

MedPerform Medium Formulary

Administered by MedImpact

July 2018

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 and dynamic approach to the drug selection process is essential to ensure 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 MedPerform Medium Formulary can be obtained by visiting www.MedImpact.com.

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

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

How to Use the Formulary

The Formulary is a list of medications available to MedImpact members under their pharmacy benefit. All drugs are listed by their generic names and the 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 **bolded**.

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
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.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the Formulary.

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 their Plan Sponsor or MedImpact at (800) 788-2949.

Depending upon a member's specific benefit parameters, 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 bolded 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 the MedImpact P&T Committee. MedImpact approves such multi-source drugs for addition to the Maximum Allowable Cost (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 under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Specialty drugs may be covered at a higher copay or coinsurance. Essential health benefit/preventative medications, if available on your plans formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

Tier Definitions

- Tier 0: EHB Zero Copay/Preventative
- Tier 1: Preferred generic medications (formulary agents)
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred medications (non-formulary agents)

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.

B. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Medication Request Form** to MedImpact at (858) 790-7100.
2. Contacting MedImpact at (800) 788-2949 and providing all necessary information requested. 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.

Excluded Agents

As new drugs become available, they will be considered for coverage under the MedPerform Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

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
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

Formulary Drug Exclusions (July 1, 2018)

DRUG CATEGORY	EXCLUDED DRUGS (SELECTED)	PREFERRED ALTERNATIVES
ALLERGY		
NASAL CORTICOSTEROIDS	Beconase AQ, Omnaris, Ticanase, Zetonna	nasal budesonide, flunisolide, fluticasone, mometasone, triamcinolone, Qnasl
OPHTHALMIC ANTIHISTAMINES	Bepreve, Emadine, Lastacraft, Pazeo	azelastine, olopatadine, Pataday
NASAL CORTICOSTEROID AND ANTIHISTAMINE COMBINATIONS	Ticalast	azelastine, fluticasone
BEHAVIORAL HEALTH		
ADHD AGENTS	Adzenys ER, Adzenys XR-ODT, Mydayis	Adderall XR, dextroamphetamine/amphetamine
	Aptensio XR, Cotempla XR-ODT	methylphenidate
ANTIDEPRESSANTS	Forfivo XL	bupropion extended release
	Irenka (duloxetine delayed release)	duloxetine immediate release
	Khedezla	desvenlafaxine succinate extended release, desvenlafaxine extended release (Ranbaxy)
	Pexeva	paroxetine
DERMATOLOGY		
ACNE AGENTS (TOPICAL)	Veltin	clindamycin/tretinoin, Ziana
DIABETES		
BIGUANIDES	Glumetza	metformin extended release
DPP-4 INHIBITORS	Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Qtern	Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Tradjenta
GLP-1 AGONISTS	Adlyxin, Bydureon, Bydureon BCise, Byetta, Ozempic	Trulicity, Victoza
SGLT-2 INHIBITORS	Farxiga, Qtern, Segluromet, Steglatro, Steglujan, Xigduo XR	Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, Synjardy XR
INSULINS, RAPID-ACTING	Admelog, Apidra, Novolog	Humalog
INSULINS, SHORT-ACTING	Novolin	Humulin
INSULINS, LONG-ACTING	Basaglar, Levemir, Tresiba	Lantus, Toujeo
DIABETIC SUPPLIES	All non-Abbott manufacturers of diabetic test strips and meters	Abbott (Precision, Freestyle, Freestyle Neo)
ENDOCRINE		
ANDROGENS	Fortesta, Natesto, Testim, Vogelxo	Androgel
ESTROGENS	Estrogel	Divigel
OSTEOPOROSIS	Binosto	alendronate, ibandronate
THYROID	Tirosint	levothyroxine
WEIGHT REDUCTION	Qsymia	phentermine, phendimetrazine, diethylpropion, & topiramate
GASTROINTESTINAL		
CONSTIPATION AGENTS	Symproic, Trulance	Linzess, Movantik
INFLAMMATORY BOWEL DISEASE AGENTS	Delzicol, Dipentum	Apriso, balsalazide disodium, Lialda, Pentasa, sulfasalazine
PANCREATIC ENZYMES	Pancreaze, Pertzye	Creon, Zenpep
GENITOURINARY		
DRUGS TO TREAT IMPOTENCY	Levitra, Staxyn, Stendra	Viagra, sildenafil
HEMATOLOGIC		
PLATELET AGGREGATION INHIBITORS	Durlaza, Yosprala	aspirin, omeprazole
NEUROLOGY & PAIN MANAGEMENT		
HYPNOTICS	Edluar, Intermezzo, Rozerem, Zolpimist	eszopiclone, zaleplon, zolpidem
MIGRAINE AGENTS	Onzetra, Treximet, Zembrace Symtouch	sumatriptan
NEURALGIA AGENTS	Gralise, Horizant, Lyrica CR	gabapentin immediate-release
NSAIDS	Capxib	celecoxib & capsaicin/menthol
	Duexis	famotidine & ibuprofen
	Indocin suppository	indomethacin oral capsules
	Naprelan	naproxen
	Sprix	ibuprofen, naproxen
	Tivorbex	indomethacin
	Vimovo	naproxen & esomeprazole
	Vivlodex	meloxicam
OPIOIDS – FENTANYL	Abstral, Fentora, Lazanda, Onsolis, Subsys	fentanyl citrate lozenge
OPIOIDS – MORPHINE	Kadian	morphine sulfate extended release

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DRUG CATEGORY	EXCLUDED DRUGS (SELECTED)	PREFERRED ALTERNATIVES
OPIOID DEPENDENCY AGENTS	Belbuca	Butrans
OPIOID REVERSAL AGENT	Evzio	Narcan
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS	Auvi-Q	EpiPen, Adrenaclick
BETA-AGONISTS, SHORT-ACTING (SABA)	Proventil HFA, Xopenex HFA, levalbuterol tartrate	ProAir HFA, ProAir RespiClick, Ventolin HFA
INHALED CORTICOSTEROIDS (ICS)	Aerospan, Alvesco, Armonair RespiClick	Arnuity Ellipta, Flovent Diskus/HFA, Qvar, Qvar Redihaler
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS	Airduo RespiClick (brand and authorized generic)	Advair Diskus/HFA, Breo Ellipta, Dulera, Symbicort
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)	Seebri Neohaler, Tudorza Pressair	Spiriva Handihaler, Spiriva Respimat
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS	Bevespi Aerosphere, Utibron Neohaler	Anoro Ellipta, Stiolto Respimat
ANTI-LEUKOTRIENES	Zyflo, Zyflo CR	montelukast, zafirlukast
SPECIALTY DRUGS		
AUTOIMMUNE AGENTS	Cimzia, Kevzara, Olumiant, Simponi 50mg, Taltz	Cosentyx, Enbrel, Humira, Otezla, Stelara
GROWTH HORMONES	Genotropin, Humatrope, Nutropin, Nutropin AQ, Saizen, Zomacton	Omnitrope, Norditropin
HEPATITIS C AGENTS	Daklinza, Technivie, Viekira Pak, Viekira XR, Zepatier	Harvoni, Eplclusa, Vosevi, Mavyret
MULTIPLE SCLEROSIS AGENTS	Extavia	Aubagio, Avonex, Copaxone, Gilenya, Glatopa, Plegridy, Rebif, Tecfidera



Attn: Prior Authorization Department
 10181 Scripps Gateway Court
 San Diego, CA 92131
 Phone: (800) 788-2949
 Fax: (858) 790-7100

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

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 (858) 790-7100 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 788-2949.

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:
	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/OF FAILED (PLEASE BE SPECIFIC, GIVE DETAIL INCLUDING REASON FOR FAILURE):	
OTHER PERTINENT HISTORY (RELATIVE OR PERTAINING TO THIS REQUEST):	

Drug Name		Tier	Requirements/Limits
ALLERGY			
2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
DESLORATADINE/PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	3	ST, QL: 2 IN 1 DAY
fexofenadine/pseudoephedrine	ALLEGRA-D 24 HOUR (180-240MG) (TAB ER 24H)	1	
PSEUDOEPHEDRINE HCL/ACRIVAS	SEMPREX-D	3	
ALLERGENIC EXTRACTS, THERAPEUTICS			
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (100 IR) (TAB SUBL)	2	PA
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (100-300 IR) (TAB SUBL)	3	PA
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (300 IR) (TAB SUBL)	2	PA
GRASS POLLEN-TIMOTHY, STANDARD	GRASTEK	2	PA
MITE,D.FARINAE-D.PTERONYSSINUS	ODACTRA	2	PA
WEED POLLEN-SHORT RAGWEED	RAGWITEK	2	PA
ANTIHISTAMINES - 1ST GENERATION			
carbinoxamine maleate	CLISTIN	1	
CARBINOXAMINE MALEATE	KARBINAL ER	3	ST, QL: 960mL IN 30 DAYS
carbinoxamine maleate	PALGIC	1	
clemastine fumarate	TAVIST	1	
cyproheptadine hcl		1	
hydroxyzine hcl	ATARAX	1	
hydroxyzine pamoate	VISTARIL	1	
promethazine hcl	PHENERGAN	1	
promethazine hcl	PHENERGAN VC	1	
ANTIHISTAMINES - 2ND GENERATION			
cetirizine hcl	ZYRTEC (1 MG/ML) (SOLUTION)	1	
desloratadine	CLARINEX (2.5 MG) (TAB RAPDIS)	1	ST, QL: 1 IN 1 DAY
DESLORATADINE	CLARINEX (2.5 MG/5ML) (SYRUP)	3	ST, QL: 10mL IN 1 DAY
desloratadine	CLARINEX (5 MG) (TAB RAPDIS)	1	ST, QL: 1 IN 1 DAY
desloratadine	CLARINEX (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
levocetirizine dihydrochloride	XYZAL (2.5 MG/5ML) (SOLUTION)	1	ST, QL: 10mL IN 1 DAY
levocetirizine dihydrochloride	XYZAL (5 MG) (TABLET)	1	
NASAL ANTIHISTAMINE			
azelastine hcl	ASTELIN	1	QL: 60mL IN 30 DAYS
azelastine hcl	ASTEPRO	1	ST, QL: 60mL IN 30 DAYS
olopatadine hcl	PATANASE	1	ST, QL: 30.5gm IN 30 DAYS
NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.			
AZELASTINE/FLUTICASONE	DYMISTA	3	ST, QL: 23gm IN 30 DAYS
NASAL ANTI-INFLAMMATORY STEROIDS			
BECLOMETHASONE DIPROPIONATE	QNASL	2	QL: 8.7gm IN 30 DAYS
BECLOMETHASONE DIPROPIONATE	QNASL CHILDREN	2	QL: 4.9gm IN 30 DAYS
flunisolide	NASALIDE	1	QL: 25mL IN 30 DAYS
fluticasone propionate	FLONASE	1	QL: 16gm IN 30 DAYS
mometasone furoate	NASONEX	1	QL: 17gm IN 30 DAYS
MOMETASONE FUROATE	SINUVA	3	PA

Drug Name		Tier	Requirements/Limits
ANTIEMESIS/ANTIVERTIGO			
ANTIEMETIC/ANTIVERTIGO AGENTS			
aprepitant	EMEND (125 MG) (CAPSULE)	1	QL: 1 IN 21 DAYS
APREPITANT	EMEND (125 MG) (SUSP RECON)	2	QL: 3 IN 21 DAYS
aprepitant	EMEND (125MG- 80MG) (CAP DS PK)	1	QL: 3 IN 21 DAYS
aprepitant	EMEND (40 MG) (CAPSULE)	1	QL: 1 IN 28 DAYS
aprepitant	EMEND (80 MG) (CAPSULE)	1	QL: 2 IN 21 DAYS
DOLASETRON MESYLATE	ANZEMET (100 MG) (TABLET)	3	ST, QL: 4 PER FILL
DOLASETRON MESYLATE	ANZEMET (50 MG) (TABLET)	3	ST, QL: 8 PER FILL
DOXYLAMINE SUCCINATE/VIT B6	DICLEGIS	3	QL: 4 IN 1 DAY
dronabinol	MARINOL	1	ST, QL: 2 IN 1 DAY
DRONABINOL	SYNDROS	3	ST, QL: 60mL IN 30 DAYS
GRANISETRON	SANCUSO	3	ST, QL: 1 IN 7 DAYS
granisetron hcl	KYTRIL	1	ST, QL: 8 IN 30 DAYS
meclizine hcl	ANTIVERT	1	
NABILONE	CESAMET	3	ST, QL: 6 IN 1 DAY
NETUPITANT/PALONOSETRON HCL	AKYNZEO	2	QL: 1 IN 28 DAYS
ondansetron	ZOFRAN ODT	1	
ondansetron hcl (24 mg) (tablet)		1	
ondansetron hcl (4 mg) (tablet)		1	
ondansetron hcl (4 mg/5 ml) (solution)		1	QL: 50mL IN 15 DAYS
ondansetron hcl (8 mg) (tablet)		1	
prochlorperazine	COMPAZINE	1	
prochlorperazine maleate	COMPAZINE	1	
promethazine hcl	PHENERGAN	1	
ROLAPITANT HCL	VARUBI	3	QL: 2 IN 14 DAYS
scopolamine	TRANSDERM-SCOP (1 MG/3 DAY) (PATCH TD 3)	1	
SCOPOLAMINE	TRANSDERM-SCOP (1 MG/3 DAY) (PATCH TD 3)	3	
trimethobenzamide hcl	TIGAN	1	
ASTHMA AND COPD			
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING			
ipratropium bromide	ATROVENT	1	
IPRATROPIUM BROMIDE	ATROVENT HFA	2	QL: 25.8gm IN 30 DAYS
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
GLYCOPYRROL/NEBULIZER/ACCESSOR	LONHALA MAGNAIR STARTER	3	QL: 1mL IN 30 DAYS
GLYCOPYRROLATE/NEB.ACCESSORIES	LONHALA MAGNAIR REFILL	3	QL: 1mL IN 30 DAYS
TIOTROPIUM BROMIDE	SPIRIVA	2	QL: 1 INHALER IN 30 DAYS
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	3	ST, QL: 1 INHALER IN 30 DAYS
BETA-ADRENERGIC AGENTS			
albuterol sulfate		1	
metaproterenol sulfate	ALUPENT	1	
terbutaline sulfate		1	

Drug Name		Tier	Requirements/Limits
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
albuterol sulfate		1	
ALBUTEROL SULFATE	PROAIR HFA	2	
ALBUTEROL SULFATE	PROAIR RESPICLICK	2	
ALBUTEROL SULFATE	VENTOLIN HFA	2	
levalbuterol hcl		1	
levalbuterol hcl	XOPENEX CONCENTRATE	1	
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING			
INDACATEROL MALEATE	ARCAPTA NEOHALER	3	ST, QL: 1 INHALER IN 30 DAYS
OLODATEROL HCL	STRIVERDI RESPIMAT	2	QL: 4gm IN 30 DAYS
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING			
ARFORMOTEROL TARTRATE	BROVANA	3	QL: 120mL IN 30 DAYS
FORMOTEROL FUMARATE	PERFOROMIST	2	QL: 120mL IN 30 DAYS
SALMETEROL XINAFOATE	SEREVENT DISKUS	2	QL: 1 INHALER IN 30 DAYS
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS			
IPRATROPIUM/ALBUTEROL SULFATE	COMBIVENT RESPIMAT	2	
ipratropium/albuterol sulfate	DUONEB	1	
TIOTROPIUM BR/OLODATEROL HCL	STIOLTO RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA	2	QL: 1 INHALER IN 30 DAYS
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS			
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	2	QL: 10.2gm IN 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR DISKUS	2	QL: 1 INHALER IN 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR HFA	2	QL: 12gm IN 30 DAYS
FLUTICASONE/VILANTEROL	BREO ELLIPTA	2	QL: 1 INHALER IN 30 DAYS
MOMETASONE/FORMOTEROL	DULERA	2	QL: 13gm IN 30 DAYS
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED			
FLUTICASONE/UMECLIDIN/VILANTER	TRELEGY ELLIPTA	2	QL: 1 INHALER IN 30 DAYS
GLUCOCORTICOID, ORALLY INHALED			
BECLOMETHASONE DIPROPIONATE	QVAR REDHALER	2	QL: 21.2gm IN 30 DAYS
budesonide	PULMICORT (0.25MG/2ML) (AMPUL-NEB)	1	QL: 120mL IN 30 DAYS
budesonide	PULMICORT (0.5 MG/2ML) (AMPUL- NEB)	1	QL: 120mL IN 30 DAYS
budesonide	PULMICORT (1 MG/2 ML) (AMPUL- NEB)	1	QL: 60mL IN 30 DAYS
BUDESONIDE	PULMICORT FLEXHALER	3	ST, QL: 1 INHALER IN 30 DAYS
FLUTICASONE FUROATE	ARNUITY ELLIPTA	2	QL: 1 INHALER IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (100 MCG) (BLST W/DEV)	2	QL: 1 INHALER IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (250 MCG) (BLST W/DEV)	2	QL: 2 INHALERS IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (50 MCG) (BLST W/DEV)	2	QL: 1 INHALER IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT HFA (110 MCG) (AER W/ADAP)	2	QL: 12gm IN 30 DAYS

Drug Name		Tier	Requirements/Limits
FLUTICASONE PROPIONATE	FLOVENT HFA (220 MCG) (AER W/ADAP)	2	QL: 24gm IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT HFA (44 MCG) (AER W/ADAP)	2	QL: 21.2gm IN 30 DAYS
MOMETASONE FUROATE	ASMANEX	3	ST, QL: 1 INHALER IN 30 DAYS
MOMETASONE FUROATE	ASMANEX HFA	3	ST, QL: 13gm IN 30 DAYS
LEUKOTRIENE RECEPTOR ANTAGONISTS			
montelukast sodium	SINGULAIR	1	
zafirlukast	ACCOLATE	1	
MAST CELL STABILIZERS			
cromolyn sodium	GASTROCROM	1	
MAST CELL STABILIZERS, ORALLY INHALED			
cromolyn sodium		1	
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
ROFLUMILAST	DALIRESP	2	ST, QL: 1 IN 1 DAY
RESPIRATORY AIDS, DEVICES, EQUIPMENT			
COMPRESSOR, FOR NEBULIZER	DEVILBISS COMPACT	3	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMO-AIDE	3	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMOMATE	3	
COMPRESSOR, FOR NEBULIZER	EBASE CONTROLLER	3	
COMPRESSOR, FOR NEBULIZER	PULMO-AIDE	3	
COMPRESSOR, FOR NEBULIZER	SUNRISE COMPRESSOR-NEBULIZER	3	
INHALER, ASSIST DEVICES	ACE AEROSOL CLOUD ENHANCER	3	
INHALER, ASSIST DEVICES	AEROCHAMBER MINI	3	
INHALER, ASSIST DEVICES	AEROCHAMBER MV	3	
INHALER, ASSIST DEVICES	AEROCHAMBER PLUS FLOW-VU	3	
INHALER, ASSIST DEVICES	AEROCHAMBER WITH FLOWSIGNAL	3	
INHALER, ASSIST DEVICES	AEROCHAMBER Z-STAT PLUS	3	
INHALER, ASSIST DEVICES	AEROTRACH PLUS	3	
INHALER, ASSIST DEVICES	AEROVENT PLUS	3	
INHALER, ASSIST DEVICES	BREATHERITE	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-ADULT MASK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-INFANT MASK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-LG CHLD MSK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-NEONATE MSK	3	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
INHALER, ASSIST DEVICES	BREATHERITE SPACER-SM CHLD MSK	3	
INHALER, ASSIST DEVICES	BREATHRITE	3	
INHALER, ASSIST DEVICES	CLEVER CHOICE HOLDING CHAMBER	3	
INHALER, ASSIST DEVICES	COMPACT SPACE CHAMBER	3	
INHALER, ASSIST DEVICES	COMPACT SPACE CHAMBER PLUS	3	
INHALER, ASSIST DEVICES	EASIVENT	3	
INHALER, ASSIST DEVICES	E-Z SPACER	3	
INHALER, ASSIST DEVICES	FLEXICHAMBER	3	
INHALER, ASSIST DEVICES	INSPIRACHAMBER	3	
INHALER, ASSIST DEVICES	LITEAIRE	3	
INHALER, ASSIST DEVICES	MICROCHAMBER	3	
INHALER, ASSIST DEVICES	MICROSPACER	3	
INHALER, ASSIST DEVICES	OPTICHAMBER DIAMOND	3	
INHALER, ASSIST DEVICES	POCKET CHAMBER	3	
INHALER, ASSIST DEVICES	PRIMEAIRE	3	
INHALER, ASSIST DEVICES	PROCHAMBER	3	
INHALER, ASSIST DEVICES	RITEFLO	3	
INHALER, ASSIST DEVICES	SPACE CHAMBER PLUS	3	
INHALER, ASSIST DEVICES	VORTEX	3	
INHALER, ASSIST DEVICES	VORTEX HOLDING CHAMBER-CHILD	3	
INHALER, ASSIST DEVICES	VORTEX HOLDING CHAMBER- TODDLER	3	
INHALER, ASSIST DEVICES	VORTEX VHC FROG MASK	3	
INHALER, ASSIST DEVICES	VORTEX VHC LADYBUG MASK	3	
INHALER, ASSIST DEVICE, ACCESORY	EASIVENT	3	
INHALER, ASSIST DEVICE, ACCESORY	FLEXICHAMBER MASK	3	
INHALER, ASSIST DEVICE, ACCESORY	LITETOUCH	3	
INHALER, ASSIST DEVICE, ACCESORY	OPTICHAMBER	3	
INHALER, ASSIST DEVICE, ACCESORY	SILICONE MASK	3	
MUCUS CLEARING DEVICE	AEROBIKA	3	
MUCUS CLEARING DEVICE	QUAKE	3	
NASAL EXHALATION RESISTANC.DEV	PROVENT	3	
NEBULIZER	AEROECLIPSE II	3	
NEBULIZER	AERONEB GO NEBULIZER	3	
NEBULIZER	AIRS DISPOSABLE NEBULIZER	3	
NEBULIZER	ALTERA NEBULIZER	3	
NEBULIZER	BABY NEBULIZER	3	
NEBULIZER	DEVILBISS DISPOSABLE NEBULIZER	3	
NEBULIZER	ERAPID NEBULIZER	3	
NEBULIZER	LC D NEBULIZER SET	3	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
NEBULIZER	LC PLUS	3	
NEBULIZER	LC PLUS NEBULIZER-PED MASK	3	
NEBULIZER	LC SPRINT NEBULIZER	3	
NEBULIZER	LC STAR	3	
NEBULIZER	MICRO AIR	3	
NEBULIZER	MINI PLUS NEBULIZER	3	
NEBULIZER	PARI LC SPRINT SINUS	3	
NEBULIZER	PRODIGY MINI- MIST	3	
NEBULIZER	SIDESTREAM	3	
NEBULIZER	SIDESTREAM NEBULIZER	3	
NEBULIZER	SIDESTREAM PLUS	3	
NEBULIZER	SINUSTAR	3	
NEBULIZER	SOOTHENEB MESH NEBULIZER	3	
NEBULIZER	TRUNEB NEBULIZER	3	
NEBULIZER	VIXONE NEBULIZER	3	
NEBULIZER AND COMPRESSOR	CLEVER CHOICE NEBULIZER	3	
NEBULIZER AND COMPRESSOR	CLEVER CHOICE WHISPER AIRE PED	3	
NEBULIZER AND COMPRESSOR	COMP-AIR NEBULIZER COMPRESSOR	3	
NEBULIZER AND COMPRESSOR	DEVILBISS PULMONEB LT COMP-NEB	3	
NEBULIZER AND COMPRESSOR	DEVILBISS TRAVELER	3	
NEBULIZER AND COMPRESSOR	HOME NEBULIZER PLUS SIDESTREAM	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE DELUXE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE ELEGANCE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE ESSENCE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE MINI	3	
NEBULIZER AND COMPRESSOR	MY MDI PORTABLE NEBULISER	3	
NEBULIZER AND COMPRESSOR	OMBRA COMPRESSOR SYSTEM	3	
NEBULIZER AND COMPRESSOR	PARI SINUS AEROSOL SYSTEM	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC DINOSAUR NEBULIZER	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC DOG NEBULIZER	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC FROG NEBULIZER	3	

Drug Name		Tier	Requirements/Limits
NEBULIZER AND COMPRESSOR	PORTABLE NEBULIZER SYSTEM	3	
NEBULIZER AND COMPRESSOR	PRONEB ULTRA II	3	
NEBULIZER AND COMPRESSOR	PULMONEB LT COMPRESSOR NEBUL	3	
NEBULIZER AND COMPRESSOR	SAMI THE SEAL	3	
NEBULIZER AND COMPRESSOR	SINUSTAR	3	
NEBULIZER AND COMPRESSOR	SOOTHENEB COMPRESSOR NEBULIZER	3	
NEBULIZER AND COMPRESSOR	TREK S COMBO PACK	3	
NEBULIZER AND COMPRESSOR	TREK S COMPACT COMPRESSOR	3	
NEBULIZER AND COMPRESSOR	VIOS AEROSOL DELIVERY SYSTEM	3	
PEAK FLOW METER	MINI-WRIGHT PEAK FLOW METER	3	
PEAK FLOW METER	TRUZONE PEAK FLOW METER	3	
PEAK FLOW METER/INH ASSIT DEV	AEROGEAR ASTHMA ACTION KIT	3	
PEAK FLOW METER/INH ASSIT DEV	ASTHMAPACK CHILDREN'S	3	
SPIROMETER/DRUG DELIVERY ADAPT	MISTASSIST KIT	3	
SPIROMETERS AND ACCESSORIES	MISTASSIST	3	
SPIROMETERS AND ACCESSORIES	PFLEX TRAINER	3	
SPIROMETERS AND ACCESSORIES	THRESHOLD IMT	3	
SPIROMETERS AND ACCESSORIES	THRESHOLD PEP	3	
XANTHINES			
caffeine citrate	CAFCIT	1	
theophylline anhydrous	ELIXOPHYLLIN	1	
theophylline anhydrous	SLO-PHYLLIN	1	
THEOPHYLLINE ANHYDROUS	THEO-24	2	
theophylline anhydrous	THEO-DUR	1	
theophylline anhydrous	UNIPHYL	1	
AUTONOMIC NERVOUS SYSTEM DISORDERS			
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
memantine hcl	NAMENDA (10 MG) (TABLET)	1	QL: 2 IN 1 DAY
memantine hcl	NAMENDA (2 MG/ML) (SOLUTION)	1	QL: 300mL IN 30 DAYS
memantine hcl	NAMENDA (5 MG) (TABLET)	1	QL: 2 IN 1 DAY
memantine hcl	NAMENDA (5 MG-10 MG) (TAB DS PK)	1	QL: 49 IN 28 DAYS
memantine hcl	NAMENDA XR (14 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl	NAMENDA XR (21 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl	NAMENDA XR (28 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl	NAMENDA XR (7 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
MEMANTINE HCL	NAMENDA XR (7-14-21-28) (CAP24 DSPK)	2	QL: 28 IN 28 DAYS
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB			
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (14MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (21 MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (28 MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (7 MG-10 MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (7-10/14-10) (CAP24 DSPK)	2	ST, QL: 28 IN 28 DAYS
CHOLINESTERASE INHIBITORS			
donepezil hcl	ARICEPT	1	
donepezil hcl	ARICEPT ODT	1	
galantamine hbr	RAZADYNE (12 MG) (TABLET)	1	QL: 2 IN 1 DAY
galantamine hbr	RAZADYNE (4 MG) (TABLET)	1	QL: 2 IN 1 DAY
galantamine hbr	RAZADYNE (4 MG/ML) (SOLUTION)	1	QL: 200mL IN 30 DAYS
galantamine hbr	RAZADYNE (8 MG) (TABLET)	1	QL: 2 IN 1 DAY
galantamine hbr	RAZADYNE ER	1	QL: 1 IN 1 DAY
pyridostigmine bromide	MESTINON (180 MG) (TABLET ER)	1	
pyridostigmine bromide	MESTINON (60 MG) (TABLET)	1	
PYRIDOSTIGMINE BROMIDE	MESTINON (60 MG/5 ML) (SYRUP)	2	
rivastigmine	EXELON	1	QL: 1 IN 1 DAY
rivastigmine tartrate	EXELON	1	
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
mirtazapine		1	
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	3	
phenelzine sulfate	NARDIL	1	
tranylcypromine sulfate	PARNATE	1	
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
BUPROPION HBR	APLENZIN	3	QL: 1 IN 1 DAY
bupropion hcl	WELLBUTRIN	1	
bupropion hcl	WELLBUTRIN SR	1	
bupropion hcl	WELLBUTRIN XL	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
citalopram hydrobromide	CELEXA	1	
escitalopram oxalate	LEXAPRO	1	
fluoxetine hcl		1	
fluoxetine hcl	PROZAC	1	
fluoxetine hcl	PROZAC WEEKLY	1	
FLUOXETINE HCL	SARAFEM	3	
fluvoxamine maleate	LUVOX	1	
fluvoxamine maleate	LUVOX CR	1	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
paroxetine hcl	PAXIL (10 MG) (TABLET)	1	
PAROXETINE HCL	PAXIL (10 MG/5 ML) (ORAL SUSP)	2	
paroxetine hcl	PAXIL (20 MG) (TABLET)	1	
paroxetine hcl	PAXIL (30 MG) (TABLET)	1	
paroxetine hcl	PAXIL (40 MG) (TABLET)	1	
paroxetine hcl	PAXIL CR	1	
paroxetine mesylate	BRISDELLE	1	ST, QL: 1 IN 1 DAY
sertraline hcl	ZOLOFT	1	
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
nefazodone hcl	SERZONE	1	
trazodone hcl	DESYREL	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
DESVENLAFAXINE ER		2	QL: 1 IN 1 DAY
DESVENLAFAXINE FUMARATE ER		3	QL: 1 IN 1 DAY
desvenlafaxine succinate	PRISTIQ	1	QL: 1 IN 1 DAY
duloxetine hcl		1	QL: 2 IN 1 DAY
LEVOMILNACIPRAN HCL	FETZIMA	2	QL: 1 IN 1 DAY
venlafaxine hcl	EFFEXOR	1	
venlafaxine hcl	EFFEXOR XR	1	
venlafaxine hcl er		1	
SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT			
VILAZODONE HCL	VIIBRYD	2	QL: 1 IN 1 DAY
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT			
VORTIOXETINE HYDROBROMIDE	TRINTELLIX	2	QL: 1 IN 1 DAY
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
amitriptyline/chlordiazepoxide	LIMBITROL	1	
amitriptyline/chlordiazepoxide	LIMBITROL DS	1	
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
perphenazine/amitriptyline hcl	ETRAFON-A	1	
perphenazine/amitriptyline hcl	TRIAVIL 2-10	1	
perphenazine/amitriptyline hcl	TRIAVIL 2-25	1	
perphenazine/amitriptyline hcl	TRIAVIL 4-25	1	
perphenazine/amitriptyline hcl	TRIAVIL 4-50	1	
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB			
amitriptyline hcl	ELAVIL	1	
amoxapine	ASENDIN	1	
clomipramine hcl	ANAFRANIL	1	
desipramine hcl	NORPRAMIN	1	
doxepin hcl	SINEQUAN	1	
imipramine hcl	TOFRANIL	1	
imipramine pamoate	TOFRANIL-PM	1	
maprotiline hcl	LUDIOMIL	1	
nortriptyline hcl		1	
protriptyline hcl	VIVACTIL	1	
trimipramine maleate	SURMONTIL	1	
BEHAVIORAL HEALTH - OTHER			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
AMPHETAMINE	DYANAVEL XR	3	ST, QL: 240mL IN 30 DAYS
AMPHETAMINE SULFATE	EVEKEO	3	PA
dextroamphetamine sulfate	DEXEDRINE (10 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
dextroamphetamine sulfate	DEXEDRINE (10 MG) (TABLET)	1	QL: 6 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (15 MG) (CAPSULE ER)	1	QL: 4 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (5 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (5 MG) (TABLET)	1	QL: 3 IN 1 DAY
dextroamphetamine sulfate	PROCENTRA	1	QL: 1800mL IN 30 DAYS
DEXTROAMPHETAMINE SULFATE	ZENZEDI (15 MG) (TABLET)	2	QL: 3 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (2.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (20 MG) (TABLET)	2	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (30 MG) (TABLET)	2	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (7.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (10 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (15 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (20 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (25 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (30 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (5 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	2	QL: 1 IN 1 DAY
methamphetamine hcl	DESOXYN	1	QL: 5 IN 1 DAY
ANTI-ALCOHOLIC PREPARATIONS			
acamprosate calcium	CAMPRAL	1	
disulfiram	ANTABUSE	1	
ANTI-ANXIETY - BENZODIAZEPINES			
alprazolam		1	
ALPRAZOLAM INTENSOL		2	
chlordiazepoxide hcl		1	
clorazepate dipotassium		1	
diazepam		1	
lorazepam		1	
oxazepam		1	
ANTI-ANXIETY DRUGS			
alprazolam		1	
bupirone hcl	BUSPAR	1	
meprobamate		1	
ANTI-MANIA DRUGS			
CARBAMAZEPINE	EQUETRO	3	
lithium carbonate		1	
LITHIUM CARBONATE	LITHOBID	2	
lithium citrate		1	
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT			
SODIUM OXYBATE	XYREM	3	PA
ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES			
pimozide	ORAP	1	

