

Denver Health Medical Plan

2019 Commercial Formulary & Pharmaceutical Management Procedures

What is the *Denver Health Medical Plan (DHMP) Commercial Formulary*?

The *DHMP Commercial Formulary* is a tool to help providers choose safe and effective drugs. If you are a member and have questions please refer to your Member Handbook or call Member Services at 303-602-2100 or 1-800-700-8140. TTY/TDD users should call 711.

The formulary is a closed formulary which means only the drugs listed are covered under the pharmacy benefit. All drugs require a prescription written by a provider to be covered by the pharmacy benefit.

How are formulary drugs selected?

The drugs are selected by a group doctors and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets regularly to review and select drugs for our members. During a review, the committee may look at the following for each drug:

- U.S. Food and Drug Administration (FDA) approval
- Safety and effectiveness
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

Does the formulary ever change?

Changes are made throughout the year. The latest version of the formulary may be viewed online.

- Provider Website
 - <http://www.denverhealthmedicalplan.org/provider-pharmacy-information>
- Member Website
 - <https://www.denverhealthmedicalplan.org/pharmacy>

Members and providers may also request a printed copy of the formulary by calling Member Services.

What if the pharmacy tells me the drug is not covered?

The pharmacy may receive a rejection message that says a Prior Authorization Request (PAR)/exception request is needed to have the drug covered. The

pharmacy may contact the provider to have the prescription changed to a formulary alternative, which is also known as a therapeutic substitution. The pharmacy may also request the provider send a completed PAR form to the DHMP Pharmacy Department. Clinical information showing why the requested drug is needed is required on the PAR.

What if the drug prescribed is not on the formulary?

If the drug is not listed there may be a generic or a formulary approved drug which can be prescribed. If the provider gives a member drug samples to start treatment, the member must find out if the medication is on the formulary or requires PAR approval first. If the samples are taken by the member before asking DHMP to pay for the drug first, it does not mean that DHMP will pay for that drug. Providers may submit a PAR by calling the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963. Providers may also send completed PARs by fax to 303-602-2081 or email ManagedCarePAR@dhha.org. If the PAR for a non-formulary drug is approved, then the cost will be a Tier 4 (non-preferred brand-name) copay as shown in the Member Handbook.

How are PARs (also called an exception request) processed?

The DHMP Pharmacy Department reviews all PARs/exception requests on a case-by-case basis. Decisions are made using certain criteria and guidelines. Drugs listed on the formulary with a Prior Authorization (PA) or Step Therapy (ST) requirement have criteria available on the plan website. If the drug is non-formulary, all reasonable formulary drugs to treat the same condition must be tried first. Generic non-formulary drugs are preferred over brand non-formulary drugs. Other resources may also be used to make a decision, such as guidelines found on the National Guideline Clearinghouse website at <http://www.guideline.gov>. The member or provider may request a copy of the criteria or guidelines used for their submitted exception request. After a PAR is submitted, the member and provider will be notified of the decision. An expedited or quicker review for urgent situations may be requested. If you have questions about this process please call the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963.

What happens if a request is denied?

If a request is denied, the member and provider will receive a letter that will include information about the member's rights and the appeals process. The Member Handbook gives more details about this process. Please refer to the Member Handbook, or call Member Services if you have any questions.

What if the member is new to the plan and the drug is not on the formulary?

If the member is new to the plan they may be eligible for a transition supply. This may be done for medications that are not on the formulary or if the prescription is for a quantity more than what the formulary allows to be filled. This allows the provider time to prescribe a formulary drug or submit a PAR.

What are generic drugs?

Generic drugs are FDA-approved for safety and effectiveness. The color and shape may be different from the brand-name drug, but they are made using the same strict FDA standards as brand-name drugs. If a brand-name drug is requested by the member or provider when a generic is available the member must pay the copay plus the difference in cost unless a PAR/exception request is approved.

What is generic substitution?

Generic substitution is when a generic version of a drug is dispensed in place of a brand-name drug. In most cases generic drugs are preferred on the formulary.

When are prescriptions eligible to be refilled?

Non-controlled prescriptions are eligible for refill once 75% has been used. Some examples of non-controlled prescriptions are drugs used for blood pressure, high cholesterol and diabetes. Controlled prescriptions are eligible once 85% has been used. Some examples of controlled prescriptions are opioids, stimulants such as Adderall or Ritalin, or benzodiazepines such as diazepam and lorazepam. This is calculated using the original prescription directions. If there is a change in the prescription directions, the pharmacy or provider should be contacted for an updated prescription.

Are prescriptions eligible through mail order?

Members may get prescriptions through Denver Health Pharmacy by Mail if their prescriptions are written by a Denver Health provider. This service allows a 90 day supply of certain prescriptions to be delivered to the member. Prescriptions must be written for a 90 day supply of drug.

- Denver Health Pharmacy by Mail
303-602-2326

Some plans also have the option to obtain mail order prescriptions through MedImpact Direct Mail Order. Prescriptions filled by MedImpact Direct Mail Order will have a higher copay than prescriptions filled by the Denver Health Pharmacy by Mail. However, MedImpact Direct Mail Order is the only mail order option if the prescriptions are written by providers outside of Denver Health. Refer to the Member Handbook to see if MedImpact Direct Mail Order is an option.

- MedImpact Direct Mail Order
www.medimpactdirect.com
855-873-8739

What if my drug is a specialty drug?

Some drugs are known as “Specialty” drugs. Most specialty drugs can only be filled as 30-day supplies. Some specialty drugs can only be filled at specialty pharmacies chosen by DHMP.

What drugs are available at a discounted copay?

Some formulary drugs are eligible for discounted copays which are shown in the Member Handbook. This program encourages members to regularly refill their prescriptions by decreasing their copay. Discount drugs are identified in the formulary on the “DISC” tier.

Are there drugs that are excluded by the pharmacy benefit?

Some drugs are not covered at all. These include drugs for the following:

- Cosmetic use (anti-wrinkle, hair removal, and hair growth products)
- Dietary supplements
- Blood or blood plasma (except anti-hemophilic factor VIII & IX are covered)
- Infertility
- Travel vaccinations recommended by the Centers for Disease Control and Prevention (CDC) only for travel outside of the United States (covered vaccines are listed in the formulary)
- Over-the-counter drugs (except those listed on the formulary)
- Pigmenting / De-pigmenting
- Therapeutic devices or appliances (except for formulary diabetic monitoring supplies)
- Investigational or experimental treatments

Who should be contacted with questions?

