIA	4	PA
CRIZOTINIB	XALKORI	4	PA, QL: 2 PER DAY
DASATINIB	SPRYCEL (100 MG) (TABLET)	4	PA, QL: 1 PER DAY
DASATINIB	SPRYCEL (140 MG) (TABLET)	4	PA, QL: 1 PER DAY
DASATINIB	SPRYCEL (20 MG) (TABLET)	4	PA, QL: 2 PER DAY
DASATINIB	SPRYCEL (50 MG) (TABLET)	4	PA, QL: 1 PER DAY

Drug Name		Tier	Requirements/Limits
DASATINIB	SPRYCEL (70 MG) (TABLET)	4	PA, QL: 1 PER DAY
DASATINIB	SPRYCEL (80 MG) (TABLET)	4	PA, QL: 1 PER DAY
ERLOTINIB HCL	TARCEVA	4	PA, QL: 30 PER 30 DAYS
GEFITINIB	IRESSA	4	PA
IBRUTINIB	IMBRUVICA	4	PA
IDELALISIB	ZYDELIG	4	PA, QL: 2 PER DAY
<i>imatinib mesylate</i>	GLEEVEC	4	PA, QL: 2 PER DAY
IXAZOMIB CITRATE	NINLARO	4	PA
LAPATINIB DITOSYLATE	TYKERB	4	PA
LENVATINIB MESYLATE	LENVIMA	4	PA
MIDOSTAURIN	RYDAPT	4	PA
NERATINIB MALEATE	NERLYNX	4	PA
NILOTINIB HCL	TASIGNA	4	PA, QL: 4 PER DAY
NIRAPARIB TOSYLATE	ZEJULA	4	PA
OLAPARIB	LYNPARZA	4	PA, QL: 4 PER DAY
OSIMERTINIB MESYLATE	TAGRISSE	4	PA
PALBOCICLIB	IBRANCE	4	PA
PAZOPANIB HCL	VOTRIENT	4	PA
PONATINIB HCL	ICLUSIG (15 MG) (TABLET)	4	PA, QL: 60 PER 30 DAYS
PONATINIB HCL	ICLUSIG (45 MG) (TABLET)	4	PA, QL: 30 PER 30 DAYS
REGORAFENIB	STIVARGA	4	PA, QL: 84 PER 28 DAYS
RIBOCICLIB SUCCINATE	KISQALI	4	PA
RUCAPARIB CAMSYLATE	RUBRACA	4	PA
SORAFENIB TOSYLATE	NEXAVAR	4	PA
SUNITINIB MALATE	SUTENT	4	PA, QL: 1 PER DAY
VANDETANIB	CAPRELSA	4	PA
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
PANOBINOSTAT LACTATE	FARYDAK	4	PA
VORINOSTAT	ZOLINZA	4	PA
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS			
VENETOCLAX	VENCLEXTA	4	PA
VENETOCLAX	VENCLEXTA STARTING PACK	4	PA
ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS			
ENASIDENIB MESYLATE	IDHIFA	4	PA
IVOSIDENIB	TIBSOVO	4	PA
ANTINEOPLASTICS,MISCELLANEOUS			
<i>etoposide</i>	VEPESID	1	
MITOTANE	LYSODREN	4	
PEGASPARGASE	ONCASPAR	4	PA
PROCARBAZINE HCL	MATULANE	4	
<i>tretinoin</i>	VESANOID	4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
<i>dexrazoxane hcl</i>		1	
<i>leucovorin calcium</i>	WELLCOVORIN	1	
MESNA	MESNEX	2	
PHOTOACTIVATED, ANTINEOPLS. & PREMALIGNANT LESIONS			
AMINOLEVULINIC ACID HCL	LEVULAN	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
FULVESTRANT	FASLODEX	4	PA
<i>tamoxifen citrate</i>	NOLVADEX	1	MO
TAMOXIFEN CITRATE	SOLTAMOX	3	MO
TOREMIFENE CITRATE	FARESTON	4	PA, MO

Drug Name		Tier	Requirements/Limits
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
<i>bexarotene</i>	TARGRETIN	4	PA
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	4	
<i>megestrol acetate</i>	MEGACE	1	
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
DIMETHYL FUMARATE	TECFIDERA	4	PA
FINGOLIMOD HCL	GILENYA (0.5 MG) (CAPSULE)	4	PA, QL: 1 PER DAY
<i>glatiramer acetate</i>	COPAXONE (20 MG/ML) (SYRINGE)	4	PA, QL: 30 ML PER 30 DAYS
<i>glatiramer acetate</i>	COPAXONE (40 MG/ML) (SYRINGE)	4	PA
INTERFERON BETA-1A	AVONEX	4	PA, QL: 4 PER FILL
INTERFERON BETA-1A	AVONEX PEN	4	PA, QL: 4 PER FILL
INTERFERON BETA-1A/ALBUMIN	AVONEX	4	PA, ST, QL: 4 PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF (22MCG/.5ML) (SYRINGE)	4	PA, QL: 7.5 ML PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF (44MCG/.5ML) (SYRINGE)	4	PA, QL: 7.5 ML PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF (8.8-22(6)) (SYRINGE)	4	PA, QL: 4.2 ML PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE (22MCG/.5ML) (PEN INJCTR)	4	PA, QL: 7.5 ML PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE (44MCG/.5ML) (PEN INJCTR)	4	PA, QL: 7.5 ML PER FILL
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE (8.8-22(6)) (PEN INJCTR)	4	PA, QL: 4.2 ML PER FILL
INTERFERON BETA-1B	BETASERON	4	PA, QL: 15 VIALS PER FILL
INTERFERON BETA-1B	EXTAVIA	4	PA, QL: 15 VIALS PER FILL
PEGINTERFERON BETA-1A	PLEGRIDY	4	PA
PEGINTERFERON BETA-1A	PLEGRIDY PEN	4	PA
TERIFLUNOMIDE	AUBAGIO	4	PA, QL: 1 PER DAY
AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR			
<i>dalfampridine</i>	AMPYRA	4	PA
AMYOTROPHIC LATERAL SCLEROSIS AGENTS			
<i>riluzole</i>	RILUTEK	1	MO
FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB			
MILNACIPRAN HCL	SAVELLA (100 MG) (TABLET)	2	QL: 68 PER FILL, MO
MILNACIPRAN HCL	SAVELLA (12.5 MG) (TABLET)	2	QL: 68 PER FILL, MO
MILNACIPRAN HCL	SAVELLA (12.5-25- 50) (TAB DS PK)	2	QL: 55 PER FILL, MO
MILNACIPRAN HCL	SAVELLA (25 MG) (TABLET)	2	QL: 68 PER FILL, MO
MILNACIPRAN HCL	SAVELLA (50 MG) (TABLET)	2	QL: 68 PER FILL, MO
MOVEMENT DISORDERS(DRUG THERAPY)			
DEUTETRABENAZINE	AUSTEDO	4	PA
<i>tetrabenazine</i>	XENAZINE	4	PA

Drug Name		Tier	Requirements/Limits
PSEUDOBLBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS			
DEXTROMETHORPHAN HBR/QUINIDINE	NUEDEXTA	3	PA, MO
ORAL/PHARYNGEAL DISORDERS			
DENTAL AIDS AND PREPARATIONS			
<i>chlorhexidine gluconate</i>	PERIDEX	1	
<i>chlorhexidine gluconate</i>	PERIOGARD	1	
DENTAL SUCTION/CHLRHEX/SWB1/MW	Q-CARE RX	3	
DENTL SUCTION DEV/CHLORHX/SWB1	Q-CARE RX	3	
<i>triamcinolone acetonide</i>	KENALOG IN ORABASE	1	
NOSE PREPARATIONS ANTIBIOTICS			
MUPIROCIN CALCIUM	BACTROBAN NASAL	2	
NOSE PREPARATIONS, MISCELLANEOUS (RX)			
<i>ipratropium bromide</i>	ATROVENT (21 MCG) (SPRAY)	1	QL: 60 ML PER FILL, MO
<i>ipratropium bromide</i>	ATROVENT (42 MCG) (SPRAY)	1	QL: 30 ML PER FILL
PERIODONTAL COLLAGENASE INHIBITORS			
<i>doxycycline hyclate</i>	PERIOSTAT	1	
OTHER DRUGS			
ABORTIFACIENT,PROGESTERONE RECEPTOR ANTAGONIST-TYP			
MIFEPRISTONE	MIFEPREX	3	
AGENTS FOR STOMATOLOGICAL USE			
SUCRALFATE MALATE, POLYMERIZED	ORAFATE	3	
SUCRALFATE MALATE, POLYMERIZED	PROTHELIAL	3	
SULFURIC ACID/SULFONAT. PHENOL	DEBACTEROL	2	
ANTIDOTES,MISCELLANEOUS			
ACETYLCYSTEINE	CETYLEV	3	
ANTIGENIC SKIN TESTS			
CANDIDA ALBICANS SKIN TEST	CANDIN	3	
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.			
<i>megestrol acetate</i>	MEGACE	1	
<i>megestrol acetate</i>	MEGACE ES	1	
BLOOD TESTING PREPARATIONS,IN-VITRO			
PROTHROMBIN TIME/INR TEST METR	COAGUCHEK XS	3	
CHELATING AGENTS			
GLUTATHIONE		3	
GLUTATHIONE-L		3	
CHOLINESTERASE REACTIVAT.&MUSCARINIC ANTG.ANTIDOTE			
PRALIDOXIME CHLORIDE/ATROPINE	DUODOTE	3	
CHOLINESTERASE REACTIVATING,ORGANOPHOS. ANTIDOTES			
PRALIDOXIME CHLORIDE		3	
CONCEPTION ASSISTANCE SUPPLIES			
CONCEPTION ASSIST.SUPPLIES NO1	CONCEPTION	3	
CRYOPRESERVATIVE AGENTS			
DIMETHYL SULFOXIDE	CRYOSERV	3	
CXCR4 CHEMOKINE RECEPTOR ANTAGONIST			
PLERIXAFOR	MOZOBIL	4	PA
DILUENT SOLUTIONS			
DILUENT 1,LIVE VIRUS VAC(SWFI)	DILUENT-MERCK LIVE VIRUS VACC	3	
DILUENT, INSULIN ASPART NO.1	DILUTING MEDIUM FOR NOVOLOG	3	

Drug Name		Tier	Requirements/Limits
DILUENT,HIB,TET-CONJ,0.4% NACL	DILUENT FOR ACTHIB	3	
DILUENT,LIVE ROTAVIRUS VACC,CA	DILUENT FOR ROTARIX	3	
DILUENT,MENIN C,Y,HIB VAC,NACL	DILUENT FOR MENHIBRIX	3	
DILUENT,MENINACWY135VAC,MD,WTR	DILUENT FOR MENOMUNE	3	
DILUENT,MENINACWY135VAC,SD,WTR	DILUENT FOR MENOMUNE	3	
DILUENT,RABIES VAC,HUM (WATER)	DILUENT FOR IMOVAX	3	
DILUENT,RABIES VAC,PCEC(WATER)	DILUENT FOR RABAVERT	3	
DILUENT,YELLOW FEV VAC,MD,NACL	DILUENT FOR YF-VAX	3	
DILUENT,YELLOW FEV VAC,SD,NACL	DILUENT FOR YF-VAX	3	
DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING			
ELIGLUSTAT TARTRATE	CERDELGA	4	PA
<i>miglustat</i>	ZAVESCA	4	PA
FLAVORING AGENTS			
ETHYL ACETATE		2	
GENERAL ANESTHETICS,INHALANT			
DESFLURANE	SUPRANE	3	
<i>sevoflurane</i>	ULTANE	1	
GENERAL INHALATION AGENTS			
SODIUM CHLORIDE FOR INHALATION	HYPER-SAL (3.5 %) (VIAL-NEB)	3	
SODIUM CHLORIDE FOR INHALATION	HYPER-SAL (7 %) (VIAL-NEB)	2	
SODIUM CHLORIDE FOR INHALATION	NEBUSAL	3	
SODIUM CHLORIDE FOR INHALATION	PULMOSAL	2	
<i>sodium chloride for inhalation</i>		1	
IV FAT EMULSIONS			
FAT EMULSIONS	INTRALIPID	3	
FAT EMULSIONS	NUTRILIPID	3	
METABOLIC DEFICIENCY AGENTS			
BETAINE	CYSTADANE	4	
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DX			
AGALSIDASE BETA	FABRAZYME	4	PA
METALLIC POISON,AGENTS TO TREAT			
DEFERASIROX	EXJADE	4	PA
DEFERASIROX	JADENU	4	PA
DEFERASIROX	JADENU SPRINKLE	4	PA
DEFERIPRONE	FERRIPROX	4	
<i>deferoxamine mesylate</i>	DESFERAL	1	
<i>deferoxamine mesylate</i>	DESFERAL MESYLATE	1	
DIMERCAPROL	BAL IN OIL	2	
PRUSSIAN BLUE (INSOLUBLE)	RADIOGARDASE	3	
SUCCIMER	CHEMET	2	
<i>trientine hcl</i>	SYPRINE	4	PA
ZINC ACETATE	GALZIN	2	
MUSCARINIC RECEPTOR ANTAGONISTS			
ATROPINE SULFATE	ATROPEN	3	

