

MetroPlus Health Plan

2016-2017 GoldCare Formulary

(Prescription Drug Guide)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 6/1/2017. For more recent information or other questions, please contact MetroPlus Health Plan Member Services, at 1-877-475-3795 (TTY: 711), 8am-8pm, Monday-Saturday, or visit www.metroplus.org.

This document includes list of the drugs for our plan. For an updated formulary, please contact us.

You must use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the MetroPlus Health Plan Formulary?

A formulary is a list of covered drugs selected by MetroPlus Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MetroPlus Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MetroPlus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Certificate of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by MetroPlus Health Plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

MetroPlus GoldCare Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by MetroPlus Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DURAMORPH) and generic drugs are listed in lower-case italics (e.g., *endocet*).

The information in the Requirements/Limits column tells you if MetroPlus Health Plan has any special requirements for coverage of your drug.

- **PA:** MetroPlus requires your physician to get prior authorization for certain drugs. This means you will need to get approval from MetroPlus before you fill your prescriptions. If you don't get approval, MetroPlus may not cover the drug.
- **ST:** In some cases, MetroPlus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MetroPlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MetroPlus will then cover Drug B.
- **PA**:** If you do not go through the step therapy process, prior authorization is required for this drug.
- **QL:** For certain drugs, MetroPlus limits the amount of the drug that MetroPlus will cover. For example, MetroPlus provides one unit per day per prescription for pantoprazole. This may be in addition to a standard one month or three month supply.
- **OTC:** This drug is not available over the counter.

EXCH_CVSC 3T NY4 STND eff 06/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	3	ST; PA**
ULORIC TAB 80MG	3	ST; PA**
NON-OPIOID ANALGESICS§		
<i>alagesic lq sol</i>	1	QL (720 mL / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-aspirin-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>margesic cap</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs per 25 days)
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab sr 24hr 400 mg</i>	1	
<i>etodolac tab sr 24hr 500 mg</i>	1	
<i>etodolac tab sr 24hr 600 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap sr 24hr 200 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 300 mg/10ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

OPIOID AGONIST/ANTAGONISTS

<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
SUBOXONE MIS 2-0.5MG	2	QL (90 units / 25 days)
SUBOXONE MIS 4-1MG	2	QL (90 units / 25 days)
SUBOXONE MIS 8-2MG	2	QL (90 units / 25 days)
SUBOXONE MIS 12-3MG	2	QL (60 units / 25 days)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (5000 mL / 25 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (400 tabs / 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (400 tabs / 25 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
CAPITAL/COD SUS 120-12/5	3	QL (5000 mL / 25 days)
CODEINE SULF SOL 30MG/5ML	2	QL (210 mL / 25 days)
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs / 25 days)
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 25 days)
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs / 25 days)
EMBEDA CAP 20-0.8MG	3	QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	3	QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	3	QL (60 caps / 25 days)
EMBEDA CAP 60-2.4MG	3	QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	3	QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	3	QL (30 caps / 25 days)
<i>endocet tab 2.5-325</i>	1	QL (375 tabs / 25 days)
<i>endocet tab 5-325mg</i>	1	QL (375 tabs / 25 days)
<i>endocet tab 7.5-325</i>	1	QL (375 tabs / 25 days)
<i>endocet tab 10-325mg</i>	1	QL (375 tabs / 25 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	QL (120 lozenges / 25 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches / 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5540 mL / 25 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (5540 mL / 25 days)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (400 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (400 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (400 tabs / 25 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (375 tabs / 25 days)
HYDROMORPHON SUP 3MG	3	QL (120 units / 25 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL / 25 days)
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (180 tabs / 25 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (180 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tablets per 25 days)
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	QL (30 tablets per 25 days)
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>lortab tab 10-325mg</i>	1	QL (375 tabs / 25 days)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (600 mL / 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 mL / 25 days)
<i>methadone hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>methadone hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
MORPHINE SUL SUP 30MG	2	QL (180 supp / 25 days)
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	1	QL (30 caps / 25 days)
<i>morphine sulfate beads cap sr 24hr 90 mg</i>	1	QL (30 caps / 25 days)
<i>morphine sulfate beads cap sr 24hr 120 mg</i>	1	QL (30 caps / 25 days)
<i>morphine sulfate cap sr 24hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 30 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 50 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 60 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 80 mg</i>	1	QL (60 caps / 25 days)
<i>morphine sulfate cap sr 24hr 100 mg</i>	1	QL (30 caps / 25 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (180 mL / 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supp / 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supp / 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	QL (180 supp / 25 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 25 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (180 tabs / 25 days)
<i>morphine sulfate tab cr 15 mg</i>	1	QL (120 tabs / 25 days)
<i>morphine sulfate tab cr 30 mg</i>	1	QL (120 tabs / 25 days)
<i>morphine sulfate tab cr 60 mg</i>	1	QL (120 tabs / 25 days)
<i>morphine sulfate tab cr 100 mg</i>	1	QL (60 tabs / 25 days)
<i>morphine sulfate tab cr 200 mg</i>	1	QL (60 tabs / 25 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	QL (120 tabs / 25 days)
NUCYNTA ER TAB 100MG	2	QL (120 tabs / 25 days)
NUCYNTA ER TAB 150MG	2	QL (60 tabs / 25 days)
NUCYNTA ER TAB 200MG	2	QL (60 tabs / 25 days)
NUCYNTA ER TAB 250MG	2	QL (60 tabs / 25 days)
NUCYNTA TAB 50MG	2	QL (360 tabs / 25 days)
NUCYNTA TAB 75MG	2	QL (240 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG	2	QL (180 tabs / 25 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (180 mL / 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (120 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (120 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (120 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (120 tabs / 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (120 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (60 tabs / 25 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1850 mL / 25 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (375 tabs / 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (375 tabs / 25 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (375 tabs / 25 days)
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs / 25 days)
OXYCONTIN TAB 10MG CR	2	QL (120 tabs / 25 days)
OXYCONTIN TAB 15MG CR	2	QL (120 tabs / 25 days)
OXYCONTIN TAB 20MG CR	2	QL (120 tabs / 25 days)
OXYCONTIN TAB 30MG CR	2	QL (120 tabs / 25 days)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs / 25 days)
OXYCONTIN TAB 60MG CR	2	QL (60 tabs / 25 days)
OXYCONTIN TAB 80MG CR	2	QL (60 tabs / 25 days)
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 5 mg</i>	1	QL (120 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 10 mg</i>	1	QL (120 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 15 mg</i>	1	QL (120 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 20 mg</i>	1	QL (120 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 30 mg</i>	1	QL (60 tabs / 25 days)
<i>oxymorphone hcl tab sr 12hr 40 mg</i>	1	QL (60 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
PRIMLEV TAB 5-300MG	3	QL (400 tabs / 25 days)
PRIMLEV TAB 7.5-300	3	QL (400 tabs / 25 days)
PRIMLEV TAB 10-300MG	3	QL (400 tabs / 25 days)
<i>roxicet tab 5-325mg</i>	1	QL (375 tabs / 25 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 25 days)
<i>tramadol hcl tab sr 24hr 100 mg</i>	1	QL (90 tabs / 25 days)
<i>tramadol hcl tab sr 24hr 200 mg</i>	1	QL (30 tabs / 25 days)
<i>tramadol hcl tab sr 24hr 300 mg</i>	1	QL (30 tabs / 25 days)
<i>vicodin es tab 7.5-300</i>	1	QL (400 tabs / 25 days)
<i>vicodin hp tab 10-300mg</i>	1	QL (400 tabs / 25 days)
<i>vicodin tab 5-300mg</i>	1	QL (400 tabs / 25 days)
<i>xylon tab 10-200mg</i>	1	QL (50 tabs per 25 days)

OPIOID PARTIAL AGONISTS§

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs/25 days; 21 tabs/75 days Induction Therapy), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs/25 days; 21 tabs/75 days Induction Therapy), PA

SALICYLATES

<i>aspirin chew tab 81 mg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>aspirin low tab 81mg ec</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab 81 mg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
ST JOSEPH CHW 75MG ADU	0	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>e.s.p. sus 200-600</i>	1	
KETEK TAB 300MG	3	
KETEK TAB 400MG	3	
MONUROL PAK GRANULES	3	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INJ 250MG	3	
VIBATIV INJ 750MG	3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	2	
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	3	PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
CUBICIN SOL 500MG	3	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
DARAPRIM TAB 25MG	3	
DORIBAX INJ 250MG	3	
DORIBAX INJ 500MG	3	
<i>doripenem for iv infusion 250 mg</i>	1	
<i>doripenem for iv infusion 500 mg</i>	1	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
PENTAM 300 INJ 300MG	3	
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg</i>	1	ST; PA**
<i>vancomycin hcl cap 250 mg</i>	1	ST; PA**
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