The member or provider may contact the DHMP Pharmacy Department with any questions about the formulary or pharmacy benefits by calling 303-602-2070 or 877-357-0963, or by email at ManagedCarePAR@dhha.org. Member Services may also be contacted at 303-602-2100 or 1-800-700-8140. TTY/TDD users should call 711.

How to use the formulary

- The formulary is grouped by drug class or disease state sections.
- Generic drugs are listed by generic name, and brand names are included as a reference. Brand drugs are listed only with brand names.
- For most drugs all dosage forms and strengths of the brand-name drug listed are covered by the pharmacy benefit.
- When a strength or dosage form is listed specifically, only that strength or dosage form is included on the formulary. Other strengths and dosage forms of the reference product are not included on the formulary.
- Modified-release or combination products included on the formulary are defined by the listed brand-name product. Modified-release and combination products are only covered if they are on their own line and are not included if only the immediate-release drug is listed.

5 Tier Formulary

Tier 1: Preferred generic drugs

Tier 2: Non-preferred generic drugs.

Tier 3: Preferred brand-name drugs

Tier 4: Non-preferred brand-name drugs and preferred specialty drugs to be filled at the preferred specialty pharmacies chosen by the plan.

Tier 5: Specialty drugs to be filled at the preferred specialty pharmacies chosen by the plan.

Copay: A dollar amount that a member is required to pay. The copay cost will never be higher than the dollar amount listed for that tier in the Member Handbook.

Deductible: A total dollar amount that must be paid by the member before the plan will cover a portion of the costs. The plan-specific deductible must be paid before the copay or coinsurance percentage applies, as listed for that tier in the Member Handbook. Please refer to the Member Handbook for the deductible amount.

Preventive Drugs (available for \$0 copay)

Preventive drugs are available for \$0 copay when filled with a prescription. These drugs are identified in the formulary on the “PREV” tier.

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Please be advised that this formulary is updated periodically.

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Formulary Abbreviations

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
DISC	Available on Discount Copay Prescription List	This drug is available at a discounted copay. The copay will always be lowest when filled at a Denver Health Pharmacy.
LA	Limited Access	For some plans, this drug must be filled at a Denver Health Pharmacy or a PAR must be approved before the drug can be filled at a non-Denver Health Pharmacy. (Note: LA does not apply to plans that do not need a referral to see providers outside of the Denver Health & Hospital Authority provider network)
PREV	Preventive Medication	This drug is available at a \$0 copay.
PA	Prior Authorization Restriction	The member or provider is required to get prior authorization from DHMP before this drug may be filled. Without prior approval, DHMP may not cover this drug.
QL	Quantity Limit Restriction	DHMP limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before DHMP will provide coverage for this drug, the member must first try another drug(s) to treat their medical condition. This drug may only be covered if the other drug(s) does not work.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	1	QL (180 per 30 days)
<i>capacet oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (390 per 30 days); AGE (Min 12 Years)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (240 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (3600 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	1	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	1	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (40 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (120 per 30 days)
<i>margesic oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	(For the treatment of pain); QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	(For the treatment of pain); QL (1200 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	1	(For the treatment of pain); QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (270 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (1350 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 60 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (240 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	1	(5mg capsules; 4mg, 10mg, 15mg, 20mg, 30mg tablets); QL (120 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	2	ST; LA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (180 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days); AGE (Min 12 Years)
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>aspirin low dose oral tablet,delayed release (dr/ec) 81 mg</i>	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>aspirin oral tablet, chewable 81 mg</i>	(Aspirin Childrens)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	(Aspir-Trin)	PREV	QL (100 per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	(Adult Aspirin Regimen)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin, buffered oral tablet 325 mg</i>	(Buffered Aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspir-low oral tablet, delayed release (dr/ec) 81 mg</i>		PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>		PREV	QL (100 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	2	LA; QL (60 per 30 days)
<i>children's aspirin oral tablet, chewable 81 mg</i>		PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>diclofenac potassium oral tablet 50 mg</i>		1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	(Voltaren-XR)	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>		1	
<i>diclofenac sodium topical gel 1 %</i>	(Voltaren)	1	QL (300 per 30 days)
<i>e.c. prin oral tablet, delayed release (dr/ec) 325 mg</i>		PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>		PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>		1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		1	
<i>indomethacin oral capsule, extended release 75 mg</i>		1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>		1	
<i>lo-dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>		PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>		1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	(Mobic)	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	(Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>		1	
<i>naproxen oral tablet 500 mg</i>	(Naprosyn)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	LA
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	PREV	QL (100 per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tri-buffered aspirin oral tablet 325 mg</i>	PREV	QL (100 per 1 day); AGE (Min 44 Years)
Anesthetics		
Local Anesthetics		
<i>anecream topical cream 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	LA; QL (30 per 30 days)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	
<i>lidocaine topical ointment 5 %</i>	2	LA; QL (100 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	LA
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (AgonEaze)	2	LA
<i>lidocream topical cream 4 %</i>	1	
<i>pain relief (lidocaine) topical cream 4 %</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	LA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	LA; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	LA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buproban oral tablet extended release 12 hr 150 mg</i>	PREV	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	PREV	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	PREV	LA; QL (280 per 365 days)
CHANTIX ORAL TABLET 0.5 MG	PREV	LA; QL (56 per 365 days)
CHANTIX ORAL TABLET 1 MG	PREV	LA; QL (280 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	PREV	LA; QL (56 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	(tablet)
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	3	QL (2 per 30 days)
<i>nicorelief buccal gum 2 mg, 4 mg</i>	PREV	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorelief)	PREV	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i> (Nicoderm CQ)	PREV	QL (30 per 30 days)
<i>nicotine transdermal patch 24 hour 22 mg/24 hr</i>	PREV	QL (30 per 30 days)
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i> (Nicoderm CQ)	PREV	
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	PREV	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	LA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	LA; QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	LA; QL (1 per 28 days)