Drug Name		Tier	Requirements/Limits
NEEDLES/NEEDLELESS DEVICES			
BLUNT NEEDLE, DISPOSABLE	BLUNT NEEDLE	3	
NEEDLES, BLOOD COLLECTION	MONOJECT BLOOD COLLECTION	3	
NEEDLES, DISPOSABLE	HYPODERMIC NEEDLE	3	
NEEDLES, FILTER	FILTER NEEDLE	3	
NEEDLES, SAFETY	ECLIPSE NEEDLE	3	
NEEDLES, SAFETY	NEEDLE	3	
NEEDLES, SAFETY	TERUMO SURGUARD2	3	
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS	2	MO
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS PLUS	2	MO
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLES	2	MO
PEN NEEDLE, DIABETIC	CAREFINE PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	CARETOUCH PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	CLICKFINE	2	MO
PEN NEEDLE, DIABETIC	COMFORT EZ	2	MO
PEN NEEDLE, DIABETIC	DROPLET PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	EASY COMFORT PEN NEEDLES	2	MO
PEN NEEDLE, DIABETIC	EASY GLIDE PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	EASY TOUCH PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	HEALTHY ACCENTS UNIFINE PENTIP	2	MO
PEN NEEDLE, DIABETIC	INCONTROL PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	INSULIN PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	INSUPEN	2	MO
PEN NEEDLE, DIABETIC	LITE TOUCH	2	MO
PEN NEEDLE, DIABETIC	MINI ULTRA-THIN II	2	MO
PEN NEEDLE, DIABETIC	NEEDLES	2	MO
PEN NEEDLE, DIABETIC	NOVOFINE 32	2	MO
PEN NEEDLE, DIABETIC	NOVOFINE PLUS	2	MO
PEN NEEDLE, DIABETIC	NOVOTWIST	2	MO
PEN NEEDLE, DIABETIC	PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	PEN NEEDLES	2	MO
PEN NEEDLE, DIABETIC	PENTIPS	2	MO
PEN NEEDLE, DIABETIC	PRO COMFORT PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	RELION PEN NEEDLES	2	MO
PEN NEEDLE, DIABETIC	SURE COMFORT	2	MO
PEN NEEDLE, DIABETIC	SURE-FINE PEN NEEDLES	2	MO
PEN NEEDLE, DIABETIC	TECHLITE PEN NEEDLE	2	MO

Drug Name		Tier	Requirements/Limits
PEN NEEDLE, DIABETIC	TOPCARE CLICKFINE	2	MO
PEN NEEDLE, DIABETIC	TRUEPLUS PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTICARE PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTILET PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-FINE MICRO PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-FINE MINI PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-FINE NANO PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-FINE ORIGINAL PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-FINE SHORT PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC	ULTRA-THIN II	2	MO
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS	2	MO
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS PLUS	2	MO
PEN NEEDLE, DIABETIC, SAFETY	ASSURE ID PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC, SAFETY	DROPSAFE PEN NEEDLE	2	MO
PEN NEEDLE, DIABETIC, SAFETY	HEALTHY ACCENTS UNIFINE PENTIP	2	MO
PEN NEEDLE, DIABETIC, SAFETY	NOVOFINE AUTOCOVER	2	MO
PEN NEEDLE, DUAL SAFETY, DIABETIC	AUTOSHIELD DUO PEN NEEDLE	2	MO
TRANSFER DEVICE, CLOSED SYSTEM	PHASEAL PROTECTOR	3	
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION			
GLUTAMINE	NUTRESTORE	3	PA
OINTMENT/CREAM BASES			
EMOLLIENT BASE	RADIAGEL	3	
ORAL MUCOSITIS/STOMATITIS AGENTS			
GLY/CARB H.POLYMR A/POT HYDROX	MUGARD	3	QL: 480 ML PER FILL
POT SOR/HE-CELLULOS/POV/HYALUR	GELCLAIR	3	QL: 225 ML PER FILL
POT SORBATE/MALTO/ALOE/MANN PS	ORAMAGICRX	3	
POVID/TAUR/ZN/PEG40 CASTOR OIL	GELX	3	
ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT			
MUCOSITIS AND STOMATITIS COMB2	EPISIL	3	
PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS			
PARENTERAL AMINO ACID 20% NO.1	PROSOL	3	
PHARMACEUTICAL ADJUVANTS, TABLETING			
CELLULOSE	MICROCRYSTALLI NE CELLULOSE	3	
PRESERVATIVES			
FORMALDEHYDE	FORMA-RAY	2	
SALIVA STIMULANT AGENTS			
SORBITOL/SALIVA 1/MALIC/C.PHOS	NUMOISYN	3	
SALIVA SUBSTITUTE AGENTS			
FLAXSEED	NUMOISYN	3	

Drug Name		Tier	Requirements/Limits
SKIN TISSUE REPLACEMENT			
EXTRACELL MATRIX, OVINE, FENES	ENDOFORM	3	
EXTRACELL MATRIX,PORCINE,FENES	MATRISTEM	3	
EXTRACELLULAR MATRIX, OVINE	ENDOFORM	3	
EXTRACELLULAR MATRIX,PORCINE	MATRISTEM MICROMATRIX	3	
HUMAN REGENERATIVE TISSUE MTRX	EPIFIX AMNIOTIC MEMBRANE	3	
HUMAN REGENERATIVE TISSUE MTRX	GRAFIX CORE	3	
HUMAN REGENERATIVE TISSUE MTRX	GRAFIX PRIME	3	
HUMAN REGENERATIVE TISSUE MTRX	STRAVIX	3	
SOLVENTS			
ISOPROPYL ALCOHOL	DY-O-DERM	3	
ISOPROPYL ALCOHOL	INSTACLEAN	3	
ISOPROPYL ALCOHOL	ISOPROPANOL	3	
ISOPROPYL ALCOHOL		3	
ISOPROPYL ALCOHOL	ISOPROPYL RUBBING ALCOHOL	3	
ISOPROPYL ALCOHOL	RUBBING ALCOHOL	3	
MINERAL OIL	MURI-LUBE MINERAL OIL	3	
PROPYLENE GLYCOL (99.5 %) (LIQUID)		2	
SODIUM SUCCINATE		2	
SOMATOSTATIC AGENTS			
LANREOTIDE ACETATE	SOMATULINE DEPOT	4	PA
<i>octreotide acetate</i>		4	
PASIREOTIDE DIASPARTATE	SIGNIFOR	4	PA
SUPPORT HOSIERY			
COMP.STOCKING,KNEE,LONG,MEDIUM	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,LARGE	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,SMALL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,X-LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,X-SML	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,SHORT,SMAL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,LARGE	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,SMALL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,X-LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
COMPR.STOCKING, THIGH, REG, LARGE	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPR.STOCKING, THIGH, REG, SMALL	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPR.STOCKING, THIGH, REG, X-LRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPR.STOCKING, THIGH, REG, X-SML	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPR.STOCKING, THIGH, SHORT, LRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPR.STOCKING, THIGH, SHORT, MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRES.STOCKING, KNEE, REG, SMAL	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRES.STOCKING, KNEE, REG, XLRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRES.STOCKING, THIGH, REG, MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRESS.STOCKING, KNEE, REG, LRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRESS.STOCKING, KNEE, REG, MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRS.STOCKING, THIGH, LONG, MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
SUSPENDING AGENTS			
GELATIN	GELFILM	3	
LAURETH 4	BRIJ L4	3	
SWEETENERS			
SACCHARIN		3	
TOPICAL ANTISEPTIC DRYING AGENTS			
<i>formaldehyde</i>		1	
URINE MULTIPLE TEST AIDS			
URINALYSIS CALIBRATION STRIPS	CHEMSTRIP	3	
VACCINE ADJUVANTS			
ADJUVANT AS01B/PF, VIAL 1 OF 2	SHINGRIX ADJUVANT COMPONENT	3	AGE: >= 50 YEARS, QL: 1 ML PER 365 DAYS
VEHICLES			
CITRIC ACID		3	
SORBITOL SOLUTION	SORBITOL	3	
WATER			
<i>water for inj., bacteriostatic</i>		1	
<i>water for injection, sterile</i>		1	
WOUND HEALING AGENTS, LOCAL			
BALSAM PERU/CASTOR OIL	VENELEX	3	

Drug Name	Tier	Requirements/Limits
OTHER RESPIRATORY DISORDERS		
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS		
PIRFENIDONE	ESBRIET	4 PA
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR		
IVACAFTOR	KALYDECO	4 PA, QL: 2 PER DAY
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.		
LUMACAFTOR/IVACAFTOR	ORKAMBI	4 PA
TEZACAFTOR/IVACAFTOR	SYMDEKO	4 PA
LUNG SURFACTANTS		
BERACTANT	SURVANTA	3
CALFACTANT	INFASURF	3
LUCINACTANT	SURFAXIN	3
PORACTANT ALFA	CUROSURF	3
MUCOLYTICS		
<i>acetylcysteine</i>	MUCOMYST	1
DORNASE ALFA	PULMOZYME	4 PA, QL: 150 ML PER 30 DAYS
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS		
NINTEDANIB ESYLATE	OFEV	4 PA
PAIN MANAGEMENT - ANALGESICS		
ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.		
<i>butalbital/acetaminophen</i>		1
ANALGESIC, SALICYLATE, BARBITURATE,& XANTHINE CMB		
<i>butalbital/aspirin/caffeine</i>		1
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB		
<i>butalb/acetaminophen/caffeine</i>		1
ANALGESIC/ANTIPYRETICS, SALICYLATES		
<i>choline salicyl/mag salicylate</i>		1
<i>diflunisal</i>	DOLOBID	1
SALSALATE	DISALCID	2
<i>salsalate</i>		1
ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS		
<i>fentanyl citrate/pf</i>		1
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION		
<i>hydrocodone/ibuprofen</i>	IBUDONE	1
<i>hydrocodone/ibuprofen</i>	VICOPROFEN	1
<i>ibuprofen/oxycodone hcl</i>		1
ANALGESICS, NON-NARCOTICS		
<i>clonidine hcl/pf</i>		1
ANALGESICS, NARCOTICS		
<i>acetaminophen/caff/dihydrocod (320.5-30mg) (capsule)</i>		1 QL: 10 PER DAY
<i>buprenorphine</i>	BUTRANS	1 QL: 4 PER 28 DAYS
BUPRENORPHINE HCL	BUPRENEX	2
<i>buprenorphine hcl</i>		1
<i>butorphanol tartrate</i>	STADOL (1 MG/ML) (VIAL)	1
<i>butorphanol tartrate</i>	STADOL (10 MG/ML) (SPRAY)	1 QL: 5 ML PER FILL
<i>butorphanol tartrate</i>	STADOL (2 MG/ML) (VIAL)	1
<i>carisoprodol/aspirin/codeine</i>		1 AGE: >= 12 YEARS
<i>codeine sulfate</i>	CODEINE	1 AGE: >= 12 YEARS
<i>fentanyl</i>	DURAGESIC	1 PA
<i>fentanyl citrate</i>	ACTIQ	1 PA
HYDROCODONE BITARTRATE	HYSINGLA ER	3 PA, QL: 1 PER DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
HYDROMORPHONE HCL	DILAUDID	3	
<i>hydromorphone hcl (0.5mg/5ml) (syringe)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (liquid)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (12 mg) (tab er 24h)</i>		1	PA
<i>hydromorphone hcl (16 mg) (tab er 24h)</i>		1	PA
<i>hydromorphone hcl (2 mg) (tablet)</i>		1	
<i>hydromorphone hcl (2 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (2 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (3 mg) (supp.rect)</i>		1	
<i>hydromorphone hcl (32 mg) (tab er 24h)</i>		1	PA
<i>hydromorphone hcl (4 mg) (tablet)</i>		1	
<i>hydromorphone hcl (4 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (4 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (8 mg) (tab er 24h)</i>		1	PA
<i>hydromorphone hcl (8 mg) (tablet)</i>		1	
<i>hydromorphone hcl/pf</i>		1	
<i>meperidine hcl</i>	DEMEROL (10 MG/ML) (CARTRIDGE)	1	
<i>meperidine hcl</i>	DEMEROL (100 MG) (TABLET)	1	QL: 6 PER DAY
<i>meperidine hcl</i>	DEMEROL (50 MG) (TABLET)	1	QL: 6 PER DAY
<i>meperidine hcl</i>	DEMEROL (50 MG/5 ML) (SOLUTION)	1	QL: 900 ML PER 30 DAYS
MEPERIDINE HCL/PF	DEMEROL (100 MG/ML) (SYRINGE)	2	
<i>meperidine hcl/pf</i>	DEMEROL (100 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (25 MG/ML) (SYRINGE)	2	
<i>meperidine hcl/pf</i>	DEMEROL (25 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (25MG/0.5ML) (AMPUL)	2	
MEPERIDINE HCL/PF	DEMEROL (50 MG/ML) (AMPUL)	2	
MEPERIDINE HCL/PF	DEMEROL (50 MG/ML) (SYRINGE)	2	
<i>meperidine hcl/pf</i>	DEMEROL (50 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (75 MG/ML) (SYRINGE)	2	
<i>methadone hcl</i>		1	
<i>morphine sulfate (10 mg) (supp.rect)</i>		1	
<i>morphine sulfate (10 mg/5 ml) (solution)</i>		1	
<i>morphine sulfate (10 mg/ml) (cartridge)</i>		1	
MORPHINE SULFATE (10 MG/ML) (SYRINGE)		2	
<i>morphine sulfate (10 mg/ml) (vial)</i>		1	
<i>morphine sulfate (100 mg) (tablet er)</i>		1	QL: 3 PER DAY
<i>morphine sulfate (100 mg/5ml) (solution)</i>		1	
<i>morphine sulfate (10mg/0.7ml) (pen injctr)</i>		1	
<i>morphine sulfate (120 mg) (cpmp 24hr)</i>		1	ST, QL: 60 PER 30 DAYS
<i>morphine sulfate (15 mg) (tablet er)</i>		1	QL: 3 PER DAY
MORPHINE SULFATE (15 MG) (TABLET)		2	
<i>morphine sulfate (2 mg/ml) (syringe)</i>		1	