ABELCET INJ 5MG/ML	3	
AMPHOTEC INJ 50MG	3	
AMPHOTEC INJ 100MG	3	
<i>amphotericin b for inj 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
CRESEMBA CAP 186 MG	3	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
<i>nystatin oral powder</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tab 500000 unit</i>	1	
SPORANOX SOL 10MG/ML	2	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
<i>quinine sulfate tab 260 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EDURANT TAB 25MG	2	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
FUZEON INJ 90MG	3	
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TAB 700MG	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab sr 24hr 100 mg</i>	1	
<i>nevirapine tab sr 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 400MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ CAP 100MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TYBOST TAB 150MG	2	
VIDEX SOL 2GM	2	
VIDEX SOL 4GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 300MG	2	
VITEKTA TAB 85MG	2	
VITEKTA TAB 150MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	2	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
ATRIPLA TAB	2	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EPZICOM TAB 600-300	2	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
TRIUMEQ TAB	2	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	
ANTITUBERCULAR AGENTS		
CAPASTAT SUL INJ 1GM	2	
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS§

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL .05MG/ML	2	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA TAB 400-100	3	PA
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>foscarnet sodium inj 24 mg/ml</i>	1	
HARVONI TAB 90-400MG	3	PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
PEGASYS INJ PROCLICK	3	PA
PEGASYS KIT	3	PA
REBETOL SOL 40MG/ML	3	PA
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
<i>ribasphere tab 400mg</i>	1	PA
<i>ribasphere tab 600mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 400MG	3	PA
TAMIFLU CAP 30MG	2	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	2	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	2	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	2	QL (180 mL / 90 days)
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2GM	3	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for inj 2 gm</i>	1	
CEFTAZIDIME INJ 100GM	3	
CEFTIN SUS 125/5ML	2	
CEFTIN SUS 250/5ML	2	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
FORTAZ INJ 500MG	3	
MAXIPIME INJ 1GM	3	
MAXIPIME INJ 2GM	3	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
SUPRAX TAB 400MG	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab sr 24hr 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML	2	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYPED SUS 200/5ML	2	
ERYPED SUS 400/5ML	2	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FLUOROQUINOLONES

<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 1 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab sr 24hr 45 mg</i>	1	
<i>minocycline hcl tab sr 24hr 90 mg</i>	1	
<i>minocycline hcl tab sr 24hr 135 mg</i>	1	
<i>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN TAB 2MG	2	
BICNU INJ 100MG	2	
<i>busulfan inj 6 mg/ml</i>	1	
BUSULFEX INJ 6MG/ML	2	
CYCLOPHOSPH CAP 25MG	2	
CYCLOPHOSPH CAP 50MG	2	
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	
<i>cyclophosphamide tab 25 mg</i>	1	
<i>cyclophosphamide tab 50 mg</i>	1	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
EMCYT CAP 140MG	2	
GLEOSTINE CAP 5MG	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	2	

Drug Name	Drug Tier	Requirements/Limits
MYLERAN TAB 2MG	2	
TEMODAR INJ 100MG	3	PA
<i>temozolomide cap 5 mg</i>	3	PA
<i>temozolomide cap 20 mg</i>	3	PA
<i>temozolomide cap 100 mg</i>	3	PA
<i>temozolomide cap 140 mg</i>	3	PA
<i>temozolomide cap 180 mg</i>	3	PA
<i>temozolomide cap 250 mg</i>	3	PA
ZANOSAR INJ 1GM	2	
ANTHRACYCLINES		
<i>adriamycin inj 10mg</i>	1	
ADRIAMYCIN INJ 20MG	2	
<i>daunorubicin hcl for inj 20 mg</i>	1	
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	
DAUNOXOME INJ 2MG/ML	2	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	
EPIRUBICIN INJ 50MG	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>lipodox 50 inj 2mg/ml</i>	1	
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	1	
<i>adrucil inj 500/10ml</i>	1	
ALIMTA INJ 100MG	2	
ALIMTA INJ 500MG	2	
ARRANON INJ 5MG/ML	2	
<i>azacitidine for inj 100 mg</i>	3	PA
<i>capecitabine tab 150 mg</i>	3	PA
<i>capecitabine tab 500 mg</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
CLOLAR INJ 1MG/ML	2	
<i>cytarabine for inj 1 gm</i>	1	
<i>cytarabine for inj 100 mg</i>	1	
<i>cytarabine for inj 500 mg</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	3	PA
DEPOCYT INJ 50MG/5ML	2	
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	1	
<i>gemcitabine hcl for inj 2 gm</i>	1	
<i>gemcitabine hcl for inj 200 mg</i>	1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
DOCEFREZ INJ 20MG	2	
DOCEFREZ INJ 80MG	2	
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 20MG/2ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ 80MG/8ML	2	
DOCETAXEL INJ 140/7ML	2	
DOCETAXEL INJ 160/8ML	2	
DOCETAXEL INJ 160/16ML	2	
DOCETAXEL INJ 200MG/20	2	
DOCETAXEL INJ NON-ALCO	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE INJ 10MG	2	
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincasar pfs inj 1mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	3	PA
ERBITUX INJ 200MG	3	PA
ERIVEDGE CAP 150MG	3	PA
FARYDAK CAP 10MG	3	PA
FARYDAK CAP 15MG	3	PA
FARYDAK CAP 20MG	3	PA
GAZYVA INJ 25MG/ML	3	PA
IBRANCE CAP 75MG	3	PA
IBRANCE CAP 100MG	3	PA
IBRANCE CAP 125MG	3	PA
KADCYLA INJ 100MG	3	PA
KADCYLA INJ 160MG	3	PA
KEYTRUDA INJ 100MG/4M	3	PA
KEYTRUDA SOL 50MG	3	PA
LYNPARZA CAP 50MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
RITUXAN INJ 100MG	3	PA
RITUXAN INJ 500MG	3	PA
TORISEL SOL 25MG/ML	3	PA
YERVOY INJ 50MG	3	PA
YERVOY INJ 200MG	3	PA
ZOLINZA CAP 100MG	3	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	
FASLODEX INJ 250MG	2	
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG	3	PA
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	PA
LUPR DEP-PED INJ 3M 30MG	3	PA
LUPR DEP-PED INJ 7.5MG	3	PA
LUPR DEP-PED INJ 11.25MG	3	PA
LUPR DEP-PED INJ 15MG	3	PA
LUPRON DEPOT INJ 3.75MG	3	PA
LUPRON DEPOT INJ 7.5MG	3	PA
LUPRON DEPOT INJ 11.25MG	3	PA
LUPRON DEPOT INJ 22.5MG	3	PA
LUPRON DEPOT INJ 30MG	3	PA
LUPRON DEPOT INJ 45MG	3	PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
ZYTIGA TAB 250MG	3	PA

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	3	PA
AFINITOR DIS TAB 3MG	3	PA
AFINITOR DIS TAB 5MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TAB 2.5MG	3	PA
AFINITOR TAB 5MG	3	PA
AFINITOR TAB 7.5MG	3	PA
AFINITOR TAB 10MG	3	PA
BOSULIF TAB 100MG	3	PA
BOSULIF TAB 500MG	3	PA
CAPRELSA TAB 100MG	3	PA
CAPRELSA TAB 300MG	3	PA
COMETRIQ KIT 60MG	3	PA
COMETRIQ KIT 100MG	3	PA
COMETRIQ KIT 140MG	3	PA
ICLUSIG TAB 15MG	3	PA
ICLUSIG TAB 45MG	3	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	3	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	3	PA
IMBRUVICA CAP 140MG	3	PA
INLYTA TAB 1MG	3	PA
INLYTA TAB 5MG	3	PA
JAKAFI TAB 5MG	3	PA
JAKAFI TAB 10MG	3	PA
JAKAFI TAB 15MG	3	PA
JAKAFI TAB 20MG	3	PA
JAKAFI TAB 25MG	3	PA
LENVIMA CAP 8 MG	3	PA
LENVIMA CAP 10 MG	3	PA
LENVIMA CAP 14 MG	3	PA
LENVIMA CAP 18 MG	3	PA
LENVIMA CAP 20 MG	3	PA
LENVIMA CAP 24 MG	3	PA
MEKINIST TAB 0.5MG	3	PA
MEKINIST TAB 2MG	3	PA
NEXAVAR TAB 200MG	3	PA
SPRYCEL TAB 20MG	3	PA
SPRYCEL TAB 50MG	3	PA
SPRYCEL TAB 70MG	3	PA
SPRYCEL TAB 80MG	3	PA
SPRYCEL TAB 100MG	3	PA
SPRYCEL TAB 140MG	3	PA
STIVARGA TAB 40MG	3	PA
SUTENT CAP 12.5MG	3	PA
SUTENT CAP 25MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 37.5MG	3	PA
SUTENT CAP 50MG	3	PA
TAFINLAR CAP 50MG	3	PA
TAFINLAR CAP 75MG	3	PA
TARCEVA TAB 25MG	3	PA
TARCEVA TAB 100MG	3	PA
TARCEVA TAB 150MG	3	PA
TYKERB TAB 250MG	3	PA
VOTRIENT TAB 200MG	3	PA
XALKORI CAP 200MG	3	PA
XALKORI CAP 250MG	3	PA
ZELBORAF TAB 240MG	3	PA
ZYDELIG TAB 100MG	3	PA
ZYDELIG TAB 150MG	3	PA
ZYKADIA CAP 150MG	3	PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	3	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
<i>ifosfamide & mesna inj kit 1000-1000 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	PA
ONCASPAR INJ 750/ML	3	PA
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ	2	
THERACYS INJ	2	
TICE BCG INJ	2	
<i>tretinoin cap 10 mg</i>	1	
TRISENOX SOL 10MG/10M	2	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	