Antianxiety Agents

Benzodiazepines

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	QL (30 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	QL (30 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	QL (30 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam (pf) injection cartridge 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam in dextrose 5 % intravenous solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i> (Restoril)	1	QL (60 per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (30 per 30 days)
Antibacterials		
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
MONUROL ORAL PACKET 3 GRAM	3	(1 packet = 3 grams: therefore QL is 3 packets; brand name for fosfomycin); QL (9 per 90 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	LA
XIFAXAN ORAL TABLET 200 MG	4	ST; LA; QL (180 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	ST; LA; QL (60 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	1	QL (1 per 30 days)
<i>ceftibuten oral capsule 400 mg</i>	1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML, 250 MG/5 ML	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
SUPRAX ORAL CAPSULE 400 MG	3	QL (1 per 30 days)
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	AGE (Max 18 Years)
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i>	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg (Augmentin)</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	1	
Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
Tetracyclines		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 50 mg</i> (Minocin)	1	QL (60 per 30 days)
<i>okebo oral capsule 100 mg</i>	1	QL (60 per 30 days)
Anticancer Agents		
Anticancer Agents		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	4	LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	LA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	4	LA

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	LA
<i>etoposide oral capsule 50 mg</i>	4	LA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	LA
FARESTON ORAL TABLET 60 MG	4	LA
<i>flutamide oral capsule 125 mg</i>	1	
HEXALEN ORAL CAPSULE 50 MG	4	LA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	LA
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i> (Gleostine)	4	LA
LYSODREN ORAL TABLET 500 MG	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	2	LA
<i>mercaptopurine oral tablet 50 mg</i>	2	LA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	4	LA
TABLOID ORAL TABLET 40 MG	4	LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PREV	
TEMODAR ORAL CAPSULE 20 MG	4	LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	4	LA
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	4	LA
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	2	LA
<i>propantheline oral tablet 15 mg</i>	1	
Anticonvulsants		
Anticonvulsants		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	ST; LA; QL (60 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	ST; LA; QL (480 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	LA
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	LA
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	LA
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	QL (60 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	QL (60 per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	QL (120 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	ST; LA; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	ST; LA; QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	QL (120 per 30 days)
<i>zonisamide oral capsule 50 mg</i>	1	QL (120 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	DISC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	PREV	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa)	DISC	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i> (Celexa)	DISC	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	LA
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	QL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	DISC	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	DISC	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	DISC	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	

Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	LA
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
INVOKANA ORAL TABLET 100 MG, 300 MG	4	ST; LA; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	4	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	LA
JARDIANCE ORAL TABLET 10 MG, 25 MG	4	ST; LA; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	LA; QL (60 per 30 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	DISC	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	DISC	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i> (Fortamet)	2	LA
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
TRADJENTA ORAL TABLET 5 MG	4	LA; QL (30 per 30 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	ST; LA; QL (9 per 30 days)
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	LA; QL (30 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	LA; QL (30 per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	1	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	LA; QL (30 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	LA; QL (30 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (20 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	LA; QL (12 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	LA; QL (30 per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	LA; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	DISC	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	DISC	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	DISC	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	DISC	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (90 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	2	LA; QL (85 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	LA
<i>griseofulvin microsize oral tablet 500 mg</i>	2	LA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	LA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Extina)	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nyata topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral powder 150 million unit</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	LA
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	LA
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (90 per 365 days)
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	DISC	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	ST; LA; QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
promethazine oral syrup 6.25 mg/5 ml	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
metronidazole vaginal gel 0.75 % (Metrogel Vaginal)	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
Antimigraine Agents		
Antimigraine Agents		
eletriptan oral tablet 20 mg, 40 mg (Relpax)	2	LA; QL (6 per 30 days)
ergotamine-caffeine oral tablet 1-100 mg (Cafergot)	1	
isometh-dichloral-acetaminophen oral capsule 65-100-325 mg	2	LA
rizatriptan benzoate oral tablet 5 mg, 10 mg (Maxalt)	2	LA; QL (9 per 30 days)
rizatriptan oral tablet, disintegrating 5 mg, 10 mg (Maxalt MLT)	2	LA; QL (9 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation (Imitrex)		LA; QL (6 per 30 days)
sumatriptan succinate oral tablet 100 mg, 50 mg (Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg (Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)	1	ST; QL (3 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	1	ST; QL (3 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)	1	ST; QL (3 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml (Imitrex)	1	ST; QL (3 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	1	QL (6 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg (Zomig ZMT)	1	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol oral tablet 100 mg	2	LA
ethambutol oral tablet 400 mg (Myambutol)	2	LA
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	4	LA
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	1	
Antinausea Agents		
Antinausea Agents		
<i>compro rectal suppository 25 mg</i>	1	
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	1	QL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	1	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	1	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	QL (30 per 30 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	QL (30 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	LA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	LA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	LA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	LA

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG	3	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	LA
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	LA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	2	LA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	LA; QL (30 per 30 days); AGE (Min 6 Years)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	LA
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	1	AGE (Min 18 Years)
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	AGE (Min 18 Years)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	LA; QL (30 per 30 days); AGE (Min 13 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	2	PA, LA, QL (30 per 30 days); AGE (Min 12 Years)
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	2	LA
<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	2	LA; QL (90 per 30 days); AGE (Min 10 Years)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	ST; LA; QL (2 per 28 days)
<i>risperidone oral solution</i> 1 mg/ml (Risperdal)	1	AGE (Min 5 Years)
<i>risperidone oral tablet</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1	AGE (Min 5 Years)
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	1	
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	1	
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	2	LA
<i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	LA; QL (60 per 30 days); AGE (Min 18 Years)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution</i> 20 mg/ml (Ziagen)	2	LA
<i>abacavir oral tablet</i> 300 mg (Ziagen)	2	LA
<i>abacavir-lamivudine oral tablet</i> 600-300 mg (Epzicom)	2	LA
<i>abacavir-lamivudine-zidovudine oral tablet</i> 300-150-300 mg (Trizivir)	2	LA
<i>atazanavir oral capsule</i> 150 mg, 200 mg, 300 mg (Reyataz)	2	LA
ATRIPLA ORAL TABLET 600-200-300 MG	4	LA
COMPLERA ORAL TABLET 200-25-300 MG	5	LA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	5	LA
DESCOVY ORAL TABLET 200-25 MG	4	LA
<i>didanosine oral capsule, delayed release(dr/ec)</i> 125 mg, 200 mg, 250 mg, 400 mg (Videx EC)	2	LA
<i>efavirenz oral capsule</i> 200 mg, 50 mg (Sustiva)	2	LA
<i>efavirenz oral tablet</i> 600 mg (Sustiva)	2	LA