Drug Name		Tier	Requirements/Limits
ANTIPSYCHOTIC-ATYPICAL,D3/D2 PARTIAL AG-5HT MIXED			
CARIPRAZINE HCL	VRAYLAR (1.5 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (1.5 MG- 3MG) (CAP DS PK)	2	QL: 7 IN 28 DAYS
CARIPRAZINE HCL	VRAYLAR (3 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (4.5 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (6 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
aripiprazole	ABILIFY (1 MG/ML) (SOLUTION)	1	QL: 30mL IN 1 DAY
aripiprazole	ABILIFY (10 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (15 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (2 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (30 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
aripiprazole	ABILIFY DISCMELT (10 MG) (TAB RAPDIS)	1	QL: 3 IN 1 DAY
aripiprazole	ABILIFY DISCMELT (15 MG) (TAB RAPDIS)	1	QL: 2 IN 1 DAY
BREXPIPIRAZOLE	REXULTI	2	QL: 1 IN 1 DAY
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS			
LOXAPINE	ADASUVE	3	
loxapine succinate	LOXITANE	1	
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG			
ASENAPINE MALEATE	SAPHRIS	2	QL: 2 IN 1 DAY
clozapine		1	QL: 3 IN 1 DAY
clozapine	CLOZARIL	1	QL: 3 IN 1 DAY
clozapine	FAZACLO	1	QL: 3 IN 1 DAY
CLOZAPINE	VERSACLOZ	3	QL: 18mL IN 1 DAY
ILOPERIDONE	FANAPT (1 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (10 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (12 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (1-2-4- 6MG) (TAB DS PK)	3	QL: 8 IN 28 DAYS
ILOPERIDONE	FANAPT (2 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (4 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (6 MG) (TABLET)	3	QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (8 MG) (TABLET)	3	QL: 2 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LURASIDONE HCL	LATUDA (120 MG) (TABLET)	2	QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (20 MG) (TABLET)	2	QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (40 MG) (TABLET)	2	QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (60 MG) (TABLET)	2	QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (80 MG) (TABLET)	2	QL: 2 IN 1 DAY
olanzapine	ZYPREXA	1	QL: 1 IN 1 DAY
olanzapine	ZYPREXA ZYDIS	1	QL: 1 IN 1 DAY
paliperidone	INVEGA (1.5 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY
paliperidone	INVEGA (3 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY
paliperidone	INVEGA (6 MG) (TAB ER 24)	1	QL: 2 IN 1 DAY
paliperidone	INVEGA (9 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL	1	QL: 3 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (150 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (200 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (300 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (400 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (50 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
QUETIAPINE FUMARATE	SEROQUEL XR (50- 200-300) (TAB24HDSPK)	3	
risperidone (0.25 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (0.25 mg) (tablet)		1	QL: 2 IN 1 DAY
risperidone (0.5 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (0.5 mg) (tablet)		1	QL: 2 IN 1 DAY
risperidone (1 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (1 mg) (tablet)		1	QL: 2 IN 1 DAY
risperidone (1 mg/ml) (solution)		1	QL: 8mL IN 1 DAY
risperidone (2 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (2 mg) (tablet)		1	QL: 2 IN 1 DAY
risperidone (3 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (3 mg) (tablet)		1	QL: 2 IN 1 DAY
risperidone (4 mg) (tab rapdis)		1	QL: 2 IN 1 DAY
risperidone (4 mg) (tablet)		1	QL: 2 IN 1 DAY
ziprasidone hcl	GEODON	1	QL: 2 IN 1 DAY
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES			
thiothixene	NAVANE	1	
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
haloperidol	HALDOL	1	
haloperidol lactate		1	
ANTI-PSYCHOTICS,PHENOTHIAZINES			
chlorpromazine hcl	THORAZINE	1	
fluphenazine hcl	PROLIXIN	1	
perphenazine	TRILAFON	1	
thioridazine hcl	MELLARIL	1	
trifluoperazine hcl	STELAZINE	1	

Drug Name		Tier	Requirements/Limits
BARBITURATES			
BUTABARBITAL SODIUM	BUTISOL SODIUM	3	
phenobarbital		1	
SECOBARBITAL SODIUM	SECONAL SODIUM	3	
HSDD AGENTS-MIXED SEROTONIN AGONIST/ANTAGONISTS			
FLIBANSERIN	ADDYI	3	PA
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS			
TASIMELTEON	HETLIOZ	3	PA
MONOAMINE OXIDASE(MAO) INHIBITORS			
SELEGILINE	EMSAM	3	QL: 1 IN 1 DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS			
armodafinil	NUVIGIL (150 MG) (TABLET)	1	QL: 1 IN 1 DAY
armodafinil	NUVIGIL (200 MG) (TABLET)	1	QL: 1 IN 1 DAY
armodafinil	NUVIGIL (250 MG) (TABLET)	1	QL: 1 IN 1 DAY
armodafinil	NUVIGIL (50 MG) (TABLET)	1	QL: 3 IN 1 DAY
modafinil	PROVIGIL	1	QL: 2 IN 1 DAY
NARCOTIC ANTAGONISTS			
naloxone hcl	NARCAN (0.4 MG/ML) (SYRINGE)	1	
naloxone hcl	NARCAN (1 MG/ML) (SYRINGE)	1	
NALOXONE HCL	NARCAN (4 MG) (SPRAY)	2	QL: 4 IN 30 DAYS
naltrexone hcl	REVIA	1	
SEDATIVE-HYPNOTICS - BENZODIAZEPINES			
estazolam		1	
flurazepam hcl		1	
midazolam hcl		1	
quazepam	DORAL	1	
temazepam	RESTORIL	1	
triazolam		1	
SEDATIVE-HYPNOTICS, NON-BARBITURATE			
DOXEPIN HCL	SILENOR	2	QL: 1 IN 1 DAY
eszopiclone	LUNESTA	1	QL: 1 IN 1 DAY
SUVOREXANT	BELSOMRA	2	QL: 1 IN 1 DAY
zaleplon	SONATA	1	QL: 1 IN 1 DAY
zolpidem tartrate	AMBIEN	1	QL: 1 IN 1 DAY
zolpidem tartrate	AMBIEN CR	1	QL: 1 IN 1 DAY
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)			
PIMAVANSERIN TARTRATE	NUPLAZID	3	PA
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB			
olanzapine/fluoxetine hcl	SYMBYAX	1	QL: 1 IN 1 DAY
TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST			
clonidine hcl	KAPVAY	1	QL: 4 IN 1 DAY
guanfacine hcl	INTUNIV	1	QL: 1 IN 1 DAY
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY			
dexmethylphenidate hcl	FOCALIN	1	QL: 2 IN 1 DAY
dexmethylphenidate hcl	FOCALIN XR	1	QL: 1 IN 1 DAY
METHYLPHENIDATE	DAYTRANA	3	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (18 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (27 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
METHYLPHENIDATE HCL	CONCERTA (36 MG) (TAB ER 24)	1	QL: 2 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (54 MG) (TAB ER 24)	1	QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (cpbp 30-70)		1	QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (cpbp 50-50)		1	QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (10 mg) (tablet er)		1	
methylphenidate hcl (10 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (10 mg/5 ml) (solution)		1	
methylphenidate hcl (18 mg) (tab er 24)		1	QL: 1 IN 1 DAY
methylphenidate hcl (2.5 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (20 mg) (cpbp 30-70)		1	QL: 1 IN 1 DAY
methylphenidate hcl (20 mg) (cpbp 50-50)		1	QL: 1 IN 1 DAY
methylphenidate hcl (20 mg) (tablet er)		1	QL: 3 IN 1 DAY
methylphenidate hcl (20 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (27 mg) (tab er 24)		1	QL: 1 IN 1 DAY
methylphenidate hcl (30 mg) (cpbp 30-70)		1	QL: 2 IN 1 DAY
methylphenidate hcl (30 mg) (cpbp 50-50)		1	QL: 2 IN 1 DAY
methylphenidate hcl (36 mg) (tab er 24)		1	QL: 2 IN 1 DAY
methylphenidate hcl (40 mg) (cpbp 30-70)		1	QL: 1 IN 1 DAY
methylphenidate hcl (40 mg) (cpbp 50-50)		1	QL: 1 IN 1 DAY
methylphenidate hcl (5 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (5 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (5 mg/5 ml) (solution)		1	
methylphenidate hcl (50 mg) (cpbp 30-70)		1	QL: 1 IN 1 DAY
methylphenidate hcl (54 mg) (tab er 24)		1	QL: 1 IN 1 DAY
methylphenidate hcl (60 mg) (cpbp 30-70)		1	QL: 1 IN 1 DAY
methylphenidate hcl (60 mg) (cpbp 50-50)		1	QL: 1 IN 1 DAY
methylphenidate hcl (72 mg) (tab er 24)		1	QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (20 MG) (TAB CBP24H)	2	QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (30 MG) (TAB CBP24H)	2	QL: 2 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (40 MG) (TAB CBP24H)	2	QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	QL: 10mL IN 1 DAY, 150mL BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	QL: 12mL IN 1 DAY, 180mL BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	QL: 2mL IN 1 DAY, 60mL BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	QL: 8mL IN 1 DAY, 120mL BOTTLE
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			
atomoxetine hcl	STRATTERA (10 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (100 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
atomoxetine hcl	STRATTERA (18 MG) (CAPSULE)	1	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
atomoxetine hcl	STRATTERA (25 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (40 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (60 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
atomoxetine hcl	STRATTERA (80 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - ARRHYTHMIA			
ANTIARRHYTHMICS			
amiodarone hcl	CORDARONE	1	
disopyramide phosphate	NORPACE	1	
DISOPYRAMIDE PHOSPHATE	NORPACE CR	2	
dofetilide	TIKOSYN	1	
DRONEDARONE HCL	MULTAQ	2	
flecainide acetate	TAMBOCOR	1	
mexiletine hcl	MEXITIL	1	
propafenone hcl	RYTHMOL	1	
propafenone hcl	RYTHMOL SR	1	
quinidine gluconate		1	
quinidine sulfate		1	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT			
ADRENERGIC AGENTS,CATECHOLAMINES			
epinephrine		1	
DIGITALIS GLYCOSIDES			
digoxin (125 mcg) (tablet)		1	
digoxin (250 mcg) (tablet)		1	
DIGOXIN (50 MCG/ML) (SOLUTION)		2	
DIGOXIN	LANOXIN (125 MCG) (TABLET)	2	
DIGOXIN	LANOXIN (187.5 MCG) (TABLET)	3	
DIGOXIN	LANOXIN (250 MCG) (TABLET)	2	
DIGOXIN	LANOXIN (62.5 MCG) (TABLET)	3	
CARDIOVASCULAR DISEASE - HYPERTENSION			
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION			
amlodipine besylate/benazepril	LOTREL	1	
trandolapril/verapamil hcl		1	
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC			
benazepril/hydrochlorothiazide	LOTENSIN HCT	1	
captopril/hydrochlorothiazide	CAPOZIDE	1	
enalapril/hydrochlorothiazide	VASERETIC	1	
fosinopril/hydrochlorothiazide	MONOPRIL-HCT	1	
lisinopril/hydrochlorothiazide	ZESTORETIC	1	
moexipril/hydrochlorothiazide	UNIRETIC	1	
quinapril/hydrochlorothiazide	ACCURETIC	1	
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
carvedilol	COREG	1	
carvedilol phosphate	COREG CR	1	
labetalol hcl	TRANDATE	1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
doxazosin mesylate	CARDURA	1	
DOXAZOSIN MESYLATE	CARDURA XL	3	
phenoxybenzamine hcl	DIBENZYLINE	1	

Drug Name		Tier	Requirements/Limits
prazosin hcl	MINIPRESS	1	
terazosin hcl	HYTRIN	1	
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB			
amlodipine/valsartan/hcthiazid	EXFORGE HCT	1	
olmesartan/amlodipin/hcthiazid	TRIBENZOR	1	
ANGIOTENSIN II RECEPTOR BLOCKER-BETA BLOCKER COMB.			
NEBIVOLOL HCL/VALSARTAN	BYVALSON	2	
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB			
AZILSARTAN MED/CHLORTHALIDONE	EDARBYCLOR	2	
candesartan/hydrochlorothiazid	ATACAND HCT	1	
irbesartan/hydrochlorothiazide	AVALIDE	1	
losartan/hydrochlorothiazide	HYZAAR	1	
olmesartan/hydrochlorothiazide	BENICAR HCT	1	
telmisartan/hydrochlorothiazid	MICARDIS HCT	1	
valsartan/hydrochlorothiazide	DIOVAN HCT	1	
ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR			
amlodipine bes/olmesartan med	AZOR	1	
amlodipine besylate/valsartan	EXFORGE	1	
telmisartan/amlodipine	TWYNSTA	1	
ANTIHYPERTENSIVES, ACE INHIBITORS			
benazepril hcl	LOTENSIN	1	
captopril	CAPOTEN	1	
ENALAPRIL MALEATE	EPANED	3	ST, AGE: < 12 YEARS, QL: 1200mL IN 30 DAYS
enalapril maleate	VASOTEC	1	
fosinopril sodium	MONOPRIL	1	
lisinopril	PRINIVIL	1	
LISINOPRIL	QBRELIS	3	ST, AGE: < 12 YEARS, QL: 1200mL IN 30 DAYS
lisinopril	ZESTRIL	1	
moexipril hcl	UNIVASC	1	
perindopril erbumine	ACEON	1	
quinapril hcl	ACCUPRIL	1	
ramipril	ALTACE	1	
trandolapril	MAVIK	1	
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
AZILSARTAN MEDOXOMIL	EDARBI	2	
candesartan cilexetil	ATACAND	1	
eprosartan mesylate	TEVETEN	1	
irbesartan	AVAPRO	1	
losartan potassium	COZAAR	1	
olmesartan medoxomil	BENICAR	1	
telmisartan	MICARDIS	1	
valsartan	DIOVAN	1	
ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS			
MECAMYLAMINE HCL	VECAMYL	3	PA
ANTIHYPERTENSIVES, MISCELLANEOUS			
METYROSINE	DEMSER	3	
ANTIHYPERTENSIVES, SYMPATHOLYTIC			
clonidine	CATAPRES-TTS 1	1	
clonidine	CATAPRES-TTS 2	1	
clonidine	CATAPRES-TTS 3	1	
clonidine hcl	CATAPRES	1	
clonidine hcl/chlorthalidone	COMBIPRES	1	
guanfacine hcl	TENEX	1	
methyldopa	ALDOMET	1	
methyldopa/hydrochlorothiazide	ALDORIL 15	1	

Drug Name		Tier	Requirements/Limits
methyldopa/hydrochlorothiazide	ALDORIL 25	1	
ANTIHYPERTENSIVES, VASODILATORS			
hydralazine hcl	APRESOLINE	1	
minoxidil	LONITEN	1	
BETA-ADRENERGIC BLOCKING AGENTS			
acebutolol hcl	SECTRAL	1	
atenolol	TENORMIN	1	
betaxolol hcl	KERLONE	1	
bisoprolol fumarate	ZEBETA	1	
metoprolol succinate	TOPROL XL	1	
metoprolol tartrate		1	
nadolol	CORGARD	1	
NEBIVOLOL HCL	BYSTOLIC	2	
PENBUTOLOL SULFATE	LEVATOL	3	
pindolol	VISKEN	1	
PROPRANOLOL HCL	HEMANGEOL	3	ST, AGE: < 1 YEAR, QL: 360mL IN 30 DAYS
propranolol hcl	INDERAL	1	
propranolol hcl	INDERAL LA	1	
PROPRANOLOL HCL	INDERAL XL	3	ST
PROPRANOLOL HCL	INNOPRAN XL	3	ST
sotalol hcl		1	
SOTALOL HCL	SOTYLIZE (5 MG/ML) (SOLUTION)	3	ST, QL: 8 BOTTLES IN 30 DAYS
timolol maleate	BLOCADREN	1	
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED			
atenolol/chlorthalidone	TENORETIC 100	1	
atenolol/chlorthalidone	TENORETIC 50	1	
bisoprolol/hydrochlorothiazide	ZIAC	1	
metoprolol/hydrochlorothiazide	LOPRESSOR HCT	1	
nadolol/bendroflumethiazide	CORZIDE	1	
propranolol/hydrochlorothiazid	INDERIDE-40/25	1	
propranolol/hydrochlorothiazid	INDERIDE-80/25	1	
CALCIUM CHANNEL BLOCKING AGENTS			
amlodipine besylate	NORVASC	1	
diltiazem hcl	CARDIZEM	1	
diltiazem hcl	CARDIZEM CD	1	
DILTIAZEM HCL	CARDIZEM LA (120 MG) (TAB ER 24H)	3	
diltiazem hcl	CARDIZEM LA (180 MG) (TAB ER 24H)	1	
diltiazem hcl	CARDIZEM LA (240 MG) (TAB ER 24H)	1	
diltiazem hcl	CARDIZEM LA (300 MG) (TAB ER 24H)	1	
diltiazem hcl	CARDIZEM LA (360 MG) (TAB ER 24H)	1	
diltiazem hcl	CARDIZEM LA (420 MG) (TAB ER 24H)	1	
diltiazem hcl	CARDIZEM SR	1	
diltiazem hcl	DILACOR XR	1	
diltiazem hcl	TIAZAC	1	
felodipine	PLENDIL	1	
isradipine	DYNACIRC	1	
nicardipine hcl		1	
nifedipine	ADALAT CC	1	
nifedipine	PROCARDIA	1	

Drug Name		Tier	Requirements/Limits
nifedipine	PROCARDIA XL	1	
nimodipine	NIMOTOP	1	
NIMODIPINE	NYMALIZE	3	PA
nisoldipine	SULAR	1	
verapamil hcl	CALAN	1	
verapamil hcl	CALAN SR	1	
verapamil hcl	VERELAN	1	
verapamil hcl	VERELAN PM	1	
LOOP DIURETICS			
bumetanide	BUMEX	1	
ethacrynic acid	EDECIN	1	
furosemide	LASIX	1	
torseamide	DEMADEX	1	
OSMOTIC DIURETICS			
MANNITOL	RESECTISOL	3	
POTASSIUM SPARING DIURETICS			
amiloride hcl	MIDAMOR	1	
eplerenone	INSPIRA	1	
spironolactone	ALDACTONE	1	
TRIAMTERENE	DYRENIUM	3	
POTASSIUM SPARING DIURETICS IN COMBINATION			
amiloride/hydrochlorothiazide	MODURETIC 5-50	1	
spironolact/hydrochlorothiazid	ALDACTAZIDE (25 MG-25MG) (TABLET)	1	
SPIRONOLACT/HYDROCHLOROTHIAZID	ALDACTAZIDE (50 MG-50MG) (TABLET)	3	
triamterene/hydrochlorothiazid	DYAZIDE	1	
triamterene/hydrochlorothiazid	MAXZIDE	1	
triamterene/hydrochlorothiazid	MAXZIDE-25 MG	1	
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR			
RIOCIGUAT	ADEMPAS	2	PA
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB			
SILDENAFIL CITRATE	REVATIO (10 MG/ML) (SUSP RECON)	3	PA, ST
sildenafil citrate	REVATIO (20 MG) (TABLET)	1	PA
TADALAFIL	ADCIRCA	2	PA
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST			
AMBRISENTAN	LETAIRIS	2	PA
BOSENTAN	TRACLEER	2	PA
MACITENTAN	OPSUMIT	2	PA
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE			
ILOPROST TROMETHAMINE	VENTAVIS	3	PA
SELEXIPAG	UPTRAVI	3	PA
TREPROSTINIL	TYVASO	3	PA
TREPROSTINIL DIOLAMINE	ORENITRAM ER	3	PA
TREPROSTINIL SODIUM	REMODULIN	3	PA
TREPROSTINIL/NEB ACCESSORIES	TYVASO REFILL KIT	3	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO INSTITUTIONAL START KIT	3	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO STARTER KIT	3	PA

Drug Name		Tier	Requirements/Limits
RENIN INHIBITOR, DIRECT			
ALISKIREN HEMIFUMARATE	TEKTURNA	3	PA
RENIN INHIBITOR, DIRECT/THIAZIDE DIURETIC COMB			
ALISKIREN/HYDROCHLOROTHIAZIDE	TEKTURNA HCT	3	PA
THIAZIDE AND RELATED DIURETICS			
chlorothiazide	DIURIL (250 MG) (TABLET)	1	
CHLOROTHIAZIDE	DIURIL (250 MG/5ML) (ORAL SUSP)	3	
chlorothiazide	DIURIL (500 MG) (TABLET)	1	
chlorthalidone	HYGROTON	1	
hydrochlorothiazide		1	
indapamide	LOZOL	1	
methyclothiazide		1	
metolazone	ZAROXOLYN	1	
phenoxybenzamine hcl		1	
VASODILATORS, COMBINATION			
ISOSORBIDE DINIT/HYDRALAZINE	BIDIL	2	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB			
ezetimibe/simvastatin	VYTORIN (10 MG-10MG) (TABLET)	1	QL: 1 IN 1 DAY
ezetimibe/simvastatin	VYTORIN (10 MG-20MG) (TABLET)	1	QL: 1 IN 1 DAY
ezetimibe/simvastatin	VYTORIN (10 MG-40MG) (TABLET)	1	QL: 1 IN 1 DAY
ezetimibe/simvastatin	VYTORIN (10 MG-80MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
ANTIHYPERLIPIDEMIC - APO B-100 SYNTHESIS INHIBITOR			
MIPOMERSEN SODIUM	KYNAMRO	2	PA
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
atorvastatin calcium	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: 1 IN 1 DAY
atorvastatin calcium	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: 1 IN 1 DAY
atorvastatin calcium	LIPITOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
atorvastatin calcium	LIPITOR (80 MG) (TABLET)	1	QL: 1 IN 1 DAY
fluvastatin sodium	LESCOL	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY
fluvastatin sodium	LESCOL XL	1	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LOVASTATIN	ALTOPREV	3	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
lovastatin	MEVACOR	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY
PITAVASTATIN CALCIUM	LIVALO	2	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
PITAVASTATIN MAGNESIUM	ZYPITAMAG	3	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
pravastatin sodium	PRAVACHOL	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
rosuvastatin calcium	CRESTOR (10 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
rosuvastatin calcium	CRESTOR (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
rosuvastatin calcium	CRESTOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
rosuvastatin calcium	CRESTOR (5 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
SIMVASTATIN	FLOLIPID	3	PA, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
simvastatin	ZOCOR (10 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
simvastatin	ZOCOR (20 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
simvastatin	ZOCOR (40 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
simvastatin	ZOCOR (5 MG) (TABLET)	1	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF

Drug Name		Tier	Requirements/Limits
			CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
simvastatin	ZOCOR (80 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
ANTHYPERLIPIDEMIC - MTP INHIBITOR			
LOMITAPIDE MESYLATE	JUXTAPID	2	PA
ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS			
ALIROCUMAB	PRALUENT PEN	2	PA
EVOLOCUMAB	REPATHA PUSHTRONEX	2	PA
EVOLOCUMAB	REPATHA SURECLICK	2	PA
EVOLOCUMAB	REPATHA SYRINGE	2	PA
BILE SALT SEQUESTRANTS			
cholestyramine (with sugar)	QUESTRAN	1	
cholestyramine/aspartame	QUESTRAN LIGHT	1	
COLESEVELAM HCL	WELCHOL (3.75 G) (POWD PACK)	2	
COLESEVELAM HCL	WELCHOL (625 MG) (TABLET)	1	
colestipol hcl	COLESTID (1 G) (TABLET)	1	
colestipol hcl	COLESTID (5 G) (GRANULES)	1	
colestipol hcl	COLESTID (5 G) (PACKET)	1	
COLESTIPOL HCL	COLESTID (7.5 G) (PACKET)	3	
LIPOTROPICS			
ezetimibe	ZETIA	1	QL: 1 IN 1 DAY
fenofibrate	FENOGLIDE	1	
fenofibrate	LIPOFEN	1	
fenofibrate	LOFIBRA	1	
fenofibrate nanocrystallized	TRICOR	1	
FENOFIBRATE NANOCRYSTALLIZED	TRIGLIDE	2	
fenofibrate,micronized	LOFIBRA	1	
fenofibric acid	FIBRICOR	1	
fenofibric acid (choline)	TRILIPIX	1	
gemfibrozil	LOPID	1	
ICOSAPENT ETHYL	VASCEPA (0.5 GRAM) (CAPSULE)	2	QL: 8 IN 1 DAY
ICOSAPENT ETHYL	VASCEPA (1 G) (CAPSULE)	2	QL: 4 IN 1 DAY
METHIONINE/INOSI/CHOL/FOLIC AC	LIPOCHOL PLUS	3	
niacin	NIACOR	1	
niacin	NIASPAN	1	ST
omega-3 acid ethyl esters	LOVAZA	1	QL: 4 IN 1 DAY
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS			
ADRENERGIC VASOPRESSOR AGENTS			
DROXIDOPA	NORTHERA	3	PA
midodrine hcl	PROAMATINE	1	
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
SACUBITRIL/VALSARTAN	ENTRESTO	2	QL: 2 IN 1 DAY
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
RANOLAZINE	RANEXA (1000 MG) (TAB ER 12H)	2	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
RANOLAZINE	RANEXA (500 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR			
IVABRADINE HCL	CORLANOR	2	PA, QL: 2 IN 1 DAY
ANTIHYPERTENSIVE - HMG-COA&CALCIUM CHANNEL BLOCKER CB			
amlodipine/atorvastatin	CADUET	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - VASODILATION			
VASODILATORS,CORONARY			
amyl nitrite		1	
ISOSORBIDE DINITRATE	DILATRATE-SR	3	
isosorbide dinitrate	ISOCHRON	1	
isosorbide dinitrate	ISORDIL (10 MG) (TABLET)	1	
isosorbide dinitrate	ISORDIL (20 MG) (TABLET)	1	
isosorbide dinitrate	ISORDIL (30 MG) (TABLET)	1	
ISOSORBIDE DINITRATE	ISORDIL (40 MG) (TABLET)	2	
isosorbide dinitrate	ISORDIL TITRADOSE	1	
isosorbide mononitrate	IMDUR	1	
isosorbide mononitrate	MONOKET	1	
NITROGLYCERIN	NITRO-BID	2	
nitroglycerin	NITRO-DUR (0.1MG/HR) (PATCH TD24)	1	
nitroglycerin	NITRO-DUR (0.2MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.3 MG/HR) (PATCH TD24)	2	
nitroglycerin	NITRO-DUR (0.4MG/HR) (PATCH TD24)	1	
nitroglycerin	NITRO-DUR (0.6MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.8MG/HR) (PATCH TD24)	2	
nitroglycerin	NITROLINGUAL	1	
NITROGLYCERIN	NITROMIST	3	
nitroglycerin	NITROSTAT	1	
nitroglycerin	NITRO-TIME	1	
VASODILATORS,PERIPHERAL			
ergoloid mesylates	HYDERGINE	1	
isoxsuprine hcl		1	
papaverine hcl		1	
papaverine/phentolamine/water		1	
CONTRACEPTION/OXYTOCICS			
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
ETONOGESTREL/ETHINYL ESTRADIOL	NUVARING	0	QL: 1 IN 28 DAYS
CONTRACEPTIVES,IMPLANTABLE			
ETONOGESTREL	NEXPLANON	0	QL: 1 IN 365 DAYS

Drug Name		Tier	Requirements/Limits
CONTRACEPTIVES,INJECTABLE			
medroxyprogesterone acetate	DEPO-PROVERA	0	QL: 1mL IN 84 DAYS
MEDROXYPROGESTERONE ACETATE	DEPO-SUBQ PROVERA 104	0	QL: 0.65mL IN 84 DAYS
CONTRACEPTIVES,INTRA VAGINAL			
nonoxynol 9	CONCEPTROL	0	
nonoxynol 9	DEL FEN	0	
NONOXYNOL 9	GYNOL II	0	
NONOXYNOL 9	TODAY CONTRACEPTIVE SPONGE	0	
NONOXYNOL 9	VCF	0	
CONTRACEPTIVES,ORAL			
desog-e.estradiol/e.estradiol	MIRCETTE	0	
desogestrel-ethinyl estradiol	CYCLESSA	0	
desogestrel-ethinyl estradiol	DESOGEN	0	
desogestrel-ethinyl estradiol	ORTHO-CEPT	0	
drospir/eth estra/levomefol ca	BEYAZ	0	ST
drospir/eth estra/levomefol ca	SAFYRAL	0	ST
ESTRADIOL VALERATE/DIENOGEST	NATAZIA	0	ST
ethinyl estradiol/drospirenone	YASMIN 28	0	ST
ethinyl estradiol/drospirenone	YAZ	0	ST
ethynodiol d-ethinyl estradiol	DEMULEN	0	
ethynodiol d-ethinyl estradiol	DEMULEN 1-50-21	0	
LEVONORGEST/ETH.ESTRADIOL/IRON	BALCOLTRA	0	
levonorgestrel	PLAN B ONE-STEP	0	
levonorgestrel	TAKE ACTION	0	
levonorgestrel-ethin estradiol (0.1-0.02mg) (tablet)		0	
levonorgestrel-ethin estradiol (0.15-0.03) (tablet)		0	
levonorgestrel-ethin estradiol (0.15-0.03) (tbdspk 3mo)		0	QL: 91 IN 84 DAYS
levonorgestrel-ethin estradiol (6-5-10) (tablet)		0	
levonorgestrel-ethin estradiol (90-20 mcg) (tablet)		0	
l-norgest/e.estradiol-e.estrad	LOSEASONIQUE	0	QL: 91 IN 84 DAYS
l-norgest/e.estradiol-e.estrad	QUARTETTE	0	
l-norgest/e.estradiol-e.estrad	SEASONIQUE	0	QL: 91 IN 84 DAYS
noreth-ethinyl estradiol/iron	FEMCON FE	0	
noreth-ethinyl estradiol/iron	GENERESS FE	0	
norethindrone	NOR-Q-D	0	
norethindrone	ORTHO MICRONOR	0	
norethindrone ac-eth estradiol	LOESTRIN	0	
norethindrone-e.estradiol-iron	ESTROSTEP FE	0	
NORETHINDRONE-E.ESTRADIOL-IRON	LO LOESTRIN FE	0	ST
norethindrone-e.estradiol-iron	LOESTRIN 24 FE	0	
norethindrone-e.estradiol-iron	LOESTRIN FE	0	
norethindrone-e.estradiol-iron	MINASTRIN 24 FE	0	
NORETHINDRONE-E.ESTRADIOL-IRON	TAYTULLA	0	ST
norethindrone-ethinyl estrad	MODICON	0	
norethindrone-ethinyl estrad	ORTHO-NOVUM	0	
norethindrone-ethinyl estrad	OVCON-35	0	
norethindrone-ethinyl estrad	TRI-NORINYL	0	
norgestimate-ethinyl estradiol	ORTHO TRI- CYCLEN	0	
norgestimate-ethinyl estradiol	ORTHO TRI- CYCLEN LO	0	
norgestimate-ethinyl estradiol	ORTHO-CYCLEN	0	
norgestrel-ethinyl estradiol	LO-OVRAL-28	0	
norgestrel-ethinyl estradiol	LO-OVRAL-8	0	

Drug Name		Tier	Requirements/Limits
norgestrel-ethinyl estradiol	OVRAL	0	
ULIPRISTAL ACETATE	ELLA	0	
CONTRACEPTIVES, TRANSDERMAL			
norelgestromin/ethin.estradiol	ORTHO EVRA	0	QL: 3 IN 28 DAYS
DIAPHRAGMS/CERVICAL CAP			
CERVICAL CAP	FEMCAP	0	
DIAPHRAGMS, CONTOURED	CAYA CONTOURED	0	
DIAPHRAGMS, WIDE SEAL	WIDE SEAL DIAPHRAGM	0	
OXYTOCICS			
DINOPROSTONE	CERVIDIL	3	
DINOPROSTONE	PREPIDIL	3	
DINOPROSTONE	PROSTIN E2 VAGINAL SUPPOSITORY	3	
methylergonovine maleate		1	
COUGH AND COLD			
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
chlorpheniramine/phenylephrine		1	
phenylephrine hcl/prometh hcl	PHENERGAN VC	1	
phenylephrine hcl/prometh hcl	PHEN-TUSS AD	1	
1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB			
pseudoephed/chlor-mal/bell alk		1	
ANTITUSSIVES, NON-NARCOTIC			
benzonatate	TESSALON	1	
benzonatate	TESSALON PERLE	1	
benzonatate	ZONATUSS	1	
NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
bromphenira/pseudoephed/codein		1	
BROMPHENIRAMINE/P-EPH/CODEINE	M-END PE	3	AGE: >= 12 YEARS
BROMPHENIRAMINE/P-EPH/CODEINE	POLY-TUSSIN AC	3	AGE: >= 12 YEARS
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
hydrocodone/cpm/pseudoephed		1	AGE: >= 18 YEARS
promethazine/phenyleph/codeine	PENTAZINE VC WITH CODEINE	1	AGE: >= 18 YEARS
promethazine/phenyleph/codeine	PHENERGAN VC WITH CODEINE	1	AGE: >= 18 YEARS
TRIPROLIDINE/PHENYLEPH/CODEINE	HISTEX-AC	3	AGE: >= 12 YEARS
NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB			
PSEUDOEPHED/CODEINE/GUAIFEN	CODITUSSIN DAC	3	AGE: >= 12 YEARS
pseudoephed/codeine/guaifen	TUSNEL C	1	AGE: >= 12 YEARS
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