Commercial Formulary

Drug Name	Tier	Requirements/Limits	
<i>morphine sulfate (20 mg) (supp.rect)</i>	1		
<i>morphine sulfate (20 mg/5 ml) (solution)</i>	1		
<i>morphine sulfate (200 mg) (tablet er)</i>	1	QL: 3 PER DAY	
<i>morphine sulfate (30 mg) (cpmp 24hr)</i>	1	ST, QL: 30 PER 30 DAYS	
<i>morphine sulfate (30 mg) (supp.rect)</i>	1		
<i>morphine sulfate (30 mg) (tablet er)</i>	1	QL: 3 PER DAY	
MORPHINE SULFATE (30 MG) (TABLET)	2		
<i>morphine sulfate (45 mg) (cpmp 24hr)</i>	1	ST, QL: 30 PER 30 DAYS	
<i>morphine sulfate (5 mg) (supp.rect)</i>	1		
<i>morphine sulfate (5 mg/ml) (syringe)</i>	1		
<i>morphine sulfate (5 mg/ml) (vial)</i>	1		
<i>morphine sulfate (60 mg) (cpmp 24hr)</i>	1	ST, QL: 30 PER 30 DAYS	
<i>morphine sulfate (60 mg) (tablet er)</i>	1	QL: 3 PER DAY	
<i>morphine sulfate (75 mg) (cpmp 24hr)</i>	1	ST, QL: 30 PER 30 DAYS	
<i>morphine sulfate (8 mg/ml) (vial)</i>	1		
<i>morphine sulfate (90 mg) (cpmp 24hr)</i>	1	ST, QL: 30 PER 30 DAYS	
MORPHINE SULFATE/PF	INFUMORPH	2	
<i>morphine sulfate/pf</i>	1		
<i>nalbuphine hcl</i>	1		
<i>opium/belladonna alkaloids</i>	1		
<i>oxycodone hcl (10 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (10 mg) (tablet)</i>	1		
<i>oxycodone hcl (15 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (15 mg) (tablet)</i>	1		
<i>oxycodone hcl (20 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (20 mg) (tablet)</i>	1		
<i>oxycodone hcl (20 mg/ml) (oral conc)</i>	1		
<i>oxycodone hcl (30 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (30 mg) (tablet)</i>	1		
<i>oxycodone hcl (40 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (5 mg) (capsule)</i>	1		
<i>oxycodone hcl (5 mg) (tablet)</i>	1		
<i>oxycodone hcl (5 mg/5 ml) (solution)</i>	1		
<i>oxycodone hcl (60 mg) (tab er 12h)</i>	1	QL: 60 PER 30 DAYS	
<i>oxycodone hcl (80 mg) (tab er 12h)</i>	1	QL: 120 PER 30 DAYS	
OXYCODONE HCL	OXYCONTIN (10 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (15 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (20 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (30 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (40 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (60 MG) (TAB ER 12H)	2	QL: 60 PER 30 DAYS
OXYCODONE HCL	OXYCONTIN (80 MG) (TAB ER 12H)	2	QL: 120 PER 30 DAYS
OXYCODONE MYRISTATE	XTAMPZA ER (13.5 MG) (CAP SPR 12)	3	ST, QL: 2 PER DAY
OXYCODONE MYRISTATE	XTAMPZA ER (18 MG) (CAP SPR 12)	3	ST, QL: 2 PER DAY
OXYCODONE MYRISTATE	XTAMPZA ER (27 MG) (CAP SPR 12)	3	ST, QL: 2 PER DAY
OXYCODONE MYRISTATE	XTAMPZA ER (36 MG) (CAP SPR 12)	3	ST, QL: 8 PER DAY
OXYCODONE MYRISTATE	XTAMPZA ER (9 MG) (CAP SPR 12)	3	ST, QL: 2 PER DAY

Drug Name		Tier	Requirements/Limits
<i>oxymorphone hcl</i>	OPANA	1	
<i>oxymorphone hcl</i>	OPANA ER (10 MG) (TAB ER 12H)	1	QL: 2 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (15 MG) (TAB ER 12H)	1	QL: 2 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (20 MG) (TAB ER 12H)	1	QL: 2 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (30 MG) (TAB ER 12H)	1	QL: 4 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (40 MG) (TAB ER 12H)	1	QL: 4 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (5 MG) (TAB ER 12H)	1	QL: 2 PER DAY
<i>oxymorphone hcl</i>	OPANA ER (7.5 MG) (TAB ER 12H)	1	QL: 2 PER DAY
<i>pentazocine hcl/naloxone hcl</i>	TALWIN NX	1	
PENTAZOCINE LACTATE	TALWIN	2	
TAPENTADOL HCL	NUCYNTA	2	QL: 205 PER FILL
TAPENTADOL HCL	NUCYNTA ER	3	ST, QL: 2 PER DAY
<i>tramadol hcl</i>	RYZOLT	1	AGE: >= 12 YEARS, QL: 34 PER FILL
<i>tramadol hcl</i>	ULTRAM	1	AGE: >= 12 YEARS, QL: 272 PER FILL
<i>tramadol hcl</i>	ULTRAM ER	1	AGE: >= 12 YEARS, QL: 34 PER FILL
ANTIMIGRAINE PREPARATIONS			
<i>almotriptan malate</i>		1	ST, QL: 12 PER 30 DAYS
DICLOFENAC POTASSIUM	CAMBIA	3	ST, QL: 9 PER 30 DAYS
<i>dihydroergotamine mesylate</i>	D.H.E.45	1	QL: 10 ML PER 14 DAYS
<i>dihydroergotamine mesylate</i>	MIGRANAL	1	ST, QL: 8 ML PER 28 DAYS
<i>eletriptan hydrobromide</i>	RELPAK	1	ST, QL: 12 PER 30 DAYS
ERGOTAMINE TARTRATE	ERGOMAR	3	QL: 40 PER 28 DAYS
<i>ergotamine tartrate/caffeine</i>	CAFERGOT	1	QL: 40 PER 28 DAYS
<i>frovatriptan succinate</i>	FROVA	1	ST, QL: 18 PER 30 DAYS
<i>isomethept/dichlphn/acetaminop</i>		1	
<i>isomethepten/cafi/acetaminophen</i>	PRODRIN	1	
<i>naratriptan hcl</i>	AMERGE	1	QL: 18 PER 30 DAYS
<i>rizatriptan benzoate</i>		1	QL: 18 PER 30 DAYS
SUMATRIPTAN	IMITREX (20 MG) (SPRAY)	3	QL: 18 PER 28 DAYS
SUMATRIPTAN	IMITREX (5 MG) (SPRAY)	3	QL: 36 PER 28 DAYS
<i>sumatriptan (20 mg) (spray)</i>		1	QL: 18 PER 28 DAYS
<i>sumatriptan (5 mg) (spray)</i>		1	QL: 36 PER 28 DAYS
<i>sumatriptan succinate</i>	IMITREX (100 MG) (TABLET)	1	QL: 18 PER 30 DAYS
<i>sumatriptan succinate</i>	IMITREX (25 MG) (TABLET)	1	QL: 18 PER 30 DAYS
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (CARTRIDGE)	1	QL: 2 ML PER 28 DAYS
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (PEN INJCTR)	1	QL: 2 ML PER 28 DAYS
<i>sumatriptan succinate</i>	IMITREX (50 MG) (TABLET)	1	QL: 18 PER 30 DAYS
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (CARTRIDGE)	1	QL: 2 ML PER 28 DAYS

Drug Name		Tier	Requirements/Limits
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (PEN INJCTR)	1	QL: 2 ML PER 28 DAYS
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (VIAL)	1	QL: 2 ML PER 28 DAYS
SUMATRIPTAN SUCCINATE	SUMAVEL DOSEPRO	3	ST, QL: 2 ML PER 28 DAYS
ZOLMITRIPTAN	ZOMIG (2.5 MG) (SPRAY)	2	ST
<i>zolmitriptan</i>	ZOMIG (2.5 MG) (TABLET)	1	ST, QL: 12 PER 30 DAYS
ZOLMITRIPTAN	ZOMIG (5 MG) (SPRAY)	2	ST, QL: 12 PER 30 DAYS
<i>zolmitriptan</i>	ZOMIG (5 MG) (TABLET)	1	ST, QL: 12 PER 30 DAYS
<i>zolmitriptan</i>	ZOMIG ZMT	1	ST, QL: 12 PER 30 DAYS
NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
<i>butalbit/acetamin/caff/codeine</i>	FIORICET WITH CODEINE	1	AGE: >= 12 YEARS
NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE			
<i>codeine/butalbital/asa/caffein</i>	FIORINAL WITH CODEINE #3	1	AGE: >= 12 YEARS
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
<i>acetaminophen with codeine</i>		1	AGE: >= 12 YEARS
<i>hydrocodone/acetaminophen</i>		1	
HYDROCODONE/ACETAMINOPHEN	LORTAB	3	
<i>oxycodone hcl/acetaminophen</i>		1	
<i>tramadol hcl/acetaminophen</i>	ULTRACET	1	AGE: >= 12 YEARS, QL: 272 PER FILL
NARCOTIC AND SALICYLATE ANALGESIC COMBINATION			
<i>oxycodone hcl/aspirin</i>		1	
NARCOTIC WITHDRAWAL THERAPY AGENTS			
<i>buprenorphine hcl</i>	SUBUTEX	1	PA
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (12 MG-3 MG) (FILM)	2	PA, QL: 60 PER 30 DAYS
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (2 MG-0.5MG) (FILM)	2	PA, QL: 90 PER 30 DAYS
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (2 MG-0.5MG) (TAB SUBL)	1	PA, QL: 90 PER 30 DAYS
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (4MG-1MG) (FILM)	2	PA, QL: 90 PER 30 DAYS
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	2	PA, QL: 90 PER 30 DAYS
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (8 MG-2 MG) (TAB SUBL)	1	PA, QL: 90 PER 30 DAYS
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (0.7-0.18MG) (TAB SUBL)	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (1.4-0.36MG) (TAB SUBL)	3	PA, QL: 3 PER DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (11.4-2.9MG) (TAB SUBL)	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (2.9-0.71MG) (TAB SUBL)	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (5.7-1.4 MG) (TAB SUBL)	3	PA, QL: 3 PER DAY