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL CAPSULE 200 MG	5	LA
EMTRIVA ORAL SOLUTION 10 MG/ML	5	LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	5	LA
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	LA
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	5	LA
INVIRASE ORAL CAPSULE 200 MG	5	LA
INVIRASE ORAL TABLET 500 MG	5	LA
ISENTRESS HD ORAL TABLET 600 MG	5	LA
ISENTRESS ORAL TABLET 400 MG	5	LA
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	5	LA
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	LA
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	LA
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	LA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	5	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	LA
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	LA
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	LA
NORVIR ORAL CAPSULE 100 MG	4	LA
NORVIR ORAL POWDER IN PACKET 100 MG	4	LA
NORVIR ORAL SOLUTION 80 MG/ML	4	LA
ODEFSEY ORAL TABLET 200-25-25 MG	4	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	LA
PREZISTA ORAL SUSPENSION 100 MG/ML	4	LA
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	4	LA
RESCRIPTOR ORAL TABLET 200 MG	5	LA
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	5	LA

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
<i>stavudine oral recon soln 1 mg/ml</i>	2	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	5	LA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	LA
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	LA; QL (30 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	LA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	LA
VEMLIDY ORAL TABLET 25 MG	4	LA
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	5	LA
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	LA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	LA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	LA
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	LA
<i>zidovudine oral tablet 300 mg</i>	2	LA
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (180 per 30 days)
Hcv Antivirals		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	4	PA; LA; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; LA; (20% coinsurance for this drug); QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	4	PA; LA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER ORAL TABLET 50-100 MG	5	PA; LA; (20% coinsurance for this drug); QL (28 per 28 days)
Interferons		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg</i>	1	
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	1	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	4	LA
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	3	QL (3 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	4	LA; QL (11.2 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	4	LA; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	4	LA; QL (5.6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	4	LA; QL (8.4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	LA; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	5	LA; QL (2.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	LA; QL (4.2 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	DISC	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	DISC	
XARELTO ORAL TABLET 10 MG, 15 MG	4	LA; QL (42 per 365 days)
XARELTO ORAL TABLET 2.5 MG	4	LA; QL (60 per 30 days)
XARELTO ORAL TABLET 20 MG	4	LA; QL (30 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	4	LA; QL (51 per 365 days)
Blood Formation Modifiers		