Drug Name		Tier	Requirements/Limits
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE			
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 25	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 30	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 35	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 40	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 50	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 60	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	ZODRYL AC 80	3	AGE: >= 12 YEARS
CHLORPHENIRAMINE/CODEINE PHOS	Z-TUSS AC	3	AGE: >= 12 YEARS
CODEINE POLI/CHLORPHENIR POLIS	TUZISTRA XR	3	ST, AGE: >= 18 YEARS, QL: 200mL IN 10 DAYS
HYDROCODONE/CHLORPHEN P-STIREX	TUSSICAPS	3	AGE: >= 18 YEARS
hydrocodone/chlorphen p-stirex	TUSSIONEX	1	AGE: >= 18 YEARS
HYDROCODONE/CHLORPHENIRAMINE	VITUZ	3	AGE: >= 18 YEARS
promethazine hcl/codeine	PHENERGAN WITH CODEINE	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.			
hydrocodone bit/homatrop me-br		1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION			
codeine phosphate/guaifenesin		1	AGE: >= 12 YEARS
GUAIFENESIN/HYDROCODONE	OBREDON	3	ST, AGE: >= 18 YEARS, QL: 600mL IN 10 DAYS
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
brompheniramine/pseudoephed/dm		1	
chlorpheniramine/phenyleph/dm		1	
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
promethazine/dextromethorphan	PHEN TUSS DM	1	
NOSE PREPARATIONS, VASOCONSTRICTORS (RX)			
EPINEPHRINE HCL	ADRENALIN CHLORIDE	3	
TETRAHYDROZOLINE HCL	TYZINE	3	
DERMATOLOGY - ACNE			
ACNE AGENTS,SYSTEMIC			
isotretinoin		1	
ACNE AGENTS, TOPICAL			
adapalene/benzoyl peroxide	EPIDUO	1	AGE: <= 25 YEARS
ADAPALENE/BENZOYL PEROXIDE	EPIDUO FORTE	2	AGE: <= 25 YEARS
AZELAIC ACID	AZELEX	3	
CLINDAMYCIN PHOS/BENZOYL PEROX	ACANYA	3	
clindamycin phos/benzoyl perox	BENZACLIN	1	
clindamycin phos/benzoyl perox	DUAC	1	
CLINDAMYCIN PHOS/BENZOYL PEROX	ONEXTON	2	
clindamycin/tretinoin	ZIANA	1	
dapsone	ACZONE (5 %) (GEL (GRAM))	1	
DAPSONE	ACZONE (7.5 %) (GEL W/PUMP)	3	
sulfacetamide sodium	KLARON	1	
ANTICORROSIVE AGENTS			
BUTYLATED HYDROXYTOLUENE(BHT)		3	
KERATOLYTIC-GLUCOCORTICOID COMBINATIONS			
BENZOYL PEROXIDE/HYDROCORTISON	VANOXIDE-HC	2	
ROSACEA AGENTS, TOPICAL			
AZELAIC ACID	FINACEA	2	
BRIMONIDINE TARTRATE	MIRVASO	3	
IVERMECTIN	SOOLANTRA	3	ST

Drug Name		Tier	Requirements/Limits
metronidazole	METROCREAM	1	
metronidazole	METROGEL	1	
metronidazole	METROLOTION	1	
metronidazole	ROSADAN	1	
OXYMETAZOLINE HCL	RHOFADE	3	
TOPICAL PREPARATIONS,ANTIBACTERIALS			
CADEXOMER IODINE	IODOFLEX	3	
CADEXOMER IODINE	IODOSORB	3	
CLIOQUINOL/HYDROCORTISONE	ALA-QUIN	3	
hydrocortisone/iodoquinol	DERMAZENE	1	
hydrocortisone/iodoquinol/aloe	VYtone	1	
iodine/potassium iodide		1	
SILVER	SILVRSTAT	3	
SILVER CARBONATE	NORMLGEL AG	3	
silver nitrate		1	
VITAMIN A DERIVATIVES			
adapalene	DIFFERIN	1	AGE: <= 25 YEARS
tretinoin	ATRALIN	1	AGE: <= 25 YEARS
tretinoin	RETIN-A	1	AGE: <= 25 YEARS
TRETINOIN	TRETIN-X	3	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO	1	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
TRETINOIN MICROSPHERES	RETIN-A MICRO PUMP (0.06 %) (GEL W/PUMP)	3	AGE: <= 25 YEARS
TRETINOIN MICROSPHERES	RETIN-A MICRO PUMP (0.08 %) (GEL W/PUMP)	3	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO PUMP (0.1 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
TRETINOIN/EMOL 9/SKIN CLEANSR1	TRETIN-X	3	AGE: <= 25 YEARS
VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS			
TAZAROTENE	FABIOR	2	AGE: >= 12 YEARS
DERMATOLOGY - ANTIINFECTIVE			
TOPICAL ANTIBIOTICS			
clindamycin phosphate	CLEOCIN T	1	
clindamycin phosphate	CLINDACIN ETZ	1	
clindamycin phosphate	CLINDACIN P	1	
CLINDAMYCIN PHOSPHATE	CLINDAGEL	3	ST
clindamycin phosphate	EVOCLIN	1	
erythromycin base/ethanol	ERY	1	
erythromycin base/ethanol	ERYGEL	1	
erythromycin base/ethanol	ERYMAX	1	
ERYTHROMYCIN/BENZOYL PEROXIDE	AKTIPAK	2	
erythromycin/benzoyl peroxide	BENZAMYCIN	1	
gentamicin sulfate		1	
mupirocin	BACTROBAN	1	
mupirocin	CENTANY	1	
MUPIROCIN	CENTANY AT	3	
mupirocin calcium	BACTROBAN	1	
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT			
clotrimazole/betamethasone dip	LOTRISONE	1	
TOPICAL ANTIFUNGALS			
BUTENAFINE HCL	MENTAX	3	

Drug Name		Tier	Requirements/Limits
ciclopirox	CICLODAN	1	
ciclopirox	LOPROX	1	
ciclopirox	PENLAC	1	
ciclopirox olamine	CICLODAN	1	
ciclopirox olamine	LOPROX	1	
CICLOPIROX/SKIN CLEANSER NO.28	CICLODAN	3	
CICLOPIROX/SKIN CLEANSER NO.40	LOPROX	3	
ciclopirox/urea/camph/men/euc	CICLODAN	1	
clotrimazole		1	
ECONAZOLE NITRATE	ECOZA	3	
econazole nitrate	SPECTAZOLE	1	
EFINACONAZOLE	JUBLIA	3	PA
gentian violet/brgreen/proflav		1	
ketoconazole	EXTINA	1	
ketoconazole	NIZORAL	1	
KETOCONAZOLE	XOLEGEL	3	
LULICONAZOLE	LUZU	3	ST, QL: 60gm IN 28 DAYS
MICONAZOLE NITRATE/ZINC OX/PET	VUSION	3	
naftifine hcl	NAFTIN (1 %) (CREAM (G))	1	
NAFTIFINE HCL	NAFTIN (1 %) (GEL (GRAM))	2	
naftifine hcl	NAFTIN (2 %) (CREAM (G))	1	
NAFTIFINE HCL	NAFTIN (2 %) (GEL (GRAM))	2	
nystatin	MYCOSTATIN	1	
nystatin	NYAMYC	1	
nystatin	NYSTEX	1	
nystatin	NYSTOP	1	
nystatin/triamcin		1	
oxiconazole nitrate	OXISTAT (1 %) (CREAM (G))	1	
OXICONAZOLE NITRATE	OXISTAT (1 %) (LOTION)	3	
sodium thiosulfate/sal acid	VERSICLEAR	1	
SULCONAZOLE NITRATE	EXELDERM	2	
TAVABOROLE	KERYDIN	3	PA
TOPICAL ANTIPARASITICS			
BENZYL ALCOHOL	ULESFIA	3	
IVERMECTIN	SKLICE	3	
lindane	KWELL	1	
malathion	OVIDE	1	
permethrin		1	
spinosad	NATROBA	1	
TOPICAL ANTIVIRALS			
ACYCLOVIR	ZOVIRAX (5 %) (CREAM (G))	2	
acyclovir	ZOVIRAX (5 %) (OINT. (G))	1	
PENCICLOVIR	DENAVIR	3	
TOPICAL PLEUROMUTILIN DERIVATIVES			
RETAPAMULIN	ALTABAX	3	
TOPICAL SULFONAMIDES			
mafenide acetate		1	
MAFENIDE ACETATE	SULFAMYLON	3	
silver sulfadiazine	SILVADENE	1	
silver sulfadiazine	THERMAZENE	1	

Drug Name		Tier	Requirements/Limits
sulfacetamide sod/sulfur/urea		1	
sulfacetamide sodium/sulfur	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	
sulfacetamide sodium/sulfur	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	
sulfacetamide sodium/sulfur	AVAR-E	1	
sulfacetamide sodium/sulfur	AVAR-E GREEN	1	
sulfacetamide sodium/sulfur	AVAR-E LS	1	
sulfacetamide sodium/sulfur	BP 10-1	1	
sulfacetamide sodium/sulfur	CLARIFOAM EF	1	
sulfacetamide sodium/sulfur	PLEXION (10-5% (W/W)) (LOTION)	1	
sulfacetamide sodium/sulfur	PLEXION (9.8%-4.8%) (CLEANSER)	1	
sulfacetamide sodium/sulfur	PLEXION (9.8%-4.8%) (CREAM (G))	1	
sulfacetamide sodium/sulfur	PLEXION (9.8%-4.8%) (LOTION)	1	
SULFACETAMIDE SODIUM/SULFUR	PLEXION (9.8%-4.8%) (MED. PAD)	3	
sulfacetamide sodium/sulfur	PLEXION TS	1	
SULFACETAMIDE SODIUM/SULFUR	ROSANIL	3	
SULFACETAMIDE SODIUM/SULFUR	ROSULA (10 %-4.5 %) (CLEANSER)	3	
sulfacetamide sodium/sulfur	ROSULA (10 %-5 %) (MED. PAD)	1	
sulfacetamide sodium/sulfur	SODIUM SULFACETAMIDE-SULFUR	1	
sulfacetamide sodium/sulfur	SULFACET-R	1	
sulfacetamide sodium/sulfur	SUMADAN	1	
sulfacetamide sodium/sulfur	SUMAXIN	1	
sulfacetamide sodium/sulfur	SUMAXIN TS	1	
sulfacetamide sodium/sulfur	ZENCIA	1	
sulfacetamide/sulfur/cleansr23	PLEXION	1	
sulfact sod/sulur/avob/otn/oct	SUMADAN XLT	1	
DERMATOLOGY - ANTIINFLAMMATORY			
TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB			
CRISABOROLE	EUCRISA	2	
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			
alclometasone dipropionate	ACLOVATE	1	
amcinonide	CYCLOCORT	1	
betamethasone dipropionate	DIPROLENE	1	
BETAMETHASONE DIPROPIONATE	SERNIVO	3	ST
betamethasone valerate	LUXIQ	1	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
betamethasone valerate	VALISONE	1	
betamethasone/propylene glyc	DIPROLENE	1	
betamethasone/propylene glyc	DIPROLENE AF	1	
clobetasol propionate	CLOBEX	1	
clobetasol propionate	CLODAN	1	
clobetasol propionate	OLUX	1	
clobetasol propionate	TEMOVATE	1	
clobetasol propionate/emoll	OLUX-E	1	
clobetasol propionate/emoll	TEMOVATE E	1	
clobetasol propionate/emoll	TEMOVATE EMOLLIENT	1	
CLOBETASOL/SKIN CLEANSER NO.28	CLODAN	3	
clocortolone pivalate	CLODERM	1	
DESONIDE	DESONATE	3	
desonide		1	
desonide	DESOWEN	1	
DESONIDE	VERDESO	3	
desoximetasone	TOPICORT (0.05 %) (CREAM (G))	1	
desoximetasone	TOPICORT (0.05 %) (GEL (GRAM))	1	
desoximetasone	TOPICORT (0.05 %) (OINT. (G))	1	
desoximetasone	TOPICORT (0.25 %) (CREAM (G))	1	
desoximetasone	TOPICORT (0.25 %) (OINT. (G))	1	
DESOXIMETASONE	TOPICORT (0.25 %) (SPRAY)	3	ST
diflorasone diacetate	APEXICON	1	
diflorasone diacetate	PSORCON	1	
DIFLORASONE DIACETATE/EMOLL	APEXICON E	2	
FLUOCINOLONE ACETONIDE	CAPEX SHAMPOO	3	
fluocinolone acetone	DERMA-SMOOTHES-FS	1	
fluocinolone acetone	SYNALAR	1	
FLUOCINOLONE/EMOL COMB NO.65	SYNALAR	3	
fluocinolone/shower cap	DERMA-SMOOTHES-FS	1	
FLUOCINOLONE/SKIN CLNSR28	SYNALAR TS	3	
fluocinonide	LIDEX	1	
fluocinonide	VANOS	1	
fluocinonide/emollient base	LIDEX-E	1	
flurandrenolide	CORDRAN (0.05 %) (CREAM (G))	1	
flurandrenolide	CORDRAN (0.05 %) (LOTION)	1	
flurandrenolide	CORDRAN (0.05 %) (OINT. (G))	1	
FLURANDRENOLIDE	CORDRAN (4MCG/SQ CM) (MED. TAPE)	3	ST, QL: 2 IN 30 DAYS
flurandrenolide	NOLIX	1	
fluticasone propionate	CUTIVATE	1	
HALCINONIDE	HALOG	3	
halobetasol propionate	ULTRAVATE (0.05 %) (CREAM (G))	1	
HALOBETASOL PROPIONATE	ULTRAVATE (0.05 %) (LOTION)	3	

Drug Name		Tier	Requirements/Limits
halobetasol propionate	ULTRAVATE (0.05 %) (OINT. (G))	1	
HYDROCORT/SAL ACID/SULF/SHAMP1	SCALACORT DK	2	
hydrocortisone		1	
HYDROCORTISONE	TEXACORT	2	
HYDROCORTISONE ACET/ALOE VERA	NUCORT	3	
HYDROCORTISONE ACETATE	MICORT-HC	3	
hydrocortisone butyrate	LOCOID	1	
hydrocortisone butyrate/emoll	LOCOID LIPOCREAM	1	
HYDROCORTISONE PROBUTATE	PANDEL	2	
hydrocortisone valerate		1	
HYDROCORTISONE/SKIN CLEANSER25	AQUA GLYCOLIC HC	3	
mometasone furoate	ELOCON	1	
prednicarbate	DERMATOP	1	
triamcinolone acetonide		1	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
DICLOFENAC EPOLAMINE	FLECTOR	3	
diclofenac sodium	VOLTAREN	1	
DERMATOLOGY - ANTIPRURITIC DRUGS			
ANTIPRURITICS, TOPICAL			
E101/NAMG FL/NA PH/NACL/HA-NAH	ALEVICYN PLUS	3	
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	2	
ANTISEBORRHEIC AGENTS			
EMOLLIENT COMBINATION NO.43	PROMISEB	3	
emollient combination no.85		1	
EMOLLIENT NO43/SKIN CLEANSER27	PROMISEB COMPLETE	3	
HYDROGEN PEROXIDE	ESKATA	3	
selenium sulfide		1	
SELENIUM SULFIDE	TERSI FOAM	3	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (CREAM (G))	3	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (SHAMPOO)	2	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (FOAM)	3	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (LOTION)	3	ST
sulfacetamide sodium		1	
ANTISEPTICS, MISCELLANEOUS			
GUAIACOL		3	
EMOLLIENTS			
ammonium lactate		1	
emol53/namgfs/ha/nahypochlorit		1	
emol53/sod mag fl.sil/cyclomet	AURSTAT	1	
emollient combination no.10	BIAFINE	1	
EMOLLIENT COMBINATION NO.10	LUXAMEND	3	
EMOLLIENT COMBINATION NO.101	CERAMAX	3	
EMOLLIENT COMBINATION NO.103	CERACADE	3	
EMOLLIENT COMBINATION NO.104	DEXERYL	3	
EMOLLIENT COMBINATION NO.107	NUTRASEB	3	

Drug Name		Tier	Requirements/Limits
emollient combination no.32		1	
EMOLLIENT COMBINATION NO.32	EPICERAM	3	
emollient combination no.35		1	
EMOLLIENT COMBINATION NO.38	NEOSALUS	3	
EMOLLIENT COMBINATION NO.44	HPR	3	
EMOLLIENT COMBINATION NO.44	HYLATOPIC	3	
EMOLLIENT COMBINATION NO.47	NEOSALUS	3	
EMOLLIENT COMBINATION NO.47	NEOSALUS CP	3	
EMOLLIENT COMBINATION NO.53	ATOPADERM	3	
EMOLLIENT COMBINATION NO.53	HPR PLUS	3	
EMOLLIENT COMBINATION NO.53	HYLATOPICPLUS	3	
EMOLLIENT COMBINATION NO.53	NIVATOPIC PLUS	3	
EMOLLIENT COMBINATION NO.60	ATRAPRO HYDROGEL	3	
EMOLLIENT COMBINATION NO.60	CELACYN	3	
EMOLLIENT COMBINATION NO.60	LEVICYN ANTIPRURITIC SG	3	
EMOLLIENT COMBINATION NO.60	RESTIZAN	3	
EMOLLIENT COMBINATION NO.60	SEBUDERM	3	
EMOLLIENT COMBINATION NO.60	SP SCAR MANAGEMENT	3	
EMOLLIENT COMBINATION NO.80	PRESERA	3	
EMOLLIENT COMBOS NO.47, NO.60	ATRAPRO CP	3	
HYALURONT/E/EMOL 12/ALLAN/SHEA	XCLAIR	3	
PALM OIL/EUCALYPTUS OIL	PHLAG SPRAY	3	
vite ac/grape/hyaluronic acid	ATOPICLAIR	1	
IRRIGANTS			
acetic acid		1	
mannitol/sorbitol solution		1	
neomycin sulf/polymyxin b sulf		1	
ORGAN PRESERVATION SOLN-BELZER	VIASPAN BELZER- UW	3	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOLYTE	3	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOSOL	3	
ringer's solution		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	
sodium chloride irrig solution		1	
sorbitol solution		1	
water for irrigation,sterile		1	
IRRITANTS/COUNTER-IRRITANTS			
CAPSAICIN/SKIN CLEANSER	QUTENZA	3	PA
KERATOLYTICS			
benzoyl peroxide		1	
BENZOYL PEROXIDE	PACNEX HP	3	
BENZOYL PEROXIDE	PACNEX LP	3	
benzoyl peroxide microspheres		1	
BENZOYL PEROXIDE/SULFUR	NUOX	3	
BENZOYL PEROXIDE/VIT E MIX	INOVA	3	
PODOFILOX	CONDYLOX (0.5 %) (GEL (GRAM))	3	ST
podofilox	CONDYLOX (0.5 %) (SOLUTION)	1	

Drug Name		Tier	Requirements/Limits
podophyllum resin		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	
salicylic acid		1	
SALICYLIC ACID	SALIMEZ FORTE	3	
SALICYLIC ACID	ULTRASAL-ER	3	
salicylic acid/ammon lact/aloe		1	
salicylic acid/ceramide comb 1		1	
SALICYLIC ACID/UREA	SALVAX DUO PLUS	3	
silver nitrate		1	
silver nitrate applicator		1	
UREA	HYDRO 35	3	
UREA	KERAFOAM	3	
UREA	URAMAXIN	3	
urea		1	
UREA/EMOLLIENT COMBINATION 65	URAMAXIN GT	3	
OXIDIZING AGENTS			
HYP AC/SOD CHL/SOD SUL/SOD PHO	LEVICYN	3	
HYPOC ACID/SOD HYPO/NACL/WATER	ATRAPRO DERMAL SPRAY	3	
HYPOC ACID/SOD HYPO/NACL/WATER	MICROCYN	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	3	
HYALURONATE SODIUM/HE-CELL/PEG	HYGEL	3	
HYALURONATE/ALLANTOIN/ALOE EXT	RADIAPLEXRX	3	
petrolatum,white		1	
POLYDIMETHYLSILOXANES/SILICON	RECEDO	3	
POLY-UREAURETHANE	NUVAIL	3	
PROTECTIVES COMBINATION NO.2	TETRIX	3	
protectives2/ceramide 1,3,6-11		1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	ANALPRAM HC	2	
HYDROCORTISONE/PRAMOXINE	EPIFOAM	3	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (CREAM (G))	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (OINT. (G))	2	
hydrocortisone/pramoxine		1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (CREAM (G))	1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (OINT. (G))	2	
HYDROCORTISONE/PRAMOXINE/EMOLL	PRAMOSONE E	3	
lidocaine/hydrocortisone ac		1	
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS			
ALITRETINOIN	PANRETIN	3	
BEXAROTENE	TARGETIN	2	PA
diclofenac sodium		1	PA, QL: 100gm PER FILL
diclofenac sodium	SOLARAZE	1	
fluorouracil		1	
fluorouracil	CARAC	1	
fluorouracil		1	
fluorouracil	EFUDEX	1	

Drug Name		Tier	Requirements/Limits
FLUOROURACIL	FLUOROPLEX	3	
FLUOROURACIL	TOLAK	3	
INGENOL MEBUTATE	PICATO (0.015 %) (GEL (EA))	2	QL: 3 IN 28 DAYS
INGENOL MEBUTATE	PICATO (0.05 %) (GEL (EA))	2	QL: 2 IN 28 DAYS
MECHLORETHAMINE HCL	VALCHLOR	2	PA
TOPICAL LOCAL ANESTHETICS			
BENZOCAINE	ANACAINE	3	
cocaine hcl		1	
ethyl chloride		1	
lidocaine (5 %) (adh. patch)		1	
lidocaine (5 %) (oint. (g))		1	ST, QL: 240gm IN 30 DAYS
LIDOCAINE	TRANZAREL	3	
LIDOCAINE HCL	ANASTIA	3	
lidocaine hcl		1	
LIDOCAINE HCL	LIDOPIN	3	
LIDOCAINE HCL	LIDORX	3	
LIDOCAINE HCL	NUMBONEX	3	
LIDOCAINE HCL/COLLAGEN	REGENECARE	3	
lidocaine/prilocaine	AGONEAZE	1	
lidocaine/prilocaine	DERMACINRX EMPRICAINE	1	
lidocaine/prilocaine	DERMACINRX PRIZOPAK	1	
lidocaine/prilocaine	EMLA	1	
lidocaine/prilocaine	LEVA SET	1	
lidocaine/prilocaine	LIDOPRIL	1	
lidocaine/prilocaine	LIDOPRIL XR	1	
lidocaine/prilocaine	LIDO-PRILO CAINE PACK	1	
lidocaine/prilocaine	LIPROZONEPAK	1	
lidocaine/prilocaine	LIVIXIL PAK	1	
lidocaine/prilocaine	MEDOLOR PAK	1	
lidocaine/prilocaine	PRILOLID	1	
lidocaine/prilocaine	RELADOR PAK	1	
lidocaine/prilocaine	RELADOR PAK PLUS	1	
lidocaine/racepinep/tetracaine		1	
lidocaine/tetracaine	PLIAGLIS	1	
LIDOCAINE/TETRACAINE	SYNERA	3	
NORFLURANE/PENTAFLUOROPROPANE	PAIN EASE	3	
NORFLURANE/PENTAFLUOROPROPANE	SPRAY AND STRETCH	3	
TETRACAINE HCL	PONTOCAINE	3	
TETRACAINE/BENZOCAINE/BUTAMBEN	CETACAINE	3	
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	
HYALURONIDASE, HUMAN RECOMB.	HYQVIA HY COMPONENT	3	
DERMATOLOGY - PSORIASIS/ECZEMA			
ANTIPSORIATIC AGENTS,SYSTEMIC			
acitretin	SORIATANE	1	
BRODALUMAB	SILIQ	3	PA

Drug Name		Tier	Requirements/Limits
GUSELKUMAB	TREMFYA	3	PA
methoxsalen		1	
SECUKINUMAB	COSENTYX (2 SYRINGES)	2	PA
SECUKINUMAB	COSENTYX PEN	2	PA
SECUKINUMAB	COSENTYX PEN (2 PENS)	2	PA
SECUKINUMAB	COSENTYX SYRINGE	2	PA
ANTIPSORIATICS AGENTS			
ANTHRALIN	DRITHOCREME HP	2	ST
ANTHRALIN MICRONIZED	ZITHRANOL	3	ST
calcipotriene	DOVONEX	1	
CALCIPOTRIENE	SORILUX	3	ST
calcitriol	VECTICAL	1	
TAZAROTENE	TAZORAC (0.05 %) (CREAM (G))	2	
TAZAROTENE	TAZORAC (0.05 %) (GEL (GRAM))	2	
tazarotene	TAZORAC (0.1 %) (CREAM (G))	1	
TAZAROTENE	TAZORAC (0.1 %) (GEL (GRAM))	2	
ECZEMA AGENTS,SYSTEMIC,INTERLEUKIN-4 REC.ANTAG MAB			
DUPILUMAB	DUPIXENT	3	PA
TOPICAL AGENTS,MISCELLANEOUS			
UREA	GORDO-UREA	3	
TOPICAL IMMUNOSUPPRESSIVE AGENTS			
PIMECROLIMUS	ELIDEL	2	
tacrolimus	PROTOPIC	1	
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL			
CALCIPOTRIENE/BETAMETHASONE	ENSTILAR	3	
calcipotriene/betamethasone	TACLONEX (0.005-.064) (OINT. (G))	1	
CALCIPOTRIENE/BETAMETHASONE	TACLONEX (0.005-.064) (SUSPENSION)	3	
DIABETES			
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.			
LINAGLIPTIN/METFORMIN HCL	JENTADUETO	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (2.5-1000MG) (TAB BP 24H)	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (5MG-1000MG) (TAB BP 24H)	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (100-1000MG) (TBMP 24HR)	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50-1000 MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50MG-500MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)			
DULAGLUTIDE	TRULICITY	2	ST, QL: 2mL IN 28 DAYS
LIRAGLUTIDE	VICTOZA 2-PAK	2	ST, QL: 9mL IN 30 DAYS

Drug Name		Tier	Requirements/Limits
LIRAGLUTIDE	VICTOZA 3-PAK	2	ST, QL: 9mL IN 30 DAYS
ANTIHYPERTENSIVE-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
CANAGLIFLOZIN	INVOKANA	2	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN	JARDIANCE	2	ST, QL: 1 IN 1 DAY
ANTIHYPERTENSIVE - DOPAMINE RECEPTOR AGONISTS			
BROMOCRIPTINE MESYLATE	CYCLOSET	3	ST
ANTIHYPERTENSIVE, ALPHA-GLUCOSIDASE INHIB (N-S)			
acarbose	PRECOSE	1	
miglitol	GLYSET	1	
ANTIHYPERTENSIVE, AMYLIN ANALOG-TYPE			
PRAMLINTIDE ACETATE	SYMLINPEN 120	2	
PRAMLINTIDE ACETATE	SYMLINPEN 60	2	
ANTIHYPERTENSIVE, DPP-4 INHIBITORS			
LINAGLIPTIN	TRADJENTA	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOSPHATE	JANUVIA	2	QL: 1 IN 1 DAY
ANTIHYPERTENSIVE, INSULIN-RELEASE STIMULANT TYPE			
chlorpropamide	DIABINESE	1	
glimepiride	AMARYL	1	
glipizide	GLUCOTROL	1	
glipizide	GLUCOTROL XL	1	
glyburide		1	
glyburide,micronized	GLYNASE	1	
nateglinide	STARLIX	1	
repaglinide	PRANDIN	1	
tolazamide	TOLINASE	1	
tolbutamide	ORINASE	1	
ANTIHYPERTENSIVE, INSULIN-RESPONSE ENHANCER (N-S)			
pioglitazone hcl	ACTOS	1	
ROSIGLITAZONE MALEATE	AVANDIA	3	ST
ANTIHYPERTENSIVE, SGLT-2 & DPP-4 INHIBITOR COMB.			
EMPAGLIFLOZIN/LINAGLIPTIN	GLYXAMBI	2	ST, QL: 1 IN 1 DAY
ANTIHYPERTENSIVE,BIGUANIDE TYPE(NON-SULFONYLUREA)			
metformin hcl	FORTAMET	1	ST
metformin hcl	GLUCOPHAGE	1	
metformin hcl	GLUCOPHAGE XR	1	
METFORMIN HCL	RIOMET	2	
ANTIHYPERTENSIVE,INSULIN & GLP-1 RECEPTOR AGONIST			
INSULIN DEGLUDEC/LIRAGLUTIDE	XULTOPHY 100-3.6	2	ST, QL: 15mL IN 28 DAYS
INSULIN GLARGINE/LIXISENATIDE	SOLIQUA 100-33	2	ST, QL: 30mL IN 28 DAYS
ANTIHYPERTENSIVE,INSULIN-REL STIM.& BIGUANIDE CMB			
glipizide/metformin hcl	METAGLIP	1	
glyburide/metformin hcl	GLUCOVANCE	1	
repaglinide/metformin hcl	PRANDIMET	1	
ANTIHYPERTENSIVE,INSULIN-RESPONSE & RELEASE COMB.			
pioglitazone hcl/glimepiride	DUETACT	1	ST
ANTIHYPERTENSIVE-GLUCOCORTICOID RECEPTOR BLOCKER			
MIFEPRISTONE	KORLYM	2	PA
ANTIHYPERTENSIVE-SGLT2 INHIBITOR & BIGUANIDE COMB			
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET	2	ST, QL: 2 IN 1 DAY
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET XR	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (10-1000 MG) (TAB BP 24H)	2	ST, QL: 1 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (12.5-1000) (TAB BP 24H)	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (25-1000 MG) (TAB BP 24H)	2	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	2	ST, QL: 2 IN 1 DAY
ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB			
pioglitazone hcl/metformin hcl	ACTOPLUS MET	1	ST
PIOGLITAZONE HCL/METFORMIN HCL	ACTOPLUS MET XR	2	ST
BLOOD SUGAR DIAGNOSTICS			
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX (STRIP) (OTC)	2	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX TEST STRIPS	2	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE LITE STRIPS (STRIP) (OTC)	2	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE PRECISION NEO	2	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE TEST STRIPS (STRIP) (OTC)	2	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION XTRA (STRIP) (OTC)	2	QL: 200 IN 30 DAYS
DIABETIC SUPPLIES			
BLOOD-GLUC TRANSMITTER/SENSOR	ENLITE	3	
BLOOD-GLUC TRANSMITTER/SENSOR	PARADIGM REAL-TIME	3	
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G5	3	
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	ENLITE SERTER	3	
DIABETIC SUPPLIES,MISCELL	GLUCOCOM AUTOLINK	3	
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT CHARGER	3	

Drug Name	Tier	Requirements/Limits
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT STARTER KIT	3
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT SYSTEM	3
DIABETIC SUPPLIES,MISCELL	GUARDIAN TEST PLUG	3
DIABETIC SUPPLIES,MISCELL	REPLACEMENT PEDIATRIC MONITOR	3
DIABETIC SUPPLIES,MISCELL	SEN-SERTER	3
FLASH GLUCOSE SCANNING READER	FREESTYLE LIBRE READER	2
FLASH GLUCOSE SENSOR	FREESTYLE LIBRE SENSOR	2
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
INFUSION SET-INSULIN PUMP BODY	SNAP INSULIN PUMP-INFUSION SET	3
INSULIN ADMIN. SUPPLIES	AUTOJECT 2	3
INSULIN ADMIN. SUPPLIES	AUTOPEN	3
INSULIN ADMIN. SUPPLIES	HUMAPEN LUXURA HD	3
INSULIN ADMIN. SUPPLIES	NOVOPEN ECHO	3
INSULIN PUMP CONTROLLER	SNAP INSULIN PUMP CONTROLLER	3
INSULIN PUMP/INFUS. SET/METER	ACCU-CHEK	3
LANCETS	ONETOUCH SURESOFT	2
LANCING DEVICE/LANCETS	UNISTIK 2 NORMAL	3
SUBCUTANEOUS INSULIN PUMP	MINIMED 530G	3
SUBCUTANEOUS INSULIN PUMP	MINIMED 630G	3
SUBCUTANEOUS INSULIN PUMP	MINIMED 670G	3
SUBCUTANEOUS INSULIN PUMP	OMNIPOD	3
SUBCUTANEOUS INSULIN PUMP	ONETOUCH PING	3

Drug Name		Tier	Requirements/Limits
SUBCUTANEOUS INSULIN PUMP	REVEL PROGRAMMABLE PUMP	3	
SUBCUTANEOUS INSULIN PUMP	T:FLEX	3	
SUBCUTANEOUS INSULIN PUMP	T:SLIM	3	
SUBCUTANEOUS INSULIN PUMP	T:SLIM G4	3	
SUBCUTANEOUS INSULIN PUMP	T:SLIM X2	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	REGANEX	2	
HYPERGLYCEMICS			
DIAZOXIDE	PROGLYCEM	3	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGEN	3	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	2	
INSULINS			
INSULIN ASPART (NIACINAMIDE)	FIASP	3	ST, QL: 40mL IN 28 DAYS
INSULIN ASPART (NIACINAMIDE)	FIASP FLEXTOUCH	3	ST, QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	LANTUS	2	QL: 40mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	LANTUS SOLOSTAR	2	QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	TOUJEO MAX SOLOSTAR	2	QL: 6mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	TOUJEO SOLOSTAR	2	QL: 13.5mL IN 28 DAYS
INSULIN LISPRO	HUMALOG (100/ML) (CARTRIDGE)	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG (100/ML) (VIAL)	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO	HUMALOG JUNIOR KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG KWIKPEN U-100	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG KWIKPEN U-200	2	QL: 12mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30	2	QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	2	QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (12 UNIT) (CART INHAL)	3	PA
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(60)) (CART INHAL)	3	PA, QL: 360 IN 28 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(90)) (CART INHAL)	3	PA, QL: 180 IN 28 DAYS