PLATINUM-BASED AGENTS

<i>carboplatin iv for inj 150 mg</i>	1	
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
ELOXATIN INJ 200MG	2	
<i>oxaliplatin for iv inj 50 mg</i>	1	
<i>oxaliplatin for iv inj 100 mg</i>	1	
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	

PROTECTIVE AGENTS

<i>amifostine for inj 500 mg</i>	1	
<i>dexrazoxane for inj 250 mg</i>	1	
<i>dexrazoxane for inj 500 mg</i>	1	
KEPIVANCE INJ 6.25MG	2	
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	
MESNEX TAB 400MG	2	

TOPOISOMERASE INHIBITORS

CAMPTOSAR INJ 300/15ML	2	
ETOPOPHOS INJ 100MG	2	
<i>etoposide cap 50 mg</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
HYCAMTIN CAP 0.25MG	3	PA
HYCAMTIN CAP 1MG	3	PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	1	
TENIPOSIDE INJ 50MG/5ML	2	
<i>toposar inj 20mg/ml</i>	1	
<i>toposar inj 100/5ml</i>	1	
<i>topotecan hcl for inj 4 mg</i>	1	
TOPOTECAN INJ 4MG/4ML	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	3	PA
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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 50MG	3	PA
VENCLEXTA TAB 100MG	3	PA
VENCLEXTA TAB START PK	3	PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>		
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>		
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab cr 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab cr 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab cr 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab cr 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.51 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.51 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR TAB 5MG	3	ST; PA**
BENICAR TAB 20MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
BENICAR TAB 40MG	3	ST; PA**
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>procainamide hcl inj 100 mg/ml</i>	1	
PROCAINAMIDE INJ 500MG/ML	3	
<i>propafenone hcl cap sr 12hr 225 mg</i>	1	
<i>propafenone hcl cap sr 12hr 325 mg</i>	1	
<i>propafenone hcl cap sr 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
VYTORIN TAB 10-10MG	2	
VYTORIN TAB 10-20MG	2	
VYTORIN TAB 10-40MG	2	
VYTORIN TAB 10-80MG	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg</i>	1	
<i>fluvastatin sodium cap 40 mg</i>	1	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab cr 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	PA
REPATHA PUSH INJ 420/3.5	3	PA
REPATHA SURE INJ 140MG/ML	3	PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
LEVATOL TAB 20MG	3	
<i>metoprolol succinate tab sr 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab sr 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab sr 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap sr1 24hr 300 mg</i>		
<i>diltiazem hcl extended release beads cap sr1 24hr 360 mg</i>		
<i>diltiazem hcl extended release beads cap sr1 24hr 420 mg</i>		
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab sr 24hr 2.5 mg</i>	1	
<i>felodipine tab sr 24hr 5 mg</i>	1	
<i>felodipine tab sr 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedical xl tab 30mg</i>	1	
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab sr 24hr 30 mg</i>	1	
<i>nifedipine tab sr 24hr 60 mg</i>	1	
<i>nifedipine tab sr 24hr 90 mg</i>	1	
<i>nifedipine tab sr 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab sr 24hr 8.5 mg</i>	1	
<i>nisoldipine tab sr 24hr 17 mg</i>	1	
<i>nisoldipine tab sr 24hr 20 mg</i>	1	
<i>nisoldipine tab sr 24hr 25.5 mg</i>	1	
<i>nisoldipine tab sr 24hr 30 mg</i>	1	
<i>nisoldipine tab sr 24hr 34 mg</i>	1	
<i>nisoldipine tab sr 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap sr 24hr 100 mg</i>	1	
<i>verapamil hcl cap sr 24hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap sr 24hr 180 mg</i>	1	
<i>verapamil hcl cap sr 24hr 200 mg</i>	1	
<i>verapamil hcl cap sr 24hr 240 mg</i>	1	
<i>verapamil hcl cap sr 24hr 300 mg</i>	1	
<i>verapamil hcl cap sr 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab cr 120 mg</i>	1	
<i>verapamil hcl tab cr 180 mg</i>	1	
<i>verapamil hcl tab cr 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA TAB 150MG	3	ST; PA**
TEKTURNA TAB 300MG	3	ST; PA**
<i>DIURETICS</i>		
<i>acetazolamide cap sr 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>chlorthalidone tab 100 mg</i>	1	
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
FUROSEMIDE ORAL SOLN 8 MG/ML	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	2	ST; PA**
RANEXA TAB 1000MG	2	ST; PA**
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	
NITRATES		
<i>isoditrate tab 40mg er</i>	1	
ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab cr 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitro-time cap 9mg cr</i>	1	
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROSTAT SUB 0.3MG	2	
NITROSTAT SUB 0.4MG	2	
NITROSTAT SUB 0.6MG	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TAB 20MG	3	PA, ST
ADEMPAS TAB 0.5MG	3	PA
ADEMPAS TAB 1.5MG	3	PA
ADEMPAS TAB 1MG	3	PA
ADEMPAS TAB 2.5MG	3	PA
ADEMPAS TAB 2MG	3	PA
<i>epoprostenol sodium for inj 0.5 mg</i>	3	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	3	PA
LETAIRIS TAB 5MG	3	PA
LETAIRIS TAB 10MG	3	PA
ORENITRAM TAB 0.25MG	3	PA
ORENITRAM TAB 0.125MG	3	PA
ORENITRAM TAB 1MG	3	PA
ORENITRAM TAB 2.5MG	3	PA
REMODULIN INJ 1MG/ML	3	PA
REMODULIN INJ 2.5MG/ML	3	PA
REMODULIN INJ 5MG/ML	3	PA
REMODULIN INJ 10MG/ML	3	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	3	PA
<i>sildenafil citrate tab 20 mg</i>	3	PA
TRACLEER TAB 62.5MG	3	PA
TRACLEER TAB 125MG	3	PA
TYVASO START SOL 0.6MG/ML	3	PA
UPTRAVI TAB 200/800	3	PA
UPTRAVI TAB 200MCG	3	PA
UPTRAVI TAB 400MCG	3	PA
UPTRAVI TAB 600MCG	3	PA
UPTRAVI TAB 800MCG	3	PA
UPTRAVI TAB 1000MCG	3	PA
UPTRAVI TAB 1200MCG	3	PA
UPTRAVI TAB 1400MCG	3	PA
UPTRAVI TAB 1600MCG	3	PA
VENTAVIS SOL 10MCG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS SOL 20MCG/ML	3	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY§

ALPRAZOLAM CON 1 MG/ML	2	QL (120 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)

ANTI-CONVULSANTS§

APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
<i>carbamazepine cap sr 12hr 100 mg</i>	1	
<i>carbamazepine cap sr 12hr 200 mg</i>	1	
<i>carbamazepine cap sr 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 100 mg</i>	1	
<i>carbamazepine tab sr 12hr 200 mg</i>	1	
<i>carbamazepine tab sr 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABITRIL TAB 12MG	2	
GABITRIL TAB 16MG	2	
LAMICTAL CHW 2MG	2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disp 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disp 25 mg (21) & 50 mg (7) titration kit</i>	1	
<i>lamotrigine tab disp 50 mg (42) & 100 mg (14) titration kit</i>	1	
<i>lamotrigine tab sr 24hr 25 mg</i>	1	
<i>lamotrigine tab sr 24hr 50 mg</i>	1	
<i>lamotrigine tab sr 24hr 100 mg</i>	1	
<i>lamotrigine tab sr 24hr 200 mg</i>	1	
<i>lamotrigine tab sr 24hr 250 mg</i>	1	
<i>lamotrigine tab sr 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab sr 24hr 500 mg</i>	1	
<i>levetiracetam tab sr 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	ST; PA**
LYRICA CAP 50MG	3	ST; PA**
LYRICA CAP 75MG	3	ST; PA**
LYRICA CAP 100MG	3	ST; PA**
LYRICA CAP 150MG	3	ST; PA**
LYRICA CAP 200MG	3	ST; PA**
LYRICA CAP 225MG	3	ST; PA**
LYRICA CAP 300MG	3	ST; PA**
LYRICA SOL 20MG/ML	3	ST; PA**
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 5MG	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	3	PA
POTIGA TAB 200MG	3	PA
POTIGA TAB 300MG	3	PA
POTIGA TAB 400MG	3	PA
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL POW 500MG	3	PA
SABRIL TAB 500MG	3	PA
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
EXELON SOL 2MG/ML	2	PA
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 7MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 14MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 21MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP 28MG	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 3 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 4.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 6 mg</i>	1	PA
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	Members 65 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	Members 65 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	Members 65 and older subject to PA
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 100 mg</i>	1	
<i>bupropion hcl tab sr 12hr 150 mg</i>	1	
<i>bupropion hcl tab sr 12hr 200 mg</i>	1	
<i>bupropion hcl tab sr 24hr 150 mg</i>	1	
<i>bupropion hcl tab sr 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine tab sr 24hr 50 mg</i>	1	(generic of Khedezla)
<i>desvenlafaxine tab sr 24hr 100 mg</i>	1	(generic of Khedezla)
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl cap 20 mg</i>	1	
<i>duloxetine hcl cap 30 mg</i>	1	
<i>duloxetine hcl cap 60 mg</i>	1	
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	Members 65 and older subject to PA
<i>imipramine pamoate cap 150 mg</i>	1	Members 65 and older subject to PA
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	Members 65 and older subject to PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1	
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
<i>venlafaxine hcl tab sr 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab sr 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab sr 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT	3	ST; PA**
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA
AZILECT TAB 0.5MG	2	
AZILECT TAB 1MG	2	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab sr 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