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	LA
LEUKINE INJECTION RECON SOLN 250 MCG	5	LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	LA
Platelet-Aggregation Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
Caloric Agents		
Caloric Agents		
<i>glucose oral tablet, chewable 4 gram</i> (Dex4 Glucose)	1	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	DISC	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	DISC	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	DISC	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	DISC	
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	LA; QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (30 per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	QL (30 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	DISC	QL (30 per 30 days)
<i>benazepril oral tablet 5 mg</i>	DISC	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	DISC	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	DISC	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	DISC	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	DISC	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	DISC	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	DISC	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	DISC	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	DISC	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	DISC	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	DISC	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	DISC	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	DISC	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	DISC	
<i>metoprolol tartrate oral tablet 25 mg</i>	DISC	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	DISC	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	DISC	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	DISC	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg</i> (Taztia XT)	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiazac)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	DISC	
<i>diltiazem hcl oral tablet 90 mg</i>	DISC	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release</i> (Cardizem LA) 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i> 120 mg, 180 mg, 240 mg	1	
<i>matzim la oral tablet extended release 24</i> <i>hr 180 mg, 240 mg, 300 mg, 360 mg, 420</i> <i>mg</i>	1	
<i>taztia xt oral capsule,extended release 24</i> <i>hr 120 mg, 180 mg, 240 mg, 300 mg, 360</i> <i>mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24</i> (Verelan) <i>hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	DISC	
<i>verapamil oral tablet 40 mg</i>	DISC	
<i>verapamil oral tablet extended release 120</i> (Calan SR) <i>mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	1	
<i>epinephrine injection auto-injector 0.15</i> (Auvi-Q) <i>mg/0.15 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15</i> (EpiPen Jr) <i>mg/0.3 ml</i>	1	QL (4 per 1 day)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL (4 per 1 day)
<i>hydralazine oral tablet 10 mg, 100 mg, 25</i> <i>mg, 50 mg</i>	DISC	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30</i> <i>mg, 60 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5</i> (Norvasc) <i>mg</i>	DISC	
<i>amlodipine-benazepril oral capsule 10-20</i> (Lotrel) <i>mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril oral capsule 2.5-10</i> <i>mg</i>	1	
<i>felodipine oral tablet extended release 24</i> <i>hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedical xl oral tablet extended release</i> <i>24hr 30 mg, 60 mg</i>	1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	DISC	
<i>nifedipine oral capsule 20 mg</i>	DISC	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release</i> (Procardia XL) 24hr 30 mg, 60 mg, 90 mg	1	
<i>nifedipine oral tablet extended release</i> 30 (Adalat CC) mg, 60 mg, 90 mg	1	
Diuretics		
<i>amiloride oral tablet</i> 5 mg	1	
<i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg	1	
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	DISC	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	DISC	
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 (Lasix) mg	DISC	
<i>hydrochlorothiazide oral capsule</i> 12.5 mg (Microzide)	DISC	
<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	DISC	
<i>metolazone oral tablet</i> 10 mg, 2.5 mg, 5 mg	1	
<i>spironolactone oral tablet</i> 100 mg, 25 mg, (Aldactone) 50 mg	1	
<i>spironolacton-hydrochlorothiazid oral tablet</i> (Aldactazide) 25-25 mg	1	
<i>triamterene-hydrochlorothiazid oral</i> (Dyazide) <i>capsule</i> 37.5-25 mg	DISC	
<i>triamterene-hydrochlorothiazid oral</i> <i>capsule</i> 50-25 mg	DISC	
<i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide-25mg) 37.5-25 mg	DISC	
<i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide) 75-50 mg	DISC	
Dyslipidemics		
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 (Lipitor) mg, 80 mg	PREV	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i> (Questran) <i>in packet</i> 4 gram	2	LA
<i>cholestyramine light oral powder in packet</i> <i>4 gram</i>	2	LA
<i>colestipol oral packet</i> 5 gram (Colestid)	1	
<i>colestipol oral tablet</i> 1 gram (Colestid)	1	
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet</i> (Tricor) 145 mg, 48 mg	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	DISC	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PREV	QL (30 per 30 days)
<i>niacin oral tablet 100 mg, 250 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	LA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	LA; QL (120 per 30 days)
<i>pravastatin oral tablet 10 mg</i>	PREV	QL (30 per 30 days)
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	PREV	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	LA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	PREV	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	PREV	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	PREV	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	DISC	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	1	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	DISC	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	LA; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	LA; QL (30 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	LA; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	LA; QL (14 per 28 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg, 10 mg</i> (Focalin)	2	LA; QL (60 per 30 days)
<i>dexmethylphenidate hcl oral capsule extended release biphasic 50-50 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> (Focalin XR)	2	LA; QL (30 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	2	LA; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	2	LA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (180 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	4	LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	4	LA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	LA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	LA; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	LA; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	LA; QL (60 per 30 days)
<i>phentermine oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>phentermine oral capsule 37.5 mg</i> (Adipex-P)	1	QL (30 per 30 days)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	1	QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	LA; QL (12 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	LA; QL (12 per 28 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST; LA; QL (30 per 30 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	PREV	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	PREV	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
<i>apri oral tablet 0.15-0.03 mg</i>	PREV	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg</i>	PREV	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	PREV	
<i>aurovela 1/20 (21) oral tablet 1-20 mg- mcg</i>	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>camila oral tablet 0.35 mg</i>	PREV	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	PREV	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	PREV	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	PREV	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	
<i>cyred oral tablet 0.15-0.03 mg</i>	PREV	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
<i>deblitane oral tablet 0.35 mg</i>	PREV	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	PREV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	PREV	
<i>drosiprenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-e.estradiol-lm.fa oral tablet (Safyral)</i> 3-0.03-0.451 mg (21) (7)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet (Gianvi (28))</i> 3-0.02 mg	PREV	
<i>drospirenone-ethinyl estradiol oral tablet (Ocella)</i> 3-0.03 mg	PREV	
<i>econtra ez oral tablet 1.5 mg</i>	PREV	
ELLA ORAL TABLET 30 MG	PREV	
<i>emoquette oral tablet 0.15-0.03 mg</i>	PREV	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PREV	
<i>enskyce oral tablet 0.15-0.03 mg</i>	PREV	
<i>errin oral tablet 0.35 mg</i>	PREV	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)</i>	PREV	
<i>fallback solo oral tablet 1.5 mg</i>	PREV	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	PREV	
FC2 FEMALE CONDOM	PREV	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PREV	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	PREV	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	PREV	
<i>gildess 1/20 (21) oral tablet 1-20 mg-mcg</i>	PREV	
<i>gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
GYNOL II VAGINAL GEL 3 %	PREV	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>heather oral tablet 0.35 mg</i>	PREV	
<i>incassia oral tablet 0.35 mg</i>	PREV	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	PREV	
<i>isibloom oral tablet 0.15-0.03 mg</i>	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	PREV	
<i>jencycla oral tablet 0.35 mg</i>	PREV	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	PREV	
<i>jolivette oral tablet 0.35 mg</i>	PREV	
<i>juleber oral tablet 0.15-0.03 mg</i>	PREV	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	PREV	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	PREV	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>kaitlib fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)</i>	PREV	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	PREV	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	PREV	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	PREV	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	PREV	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	PREV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PREV	
<i>levonorgestrel oral tablet 1.5 mg (Aftera)</i>	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Aubra)</i>	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28) (Amethyst (28))</i>	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Introvale)</i>	PREV	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)</i>	PREV	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	PREV	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	PREV	
<i>lomedina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>loryna (28) oral tablet 3-0.02 mg</i>	PREV	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	PREV	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	PREV	
<i>melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	PREV	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	PREV	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	PREV	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	PREV	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>my choice oral tablet 1.5 mg</i>	PREV	
<i>my way oral tablet 1.5 mg</i>	PREV	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PREV	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	PREV	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	PREV	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	PREV	
<i>new day oral tablet 1.5 mg</i>	PREV	
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	
<i>next choice one dose oral tablet 1.5 mg</i>	PREV	
<i>nikki (28) oral tablet 3-0.02 mg</i>	PREV	
<i>nora-be oral tablet 0.35 mg</i>	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe) PREV	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Generess Fe) PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila) PREV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21)) PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28)) PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Aurovela 24 Fe) PREV	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Melodetta 24 Fe) PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Ortho Tri-Cyclen LO (28)) PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Ortho Tri-Cyclen (28)) PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla) 0.25-35 mg-mcg	PREV	
<i>norlyda oral tablet</i> 0.35 mg	PREV	
<i>norlyroc oral tablet</i> 0.35 mg	PREV	
<i>nortrel 0.5/35 (28) oral tablet</i> 0.5-35 mg-mcg	PREV	
<i>nortrel 1/35 (21) oral tablet</i> 1-35 mg-mcg (21)	PREV	
<i>nortrel 1/35 (28) oral tablet</i> 1-35 mg-mcg	PREV	
<i>nortrel 7/7/7 (28) oral tablet</i> 0.5/0.75/1 mg- 35 mcg	PREV	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	PREV	
<i>ocella oral tablet</i> 3-0.03 mg	PREV	
<i>ogestrel (28) oral tablet</i> 0.5-50 mg-mcg	PREV	
<i>opcicon one-step oral tablet</i> 1.5 mg	PREV	
<i>option-2 oral tablet</i> 1.5 mg	PREV	
<i>orsythia oral tablet</i> 0.1-20 mg-mcg	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
<i>philith oral tablet</i> 0.4-35 mg-mcg	PREV	
<i>pimtreea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	PREV	
<i>pirmella oral tablet</i> 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	PREV	
<i>portia 28 oral tablet</i> 0.15-0.03 mg	PREV	
<i>previfem oral tablet</i> 0.25-35 mg-mcg	PREV	
<i>quasense oral tablets,dose pack,3 month</i> 0.15 mg-30 mcg (91)	PREV	
<i>rajani oral tablet</i> 3-0.02-0.451 mg (24) (4)	PREV	
<i>react oral tablet</i> 1.5 mg	PREV	
<i>reclipsen (28) oral tablet</i> 0.15-0.03 mg	PREV	
<i>setlakin oral tablets,dose pack,3 month</i> 0.15 mg-30 mcg (91)	PREV	
<i>sharobel oral tablet</i> 0.35 mg	PREV	
<i>simliya (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	
<i>sprintec (28) oral tablet</i> 0.25-35 mg-mcg	PREV	
<i>sronyx oral tablet</i> 0.1-20 mg-mcg	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>syeda oral tablet 3-0.03 mg</i>	PREV	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PREV	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PREV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PREV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tulana oral tablet 0.35 mg</i>	PREV	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	PREV	
<i>vestura (28) oral tablet 3-0.02 mg</i>	PREV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PREV	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	PREV	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	PREV	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	PREV	
<i>zarah oral tablet 3-0.03 mg</i>	PREV	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	PREV	
<i>zeosa oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	PREV	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	PREV	
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg (Tessalon Perles)</i>	1	QL (30 per 30 days)
<i>benzonatate oral capsule 150 mg, 200 mg</i>	1	QL (30 per 30 days)
<i>cheratussin ac oral liquid 10-100 mg/5 ml</i>	1	QL (1800 per 30 days); AGE (Min 12 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml (Cheratussin AC)</i>	1	QL (1800 per 30 days); AGE (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 12 Years)
<i>robafen ac oral liquid 10-100 mg/5 ml</i>	1	QL (1800 per 30 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	4	ST; LA
<i>acne medication topical gel 10 %</i>	1	
<i>acne-clear topical gel 10 %</i>	1	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	LA
<i>benzoyl peroxide topical cleanser 5 %</i> (Advanced Exfoliating Cleanser)	1	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	1	
<i>benzoyl peroxide topical gel 2.5 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	ST; LA
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	ST; LA
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	2	ST; LA
<i>calcitrene topical ointment 0.005 %</i>	2	ST; LA
<i>carb-o-philic topical cream 40 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	2	LA
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	LA
<i>fluorouracil topical solution 2 %, 5 %</i>	2	LA
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	2	LA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
<i>podofilox topical solution 0.5 %</i>	2	LA
<i>urea topical cream 40 %</i>	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
Dermatological Antibacterials		
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	1	QL (50 per 30 days)
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	2	LA
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	1	
<i>ssd topical cream 1 %</i>	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 2.5 %</i>	1	
<i>anucort-hc rectal suppository 25 mg</i>	2	LA
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	LA