Drug Name		Tier	Requirements/Limits
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT) (CART INHAL)	3	PA, QL: 180 IN 28 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4-8- 12(60)) (CART INHAL)	3	PA, QL: 180 IN 28 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (8 UNIT) (CART INHAL)	3	PA
INSULIN REGULAR, HUMAN	HUMULIN R	2	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500	2	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500 KWIKPEN	2	QL: 24mL IN 28 DAYS
EAR - GENERAL DISORDERS			
EAR PREPARATIONS ANTI-INFLAMMATORY			
fluocinolone acetonide oil	DERMOTIC	1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
acetic acid	VOSOL	1	
hydrocortisone/acetic acid	VOSOL HC	1	
HYDROCORTISONE/PRAMOXINE/C-XYL	CORTANE-B	3	
EAR PREPARATIONS, ANTIBIOTICS			
CIPROFLOXACIN	OTIPRIO	3	
ciprofloxacin hcl	CETRAXAL	1	
NEOMYC/COLIST/HYDROCORT/THONZN	COLY-MYCIN S	3	
neomycin/polymyxin b/hydrocort		1	
ofloxacin		1	
OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS			
CIPROFLOXACIN HCL/DEXAMETH	CIPRODEX	2	
CIPROFLOXACIN HCL/FLUOCINOLONE	OTOVEL	3	
CIPROFLOXACIN/HYDROCORTISONE	CIPRO HC	3	
ELECTROLYTE REGULATION			
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS			
TOLVAPTAN	JYNARQUE	3	PA
TOLVAPTAN	SAMSCA (15 MG) (TABLET)	3	QL: 30 IN 365 DAYS
TOLVAPTAN	SAMSCA (30 MG) (TABLET)	3	QL: 60 IN 365 DAYS
BICARBONATE PRODUCING/CONTAINING AGENTS			
CHOLERA VAC BUFFER COMP 1 OF 2	VAXCHORA BUFFER COMPONENT	3	
ELECTROLYTE DEPLETERS			
calcium acetate	ELIPHOS	1	
calcium acetate	PHOSLO	1	
CALCIUM ACETATE	PHOSLYRA	3	
calcium carb/mag carb/folic ac		1	
FERRIC CITRATE	AURYXIA	3	QL: 12 IN 1 DAY
LANTHANUM CARBONATE	FOSRENOL (1000 MG) (POWD PACK)	3	
lanthanum carbonate	FOSRENOL (1000 MG) (TAB CHEW)	1	
lanthanum carbonate	FOSRENOL (500 MG) (TAB CHEW)	1	
LANTHANUM CARBONATE	FOSRENOL (750 MG) (POWD PACK)	3	
lanthanum carbonate	FOSRENOL (750 MG) (TAB CHEW)	1	
PATIROMER CALCIUM SORBITEX	VELTASSA	3	PA, QL: 1 IN 1 DAY
sevelamer carbonate	REVELA	1	

Drug Name		Tier	Requirements/Limits
SEVELAMER HCL	RENAGEL	3	
sodium polystyrene sulfon/sorb		1	
SODIUM POLYSTYRENE SULFON/SORB	SPS	3	
sodium polystyrene sulfonate		1	
SUCROFERRIC OXYHYDROXIDE	VELPHORO	2	
POTASSIUM REPLACEMENT			
pot chloride/pot bicarb/cit ac		1	
POTASSIUM BICARBONATE/CIT AC	EFFER-K	3	
potassium bicarbonate/cit ac	KLOR-CON-EF	1	
potassium chloride		1	
SODIUM/SALINE PREPARATIONS			
0.9 % sodium chloride		1	
bacteriostatic sodium chloride		1	
sodium chloride 0.45 %		1	
ENDOCRINE DISORDER - FERTILITY			
DRUGS TO TREAT IMPOTENCY			
ALPROSTADIL	CAVERJECT	3	QL: 1 IN 5 DAYS
ALPROSTADIL	EDEX (10 MCG) (KIT)	3	QL: 6 INJECTIONS IN 30 DAYS
ALPROSTADIL	EDEX (20 MCG) (KIT)	3	QL: 6 INJECTIONS IN 30 DAYS
ALPROSTADIL	EDEX (40 MCG) (KIT)	3	QL: 6 INJECTIONS IN 30 DAYS
ALPROSTADIL	MUSE	3	QL: 1 IN 5 DAYS
papav/phentolam/alprost/water		1	
sildenafil citrate	VIAGRA	1	QL: 1 IN 5 DAYS
TADALAFIL	CIALIS (10 MG) (TABLET)	3	ST, QL: 1 IN 5 DAYS
TADALAFIL	CIALIS (2.5 MG) (TABLET)	3	PA, QL: 1 IN 1 DAY
TADALAFIL	CIALIS (20 MG) (TABLET)	3	ST, QL: 1 IN 5 DAYS
TADALAFIL	CIALIS (5 MG) (TABLET)	3	PA, QL: 1 IN 1 DAY
FOLLICLE-STIMULATING HORMONE (FSH)			
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F	2	
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F RFF	2	
FOLLITROPIN ALFA, RECOMBINANT	GONAL-F RFF REDI-JECT	2	
FOLLITROPIN BETA,RECOMB	FOLLISTIM AQ	3	ST
UROFOLLITROPIN	BRAVELLE	3	ST
ENDOCRINE DISORDER - OTHER			
ANTIDIURETIC AND VASOPRESSOR HORMONES			
desmopressin (nonrefrigerated)	DDAVP	1	
desmopressin acetate		1	
DESMOPRESSIN ACETATE	NOCTIVA	3	QL: 3.8gm IN 30 DAYS
DESMOPRESSIN ACETATE	STIMATE	3	
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.			
HISTRELIN ACETATE	VANTAS	3	PA
LEUPROLIDE ACETATE	ELIGARD	2	PA
leuprolide acetate		1	
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE			
TERIPARATIDE	FORTEO	2	PA, QL: 2.4mL IN 28 DAYS
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES			
ABALOPARATIDE	TYMLOS	3	PA

Drug Name		Tier	Requirements/Limits
BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS			
ALENDRONATE SODIUM/VITAMIN D3	FOSAMAX PLUS D	2	
BONE RESORPTION INHIBITORS			
alendronate sodium	FOSAMAX (10 MG) (TABLET)	1	
alendronate sodium	FOSAMAX (35 MG) (TABLET)	1	
alendronate sodium	FOSAMAX (40 MG) (TABLET)	1	
alendronate sodium	FOSAMAX (5 MG) (TABLET)	1	
alendronate sodium	FOSAMAX (70 MG) (TABLET)	1	
alendronate sodium	FOSAMAX (70 MG/75ML) (SOLUTION)	1	QL: 75mL IN 7 DAYS
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN (200/ML) (VIAL)	3	
calcitonin,salmon,synthetic	MIACALCIN (200/SPRAY) (SPRAY/PUMP)	1	
etidronate disodium	DIDRONEL	1	
ibandronate sodium	BONIVA	1	
raloxifene hcl	EVISTA	1	PA, QL: 1 IN 1 DAY
risedronate sodium	ACTONEL (150 MG) (TABLET)	1	ST, QL: 1 IN 30 DAYS
risedronate sodium	ACTONEL (30 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
risedronate sodium	ACTONEL (35 MG) (TABLET)	1	ST, QL: 1 IN 7 DAYS
risedronate sodium	ACTONEL (5 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
risedronate sodium	AELVIA	1	ST, QL: 1 IN 7 DAYS
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER			
CINACALCET HCL	SENSIPAR (30 MG) (TABLET)	3	QL: 2 IN 1 DAY
CINACALCET HCL	SENSIPAR (60 MG) (TABLET)	3	QL: 2 IN 1 DAY
CINACALCET HCL	SENSIPAR (90 MG) (TABLET)	3	QL: 4 IN 1 DAY
GROWTH HORMONE RECEPTOR ANTAGONISTS			
PEGVISOMANT	SOMAVERT	2	
GROWTH HORMONE RELEASING HORMONE (GHRH) & ANALOGS			
TESAMORELIN ACETATE	EGRIFTA	3	PA
GROWTH HORMONES			
SOMATROPIN	NORDITROPIN FLEXPRO	2	PA
SOMATROPIN	OMNITROPE	2	PA
SOMATROPIN	SEROSTIM	3	PA
SOMATROPIN	ZORBTIVE	3	PA
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
CALCIFEDIOL	RAYALDEE	2	QL: 2 IN 1 DAY
doxercalciferol		1	
paricalcitol		1	
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES			
MECASERMIN	INCRELEX	3	PA
LEPTIN HORMONE ANALOGS			
METRELEPTIN	MYALEPT	3	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
NAFARELIN ACETATE	SYNAREL	3	
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY			
HISTRELIN ACETATE	SUPPRELIN LA	3	PA
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR			
OSPEMIFENE	OSPHENA	3	QL: 1 IN 1 DAY
PARATHYROID HORMONES			
PARATHYROID HORMONE	NATPARA	3	PA
PITUITARY SUPPRESSIVE AGENTS			
cabergoline	DOSTINEX	1	
danazol	DANOCRINE	1	
ENDOCRINE DISORDER - THYROID			
ANTITHYROID PREPARATIONS			
methimazole	TAPAZOLE	1	
propylthiouracil		1	
IODINE CONTAINING AGENTS			
potassium iodide		1	
potassium iodide/iodine		1	
THYROID HORMONES			
LEVOTHYROXINE SODIUM	LEVO-T	2	
levothyroxine sodium		1	
LEVOTHYROXINE SODIUM	LEVOXYL	2	
LEVOTHYROXINE SODIUM	SYNTHROID	2	
LEVOTHYROXINE SODIUM	UNITHROID	2	
LIOTHYRONINE SODIUM	CYTOMEL	2	
liothyronine sodium		1	
LIOTRIX	THYROLAR-1	3	
LIOTRIX	THYROLAR-1/2	3	
LIOTRIX	THYROLAR-1/4	3	
LIOTRIX	THYROLAR-2	3	
LIOTRIX	THYROLAR-3	3	
THYROID,PORK	ARMOUR THYROID	2	
thyroid,pork		1	
EYE - GENERAL DISORDERS			
EYE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB.			
gatifloxacin/prednis/bromfenac		1	
EYE ANTIBIOTIC-CORTICOID COMBINATIONS			
gatifloxacin/prednisolone		1	
GENTAMICIN SULF/PREDNISOLONE	PRED-G	3	
neomycin/bacit/p-myx/hydrocort		1	
neomycin/polymyxin b/dexametha		1	
neomycin/polymyxin b/hydrocort		1	
tobramycin/dexamethasone	TOBRADEX (0.3 %- 0.1%) (DROPS SUSP)	1	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX (0.3 %- 0.1%) (OINT. (G))	2	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX ST	3	
TOBRAMYCIN/LOTEPRED ETAB	ZYLET	2	
EYE ANTIHISTAMINES			
azelastine hcl	OPTIVAR	1	
epinastine hcl	ELESTAT	1	
olopatadine hcl	PATADAY	1	QL: 2.5mL IN 30 DAYS
olopatadine hcl	PATANOL	1	
EYE ANTI-INFECTIVES (RX ONLY)			
povidone-iodine	BETADINE	1	

Drug Name	Tier	Requirements/Limits
EYE ANTIINFLAMMATORY AGENTS		
bromfenac sodium	1	
BROMFENAC SODIUM	3	BROMSITE
BROMFENAC SODIUM	2	PROLENSA
DEXAMETHASONE	3	MAXIDEX
dexamethasone sodium phosphate	1	
diclofenac sodium	1	VOLTAREN
DIFLUPREDNATE	2	DUREZOL
fluorometholone	1	FML
FLUOROMETHOLONE	2	FML FORTE
FLUOROMETHOLONE	2	FML S.O.P.
FLUOROMETHOLONE ACETATE	2	FLAREX
flurbiprofen sodium	1	OCUFEN
ketorolac tromethamine	1	ACULAR
ketorolac tromethamine	1	ACULAR LS
KETOROLAC TROMETHAMINE/PF	3	ACUVAIL
LOTEPREDNOL ETABONATE	2	ALREX
LOTEPREDNOL ETABONATE	2	LOTEMAX
NEPAFENAC	2	ILEVRO
NEPAFENAC	3	NEVANAC
prednisolone acetate	1	OMNIPRED
prednisolone acetate	1	PRED FORTE
PREDNISOLONE ACETATE	2	PRED MILD
prednisolone acetate/bromfenac	1	
prednisolone sod phosphate	1	
EYE ANTIVIRALS		
GANCICLOVIR	2	ZIRGAN
trifluridine	1	VIROPTIC
EYE LOCAL ANESTHETICS		
benoxinate hcl/fluorescein sod	1	FLUORESCEIN-BENOXINATE
benoxinate hcl/fluorescein sod	1	FLURESS
benoxinate hcl/fluorescein sod	1	FLUROX
LIDOCAINE HCL/PF	3	AKTEN
proparacaine hcl	1	
proparacaine/fluorescein sod	1	
tetracaine hcl	1	TETCAINE
TETRACaine HCL	3	TETRAVISC
TETRACaine HCL	3	TETRAVISC FORTE
tetracaine hcl/pf	1	TETRACaine HYDROCHLORIDE
EYE SULFONAMIDES		
sulfacetamide sodium	1	SODIUM SULAMYD
SULFACETAMIDE/PREDNISOLONE	2	BLEPHAMIDE
SULFACETAMIDE/PREDNISOLONE	2	BLEPHAMIDE S.O.P.
sulfacetamide/prednisolone sp	1	
EYE VASOCONSTRICTORS (RX ONLY)		
phenylephrine hcl	1	
OPHTHALMIC ANTIBIOTICS		
AZITHROMYCIN	3	AZASITE
bacitracin	1	
bacitracin/polymyxin b sulfate	1	
BESIFLOXACIN HCL	2	BESIVANCE
ciprofloxacin hcl	1	CILOXAN (0.3 %) (DROPS)
CIPROFLOXACIN HCL	2	CILOXAN (0.3 %) (OINT. (G))

Drug Name		Tier	Requirements/Limits
erythromycin base	ILOTYCIN	1	
gatifloxacin	ZYMAXID	1	
gentamicin sulfate	GARAMYCIN	1	
gentamicin sulfate	GENTAK	1	
levofloxacin		1	
MOXIFLOXACIN HCL	MOXEZA	2	
moxifloxacin hcl	VIGAMOX	1	
NATAMYCIN	NATACYN	3	
neomycin sulf/bacitracin/poly	NEO-POLYCIN	1	
neomycin/polymyxn b/gramicidin	NEOSPORIN	1	
ofloxacin	OCUFLOX	1	
polymyxin b sulf/trimethoprim	POLYTRIM	1	
tobramycin	TOBEX (0.3 %) (DROPS)	1	
TOBRAMYCIN	TOBEX (0.3 %) (OINT. (G))	2	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
CYCLOSPORINE	RESTASIS	2	QL: 60 IN 30 DAYS
CYCLOSPORINE	RESTASIS MULTIDOSE	2	QL: 5.5mL IN 30 DAYS
LIFITEGRAST	XIIDRA	2	QL: 60 IN 30 DAYS
OPHTHALMIC MAST CELL STABILIZERS			
cromolyn sodium	OPTICROM	1	
LODOXAMIDE TROMETHAMINE	ALOMIDE	2	
NEDOCROMIL SODIUM	ALOCIL	2	
OPHTHALMIC PREPARATIONS, MISCELLANEOUS			
HYPOCHLOROUS ACID/SODIUM CHLOR	ACUCYN	3	
HYPOCHLOROUS ACID/SODIUM CHLOR	AVENOVA	3	
EYE - GLAUCOMA			
CARBONIC ANHYDRASE INHIBITORS			
acetazolamide		1	
methazolamide	NEPTAZANE	1	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
apraclonidine hcl	IOPIDINE (0.5 %) (DROPS)	1	
APRACLONIDINE HCL	IOPIDINE (1 %) (DROPERETTE)	3	
betaxolol hcl	BETOPTIC	1	
BETAXOLOL HCL	BETOPTIC S	3	
BIMATOPROST	LUMIGAN (0.01 %) (DROPS)	2	QL: 1mL IN 12 DAYS
bimatoprost	LUMIGAN (0.03 %) (DROPS)	1	QL: 1mL IN 12 DAYS
brimonidine tartrate	ALPHAGAN	1	
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	2	
brimonidine tartrate	ALPHAGAN P (0.15 %) (DROPS)	1	
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	2	
BRINZOLAMIDE	AZOPT	2	
BRINZOLAMIDE/BRIMONIDINE TART	SIMBRINZA	2	
carteolol hcl	OCUPRESS	1	
dorzolamide hcl	TRUSOPT	1	
dorzolamide hcl/timolol maleat	COSOPT	1	
DORZOLAMIDE/TIMOLOL/PF	COSOPT PF	3	ST, QL: 2 IN 1 DAY
ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	3	
latanoprost	XALATAN	1	

Drug Name		Tier	Requirements/Limits
LATANOPROSTENE BUNOD	VYZULTA	3	ST, QL: 5mL IN 30 DAYS
levobunolol hcl	BETAGAN	1	
metipranolol	OPTIPRANOLOL	1	
NETARSUDIL MESYLATE	RHOPRESSA	3	ST
pilocarpine hcl	ISOPTO CARPINE	1	
TAFLUPROST/PF	ZIOPTAN	3	ST, QL: 1 IN 1 DAY
TIMOLOL	BETIMOL	3	
timolol maleate	ISTALOL	1	
timolol maleate	TIMOPTIC	1	
timolol maleate	TIMOPTIC-XE	1	
TIMOLOL MALEATE/PF	TIMOPTIC OCUDOSE	3	ST, QL: 2 IN 1 DAY
TRAVOPROST	TRAVATAN Z	2	QL: 1mL IN 12 DAYS
MYDRIATICS			
atropine sulfate		1	
atropine sulfate	ISOPTO ATROPINE	1	
atropine sulfate/0.9 %sod chl		1	
cyclopentol/lido/pe/tropicamid		1	
cyclopentolat/tropic/phenyleph		1	
cyclopentolate hcl	CYCLOGYL	1	
CYCLOPENTOLATE/PHENYLEPHRINE	CYCLOMYDRIL	3	
homatropine hbr	ISOPTO HOMATROPINE	1	
HYDROXYAMPHETAMINE/TROPICAMIDE	PAREMYD	3	
tropicamide	MYDRIACYL	1	
OPHTHALMIC ANTIFIBROTIC AGENTS			
MITOMYCIN	MITOSOL	3	
EYE - MISCELLANEOUS			
ARTIFICIAL TEARS			
acetylcysteine in water/pf		1	
HYDROXYPROPYL CELLULOSE	LACRISERT	3	
EYE PREPARATIONS, MISCELLANEOUS (OTC)			
GELATIN	GELFILM	3	
OPHTHALMIC CYSTINE DEPLETING AGENTS			
CYSTEAMINE HCL	CYSTARAN	2	PA
FLUID REPLACEMENT			
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS			
URIDINE TRIACETATE	XURIDEN	3	PA
GOUT AND RELATED DISEASES			
COLCHICINE			
colchicine	COLCRYS	1	QL: 4 IN 1 DAY
colchicine	MITIGARE	1	QL: 2 IN 1 DAY
probenecid/colchicine		1	
HYPERURICEMIA TX - PURINE INHIBITORS			
allopurinol	ZYLOPRIM	1	
FEBUXOSTAT	ULORIC	2	ST, QL: 1 IN 1 DAY
URICOSURIC AGENTS			
LESINURAD	ZURAMPIC	3	ST, QL: 1 IN 1 DAY
probenecid	BENEMID	1	
URICOSURIC AND XANTHINE OXIDASE INHIBITOR COMB.			
LESINURAD/ALLOPURINOL	DUZALLO	3	ST, QL: 1 IN 1 DAY
HEMATOLOGICAL DISORDERS			
ANTICOAGULANTS, COUMARIN TYPE			
WARFARIN SODIUM	COUMADIN	2	
warfarin sodium		1	

Drug Name		Tier	Requirements/Limits
ANTIFIBRINOLYTIC AGENTS			
AMINOCAPROIC ACID	AMICAR	3	
tranexamic acid	LYSTEDA	1	
ANTIHEMOPHILIC FACTORS			
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	AFSTYLA	3	
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE	3	
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	NOVOEIGHT	3	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA	3	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE	3	
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ	3	
ANTIHEMOPHIL.FVIII,FULL LENGTH	ADVATE	3	
ANTIHEMOPHIL.FVIII,FULL LENGTH	HELIXATE FS	3	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOGENATE FS	3	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOVALTRY	3	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE	3	
ANTIHEMOPHILIC FACTOR, HUMAN	HEMOPIL M	3	
ANTIHEMOPHILIC FACTOR, HUMAN	KOATE	3	
ANTIHEMOPHILIC FACTOR, HUMAN	MONOCLATE-P	3	
ANTIHEMOPHILIC FACTOR/VWF	ALPHANATE	3	
ANTIHEMOPHILIC FACTOR/VWF	HUMATE-P	3	
ANTIHEMOPHILIC FACTOR/VWF	WILATE	3	
ANTIHEMOPHILIC FVIII,REC PORC	OBIZUR	3	
ANTI-INHIBITOR COAGULANT COMP.	FEIBA NF	3	
COAGULATION FACTOR VIIA,RECOMB	NOVOSEVEN RT	3	
BLOOD FACTORS,MISCELLANEOUS			
FACTOR XIII	CORIFACT	3	
VON WILLEBRAND FACTOR	VONVENDI	3	
CITRATES AS ANTICOAGULANTS			
citrate phosphate dextros soln		1	
DEXTROSE/SOD CITRATE/CITRIC AC	ACD	3	
sodium citrate		1	
sodium citrate in 0.9 % nacl		1	
DIRECT FACTOR XA INHIBITORS			
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2	QL: 2 IN 1 DAY
APIXABAN	ELIQUIS (5 MG (74)) (TAB DS PK)	2	QL: 74 IN 30 DAYS
APIXABAN	ELIQUIS (5 MG) (TABLET)	2	QL: 74 IN 30 DAYS
BETRIXABAN MALEATE	BEVYXXA	3	QL: 43 IN 42 DAYS
EDOXABAN TOSYLATE	SAVAYSA	3	ST, QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (10 MG) (TABLET)	2	QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG) (TABLET)	2	QL: 2 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG- 20MG) (TAB DS PK)	2	QL: 51 IN 30 DAYS
RIVAROXABAN	XARELTO (20 MG) (TABLET)	2	QL: 1 IN 1 DAY
FACTOR IX PREPARATIONS			
FACTOR IX	ALPHANINE SD	3	
FACTOR IX	MONONINE	3	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE	3	
FACTOR IX CPLX(PCC)NO6,3FACTOR	BEBULIN	3	
FACTOR IX HUMAN REC,PEGYLATED	REBINYN	3	
FACTOR IX HUMAN RECOMB,THR 148	IXINITY	3	

Drug Name		Tier	Requirements/Limits
FACTOR IX HUMAN RECOMBINANT	BENEFIX	3	
FACTOR IX HUMAN RECOMBINANT	RIXUBIS	3	
FACTOR IX REC, FC FUSION PROTN	ALPROLIX	3	
FACTOR IX RECOM,ALBUMIN FUSION	IDELVION	3	
FACTOR X PREPARATIONS			
COAGULATION FACTOR X	COAGADEX	3	
FACTOR XIII PREPARATIONS			
FACTOR XIII A-SUBUNIT,RECOMB	TRETTEN	3	
HEMATINICS,OTHER			
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP	3	PA
EPOETIN ALFA	EPOGEN	3	PA
EPOETIN ALFA	PROCRIT	2	PA
METHOXY PEG-EPOETIN BETA	MIRCERA	3	PA
HEMOPHILIA TREATMENT AGENTS,NON-FACTOR REPLACEMENT			
EMICIZUMAB-KXWH	HEMLIBRA	3	PA
HEMORRHOLOGIC AGENTS			
pentoxifylline	TRENTAL	1	
HEPARIN AND RELATED PREPARATIONS			
DALTEPARIN SODIUM,PORCINE	FRAGMIN (10000/ML) (SYRINGE)	2	QL: 10mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (12500/0.5) (SYRINGE)	2	QL: 5mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (15000/0.6) (SYRINGE)	2	QL: 6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (18000/0.72) (SYRINGE)	2	QL: 7.2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (2500/0.2ML) (SYRINGE)	2	QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (25000/ML) (VIAL)	2	QL: 7.6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (5000/0.2ML) (SYRINGE)	2	QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (7500/0.3ML) (SYRINGE)	2	QL: 3mL IN 30 DAYS
enoxaparin sodium	LOVENOX (100 MG/ML) (SYRINGE)	1	QL: 20mL IN 30 DAYS
enoxaparin sodium	LOVENOX (120MG/.8ML) (SYRINGE)	1	QL: 16mL IN 30 DAYS
enoxaparin sodium	LOVENOX (150 MG/ML) (SYRINGE)	1	QL: 20mL IN 30 DAYS
enoxaparin sodium	LOVENOX (300MG/3ML) (VIAL)	1	QL: 30mL IN 30 DAYS
enoxaparin sodium	LOVENOX (30MG/0.3ML) (SYRINGE)	1	QL: 6mL IN 30 DAYS
enoxaparin sodium	LOVENOX (40MG/0.4ML) (SYRINGE)	1	QL: 8mL IN 30 DAYS

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Drug Name		Tier	Requirements/Limits
enoxaparin sodium	LOVENOX (60MG/0.6ML) (SYRINGE)	1	QL: 12mL IN 30 DAYS
enoxaparin sodium	LOVENOX (80MG/0.8ML) (SYRINGE)	1	QL: 16mL IN 30 DAYS
fondaparinux sodium	ARIXTRA (10MG/0.8ML) (SYRINGE)	1	QL: 8mL IN 30 DAYS
fondaparinux sodium	ARIXTRA (2.5 MG/0.5) (SYRINGE)	1	QL: 5mL IN 30 DAYS
fondaparinux sodium	ARIXTRA (5MG/0.4ML) (SYRINGE)	1	QL: 4mL IN 30 DAYS
fondaparinux sodium	ARIXTRA (7.5MG/0.6) (SYRINGE)	1	QL: 6mL IN 30 DAYS
heparin sod,porcine/0.9 % nacl		1	
heparin sodium,porcine		1	
heparin sodium,porcine/d5w		1	
heparin sodium,porcine/pf		1	
LEUKOCYTE (WBC) STIMULANTS			
FILGRASTIM	NEUPOGEN	2	PA
FILGRASTIM-SNDZ	ZARXIO	3	PA
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYR W/ INJ)	3	PA
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYRINGE)	2	PA
SARGRAMOSTIM	LEUKINE	2	PA
TBO-FILGRASTIM	GRANIX	3	PA
PLATELET AGGREGATION INHIBITORS			
aspirin		0	
aspirin	BAYER CHEWABLE ASPIRIN	0	
aspirin	ECOTRIN	0	
ASPIRIN/DIPYRIDAMOLE	AGGRENOX	3	
aspirin/dipyridamole		1	
cilostazol	PLETAL	1	
clopidogrel bisulfate	PLAVIX (300 MG) (TABLET)	1	QL: 4 IN 30 DAYS
clopidogrel bisulfate	PLAVIX (75 MG) (TABLET)	1	
dipyridamole	PERSANTINE	1	
prasugrel hcl	EFFIENT	1	QL: 1 IN 1 DAY
TICAGRELOR	BRILINTA	2	QL: 2 IN 1 DAY
VORAPAXAR SULFATE	ZONTIVITY	3	QL: 1 IN 1 DAY
PLATELET REDUCING AGENTS			
anagrelide hcl	AGRYLIN	1	
SICKLE CELL ANEMIA AGENTS			
HYDROXYUREA	DROXIA	3	
SPLEEN TYROSINE KINASE INHIBITORS			
FOSTAMATINIB DISODIUM	TAVALISSE	3	PA
THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE			
DESIRUDIN	IPRIVASK	3	PA, QL: 2 IN 1 DAY
THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE			
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	3	ST, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
THROMBOPOIETIN RECEPTOR AGONISTS			
ELTROMBOPAG OLAMINE	PROMACTA	2	PA
TOPICAL HEMOSTATICS			
FERRIC SUBSULFATE	ASTRINGYN	3	
ferric subsulfate		1	
FIBRINOGEN/THROMBIN(HUMAN DER)	EVARREST	3	
FIBRINOGEN/THROMBIN(HUMAN DER)	RAPLIXA	3	
FIBRINOGEN/THROMBIN(HUMAN DER)	TACHOSIL	3	
GELATIN SPONGE,ABSORB/PORCINE	GELFOAM	3	
MICROFIBRILLAR COLLAGEN	AVITENE	3	
MICROFIBRILLAR COLLAGEN	ENDO-AVITENE	3	
MICROFIBRILLAR COLLAGEN	SYRINGE AVITENE	3	
MICROFIBRILLAR COLLAGEN	ULTRAFOAM	3	
thromb-cal-cell-dressing,hemos		1	
thrombin (bovine)		1	
THROMBIN (RECOMBINANT)	RECOTHROM	3	
THROMBIN,BOVINE/GELATIN SPONGE	GELFOAM JMI	3	
THROMBIN,HU/FIBRINOGEN/CALCIUM	EVICEL	3	
thrombin/cal/cmc/gel/dress,hem		1	
VITAMIN K PREPARATIONS			
phytonadione (vit k1)		1	
HORMONAL DEFICIENCY			
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC			
PRASTERONE (DHEA)	INTRAROSA	3	
ANDROGENIC AGENTS			
methyltestosterone	ANDROID	1	
METHYLTESTOSTERONE	METHITEST	2	PA
methyltestosterone	TESTRED	1	
oxandrolone	OXANDRIN	1	PA
OXYMETHOLONE	ANADROL-50	3	PA
TESTOSTERONE	ANDRODERM	3	PA
TESTOSTERONE	ANDROGEL (1.25G-1.62) (GEL PACKET)	2	PA
testosterone	ANDROGEL (12.5/1.25G) (GEL MD PMP)	1	PA
TESTOSTERONE	ANDROGEL (2.5G-1.62%) (GEL PACKET)	2	PA
TESTOSTERONE	ANDROGEL (20.25/1.25) (GEL MD PMP)	2	PA
testosterone	ANDROGEL (25MG(1%)) (GEL PACKET)	1	PA
TESTOSTERONE	ANDROGEL (50 MG (1%)) (GEL PACKET)	2	PA
testosterone	AXIRON	1	PA
TESTOSTERONE	STRIANT	3	PA
testosterone	TESTIM	1	
TESTOSTERONE	TESTOPEL	3	
testosterone	VOGELXO (12.5/1.25G) (GEL MD PMP)	1	PA
testosterone	VOGELXO (50 MG (1%)) (GEL (GRAM))	1	
testosterone	VOGELXO (50 MG (1%)) (GEL PACKET)	1	

Drug Name		Tier	Requirements/Limits
testosterone cypionate	DEPO-TESTOSTERONE	1	PA
testosterone enanthate	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			
estrogen,ester/me-testosterone	COVARYX	1	
estrogen,ester/me-testosterone	COVARYX H.S.	1	
ESTROGENIC AGENTS			
ESTRADIOL	ALORA	2	QL: 2 IN 7 DAYS
estradiol	CLIMARA	1	QL: 1 IN 7 DAYS
ESTRADIOL	DIVIGEL	2	
ESTRADIOL	ELESTRIN	3	
estradiol	ESTRACE	1	
ESTRADIOL	EVAMIST	3	
ESTRADIOL	MENOSTAR	3	QL: 1 IN 7 DAYS
ESTRADIOL	MINIVELLE	2	QL: 2 IN 7 DAYS
estradiol	VIVELLE-DOT	1	QL: 2 IN 7 DAYS
ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	3	
ESTRADIOL VALERATE	DELESTROGEN (10 MG/ML) (VIAL)	3	
estradiol valerate	DELESTROGEN (20 MG/ML) (VIAL)	1	
estradiol valerate	DELESTROGEN (40 MG/ML) (VIAL)	1	
ESTRADIOL/LEVONORGESTREL	CLIMARA PRO	3	QL: 1 IN 7 DAYS
estradiol/norethindrone acet	ACTIVELLA	1	
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	2	QL: 2 IN 7 DAYS
ESTRADIOL/NORGESTIMATE	PREFEST	3	
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	
ESTROGENS, CONJUGATED	PREMARIN	2	
ESTROGENS,ESTERIFIED	MENEST	2	
estropipate	ORTHO-EST	1	
norethindrone ac-eth estradiol	FEMHRT	1	
norethindrone ac-eth estradiol	JEVANTIQUE	1	
norethindrone ac-eth estradiol	JEVANTIQUE LO	1	
LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB			
LEUPROLIDE/NORETHINDRONE ACET	LUPANETA PACK	3	
PROGESTATIONAL AGENTS			
MEDROXYPROGESTERONE ACETATE	DEPO-PROVERA	3	
medroxyprogesterone acetate	PROVERA	1	
norethindrone acetate	AYGESTIN	1	
progesterone		1	
PROGESTERONE, MICRONIZED	CRINONE	3	
progesterone, micronized	PROMETRIUM	1	
IMMUNIZATION			
ANTISERA			
IGG/HYALURONIDASE,RECOMBINANT	HYQVIA	3	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	CUVITRU	3	
IMMUN GLOB G(IGG)/GLY/IGA OV50	GAMMAGARD LIQUID	3	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	HYQVIA IG COMPONENT	3	PA
IMMUN GLOB G(IGG)/PRO/IGA 0-50	HIZENTRA	3	PA