Drug Name		Tier	Requirements/Limits
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (8.6-2.1 MG) (TAB SUBL)	3	PA
PARKINSONS DISEASE			
ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
<i>benztropine mesylate</i>	COGENTIN	1	MO
<i>trihexyphenidyl hcl</i>	ARTANE	1	MO
ANTIPARKINSONISM DRUGS,OTHER			
<i>amantadine hcl</i>	SYMMETREL	1	MO
APOMORPHINE HCL	APOKYN	4	PA, QL: 60 ML PER 30 DAYS
<i>bromocriptine mesylate</i>	PARLODEL	1	MO
CARBIDOPA/LEVODOPA	DUOPA	4	PA
<i>carbidopa/levodopa</i>	PARCOPA	1	MO
CARBIDOPA/LEVODOPA	RYTARY	3	ST, QL: 10 PER DAY
<i>carbidopa/levodopa</i>	SINEMET 10-100	1	MO
<i>carbidopa/levodopa</i>	SINEMET 25-100	1	MO
<i>carbidopa/levodopa</i>	SINEMET 25-250	1	MO
<i>carbidopa/levodopa</i>	SINEMET CR	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 100	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 125	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 150	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 200	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 50	1	MO
<i>carbidopa/levodopa/entacapone</i>	STALEVO 75	1	MO
<i>entacapone</i>	COMTAN	1	MO
<i>pramipexole di-hcl</i>	MIRAPEX	1	MO
<i>pramipexole di-hcl</i>	MIRAPEX ER	1	QL: 1 PER DAY, MO
<i>rasagiline mesylate</i>	AZILECT	1	QL: 1 PER DAY, MO
<i>ropinirole hcl</i>	REQUIP	1	MO
<i>ropinirole hcl</i>	REQUIP XL	1	QL: 1 PER DAY, MO
ROTIGOTINE	NEUPRO	2	ST, QL: 1 PER DAY, MO
SAFINAMIDE MESYLATE	XADAGO	3	ST, QL: 1 PER DAY
<i>selegiline hcl</i>		1	MO
SELEGILINE HCL	ZELAPAR	3	QL: 2 PER DAY, MO
DECARBOXYLASE INHIBITORS			
<i>carbidopa</i>	LODOSYN	1	MO
SEIZURE DISORDER			
ANTICONVULSANT - BENZODIAZEPINE TYPE			
CLOBAZAM	ONFI (10 MG) (TABLET)	3	ST, QL: 2 PER DAY
CLOBAZAM	ONFI (2.5 MG/ML) (ORAL SUSP)	3	ST, QL: 480 ML PER 30 DAYS
CLOBAZAM	ONFI (20 MG) (TABLET)	3	ST, QL: 2 PER DAY
<i>clonazepam (0.125 mg) (tab rapdis)</i>		1	QL: 4 PER DAY, MO
<i>clonazepam (0.25 mg) (tab rapdis)</i>		1	QL: 4 PER DAY, MO
<i>clonazepam (0.5 mg) (tab rapdis)</i>		1	QL: 4 PER DAY, MO
<i>clonazepam (0.5 mg) (tablet)</i>		1	MO
<i>clonazepam (1 mg) (tab rapdis)</i>		1	QL: 4 PER DAY, MO
<i>clonazepam (1 mg) (tablet)</i>		1	MO
<i>clonazepam (2 mg) (tab rapdis)</i>		1	QL: 2 PER DAY, MO
<i>clonazepam (2 mg) (tablet)</i>		1	MO
CLONAZEPAM	KLONOPIN	2	MO
DIAZEPAM	DIASTAT	2	QL: 1 PER 30 DAYS
DIAZEPAM	DIASTAT ACUDIAL	2	QL: 1 PER 30 DAYS
<i>diazepam</i>		1	QL: 1 PER 30 DAYS

Drug Name		Tier	Requirements/Limits
ANTICONVULSANTS			
BRIVARACETAM	BRIVIACT (10 MG) (TABLET)	3	ST, QL: 2 PER DAY
BRIVARACETAM	BRIVIACT (10 MG/ML) (SOLUTION)	3	PA
BRIVARACETAM	BRIVIACT (100 MG) (TABLET)	3	ST, QL: 2 PER DAY
BRIVARACETAM	BRIVIACT (25 MG) (TABLET)	3	ST, QL: 2 PER DAY
BRIVARACETAM	BRIVIACT (50 MG) (TABLET)	3	ST, QL: 2 PER DAY
BRIVARACETAM	BRIVIACT (75 MG) (TABLET)	3	ST, QL: 2 PER DAY
<i>carbamazepine</i>		1	MO
CARBAMAZEPINE	CARBATROL (100 MG) (CPMP 12HR)	2	MO
CARBAMAZEPINE	CARBATROL (200 MG) (CPMP 12HR)	2	MO
CARBAMAZEPINE	CARBATROL (300 MG) (CPMP 12HR)	3	MO
CARBAMAZEPINE	TEGRETOL	2	MO
CARBAMAZEPINE	TEGRETOL XR	2	MO
DIVALPROEX SODIUM	DEPAKOTE (125 MG) (TABLET DR)	2	MO
DIVALPROEX SODIUM	DEPAKOTE (250 MG) (TABLET DR)	2	QL: 272 PER FILL, MO
DIVALPROEX SODIUM	DEPAKOTE (500 MG) (TABLET DR)	2	MO
DIVALPROEX SODIUM	DEPAKOTE ER (250 MG) (TAB ER 24H)	2	MO
DIVALPROEX SODIUM	DEPAKOTE ER (500 MG) (TAB ER 24H)	2	QL: 272 PER FILL, MO
DIVALPROEX SODIUM	DEPAKOTE SPRINKLE	2	MO
<i>divalproex sodium (125 mg) (cap dr spr)</i>		1	MO
<i>divalproex sodium (125 mg) (tablet dr)</i>		1	MO
<i>divalproex sodium (250 mg) (tab er 24h)</i>		1	MO
<i>divalproex sodium (250 mg) (tablet dr)</i>		1	QL: 272 PER FILL, MO
<i>divalproex sodium (500 mg) (tab er 24h)</i>		1	QL: 272 PER FILL, MO
<i>divalproex sodium (500 mg) (tablet dr)</i>		1	MO
ESLICARBAZEPINE ACETATE	APTIOM (200 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
ESLICARBAZEPINE ACETATE	APTIOM (400 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
ESLICARBAZEPINE ACETATE	APTIOM (600 MG) (TABLET)	3	ST, QL: 60 PER 30 DAYS, MO
ESLICARBAZEPINE ACETATE	APTIOM (800 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
<i>ethosuximide</i>		1	MO
ETHOSUXIMIDE	ZARONTIN	2	MO
ETHOTOIN	PEGANONE	2	MO
<i>felbamate (400 mg) (tablet)</i>		1	ST, QL: 9 PER DAY, MO
<i>felbamate (600 mg) (tablet)</i>		1	ST, QL: 6 PER DAY, MO
<i>felbamate (600 mg/5ml) (oral susp)</i>		1	ST, QL: 900 ML PER 30 DAYS, MO
FELBAMATE	FELBATOL (400 MG) (TABLET)	3	ST, QL: 9 PER DAY, MO
FELBAMATE	FELBATOL (600 MG) (TABLET)	3	ST, QL: 6 PER DAY, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
FELBAMATE	FELBATOL (600 MG/5ML) (ORAL SUSP)	3	ST, QL: 900 ML PER 30 DAYS, MO
	<i>gabapentin (100 mg) (capsule)</i>	1	MO
	<i>gabapentin (250 mg/5ml) (solution)</i>	1	MO
	<i>gabapentin (300 mg) (capsule)</i>	1	MO
	<i>gabapentin (300 mg/6ml) (solution)</i>	1	
	<i>gabapentin (400 mg) (capsule)</i>	1	MO
	<i>gabapentin (600 mg) (tablet)</i>	1	MO
	<i>gabapentin (800 mg) (tablet)</i>	1	MO
GABAPENTIN	NEURONTIN	2	MO
LACOSAMIDE	VIMPAT (10 MG/ML) (SOLUTION)	3	ST, QL: 1200 ML PR 30 DAYS, MO
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
LACOSAMIDE	VIMPAT (150 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
LACOSAMIDE	VIMPAT (200 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
LACOSAMIDE	VIMPAT (50 MG) (TABLET)	3	ST, QL: 2 PER DAY, MO
LACOSAMIDE	VIMPAT (50MG-100MG) (TAB DS PK)	3	
LAMOTRIGINE	LAMICTAL	2	MO
LAMOTRIGINE	LAMICTAL ODT (100 MG) (TAB RAPDIS)	3	ST, QL: 3 PER DAY, MO
LAMOTRIGINE	LAMICTAL ODT (200 MG) (TAB RAPDIS)	3	ST, QL: 2 PER DAY, MO
LAMOTRIGINE	LAMICTAL ODT (25 MG) (TAB RAPDIS)	3	ST, QL: 6 PER DAY, MO
LAMOTRIGINE	LAMICTAL ODT (50 MG) (TAB RAPDIS)	3	ST, QL: 6 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (100 MG) (TAB ER 24)	3	ST, QL: 3 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (200 MG) (TAB ER 24)	3	ST, QL: 2 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (25 MG) (TAB ER 24)	3	ST, QL: 6 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (250 MG) (TAB ER 24)	3	ST, QL: 2 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (300 MG) (TAB ER 24)	3	ST, QL: 2 PER DAY, MO
LAMOTRIGINE	LAMICTAL XR (50 MG) (TAB ER 24)	3	ST, QL: 6 PER DAY, MO
	<i>lamotrigine (100 mg) (tab er 24)</i>	1	ST, QL: 3 PER DAY, MO
	<i>lamotrigine (100 mg) (tab rapdis)</i>	1	ST, QL: 3 PER DAY, MO
	<i>lamotrigine (100 mg) (tablet)</i>	1	MO
	<i>lamotrigine (150 mg) (tablet)</i>	1	MO
	<i>lamotrigine (200 mg) (tab er 24)</i>	1	ST, QL: 2 PER DAY, MO
	<i>lamotrigine (200 mg) (tab rapdis)</i>	1	ST, QL: 2 PER DAY, MO
	<i>lamotrigine (200 mg) (tablet)</i>	1	MO
	<i>lamotrigine (25 mg) (tab er 24)</i>	1	ST, QL: 6 PER DAY, MO
	<i>lamotrigine (25 mg) (tab rapdis)</i>	1	ST, QL: 6 PER DAY, MO
	<i>lamotrigine (25 mg) (tablet)</i>	1	MO
	<i>lamotrigine (25 mg) (tb chw dsp)</i>	1	MO
	<i>lamotrigine (250 mg) (tab er 24)</i>	1	ST, QL: 2 PER DAY, MO
	<i>lamotrigine (300 mg) (tab er 24)</i>	1	ST, QL: 2 PER DAY, MO

Commercial Formulary

Drug Name		Tier	Requirements/Limits
<i>lamotrigine (5 mg) (tb chw dsp)</i>		1	MO
<i>lamotrigine (50 mg) (tab er 24)</i>		1	ST, QL: 6 PER DAY, MO
<i>lamotrigine (50 mg) (tab rapdis)</i>		1	ST, QL: 6 PER DAY, MO
LEVETIRACETAM	KEPPRA	2	MO
LEVETIRACETAM	KEPPRA XR	3	MO
<i>levetiracetam</i>		1	MO
LEVETIRACETAM	ROWEEPRA	2	MO
LEVETIRACETAM	ROWEEPRA XR	3	MO
METHSUXIMIDE	CELONTIN	2	MO
<i>oxcarbazepine</i>		1	MO
OXCARBAZEPINE	OXTELLAR XR	3	MO
OXCARBAZEPINE	TRILEPTAL	2	MO
PERAMPANEL	FYCOMPA (0.5 MG/ML) (ORAL SUSP)	3	PA, MO
PERAMPANEL	FYCOMPA (10 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
PERAMPANEL	FYCOMPA (12 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
PERAMPANEL	FYCOMPA (2 MG) (TABLET)	3	ST, QL: 120 PER 30 DAYS, MO
PERAMPANEL	FYCOMPA (4 MG) (TABLET)	3	ST, QL: 60 PER 30 DAYS, MO
PERAMPANEL	FYCOMPA (6 MG) (TABLET)	3	ST, QL: 60 PER 30 DAYS, MO
PERAMPANEL	FYCOMPA (8 MG) (TABLET)	3	ST, QL: 30 PER 30 DAYS, MO
PHENYTOIN	DILANTIN	2	MO
PHENYTOIN	DILANTIN-125	2	MO
<i>phenytoin</i>		1	MO
PHENYTOIN SODIUM EXTENDED	DILANTIN	2	MO
PHENYTOIN SODIUM EXTENDED	PHENYTEK	2	MO
<i>phenytoin sodium extended</i>		1	MO
PREGABALIN	LYRICA (100 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (150 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (20 MG/ML) (SOLUTION)	3	ST, MO
PREGABALIN	LYRICA (200 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (225 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (25 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (300 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (50 MG) (CAPSULE)	2	ST, MO
PREGABALIN	LYRICA (75 MG) (CAPSULE)	2	ST, MO
PRIMIDONE	MYSOLINE	2	MO
<i>primidone</i>		1	MO
RUFINAMIDE	BANZEL (200 MG) (TABLET)	3	ST, QL: 16 PER DAY
RUFINAMIDE	BANZEL (40 MG/ML) (ORAL SUSP)	3	ST, QL: 80 ML PER DAY
RUFINAMIDE	BANZEL (400 MG) (TABLET)	3	ST, QL: 8 PER DAY