ANTIPSYCHOTICS

<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
FANAPT PAK	3	ST; PA**
FANAPT TAB 1MG	3	ST; PA**
FANAPT TAB 2MG	3	ST; PA**
FANAPT TAB 4MG	3	ST; PA**
FANAPT TAB 6MG	3	ST; PA**
FANAPT TAB 8MG	3	ST; PA**
FANAPT TAB 10MG	3	ST; PA**
FANAPT TAB 12MG	3	ST; PA**
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
NUPLAZID TAB 17MG	3	PA
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab sr 24hr 1.5 mg</i>	1	
<i>paliperidone tab sr 24hr 3 mg</i>	1	
<i>paliperidone tab sr 24hr 6 mg</i>	1	
<i>paliperidone tab sr 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab sr 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab sr 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab sr 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab sr 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab sr 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
SEROQUEL XR TAB 50MG	2	ST; PA**
SEROQUEL XR TAB 150MG	2	ST; PA**
SEROQUEL XR TAB 200MG	2	ST; PA**
SEROQUEL XR TAB 300MG	2	ST; PA**
SEROQUEL XR TAB 400MG	2	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 1 mg</i>	1	
<i>trifluoperazine hcl tab 2 mg</i>	1	
<i>trifluoperazine hcl tab 5 mg</i>	1	
<i>trifluoperazine hcl tab 10 mg</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap sr 24 hr 35 mg</i>	1	QL (30 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap sr 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap cr 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap cr 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap cr 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap cr 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap cr 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap cr 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap sr 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap sr 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap sr 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap sr 24hr 60 mg (la)</i>	1	QL (30 capsules per 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab cr 10 mg</i>	1	QL (90 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab cr 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab sa osm 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sa osm 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sa osm 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sa osm 54 mg</i>	1	QL (30 tabs / 25 days)
<i>methylphenidate hcl tab sr 24hr 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sr 24hr 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sr 24hr 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab sr 24hr 54 mg</i>	1	QL (30 tabs / 25 days)
STRATTERA CAP 10MG	2	
STRATTERA CAP 18MG	2	
STRATTERA CAP 25MG	2	
STRATTERA CAP 40MG	2	
STRATTERA CAP 60MG	2	
STRATTERA CAP 80MG	2	
STRATTERA CAP 100MG	2	
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ROZEREM TAB 8MG	3	QL (15 tabs / 25 days), ST; PA**
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab cr 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab cr 12.5 mg</i>	1	QL (15 tabs / 25 days)

MIGRAINES

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)
CAFERGOT TAB 1-100MG	2	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 units per 25 days)
ERGOMAR SUB 2MG	3	ST; PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
RELPAK TAB 20MG	3	QL (12 tabs / 25 days), ST; PA**
RELPAK TAB 40MG	3	QL (12 tabs / 25 days), ST; PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials per 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap sr 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap sr 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab cr 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab cr 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
MESTINON SYP 60MG/5ML	2	
NUEDEXTA CAP 20-10MG	2	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab cr 180 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
<i>tetrabenazine tab 12.5 mg</i>	3	PA
<i>tetrabenazine tab 25 mg</i>	3	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA
AUBAGIO TAB 7MG	2	PA
AUBAGIO TAB 14MG	2	PA
BETASERON INJ 0.3MG	2	PA
COPAXONE INJ 40MG/ML	2	PA
GILENYA CAP 0.5MG	2	PA
<i>glatiramer acetate soln prefilled syringe 20 2 mg/ml</i>	2	PA
PLEGRIDY INJ	3	PA, ST
PLEGRIDY INJ PEN	3	PA, ST
PLEGRIDY INJ STARTER	3	PA, ST
PLEGRIDY PEN INJ STARTER	3	PA, ST
REBIF INJ 22/0.5	2	PA
REBIF INJ 44/0.5	2	PA
REBIF REBIDO INJ 22/0.5	2	PA
REBIF REBIDO INJ 44/0.5	2	PA
REBIF REBIDO INJ TITRATN	2	PA
REBIF TITRTN INJ PACK	2	PA
TECFIDERA CAP 120MG	2	PA
TECFIDERA CAP 240MG	2	PA
TECFIDERA MIS STARTER	2	PA
TYSABRI INJ 300/15ML	3	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab sr 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
XYREM SOL 500MG/ML	2	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
<i>buproban tab 150mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INH	0	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>thrive gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year

ENDOCRINE AND METABOLIC

ANDROGENS

<i>methyltestosterone cap 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	PA
SYMLINPEN 120 INJ 1000MCG	3	PA

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab sr 24hr 500 mg</i>	1	
<i>metformin hcl tab sr 24hr 750 mg</i>	1	
<i>metformin hcl tab sr 24hr osmotic 500 mg</i>	1	
<i>metformin hcl tab sr 24hr osmotic 1000 mg</i>	1	

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	PA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
TRADJENTA TAB 5MG	2	

ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS

CYCLOSET TAB 0.8MG	3	
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ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS

JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

TANZEUM INJ 30MG	3	
TANZEUM INJ 50MG	3	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	

ANTIDIABETICS, INSULIN

APIDRA INJ SOLOSTAR	2	
APIDRA INJ U-100	2	
BASAGLAR KWIKPEN	2	
HUMALOG INJ 100/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 100/ML	3	
HUMALOG KWIK INJ 200/ML	3	
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC;RELION not covered
NOVOLIN N INJ U-100	2	OTC;RELION not covered
NOVOLIN R INJ U-100	2	OTC;RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	ST; PA**
INVOKANA TAB 300MG	3	ST; PA**
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab sr 24hr 2.5 mg</i>	1	
<i>glipizide tab sr 24hr 5 mg</i>	1	
<i>glipizide tab sr 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

BISPHOSPHONATES

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium for inj 30 mg</i>	1	
<i>pamidronate disodium for inj 90 mg</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PAMIDRONATE INJ 6MG/ML	3	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	3	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	3	PA
ZOLEDRONIC INJ 4MG/100	3	PA