Commercial Formulary

Drug Name		Tier	Requirements/Limits
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMMAKED	3	PA
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMUNEX-C	3	PA
GRAM NEGATIVE COCCI VACCINES			
MENING VAC A,C,Y,W-135 DIP/PF	MENACTRA	0	AGE: 11-23 YEARS, QL: 0.5mL IN 365 DAYS
MENING VAC A,C,Y,W-135 DIP/PF	MENVEO A-C-Y-W-135-DIP	0	AGE: 11-23 YEARS, QL: 1 IN 365 DAYS
MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO	0	AGE: 10-25 YEARS, QL: 1mL IN 365 DAYS
N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA	0	AGE: 10-25 YEARS, QL: 1.5mL IN 365 DAYS
GRAM POSITIVE COCCI VACCINES			
PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13	0	AGE: >= 65 YEARS, QL: 0.5mL IN 365 DAYS
PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23	0	AGE: >= 65 YEARS, QL: 0.5mL IN 365 DAYS
INFLUENZA VIRUS VACCINES			
FLU VAC QS 17-18 (4YR UP) CELL	FLUCELVAX QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VAC QS 17-18(4YR UP)CEL/PF	FLUCELVAX QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VAC QV 2017(18YR UP)RCM/PF	FLUBLOK QUAD 2017-2018	0	AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC TS 2017-18(4 YR UP)/PF	FLUVIRIN 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VAC TV 2017(18YR UP)RCM/PF	FLUBLOK 2017-2018	0	AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS 2017 (18-64YRS)/PF	FLUZONE INTRADERM QUAD 2017-18	0	AGE: >= 18 YEARS, QL: 0.1mL IN 180 DAYS
FLU VACC QS 2017 (6-35MOS)/PF	FLUZONE QUAD PEDI 2017-2018	0	QL: 0.25mL IN 180 DAYS
FLU VACC QS2017-18 36MOS UP/PF	FLUZONE QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLUARIX QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLULAVAL QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017(5 YR UP)/PF	AFLURIA QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(5 YR UP)	AFLURIA QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLULAVAL QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLUZONE QUAD 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACC TS2017(65UP)/MF59C/PF	FLUAD 2017-2018	0	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC TS2017-18(65YR UP)/PF	FLUZONE HIGH-DOSE 2017-2018	0	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCIN TS2017-18 5YR UP/PF	AFLURIA 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(4 YR UP)	FLUVIRIN 2017-2018	0	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(5 YR UP)	AFLURIA 2017-2018	0	QL: 0.5mL IN 180 DAYS
VACCINE/TOXOID PREPARATIONS,COMBINATIONS			
DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP	0	AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS
DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP	0	AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS
MEASLES,MUMPS,RUB,VARICELLA/PF	PROQUAD	0	AGE: >= 18 YEARS, QL: 2 IN 365 DAYS

Drug Name		Tier	Requirements/Limits
MEASLES,MUMPS,RUBELLA VACC/PF	M-M-R II VACCINE	0	AGE: >= 18 YEARS, QL: 2 IN 365 DAYS
TETANUS, DIPHTHERIA TOX,ADULT	TETANUS DIPHTHERIA TOXOIDS	0	AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS
TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC	0	AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS
VIRAL/TUMORIGENIC VACCINES			
HEPATITIS A AND B VACCINE/PF	TWINRIX	0	AGE: >= 18 YEARS, QL: 4mL IN 365 DAYS
HEPATITIS A VIRUS VACCINE/PF	HAVRIX	0	AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS
HEPATITIS A VIRUS VACCINE/PF	VAQTA	0	AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS
HEPATITIS B VACCINE/CPG1018/PF	HEPLISAV-B	0	AGE: >= 18 YEARS, QL: 1mL IN 365 DAYS
HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B ADULT	0	AGE: >= 18 YEARS, QL: 3mL IN 365 DAYS
HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB	0	AGE: >= 18 YEARS, QL: 3mL IN 365 DAYS
HPV VACCINE 9-VALENT/PF	GARDASIL 9	0	AGE: 9-26 YEARS, QL: 1.5mL IN 365 DAYS
VARICELLA VACCINE LIVE/PF	VARIVAX VACCINE	0	AGE: >= 18 YEARS, QL: 2 IN 365 DAYS
VARICELLA-ZOSTER GE VAC,2 OF 2	SHINGRIX GE ANTIGEN COMPONENT	0	AGE: >= 50 YEARS, QL: 2 IN 365 DAYS
VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX	0	AGE: >= 50 YEARS, QL: 2 IN 365 DAYS
ZOSTER VACCINE LIVE/PF	ZOSTAVAX	0	AGE: >= 60 YEARS, QL: 1 IN 365 DAYS
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
imiquimod	ALDARA	1	QL: 24 IN 30 DAYS
INTERFERON ALFA-2B,RECOMB.	INTRON A	2	PA
INTERFERON ALFA-N3	ALFERON N	3	
INTERFERON GAMMA-1B,RECOMB.	ACTIMMUNE	3	
IMMUNOSUPPRESSIVES			
AZATHIOPRINE	AZASAN	3	
azathioprine	IMURAN	1	
cyclosporine		1	
CYCLOSPORINE	SANDIMMUNE	2	
cyclosporine, modified		1	
CYCLOSPORINE, MODIFIED	NEORAL	2	
EVEROLIMUS	ZORTRESS	2	
mycophenolate mofetil	CELLCEPT	1	
mycophenolate sodium	MYFORTIC	1	
SIROLIMUS	RAPAMUNE	2	
sirolimus		1	
TACROLIMUS	ASTAGRAF XL	3	
TACROLIMUS	ENVARUSUS XR	3	
TACROLIMUS	PROGRAF	2	
tacrolimus		1	
INFECTIOUS DISEASE - BACTERIAL			
BETALACTAMS			
AZTREONAM LYSINE	CAYSTON	2	PA
CEPHALOSPORINS - 1ST GENERATION			
cefadroxil	DURICEF	1	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
cephalexin	KEFLEX	1	
CEPHALOSPORINS - 2ND GENERATION			
cefaclor	CECLOR	1	
cefaclor	CECLOR CD	1	
cefprozil	CEFZIL	1	
cefuroxime axetil	CEFTIN	1	
CEPHALOSPORINS - 3RD GENERATION			
cefdinir	OMNICEF	1	
cefditoren pivoxil	SPECTRACEF	1	
CEFIXIME	SUPRAX (100 MG) (TAB CHEW)	2	
cefixime	SUPRAX (100 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (200 MG) (TAB CHEW)	2	
cefixime	SUPRAX (200 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (400 MG) (CAPSULE)	2	
CEFIXIME	SUPRAX (500 MG/5ML) (SUSP RECON)	2	
cefpodoxime proxetil	VANTIN	1	
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
FOSFOMYCIN TROMETHAMINE	MONUROL	3	
meth/meblue/sod phos/psal/hyos		1	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	PHOSPHASAL	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URETRON D-S	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIN D.S.	2	
methen/mblue/sal/sod phos/hyos		1	
methenam/m.blue/salicyl/hyoscy		1	
methenam/sod phos/mblue/hyoscy	URYL	1	
methenam/sod phos/mblue/hyoscy	UTA	1	
methenamine hippurate	HIPREX	1	
methenamine mandelate	MANDELAMINE	1	
TRIMETHOPRIM	PRIMSOL	2	
trimethoprim	PROLOPRIM	1	
TRIMETHOPRIM	TRIMPEX	2	
MACROLIDES			
azithromycin	ZITHROMAX	1	
azithromycin	ZITHROMAX TRI- PAK	1	
AZITHROMYCIN	ZMAX	2	
clarithromycin	BIAXIN	1	
clarithromycin	BIAXIN XL	1	
ERYTHROMYCIN BASE	ERY-TAB	2	
erythromycin base		1	
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 200	2	
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 200	2	
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 400	2	
erythromycin ethylsuccinate		1	
erythromycin stearate	ERYTHRCIN STEARATE	1	
FIDAXOMICIN	DIFICID	2	ST, QL: 20 IN 30 DAYS
NITROFURAN DERIVATIVES			
nitrofurantoin	FURADANTIN	1	

Drug Name		Tier	Requirements/Limits
nitrofurantoin macrocrystal	MACRODANTIN	1	
nitrofurantoin monohyd/m-cryst	MACROBID	1	
OXAZOLIDINONES			
linezolid	ZYVOX	1	
TEDIZOLID PHOSPHATE	SIVEXTRO	2	ST, QL: 6 IN 6 DAYS
PENICILLINS			
amoxicillin	AMOXIL	1	
AMOXICILLIN	MOXATAG	3	
AMOXICILLIN/POTASSIUM CLAV	AUGMENTIN (125-31.25/) (SUSP RECON)	2	
amoxicillin/potassium clav	AUGMENTIN (200-28.5/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (200-28.5MG) (TAB CHEW)	1	
amoxicillin/potassium clav	AUGMENTIN (250-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN (250-62.5/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (400-57MG) (TAB CHEW)	1	
amoxicillin/potassium clav	AUGMENTIN (400-57MG/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (500-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN (875-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN ES-600	1	
amoxicillin/potassium clav	AUGMENTIN XR	1	
ampicillin trihydrate	AMPICILLIN	1	
dicloxacillin sodium	PATHOCIL	1	
penicillin v potassium		1	
penicillin v potassium	VEETIDS	1	
QUINOLONES			
CIPROFLOXACIN	CIPRO	2	
ciprofloxacin		1	
ciprofloxacin hcl	CIPRO	1	
ciprofloxacin/ciprofloxacin hcl	CIPRO XR	1	
DELAFLORACIN MEGLUMINE	BAXDELA	3	PA
GEMIFLOXACIN MESYLATE	FACTIVE	3	
levofloxacin	LEVAQUIN	1	
moxifloxacin hcl	AVELOX	1	
moxifloxacin hcl	AVELOX ABC PACK	1	
ofloxacin	FLOXIN	1	
TETRACYCLINES			
demeclocycline hcl	DECLOMYCIN	1	
DOXYCYCLINE CALCIUM	VIBRAMYCIN	2	
doxycycline hyclate	ACTICLATE	1	ST, QL: 2 IN 1 DAY
doxycycline hyclate	DORYX (100 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
doxycycline hyclate	DORYX (150 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
doxycycline hyclate	DORYX (200 MG) (TABLET DR)	1	ST, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
doxycycline hyclate	DORYX (50 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
doxycycline hyclate	DORYX (75 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
DOXYCYCLINE HYCLATE	DORYX MPC	3	ST, QL: 2 IN 1 DAY
doxycycline hyclate	MORGIDOX	1	QL: 2 IN 1 DAY
doxycycline hyclate	TARGADOX	1	ST, QL: 4 IN 1 DAY
doxycycline hyclate	VIBRAMYCIN	1	QL: 2 IN 1 DAY
doxycycline hyclate	VIBRA-TABS	1	QL: 2 IN 1 DAY
doxycycline monohydrate	ADOXA	1	QL: 2 IN 1 DAY
doxycycline monohydrate	AVIDOXY	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (100 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (50 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (50 MG) (TABLET)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (75 MG) (CAPSULE)	1	ST, QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (75 MG) (TABLET)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	ORACEA	1	ST, AGE: >= 18 YEARS, QL: 1 IN 1 DAY
doxycycline monohydrate	VIBRAMYCIN	1	
minocycline hcl	DYNACIN	1	
minocycline hcl	MINOCIN	1	
minocycline hcl	SOLODYN (135 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
minocycline hcl	SOLODYN (45 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
minocycline hcl	SOLODYN (90 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
tetracycline hcl	PANMYCIN	1	
tetracycline hcl	SUMYCIN	1	
INFECTIOUS DISEASE - FUNGAL			
ANTIFUNGAL AGENTS			
clotrimazole	MYCELEX	1	
fluconazole	DIFLUCAN	1	
flucytosine	ANCOBON	1	
ISAVUCONAZONIUM SULFATE	CRESEMBA	3	
ITRACONAZOLE	ONMEL	3	
ITRACONAZOLE	SPORANOX (10 MG/ML) (SOLUTION)	2	
itraconazole	SPORANOX (100 MG) (CAPSULE)	1	
ketoconazole	NIZORAL	1	
MICONAZOLE	ORAVIG	3	
POSACONAZOLE	NOXAFIL	3	
terbinafine hcl		1	
voriconazole	VFEND	1	
ANTIFUNGAL ANTIBIOTICS			
griseofulvin ultramicrosize	GRIS-PEG	1	
griseofulvin, microsize	GRIFULVIN V	1	
nystatin		1	
INFECTIOUS DISEASE - MISCELLANEOUS			
AMINOGLYCOSIDES			
neomycin sulfate		1	

Drug Name		Tier	Requirements/Limits
TOBRAMYCIN	BETHKIS	3	PA
TOBRAMYCIN	TOBI PODHALER	2	PA
tobramycin in 0.225% sod chlor	TOBI	1	PA
tobramycin/nebulizer	KITABIS PAK	1	PA
ANTIBACTERIAL AGENTS, MISCELLANEOUS			
glycine urologic solution	AMINOACETIC ACID	1	
ANTILEPTOTICS			
dapsone		1	
THALIDOMIDE	THALOMID	2	PA, QL: 2 IN 1 DAY
ANTI-MYCOBACTERIUM AGENTS			
AMINOSALICYLIC ACID	PASER	3	
ethambutol hcl	MYAMBUTOL	1	
ETHIONAMIDE	TRECTOR	3	
isoniazid		1	
pyrazinamide		1	
rifabutin	MYCOBUTIN	1	
ANTITUBERCULAR ANTIBIOTICS			
BEDAQUILINE FUMARATE	SIRTURO	3	PA
cycloserine	SEROMYCIN	1	
RIFAMP/ISONIAZID/PYRAZINAMIDE	RIFATER	3	
rifampin	RIFADIN	1	
RIFAMPIN/ISONIAZID	RIFAMATE	2	
RIFAPENTINE	PRIFTIN	3	
LINCOSAMIDES			
clindamycin hcl	CLEOCIN HCL	1	
clindamycin palmitate hcl	CLEOCIN PALMITATE	1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS			
RIFAXIMIN	XIFAXAN (200 MG) (TABLET)	3	QL: 9 PER FILL
RIFAXIMIN	XIFAXAN (550 MG) (TABLET)	2	PA
VANCOMYCIN AND DERIVATIVES			
VANCOMYCIN HCL	FIRVANQ (25 MG/ML) (SOLN RECON)	2	QL: 300mL IN 30 DAYS
VANCOMYCIN HCL	FIRVANQ (50 MG/ML) (SOLN RECON)	2	QL: 600mL IN 30 DAYS
vancomycin hcl (125 mg) (capsule)		1	QL: 56 IN 30 DAYS
vancomycin hcl (125mg/2.5) (syringe)		1	
vancomycin hcl (250 mg) (capsule)		1	QL: 112 IN 30 DAYS
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
SECNIDAZOLE	SOLOSEC	3	ST, QL: 1 IN 30 DAYS
tinidazole	TINDAMAX	1	
AMEBACIDES			
paromomycin sulfate	HUMATIN	1	
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
metronidazole	FLAGYL	1	
ANTHELMINTICS			
ALBENDAZOLE	ALBENZA	2	
ivermectin	STROMECTOL	1	
MEBENDAZOLE	EMVERM	2	PA
praziquantel	BILTRICIDE	1	

Drug Name		Tier	Requirements/Limits
ANTIMALARIAL DRUGS			
ARTEMETHER/LUMEFANTRINE	COARTEM	3	
atovaquone/proguanil hcl	MALARONE	1	
chloroquine phosphate		1	
hydroxychloroquine sulfate	PLAQUENIL	1	
mefloquine hcl	LARIAM	1	
PRIMAQUINE PHOSPHATE	PRIMAQUINE	2	
PYRIMETHAMINE	DARAPRIM	2	PA
quinine sulfate	QUALAQUIN	1	
ANTIPARASITICS			
NITAZOXANIDE	ALINIA	3	
ANTIPROTOZOAL DRUGS,MISCELLANEOUS			
atovaquone	MEPRON	1	
benznidazole		1	
MILTEFOSINE	IMPAVIDO	3	PA
PENTAMIDINE ISETHIONATE	NEBUPENT	2	
PENTAMIDINE ISETHIONATE	PENTAM 300	3	
INFECTIOUS DISEASE - VIRAL			
ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB			
IBALIZUMAB-UIYK	TROGARZO	3	
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.			
DOLUTEGRAVIR/RILPIVIRINE	JULUCA	2	QL: 1 IN 1 DAY
ANTIVIRALS, GENERAL			
ACYCLOVIR	SITAVIG	3	QL: 4 IN 365 DAYS
acyclovir	ZOVIRAX	1	
cidofovir	VISTIDE	1	
famciclovir	FAMVIR	1	
foscarnet sodium	FOSCAVIR	1	
LETERMOVIR	PREVYMIS	3	PA
oseltamivir phosphate	TAMIFLU (30 MG) (CAPSULE)	1	QL: 40 IN 183 DAYS
oseltamivir phosphate	TAMIFLU (45 MG) (CAPSULE)	1	QL: 20 IN 183 DAYS
oseltamivir phosphate	TAMIFLU (6 MG/ML) (SUSP RECON)	1	QL: 360mL IN 183 DAYS
oseltamivir phosphate	TAMIFLU (75 MG) (CAPSULE)	1	QL: 20 IN 183 DAYS
ribavirin	VIRAZOLE	1	
rimantadine hcl	FLUMADINE	1	
valacyclovir hcl	VALTREX	1	
valganciclovir hcl	VALCYTE	1	
ZANAMIVIR	RELENZA	3	QL: 40 IN 183 DAYS
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
DARUNAVIR ETHANOLATE	PREZISTA (100 MG/ML) (ORAL SUSP)	2	QL: 400mL IN 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (150 MG) (TABLET)	2	QL: 8 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (600 MG) (TABLET)	2	QL: 2 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (75 MG) (TABLET)	2	QL: 16 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (800 MG) (TABLET)	2	QL: 1 IN 1 DAY
DARUNAVIR/COBICISTAT	PREZCOBIX	2	QL: 1 IN 1 DAY
TIPRANAVIR	APTIVUS	2	QL: 4 IN 1 DAY

Drug Name		Tier	Requirements/Limits
TIPRANA VIR/VITAMIN E TPGS	APTIVUS	2	QL: 380mL IN 30 DAYS
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
EMTRICITABINE/TENOFOV ALAFENAM	DESCOVY	2	QL: 1 IN 1 DAY
EMTRICITABINE/TENOFOVIR (TDF)	TRUVADA	2	QL: 1 IN 1 DAY
LAMIVUDINE/TENOFOVIR DISOP FUM	CIMDUO	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
abacavir sulfate/lamivudine	EPZICOM	1	QL: 1 IN 1 DAY
abacavir/lamivudine/zidovudine	TRIZIVIR	1	QL: 2 IN 1 DAY
lamivudine/zidovudine	COMBIVIR	1	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
MARAVIROC	SELZENTRY (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
MARAVIROC	SELZENTRY (20 MG/ML) (SOLUTION)	2	QL: 31mL IN 1 DAY
MARAVIROC	SELZENTRY (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (300 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (75 MG) (TABLET)	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFUVRTIDE	FUZEON	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR	2	
efavirenz	SUSTIVA	1	
ETRAVIRINE	INTELENCE (100 MG) (TABLET)	2	QL: 4 IN 1 DAY
ETRAVIRINE	INTELENCE (200 MG) (TABLET)	2	QL: 2 IN 1 DAY
ETRAVIRINE	INTELENCE (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
nevirapine	VIRAMUNE (200 MG) (TABLET)	1	QL: 2 IN 1 DAY
nevirapine	VIRAMUNE (50 MG/5 ML) (ORAL SUSP)	1	QL: 1200mL IN 30 DAYS
nevirapine	VIRAMUNE XR (100 MG) (TAB ER 24H)	1	QL: 3 IN 1 DAY
nevirapine	VIRAMUNE XR (400 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
RILPIVIRINE HCL	EDURANT	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
abacavir sulfate	ZIAGEN (20 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
abacavir sulfate	ZIAGEN (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
DIDANOSINE	VIDEX	2	QL: 600mL IN 30 DAYS
didanosine	VIDEX EC (125 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
didanosine	VIDEX EC (200 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
didanosine	VIDEX EC (250 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
didanosine	VIDEX EC (400 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
EMTRICITABINE	EMTRIVA (10 MG/ML) (SOLUTION)	2	QL: 850mL IN 30 DAYS

Commercial Formulary

Drug Name		Tier	Requirements/Limits
EMTRICITABINE	EMTRIVA (200 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
lamivudine	EPIVIR (10 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
lamivudine	EPIVIR (150 MG) (TABLET)	1	QL: 2 IN 1 DAY
lamivudine	EPIVIR (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
STAVUDINE	ZERIT (1 MG/ML) (SOLN RECON)	2	QL: 2400mL IN 30 DAYS
stavudine	ZERIT (15 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
stavudine	ZERIT (20 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
stavudine	ZERIT (30 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
stavudine	ZERIT (40 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
zidovudine	RETROVIR (10 MG/ML) (SYRUP)	1	QL: 1920mL IN 30 DAYS
ZIDOVUDINE	RETROVIR (10 MG/ML) (VIAL)	3	
zidovudine	RETROVIR (100 MG) (CAPSULE)	1	QL: 6 IN 1 DAY
zidovudine	RETROVIR (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	2	QL: 1 IN 1 DAY
tenofovir disoproxil fumarate	VIREAD (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (40MG/SCOOP) (POWDER)	2	QL: 240gm IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
LOPINAVIR/RITONAVIR	KALETRA (100MG- 25MG) (TABLET)	2	QL: 2 IN 1 DAY
LOPINAVIR/RITONAVIR	KALETRA (200MG- 50MG) (TABLET)	2	QL: 4 IN 1 DAY
lopinavir/ritonavir	KALETRA (400- 100/5) (SOLUTION)	1	QL: 480mL IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
atazanavir sulfate	REYATAZ (150 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atazanavir sulfate	REYATAZ (200 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atazanavir sulfate	REYATAZ (300 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (50 MG) (POWD PACK)	2	QL: 5 IN 1 DAY
ATAZANAVIR SULFATE/COBICISTAT	EVOTAZ	2	QL: 1 IN 1 DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	2	QL: 1800mL IN 30 DAYS
fosamprenavir calcium	LEXIVA (700 MG) (TABLET)	1	QL: 4 IN 1 DAY
INDINAVIR SULFATE	CRIXIVAN	2	

Drug Name		Tier	Requirements/Limits
NELFINAVIR MESYLATE	VIRACEPT	2	
RITONAVIR	NORVIR (100 MG) (CAPSULE)	2	QL: 12 IN 1 DAY
RITONAVIR	NORVIR (100 MG) (POWD PACK)	3	
ritonavir	NORVIR (100 MG) (TABLET)	1	QL: 12 IN 1 DAY
RITONAVIR	NORVIR (80 MG/ML) (SOLUTION)	2	QL: 480mL IN 30 DAYS
SAQUINAVIR MESYLATE	INVIRASE (200 MG) (CAPSULE)	2	QL: 10 IN 1 DAY
SAQUINAVIR MESYLATE	INVIRASE (500 MG) (TABLET)	2	QL: 4 IN 1 DAY
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (POWD PACK)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (25 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (400 MG) (TABLET)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS HD	2	QL: 2 IN 1 DAY
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICIT/TENOFOVR DF	ATRIPLA	2	QL: 1 IN 1 DAY
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI	2	QL: 1 IN 1 DAY
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI LO	2	QL: 1 IN 1 DAY
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	2	QL: 1 IN 1 DAY
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	2	QL: 1 IN 1 DAY
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
BICTEGRAV/EMTRICIT/TENOFOV ALA	BIKTARVY	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	2	QL: 1 IN 1 DAY
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	2	QL: 1 IN 1 DAY
CYTOCHROME P450 INHIBITORS			
COBICISTAT	TYBOST	2	QL: 1 IN 1 DAY
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO			
SOFOSBUVIR/VELPATAS/VOXILAPREV	VOSEVI	2	PA
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.			
LEDIPASVIR/SOFOSBUVIR	HARVONI	2	PA
SOFOSBUVIR/VELPATASVIR	EPCLUSA	2	PA
HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH			
SOFOSBUVIR	SOVALDI	3	PA
HEPATITIS B TREATMENT AGENTS			
adefovir dipivoxil	HEPSERA	1	QL: 1 IN 1 DAY
ENTECAVIR	BARACLUDE (0.05 MG/ML) (SOLUTION)	2	QL: 630mL IN 30 DAYS
entecavir	BARACLUDE (0.5 MG) (TABLET)	1	QL: 1 IN 1 DAY
entecavir	BARACLUDE (1 MG) (TABLET)	1	QL: 1 IN 1 DAY
lamivudine	EPIVIR HBV (100 MG) (TABLET)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	2	QL: 720mL IN 30 DAYS
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	3	ST, QL: 1 IN 1 DAY
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	2	PA
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	2	PA
PEGINTERFERON ALFA-2B	PEGINTRON	3	PA
RIBAVIRIN	REBETOL	2	
ribavirin (200 mg) (capsule)		1	
ribavirin (200 mg) (tablet)		1	
ribavirin (200-400 mg) (tab ds pk)		1	ST
ribavirin (200-400(7)) (tab ds pk)		1	ST
ribavirin (400 mg) (tablet)		1	ST
ribavirin (400-400 mg) (tab ds pk)		1	ST
ribavirin (400-400(7)) (tab ds pk)		1	ST
ribavirin (600 mg) (tablet)		1	ST
ribavirin (600-400 mg) (tab ds pk)		1	ST
ribavirin (600-400(7)) (tab ds pk)		1	ST
ribavirin (600-600 mg) (tab ds pk)		1	ST
ribavirin (600-600(7)) (tab ds pk)		1	ST
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
GLECAPREVIR/PIBRENTASVIR	MAVYRET	2	PA
INFLAMMATORY DISEASE			
ANTI-ARTHRITIC AND CHELATING AGENTS			
PENICILLAMINE	CUPRIMINE	2	PA
PENICILLAMINE	DEPEN	2	PA
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS			
METHOTREXATE/PF	OTREXUP	2	QL: 1.6mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (10MG/0.2ML) (AUTO INJCT)	3	QL: 0.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (12.5/0.25) (AUTO INJCT)	3	QL: 1mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (15MG/0.3ML) (AUTO INJCT)	3	QL: 1.2mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (17.5/0.35) (AUTO INJCT)	3	QL: 1.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (20MG/0.4ML) (AUTO INJCT)	3	QL: 1.6mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (22.5/0.45) (AUTO INJCT)	3	QL: 1.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (25MG/0.5ML) (AUTO INJCT)	3	QL: 2mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (30MG/0.6ML) (AUTO INJCT)	3	QL: 2.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (7.5MG/0.15) (AUTO INJCT)	3	QL: 0.6mL IN 28 DAYS
ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
ANAKINRA	KINERET	3	PA
RILONACEPT	ARCALYST	3	

Drug Name		Tier	Requirements/Limits
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
ADALIMUMAB	HUMIRA	2	PA
ADALIMUMAB	HUMIRA PEDIATRIC CROHN'S	2	PA
ADALIMUMAB	HUMIRA PEN	2	PA
ADALIMUMAB	HUMIRA PEN CROHN-UC-HS STARTER	2	PA
ADALIMUMAB	HUMIRA PEN PSORIASIS-UVEITIS	2	PA
ETANERCEPT	ENBREL	2	PA
ETANERCEPT	ENBREL MINI	2	PA
ETANERCEPT	ENBREL SURECLICK	2	PA
GOLIMUMAB	SIMPONI (100 MG/ML) (PEN INJCTR)	3	PA
GOLIMUMAB	SIMPONI (100 MG/ML) (SYRINGE)	3	PA
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
leflunomide	ARAVA	1	
ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.			
APREMILAST	OTEZLA	2	PA
ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR			
ABATACEPT	ORENCIA	3	PA
ABATACEPT	ORENCIA CLICKJECT	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS			
ICATIBANT ACETATE	FIRAZYR	2	PA
C1 ESTERASE INHIBITORS			
C1 ESTERASE INHIBITOR	BERINERT	3	PA
C1 ESTERASE INHIBITOR	CINRYZE	3	PA
C1 ESTERASE INHIBITOR	HAEGARDA	3	PA
C1 ESTERASE INHIBITOR, RECOMB	RUCONEST	3	PA
GLUCOCORTICOIDS			
BETAMETHASON/NORFLURAN/PENTFLU	BETALOAN SUIK	3	
BETAMETHASON/NORFLURAN/PENTFLU	POD-CARE 100CG	3	
budesonide	ENTOCORT EC	1	
BUDESONIDE	UCERIS	3	ST
cortisone acetate	CORTONE	1	
DEFLAZACORT	EMFLAZA	3	PA
dexamethasone		1	
DEXAMETHASONE INTENSOL		3	
hydrocortisone	CORTEF	1	
HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	3	
HYDROCORTISONE SODIUM SUCC/PF	SOLU-CORTEF	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN II SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D40G	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D80G	3	
methylprednisolone	MEDROL (16 MG) (TABLET)	1	
METHYLPREDNISOLONE	MEDROL (2 MG) (TABLET)	2	
methylprednisolone	MEDROL (32 MG) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
methylprednisolone	MEDROL (4 MG) (TAB DS PK)	1	
methylprednisolone	MEDROL (4 MG) (TABLET)	1	
methylprednisolone	MEDROL (8 MG) (TABLET)	1	
PREDNISOLONE	MILLIPRED	2	
PREDNISOLONE	MILLIPRED DP	2	
prednisolone	ORAPRED	1	
prednisolone sod phosphate		1	
prednisone		1	
PREDNISONE INTENSOL		2	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K40G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K80G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	POD-CARE 100KG	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN II SUIK	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN SUIK	3	
GOLD SALTS			
AURANOFIN	RIDAURA	3	
IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB			
BELIMUMAB	BENLYSTA	3	PA
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
TOCILIZUMAB	ACTEMRA	3	PA
JANUS KINASE (JAK) INHIBITORS			
TOFACITINIB CITRATE	XELJANZ	2	PA
TOFACITINIB CITRATE	XELJANZ XR	2	PA
MINERALOCORTICIDS			
fludrocortisone acetate	FLORINEF	1	
MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB			
USTEKINUMAB	STELARA	2	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			
diclofenac sodium/misoprostol	ARTHROTEC 50	1	
diclofenac sodium/misoprostol	ARTHROTEC 75	1	
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE			
celecoxib	CELEBREX	1	
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE			
celecoxib	CELEBREX	1	
diclofenac potassium	CATAFLAM	1	
diclofenac sodium	VOLTAREN	1	
diclofenac sodium	VOLTAREN-XR	1	
etodolac	LODINE	1	
etodolac	LODINE XL	1	
flurbiprofen	ANSAID	1	
ibuprofen	MOTRIN	1	
indomethacin	INDOCIN (25 MG) (CAPSULE)	1	
INDOMETHACIN	INDOCIN (25 MG/5 ML) (ORAL SUSP)	2	
indomethacin	INDOCIN (50 MG) (CAPSULE)	1	

Drug Name		Tier	Requirements/Limits
indomethacin	INDOCIN SR	1	
ketoprofen	ORUDIS	1	
ketoprofen	ORUVAIL	1	
ketorolac tromethamine	TORADOL	1	
KETOROLAC/NORFLURANE/HFC 245FA	TORONOVA II SUIK	3	
KETOROLAC/NORFLURANE/HFC 245FA	TORONOVA SUIK	3	
meclofenamate sodium	MECLOMEN	1	
mefenamic acid		1	
meloxicam	MOBIC	1	
nabumetone	RELAFEN	1	
naproxen	EC-NAPROSYN	1	
naproxen	NAPROSYN	1	
naproxen sodium	ANAPROX	1	
naproxen sodium	ANAPROX DS	1	
oxaprozin	DAYPRO	1	
piroxicam	FELDENE	1	
sulindac	CLINORIL	1	
tolmetin sodium	TOLECTIN	1	
tolmetin sodium	TOLECTIN DS	1	
LOCAL ANESTHESIA			
LOCAL ANESTHETICS			
B-CAINE/ZINC CL/PINE/CETYLPYRD	BUCALSEP	3	
BUPIVACAINE/PF/NORFLU/HFC245FA	MARVONA SUIK	3	
BUPIVACAINE/PF/NORFLU/HFC245FA	P-CARE MG	3	
lidocaine hcl		1	
TETRACAINE HCL/OXYMETAZ HCL	KOVANAZE	3	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
ABSORBABLE SULFONAMIDES			
sulfamethoxazole/trimethoprim		1	
BOWEL ANTIINFLAMATORY AGENTS			
sulfadiazine		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	2	
mesalamine	SFROWASA	1	
mesalamine w/cleansing wipes	ROWASA	1	
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
balsalazide disodium	COLAZAL	1	
BALSALAZIDE DISODIUM	GIAZO	3	ST
MESALAMINE	APRISO	2	
mesalamine	ASACOL HD	1	
MESALAMINE	LIALDA (1.2 G) (TABLET DR)	1	
MESALAMINE	PENTASA	2	
sulfasalazine	AZULFIDINE	1	
HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH			
HYDROCORT/PRAMOYN/SKIN CLNSR16	ZYPRAM	3	
hydrocortisone/lidocaine/aloe	ANA-LEX HC	1	
hydrocortisone/lidocaine/aloe	ANAMANTLE HC	1	
hydrocortisone/lidocaine/aloe	RECTAGEL HC	1	
hydrocortisone/pramoxine	ANALPRAM HC	1	
hydrocortisone/pramoxine	PRAMCORT	1	
HYDROCORTISONE/PRAMOXINE	PROCORT	3	
HYDROCORTISONE/PRAMOXINE	PROCTOFOAM-HC	2	
lidocaine/hydrocortisone ac	ANAMANTLE HC	1	
lidocaine/hydrocortisone ac	ANAMANTLE HC FORTE	1	