Drug Name		Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene)	2	LA
<i>clobetasol scalp solution 0.05 %</i>	(Cormax)	2	LA
<i>clobetasol topical cream 0.05 %</i>	(Temovate)	2	LA
<i>clobetasol topical gel 0.05 %</i>		2	LA
<i>clobetasol topical lotion 0.05 %</i>	(Clobex)	2	LA
<i>clobetasol topical ointment 0.05 %</i>	(Temovate)	2	LA
<i>clobetasol-emollient topical cream 0.05 %</i>		2	LA
<i>cormax scalp solution 0.05 %</i>		2	LA
<i>desonide topical cream 0.05 %</i>	(DesOwen)	2	LA
<i>desonide topical lotion 0.05 %</i>	(DesOwen)	2	LA
<i>desonide topical ointment 0.05 %</i>		2	LA
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	(Topicort)	2	LA
<i>desoximetasone topical gel 0.05 %</i>	(Topicort)	2	LA
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	(Topicort)	2	LA
EPIFOAM TOPICAL FOAM 1-1 %		3	
<i>fluocinolone topical cream 0.01 %</i>		2	LA
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	2	LA
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	2	LA
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	2	LA
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	2	LA
<i>fluocinonide topical cream 0.05 %</i>		2	LA
<i>fluocinonide topical gel 0.05 %</i>		2	LA
<i>fluocinonide topical ointment 0.05 %</i>		2	LA
<i>fluocinonide topical solution 0.05 %</i>		2	LA
<i>fluocinonide-e topical cream 0.05 %</i>		2	LA
<i>grx hicort 25 rectal suppository 25 mg</i>		2	LA
<i>hydrocortisone acetate rectal suppository 25 mg</i>	(Anucort-HC)	2	LA
<i>hydrocortisone acetate rectal suppository 30 mg</i>	(Hemmorex-HC)	2	LA
<i>hydrocortisone topical cream 1 %</i>	(Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>		1	
<i>hydrocortisone topical lotion 2.5 %</i>		1	
<i>hydrocortisone topical ointment 2.5 %</i>		1	
<i>hydrocortisone valerate topical cream 0.2 %</i>		2	LA; QL (60 per 30 days)
<i>hydrocortisone valerate topical ointment 0.2 %</i>		2	LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	2	LA
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	2	LA
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	ST; LA; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	1	
<i>avita topical cream 0.025 %</i>	2	LA
<i>avita topical gel 0.025 %</i>	2	LA
<i>tretinoin (emollient) topical cream 0.05 %</i> (Refissa)	2	LA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	LA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	LA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	LA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	LA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	LA
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	3	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	LA
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Devices		

Drug Name	Drug Tier	Requirements/Limits
Devices		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	1	
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	1	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACE AEROSOL CLOUD ENHANCER SPACER	1	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	1	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	1	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	1	
ADVOCATE RAPID-SAFE LANCING	1	
AEROCHAMBER MINI SPACER	1	QL (2 per 365 days)
AEROCHAMBER MV SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	1	QL (2 per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER	1	QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	1	QL (2 per 365 days)
AEROTRACH PLUS SPACER	1	QL (2 per 365 days)
AEROVENT PLUS SPACER	1	QL (2 per 365 days)
ALTERNATE SITE LANCET 26 GAUGE	1	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	1	