CALCIUM RECEPTOR AGONISTS

SENSIPAR TAB 30MG	3	PA
SENSIPAR TAB 60MG	3	PA
SENSIPAR TAB 90MG	3	PA

CHELATING AGENTS

CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA
EXJADE TAB 500MG	3	PA
FERRIPROX TAB 500MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
JADENU TAB 360MG	3	PA
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
SYPRINE CAP 250MG	3	
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
BEYAZ TAB	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>cesia pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>gildess fe tab 1.5/30</i>	0	
<i>gildess fe tab 1/20</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>gildess tab 1.5/30</i>	0	
<i>gildess tab 1/20</i>	0	
<i>heather tab 0.35mg</i>	0	
IMPLANON IMP 68MG	0	QL (1 / 300 days)
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>jolivette tab 0.35mg</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 / 300 days)
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth 0 est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel tab 0.75 mg</i>	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB	0	
<i>lomedica 24 tab fe</i>	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutura tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
MINASTRIN 24 CHW FE	0	
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
<i>mono-linyah tab 0.25-35</i>	0	
<i>mononessa tab</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
<i>necon tab 1/35</i>	0	
<i>necon tab 1/50-28</i>	0	
<i>necon tab 7/7/7</i>	0	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
NUVARING MIS	0	QL (13 / 300 days)
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
QUARTETTE TAB	0	
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SAFYRAL TAB	0	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)
<i>solia tab</i>	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
TAYTULLA CAP	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-previfem tab</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
<i>velivet pak</i>	0	
<i>vestura tab 3-0.02mg</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zenchent fe chw 0.4mg-35</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35e tab</i>	0	
<i>zovia 1/50e tab</i>	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	2	
ENZYME REPLACEMENTS		
CERDELGA CAP 84MG	3	PA
CEREZYME INJ 400UNIT	3	PA
CYSTADANE POW	3	
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
FABRAZYME INJ 5MG	3	PA
FABRAZYME INJ 35MG	3	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
MYOZYME INJ 50MG	3	PA
ORFADIN CAP 2MG	3	PA
ORFADIN CAP 5MG	3	PA
ORFADIN CAP 10MG	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA
ZAVESCA CAP 100MG	3	PA
ESTROGENS		
CENESTIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
CENESTIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
CENESTIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	2	
ENJUVIA TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
ESTRACE VAG CRE 0.1MG/GM	2	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.51 mg</i>		
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 65 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>ortho-est tab 0.625</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>ortho-est tab 1.25</i>	1	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 65 and older
PREMARIN VAG CRE 0.625MG	3	
FERTILITY REGULATORS		
<i>chorionic gonadotropin for inj 10000 unit</i>	3	PA
<i>clomiphene citrate tab 50 mg</i>	1	
FOLLISTIM AQ INJ 75UNIT	3	PA
FOLLISTIM AQ INJ 300UNIT	3	PA
FOLLISTIM AQ INJ 600UNIT	3	PA
FOLLISTIM AQ INJ 900UNIT	3	PA
OVIDREL INJ	3	PA
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	
INSTA-GLUCOS GEL 77.4%	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
HUMATROPE INJ 5MG	3	PA
HUMATROPE INJ 6MG	3	PA
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA
NORDITROPIN INJ 5/1.5ML	3	PA
NORDITROPIN INJ 10/1.5ML	3	PA
NORDITROPIN INJ 15/1.5ML	3	PA
NORDITROPIN INJ 30/3ML	3	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	3	PA
INCRELEX INJ 40MG/4ML	3	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	3	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	PA
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	3	PA
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
SOMATULINE INJ 60/0.2ML	3	PA
SOMATULINE INJ 90/0.3ML	3	PA
SOMATULINE INJ 120/.5ML	3	PA
SOMAVERT INJ 10MG	3	PA
SOMAVERT INJ 15MG	3	PA
SOMAVERT INJ 20MG	3	PA
SOMAVERT INJ 25MG	3	PA
SOMAVERT INJ 30MG	3	PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
REVELA PAK 0.8GM	2	
REVELA PAK 2.4GM	2	
REVELA TAB 800MG	2	
VELPHORO CHW 500MG	3	

PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	3	PA
LUPANETA KIT 11.25-5	3	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	

THYROID AGENTS

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

VASOPRESSINS

<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>CANTIL TAB 25MG</i>	3	
<i>CUVPOSA SOL 1MG/5ML</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>hyomax-sl sub 0.125mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disp 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab sl 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab sr 12hr 0.375 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax fastab tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	

ANTIEMETICS§

<i>AKYNZEO CAP</i>	3	QL (2 capsules per 21 days)
<i>ALOXI INJ 0.25MG/5</i>	3	QL (10 mL / 21 days)
<i>ANTIVERT TAB 50MG</i>	2	
<i>ANZEMET TAB 50MG</i>	3	QL (6 tablets / 21 days)
<i>ANZEMET TAB 100MG</i>	3	QL (6 tablets / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 80 mg</i>	1	QL (4 capsules / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 capsules / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
EMEND CAP 40MG	3	QL (3 caps / 180 days)
EMEND CAP 80MG	3	QL (4 capsules / 21 days)
EMEND CAP 125MG	3	QL (2 capsules / 21 days)
EMEND PAK 80 & 125	3	QL (2 packs / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 25 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tablets / 21 days)
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tablets / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tablets / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tablets / 21 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
SANCUSO DIS 3.1MG	3	QL (2 patches / 21 days)
TRANSDERM-SC DIS 1MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>univert tab 32mg</i>	1	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
CANASA SUP 1000MG	2	
<i>colocort ene 100mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA
LAXATIVES		
COLYTE/FLAVR SOL PACKS	2	
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	2	\$0 copay for members age 50 through 74
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
PREPOPIK PAK	0	\$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP KIT	3	\$0 copay for members age 50 through 74
MISCELLANEOUS		
<i>anti-diarrhe tab 2mg</i>	1	OTC
CARAFATE SUS 1GM/10ML	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN TAB	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	3	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap 15mg dr</i>	1	QL (90 caps / 365 days); OTC
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days)
NEXIUM 24HR CAP 20MG	1	QL (90 caps / 365 days); OTC
NEXIUM 24HR TAB 20MG	1	QL (90 tabs per 365 days); OTC
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	1	QL (90 caps / 365 days); OTC

Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE TAB 20MG	1	QL (90 tabs / 365 days); OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak cre 1%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab sr 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	2	ST; PA**
CARDURA XL TAB 8MG	2	ST; PA**
CIALIS TAB 2.5MG	2	QL (30 tabs / 25 days), PA
CIALIS TAB 5MG	2	QL (30 tabs / 25 days), PA
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
RAPAFLO CAP 4MG	2	ST; PA**
RAPAFLO CAP 8MG	2	ST; PA**
<i>tamsulosin hcl cap 0.4 mg</i>	1	

CONTRACEPTIVES

CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	1	
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab cr 15 meq (1620 mg)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab sr 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab sr 24hr 15 mg (base equiv)</i>	1	
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	ST; PA**
<i>tolterodine tartrate cap sr 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap sr 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trospium chloride cap sr 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	3	ST; PA**
VESICARE TAB 10MG	3	ST; PA**
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 1 kit 1200-2%</i>	1	OTC
<i>miconazole 3 kit 4%</i>	1	OTC
<i>miconazole 3 kit combo pk</i>	1	
<i>miconazole 3 sup 200mg</i>	1	
<i>miconazole 7 cre tube/kit</i>	1	OTC
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
<i>zazole cre 0.4%</i>	1	
<i>zazole cre 0.8%</i>	1	
<i>zazole sup 80mg</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATROBAN INJ 125/125	3	

Drug Name	Drug Tier	Requirements/Limits
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
ARGATROBAN INJ 250/250	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 25000/ML	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	3	PA
ARANESP INJ 25MCG	3	PA
ARANESP INJ 40MCG	3	PA
ARANESP INJ 60MCG	3	PA
ARANESP INJ 100MCG	3	PA
ARANESP INJ 150MCG	3	PA
ARANESP INJ 200MCG	3	PA
ARANESP INJ 300MCG	3	PA
ARANESP INJ 500MCG	3	PA
LEUKINE INJ 250MCG	3	PA
LEUKINE INJ 500 MCG	3	PA
MOZOBIL INJ	3	PA
NEULASTA INJ 6MG/0.6M	3	PA
NEULASTA KIT 6MG/0.6M	3	PA
PROCRIT INJ 2000/ML	3	PA
PROCRIT INJ 3000/ML	3	PA
PROCRIT INJ 4000/ML	3	PA
PROCRIT INJ 10000/ML	3	PA
PROCRIT INJ 20000/ML	3	PA
PROCRIT INJ 40000/ML	3	PA
PROMACTA TAB 12.5MG	3	PA
PROMACTA TAB 25MG	3	PA
PROMACTA TAB 50MG	3	PA
PROMACTA TAB 75MG	3	PA
ZARXIO INJ 300/0.5	3	PA
ZARXIO INJ 480/0.8	3	PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
FIRAZYR INJ 30MG/3ML	3	PA
<i>pentoxifylline tab cr 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap sr 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
EFFIENT TAB 5MG	2	
EFFIENT TAB 10MG	2	
ZONTIVITY TAB 2.08MG	2	
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA INJ 80MG/4ML	3	PA, ST
ACTEMRA INJ 162/0.9	3	PA, ST
ACTEMRA INJ 200/10ML	3	PA, ST
ACTEMRA INJ 400/20ML	3	PA, ST
ENBREL INJ 25/0.5ML	3	PA
ENBREL INJ 25MG	3	PA
ENBREL INJ 50MG/ML	3	PA
ENBREL SRCLK INJ 50MG/ML	3	PA
HUMIRA INJ 10MG/0.2	3	PA
HUMIRA KIT 20MG/0.4	3	PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 40MG/0.8	3	PA
HUMIRA PEN INJ CROHNS	3	PA
KINERET INJ	3	PA, ST
ORENCIA CLCK INJ 125MG/ML	3	PA, ST
ORENCIA INJ 125MG/ML	3	PA, ST
ORENCIA INJ 250MG	3	PA, ST
SIMPONI ARIA SOL 50MG/4ML	3	PA, ST
SIMPONI INJ 50/0.5ML	3	PA, ST
SIMPONI INJ 100MG/ML	3	PA, ST
STELARA INJ 45MG/0.5	3	PA, ST
STELARA INJ 90MG/ML	3	PA, ST
XELJANZ TAB 5MG	3	PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	

IMMUNOGLOBULIN

CARIMUNE NF INJ 3GM	3	PA
CARIMUNE NF INJ 6GM	3	PA
CARIMUNE NF INJ 12GM	3	PA
GAMASTAN S/D INJ	3	PA
HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA
HYQVIA INJ 30-2400	3	PA