Drug Name	Tier	Requirements/Limits
IBS AGENTS,MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS		
ELUXADOLINE VIBERZI	3	PA
IRRITABLE BOWEL AGENTS,GUANYLATE CYCLASE-C AGONIST		
LINACLOTIDE LINZESS	2	QL: 1 IN 1 DAY
LOCAL ANORECTAL NITRATE PREPARATIONS		
NITROGLYCERIN RECTIV	3	
RECTAL PREPARATIONS		
hydrocortisone acetate ANUSOL-HC	1	
hydrocortisone acetate HEMMOREX-HC	1	
hydrocortisone acetate PROCTOCORT	1	
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)		
BUDESONIDE UCERIS	3	ST
hydrocortisone CORTENEMA	1	
HYDROCORTISONE ACETATE CORTIFOAM	3	
LOWER GASTROINTESTINAL DISORDERS - OTHER		
AMMONIA INHIBITORS		
ACETOHYDROXAMIC ACID LITHOSTAT	3	
CARGLUMIC ACID CARBAGLU	3	
GLYCEROL PHENYLBUTYRATE RAVICTI	3	PA
lactulose CHRONULAC	1	
sodium phenylbutyrate BUPHENYL	1	
ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS		
CROFELEMER MYTESI	3	ST, QL: 2 IN 1 DAY
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
TELOTRISTAT ETIPRATE XERMELO	2	PA
ANTIDIARRHEALS		
DEXTRANOMER/HYALURONATE/NACL SOLESTA	3	
diphenoxylate hcl/atropine LOMOTIL	1	
loperamide hcl	1	
opium tincture	1	
paregoric	1	
BILE SALTS		
CHENODIOL CHENODAL	3	
CHOLIC ACID CHOLBAM	3	PA
ursodiol ACTIGALL	1	
ursodiol URSO	1	
ursodiol URSO FORTE	1	
FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG		
OBETICHOLIC ACID OCALIVA	2	PA
IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE		
alosetron hcl LOTRONEX	1	
LAXATIVES AND CATHARTICS		
bisac/nacl/nahco3/kcl/peg 3350 HALFLYTELY-BISACODYL	1	AGE: 50-75 YEARS
lactulose CHRONULAC	1	
LACTULOSE KRISTALOSE	2	
LUBIPROSTONE AMITIZA	3	ST, QL: 2 IN 1 DAY
PEG 3350/SOD CHLOR/POTASS CIT GIALAX	3	
PEG3350/SOD SUL/NACL/KCL/ASB/C MOVIPREP	3	AGE: 50-75 YEARS
peg3350/sod sulf,bicarb,cl/kcl COLYTE WITH FLAVOR PACKETS	1	AGE: 50-75 YEARS
PEG3350/SOD SULF,BICARB,CL/KCL GOLYTELY (227.1-21.5) (POWD PACK)	2	AGE: 50-75 YEARS
peg3350/sod sulf,bicarb,cl/kcl GOLYTELY (236-22.74G) (SOLN RECON)	1	AGE: 50-75 YEARS

Drug Name		Tier	Requirements/Limits
polyethylene glycol 3350	MIRALAX	1	
SOD PHOSPHATE MBAS/SOD PHOS,DI	OSMOPREP	3	AGE: 50-75 YEARS
SOD PICOSULF/MAG OX/CITRIC AC	CLENPIQ	2	AGE: 50-75 YEARS
SOD PICOSULF/MAG OX/CITRIC AC	PREPOPIK	2	AGE: 50-75 YEARS
sodium chloride/nahco3/kcl/peg	NULYTELY WITH FLAVOR PACKS	1	AGE: 50-75 YEARS
SODIUM, POTASSIUM,MAG SULFATES	SUPREP	2	AGE: 50-75 YEARS
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING			
ALVIMOPAN	ENTEREG	3	
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (SYRINGE)	3	PA, QL: 0.6mL IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (VIAL)	3	PA, QL: 0.6mL IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (150 MG) (TABLET)	3	PA, QL: 3 IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (8 MG/0.4ML) (SYRINGE)	3	PA, QL: 0.4mL IN 1 DAY
NALOXEGOL OXALATE	MOVANTIK	2	QL: 1 IN 1 DAY
SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS			
TEDUGLUTIDE	GATTEX	2	PA
MEDICAL SUPPLIES			
BANDAGES AND RELATED SUPPLIES			
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM	3	
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM PETROLATUM DRESSING	3	
COLLAGEN/SOD ALGIN/CARBOXYMETH DRESS,COLLAGN/SILV/ALGINAT/CMC	BIOSTEP	3	
FOAM BANDAGE	BIOSTEP AG	3	
FOAM BANDAGE	ALLEVYN	3	
FOAM BANDAGE	ALLEVYN ADHESIVE	3	
FOAM BANDAGE	ALLEVYN HEEL	3	
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	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	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
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	
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	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
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	RECONSTITUBE	3	
MEDICAL SUPPLY, MISCELLANEOUS	T.E.D. SEQUNT COMPRESS DEVICE	3	
NEBULIZER ACCESSORIES	AERONEB GO	3	
NEBULIZER ACCESSORIES	AIR FILTER	3	
NEBULIZER ACCESSORIES	ALL FLOW 1000	3	
NEBULIZER ACCESSORIES	ALL FLOW 3000 KIT	3	
NEBULIZER ACCESSORIES	ALL FLOW 3000 PFT	3	
NEBULIZER ACCESSORIES	ALL FLOW 4000	3	
NEBULIZER ACCESSORIES	ALL FLOW 5000	3	
NEBULIZER ACCESSORIES	ALL FLOW 6000	3	
NEBULIZER ACCESSORIES	BABY CONVERSION KIT	3	
NEBULIZER ACCESSORIES	BABY CONVERSION PACK 1	3	
NEBULIZER ACCESSORIES	BABY CONVERSION PACK 2	3	
NEBULIZER ACCESSORIES	ERAPID NEBULIZER HANDSET	3	
NEBULIZER ACCESSORIES	FILTER PAD	3	
NEBULIZER ACCESSORIES	FILTER, VALVE SET FOR LL & LC	3	
NEBULIZER ACCESSORIES	INNOSPIRE REPLACEMENT FILTER	3	
NEBULIZER ACCESSORIES	INSPIRATION ELITE FILTER	3	
NEBULIZER ACCESSORIES	MASK SET WITH Y-PIECE	3	
NEBULIZER ACCESSORIES	MOUTHPIECE	3	
NEBULIZER ACCESSORIES	NOSE CLIP	3	
NEBULIZER ACCESSORIES	PARI LC PLUS NEBULIZER	3	
NEBULIZER ACCESSORIES	PILLOW MASK FOR CHILDREN	3	
NEBULIZER ACCESSORIES	REUSABLE NEBULIZER KIT	3	
NEBULIZER ACCESSORIES	RUBBER MOUTHPIECE	3	
NEBULIZER ACCESSORIES	SAMI THE SEAL MASK	3	
NEBULIZER ACCESSORIES	SIDESTREAM MASK	3	
NEBULIZER ACCESSORIES	SILICONE MASK	3	

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Drug Name		Tier	Requirements/Limits
NEBULIZER ACCESSORIES	SMARTMASK KIDS	3	
NEBULIZER ACCESSORIES	TREK S PORTABLE PWR KIT	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	2	
BLADE LANCET, SAFETY	MEDLANCE PLUS SPECIAL BLADE	2	
BLADE LANCET, SAFETY	MICROTAINER LANCETS	2	
LANCETS	1ST TIER UNILET COMFORTOUCH	2	
LANCETS	ACCU-CHEK	2	
LANCETS	ACCU-CHEK FASTCLIX	2	
LANCETS	ACCU-CHEK SAFE- T-PRO	2	
LANCETS	ACCU-CHEK SAFE- T-PRO PLUS	2	
LANCETS	ACCU-CHEK SOFTCLIX	2	
LANCETS	ACTI-LANCE	2	
LANCETS	ADVANCED TRAVEL LANCETS	2	
LANCETS	ADVOCATE LANCET	2	
LANCETS	ADVOCATE LANCETS	2	
LANCETS	ALTERNATE SITE LANCETS	2	
LANCETS	ASSURE HAEMOLANCE PLUS	2	
LANCETS	ASSURE LANCE	2	
LANCETS	ASSURE LANCE PLUS	2	
LANCETS	BD MICROTAINER LANCETS	2	
LANCETS	BD ULTRA-FINE	2	
LANCETS	BD ULTRA-FINE II	2	
LANCETS	BLOOD LANCETS	2	
LANCETS	BULLSEYE MINI SAFETY LANCETS	2	
LANCETS	CAREONE	2	
LANCETS	CARESENS	2	
LANCETS	CARETOUCH TWIST LANCET	2	
LANCETS	CLEVER CHEK LANCETS	2	
LANCETS	COAGUCHEK	2	
LANCETS	COLOR LANCETS	2	
LANCETS	COMFORT EZ	2	

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Drug Name		Tier	Requirements/Limits
LANCETS	COMFORT LANCETS	2	
LANCETS	DROPLET LANCETS	2	
LANCETS	EASY COMFORT	2	
LANCETS	EASY TOUCH	2	
LANCETS	EASY TOUCH LANCETS	2	
LANCETS	EASY TWIST & CAP LANCETS	2	
LANCETS	EMBRACE	2	
LANCETS	E-Z JECT LANCETS	2	
LANCETS	EZ SMART LANCETS	2	
LANCETS	E-ZJECT LANCETS	2	
LANCETS	FIFTY50 SAFETY SEAL LANCETS	2	
LANCETS	FINE 30 UNIVERSAL LANCETS	2	
LANCETS	FINGERSTIX	2	
LANCETS	FORA LANCETS	2	
LANCETS	FORACARE LANCETS	2	
LANCETS	FREESTYLE LANCETS	2	
LANCETS	FREESTYLE UNISTIK 2	2	
LANCETS	GLUCOCOM	2	
LANCETS	GLUCOCOM LANCETS	2	
LANCETS	HEALTHY ACCENTS UNILET LANCET	2	
LANCETS	INCONTROL SUPER THIN LANCETS	2	
LANCETS	INCONTROL ULTRA THIN LANCETS	2	
LANCETS	INJECT EASE LANCETS	2	
LANCETS	INVACARE LANCETS	2	
LANCETS		2	
LANCETS THIN		2	
LANCETS ULTRA THIN		2	
LANCETS	LITE TOUCH	2	
LANCETS	MEDISENSE THIN LANCETS	2	
LANCETS	MEDLANCE PLUS	2	
LANCETS	MICRO THIN LANCETS	2	
LANCETS	MICROLET	2	
LANCETS	MONOLET LANCETS	2	
LANCETS	MONOLET THIN LANCETS	2	
LANCETS	MYGLUCOHEALTH LANCETS	2	
LANCETS	NOVA SAFETY LANCETS	2	
LANCETS	NOVA SUREFLEX	2	

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Drug Name		Tier	Requirements/Limits
LANCETS	ON CALL LANCET	2	
LANCETS	ON CALL PLUS LANCET	2	
LANCETS	ONETOUCH DELICA	2	
LANCETS	ONETOUCH LANCETS	2	
LANCETS	ONETOUCH SURESOFT	2	
LANCETS	ON-THE-GO	2	
LANCETS	PRESSURE ACTIVATED LANCETS	2	
LANCETS	PRO COMFORT LANCET	2	
LANCETS	PRO COMFORT LANCETS	2	
LANCETS	PRODIGY LANCETS	2	
LANCETS	PRODIGY TWIST TOP LANCET	2	
LANCETS	PUSH BUTTON SAFETY LANCETS	2	
LANCETS	READYLANCE SAFETY LANCETS	2	
LANCETS	RELIAMED	2	
LANCETS	RELIAMED SAFETY SEAL LANCETS	2	
LANCETS	RELION THIN	2	
LANCETS	RIGHTTEST GL300 LANCETS	2	
LANCETS	SAFETY LANCETS	2	
LANCETS	SAFETY SEAL LANCETS	2	
LANCETS	SAFETY-LET	2	
LANCETS	SINGLE-LET	2	
LANCETS	SMART SENSE	2	
LANCETS	SMART SENSE LANCETS	2	
LANCETS	SMARTEST LANCET	2	
LANCETS	SOFT TOUCH	2	
LANCETS	SOLUS V2	2	
LANCETS	SOLUS V2 LANCETS	2	
LANCETS	STERILANCE TL	2	
LANCETS	SUPER THIN LANCETS	2	
LANCETS	SURE COMFORT LANCETS	2	
LANCETS	SURE-LANCE	2	
LANCETS	SURE-TOUCH	2	
LANCETS	TECHLITE LANCETS	2	
LANCETS	TELCARE	2	
LANCETS	THIN LANCETS	2	
LANCETS	TOPCARE UNIVERSAL1 LANCET	2	

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Drug Name		Tier	Requirements/Limits
LANCETS	TOPCARE UNIVERSAL1 THIN LANCET	2	
LANCETS	TRUEPLUS LANCETS	2	
LANCETS	ULTILET BASIC	2	
LANCETS	ULTILET CLASSIC	2	
LANCETS	ULTILET LANCETS	2	
LANCETS	ULTILET SAFETY	2	
LANCETS	ULTRA THIN LANCETS	2	
LANCETS	ULTRA THIN PLUS	2	
LANCETS	ULTRA THIN PLUS LANCETS	2	
LANCETS	ULTRALANCE	2	
LANCETS	ULTRA-THIN II	2	
LANCETS	ULTRATLC LANCETS	2	
LANCETS	UNILET COMFORTOUCH	2	
LANCETS	UNILET EXCELITE	2	
LANCETS	UNILET EXCELITE II	2	
LANCETS	UNILET GP LANCET	2	
LANCETS	UNILET LANCET	2	
LANCETS	UNILET LANCETS	2	
LANCETS	UNISTIK 3	2	
LANCETS	UNISTIK 3 EXTRA	2	
LANCETS	UNISTIK CZT	2	
LANCETS	UNISTIK PRO	2	
LANCETS	UNISTIK SAFETY	2	
LANCETS	UNISTIK TOUCH	2	
LANCETS	UNIVERSAL 1	2	
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	

Drug Name		Tier	Requirements/Limits
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 3)			
GAS PRESS.HEMOSTATIC SPRAY DEV	RAPLIXA DELIVERY KIT	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	
INFUSION SET FOR INSULIN PUMP	SILHOUETTE	3	
INFUSION SET FOR INSULIN PUMP	SOF-SET	3	
INFUSION SET FOR INSULIN PUMP	SOF-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	ACCU-CHEK RAPID D	3	
SUBCUTANEOUS ADMIN. SET	INSUFLON	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	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
TRANSFER SETS	HI-VOLUME PUMPING CHAMBER	3	
Y-SITE CONNECTOR, CLOSED SYSTM	PHASEAL Y-SITE	3	
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	
SYR,NDL 1 ML,INS,SAFE,DISP UNT	SAFESNAP INSULIN SYRINGE	2	
SYR,NDL,INS,SAFE 0.5ML,DISP UN	SAFESNAP INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK	INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK	TECHLITE INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTICARE INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTRA COMFORT	2	
SYRGE-NDL,INS 0.3 ML HALF MARK	VEO INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.5 ML HALF MARK	TECHLITE INSULIN SYRINGE	2	
SYRINGE ACCESSORY	LEVER LOCK CANNULA	3	
SYRINGE AND NEEDLE,INSULIN,1ML	ADVOCATE SYRINGES	2	
SYRINGE AND NEEDLE,INSULIN,1ML	CARETOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	COMFORT EZ	2	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY COMFORT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH	2	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY-TOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	ECLIPSE SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	FREESTYLE PRECISION	2	
SYRINGE AND NEEDLE,INSULIN,1ML	INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	LITE TOUCH	2	
SYRINGE AND NEEDLE,INSULIN,1ML	LITETOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	MAXI-COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML	MONOJECT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	PRODIGY INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	SAFETYGLIDE SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT INSULIN SYRINGE	2	

Commercial Formulary

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

Commercial Formulary

Drug Name		Tier	Requirements/Limits
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SAFETY SYRNG	2	
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SYRINGE	2	
SYRINGE,NEEDLE,INSULN,SF,0.3ML	SAFETYGLIDE INSULIN SYRINGE	2	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH SHEATHLOCK SYRG-NDL (21GX1 1/2"") (DISP SYRIN) (OTC)	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ADVOCATE SYRINGES	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	CARETOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	COMFORT EZ	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY COMFORT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	FREESTYLE PRECISION	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITE TOUCH	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITETOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MAXI-COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	PRODIGY INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SAFETYGLIDE INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE-JECT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	TERUMO INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	THINPRO INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	TOPCARE ULTRA COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	TRUEPLUS INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTILET INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA-THIN II	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	VANISHPOINT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML	VEO INSULIN SYRINGE	2	

Drug Name	Tier	Requirements/Limits
SYRING-NEEDL,DISP,INSUL,0.3 ML	ADVOCATE SYRINGES	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	CARETOUCH INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	COMFORT EZ	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY COMFORT INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITE TOUCH	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITETOUCH INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	MONOJECT INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	PRODIGY INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	SAFETYGLIDE INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE-JECT INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	TERUMO INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	THINPRO INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	TOPCARE ULTRA COMFORT	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	TRUEPLUS INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTILET INSULIN SYRINGE	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA COMFORT	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA-THIN II	2
SYRING-NEEDL,DISP,INSUL,0.3 ML	VEO INSULIN SYRINGE	2

MISCELLANEOUS AGENTS

ANAPHYLAXIS THERAPY AGENTS

EPINEPHRINE	AUVI-Q	3	QL: 2 IN 365 DAYS
epinephrine		1	
EPINEPHRINE	EPIPEN	2	
EPINEPHRINE	EPIPEN 2-PAK	2	
EPINEPHRINE	EPIPEN JR	2	
EPINEPHRINE	EPIPEN JR 2-PAK	2	

MISCELLANEOUS AGENTS

LIVER EXTRACT (BEEF-PORK)	NEXAVIR	3	
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PARASYMPATHETIC AGENTS

bethanechol chloride	URECHOLINE	1	
cevimeline hcl	EVOXAC	1	
guanidine hcl	GUANIDINE	1	
pilocarpine hcl	SALAGEN	1	

Drug Name		Tier	Requirements/Limits
SYSTEMIC ENZYME INHIBITORS			
ALPHA-1-PROTEINASE INHIBITOR	ARALAST NP	3	
ALPHA-1-PROTEINASE INHIBITOR	PROLASTIN C	3	
ALPHA-1-PROTEINASE INHIBITOR	ZEMAIRA	3	
NEOPLASTIC DISEASE			
ALKYLATING AGENTS			
ALTRETAMINE	HEXALEN	2	
BUSULFAN	MYLERAN	2	
CARMUSTINE IN POLIFEPROSAN 20	GLIADEL	3	
CHLORAMBUCIL	LEUKERAN	2	
cyclophosphamide		1	
hydroxyurea	HYDREA	1	
LOMUSTINE	GLEOSTINE	3	PA
melphalan	ALKERAN	1	
temozolomide	TEMODAR	1	PA
ANTIANDROGENIC AGENTS			
ABIRATERONE ACETATE	ZYTIGA (250 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY
ABIRATERONE ACETATE	ZYTIGA (500 MG) (TABLET)	3	PA, QL: 2 IN 1 DAY
APALUTAMIDE	ERLEADA	2	PA, QL: 4 IN 1 DAY
bicalutamide	CASODEX	1	
ENZALUTAMIDE	XTANDI	2	PA, QL: 4 IN 1 DAY
flutamide	EULEXIN	1	
nilutamide	NILANDRON	1	QL: 150 AFTER 30 DAYS
ANTIMETABOLITES			
capecitabine	XELODA (150 MG) (TABLET)	1	PA, QL: 28 IN 21 DAYS
capecitabine	XELODA (500 MG) (TABLET)	1	PA, QL: 112 IN 21 DAYS
mercaptopurine	PURINETHOL	1	
MERCAPTOPYRINE	PURIXAN	2	ST
METHOTREXATE	XATMEP	3	ST, AGE: < 12 YEARS, QL: 120mL IN 60 DAYS
methotrexate sodium	FOLEX	1	
METHOTREXATE SODIUM	TREXALL (10 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (15 MG) (TABLET)	2	
methotrexate sodium	TREXALL (2.5 MG) (TABLET)	1	
METHOTREXATE SODIUM	TREXALL (5 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (7.5 MG) (TABLET)	2	
methotrexate sodium/pf	FOLEX	1	
THIOGUANINE	TABLOID	2	
TRIFLURIDINE/TIPRACIL HCL	LONSURF	2	PA
ANTINEOPLASTIC AROMATASE INHIBITORS			
anastrozole	ARIMIDEX	1	
exemestane	AROMASIN	1	
letrozole	FEMARA	1	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
SONIDEGIB PHOSPHATE	ODOMZO	2	PA
VISMODEGIB	ERIVEDGE	2	PA, QL: 1 IN 1 DAY
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	2	PA, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
COBIMETINIB FUMARATE	COTELLIC	3	PA, QL: 63 IN 28 DAYS
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	2	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR	2	PA
EVEROLIMUS	AFINITOR DISPERZ	2	PA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
TOPOTECAN HCL	HYCAMTIN	2	
ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT			
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO-PACK	2	PA
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	2	PA, QL: 1 IN 1 DAY
PEGINTERFERON ALFA-2B	SYLATRON	3	
POMALIDOMIDE	POMALYST	2	PA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS			
DEGARELIX ACETATE	FIRMAGON (120 MG) (VIAL)	3	QL: 2 IN 365 DAYS
DEGARELIX ACETATE	FIRMAGON (80 MG) (VIAL)	3	QL: 1 IN 30 DAYS
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ABEMACICLIB	VERZENIO	2	PA, QL: 2 IN 1 DAY
ACALABRUTINIB	CALQUENCE	3	PA
AFATINIB DIMALEATE	GILOTRIF	2	PA
ALECTINIB HCL	ALECENSA	3	PA, QL: 8 IN 1 DAY
AXITINIB	INLYTA (1 MG) (TABLET)	2	PA, QL: 6 IN 1 DAY
AXITINIB	INLYTA (5 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
BOSUTINIB	BOSULIF (100 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
BOSUTINIB	BOSULIF (400 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
BOSUTINIB	BOSULIF (500 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
BRIGATINIB	ALUNBRIG	3	PA
CABOZANTINIB S-MALATE	CABOMETYX	3	PA
CABOZANTINIB S-MALATE	COMETRIQ	2	PA, QL: 112 IN 28 DAYS
CERITINIB	ZYKADIA	2	PA
CRIZOTINIB	XALKORI	2	PA, QL: 2 IN 1 DAY
DABRAFENIB MESYLATE	TAFINLAR	2	PA
DASATINIB	SPRYCEL (100 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (140 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (20 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
DASATINIB	SPRYCEL (50 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (70 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (80 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
ERLOTINIB HCL	TARCEVA (100 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY
ERLOTINIB HCL	TARCEVA (150 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ERLOTINIB HCL	TARCEVA (25 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
GEFITINIB	IRESSA	2	PA
IBRUTINIB	IMBRUVICA	2	PA
IDELALISIB	ZYDELIG	2	PA
imatinib mesylate	GLEEVEC (100 MG) (TABLET)	1	PA, QL: 3 IN 1 DAY
imatinib mesylate	GLEEVEC (400 MG) (TABLET)	1	PA, QL: 2 IN 1 DAY
IXAZOMIB CITRATE	NINLARO	3	PA
LAPATINIB DITOSYLATE	TYKERB	2	PA
LENVATINIB MESYLATE	LENVIMA	2	PA
MIDOSTAURIN	RYDAPT	2	PA
NERATINIB MALEATE	NERLYNX	3	PA
NILOTINIB HCL	TASIGNA (150 MG) (CAPSULE)	2	PA, QL: 4 IN 1 DAY
NILOTINIB HCL	TASIGNA (200 MG) (CAPSULE)	2	PA, QL: 4 IN 1 DAY
NILOTINIB HCL	TASIGNA (50 MG) (CAPSULE)	3	PA, QL: 4 IN 1 DAY
NIRAPARIB TOSYLATE	ZEJULA	3	PA
OLAPARIB	LYNPARZA (100 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (150 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (50 MG) (CAPSULE)	2	PA, QL: 16 IN 1 DAY
OSIMERTINIB MESYLATE	TAGRISSO	3	PA, QL: 1 IN 1 DAY
PALBOCICLIB	IBRANCE	2	PA
PAZOPANIB HCL	VOTRIENT	2	PA, QL: 4 IN 1 DAY
PONATINIB HCL	ICLUSIG (15 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
PONATINIB HCL	ICLUSIG (45 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
REGORAFENIB	STIVARGA	2	PA, QL: 3 IN 1 DAY
RIBOCICLIB SUCCINATE	KISQALI	2	PA
RUCAPARIB CAMSYLATE	RUBRACA	3	PA, QL: 4 IN 1 DAY
SORAFENIB TOSYLATE	NEXAVAR	2	PA, QL: 4 IN 1 DAY
SUNTINIB MALATE	SUTENT	2	PA, QL: 1 IN 1 DAY
VANDETANIB	CAPRELSA (100 MG) (TABLET)	3	PA, QL: 2 IN 1 DAY
VANDETANIB	CAPRELSA (300 MG) (TABLET)	3	PA, QL: 1 IN 1 DAY
VEMURAFENIB	ZELBORAF	2	PA, QL: 8 IN 1 DAY
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
PANOBINOSTAT LACTATE	FARYDAK	2	PA
VORINOSTAT	ZOLINZA	2	
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS			
VENETOCLAX	VENCLEXTA	3	PA
VENETOCLAX	VENCLEXTA STARTING PACK	3	PA
ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS			
ENASIDENIB MESYLATE	IDHIFA	3	PA
ANTINEOPLASTICS,MISCELLANEOUS			
etoposide	VEPESID	1	
MITOTANE	LYSODREN	2	
OMACETAXINE MEPESUCCINATE	SYNRIBO	3	PA
PROCARBAZINE HCL	MATULANE	2	

Drug Name		Tier	Requirements/Limits
tretinoin	VESANOID	1	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
leucovorin calcium	WELLCOVORIN	1	
MESNA	MESNEX	3	
URIDINE TRIACETATE	VISTOGARD	3	QL: 24 IN 14 DAYS
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.			
TALC	SCLEROSOL	3	
TALC	STERITALC (2 G) (VIAL)	3	
TALC	STERITALC (3 G) (VIAL)	3	
TALC	STERITALC (4 G) (VIAL)	3	
talc	STERITALC (5 G) (VIAL)	1	
PHOTOACTIVATED, ANTINEOPLS. & PREMALIGNANT LESIONS			
AMINOLEVULINIC ACID HCL	AMELUZ	3	
AMINOLEVULINIC ACID HCL	LEVULAN	3	
RADIOACTIVE THERAPEUTIC AGENTS			
SODIUM IODIDE-131	HICON	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
tamoxifen citrate	NOLVADEX	0	
TAMOXIFEN CITRATE	SOLTAMOX	2	
TOREMIFENE CITRATE	FARESTON	2	PA
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
bexarotene	TARGRETIN	1	PA
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	2	
megestrol acetate	MEGACE	1	
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
DIMETHYL FUMARATE	TECFIDERA	2	PA
FINGOLIMOD HCL	GILENYA	2	PA
glatiramer acetate	COPAXONE	1	PA
INTERFERON BETA-1A	AVONEX	2	PA
INTERFERON BETA-1A	AVONEX PEN	2	PA
INTERFERON BETA-1A/ALBUMIN	AVONEX	2	PA
INTERFERON BETA-1A/ALBUMIN	REBIF	2	PA
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE	2	PA
INTERFERON BETA-1B	BETASERON	3	PA
PEGINTERFERON BETA-1A	PLEGRIDY	2	PA
PEGINTERFERON BETA-1A	PLEGRIDY PEN	2	PA
TERIFLUNOMIDE	AUBAGIO	2	PA
AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR			
DALFAMPRIDINE	AMPYRA	3	PA
AMYOTROPHIC LATERAL SCLEROSIS AGENTS			
riluzole	RILUTEK	1	
FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB			
MILNACIPRAN HCL	SAVELLA	2	
MOVEMENT DISORDERS(DRUG THERAPY)			
DEUTETRABENAZINE	AUSTEDO	3	PA
tetrabenazine	XENAZINE	1	PA
VALBENAZINE TOSYLATE	INGREZZA	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS			
DEXTROMETHORPHAN HBR/QUINIDINE	NUEDEXTA	3	PA

Drug Name	Tier	Requirements/Limits
ORAL/PHARYNGEAL DISORDERS		
DENTAL AIDS AND PREPARATIONS		
chlorhexidine gluconate	1	
DENTAL SUCTION/CHLRHEX/SWB1/MW	3	Q-CARE RX
DENTL SUCTION DEV/CHLORHX/SWB1	3	Q-CARE RX
triamcinolone acetonide	1	KENALOG IN ORABASE
NOSE PREPARATIONS ANTIBIOTICS		
MUPIROCIN CALCIUM	2	BACTROBAN NASAL
NOSE PREPARATIONS, MISCELLANEOUS (RX)		
ipratropium bromide	1	ATROVENT
PERIODONTAL COLLAGENASE INHIBITORS		
doxycycline hyclate	1	PERIOSTAT
OTHER DRUGS		
ABORTIFACIENT,PROGESTERONE RECEPTOR ANTAGONIST-TYP		
MIFEPRISTONE	3	MIFEPREX
AGENTS FOR CORNEAL COLLAGEN CROSS-LINKING		
RIBOFLAVIN 5-PHOS/20 % DEXTRAN	3	PHOTREXA VISCIOUS
RIBOFLAVIN 5-PHOSPHATE SOD(B2)	3	PHOTREXA
AGENTS FOR STOMATOLOGICAL USE		
SUCRALFATE MALATE, POLYMERIZED	3	ORAFATE
SUCRALFATE MALATE, POLYMERIZED	3	PROTHELIAL
SULFURIC ACID/SULFONAT. PHENOL	3	DEBACTEROL
ANTIDIARRHEAL MICROORGANISMS AGENTS		
LACTOBACILLUS CASEI/FOLIC ACID	3	RESTORA RX
LACTOBACILLUS CASEI/FOLIC ACID	3	RESTORA SPRINKLES
ANTIDOTES,MISCELLANEOUS		
ACETYLCYSTEINE	3	CETYLEV
ANTIVENINS		
CENTRUROIDES(SCORPN) ANTIVENOM	3	ANASCORP
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.		
megestrol acetate	1	MEGACE
megestrol acetate	1	MEGACE ES
BLOOD COLLECTION SET WITH LOCAL ANESTHETICS		
BLOOD COLLECT SET/LIDOC/PRILOC	3	CADIRA COMPLIANT BLOOD STAT
BLOOD COLLECT SET/LIDOC/PRILOC	3	LIDO BDK
BLOOD TESTING PREPARATIONS,IN-VITRO		
PROTHROMBIN TIME/INR TEST METR	3	COAGUCHEK XS
BULK CHEMICALS		
DIMETHYL SULFOXIDE	3	
HYDROCHLORIC ACID	3	
HYDROGEN PEROXIDE	3	
HYDROXYETHYL METHACRYLATE	3	
LACTIC ACID	3	
TRICHLOROACETIC ACID	3	TRI-CHLOR
TRICHLOROACETIC ACID	3	
VITAMIN E ACETATE	3	
CARDIOPLEGIC SOLUTIONS		
adenosine/lidocaine/mag/sod ch	1	
cardioplegic 21 (reperfus 4:1)	1	

Drug Name	Tier	Requirements/Limits
cardioplegic no.14 (maint 8:1)	1	
cardioplegic no.15(induct 8:1)	1	
cardioplegic no.17(induct 4:1)	1	
cardioplegic no.18(induct 8:1)	1	
cardioplegic no.19 (maint 4:1)	1	
cardioplegic no.20 (maint 4:1)	1	
cardioplegic no.22(induct 4:1)	1	
cardioplegic no.23(induct 4:1)	1	
cardioplegic solution no.1	PLEGISOL	1
cardioplegic solution no.10		1
cardioplegic solution no.16		1
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
CONDOMS		
CONDOMS, FEMALE	FC2 FEMALE CONDOM	0 QL: 30 IN 30 DAYS
CRYOPRESERVATIVE AGENTS		
DIMETHYL SULFOXIDE	CRYOSERV	3
DILUENT SOLUTIONS		
DILUENT, INSULIN ASPART NO.1	DILUTING MEDIUM FOR NOVOLOG	3
DILUENT,LIVE ROTAVIRUS VACC,CA	DILUENT FOR ROTARIX	3
DRUGS TO TREAT HEREDITARY TYROSINEMIA		
NITISINONE	NITYR	3 PA
NITISINONE	ORFADIN	2 PA
DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING		
ELIGLUSTAT TARTRATE	CERDELGA	3 PA
miglustat	ZAVESCA	1 PA
FLAVORING AGENTS		
ETHYL ACETATE		3
GENERAL ANESTHETICS,INHALANT		
DESFLURANE	SUPRANE	3
isoflurane		1
sevoflurane	ULTANE	1
GENERAL INHALATION AGENTS		
SODIUM CHLORIDE FOR INHALATION	HYPER-SAL	3
SODIUM CHLORIDE FOR INHALATION	NEBUSAL	3
sodium chloride for inhalation		1
HOMEOPATHIC DRUGS		
HOMEOPATHIC DRUGS	AURUMHEEL	3
HOMEOPATHIC DRUGS	CANTHARIS COMPOSITUM	3
HOMEOPATHIC DRUGS	CRALONIN	3
HOMEOPATHIC DRUGS	EYE	3
HOMEOPATHIC DRUGS	LAMIOFLUR	3
HOMEOPATHIC DRUGS	PLANTAGO- HOMACCORD	3