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE 25 GAUGE, 28 GAUGE	1	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	1	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	1	QL (60 per 30 days)
BD INTEGRA SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1"	1	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 21 X 1 1/4", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 22 X 1 1/4", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1 1/4", 3 ML 23 X 1", 3 ML 24 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8"	1	QL (60 per 30 days)
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	1	
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4"	1	
BD SAFETYGLIDE NEEDLE NEEDLE 22 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	1	QL (60 per 30 days)
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"	1	QL (60 per 30 days)
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"	1	

Drug Name	Drug Tier	Requirements/Limits
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 22 X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2"	1	QL (60 per 30 days)
BD ULTRA FINE LANCETS 33 GAUGE	1	
BD ULTRA-FINE II LANCETS 30 GAUGE	1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	
BREATHERITE MDI SPACER SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,ADULT SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,CHILD SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,INFANT SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,S.CHLD SPACER	1	QL (2 per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	1	QL (2 per 365 days)
BREATHERITE WITH MASK, LARGE SPACER	1	QL (2 per 365 days)
BREATHERITE WITH MASK, MEDIUM SPACER	1	QL (2 per 365 days)
BREATHERITE WITH MASK, SMALL SPACER	1	QL (2 per 365 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	1	
CAREONE ULTRA THIN LANCET	1	
CARESENS LANCETS 30 GAUGE	1	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE	1	
CLEVER CHEK LANCETS 30 GAUGE	1	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	1	
CLEVER CHOICE CHAMBER-MED MASK SPACER	1	

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE CHAMBER-SM MASK SPACER	1	
COAGUCHEK LANCETS	1	
COLOR LANCETS 21 GAUGE	1	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	1	
COMFORT LANCETS	1	
COMPACT SPACE CHAMBER PLUS SPACER	1	
COMPACT SPACE CHAMBER SPACER	1	
COMPACT SPACE CHAMBER-LRG MASK SPACER	1	
COMPACT SPACE CHAMBER-MED MASK SPACER	1	
COMPACT SPACE CHAMBER-SM MASK SPACER	1	
DROPLET LANCETS 30 GAUGE	1	
EASIVENT HOLDING CHAMBER SPACER	1	
EASIVENT MASK LARGE DEVICE	1	
EASIVENT MASK MEDIUM DEVICE	1	
EASIVENT MASK SMALL DEVICE	1	
EASY COMFORT LANCETS 30 GAUGE	1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"	1	
EASY TOUCH LANCETS 28 GAUGE	1	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE	1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
EASY TOUCH TWIST LANCETS 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	1	
EASY TWIST AND CAP LANCETS 28 GAUGE	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	

Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANCETS 30 GAUGE	1	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	1	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	1	
E-Z JECT THIN LANCETS 28 GAUGE	1	
EZ SMART LANCETS 28 GAUGE	1	
E-Z SPACER SPACER	1	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	1	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	1	
FINGERSTIX LANCETS	1	
FIRST CHOICE LANCETS THIN	1	
FLEXICHAMBER SPACER	1	
FLEXICHAMBER-LG CHILD MASK DEVICE	1	
FLEXICHAMBER-SM ADULT MASK DEVICE	1	
FLEXICHAMBER-SM CHILD MASK DEVICE	1	
FORACARE LANCETS 30 GAUGE	1	
FREESTYLE LANCETS 28 GAUGE	1	
FREESTYLE LIBRE 14 DAY READER	2	PA NSO; LA; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA NSO; LA; QL (2 per 28 days)
FREESTYLE UNISTIK 2	1	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
GMATE LANCETS 30 GAUGE	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	1	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	1	
INSPIRACHAMBER SPACER	1	QL (2 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMBER WITH MASK-LARGE SPACER	1	QL (2 per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER	1	QL (2 per 365 days)
INVACARE LANCETS 30 GAUGE	1	
KINNEY BRAND LANCETS 23 GAUGE	1	
LANCETS (Accu-Chek Fastclix Lancet Drum)	1	
LANCETS 21 GAUGE (Assure Haemolance Plus)	1	
LANCETS 26 GAUGE (Advocate Lancet)	1	
LANCETS 28 GAUGE, 30 GAUGE (1st Tier Unilet ComforTouch)	1	
LANCETS 33 GAUGE (BD Ultra Fine Lancets)	1	
LANCETS, SUPER THIN	1	
LANCETS, THIN , 23 GAUGE, 28 GAUGE	1	
LANCETS, ULTRA THIN , 26 GAUGE	1	
LANCING DEVICE WITH LANCETS KIT (Accu-Chek FastClix Lancing Dev)	1	
LANCING SYSTEM	1	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
LITE TOUCH-MEDIUM MASK DEVICE	1	
LITEAIRE MDI CHAMBER SPACER	1	
MEDI-LANCE LANCETS	1	
MEDISENSE THIN LANCETS 28 GAUGE	1	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	1	
MEDSAVER SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 3/4", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
MICRO THIN LANCETS 33 GAUGE	1	
MICROCHAMBER SPACER	1	QL (2 per 365 days)
MICROLET LANCET	1	
MICROSPACER SPACER	1	
MONAGHAN Z STAT CHAMBER SPACER	1	

Drug Name	Drug Tier	Requirements/Limits
MONAGHAN Z STAT CHAMBER-LG MSK SPACER	1	
MONAGHAN Z STAT CHAMBER-MD MSK SPACER	1	
MONAGHAN Z STAT CHAMBER-SM MSK SPACER	1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	QL (60 per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	1	QL (60 per 30 days)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	1	QL (60 per 30 days)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2"	1	QL (60 per 30 days)
MONOLET LANCETS 21 GAUGE	1	
MONOLET THIN LANCETS 28 GAUGE	1	
MOUTHPIECE DEVICE	1	
MYGLUCOHEALTH LANCETS 30 GAUGE	1	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	1	
NOVA SUREFLEX LANCETS	1	
ON CALL LANCET 30 GAUGE	1	
ON CALL PLUS LANCET 30 GAUGE	1	
ONE WAY VALVED MOUTHPIECE DEVICE	1	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	1	
ONETOUCH FINEPOINT LANCETS 25 GAUGE	1	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	1	
ONETOUCH ULTRASOFT LANCETS	1	