IMMUNOMODULATORS

ALFERON N INJ 5MU/ML	3	
INTRON A INJ 10MU	3	PA
INTRON A INJ 18MU	3	PA
INTRON A INJ 25MU	3	PA
INTRON A INJ 50MU	3	PA
POMALYST CAP 1MG	3	PA
POMALYST CAP 2MG	3	PA
POMALYST CAP 3MG	3	PA
POMALYST CAP 4MG	3	PA
REVLIMID CAP 2.5MG	3	PA
REVLIMID CAP 5MG	3	PA
REVLIMID CAP 10MG	3	PA
REVLIMID CAP 15MG	3	PA
REVLIMID CAP 20MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 25MG	3	PA
THALOMID CAP 50MG	3	PA
THALOMID CAP 100MG	3	PA
THALOMID CAP 150MG	3	PA
THALOMID CAP 200MG	3	PA
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
NULOJIX INJ 250MG	3	
RAPAMUNE SOL 1MG/ML	2	
SIMULECT INJ 10MG	3	
SIMULECT INJ 20MG	3	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	
ZORTRESS TAB 0.75MG	2	
VACCINES		
ACTHIB INJ	0	\$0 copay for members age 18 and younger
ADACEL INJ	0	
AFLURIA INJ 2016-17	0	
AFLURIA INJ PF 16-17	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
CERVARIX INJ	0	

Drug Name	Drug Tier	Requirements/Limits
COMVAX INJ	0	\$0 copay for members age 18 and younger
DAPTACEL INJ	0	\$0 copay for members age 18 and younger
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
EZ FLU SHOT KIT 2016-17	0	
FLUAD INJ 2016-17	0	
FLUBLOK SOL 2016-17	0	
FLUCLVX QUAD INJ 2016-17	0	
FLULAVAL QUA INJ 2016-17	0	
FLUVIRIN INJ 2016-17	0	
FLUZONE HD INJ PF 16-17	0	
FLUZONE QUAD INJ 2016-17	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HIBERIX SOL 10MCG	0	\$0 copay for members age 18 and younger
INFANRIX INJ	0	\$0 copay for members age 18 and younger
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger
KINRIX INJ	0	\$0 copay for members age 18 and younger
M-M-R II INJ	0	
MENACTRA INJ	0	
MENHIBRIX INJ	0	\$0 copay for members age 18 and younger
MENOMUNE INJ A/C/Y/W	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger
PEDVAX HIB INJ	0	\$0 copay for members age 18 and younger
PENTACEL INJ	0	\$0 copay for members age 18 and younger
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger
RECOMBIVA HB INJ 5MCG/0.5	0	
RECOMBIVA HB INJ 10MCG/ML	0	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger
ROTATEQ SOL	0	\$0 copay for members age 18 and younger
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older
TET/DIP TOX INJ 2-2 LF	0	\$0 copay for members age 19 and older
TRIPEDIA SUS P/F	0	\$0 copay for members age 18 and younger
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
ZOSTAVAX INJ	0	\$0 copay for members age 19 and older

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 50	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 100	0	QL (1 / 300 days)
ORTHO COIL DPR KIT 105	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 55	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 60	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 65	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 70	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 75	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 80	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 85	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 90	0	QL (1 / 300 days)
ORTHO FLAT DPR KIT 95	0	QL (1 / 300 days)
ORTHO FLEX DPR 65MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 70MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 75MM	0	QL (1 / 300 days)
ORTHO FLEX DPR 80MM	0	QL (1 / 300 days)
PRENTIF MIS 22MM	0	QL (1 / 300 days)

Drug Name	Drug Tier	Requirements/Limits
PRENTIF MIS 25MM	0	QL (1 / 300 days)
PRENTIF MIS 28MM	0	QL (1 / 300 days)
PRENTIF MIS 31MM	0	QL (1 / 300 days)
PRENTIF MIS FITTING	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
FREESTYLE BLOOD GLUCOSE TEST KITS	2	OTC
FREESTYLE BLOOD GLUCOSE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
SHARPS CONTAINER	2	OTC
URINE TEST STRIPS	2	OTC

MISCELLANEOUS

ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	
HUMATROPEN MIS FOR 12MG	2	
HUMATROPEN MIS FOR 24MG	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluor-a-day dro 0.125mg</i>	0	\$0 applies for ages 5 and under
FLUORABON DRO	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 2.2mg</i>	1	
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>flura-drops dro 0.125mg</i>	0	\$0 applies for ages 5 and under

Drug Name	Drug Tier	Requirements/Limits
<i>k-effervesce tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
KLOR-CON M15 TAB 15MEQ ER	2	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 1mg f</i>	1	
LURIDE CHW 0.5MG F	0	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
<i>nafrinse chw 1mg f</i>	1	
<i>potassium chloride cap cr 8 meq</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1	
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab cr 8 meq (600 mg)</i>	1	
<i>potassium chloride tab cr 10 meq</i>	1	
<i>potassium chloride tab cr 20 meq (1500 mg)</i>	1	
<i>sodium chloride flush iv soln 0.9%</i>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IV REPLACEMENT SOLUTIONS

<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 5%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
VITAMINS		
BABY SUPER DRO DAILY D3	0	OTC; \$0 applies for ages 65 and older
<i>bio-d-mulsio liq 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>child vit d chw 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol cap 400 unit</i>	0	OTC; \$0 applies for ages 65 and older
CITRANATAL CAP HARMONY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
D-VI-SOL LIQ 400UNIT	0	OTC; \$0 applies for ages 65 and older
DDROPS BOOST LIQ 600/.028	0	OTC; \$0 applies for ages 65 and older
<i>decara cap 50000unt</i>	1	OTC
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 50000 unit</i>	1	
<i>folbic tab</i>	1	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800 mcg</i>	0	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
MEPHYTON TAB 5MG	2	
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro 0.25mg</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	
<i>mvc-fluoride chw 0.5mg</i>	1	
<i>mvc-fluoride chw 1mg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>pedia d-vite dro 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>prenatabs rx tab</i>	1	
QUFLORA PED CHW 0.5MG	3	
QUFLORA PED CHW 0.25MG	3	
QUFLORA PED CHW 1MG	3	
<i>sm vitamin d tab 400unit</i>	0	OTC; \$0 applies for ages 65 and older
<i>tri-vit/fe dro /fl 0.25</i>	1	
<i>tri-vit/fl dro 0.5mg</i>	1	
<i>tri-vit/fl dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	
VITAMIN D2 TAB 400UNIT	0	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1000UNIT	0	OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1200UNIT	0	OTC; \$0 applies for ages 65 and older

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>poly-dex oin 0.1% op</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>ilofycin oin op</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>romycin oin op</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>		
<i>bromfenac sodium ophth soln 0.09% (base 1 equivalent)</i>		
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
NEVANAC SUS 0.1%	3	
PRED MILD SUS 0.12% OP	2	

Drug Name	Drug Tier	Requirements/Limits
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	
ANTIALLERGICS		
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	ST
BEPREVE DRO 1.5%	3	ST
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	ST
<i>epinastine hcl ophth soln 0.05%</i>	1	ST
<i>ketotif fum dro 0.025%op</i>	1	OTC
LASTACFT SOL 0.25%	3	ST
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	ST
PATADAY SOL 0.2%	3	ST
ANTIGLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.25%</i>	1	
LUMIGAN SOL 0.01%	3	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
PILOPINE HS GEL 4% OP	3	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	2	
TIMOPTIC OCU SOL 0.25% OP	2	
TRAVATAN Z DRO 0.004%	3	ST; PA**
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

<i>atropine sulfate ophth soln 1%</i>	1	
CYSTARAN SOL 0.44%	3	PA
LACRISERT MIS 5MG OP	3	
<i>naphazoline hcl ophth soln 0.1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
RESTASIS EMU 0.05%	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte sol</i>	1	
<i>tis-u-sol sol</i>	1	

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine hcl soln prefilled syringe 0.1 mg/ml</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)

ANTICHOLINERGICS§

INCRUSE ELPT INH 62.5MCG	2	QL (1 package per 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR RESPIMAT	2	
TUDORZA PRES AER 400/ACT	3	QL (1 packages per 25 days)

ANTI-HISTAMINE COMBINATIONS

DYMISTA SPR 137-50	2	QL (1 package / 25 days)
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ANTI-HISTAMINES§