Drug Name		Tier	Requirements/Limits
HOMEOPATHIC DRUGS	POPULUS COMPOSITUM	3	
HOMEOPATHIC DRUGS	PSORINOHEEL	3	
HOMEOPATHIC DRUGS	RENEEL	3	
HOMEOPATHIC DRUGS	SABAL-HOMACCORD	3	
HOMEOPATHIC DRUGS	SYZYGIUM COMPOSITUM	3	
HOMEOPATHIC DRUGS	VERTIGOHEEL	3	
INTRA-UTERINE DEVICES (IUD'S)			
COPPER	PARAGARD T 380-A	0	
LEVONORGESTREL	KYLEENA	0	
LEVONORGESTREL	LILETTA	0	
JOINT TISSUE REPLACEMENT			
AUTOL CHRONDROCY/COLLAGEN,PORC	MACI	3	
METABOLIC DEFICIENCY AGENTS			
BETAINE	CYSTADANE	3	
LEVOCARNITINE	CARNITOR SF	3	
levocarnitine		1	
levocarnitine (with sugar)	CARNITOR	1	
METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA			
ASFOTASE ALFA	STRENSIQ	3	PA
METALLIC POISON,AGENTS TO TREAT			
DEFERASIROX	EXJADE	3	PA
DEFERASIROX	JADENU	3	PA
DEFERASIROX	JADENU SPRINKLE	3	PA
DEFERIPRONE	FERRIPROX	3	PA
deferoxamine mesylate	DESFERAL	1	PA
deferoxamine mesylate	DESFERAL MESYLATE	1	PA
PRUSSIAN BLUE (INSOLUBLE)	RADIOGARDASE	3	
SUCCIMER	CHEMET	3	
trientine hcl	SYPRINE	1	PA
ZINC ACETATE	GALZIN	3	
MUSCARINIC RECEPTOR ANTAGONISTS			
ATROPINE SULFATE	ATROPEN	3	
NEEDLES/NEEDLELESS DEVICES			
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS	2	
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS PLUS	2	
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLES	2	
PEN NEEDLE, DIABETIC	CAREFINE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	CARETOUCH PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	CLICKFINE	2	
PEN NEEDLE, DIABETIC	COMFORT EZ	2	
PEN NEEDLE, DIABETIC	DROPLET PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	EASY COMFORT PEN NEEDLES	2	
PEN NEEDLE, DIABETIC	EASY GLIDE PEN NEEDLE	2	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
PEN NEEDLE, DIABETIC	EASY TOUCH PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	HEALTHY ACCENTS UNIFINE PENTIP	2	
PEN NEEDLE, DIABETIC	INCONTROL PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	INSULIN PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	INSUPEN	2	
PEN NEEDLE, DIABETIC	LITE TOUCH	2	
PEN NEEDLE, DIABETIC	MINI ULTRA-THIN II	2	
PEN NEEDLE, DIABETIC	NEEDLES	2	
PEN NEEDLE, DIABETIC	NOVOFINE 32	2	
PEN NEEDLE, DIABETIC	NOVOFINE PLUS	2	
PEN NEEDLE, DIABETIC	NOVOTWIST	2	
PEN NEEDLE, DIABETIC	PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	PEN NEEDLES	2	
PEN NEEDLE, DIABETIC	PENTIPS	2	
PEN NEEDLE, DIABETIC	PRO COMFORT PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	RELION PEN NEEDLES	2	
PEN NEEDLE, DIABETIC	SURE COMFORT	2	
PEN NEEDLE, DIABETIC	SURE-FINE PEN NEEDLES	2	
PEN NEEDLE, DIABETIC	TECHLITE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	TOPCARE CLICKFINE	2	
PEN NEEDLE, DIABETIC	TRUEPLUS PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTICARE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTILET PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-FINE MICRO PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-FINE MINI PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-FINE NANO PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-FINE ORIGINAL PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-FINE SHORT PEN NEEDLE	2	
PEN NEEDLE, DIABETIC	ULTRA-THIN II	2	
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS	2	
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS PLUS	2	
PEN NEEDLE, DIABETIC, SAFETY	HEALTHY ACCENTS UNIFINE PENTIP	2	
PEN NEEDLE, DIABETIC, SAFETY	NOVOFINE AUTOCOVER	2	
PEN NEEDLE, DUAL SAFETY, DIABETIC	AUTOSHIELD DUO PEN NEEDLE	2	

Drug Name		Tier	Requirements/Limits
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION			
GLUTAMINE	ENDARI	3	PA
GLUTAMINE	NUTRESTORE	3	
OINTMENT/CREAM BASES			
EMOLLIENT BASE	RADIAGEL	3	
ORAL MUCOSITIS/STOMATITIS AGENTS			
GLY/CARB H.POLYMR A/POT HYDROX	MUGARD	3	
POT SOR/HE-CELLULOS/POV/HYALUR	GELCLAIR	3	
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	
PHARMACEUTICAL ADJUVANTS, TABLETING			
CELLULOSE	MICROCRYSTALLI NE CELLULOSE	3	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE			
SAPROPTERIN DIHYDROCHLORIDE	KUVAN	2	PA
PRESERVATIVES			
FORMALDEHYDE	FORMA-RAY	3	
PROTEIN REPLACEMENT			
LYSINE/E/FOLIC ACID/BCOMP,C/ZN	LYSIPLEX PLUS	3	
RADIOPHARMACEUTICALS ELEMENTS			
INDIUM-111 CHLORIDE	INDICLOR	3	
SALIVA STIMULANT AGENTS			
SORBITOL/SALIVA I/MALIC/C.PHOS	NUMOISYN	3	
SALIVA SUBSTITUTE AGENTS			
FLAXSEED	NUMOISYN	3	
SALIVA SUBSTITUTE COMB NO.10	NEUTRASAL	3	
SALIVA SUBSTITUTE COMB NO.11	SALIVAMAX	3	
SALIVA SUBSTITUTE COMBO NO.2	CAPHOSOL	3	
SALIVA SUBSTITUTE COMBO NO.3	AQUORAL	3	
SALIVA SUBSTITUTE COMBO NO.5	BOCASAL	3	
SALIVA SUBSTITUTE COMBO NO.5	NEUTRASAL	3	
SEXUAL DYSFUNCTION DEVICES			
VACUUM ERECTION DEVICE SYSTEM	RAPPORT VACUUM THERAPY	3	
SKIN TISSUE REPLACEMENT			
CULT SKIN SUBST,HUMAN-BOVINE	APLIGRAF	3	
CULT SKIN SUBST,HUMAN-BOVINE	DERMAGRAFT	3	
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	
HUMAN REGENERATIVE TISSUE MTRX	TRUSKIN	3	
TISSUE MATRIX, KERATIN-OVINE	KERAMATRIX	3	
SOLVENTS			
MINERAL OIL	MURI-LUBE MINERAL OIL	3	
PROPYLENE GLYCOL		3	
SODIUM SUCCINATE		3	

Drug Name		Tier	Requirements/Limits
SOMATOSTATIC AGENTS			
octreotide acetate		1	
PASIREOTIDE DIASPARTATE	SIGNIFOR	3	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	
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	

Drug Name		Tier	Requirements/Limits
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	
TISSUE/WOUND ADHESIVES			
THROMBIN/FIBRINOGEN/APROTIN/CALC	ARTISS	3	
THROMBIN/FIBRINOGEN/APROTIN/CALC	TISSEEL VHSD	3	
TOPICAL ANTISEPTIC DRYING AGENTS			
formaldehyde		1	
VACCINE ADJUVANTS			
ADJUVANT AS01B/PF, VIAL 1 OF 2	SHINGRIX ADJUVANT COMPONENT	0	AGE: >= 50 YEARS, QL: 1mL IN 365 DAYS
VEHICLES			
CITRIC ACID		3	
SORBITOL SOLUTION	SORBITOL	3	
WOUND HEALING AGENTS, LOCAL			
ACEMANNAN/ALLANTOIN	RADIGEL	3	
BALSAM PERU/CASTOR OIL	VENELEX	3	
EMOL60/H.ACID/SOD CHL,SUL,PHOS	CELACYN POST PROCEDURE	3	
OTHER RESPIRATORY DISORDERS			
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS			
PIRFENIDONE	ESBRIET	2	PA
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR			
IVACAFTOR	KALYDECO	2	PA
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.			
LUMACAFTOR/IVACAFTOR	ORKAMBI	2	PA
TEZACAFTOR/IVACAFTOR	SYMDEKO	2	PA
LUNG SURFACTANTS			
BERACTANT	SURVANTA	3	
CALFACTANT	INFASURF	3	
LUCINACTANT	SURFAXIN	3	
PORACTANT ALFA	CUROSURF	3	
MUCOLYTICS			
acetylcysteine	MUCOMYST	1	
DORNASE ALFA	PULMOZYME	2	PA
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS			
NINTEDANIB ESYLATE	OFEV	2	PA
PAIN MANAGEMENT - ANALGESICS			
ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.			
butalbital/acetaminophen	BUPAP	1	ST, QL: 6 IN 1 DAY
butalbital/acetaminophen	BUTAPAP	1	
butalbital/acetaminophen	ORBIVAN CF	1	ST, QL: 6 IN 1 DAY

Drug Name	Tier	Requirements/Limits
ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB		
butalbital/aspirin/caffeine	1	
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB		
butalb/acetaminophen/caffeine	1	
BUTALB/ACETAMINOPHEN/CAFFEINE	VANATOL LQ	3
BUTALB/ACETAMINOPHEN/CAFFEINE	VANATOL S	3
ANALGESIC/ANTIPYRETICS, SALICYLATES		
aspirin (325 mg) (tablet dr) (otc)	0	
aspirin (325 mg) (tablet) (otc)	0	
choline salicyl/mag salicylate	1	
diflunisal	DOLOBID	1
salsalate	DISALCID	1
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION		
hydrocodone/ibuprofen	IBUDONE	1
hydrocodone/ibuprofen	VICOPROFEN	1
ibuprofen/oxycodone hcl		1
ANALGESICS, NARCOTICS		
buprenorphine	BUTRANS	1
BUPRENORPHINE HCL	BUPRENEX	3
buprenorphine hcl		1
butorphanol tartrate	STADOL	1
carisoprodol/aspirin/codeine		1
codeine sulfate	CODEINE	1
fentanyl	DURAGESIC	1
fentanyl citrate	ACTIQ	1
fentanyl citrate/pf		1
fentanyl citrate-0.9 % nacl/pf		1
HYDROCODONE BITARTRATE	HYSINGLA ER	2
HYDROCODONE BITARTRATE	ZOHYDRO ER	3
hydrocodone/acetaminophen	HYCET (7.5-325/15) (SOLUTION)	1
HYDROCODONE/ACETAMINOPHEN	LORTAB (10-300/15) (SOLUTION)	3
hydrocodone/acetaminophen	LORTAB (10MG-325MG) (TABLET)	1
hydrocodone/acetaminophen	LORTAB (5 MG-325MG) (TABLET)	1
hydrocodone/acetaminophen	LORTAB (7.5-325 MG) (TABLET)	1
hydrocodone/acetaminophen	NORCO	1
hydrocodone/acetaminophen	VERDROCET	1
hydrocodone/acetaminophen	XODOL 10-300	1
hydrocodone/acetaminophen	XODOL 5-300	1
hydrocodone/acetaminophen	XODOL 7.5-300	1
HYDROMORPHONE HCL	DILAUDID	3
hydromorphone hcl (0.5mg/.5ml) (syringe)		1
hydromorphone hcl (1 mg/ml) (ampul)		1
hydromorphone hcl (1 mg/ml) (liquid)		1
hydromorphone hcl (1 mg/ml) (syringe)		1
hydromorphone hcl (110mg/55ml) (pca syring)		1
hydromorphone hcl (12 mg) (tab er 24h)		1
hydromorphone hcl (16 mg) (tab er 24h)		1
hydromorphone hcl (2 mg) (tablet)		1
hydromorphone hcl (2 mg/ml) (ampul)		1
hydromorphone hcl (2 mg/ml) (syringe)		1
hydromorphone hcl (2 mg/ml) (vial)		1
hydromorphone hcl (3 mg) (supp.rect)		1
hydromorphone hcl (32 mg) (tab er 24h)		1

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Drug Name	Tier	Requirements/Limits
hydromorphone hcl (4 mg) (tablet)	1	
hydromorphone hcl (4 mg/ml) (ampul)	1	
hydromorphone hcl (4 mg/ml) (syringe)	1	
hydromorphone hcl (60 mg/30ml) (pca syring)	1	
hydromorphone hcl (8 mg) (tab er 24h)	1	PA, QL: 1 IN 1 DAY
hydromorphone hcl (8 mg) (tablet)	1	
hydromorphone hcl in 0.9% nacl	1	
hydromorphone hcl/0.9% nacl/pf	1	
hydromorphone hcl/pf	1	
levorphanol tartrate	1	
meperidine hcl	1	
meperidine hcl	1	QL: 6 IN 1 DAY
meperidine hcl	1	QL: 6 IN 1 DAY
meperidine hcl	1	QL: 30mL IN 1 DAY
MEPERIDINE HCL/PF	3	
meperidine hcl/pf	1	
MEPERIDINE HCL/PF	3	
meperidine hcl/pf	1	
MEPERIDINE HCL/PF	3	
meperidine hcl/pf	1	
MEPERIDINE HCL/PF	3	
meperidine hcl/pf	1	
MEPERIDINE HCL/PF	3	
methadone hcl (10 mg) (tablet)	1	ST, QL: 4 IN 1 DAY
methadone hcl (10 mg/5 ml) (solution)	1	ST, QL: 20mL IN 1 DAY
methadone hcl (10 mg/ml) (oral conc)	1	ST, QL: 4mL IN 1 DAY
methadone hcl (10 mg/ml) (vial)	1	ST, QL: 4mL IN 1 DAY
methadone hcl (40 mg) (tablet sol)	1	ST, QL: 1 IN 1 DAY
methadone hcl (5 mg) (tablet)	1	ST, QL: 8 IN 1 DAY
methadone hcl (5 mg/5 ml) (solution)	1	ST, QL: 40mL IN 1 DAY
MORPHINE SULFATE	3	QL: 3 IN 1 DAY
MORPHINE SULFATE	3	QL: 2 IN 1 DAY
morphine sulfate (10 mg) (supp.rect)	1	
morphine sulfate (10 mg/5 ml) (solution)	1	
morphine sulfate (10 mg/ml) (cartridge)	1	
morphine sulfate (10 mg/ml) (syringe)	1	
morphine sulfate (100 mg) (tablet er)	1	QL: 3 IN 1 DAY
morphine sulfate (100 mg/5ml) (solution)	1	
morphine sulfate (10mg/0.7ml) (pen injctr)	1	
morphine sulfate (120 mg) (cpmp 24hr)	1	QL: 2 IN 1 DAY
morphine sulfate (15 mg) (tablet er)	1	QL: 3 IN 1 DAY
MORPHINE SULFATE (15 MG) (TABLET)	2	
morphine sulfate (15 mg/ml) (vial)	1	
morphine sulfate (2 mg/ml) (syringe)	1	
morphine sulfate (20 mg) (supp.rect)	1	
morphine sulfate (20 mg/5 ml) (solution)	1	
morphine sulfate (200 mg) (tablet er)	1	QL: 3 IN 1 DAY
morphine sulfate (30 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY
morphine sulfate (30 mg) (supp.rect)	1	

Drug Name		Tier	Requirements/Limits
morphine sulfate (30 mg) (tablet er)		1	QL: 3 IN 1 DAY
MORPHINE SULFATE (30 MG) (TABLET)		2	
morphine sulfate (30 mg/30ml) (pca syringe)		1	
morphine sulfate (4 mg/ml) (cartridge)		1	
morphine sulfate (4 mg/ml) (syringe)		1	
morphine sulfate (45 mg) (cpmp 24hr)		1	QL: 1 IN 1 DAY
morphine sulfate (5 mg) (supp.rect)		1	
morphine sulfate (60 mg) (cpmp 24hr)		1	QL: 1 IN 1 DAY
morphine sulfate (60 mg) (tablet er)		1	QL: 3 IN 1 DAY
morphine sulfate (75 mg) (cpmp 24hr)		1	QL: 1 IN 1 DAY
morphine sulfate (8 mg/ml) (syringe)		1	
morphine sulfate (8 mg/ml) (vial)		1	
morphine sulfate (90 mg) (cpmp 24hr)		1	QL: 1 IN 1 DAY
morphine sulfate in 0.9 % nacl		1	
morphine sulfate/d5w		1	
MORPHINE SULFATE/NALTREXONE	EMBEDA (100MG-4MG) (CAP ER PO)	3	QL: 4 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (20MG-0.8MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (30MG-1.2MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (50 MG-2 MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (60MG-2.4MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (80MG-3.2MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
morphine sulfate/pf		1	
nalbuphine hcl		1	
opium/belladonna alkaloids		1	
OXYCODONE HCL	OXAYDO	3	
oxycodone hcl (10 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (10 mg) (tablet)		1	
oxycodone hcl (10mg/0.5ml) (syringe)		1	
oxycodone hcl (15 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (15 mg) (tablet)		1	
oxycodone hcl (20 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (20 mg) (tablet)		1	
oxycodone hcl (20 mg/ml) (oral conc)		1	
oxycodone hcl (30 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (30 mg) (tablet)		1	
oxycodone hcl (40 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (5 mg) (capsule)		1	
oxycodone hcl (5 mg) (tablet)		1	
oxycodone hcl (5 mg/5 ml) (solution)		1	
oxycodone hcl (60 mg) (tab er 12h)		1	QL: 2 IN 1 DAY
oxycodone hcl (80 mg) (tab er 12h)		1	QL: 4 IN 1 DAY
OXYCODONE HCL	OXYCONTIN	2	QL: 2 IN 1 DAY
oxycodone hcl/acetaminophen	PERCOCET	1	QL: 12 IN 1 DAY
OXYCODONE HCL/ACETAMINOPHEN	PRIMLEV	3	QL: 13 IN 1 DAY
oxycodone hcl/aspirin	ENDODAN	1	
oxycodone hcl/aspirin	PERCODAN	1	
OXYCODONE MYRISTATE	XTAMPZA ER (13.5 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (18 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (27 MG) (CAP SPR 12)	3	QL: 4 IN 1 DAY

Drug Name		Tier	Requirements/Limits
OXYCODONE MYRISTATE	XTAMPZA ER (36 MG) (CAP SPR 12)	3	QL: 8 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (9 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA	1	
oxymorphone hcl	OPANA ER (10 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (15 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (20 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (30 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
oxymorphone hcl	OPANA ER (40 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
oxymorphone hcl	OPANA ER (5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (7.5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
pentazocine hcl/naloxone hcl	TALWIN NX	1	
PENTAZOCINE LACTATE	TALWIN	3	
TAPENTADOL HCL	NUCYNTA	2	QL: 6 IN 1 DAY
TAPENTADOL HCL	NUCYNTA ER	2	QL: 2 IN 1 DAY
tramadol hcl	CONZIP	1	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
tramadol hcl	RYZOLT	1	AGE: >= 12 YEARS
tramadol hcl	ULTRAM	1	AGE: >= 12 YEARS
tramadol hcl	ULTRAM ER	1	AGE: >= 12 YEARS
tramadol hcl/acetaminophen	ULTRACET	1	AGE: >= 12 YEARS
ANTIMIGRAINE PREPARATIONS			
almotriptan malate		1	ST, QL: 2 IN 5 DAYS
DICLOFENAC POTASSIUM	CAMBIA	3	QL: 3 IN 10 DAYS
dihydroergotamine mesylate	D.H.E.45	1	QL: 15mL IN 14 DAYS
dihydroergotamine mesylate	MIGRANAL	1	QL: 8mL IN 28 DAYS
eletriptan hydrobromide	RELPAK	1	ST, QL: 2 IN 5 DAYS
ERENUMAB-AOOE	AIMOVIG AUTOINJECTOR	3	PA
ERENUMAB-AOOE	AIMOVIG AUTOINJECTOR (2 PACK)	3	PA
ERGOTAMINE TARTRATE	ERGOMAR	3	QL: 10 IN 7 DAYS
ergotamine tartrate/caffeine	CAFERGOT	1	QL: 10 IN 7 DAYS
ERGOTAMINE TARTRATE/CAFFEINE	MIGERGOT	2	QL: 5 IN 7 DAYS
frovatriptan succinate	FROVA	1	ST, QL: 3 IN 5 DAYS
isomethept/dichlphn/acetaminop		1	
isomethepten/caf/acetaminophen	PRODRIN	1	
naratriptan hcl	AMERGE	1	QL: 3 IN 5 DAYS
rizatriptan benzoate		1	QL: 3 IN 5 DAYS
sumatriptan	IMITREX	1	QL: 6 IN 15 DAYS
sumatriptan succinate	IMITREX (100 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (25 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (4 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (4 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS

Commercial Formulary

Drug Name		Tier	Requirements/Limits
sumatriptan succinate	IMITREX (50 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (VIAL)	1	QL: 1mL IN 14 DAYS
SUMATRIPTAN SUCCINATE	SUMAVEL DOSEPRO (4 MG/0.5ML) (NDL FR INJ)	3	ST, QL: 4mL IN 28 DAYS
SUMATRIPTAN SUCCINATE	SUMAVEL DOSEPRO (6 MG/0.5ML) (NDL FR INJ)	3	ST, QL: 1mL IN 14 DAYS
ZOLMITRIPTAN	ZOMIG (2.5 MG) (SPRAY)	2	ST, QL: 12 IN 30 DAYS
zolmitriptan	ZOMIG (2.5 MG) (TABLET)	1	ST, QL: 2 IN 5 DAYS
ZOLMITRIPTAN	ZOMIG (5 MG) (SPRAY)	2	ST, QL: 6 IN 15 DAYS
zolmitriptan	ZOMIG (5 MG) (TABLET)	1	ST, QL: 2 IN 5 DAYS
zolmitriptan	ZOMIG ZMT	1	ST, QL: 2 IN 5 DAYS
NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
butalbit/acetamin/caff/codeine	FIORICET WITH CODEINE	1	AGE: >= 12 YEARS
NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE			
codeine/butalbital/asa/caffein	FIORINAL WITH CODEINE #3	1	AGE: >= 12 YEARS
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
acetaminophen with codeine		1	AGE: >= 12 YEARS
ACETAMINOPHEN WITH CODEINE	CAPITAL W- CODEINE	2	AGE: >= 12 YEARS
NARCOTIC WITHDRAWAL THERAPY AGENTS			
BUPRENORPHINE HCL	BUPRENEX	3	
buprenorphine hcl (0.3 mg/ml) (syringe)		1	
buprenorphine hcl (0.3 mg/ml) (vial)		1	
buprenorphine hcl (2 mg) (tab sub)		1	PA, QL: 3 IN 1 DAY
buprenorphine hcl (8 mg) (tab sub)		1	PA, QL: 3 IN 1 DAY
BUPRENORPHINE HCL	PROBUPHINE	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (2.1-0.3 MG) (FILM)	3	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (4.2-0.7 MG) (FILM)	3	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (6.3MG- 1MG) (FILM)	3	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (12 MG- 3 MG) (FILM)	2	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (2 MG- 0.5MG) (FILM)	2	QL: 1 IN 1 DAY
buprenorphine hcl/naloxone hcl	SUBOXONE (2 MG- 0.5MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (4MG- 1MG) (FILM)	2	QL: 1 IN 1 DAY

Commercial Formulary

Drug Name		Tier	Requirements/Limits
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	2	QL: 2 IN 1 DAY
buprenorphine hcl/naloxone hcl	SUBOXONE (8 MG-2 MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (0.7-0.18MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (1.4-0.36MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (11.4-2.9MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (2.9-0.71MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (5.7-1.4 MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (8.6-2.1 MG) (TAB SUBL)	2	QL: 2 IN 1 DAY
PARKINSONS DISEASE			
ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
benztropine mesylate	COGENTIN	1	
trihexyphenidyl hcl	ARTANE	1	
ANTIPARKINSONISM DRUGS,OTHER			
AMANTADINE HCL	GOCOVRI	3	PA
AMANTADINE HCL	OSMOLEX ER	3	
amantadine hcl	SYMMETREL	1	
A POMORPHINE HCL	APOKYN	3	PA, QL: 2mL IN 1 DAY
bromocriptine mesylate	PARLODEL	1	
CARBIDOPA/LEVODOPA	DUOPA	3	PA
carbidopa/levodopa	PARCOPA	1	
CARBIDOPA/LEVODOPA	RYTARY	3	ST, QL: 10 IN 1 DAY
carbidopa/levodopa	SINEMET 10-100	1	
carbidopa/levodopa	SINEMET 25-100	1	
carbidopa/levodopa	SINEMET 25-250	1	
carbidopa/levodopa	SINEMET CR	1	
carbidopa/levodopa/entacapone	STALEVO 100	1	
carbidopa/levodopa/entacapone	STALEVO 125	1	
carbidopa/levodopa/entacapone	STALEVO 150	1	
carbidopa/levodopa/entacapone	STALEVO 200	1	
carbidopa/levodopa/entacapone	STALEVO 50	1	
carbidopa/levodopa/entacapone	STALEVO 75	1	
entacapone	COMTAN	1	
pramipexole di-hcl	MIRAPEX	1	
pramipexole di-hcl	MIRAPEX ER	1	ST, QL: 1 IN 1 DAY
rasagiline mesylate	AZILECT	1	QL: 1 IN 1 DAY
ropinirole hcl	REQUIP	1	
ropinirole hcl	REQUIP XL	1	ST, QL: 1 IN 1 DAY
ROTIGOTINE	NEUPRO	2	ST, QL: 1 IN 1 DAY
SAFINAMIDE MESYLATE	XADAGO	3	ST, QL: 1 IN 1 DAY
selegiline hcl		1	
SELEGILINE HCL	ZELAPAR	3	QL: 2 IN 1 DAY
tolcapone	TASMAR	1	ST, QL: 3 IN 1 DAY
DECARBOXYLASE INHIBITORS			
carbidopa	LODOSYN	1	

Drug Name		Tier	Requirements/Limits
SEIZURE DISORDER			
ANTICONVULSANT - BENZODIAZEPINE TYPE			
CLOBAZAM	ONFI (10 MG) (TABLET)	3	QL: 2 IN 1 DAY
CLOBAZAM	ONFI (2.5 MG/ML) (ORAL SUSP)	3	QL: 480mL IN 30 DAYS
CLOBAZAM	ONFI (20 MG) (TABLET)	3	QL: 2 IN 1 DAY
clonazepam		1	
CLONAZEPAM	KLONOPIN	2	
DIAZEPAM	DIASTAT	2	QL: 1 PER FILL
DIAZEPAM	DIASTAT ACUDIAL	2	QL: 1 PER FILL
diazepam		1	QL: 1 PER FILL
ANTICONVULSANTS			
BRIVARACETAM	BRIVIACT (10 MG) (TABLET)	3	QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (10 MG/ML) (SOLUTION)	3	QL: 600mL IN 30 DAYS
BRIVARACETAM	BRIVIACT (100 MG) (TABLET)	3	QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (25 MG) (TABLET)	3	QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (50 MG) (TABLET)	3	QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (75 MG) (TABLET)	3	QL: 2 IN 1 DAY
carbamazepine		1	
CARBAMAZEPINE	CARBATROL	2	
CARBAMAZEPINE	TEGRETOL	2	
CARBAMAZEPINE	TEGRETOL XR	2	
DIVALPROEX SODIUM	DEPAKOTE	2	
DIVALPROEX SODIUM	DEPAKOTE ER	2	
DIVALPROEX SODIUM	DEPAKOTE SPRINKLE	2	
divalproex sodium		1	
ESLICARBAZEPINE ACETATE	APTIOM (200 MG) (TABLET)	3	QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (400 MG) (TABLET)	3	QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (600 MG) (TABLET)	3	QL: 2 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (800 MG) (TABLET)	3	QL: 2 IN 1 DAY
ethosuximide		1	
ETHOSUXIMIDE	ZARONTIN	2	
ETHOTOIN	PEGANONE	3	
felbamate (400 mg) (tablet)		1	QL: 9 IN 1 DAY
felbamate (600 mg) (tablet)		1	QL: 6 IN 1 DAY
felbamate (600 mg/5ml) (oral susp)		1	QL: 30mL IN 1 DAY
FELBAMATE	FELBATOL (400 MG) (TABLET)	3	QL: 9 IN 1 DAY
FELBAMATE	FELBATOL (600 MG) (TABLET)	3	QL: 6 IN 1 DAY
FELBAMATE	FELBATOL (600 MG/5ML) (ORAL SUSP)	3	QL: 30mL IN 1 DAY
gabapentin		1	
GABAPENTIN	NEURONTIN	2	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
LACOSAMIDE	VIMPAT (10 MG/ML) (SOLUTION)	2	QL: 1200mL IN 30 DAYS
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (200 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50MG- 100MG) (TAB DS PK)	3	
LAMOTRIGINE	LAMICTAL	2	
LAMOTRIGINE	LAMICTAL (BLUE)	2	
LAMOTRIGINE	LAMICTAL (GREEN)	2	
LAMOTRIGINE	LAMICTAL (ORANGE)	2	
LAMOTRIGINE	LAMICTAL ODT (100 MG) (TAB RAPDIS)	3	QL: 3 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (200 MG) (TAB RAPDIS)	3	QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (25 MG) (TAB RAPDIS)	3	QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (50 MG) (TAB RAPDIS)	3	QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (BLUE)	3	
LAMOTRIGINE	LAMICTAL ODT (GREEN)	3	
LAMOTRIGINE	LAMICTAL ODT (ORANGE)	3	
LAMOTRIGINE	LAMICTAL XR (100 MG) (TAB ER 24)	3	QL: 3 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (200 MG) (TAB ER 24)	3	QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (25 MG) (TAB ER 24)	3	QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (250 MG) (TAB ER 24)	3	QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (300 MG) (TAB ER 24)	3	QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (50 MG) (TAB ER 24)	3	QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (BLUE)	3	
LAMOTRIGINE	LAMICTAL XR (GREEN)	3	
LAMOTRIGINE	LAMICTAL XR (ORANGE)	3	
	lamotrigine (100 mg) (tab er 24)	1	QL: 3 IN 1 DAY
	lamotrigine (100 mg) (tab rapdis)	1	QL: 3 IN 1 DAY
	lamotrigine (100 mg) (tablet)	1	
	lamotrigine (150 mg) (tablet)	1	
	lamotrigine (200 mg) (tab er 24)	1	QL: 2 IN 1 DAY
	lamotrigine (200 mg) (tab rapdis)	1	QL: 2 IN 1 DAY
	lamotrigine (200 mg) (tablet)	1	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
lamotrigine (25 mg) (tab er 24)		1	QL: 6 IN 1 DAY
lamotrigine (25 mg) (tab rapdis)		1	QL: 6 IN 1 DAY
lamotrigine (25 mg) (tablet)		1	
lamotrigine (25 mg) (tb chw dsp)		1	
lamotrigine (25(21)-50) (tb rd dspk)		1	
lamotrigine (25(42)-100) (tab ds pk)		1	
lamotrigine (25(84)-100) (tab ds pk)		1	
lamotrigine (250 mg) (tab er 24)		1	QL: 2 IN 1 DAY
lamotrigine (25-50-100) (tb rd dspk)		1	
lamotrigine (25mg (35)) (tab ds pk)		1	
lamotrigine (300 mg) (tab er 24)		1	QL: 2 IN 1 DAY
lamotrigine (5 mg) (tb chw dsp)		1	
lamotrigine (50 mg) (tab er 24)		1	QL: 6 IN 1 DAY
lamotrigine (50 mg) (tab rapdis)		1	QL: 6 IN 1 DAY
lamotrigine (50(42)-100) (tb rd dspk)		1	
LEVETIRACETAM	KEPPRA	2	
LEVETIRACETAM	KEPPRA XR	3	
levetiracetam		1	
LEVETIRACETAM	ROWEEPRA	2	
LEVETIRACETAM	ROWEEPRA XR	3	
LEVETIRACETAM	SPRITAM (1000 MG) (TAB SUSP)	3	QL: 2 IN 1 DAY
LEVETIRACETAM	SPRITAM (250 MG) (TAB SUSP)	3	QL: 4 IN 1 DAY
LEVETIRACETAM	SPRITAM (500 MG) (TAB SUSP)	3	QL: 4 IN 1 DAY
LEVETIRACETAM	SPRITAM (750 MG) (TAB SUSP)	3	QL: 4 IN 1 DAY
METHSUXIMIDE	CELONTIN	3	
oxcarbazepine		1	
OXCARBAZEPINE	OXTELLAR XR (150 MG) (TAB ER 24H)	3	QL: 1 IN 1 DAY
OXCARBAZEPINE	OXTELLAR XR (300 MG) (TAB ER 24H)	3	QL: 1 IN 1 DAY
OXCARBAZEPINE	OXTELLAR XR (600 MG) (TAB ER 24H)	3	QL: 4 IN 1 DAY
OXCARBAZEPINE	TRILEPTAL	2	
PERAMPANEL	FYCOMPA (0.5 MG/ML) (ORAL SUSP)	3	QL: 680mL IN 28 DAYS
PERAMPANEL	FYCOMPA (10 MG) (TABLET)	3	QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (12 MG) (TABLET)	3	QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (2 MG) (TABLET)	3	QL: 4 IN 1 DAY
PERAMPANEL	FYCOMPA (4 MG) (TABLET)	3	QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (6 MG) (TABLET)	3	QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (8 MG) (TABLET)	3	QL: 1 IN 1 DAY
PHENYTOIN	DILANTIN	2	
PHENYTOIN	DILANTIN-125	2	
phenytoin		1	
PHENYTOIN SODIUM EXTENDED	DILANTIN	2	
PHENYTOIN SODIUM EXTENDED	PHENYTEK	2	
phenytoin sodium extended		1	
PREGABALIN	LYRICA	2	