Drug Name		Tier	Requirements/Limits
TIAGABINE HCL	GABITRIL (12 MG) (TABLET)	3	ST, QL: 4 PER DAY, MO
TIAGABINE HCL	GABITRIL (16 MG) (TABLET)	3	ST, QL: 3 PER DAY, MO
TIAGABINE HCL	GABITRIL (2 MG) (TABLET)	3	ST, QL: 4 PER DAY, MO
TIAGABINE HCL	GABITRIL (4 MG) (TABLET)	3	ST, QL: 4 PER DAY, MO
<i>tiagabine hcl (12 mg) (tablet)</i>		1	ST, QL: 4 PER DAY, MO
<i>tiagabine hcl (16 mg) (tablet)</i>		1	ST, QL: 3 PER DAY, MO
<i>tiagabine hcl (2 mg) (tablet)</i>		1	ST, QL: 4 PER DAY, MO
<i>tiagabine hcl (4 mg) (tablet)</i>		1	ST, QL: 4 PER DAY, MO
TOPIRAMATE	QUDEXY XR	3	MO
TOPIRAMATE	TOPAMAX	2	MO
<i>topiramate</i>		1	MO
TOPIRAMATE	TROKENDI XR (100 MG) (CAP ER 24H)	3	ST, QL: 30 PER 30 DAYS, MO
TOPIRAMATE	TROKENDI XR (200 MG) (CAP ER 24H)	3	ST, QL: 60 PER 30 DAYS, MO
TOPIRAMATE	TROKENDI XR (25 MG) (CAP ER 24H)	3	ST, QL: 30 PER 30 DAYS, MO
TOPIRAMATE	TROKENDI XR (50 MG) (CAP ER 24H)	3	ST, QL: 30 PER 30 DAYS, MO
VALPROIC ACID	DEPAKENE	2	MO
<i>valproic acid</i>		1	MO
VALPROIC ACID (AS SODIUM SALT)	DEPAKENE	2	MO
<i>valproic acid (as sodium salt)</i>		1	MO
<i>vigabatrin</i>	SABRIL	4	ST, AGE: <= 2 YEARS, QL: 6 PER DAY
VIGABATRIN	SABRIL	4	ST, AGE: <= 2 YEARS, QL: 6 PER DAY
ZONISAMIDE	ZONEGRAN (100 MG) (CAPSULE)	2	MO
ZONISAMIDE	ZONEGRAN (25 MG) (CAPSULE)	2	QL: 6 PER DAY, MO
<i>zonisamide (100 mg) (capsule)</i>		1	MO
<i>zonisamide (25 mg) (capsule)</i>		1	QL: 6 PER DAY, MO
<i>zonisamide (50 mg) (capsule)</i>		1	MO
SKELETAL MUSCLE DISORDER			
SKELETAL MUSCLE RELAX.& TOP.IRRITANT COUNTER-IRRITANT			
CYCLOBENZAPRINE/IRR CNTR-IRR 2	COMFORT PAC- CYCLOBENZAPRIN E	3	
TIZANIDINE/IRRITANT CNTR-IRR2	COMFORT PAC- TIZANIDINE	3	
SKELETAL MUSCLE RELAXANTS			
<i>baclofen (10 mg) (tablet)</i>		1	MO
<i>baclofen (20 mg) (tablet)</i>		1	MO
<i>baclofen (5 mg) (tablet)</i>		1	QL: 90 PER 30 DAYS
<i>carisoprodol</i>		1	
<i>carisoprodol/aspirin</i>	SOMA SOMA COMPOUND	1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine hcl</i>		1	
<i>dantrolene sodium</i>		1	
<i>metaxalone</i>		1	
<i>methocarbamol</i>		1	
<i>methocarbamol</i>		1	
<i>orphenadrine citrate</i>		1	

Drug Name		Tier	Requirements/Limits
<i>tizanidine hcl</i>	ZANAFLEX	1	MO
SMOKING CESSATION			
SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
NICOTINE	NICOTROL	3	QL: 336 PER 30 DAYS
NICOTINE	NICOTROL NS	3	QL: 160 ML PER 90 DAYS
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
VARENICLINE TARTRATE	CHANTIX	2	QL: 2 PER DAY
SMOKING DETERRENTS, OTHER			
<i>bupropion hcl</i>	ZYBAN	1	
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE			
GASTRIC ENZYMES			
SACROSIDASE	SUCRAID	4	PA, QL: 240 ML PER 30 DAYS
PANCREATIC ENZYMES			
LIPASE/PROTEASE/AMYLASE	CREON	2	MO
LIPASE/PROTEASE/AMYLASE	PANCREAZE	3	
LIPASE/PROTEASE/AMYLASE	VIOKACE	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP	3	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE			
ANTICHOLINERGICS/ANTISPASMODICS			
DICYCLOMINE HCL	BENTYL	2	
<i>dicyclomine hcl</i>		1	
BELLADONNA ALKALOIDS			
HYOSCYAMINE SULFATE	ANASPAZ	2	MO
<i>hyoscyamine sulfate</i>		1	MO
HYOSCYAMINE SULFATE	LEVBIID	3	MO
HYOSCYAMINE SULFATE	LEVSIN	2	MO
HYOSCYAMINE SULFATE	LEVSIN-SL	2	MO
HYOSCYAMINE SULFATE	NULEV	2	MO
HYOSCYAMINE SULFATE	SYMAX	3	MO
HYOSCYAMINE SULFATE	SYMAX DUOTAB	2	MO
HYOSCYAMINE SULFATE	SYMAX-SL	3	MO
HYOSCYAMINE SULFATE	SYMAX-SR	3	MO
<i>methscopolamine bromide</i>	PAMINE	1	
<i>methscopolamine bromide</i>	PAMINE FORTE	1	
PHENOBARB/HYOSCY/ATROPINE/SCOP	BELLADONNA-PHENOBARBITAL	3	ST, QL: 40 ML PER DAY
PHENOBARB/HYOSCY/ATROPINE/SCOP	DONNATAL (16.2MG/5ML) (ELIXIR)	3	ST, QL: 40 ML PER DAY
<i>phenobarb/hyoscy/atropine/scop</i>		1	ST, QL: 240 PER 30 DAYS
PHENOBARB/HYOSCY/ATROPINE/SCOP	PHENOHYTRO (16.2MG/5ML) (ELIXIR)	3	ST, QL: 40 ML PER DAY
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE			
ANTICHOLINERGICS,QUATERNARY AMMONIUM			
<i>chlordiazepoxide/clidinium br</i>	LIBRAX	1	
GLYCOPYRROLATE	CUVPOSA	3	
<i>glycopyrrolate</i>		1	
<i>propantheline bromide</i>	PRO-BANTHINE	1	
ANTI-ULCER PREPARATIONS			
<i>misoprostol</i>	CYTOTEC	1	MO
<i>sucrafate</i>	CARAFATE (1 G) (TABLET)	1	MO
SUCRALFATE	CARAFATE (1 G/10 ML) (ORAL SUSP)	2	MO

Drug Name		Tier	Requirements/Limits
ANTI-ULCER-H.PYLORI AGENTS			
BISMUTH/METRONID/TETRACYCLINE	PYLERA	3	QL: 12 PER DAY
HISTAMINE H2-RECEPTOR INHIBITORS			
<i>cimetidine</i>	TAGAMET (300 MG) (TABLET)	1	MO
<i>cimetidine</i>	TAGAMET (400 MG) (TABLET)	1	MO
<i>cimetidine</i>	TAGAMET (800 MG) (TABLET)	1	MO
<i>cimetidine hcl</i>	TAGAMET	1	MO
<i>famotidine</i>	PEPCID (10 MG/ML) (VIAL)	1	
<i>famotidine</i>	PEPCID (40 MG) (TABLET)	1	MO
<i>famotidine</i>	PEPCID (40MG/5ML) (ORAL SUSP)	1	MO
<i>famotidine/pf</i>		1	
<i>nizatidine</i>	AXID	1	
<i>ranitidine hcl</i>	ZANTAC	1	
INTESTINAL MOTILITY STIMULANTS			
<i>metoclopramide hcl</i>	REGLAN	1	
PROTON-PUMP INHIBITORS			
DEXLANSOPRAZOLE	DEXILANT (30 MG) (CAP DR BP)	3	PA, QL: 30 PER 30 DAYS
DEXLANSOPRAZOLE	DEXILANT (60 MG) (CAP DR BP)	3	PA, QL: 30 PER 30 DAYS
<i>esomeprazole magnesium</i>	NEXIUM (40 MG) (CAPSULE DR)	1	QL: 2 PER DAY
<i>esomeprazole sodium</i>	NEXIUM I.V.	1	
<i>lansoprazole (15 mg) (capsule dr)</i>		1	
<i>lansoprazole (30 mg) (capsule dr)</i>		1	
<i>omeprazole</i>		1	
<i>pantoprazole sodium (20 mg) (tablet dr)</i>		1	QL: 34 PER FILL
<i>pantoprazole sodium (40 mg) (tablet dr)</i>		1	
<i>rabeprazole sodium</i>	ACIPHEX	1	QL: 30 PER 30 DAYS
RABEPRAZOLE SODIUM	ACIPHEX SPRINKLE	3	QL: 30 PER 30 DAYS
URINARY TRACT - FUNCTIONAL DISORDERS			
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
<i>alfuzosin hcl</i>	UROXATRAL	1	MO
<i>dutasteride</i>	AVODART	1	MO
<i>finasteride</i>	PROSCAR	1	QL: 34 PER FILL, MO
<i>tamsulosin hcl</i>	FLOMAX	1	MO
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB			
<i>dutasteride/tamsulosin hcl</i>	JALYN	1	
KIDNEY STONE AGENTS			
CYSTEAMINE BITARTRATE	CYSTAGON	4	
TIOPRONIN	THIOLA	4	PA
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEP			
MIRABEGRON	MYRBETRIQ	3	ST, QL: 30 PER 30 DAYS
URINARY PH MODIFIERS			
CITRIC AC/GLUCONOLACT/MAG CARB	RENACIDIN	3	
CITRIC ACID/SODIUM CITRATE	ORACIT	2	
CITRIC ACID/SODIUM CITRATE	SHOHL'S MODIFIED	2	
METHENAMINE/SOD PHOSPHATE MBAS	UROQID-ACID NO.2	2	
<i>potassium citrate</i>	UROCIT-K	1	
<i>potassium citrate/citric acid</i>		1	