<i>all day allg cap 10mg</i>	1	OTC
<i>all day allg chw 5mg</i>	1	OTC
<i>all day allg chw 10mg</i>	1	OTC
<i>allergy relf tab 10mg</i>	1	OTC
<i>allergy tab 10mg</i>	1	OTC
<i>arbinoxa sol 4mg/5ml</i>	1	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>cetirizine hcl tab 5 mg</i>	1	OTC
<i>cetirizine hcl tab 10 mg</i>	1	OTC
<i>cetirizine sol 1mg/ml</i>	1	OTC
CLARINEX SYP 0.5MG/ML	3	ST
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 65 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	ST
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	ST
<i>desloratadine tab orally disintegrating 5 mg</i>	1	ST
<i>dexchlorpheniramine maleate syrup 2 mg/5ml</i>	1	
<i>diphenhydramine hcl cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 25 days)
PROAIR HFA AER	2	QL (2 inhalers / 25 days)
PROAIR RESPI AER	2	QL (2 packages / 25 days)
SEREVENT DIS AER 50MCG	3	QL (1 inhaler / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package per 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
COLD/COUGH		
ALLFEN CDX LIQ	2	
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp 100-10/5</i>	1	OTC
FLOWTUSS SOL 2.5-200	3	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
OBREDON SOL 2.5-200	3	
<i>prometh vc syp plain</i>	1	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>tgq 50pse/3 syp brm/30dm</i>	1	
<i>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tab sr 12hr 600 mg</i>	1	
ZYFLO CR TAB 600MG	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
ARALAST NP INJ 400MG	3	PA
ARALAST NP INJ 500MG	3	PA
ARALAST NP INJ 800MG	3	PA
ARALAST NP INJ 1000MG	3	PA
DALIRESP TAB 500MCG	3	PA
<i>epinephrine hcl inj 1 mg/ml</i>	1	
GLASSIA INJ	3	PA
KALYDECO PAK 50MG	3	PA
KALYDECO PAK 75MG	3	PA
KALYDECO TAB 150MG	3	PA
ORKAMBI TAB 100-125	3	PA
ORKAMBI TAB 200-125	3	PA
PROLASTIN-C INJ 1000MG	3	PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	
ZEMAIRA INJ 1000MG	3	PA
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
<i>fluticasone spr 50mcg</i>	1	QL (1 container / 25 days); OTC
<i>nasal allgy spr 55mcg/ac</i>	1	QL (1 bottle / 25 days); OTC
OMNARIS SPR	3	QL (1 package per 25 days)
<i>rhinocort sus allergy</i>	1	QL (1 bottle / 25 days); OTC
<i>triamcinolone acetone nasal aerosol suspension 55 mcg/act</i>	1	QL (1 container / 25 days)
STERIOD INHALANTS§		
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindacin mis etz 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>creamy face liq wash 4%</i>	1	OTC
EPIDUO FORTE GEL 0.3-2.5%	3	ST
EPIDUO GEL 0.1-2.5%	3	ST
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>myorisan cap 10mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
<i>oscion clnsr lot 6%</i>	1	ST
<i>persa-gel xs gel 5%</i>	1	OTC
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>targetd acne cre 2.5%</i>	1	OTC
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older
ZIANA GEL	3	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	

DERMATOLOGY, ANTIBIOTICS

ALTABAX OIN 1%	3	ST
<i>bacitracin oin 500/gm</i>	1	OTC
CENTANY AT KIT 2%	3	ST
CORTISPORIN CRE 0.5%	3	ST
CORTISPORIN OIN 1%	3	ST
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	
<i>mupirocin oint 2%</i>	1	
NEO-SYNALAR CRE	3	
PHISOHEX LIQ 3%	3	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
<i>triple antib oin</i>	1	OTC

DERMATOLOGY, ANTIFUNGALS

<i>anti-fungal pow 1%</i>	1	OTC
<i>antifungal cre 1%</i>	1	OTC
<i>antifungal cre 2%</i>	1	OTC
<i>ath foot spr aer 1%</i>	1	OTC
<i>ciclopirox gel 0.77%</i>	1	ST
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	ST
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	ST
<i>ciclopirox shampoo 1%</i>	1	ST
<i>ciclopirox solution 8%</i>	1	ST
<i>clotrimazole cre 1%</i>	1	OTC
<i>clotrimazole cream 1%</i>	1	ST
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>cruex aer 2%</i>	1	OTC
<i>econazole nitrate cream 1%</i>	1	ST
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
VEREGEN OIN 15%	3	
DERMATOLOGY, ROSACEA		
FINACEA GEL 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
<i>rosadan cre 0.75%</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin cre 5%</i>	1	
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>lice trtmnt liq 1%</i>	1	OTC
<i>lindane lotion 1%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>permethrin lotion 1%</i>	1	OTC
SKLICE LOT 0.5%	3	ST
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOT 5%	3	ST
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone pst 0.1%</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	

OTIC

37.5-25 mg	38
triamterene & hydrochlorothiazide cap 50-25 mg	38
triamterene & hydrochlorothiazide tab 37.5-25 mg	38
triamterene & hydrochlorothiazide tab 75-50 mg	38
triderm cre 0.1%	111
trifluoperazine hcl tab 1 mg	55
trifluoperazine hcl tab 10 mg	55
trifluoperazine hcl tab 2 mg	55
trifluoperazine hcl tab 5 mg	55
trifluridine ophth soln 1%	97
trihexyphenidyl hcl elixir 0.4 mg/ml	52
trihexyphenidyl hcl tab 2 mg	52
trihexyphenidyl hcl tab 5 mg	52
trimethobenzamide hcl cap 300 mg	81
trimethoprim tab 100 mg	9
trimipramine maleate cap 100 mg	49
trimipramine maleate cap 25 mg	49
trimipramine maleate cap 50 mg	49
trinessa tab	71
TRIPEDIA SUS P/F	92
triple antib oin	107
triple paste oin af 2%	108
TRISENOX SOL 10MG/10M	24
TRIUMEQ TAB	12
trivora-28 tab	71
tropicamide ophth soln 0.5%	99
tropicamide ophth soln 1%	99
tropium chloride cap sr 24hr 60 mg	85
tropium chloride tab 20 mg	85
TRULICITY INJ 0.75/0.5	64
TRULICITY INJ 1.5/0.5	64
TRUMENBA INJ	92
TRUVADA TAB 100-150	12
TRUVADA TAB 133-200	12
TRUVADA TAB 167-250	12
TRUVADA TAB 200-300	12
TUDORZA PRES AER 400/ACT	100
tussigon tab 5-1.5mg	102
TUZISTRA XR SUS	102
TWINRIX INJ	92
TYBOST TAB 150MG	11
TYKERB TAB 250MG	24
TYSABRI INJ 300/15ML	60
TYVASO START SOL 0.6MG/ML	40
TYZINE PED DRO 0.05%	103
TYZINE SOL 0.1%	103

U

ULESFIA LOT 5%	112
ULORIC TAB 40MG	1
ULORIC TAB 80MG	1
unithroid tab 100mcg	79
unithroid tab 112mcg	79
unithroid tab 125mcg	79
unithroid tab 200mcg	79
unithroid tab 25mcg	78
unithroid tab 300mcg	79

unithroid tab 50mcg	78
unithroid tab 75mcg	78
unithroid tab 88mcg	78
univert tab 32mg	81
UPTRAVI TAB 1000MCG	40
UPTRAVI TAB 1200MCG	40
UPTRAVI TAB 1400MCG	40
UPTRAVI TAB 1600MCG	40
UPTRAVI TAB 200/800	40
UPTRAVI TAB 200MCG	40
UPTRAVI TAB 400MCG	40
UPTRAVI TAB 600MCG	40
UPTRAVI TAB 800MCG	40
URINE TEST STRIPS	93
ursodiol cap 300 mg	83
ursodiol tab 250 mg	83
ursodiol tab 500 mg	83
UVADEX INJ 20MCG/ML	24

V

valacyclovir hcl tab 1 gm	14
valacyclovir hcl tab 500 mg	14
VALCYTE SOL 50MG/ML	14
valganciclovir hcl for soln 50 mg/ml (base equiv)	14
valganciclovir hcl tab 450 mg (base equivalent)	14
valproate sodium oral soln 250 mg/5ml (base equiv)	44
valproic acid cap 250 mg	44
valsartan tab 160 mg	30
valsartan tab 320 mg	30
valsartan tab 40 mg	30
valsartan tab 80 mg	30
valsartan-hydrochlorothiazide tab 160-12.5 mg	29
valsartan-hydrochlorothiazide tab 160-25 mg	29
valsartan-hydrochlorothiazide tab 320-12.5 mg	29
valsartan-hydrochlorothiazide tab 320-25 mg	29
valsartan-hydrochlorothiazide tab 80-12.5 mg	29
vancomycin hcl cap 125 mg	9
vancomycin hcl cap 250 mg	9
vandazole gel 0.75%	85
VAQTA INJ 25/0.5ML	92
VAQTA INJ 50UNT/ML	92
VARIVAX INJ	92
VASCEPA CAP 0.5GM	33
VASCEPA CAP 1GM	33
VCF VAGINAL AER CONTRACP	84
VCF VAGINAL MIS CONTRACP	84
velivet pak	71
VELPHORO CHW 500MG	77
VENCLEXTA TAB 100MG	26
VENCLEXTA TAB 10MG	25
VENCLEXTA TAB 50MG	26
VENCLEXTA TAB START PK	26