Commercial Formulary

Drug Name		Tier	Requirements/Limits
PRIMIDONE	MYSOLINE	2	
primidone		1	
RUFINAMIDE	BANZEL (200 MG) (TABLET)	3	QL: 16 IN 1 DAY
RUFINAMIDE	BANZEL (40 MG/ML) (ORAL SUSP)	3	QL: 80mL IN 1 DAY
RUFINAMIDE	BANZEL (400 MG) (TABLET)	3	QL: 8 IN 1 DAY
TIAGABINE HCL	GABITRIL (12 MG) (TABLET)	3	QL: 4 IN 1 DAY
TIAGABINE HCL	GABITRIL (16 MG) (TABLET)	3	QL: 3 IN 1 DAY
TIAGABINE HCL	GABITRIL (2 MG) (TABLET)	3	QL: 4 IN 1 DAY
TIAGABINE HCL	GABITRIL (4 MG) (TABLET)	3	QL: 4 IN 1 DAY
tiagabine hcl (12 mg) (tablet)		1	QL: 4 IN 1 DAY
tiagabine hcl (16 mg) (tablet)		1	QL: 3 IN 1 DAY
tiagabine hcl (2 mg) (tablet)		1	QL: 4 IN 1 DAY
tiagabine hcl (4 mg) (tablet)		1	QL: 4 IN 1 DAY
TOPIRAMATE	QUDEXY XR (100 MG) (CAP SPR 24)	3	QL: 1 IN 1 DAY
TOPIRAMATE	QUDEXY XR (150 MG) (CAP SPR 24)	3	QL: 2 IN 1 DAY
TOPIRAMATE	QUDEXY XR (200 MG) (CAP SPR 24)	3	QL: 2 IN 1 DAY
TOPIRAMATE	QUDEXY XR (25 MG) (CAP SPR 24)	3	QL: 1 IN 1 DAY
TOPIRAMATE	QUDEXY XR (50 MG) (CAP SPR 24)	3	QL: 1 IN 1 DAY
TOPIRAMATE	TOPAMAX	2	
topiramate (100 mg) (cap spr 24)		1	QL: 1 IN 1 DAY
topiramate (100 mg) (tablet)		1	
topiramate (15 mg) (cap sprink)		1	
topiramate (150 mg) (cap spr 24)		1	QL: 2 IN 1 DAY
topiramate (200 mg) (cap spr 24)		1	QL: 2 IN 1 DAY
topiramate (200 mg) (tablet)		1	
topiramate (25 mg) (cap spr 24)		1	QL: 1 IN 1 DAY
topiramate (25 mg) (cap sprink)		1	
topiramate (25 mg) (tablet)		1	
topiramate (50 mg) (cap spr 24)		1	QL: 1 IN 1 DAY
topiramate (50 mg) (tablet)		1	
TOPIRAMATE	TROKENDI XR (100 MG) (CAP ER 24H)	2	QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (200 MG) (CAP ER 24H)	2	QL: 2 IN 1 DAY
TOPIRAMATE	TROKENDI XR (25 MG) (CAP ER 24H)	2	QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (50 MG) (CAP ER 24H)	2	QL: 1 IN 1 DAY
VALPROIC ACID	DEPAKENE	2	
valproic acid		1	
VALPROIC ACID (AS SODIUM SALT)	DEPAKENE	2	
valproic acid (as sodium salt)		1	
vigabatrin	SABRIL (500 MG) (POWD PACK)	1	QL: 6 IN 1 DAY
VIGABATRIN	SABRIL (500 MG) (TABLET)	3	QL: 6 IN 1 DAY
ZONISAMIDE	ZONEGRAN	2	

Drug Name	Tier	Requirements/Limits
zonisamide	1	
SKELETAL MUSCLE DISORDER		
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH		
DICHLORPHENAMIDE	KEVEYIS	2 PA
SKELETAL MUSCLE RELAX.& TOP.IRRITANT COUNTER-IRRITANT		
CYCLOBENZAPRINE/IRR CNTR-IRR 2	COMFORT PAC-CYCLOBENZAPRINE	3
TIZANIDINE/IRRITANT CNTR-IRR2	COMFORT PAC-TIZANIDINE	3
SKELETAL MUSCLE RELAXANTS		
baclofen		1
carisoprodol	SOMA	1 QL: 4 IN 1 DAY
carisoprodol/aspirin	SOMA COMPOUND	1
chlorzoxazone		1
CHLORZOXAZONE	LORZONE	3
cyclobenzaprine hcl	FLEXERIL	1
dantrolene sodium	DANTRIUM	1
metaxalone	SKELAXIN	1
methocarbamol	ROBAXIN	1
methocarbamol	ROBAXIN-750	1
orphenadrine citrate	NORFLEX	1
tizanidine hcl	ZANAFLEX	1
SMOKING CESSATION		
SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)		
nicotine	NICODERM CQ	0 AGE: >= 18 YEARS, QL: 1 IN 1 DAY
NICOTINE PATCH		0 AGE: >= 18 YEARS, QL: 1 IN 1 DAY
NICOTINE	NICOTROL	0 ST, AGE: >= 18 YEARS, QL: 1008 IN 90 DAYS
NICOTINE	NICOTROL NS	0 ST, AGE: >= 18 YEARS, QL: 160mL IN 90 DAYS
nicotine polacrilex	NICORETTE	0 AGE: >= 18 YEARS, QL: 9 IN 1 DAY
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST		
VARENICLINE TARTRATE	CHANTIX	0 AGE: >= 18 YEARS, QL: 2 IN 1 DAY
SMOKING DETERRENTS, OTHER		
bupropion hcl	ZYBAN	0 AGE: >= 18 YEARS, QL: 2 IN 1 DAY
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE		
GASTRIC ENZYMES		
SACROSIDASE	SUCRAID	3 PA
PANCREATIC ENZYMES		
LIPASE/PROTEASE/AMYLASE	CREON	2
LIPASE/PROTEASE/AMYLASE	VIOKACE	3
LIPASE/PROTEASE/AMYLASE	ZENPEP (10-32-42K) (CAPSULE DR)	2
LIPASE/PROTEASE/AMYLASE	ZENPEP (15-47-63K) (CAPSULE DR)	2
LIPASE/PROTEASE/AMYLASE	ZENPEP (20-63-84K) (CAPSULE DR)	2
LIPASE/PROTEASE/AMYLASE	ZENPEP (25-79-105K) (CAPSULE DR)	2
LIPASE/PROTEASE/AMYLASE	ZENPEP (25-85-136K) (CAPSULE DR)	2
LIPASE/PROTEASE/AMYLASE	ZENPEP (3-10-14K) (CAPSULE DR)	3

Drug Name		Tier	Requirements/Limits
LIPASE/PROTEASE/AMYLASE	ZENPEP (40-126-168) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (5K-17K- 24K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (5K-17K- 27K) (CAPSULE DR)	2	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE			
ANTICHOLINERGICS/ANTISPASMODICS			
dicyclomine hcl		1	
BELLADONNA ALKALOIDS			
hyoscyamine sulfate	HYOSYNE	1	
hyoscyamine sulfate	LEVVID	1	
hyoscyamine sulfate	LEVSIN	1	
hyoscyamine sulfate	LEVSIN-SL	1	
hyoscyamine sulfate	NULEV	1	
hyoscyamine sulfate	SYMAX	1	
HYOSCYAMINE SULFATE	SYMAX DUOTAB	3	
hyoscyamine sulfate	SYMAX-SL	1	
hyoscyamine sulfate	SYMAX-SR	1	
methscopolamine bromide	PAMINE	1	
methscopolamine bromide	PAMINE FORTE	1	
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE			
ANTICHOLINERGICS, QUATERNARY AMMONIUM			
chlordiazepoxide/clidinium br	LIBRAX	1	
GLYCOPYRROLATE	CUVPOSA	3	
glycopyrrolate	ROBINUL	1	
glycopyrrolate	ROBINUL FORTE	1	
propantheline bromide	PRO-BANTHINE	1	
ANTI-ULCER PREPARATIONS			
misoprostol	CYTOTEC	1	
sucralfate	CARAFATE (1 G) (TABLET)	1	
SUCRALFATE	CARAFATE (1 G/10 ML) (ORAL SUSP)	2	
ANTI-ULCER-H.PYLORI AGENTS			
BISMUTH/METRONID/TETRACYCLINE	PYLERA	3	
lansoprazole/amoxicilin/clarith	PREVPAC	1	QL: 112 IN 10 DAYS
OMEPRAZOLE/CLARITH/AMOXICILLIN	OMECLAMOX-PAK	3	
HISTAMINE H2-RECEPTOR INHIBITORS			
cimetidine	TAGAMET	1	
cimetidine hcl	TAGAMET	1	
famotidine	PEPCID	1	
nizatidine	AXID	1	
ranitidine hcl	ZANTAC	1	
INTESTINAL MOTILITY STIMULANTS			
metoclopramide hcl	METIZOLV ODT	1	
metoclopramide hcl	REGLAN	1	
PROTON-PUMP INHIBITORS			
DEXLANSOPRAZOLE	DEXILANT	3	ST, QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (10 MG) (SUSPDR PKT)	2	QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (2.5 MG) (SUSPDR PKT)	2	QL: 1 IN 1 DAY
esomeprazole magnesium	NEXIUM (20 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ESOMEPRAZOLE MAGNESIUM	NEXIUM (20 MG) (SUSPDR PKT)	2	QL: 1 IN 1 DAY
esomeprazole magnesium	NEXIUM (40 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (40 MG) (SUSPDR PKT)	2	QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (5 MG) (SUSPDR PKT)	2	QL: 1 IN 1 DAY
esomeprazole strontium		1	ST, QL: 4 IN 1 DAY
lansoprazole	PREVACID (15 MG) (CAPSULE DR)	1	
lansoprazole	PREVACID (15 MG) (TAB RAP DR)	1	ST
lansoprazole	PREVACID (30 MG) (CAPSULE DR)	1	
lansoprazole	PREVACID (30 MG) (TAB RAP DR)	1	ST
omeprazole	PRILOSEC	1	
OMEPRAZOLE MAGNESIUM	PRILOSEC	3	
omeprazole/sodium bicarbonate	OMEPEPI	1	ST, QL: 1 IN 1 DAY
omeprazole/sodium bicarbonate	ZEGERID	1	ST, QL: 1 IN 1 DAY
pantoprazole sodium		1	
PANTOPRAZOLE SODIUM	PROTONIX	3	ST
rabeprazole sodium	ACIPHEX	1	QL: 1 IN 1 DAY
RABEPRAZOLE SODIUM	ACIPHEX SPRINKLE	3	ST, QL: 1 IN 1 DAY
URINARY TRACT - FUNCTIONAL DISORDERS			
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
alfuzosin hcl	UROXATRAL	1	
dutasteride	AVODART	1	
finasteride	PROSCAR	1	
SILODOSIN	RAPAFLO	3	ST
tamsulosin hcl	FLOMAX	1	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB			
dutasteride/tamsulosin hcl	JALYN	1	ST
KIDNEY STONE AGENTS			
CYSTEAMINE BITARTRATE	CYSTAGON	3	
CYSTEAMINE BITARTRATE	PROCYSBI	2	PA
TIOPRONIN	THIOLA	3	
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR			
MIRABEGRON	MYRBETRIQ	2	
URINARY PH MODIFIERS			
CITRIC AC/GLUCONOLACT/MAG CARB	RENACIDIN	3	
citric acid/sodium citrate	CYTRA-2	1	
CITRIC ACID/SODIUM CITRATE	ORACIT	3	
CITRIC ACID/SODIUM CITRATE	SHOHL'S MODIFIED	3	
METHENAMINE/SOD PHOSPHATE MBAS	UROQID-ACID NO.2	3	
potassium citrate	UROCIT-K	1	
potassium citrate/citric acid	CYTRA-K	1	
POTASSIUM PHOSPHATE,MONOBASIC	K-PHOS ORIGINAL	3	
sod phos di, mono/k phos mono		1	
SOD PHOS,M-B/K PHOS,MONOB	K-PHOS NO.2	3	
sod/pot/k cit/sod cit/cit acid	CYTRA-3	1	
sod/pot/k cit/sod cit/cit acid	TRICITRATES	1	
URINARY TRACT ANALGESIC AGENTS			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2	

Drug Name		Tier	Requirements/Limits
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
phenazopyridine hcl	PYRIDIUM	1	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
darifenacin hydrobromide	ENABLEX	1	
SOLIFENACIN SUCCINATE	VESICARE	2	
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
FESOTERODINE FUMARATE	TOVIAZ	2	
flavoxate hcl	URISPAS	1	
OXYBUTYNIN	OXYTROL	3	
oxybutynin chloride	DITROPAN	1	
oxybutynin chloride	DITROPAN XL	1	
OXYBUTYNIN CHLORIDE	GELNIQUE	3	
tolterodine tartrate	DETROL	1	
tolterodine tartrate	DETROL LA	1	
tropium chloride	SANCTURA	1	
tropium chloride	SANCTURA XR	1	
VAGINAL DISORDERS			
VAGINAL ANTIBIOTICS			
CLINDAMYCIN PHOSPHATE	CLEOCIN (100 MG) (SUPP.VAG)	3	ST, QL: 3 IN 30 DAYS
clindamycin phosphate	CLEOCIN (2 %) (CREAM/APPL)	1	
CLINDAMYCIN PHOSPHATE	CLINDESSE	3	
metronidazole	METROGEL- VAGINAL	1	
METRONIDAZOLE	NUVESSA	3	
METRONIDAZOLE	VANDAZOLE	2	
VAGINAL ANTIFUNGALS			
BUTOCONAZOLE NITRATE	GYNAZOLE 1	2	
miconazole nitrate		1	
terconazole	TERAZOL 3	1	
terconazole	TERAZOL 7	1	
VAGINAL ANTISEPTICS			
ACETIC ACID/OXYQUINOLINE	FEM PH	3	
ACETIC ACID/OXYQUINOLINE	RELAGARD	3	
VAGINAL ESTROGEN PREPARATIONS			
estradiol	ESTRACE	1	
ESTRADIOL	ESTRING	3	QL: 1 IN 90 DAYS
estradiol	VAGIFEM	1	
ESTRADIOL ACETATE	FEMRING	3	QL: 1 IN 84 DAYS
ESTROGENS, CONJUGATED	PREMARIN	2	
VAGINAL SULFONAMIDES			
SULFANILAMIDE	AVC	2	
VITAMIN AND/OR MINERAL DEFICIENCY			
CALCIUM REPLACEMENT			
calcium/mag/d3/b12/fa/b6/boron		1	
FLUORIDE PREPARATIONS			
FLUORIDE (SODIUM)	CLINPRO 5000	3	
FLUORIDE (SODIUM)	FLUORABON	3	
fluoride (sodium) (0.25(0.55)) (tab chew)		0	AGE: <= 6 YEARS
fluoride (sodium) (0.5 mg/ml) (drops)		0	AGE: <= 6 YEARS
fluoride (sodium) (0.5(1.1)mg) (tab chew)		0	AGE: <= 6 YEARS
fluoride (sodium) (1.1 %) (cream (g))		1	
fluoride (sodium) (1.1 %) (gel (gram))		1	
fluoride (sodium) (1mg(2.2mg)) (tab chew)		0	AGE: <= 6 YEARS
FLUORIDE (SODIUM)	FLUORIDEX	3	

Drug Name		Tier	Requirements/Limits
FLUORIDE (SODIUM)	FLURA-DROPS	2	
FLUORIDE (SODIUM)	PHOS-FLUR	3	
FLUORIDE (SODIUM)	PREVIDENT	3	
FLUORIDE (SODIUM)	PREVIDENT 5000	3	
SODIUM FLUORIDE/POTASSIUM NIT	PREVIDENT 5000 ENAMEL PROTECT	3	
SODIUM FLUORIDE/POTASSIUM NIT	PREVIDENT 5000 SENSITIVE	3	
SODIUM FLUORIDE/VITAMIN D3	FLORIVA	3	
STANNOUS FLUORIDE	PERIOMED	3	
stannous fluoride		1	
FOLIC ACID PREPARATIONS			
FA7/PC,PE DHA/NAC/PAP/IF/MV46	PURALOR CI	3	
folic acid (0.4 mg) (tablet) (otc)		0	
folic acid (0.8 mg) (tablet) (otc)		0	
folic acid (1 mg) (tablet)		1	
folic acid (5 mg/ml) (vial)		1	
IRON/FA/DHA/EPA/FAD/NADH/MV47	ENLYTE	3	
IRON REPLACEMENT			
ferrous fum/vit c/b12/stomc		1	
ferrous fum/vit c/b12-if/folic		1	
ferrous fumarate/folic acid	HEMOCYTE-F	1	
ferrous sulfate (15 mg/ml) (drops) (otc)		0	AGE: < 1 YEAR
iron aspgly,ps/c/b12/fa/ca/suc		1	
iron aspgly/c/b12/fa/ca-th/suc		1	
IRON BG,PS/FOLIC/B,C NO.12/SUC	IROSPAN	3	
iron bg,ps/vitc/b12/fa/calcium		1	
iron fm,ps no.1/folic/mv no.18	PUREVIT DUALFE PLUS	1	
iron fm,ps no.1/folic/mv no.18	TANDEM PLUS	1	
IRON FUM, PS/FA/VIT C/L. CASEI	FUSION SPRINKLES	3	
iron fum,ag/c/b12/folic/ca/suc		1	
iron fum,ps/folic acid/vitc/b3	INTEGRA F	1	
iron fum,ps/folic/bcomp,c no.9	INTEGRA PLUS	1	
iron fum/docusat/folic/bcomp,c		1	
IRON FUM/FOLIC ACID/MV,MIN 15	CENTRATEx	3	
iron fumarate/vit c/vit b12/fa		1	
IRON HEME POLYPEPTIDE/FOLIC AC	PROFERRIN-FORTE	3	
iron polysac/iron heme/fa/b12	BIFERA RX	1	
iron ps complex/b12/folic acid		1	
IRON,CARB/FOLATE6/MV,MIN NO.41	CORVITE 150	3	
iron,carb/vit c/vit b12/folic		1	
IRON,CARBONYL/FOLIC ACID/MV-MN	ACTIVE FE	3	
IRON,FM,PS/FOLIC/B,C18/L.CASEI	FUSION PLUS	3	
iron/c/folic acid/mv cmb11/calc		1	
iron/calcium/e/folic acid/mvit		1	
IRON/FOLAT1/C/B12/BIOT/DOCUSAT	FERIVA FA	3	
iron/folate 9/vit c/d3/b6/b12		1	
IRON/FOLATE NO.6/MV,MINS NO.40	CORVITE FE	3	
IRON/FOLATE NO1/C/B12/ZINC/DSS	FERIVA 21-7	3	
iron/folic ac/vit bcomp,c/min		1	
iron/folic acid/b12/c/docusate		1	
IRON/FOLIC ACID/C/B12/BIOTIN	FERIVA	3	
iron/folic acid/c/b6/b12/zinc	CORVITE 150	1	
IRON/MFOLATE/B12/C/BIOT/ZN/DSS	MAXFE	3	
VITAMIN B PREPARATIONS			
POTASSIUM AMINO BENZOATE	POTABA	3	

Drug Name	Tier	Requirements/Limits
VITAMIN D PREPARATIONS		
calcitriol ROCALTROL	1	
cholecalciferol (vitamin d3) (1000 unit) (capsule) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (1000 unit) (tab chew) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (1000 unit) (tablet) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (2000 unit) (capsule) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (2000 unit) (tablet) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400 unit) (capsule) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400 unit) (tab chew) (otc)	0	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400 unit) (tablet) (otc)	0	AGE: >= 65 YEARS

STEP THERAPY EDITS

• ACIPHEX SPRINKLE	At least 2 prior prescriptions for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days
• ACTICLATE	Requires prior prescription for Doxycycline Monohydrate within the past 120 days
• ACTONEL (150 MG) (TABLET)	Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days
• ACTONEL (30 MG) (TABLET)	Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days
• ACTONEL (35 MG) (TABLET)	Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days
• ACTONEL (5 MG) (TABLET)	Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days
• ACTOPLUS MET	Requires prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide within the past 120 days
• ACTOPLUS MET XR	Requires prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide within the past 120 days
• ALMOTRIPTAN MALATE	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ALTOPREV	At least 2 prior prescriptions for Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days
• AMITIZA	Requires prior prescription for Linzess or Movantik within the past 120 days
• ANZEMET (100 MG) (TABLET)	Requires prior prescription for Anzemet, Ondansetron HCL, or Ondansetron within the past 120 days
• ANZEMET (50 MG) (TABLET)	Requires prior prescription for Anzemet, Ondansetron HCL, or Ondansetron within the past 120 days
• ARCAPTA NEOHALER	Requires prior prescription for Serevent Diskus or Striverdi Respimat within the past 120 days
• ASMANEX	At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days
• ASMANEX HFA	At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days
• ASTEPRO	Requires prior prescription for Azelastine HCL within the past 120 days
• ATELVIA	Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days
• AVANDIA	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• BEYAZ	At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) within the past 365 days
• BRAVELLE	Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days
• BRISDELLE	Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 DAYS
• BUPAP	Requires prior prescription for Butalbital/acetaminophen within the past 120 days
• CESAMET	Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days
• CIALIS (10 MG) (TABLET)	Requires prior prescription for Sildenafil Citrate within the past 120 days
• CIALIS (20 MG) (TABLET)	Requires prior prescription for Sildenafil Citrate within the past 120 days
• CLARINEX (2.5 MG) (TAB RAPDIS)	Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days
• CLARINEX (2.5 MG/5ML) (SYRUP)	Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days
• CLARINEX (5 MG) (TAB RAPDIS)	Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days
• CLARINEX-D 12 HOUR	Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days

Medication Prescribing Limitations

• CLEOCIN (100 MG) (SUPP.VAG)	At least 2 prior prescriptions for oral metronidazole, oral tinidazole, oral clindamycin, vaginal metronidazole gel, or vaginal clindamycin cream within the past 365 days
• CLINDAGEL	Requires prior prescription for Clindamycin Phosphate within the past 120 days
• CONDYLOX (0.5 %) (GEL (GRAM))	Requires prior prescription for Podofilox within the past 120 days
• CONZIP	Requires prior prescription for Tramadol HCL within the past 120 days
• CORDRAN (4MCG/SQ CM) (MED. TAPE)	Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
• COSOPT PF	Requires prior prescription for Dorzolamide HCL/timolol Maleat within the past 120 days
• CYCLOSET	Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet within the past 180 days
• DALIRESP	Requires prior prescription for Advair Diskus, Breo Ellipta, Dulera, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days
• DAYTRANA	Requires prior prescription for Methylphenidate HCL or Quillivant XR within the past 120 days
• DEXILANT	Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days
• DIFICID	Requires prior prescription for Vancomycin HCL within the past 120 days
• DORYX (100 MG) (TABLET DR)	Requires prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate within the past 120 days
• DORYX (150 MG) (TABLET DR)	Requires prior prescription for Doxycycline Monohydrate within the past 120 days
• DORYX (200 MG) (TABLET DR)	Requires prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate within the past 120 days
• DORYX (50 MG) (TABLET DR)	Requires prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate within the past 120 days
• DORYX (75 MG) (TABLET DR)	Requires prior prescription for Doxycycline Monohydrate within the past 120 days
• DORYX MPC	Requires prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate within the past 120 days
• DRITHOCREME HP	Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
• DUETACT	Requires prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide within the past 120 days
• DUZALLO	Requires prior prescription for Allopurinol or Uloric within the past 120 days
• DYANAVAL XR	Requires prior prescription for Dextroamphetamine Sulfate or Dextroamphetamine/amphetamine within the past 120 days
• DYMISTA	Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 365 days
• EPANED	Requires prior prescription for Enalapril Maleate within the past 120 days
• ESOMEPRAZOLE STRONTIUM	Requires prior prescription for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 120 days
• FIASP	Requires prior prescription for Admelog Solostar, Admelog, Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog within the past 120 days
• FIASP FLEXTOUCH	Requires prior prescription for Admelog Solostar, Admelog, Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog within the past 120 days
• FOLLISTIM AQ	Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days
• FORTAMET	Requires prior prescription for Metformin HCL within the past 120 days
• FROVA	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• GIAZO	Requires prior prescription for Apriso, Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
• GLYXAMBI	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• HEMANGEOL	Requires prior prescription for Propranolol HCL within the past 120 days
• INCRUSE ELLIPTA	Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days
• INDERAL XL	Requires prior prescription for Propranolol HCL within the past 120 days

Medication Prescribing Limitations

• INNOPRAN XL	Requires prior prescription for Propranolol HCL within the past 120 days
• INVOKAMET	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• INVOKAMET XR	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• INVOKANA	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• JALYN	Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL within the past 120 days
• JARDIANCE	Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• KARBINAL ER	Requires prior prescription for Carbinoxamine Maleate within the past 120 days
• KYTRIL	Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days
• LESCOL XL	At least 2 prior prescriptions for Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days
• LIDOCAINE (5 %) (OINT. (G))	Requires prior prescription for Lidocaine HCL within the past 120 days
• LO LOESTRIN FE	At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
• LUZU	Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days
• MARINOL	Requires prior prescription for Anzemet, Aprepitant, Dexamethasone Intensol, Dexamethasone, Granisetron HCL, Maxidex, Medrol, Megestrol Acetate, Methylprednisolone, Ondansetron HCL, Ondansetron, Ozurdex, Sancuso, Sustol, or Zuplenz within the past 120 days
• METHADONE HCL (10 MG) (TABLET)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (10 MG/5 ML) (SOLUTION)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (10 MG/ML) (ORAL CONC)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (10 MG/ML) (VIAL)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (40 MG) (TABLET SOL)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (5 MG) (TABLET)	Requires prior prescription for an extended-release opioid within the past 120 days
• METHADONE HCL (5 MG/5 ML) (SOLUTION)	Requires prior prescription for an extended-release opioid within the past 120 days
• MIRAPEX ER	Requires prior prescription for Pramipexole Di-HCL or Ropinirole HCL within the past 120 days
• MONODOX (75 MG) (CAPSULE)	Requires prior prescription for Doxycycline Monohydrate within the past 120 days
• MYTESI	Requires prior prescription for Antiretrovirals within the past 120 days
• NAMZARIC (14MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days
• NAMZARIC (21 MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days
• NAMZARIC (28 MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days
• NAMZARIC (7 MG-10 MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days
• NAMZARIC (7-10/14-10) (CAP24 DSPK)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days
• NATAZIA	At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
• NEO-SYNALAR	At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, or Retisert within the past 365 days
• NEUPRO	Requires prior prescription for Pramipexole Di-HCL or Ropinirole HCL within the past 120 days
• NIASPAN	Requires prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide within the past 365 days

Medication Prescribing Limitations

• NICOTROL	Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days
• NICOTROL NS	Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days
• OBREDON	Requires prior prescription for Hydrocodone Bit/homatrop Me-br within the past 120 days
• OMEPPI	Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days
• ORACEA	Requires prior prescription for Doxycycline Monohydrate within the past 120 days
• ORBIVAN CF	Requires prior prescription for Butalbital/acetaminophen within the past 120 days
• OVACE PLUS (9.8 %) (LOTION)	Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
• PATANASE	Requires prior prescription for Azelastine HCL within the past 120 days
• PRADAXA	Requires prior prescriptions for Eliquis and Xarelto within the past 365 days
• PREVACID (15 MG) (TAB RAP DR)	Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
• PREVACID (30 MG) (TAB RAP DR)	Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
• PROTONIX	Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
• PULMICORT FLEXHALER	At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days
• PURIXAN	Requires prior prescription for Mercaptopurine within the past 120 days
• QBRELIS	Requires prior prescription for Lisinopril within the past 120 days
• RAPAFLO	Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL within the past 120 days
• RELPAX	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• REQUIP XL	Requires prior prescription for Pramipexole Di-HCL or Ropinirole HCL within the past 120 days
• REVATIO (10 MG/ML) (SUSP RECON)	Requires prior prescription for Sildenafil Citrate within the past 120 days
• RHOPRESSA	At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z within the past 365 days
• RIBAVIRIN (200-400 MG) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (200-400(7)) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (400 MG) (TABLET)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (400-400 MG) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (400-400(7)) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (600 MG) (TABLET)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (600-400 MG) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (600-400(7)) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (600-600 MG) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RIBAVIRIN (600-600(7)) (TAB DS PK)	Requires prior prescription for Ribavirin within the past 120 days
• RYTARY	Requires prior prescription for Carbidopa/levodopa within the past 120 days
• SAFYRAL	At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) within the past 365 days
• SANCUSO	Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days
• SAVAYSA	Requires prior prescriptions for Eliquis and Xarelto within the past 365 days
• SERNIVO	Requires prior prescription for Triamcinolone Acetonide within the past 120 days
• SIVEXTRO	Requires prior prescription for Linezolid (600mg tablets) within the past 120 days
• SOLIQUA 100-33	At least 2 prior prescriptions for metformin (IR/ER), a sulfonylurea, pioglitazone, or a combination product containing any of the previous agents AND one of the following: preferred basal insulin or preferred GLP (Lantus/Toujeo or Victoza/Trulicity) within the past 365 days
• SOLOSEC	At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days
• SOOLANTRA	Requires prior prescription for Finacea within the past 120 days
• SORILUX	Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
• SOTYLIZE (5 MG/ML) (SOLUTION)	Requires prior prescription for Sotalol HCL within the past 120 days

Medication Prescribing Limitations

• SUMAVEL DOSEPRO (4 MG/0.5ML) (NDL FR INJ)	Requires prior prescription for Alsuma, Sumatriptan Succinate, or Sumatriptan within the past 180 days
• SUMAVEL DOSEPRO (6 MG/0.5ML) (NDL FR INJ)	Requires prior prescription for Alsuma, Sumatriptan Succinate, or Sumatriptan within the past 180 days
• SYNDROS	Requires prior prescription for Dronabinol or Megestrol Acetate within the past 120 days
• SYNJARDY	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• SYNJARDY XR (10-1000 MG) (TAB BP 24H)	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• SYNJARDY XR (12.5-1000) (TAB BP 24H)	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• SYNJARDY XR (25-1000 MG) (TAB BP 24H)	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• TARGADOX	Requires prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate within the past 120 days
• TASMAR	Requires prior prescription for Entacapone within the past 120 days
• TAYTULLA	At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
• TIMOPTIC OCUDOSE	Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days
• TOPICORT (0.25 %) (SPRAY)	Requires prior prescription for Betamethasone Dipropionate, Desoximetasone, Fluocinonide, or Mometasone Furoate within the past 120 days
• TRULICITY	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• TUZISTRA XR	Requires prior prescription for Promethazine HCL/codeine within the past 120 days
• UCERIS	Requires prior prescription for Balsalazide Disodium within the past 120 days
• UCERIS	Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
• ULORIC	Requires prior prescription for Allopurinol or Uloric within the past 120 days
• VEMLIDY	Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days
• VICTOZA 2-PAK	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• VICTOZA 3-PAK	Requires prior prescription for metformin (IR/ER), a sulfonyleurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
• VYTORIN (10 MG-80MG) (TABLET)	Requires prior prescription for Simvastatin within the past 365 days
• VYZULTA	At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z within the past 365 days
• XADAGO	Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days
• XATMEP	Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days
• XULTOPHY 100-3.6	At least 2 prior prescriptions for metformin (IR/ER), a sulfonyleurea, pioglitazone, or a combination product containing any of the previous agents AND one of the following: preferred basal insulin or preferred GLP (Lantus/Toujeo or Victoza/Trulicity) within the past 365 days
• XYZAL (2.5 MG/5ML) (SOLUTION)	Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days
• YASMIN 28	At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinodiol ace.) within the past 365 days

Medication Prescribing Limitations

• YAZ	At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) within the past 365 days
• ZEGERID	Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days
• ZENZEDI (2.5 MG) (TABLET)	Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days
• ZENZEDI (7.5 MG) (TABLET)	Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days
• ZIOPTAN	At least 2 prior prescriptions for Latanoprost, Lumigan, or Travatan Z within the past 365 days
• ZITHRANOL	Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
• ZOCOR (80 MG) (TABLET)	Requires prior prescription for Ezetimibe/simvastatin within the past 365 days
• ZOMIG (2.5 MG) (SPRAY)	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ZOMIG (2.5 MG) (TABLET)	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ZOMIG (5 MG) (SPRAY)	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ZOMIG (5 MG) (TABLET)	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ZOMIG ZMT	Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days
• ZURAMPIC	Requires prior prescription for Allopurinol or Uloric within the past 120 days
• ZYPITAMAG	Requires prior prescription for Livalo within the past 120 days

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