Drug Name		Tier	Requirements/Limits
POTASSIUM PHOSPHATE, MONOBASIC	K-PHOS ORIGINAL	2	
SOD PHOS, M-B/K PHOS, MONOB	K-PHOS NO.2	2	
URINARY TRACT ANALGESIC AGENTS			
DIMETHYL SULFOXIDE	RIMSO-50	3	
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2	QL: 3 PER DAY
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
<i>phenazopyridine hcl</i>	PYRIDIUM (100 MG) (TABLET)	1	
PHENAZOPYRIDINE HCL	PYRIDIUM (100 MG) (TABLET)	2	
<i>phenazopyridine hcl</i>	PYRIDIUM (200 MG) (TABLET)	1	
PHENAZOPYRIDINE HCL	PYRIDIUM (200 MG) (TABLET)	2	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
<i>darifenacin hydrobromide</i>	ENABLEX	1	ST, QL: 1 PER DAY
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
<i>flavoxate hcl</i>	URISPAS	1	MO
<i>oxybutynin chloride (10 mg) (tab er 24)</i>		1	MO
<i>oxybutynin chloride (15 mg) (tab er 24)</i>		1	MO
<i>oxybutynin chloride (5 mg) (tab er 24)</i>		1	QL: 34 PER FILL, MO
<i>oxybutynin chloride (5 mg) (tablet)</i>		1	MO
<i>oxybutynin chloride (5 mg/5 ml) (syrup)</i>		1	MO
<i>tolterodine tartrate</i>	DETROL	1	ST, MO
<i>tolterodine tartrate</i>	DETROL LA	1	ST, MO
<i>tropium chloride</i>	SANCTURA	1	ST
<i>tropium chloride</i>	SANCTURA XR	1	ST
VAGINAL DISORDERS			
VAGINAL ANTIBIOTICS			
CLINDAMYCIN PHOSPHATE	CLEOCIN (100 MG) (SUPP.VAG)	2	ST, QL: 3 PER 30 DAYS
<i>clindamycin phosphate</i>	CLEOCIN (2 %) (CREAM/APPL)	1	
CLINDAMYCIN PHOSPHATE	CLINDESSE	3	
<i>metronidazole</i>	METROGEL- VAGINAL	1	
METRONIDAZOLE	NUVESSA	3	
METRONIDAZOLE	VANDAZOLE	3	
VAGINAL ANTIFUNGALS			
BUTOCONAZOLE NITRATE	GYNAZOLE 1	3	
<i>miconazole nitrate (200 mg) (supp.vag)</i>		1	QL: 34 PER FILL
<i>terconazole</i>	TERAZOL 3 (0.8 %) (CREAM/APPL)	1	QL: 20 GRAMS PER FILL
<i>terconazole</i>	TERAZOL 3 (80 MG) (SUPP.VAG)	1	QL: 3 PER FILL
<i>terconazole</i>	TERAZOL 7	1	QL: 45 GRAMS PER FILL
VAGINAL ANTISEPTICS			
ACETIC ACID/OXYQUINOLINE	FEM PH	3	
ACETIC ACID/OXYQUINOLINE	RELAGARD	2	
VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION			
ESTRADIOL	IMVEXXY	3	
VAGINAL ESTROGEN PREPARATIONS			
<i>estradiol</i>	ESTRACE	1	MO
ESTRADIOL	ESTRING	2	MO
<i>estradiol</i>	VAGIFEM	1	MO
ESTRADIOL ACETATE	FEMRING	2	MO
ESTROGENS, CONJUGATED	PREMARIN	2	

Drug Name	Tier	Requirements/Limits
VAGINAL SULFONAMIDES		
SULFANILAMIDE AVC	3	
VITAMIN AND/OR MINERAL DEFICIENCY		
FLUORIDE PREPARATIONS		
fluoride (sodium) (0.25(0.55)) (tab chew) (otc)	1	AG: 6 MONTHS-6 YEARS
fluoride (sodium) (0.5 mg/ml) (drops) (otc)	1	AG: 6 MONTHS-6 YEARS
fluoride (sodium) (0.5(1.1)mg) (tab chew) (otc)	1	AG: 6 MONTHS-6 YEARS
fluoride (sodium) (1mg(2.2mg)) (tab chew) (otc)	1	AG: 6 MONTHS-6 YEARS
FOLIC ACID PREPARATIONS		
folic acid (0.4 mg) (tablet) (otc)	1	G, AGE: 18-62 YEARS, MO
folic acid (0.8 mg) (tablet) (otc)	1	G, AGE: 18-62 YEARS, MO
folic acid (1 mg) (tablet)	1	MO
folic acid (5 mg/ml) (vial)	1	
IRON REPLACEMENT		
FERRIC CARBOXYMALTOSE INJECTAFER	4	
IRON DEXTRAN COMPLEX INFED	2	
sodium ferric gluconat/sucrose FERRLECIT	1	
MAGNESIUM SALTS REPLACEMENT		
magnesium sulfate (4 meq/ml) (vial)	1	
PRENATAL VITAMIN PREPARATIONS		
PNV 102/IRON/FOLATE 1/DSS/DHA VITAFOL FE+	3	
pnv 11/iron fum/folic acid/om3	1	
pnv 112/iron/folic/om3/dha/epa	1	
PNV 117/IRON/FOLIC/OM3/DHA/EPA DUET DHA BALANCED	3	
PNV 15/IRON FUM,PS/FOLIC ACID CONCEPT OB	3	
pnv 15/iron fum,ps/folic acid	1	
PNV 16/IRON FUM,PS/FOLIC/OM-3 CONCEPT DHA	3	
pnv 16/iron fum,ps/folic/om-3	1	
PNV 19/IRON PS,HEME/FOLIC/DHA PREFERA-OB ONE	3	
pnv 21/iron ps,heme ppep/folic PREFERA OB (28-6-1 MG) (TABLET)	1	
PNV 21/IRON PS,HEME PPEP/FOLIC PREFERA OB (28-6-1 MG) (TABLET)	3	
PNV 22/IRON,GLUC/FOLIC/DSS/DHA PNV OB+DHA	3	
PNV 30/IRON CARB,AG/FOLIC/OM3 OB COMPLETE WITH DHA	3	
pnv 39/iron/folic/docusate/dha	1	
PNV 55/IRON FUM,B-G/FOLIC ACID NATACHEW	3	
pnv 66/iron/folic/docusate/dha	1	
PNV 67/IRON PS/FOLATE NO.1/DHA VITAFOL ULTRA	3	
pnv 69/iron/folic/docusate/dha CITRANATAL HARMONY	1	
PNV 76/IRON,GLUC/FOLIC/DSS/DHA CITRANATAL DHA	3	
pnv 80/iron fum/folic/dss/dha NEXA SELECT	1	
PNV 85/IRON/FOLIC/DHA/FISH OIL OB COMPLETE ONE	3	
PNV NO.106/IRON/FOLATE NO6/DHA OB COMPLETE GOLD	3	QL: 1 PER DAY
PNV NO.111/IRON/FOLATE/DHA NESTABS ONE	3	
pnv no.118/iron fumarate/fa	1	
pnv no.5/ferrous fum/folic ac	1	
pnv no.66/iron,carb/folic/dha ACTIVE OB	1	
PNV NO.80/IRON/MFOLATE/DSS/DHA FOLET ONE	3	
PNV NO.80/IRON/MFOLATE/DSS/DHA OBSTETRIX ONE	3	
PNV NO.88/IRON PS,HEME/FA/DHA PREFERA-OB PLUS DHA	3	
pnv, calcium 70/iron/folic/dha NATELLE ONE	1	

Drug Name	Tier	Requirements/Limits
<i>pnv,calcium 72/iron,carb/folic</i>	1	
<i>pnv,calcium 72/iron/folic acid</i>	1	
<i>pnv/ferrous fum/docusate/folic</i>	1	
<i>pnv/iron,carb/docusat/folic ac</i>	1	
<i>pnv19/iron bg,s.p/folic ac/om3</i>	1	
PNV53/IRON FUM/FA/DOCUSATE/DHA	3	NEXA PLUS
PNV59/IRON,CARB,FUM/FA/DSS/DHA	3	CITRANATAL HARMONY
PNV72/IRON,GLUC/FOLIC/DSS/DHA	3	CITRANATAL 90 DHA
PNV73/IRON,GLUC/FOLIC/DSS/DHA	3	CITRANATAL ASSURE
<i>pnv81/iron edta,ps/folic/omeg3</i>	1	
PNV83/IRON,CARB,ASP/FOLIC ACID	3	OB COMPLETE PREMIER
<i>prenat 115/iron fum/folic/dss</i>	1	
<i>prenat vit 17/iron/folic/om3,6</i>	1	
PRENAT90/IRON FUM,PS/FOLIC/DHA	3	PROVIDA DHA
<i>prenatal 105/iron/folic ac/dha</i>	1	
PRENATAL 105/IRON/FOLIC AC/DHA	3	VITATRUE
PRENATAL 114/IRON A-G/FOLATE 1	3	PRENATE ELITE
PRENATAL 118/IRON/FOLATE 6/DHA	3	PRIMACARE
PRENATAL 12/IRON/FOLIC/DSS/OM3	3	OBTREX DHA
<i>prenatal 12/iron/folic/dss/om3</i>	1	
PRENATAL 2/IRON/FOLIC ACID/OM3	3	COMPLETE NATAL DHA
PRENATAL 2/IRON/FOLIC ACID/OM3	3	TRUST NATAL DHA
PRENATAL 25/IRON/FOLATE 6/DHA	3	VITAMEDMD ONE RX
PRENATAL 26/IRON PS/FOLIC/DHA	3	VITAFOL-ONE
<i>prenatal 34/iron/folic/dss/dha</i>	1	CITRANATAL HARMONY
PRENATAL 38/IRON/FOLATE 6/DHA	3	PRENATE DHA
<i>prenatal 47/iron/folate 1/dha</i>	1	
PRENATAL 48/IRON/FOLIC ACID/B6	3	CITRANATAL B-CALM
<i>prenatal 53/iron/folic ac/omg3</i>	1	
<i>prenatal 54/iron/folic ac/omg3</i>	1	
<i>prenatal 57/iron/folic/dss/dha</i>	1	
<i>prenatal 59/iron/folic/dss/dha</i>	1	CITRANATAL HARMONY
<i>prenatal 68/iron/folic no1/dha</i>	1	
PRENATAL 78/IRON/FOLATE 1/DHA	3	PRENATE DHA
PRENATAL 86/IRON/FOLIC/DHA/EPA	3	NESTABS ABC
PRENATAL 87/IRON BIS/FOLIC/DHA	3	NESTABS DHA
PRENATAL 93/IRON/FOLATE 9/DHA	3	TRISTART DHA
<i>prenatal comb no.42/folic acid</i>	1	
PRENATAL COMB NO.42/FOLIC ACID	3	VITAMEDMD REDICHEW RX
PRENATAL NO.123/IRON/FOLIC AC	3	ELITE-OB
PRENATAL NO.123/IRON/FOLIC AC	3	OB COMPLETE
<i>prenatal no.52/iron/fa/dha</i>	1	
<i>prenatal no.75/iron/folate no1</i>	1	
PRENATAL NO.77/IRON ASP GLY/FA	3	PRENATE STAR
<i>prenatal no115/iron/folic acid</i>	1	
<i>prenatal no13/iron ps/folate 1</i>	1	
PRENATAL NO35/IRON/FOLATE6/DHA	3	PRENATE ESSENTIAL
<i>prenatal no4/iron fum,ps/folic</i>	1	

Drug Name		Tier	Requirements/Limits
PRENATAL VIT 10/IRON FUM/FOLIC	VITAFOL-OB	3	
<i>prenatal vit 10/iron/folic/dha</i>		1	
<i>prenatal vit 14/iron fum/folic</i>		1	
PRENATAL VIT 33/IRON/FOLIC/DHA	SELECT-OB + DHA	3	
PRENATAL VIT 36/IRON/FOLATE 6	PRENATE ELITE	3	
PRENATAL VIT 43/IRON/FOLIC/DSS	ATABEX EC	3	
<i>prenatal vit 55/iron/folic/om3</i>		1	
PRENATAL VIT 65/IRON FUM,PS/FA	PROVIDA OB	3	
PRENATAL VIT 84/IRON/FA 1/DHA	PRENATE ESSENTIAL	3	
PRENATAL VIT 85/IRON/FA 1/DHA	PRENATE PIXIE	3	
PRENATAL VIT 87/IRON/FOLIC/DHA	PRENATE MINI	3	
<i>prenatal vit no.109/iron/fa</i>		1	
PRENATAL VIT NO.112/FOLATE NO6	PRENATE CHEWABLE	3	
<i>prenatal vit no.127/iron/folic</i>		1	
<i>prenatal vit,cal 73/iron/folic</i>		1	
<i>prenatal vit,calc76/iron/folic</i>		1	
<i>prenatal vit,calc78/iron/folic</i>		1	
<i>prenatal vit/iron bisgly/folic</i>		1	
<i>prenatal vit/iron fum/folic ac</i>		1	
<i>prenatal vit100/iron/folic/om3</i>		1	
PRENATAL VIT103/IRON FUM/FOLIC	TRICARE	3	
PRENATAL VIT106/IRON/FOLIC/OM3	DUET DHA 400	3	
<i>prenatal vit108/iron,crb/folic</i>		1	
PRENATAL VIT114/FOLATE6/GINGER	PRENATE AM	3	
PRENATAL VIT127/IRON/FOLIC/DSS	OBSTETRIX EC	3	
<i>prenatal vit128/iron/folic acd</i>		1	
<i>prenatal vit136/iron/folic acd</i>		1	
<i>prenatal vit22/iron/folic/om3s</i>	PREFERA-OB PLUS DHA	1	
<i>prenatal vit27,calcium/iron/fa</i>		1	
PRENATAL VIT27,CALCIUM/IRON/FA	TRINATAL RX 1	3	
PRENATAL VIT37/IRON/FOLIC ACID	PRENATA	3	
PRENATAL VIT68/IRON/FA NO6/DHA	PRENATE ENHANCE	3	
PRENATAL VIT69/IRON/FOLATE6/DH	PRENATE RESTORE	3	
PRENATAL VIT83/IRON/FOLAT6/DHA	CADEAU DHA	3	
PRENATAL VIT86/IRON/FOLIC ACID	NESTABS	3	
<i>prenatal vit86/iron/folic acid</i>		1	
<i>prenatal vits15/iron/folic/dss</i>		1	
<i>prenatal vits16/iron/folic/dss</i>		1	
<i>prenatal vits18/iron/folic/dss</i>		1	
<i>prenatal,calc no.65/iron/folic</i>		1	
<i>prenatal,calc.40/iron/folate 1</i>		1	
PRENATAL56/IRON/FOLIC ACID/DHA	OB COMPLETE PETITE	3	
PRENATAL64/IRON/LMFOLATE/ALGAL	NEEVODHA	3	
<i>prenatal64/iron/lmfolate/algal</i>		1	
<i>prenatal71/iron/folic acid/dha</i>		1	
PRENATAL71/IRON/FOLIC ACID/DHA	VITAPEARL	3	
PRENATAL72/IRON FUM/FA/OM3/DHA	PRENATAL PLUS-DHA	3	
PRENATAL81/IRON/FOLIC/DOCUSATE	CITRANATAL RX	3	
PRENATAL92/IRON/FOLATE8/PS-DHA	ENBRACE HR	3	
PRENATAL VITAMINS WITHOUT IRON			
<i>pnv/folic ac/b6/calcium/ginger</i>	B-NEXA	1	