venlafaxine hcl cap sr 24hr 150 mg (base equivalent)	50	vinorelbine tartrate inj 10 mg/ml (base equiv)	21
venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)	50	vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	21
venlafaxine hcl cap sr 24hr 75 mg (base equivalent)	50	VIOKACE TAB	83
venlafaxine hcl tab 100 mg	50	VIOKACE TAB 20880	83
venlafaxine hcl tab 25 mg	50	viorele tab	71
venlafaxine hcl tab 37.5 mg	50	VIRACEPT TAB 250MG	11
venlafaxine hcl tab 50 mg	50	VIRACEPT TAB 625MG	11
venlafaxine hcl tab 75 mg	50	VIREAD POW 40MG/GM	11
venlafaxine hcl tab sr 24hr 150 mg (base equivalent)	50	VIREAD TAB 150MG	11
venlafaxine hcl tab sr 24hr 37.5 mg (base equivalent)	50	VIREAD TAB 200MG	11
venlafaxine hcl tab sr 24hr 75 mg (base equivalent)	50	VIREAD TAB 250MG	11
VENTAVIS SOL 10MCG/ML	40	VIREAD TAB 300MG	12
VENTAVIS SOL 20MCG/ML	41	VISTOGARD PAK 10GM	24
verapamil hcl cap sr 24hr 100 mg	36	vit a/c/d/fl dro 0.25mg	96
verapamil hcl cap sr 24hr 120 mg	36	VITAMIN D2 TAB 400UNIT	96
verapamil hcl cap sr 24hr 180 mg	37	VITAMIN D3 LIQ 1000UNIT	96
verapamil hcl cap sr 24hr 200 mg	37	VITAMIN D3 LIQ 1200UNIT	96
verapamil hcl cap sr 24hr 240 mg	37	VITEKTA TAB 150MG	12
verapamil hcl cap sr 24hr 300 mg	37	VITEKTA TAB 85MG	12
verapamil hcl cap sr 24hr 360 mg	37	voriconazole for susp 40 mg/ml	10
verapamil hcl tab 120 mg	37	voriconazole tab 200 mg	10
verapamil hcl tab 40 mg	37	voriconazole tab 50 mg	10
verapamil hcl tab 80 mg	37	VOTRIENT TAB 200MG	24
verapamil hcl tab cr 120 mg	37	VYTORIN TAB 10-10MG	32
verapamil hcl tab cr 180 mg	37	VYTORIN TAB 10-20MG	32
verapamil hcl tab cr 240 mg	37	VYTORIN TAB 10-40MG	32
VEREGEN OIN 15%	112	VYTORIN TAB 10-80MG	32
VESICARE TAB 10MG	85	VYVANSE CAP 10MG	57
VESICARE TAB 5MG	85	VYVANSE CAP 20MG	57
vestura tab 3-0.02mg	71	VYVANSE CAP 30MG	57
VEXOL SUS 1% OP	98	VYVANSE CAP 40MG	57
VIBATIV INJ 250MG	8	VYVANSE CAP 50MG	57
VIBATIV INJ 750MG	8	VYVANSE CAP 60MG	57
vicodin es tab 7.5-300	7	VYVANSE CAP 70MG	57
vicodin hp tab 10-300mg	7	VYVANSE CHW 10MG	57
vicodin tab 5-300mg	7	VYVANSE CHW 20MG	57
VICTOZA INJ 18MG/3ML	64	VYVANSE CHW 30MG	57
VIDEX SOL 2GM	11	VYVANSE CHW 40MG	57
VIDEX SOL 4GM	11	VYVANSE CHW 50MG	57
VIGAMOX DRO 0.5%	97	VYVANSE CHW 60MG	57
VIIIBRYD KIT	50	W	
VIIIBRYD KIT STARTER	50	warfarin sodium tab 1 mg	87
VIIIBRYD TAB 10MG	50	warfarin sodium tab 10 mg	87
VIIIBRYD TAB 20MG	50	warfarin sodium tab 2 mg	87
VIIIBRYD TAB 40MG	50	warfarin sodium tab 2.5 mg	87
VIMPAT SOL 10MG/ML	44	warfarin sodium tab 3 mg	87
VIMPAT TAB 100MG	44	warfarin sodium tab 4 mg	87
VIMPAT TAB 150MG	44	warfarin sodium tab 5 mg	87
VIMPAT TAB 200MG	44	warfarin sodium tab 6 mg	87
VIMPAT TAB 50MG	44	warfarin sodium tab 7.5 mg	87
VINBLASTINE INJ 10MG	21	WELCHOL PAK 3.75GM	31
vinblastine sulfate inj 1 mg/ml	21	WELCHOL TAB 625MG	31
vincasar pfs inj 1mg/ml	21	wera tab 0.5/35	71
vincristine sulfate iv soln 1 mg/ml	21	WIDE-SEAL DPR KIT 60	93
		WIDE-SEAL DPR KIT 65	93
		WIDE-SEAL DPR KIT 70	93
		WIDE-SEAL DPR KIT 75	93

WIDE-SEAL DPR KIT 80	93
WIDE-SEAL DPR KIT 85	93
WIDE-SEAL DPR KIT 90	93
WIDE-SEAL DPR KIT 95	93

X

XALKORI CAP 200MG	24
XALKORI CAP 250MG	24
XARELTO STAR TAB 15/20MG	87
XARELTO TAB 10MG	87
XARELTO TAB 15MG	87
XARELTO TAB 20MG	87
XELJANZ TAB 5MG	89
XIFAXAN TAB 200MG	9
XIFAXAN TAB 550MG	9
XIGDUO XR TAB 10-1000	66
XIGDUO XR TAB 10-500MG	66
XIGDUO XR TAB 5-1000MG	66
XIGDUO XR TAB 5-500MG	66
<i>xulane dis 150-35</i>	71
<i>xylon tab 10-200mg</i>	7
XYREM SOL 500MG/ML	62

Y

YERVOY INJ 200MG	22
YERVOY INJ 50MG	22

Z

<i>zafirlukast tab 10 mg</i>	102
<i>zafirlukast tab 20 mg</i>	103
<i>zaleplon cap 10 mg</i>	58
<i>zaleplon cap 5 mg</i>	58
ZANOSAR INJ 1GM	19
<i>zarah tab 3-0.03mg</i>	71
ZARXIO INJ 300/0.5	87
ZARXIO INJ 480/0.8	87
ZAVESCA CAP 100MG	71
<i>zazole cre 0.4%</i>	85
<i>zazole cre 0.8%</i>	85
<i>zazole sup 80mg</i>	85
ZELBORAF TAB 240MG	24
ZEMAIRA INJ 1000MG	103
<i>zenchent fe chw 0.4mg-35</i>	71
<i>zenchent tab</i>	71
ZENPEP CAP 10000UNT	83
ZENPEP CAP 15000UNT	83
ZENPEP CAP 20000UNT	83
ZENPEP CAP 25000UNT	83
ZENPEP CAP 3000UNIT	83
ZENPEP CAP 40000UNT	83
ZENPEP CAP 5000UNIT	83
<i>zenzedi tab 15mg</i>	57
<i>zenzedi tab 2.5mg</i>	57
<i>zenzedi tab 20mg</i>	57
<i>zenzedi tab 30mg</i>	57
<i>zenzedi tab 7.5mg</i>	57
ZERIT SOL 1MG/ML	12
ZETIA TAB 10MG	31
ZIAGEN SOL 20MG/ML	12

ZIANA GEL	106
<i>zidovudine cap 100 mg</i>	12
<i>zidovudine syrup 10 mg/ml</i>	12
<i>zidovudine tab 300 mg</i>	12
<i>zileuton tab sr 12hr 600 mg</i>	102
ZIOPTAN DRO 0.0015%	99
<i>ziprasidone hcl cap 20 mg</i>	55
<i>ziprasidone hcl cap 40 mg</i>	55
<i>ziprasidone hcl cap 60 mg</i>	55
<i>ziprasidone hcl cap 80 mg</i>	55
ZIRGAN GEL 0.15%	97
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	67
<i>zoledronic acid iv soln 5 mg/100ml</i>	67
ZOLEDRONIC INJ 4MG/100	67
ZOLINZA CAP 100MG	22
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	59
<i>zolmitriptan orally disintegrating tab 5 mg</i>	59
<i>zolmitriptan tab 2.5 mg</i>	59
<i>zolmitriptan tab 5 mg</i>	59
<i>zolpidem tartrate tab 10 mg</i>	58
<i>zolpidem tartrate tab 5 mg</i>	58
<i>zolpidem tartrate tab cr 12.5 mg</i>	58
<i>zolpidem tartrate tab cr 6.25 mg</i>	58
ZOMIG SPR 2.5MG	59
ZOMIG SPR 5MG	59
<i>zonisamide cap 100 mg</i>	44
<i>zonisamide cap 25 mg</i>	44
<i>zonisamide cap 50 mg</i>	44
ZONTIVITY TAB 2.08MG	88
ZORTRESS TAB 0.25MG	90
ZORTRESS TAB 0.5MG	90
ZORTRESS TAB 0.75MG	90
ZOSTAVAX INJ	92
<i>zovia 1/35e tab</i>	71
<i>zovia 1/50e tab</i>	71
ZYCLARA CRE 3.75%	107
ZYCLARA PUMP CRE 2.5%	107
ZYDELIG TAB 100MG	24
ZYDELIG TAB 150MG	24
ZYFLO CR TAB 600MG	102
ZYKADIA CAP 150MG	24
ZYTIGA TAB 250MG	22