STEP THERAPY EDITS

• ABILIFY (1 MG/ML) (SOLUTION)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (10 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (15 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (2 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (20 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (30 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ABILIFY (5 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• ACTOPLUS MET XR	Prior prescription for Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Tolazamide, or Tolbutamide in the past 130 days
• ADLYXIN	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Tolazamide, Tolbutamide, Trulicity, or Victoza
• AEROSPAN	Prior prescription for 2 of the following in the past 365 days: Flovent Diskus, Flovent HFA, or Qvar
• AIRDUO RESPICLICK	Prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, Dulera, or Symbicort in the past 130 days
• ALMOTRIPTAN MALATE	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• ALVESCO	Prior prescription for 2 of the following in the past 365 days: Flovent Diskus, Flovent HFA, or Qvar
• ANZEMET	Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days
• APTENSIO XR	Prior prescription for Methylphenidate HCL in the past 365 days
• APTIOM (200 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• APTIOM (400 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• APTIOM (600 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal

Medication Prescribing Limitations

	XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• APTIOM (800 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• ARCAPTA NEOHALER	Prior prescription for Foradil in the past 190 days
• ARNUITY ELLIPTA (100 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar
• ARNUITY ELLIPTA (200 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar
• ARNUITY ELLIPTA (50 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar
• ASACOL HD (800 MG) (TABLET DR)	Prior prescription for Apriso, Balsalazide Disodium, or Mesalamine in the past 190 days
• AVANDIA	Prior prescription for Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Tolazamide, or Tolbutamide in the past 130 days
• AVONEX	Prior prescription for Glatiramer Acetate and Rebif in the past 130 days
• AZOR	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiazyd, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Diovan HCT, Diovan, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• BANZEL (200 MG) (TABLET)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days
• BANZEL (40 MG/ML) (ORAL SUSP)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days
• BANZEL (400 MG) (TABLET)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days
• BASAGLAR KWIKPEN U-100	Prior prescription for Lantus Solostar, Lantus, Levemir Flexpen, Levemir Flextouch, Levemir, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 in the past 365 days
• BELLADONNA-PHENOBARBITAL	Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days
• BELSOMRA	Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 130 days
• BENICAR HCT	Prior prescription for Diovan HCT, Irbesartan, Irbesartan/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Olmesartan Medoxomil, Olmesartan/hydrochlorothiazide, or Valsartan/hydrochlorothiazide in the past 190 days
• BEVESPI AEROSPHERE	Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Foradil, Spiriva Respimat, or Spiriva
• BRISDELLE	Prior prescription for 2 of the following in the past 365 days: Paroxetine HCL, Paxil, Venlafaxine HCL
• BRIVIACT (10 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• BRIVIACT (100 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• BRIVIACT (25 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR,

Medication Prescribing Limitations

	Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• BRIVIACT (50 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• BRIVIACT (75 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• BUTISOL SODIUM	Prior prescription for Edluar, Eszopiclone, Phenobarbital, Temazepam, Triazolam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 130 days
• BYDUREON	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• BYDUREON BCISE	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• BYDUREON PEN	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• BYETTA (10MCG/0.04) (PEN INJCTR)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• BYETTA (5MCG/0.02) (PEN INJCTR)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• BYSTOLIC	Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprol/hydrochlorothiazide, Bystolic, Carvedilol Phosphate, Carvedilol, Hemangeol, Inderal XL, Innopran XL, Kapsargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 130 days
• BYVALSON	Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprol/hydrochlorothiazide, Bystolic, Carvedilol Phosphate, Carvedilol, Hemangeol, Inderal XL, Innopran XL, Kapsargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 130 days
• CADUET	Prior prescription for Atoprev, Ezetimibe/simvastatin, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 130 days
• CAMBIA	Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days
• CESAMET	Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days
• CLEOCIN (100 MG) (SUPP.VAG)	Prior prescription for 2 of the following in the past 365 days: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole
• CONDYLOX (0.5 %) (GEL (GRAM))	Prior prescription for Podofilox in the past 190 days
• CORDRAN (4MCG/SQ CM) (MED. TAPE)	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 180 days
• CYCLOSET	Prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, Metformin HCL, or Tradjenta in the past 180 days
• DALIRESP (250 MCG) (TABLET)	Prior prescription for Advair Diskus, Breo Ellipta, Serevent Diskus, Spiriva Respimat, Spiriva, or Symbicort in the past 130 days
• DALIRESP (500 MCG) (TABLET)	Prior prescription for Advair Diskus, Breo Ellipta, Serevent Diskus, Spiriva Respimat, Spiriva, or Symbicort in the past 130 days
• DAYTRANA	Prior prescription for Methylphenidate HCL or Quillivant XR in the past 365 days
• DELZICOL	Prior prescription for Apriso or Balsalazide Disodium in the past 190 days
• DESVENLAFAXINE ER	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• DESVENLAFAXINE FUMARATE ER	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• DETROL	Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 190 days

Medication Prescribing Limitations

• DETROL LA	Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 190 days
• DIFICID	Prior prescription for Vancomycin HCL in the past 190 days
• DIOVAN	Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Diovan HCT, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 190 days
• DIOVAN HCT	Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Diovan HCT, Diovan, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• DONNATAL (16.2MG/5ML) (ELIXIR)	Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days
• DORZOLAMIDE/TIMOLOL/PF (2 %-0.5 %) (DROPERETTE)	Prior prescription for Dorzolamide HCL/timolol Maleat in the past 190 days
• DOVONEX	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• DRITHOCREME HP	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• DUZALLO	Prior prescription for Allopurinol or Uloric in the past 130 days
• EDARBI	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Candesartan Cilexetil, Candesartan/hydrochlorothiazid, Diovan HCT, Diovan, Edarbyclor, Eprosartan Mesylate, Irbesartan, Irbesartan/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Telmisartan/hydrochlorothiazid, Teveten HCT, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• EDARBYCLOR	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Amturnide, Benazepril HCL, Benazepril/hydrochlorothiazide, Candesartan Cilexetil, Candesartan/hydrochlorothiazid, Captopril, Captopril/hydrochlorothiazide, Diovan HCT, Diovan, Edarbi, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Eprosartan Mesylate, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Telmisartan/hydrochlorothiazid, Teveten HCT, Trandolapril, Trandolapril/verapamil HCL, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• ENABLEX	Prior prescription for Oxybutynin Chloride in the past 130 days
• ENSTILAR	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• EPANED	Prior prescription for Enalapril Maleate or Epaned in the past 130 days
• EUCRISA	Prior prescription for Tacrolimus and a Topical Anti-inflammatory Steroidal in the past 365 days
• EXFORGE HCT	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Diovan HCT, Diovan, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• FANAPT (1 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (10 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL

Medication Prescribing Limitations

• FANAPT (12 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (1-2-4-6MG) (TAB DS PK)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (2 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (4 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (6 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FANAPT (8 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• FARXIGA	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• FELBAMATE (400 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FELBAMATE (600 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FELBAMATE (600 MG/5ML) (ORAL SUSP)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FELBATOL (400 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FELBATOL (600 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FELBATOL (600 MG/5ML) (ORAL SUSP)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• FETZIMA	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• FIBRICOR	Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Fenofibric Acid (choline), Fenofibric Acid, or Triglide in the past 130 days
• FINACEA (15 %) (FOAM)	Prior prescription for Metronidazole in the past 130 days
• FINACEA (15 %) (GEL (GRAM))	Prior prescription for Metronidazole in the past 130 days
• FLECTOR	Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 130 days
• FLOVENT DISKUS (100 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLOVENT DISKUS (250 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLOVENT DISKUS (50 MCG) (BLST W/DEV)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLOVENT HFA (110 MCG) (AER W/ADAP)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLOVENT HFA (220 MCG) (AER W/ADAP)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLOVENT HFA (44 MCG) (AER W/ADAP)	Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar
• FLUOXETINE HCL	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• FOSAMAX PLUS D	Prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, or Risedronate Sodium in the past 190 days
• FROVA	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• FURADANTIN	Prior prescription for Nitrofurantoin Macrocrystal or Nitrofurantoin Monohyd/m-cryst in the past 365 days

Medication Prescribing Limitations

• FUZEON	Prior prescription for an Antiretroviral drug in the past 130 days
• FYCOMPA (10 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• FYCOMPA (12 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• FYCOMPA (2 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• FYCOMPA (4 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• FYCOMPA (6 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• FYCOMPA (8 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• GABITRIL (12 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• GABITRIL (16 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• GABITRIL (2 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• GABITRIL (4 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• GLYXAMBI	Prior prescription for metformin, metformin combination, a sulfonyleurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• HEMANGEOL	Prior prescription for Propranolol HCL in the past 130 days
• INCRUSE ELLIPTA	Prior prescription for Spiriva Respimat or Spiriva in the past 130 days
• INVEGA (1.5 MG) (TAB ER 24)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv
• INVEGA (3 MG) (TAB ER 24)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv
• INVEGA (6 MG) (TAB ER 24)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv
• INVEGA (9 MG) (TAB ER 24)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv

Medication Prescribing Limitations

• INVIRASE (200 MG) (CAPSULE)	Prior prescription for Atazanavir Sulfate, Atripla, Efavirenz, Isentress, Isentress HCL, Prezista, or Reyataz in the past 130 days
• INVIRASE (500 MG) (TABLET)	Prior prescription for Atazanavir Sulfate, Atripla, Efavirenz, Isentress, Isentress HCL, Prezista, or Reyataz in the past 130 days
• INVOKAMET	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• INVOKAMET XR	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• INVOKANA	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• JARDIANCE	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• KAPSPARGO SPRINKLE	Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprolol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 190 days
• KARBINAL ER	Prior prescription for Carbinoxamine Maleate in the past 130 days
• KAZANO	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR)	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• KOMBIGLYZE XR (5 MG-500MG) (TBMP 24HR)	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• KOMBIGLYZE XR (5MG-1000MG) (TBMP 24HR)	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• KYTRIL	Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days
• LAMICTAL ODT (100 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL ODT (200 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL ODT (25 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL ODT (50 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (100 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (200 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (25 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (250 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (300 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMICTAL XR (50 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (100 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (100 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (200 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (200 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (25 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (25 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (250 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (300 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (50 MG) (TAB ER 24)	Prior prescription for Lamotrigine in the past 130 days
• LAMOTRIGINE (50 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in the past 130 days
• LANTUS SOLOSTAR	Prior prescription for Lantus Solostar, Lantus, Levemir Flexpen, Levemir Flextouch, Levemir, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 in the past 365 days
• LATUDA	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL
• LESCOL	Prior prescription for 2 of the following in the past 365 days: Altprev, Amlodipine/atorvastatin, Atorvastatin Calcium, Ezetimibe/simvastatin, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin
• LESCOL XL	Prior prescription for 2 of the following in the past 365 days: Altprev, Amlodipine/atorvastatin, Atorvastatin Calcium, Ezetimibe/simvastatin, Flolipid, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin

Medication Prescribing Limitations

• LEVATOL	Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol Hcl in the past 190 days
• LIALDA	Prior prescription for Apriso or Balsalazide Disodium in the past 190 days
• LIVALO	Prior prescription for 2 of the following in the past 365 days: Atoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, Simvastatin, or Zypitamag
• LYRICA (100 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (150 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (20 MG/ML) (SOLUTION)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (200 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (225 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (25 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (300 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (50 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• LYRICA (75 MG) (CAPSULE)	Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
• METHOXSALEN	Prior prescription for Drithocrema HP in the past 365 days
• MICARDIS HCT	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Diovan HCT, Diovan, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• MIGRANAL	Prior prescription for 2 of the following in the past 365 days: Dihydroergotamine Mesylate, Ergomar, Ergotamine Tartrate/caffeine, Migergot, or Sumatriptan
• MIRVASO	Prior prescription for Finacea or Topical Metronidazole in the past 130 days
• MITIGARE	Prior prescription for Colchicine in the past 130 days
• MORPHINE SULFATE (120 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MORPHINE SULFATE (30 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MORPHINE SULFATE (45 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MORPHINE SULFATE (60 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MORPHINE SULFATE (75 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MORPHINE SULFATE (90 MG) (CPMP 24HR)	Prior prescription for Morphine sulfate ER in the past 130 days
• MYRBETRIQ	Prior prescription for Tolterodine Tartrate in the past 190 days
• MYTESI	Prior prescription for an Antiretroviral drug in the past 130 days
• NALFON (400 MG) (CAPSULE)	Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days
• NAMZARIC	Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR
• NEO-SYNALAR	Prior prescription for Capex Shampoo, Fluocinolone Acetonide, Iluvien, or Retisert in the past 130 days
• NESINA	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• NEUPRO	Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 130 days
• NIASPAN	Prior prescription for Atoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in the past 365 days

Medication Prescribing Limitations

• NUCYNTA ER	Prior prescription for Oxycontin, Morphine Sulfate ER, or Tramadol ER in the past 130 days
• ONFI (10 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• ONFI (2.5 MG/ML) (ORAL SUSP)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• ONFI (20 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days
• ONGLYZA	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• ORAVIG	Prior prescription for Clotrimazole or Nystatin in the past 365 days
• OSENI	Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days
• OTREXUP	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• OVACE PLUS (9.8 %) (LOTION)	Prior prescription for Ciclopirox or Ketoconazole in the past 130 days
• PAXIL (10 MG/5 ML) (ORAL SUSP)	Prior prescription for Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 130 days
• PENNSAID (1.5 %) (DROPS)	Prior prescription for Diclofenac Sodium in the past 120 days
• PENTASA	Prior prescription for Apriso, Balsalazide Disodium, or Lialda in the past 190 days
• PHENOBARB/HYOSCY/ATROPINE/SCOP	Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days
• PHENOHYTRO (16.2MG/5ML) (ELIXIR)	Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days
• PRADAXA	Prior prescription for Eliquis and Xarelto in the past 365 days
• PRISTIQ (100 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• PRISTIQ (25 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• PRISTIQ (50 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• PROTOPIC	Prior prescription for a topical Anti-inflammatory Steroidal in the past 130 days
• QNASL CHILDREN	Prior prescription for Flunisolide in the past 130 days
• QTERN	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• QUILLICHEW ER (20 MG) (TAB CBP24H)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLICHEW ER (30 MG) (TAB CBP24H)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLICHEW ER (40 MG) (TAB CBP24H)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLIVANT XR (5 MG/ML) (SU ER RC24)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLIVANT XR (5 MG/ML) (SU ER RC24)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLIVANT XR (5 MG/ML) (SU ER RC24)	Prior prescription for Methylphenidate HCL in the past 365 days
• QUILLIVANT XR (5 MG/ML) (SU ER RC24)	Prior prescription for Methylphenidate HCL in the past 365 days
• RASUVO (10MG/0.2ML) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (12.5/0.25) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days

Medication Prescribing Limitations

• RASUVO (15MG/0.3ML) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (17.5/0.35) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (20MG/0.4ML) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (22.5/0.45) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (25MG/0.5ML) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (30MG/0.6ML) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RASUVO (7.5MG/0.15) (AUTO INJCT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days
• RELPAX	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• RHOPRESSA	Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z
• RISEDRONATE SODIUM (150 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium
• RISEDRONATE SODIUM (30 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium
• RISEDRONATE SODIUM (35 MG) (TABLET DR)	Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium
• RISEDRONATE SODIUM (35 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium
• RISEDRONATE SODIUM (5 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium
• RYTARY	Prior prescription for Carbidopa/levodopa in the past 130 days
• SABRIL	Prior prescription for 3 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide
• SANCTURA	Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days
• SANCTURA XR	Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days
• SANCUSO	Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days
• SAPHRIS (10 MG) (TAB SUBL)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• SAPHRIS (2.5 MG) (TAB SUBL)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• SAPHRIS (5 MG) (TAB SUBL)	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL
• SARAFEM	Prior prescription for Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 130 days
• SAVAYSA	Prior prescription for Eliquis and Xarelto in the past 365 days
• SEEBRI NEOHALER	Prior prescription for Spiriva Respimat or Spiriva in the past 130 days
• SEGLUROMET	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• SEREVENT DISKUS	Prior prescription for Foradil in the past 190 days
• SEROQUEL XR (150 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv

Medication Prescribing Limitations

• SEROQUEL XR (200 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• SEROQUEL XR (300 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• SEROQUEL XR (400 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• SEROQUEL XR (50 MG) (TAB ER 24H)	Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, or Zyprexa Relprevv
• SIMVASTATIN (80 MG) (TABLET)	Prior prescription for Ezetimibe/simvastatin in the past 365 days
• SITAVIG	Prior prescription for Acyclovir, Famciclovir, Sitavig, Valacyclovir HCL, or Zovirax in the past 130 days
• SOLIQUA 100-33	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza
• SOOLANTRA	Prior prescription for Finacea in the past 120 days
• SORILUX	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• STEGLATRO	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• STEGLUJAN	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• STRIVERDI RESPIMAT	Prior prescription for Foradil in the past 190 days
• SULAR (20 MG) (TAB ER 24H)	Prior prescription for Amlodipine Besylate, Cardene SR, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days
• SULAR (30 MG) (TAB ER 24H)	Prior prescription for Amlodipine Besylate, Cardene SR, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days
• SULAR (40 MG) (TAB ER 24H)	Prior prescription for Amlodipine Besylate, Cardene SR, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days
• SUMAVEL DOSEPRO	Prior prescription for Alsuma, Sumatriptan Succinate, or Sumatriptan in the past 180 days
• SYMLINPEN 120	Prior prescription for a Diabetes drug in the past 190 days
• SYMLINPEN 60	Prior prescription for a Diabetes drug in the past 190 days
• SYNJARDY	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• SYNJARDY XR (10-1000 MG) (TAB BP 24H)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• SYNJARDY XR (12.5-1000) (TAB BP 24H)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• SYNJARDY XR (25-1000 MG) (TAB BP 24H)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• TACLONEX (0.005-.064) (OINT. (G))	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• TACLONEX (0.005-.064) (SUSPENSION)	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days

Medication Prescribing Limitations

• TANZEUM	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Beise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Tolazamide, Tolbutamide, Trulicity, or Victoza
• TEVETEN	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Diovan HCT, Diovan, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• TIAGABINE HCL (12 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• TIAGABINE HCL (16 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• TIAGABINE HCL (2 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• TIAGABINE HCL (4 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• TIMOPTIC OCUDOSE	Prior prescription for Timolol Maleate or Timoptic OcuDose in the past 130 days
• TRELEGY ELLIPTA	Prior prescription for Anoro Ellipta in the past 190 days
• TRIGLIDE	Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Fenofibric Acid (choline), Fenofibric Acid, or Triglide in the past 190 days
• TRINTELLIX	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• TROKENDI XR (100 MG) (CAP ER 24H)	Prior prescription for Topiramate in the past 130 days
• TROKENDI XR (200 MG) (CAP ER 24H)	Prior prescription for Topiramate in the past 130 days
• TROKENDI XR (25 MG) (CAP ER 24H)	Prior prescription for Topiramate in the past 130 days
• TROKENDI XR (50 MG) (CAP ER 24H)	Prior prescription for Topiramate in the past 130 days
• TRULANCE	Prior prescription for Amitiza or Linzess in the past 130 days
• TRULICITY	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• TWYNSTA	Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Candesartan Cilexetil, Candesartan/hydrochlorothiazid, Diovan HCT, Diovan, Edarbyclor, Eprosartan Mesylate, Irbesartan, Irbesartan/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Telmisartan/hydrochlorothiazid, Teveten HCT, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
• UCERIS	Prior prescription for Mesalamine or Mesalamine w/cleansing Wipes in the past 130 days
• UCERIS	Prior prescription for Balsalazide Disodium in the past 130 days
• ULORIC	Prior prescription for Allopurinol in the past 130 days
• UTIBRON NEOHALER	Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Foradil, Spiriva Respimat, or Spiriva
• VECTICAL	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• VERSACLOZ	Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL
• VICTOZA 2-PAK	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days
• VICTOZA 3-PAK	Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

Medication Prescribing Limitations

• VIIBRYD (10 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• VIIBRYD (10 MG-20MG) (TAB DS PK)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• VIIBRYD (20 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• VIIBRYD (40 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL
• VIMPAT (10 MG/ML) (SOLUTION)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• VIMPAT (100 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• VIMPAT (150 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• VIMPAT (200 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• VIMPAT (50 MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide
• VRAYLAR (1.5 MG) (CAPSULE)	Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL
• VRAYLAR (1.5 MG-3MG) (CAP DS PK)	Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL
• VRAYLAR (3 MG) (CAPSULE)	Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL
• VRAYLAR (4.5 MG) (CAPSULE)	Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL
• VRAYLAR (6 MG) (CAPSULE)	Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL
• VYTORIN (10 MG-10MG) (TABLET)	Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin
• VYTORIN (10 MG-20MG) (TABLET)	Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days
• VYTORIN (10 MG-40MG) (TABLET)	Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days
• VYTORIN (10 MG-80MG) (TABLET)	Prior prescription for Simvastatin 80mg in the past 365 days
• VYVANSE	Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL in the past 365 days
• XADAGO	Prior prescription for 2 of the following in the past 190 days: Bromocriptine Mesylate, Carbidopa/levodopa, Carbidopa/levodopa/entacapone, Duopa, Entacapone, Pramipexole Di-HCL, Rasagiline Mesylate, Ropinirole HCL, Rytary, or Selegiline HCL

Medication Prescribing Limitations

• XIGDUO XR (10-1000 MG) (TAB BP 24H)	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• XIGDUO XR (10MG-500MG) (TAB BP 24H)	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• XIGDUO XR (2.5-1000MG) (TAB BP 24H)	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• XIGDUO XR (5 MG-500MG) (TAB BP 24H)	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• XIGDUO XR (5MG-1000MG) (TAB BP 24H)	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide
• XTAMPZA ER (13.5 MG) (CAP SPR 12)	Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days
• XTAMPZA ER (18 MG) (CAP SPR 12)	Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days
• XTAMPZA ER (27 MG) (CAP SPR 12)	Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days
• XTAMPZA ER (36 MG) (CAP SPR 12)	Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days
• XTAMPZA ER (9 MG) (CAP SPR 12)	Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days
• XULTOPHY 100-3.6	Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Beise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza
• ZENZEDI (15 MG) (TABLET)	Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days
• ZENZEDI (2.5 MG) (TABLET)	Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days
• ZENZEDI (20 MG) (TABLET)	Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days
• ZENZEDI (30 MG) (TABLET)	Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days
• ZENZEDI (7.5 MG) (TABLET)	Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days
• ZIOPTAN	Prior prescription for 2 of the following in the past 365 days: Bimatoprost, Latanoprost, Lumigan, or Travatan Z
• ZITHRANOL	Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
• ZOMIG (2.5 MG) (SPRAY)	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• ZOMIG (2.5 MG) (TABLET)	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• ZOMIG (5 MG) (SPRAY)	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days

Medication Prescribing Limitations

• ZOMIG (5 MG) (TABLET)	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• ZOMIG ZMT	Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
• ZUPLENZ (8 MG) (FILM)	Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days
• ZURAMPIC	Prior prescription for Allopurinol or Uloric in the past 130 days
• ZYPITAMAG	Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Livalo, Lovastatin, Pravastatin Sodium, or Simvastatin

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