Drug Name	Drug Tier	Requirements/Limits
ON-THE-GO LANCETS 30 GAUGE	1	
OPTICHAMBER ADULT MASK-LARGE DEVICE	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	1	QL (2 per 365 days)
PANDA MASK DEVICE	1	
PEDIATRIC PANDA MASK DEVICE	1	
PEDIATRIC SMALL MASK DEVICE	1	
POCKET CHAMBER SPACER	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	1	
PRIMEAIRE SPACER	1	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	1	
PRO COMFORT SPACER-ADULT MASK SPACER	1	
PRO COMFORT SPACER-CHILD MASK SPACER	1	
PROCHAMBER SPACER	1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	1	
PRODIGY TWIST TOP LANCET 28 GAUGE	1	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	1	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	1	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	1	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	1	
RELION THIN LANCETS 26 GAUGE	1	
RELION ULTRA THIN PLUS LANCETS	1	
RIGHTTEST GL300 LANCETS 30 GAUGE	1	

Drug Name	Drug Tier	Requirements/Limits
RITEFLO AEROCHAMBER SPACER	1	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	1	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	1	
SAFETY-LET LANCETS 30 GAUGE	1	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	1	
SILICONE MASK - INFANT DEVICE	1	
SILICONE MASK - PEDIATRIC DEVICE	1	
SINGLE-LET	1	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	1	
SMARTEST LANCET	1	
SOFT TOUCH LANCETS	1	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	1	
SPACE CHAMBER PLUS SPACER	1	
STERILANCE TL 30 GAUGE, 32 GAUGE	1	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	1	
SURE-LANCE , 26 GAUGE, 28 GAUGE	1	
SURE-LANCE ULTRA THIN 30 GAUGE	1	
SURE-TOUCH LANCET	1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	1	

Drug Name	Drug Tier	Requirements/Limits
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE SYRINGE 1 (Easy Touch) ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE SYRINGE 3 (BD Luer-Lok Syringe) ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	1	
TECHLITE LANCETS 28 GAUGE, 30 GAUGE	1	
TELCARE LANCETS 30 GAUGE	1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
THIN LANCETS 26 GAUGE	1	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	1	
TRUE COMFORT LANCET 30 GAUGE	1	
TRUE METRIX AIR GLUCOSE METER	1	QL (1 per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE METER	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	1	QL (300 per 30 days)
TRUE METRIX GO GLUCOSE METER	1	QL (1 per 365 days)
TRUE METRIX LEVEL 1 SOLUTION	1	QL (2 per 365 days)
TRUE METRIX LEVEL 2 SOLUTION	1	QL (2 per 365 days)
TRUE METRIX LEVEL 3 SOLUTION	1	QL (2 per 365 days)
TRUE METRIX PRO TEST STRIP STRIP	1	QL (300 per 30 days)
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	1	QL (1 per 365 days)
TRUETEST LOW GLUCOSE CONTROL SOLUTION	1	QL (2 per 365 days)
TRUETEST TEST STRIPS STRIP	1	QL (300 per 30 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 X 1/2"	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TUBERCULIN-ALLERGY SYRINGES (Allergist Tray SyRINGE 1 ML 26 GAUGE X 3/8" Intradermal Bev)	1	QL (60 per 30 days)
TWIST LANCETS 30 GAUGE, 32 GAUGE	1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
ULTILET BASIC LANCETS 30 GAUGE	1	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
ULTILET SAFETY LANCETS 23 GAUGE	1	
ULTRA FINE LANCETS 30 GAUGE	1	
ULTRA THIN II LANCETS 30 GAUGE	1	
ULTRA THIN LANCETS 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	1	
ULTRA THIN PLUS LANCETS 33 GAUGE	1	
ULTRA TLC LANCETS	1	
ULTRA-CARE LANCETS 30 GAUGE	1	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	1	
ULTRA-THIN II LANCETS 26 GAUGE, 28 GAUGE	1	
UNILET COMFORTOUCH LANCET , 26 GAUGE	1	
UNILET EXCELITE II LANCET	1	
UNILET EXCELITE LANCET	1	
UNILET GP LANCET	1	
UNILET LANCET , 28 GAUGE, 33 GAUGE	1	
UNILET SUPER THIN LANCETS 30 GAUGE	1	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	1	
UNISTIK 3 COMFORT LANCET	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE	1	
UNISTIK 3 GENTLE 30 GAUGE	1	
UNISTIK 3 LANCETS 21 GAUGE	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE	1	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	1	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	1	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	1	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	1	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	
VIVAGUARD LANCET 30 GAUGE	1	
VORTEX ADULT MASK DEVICE	1	
VORTEX FROG MASK-CHILD DEVICE	1	
VORTEX HOLDING CHAMBER SPACER	1	
VORTEX LADYBUG MASK-TODDLER DEVICE	1	
VORTEX VHC FROG MASK-CHILD SPACER	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	4	LA; QL (900 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	LA; QL (150 per 30 days); AGE (Min 5 Years)
Eye, Ear, Nose, Throat Agents		

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (30 per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)	1	QL (30 per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	
<i>naphazoline ophthalmic (eye) drops 0.1 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetasol hc otic (ear) drops 1-2 %</i>	2	LA
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>antipyrine-benzocaine otic (ear) drops 5.4-1.4 %</i>	2	LA
<i>auroguard otic (ear) drops 5.4-1.4 %</i>	2	LA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> (Gentak)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	LA
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	LA
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	2	LA
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	2	LA

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i> (Rhinocort Allergy)	1	QL (17.2 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	(ophthalmic)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 30 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	LA; QL (60 per 30 days)
VEXOL OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Heartburn Treatment)	2	ST; LA; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	2	ST; LA; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
omeprazole+syrspend sf alka oral suspension for reconstitution 2 mg/ml	1	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	1	QL (60 per 30 days)
ranitidine hcl oral capsule 150 mg, 300 mg	1	
ranitidine hcl oral syrup 15 mg/ml	1	
ranitidine hcl oral tablet 150 mg (Acid Control (ranitidine))	1	
ranitidine hcl oral tablet 300 mg (Zantac)	1	
sucralfate oral suspension 100 mg/ml (Carafate)	1	
sucralfate oral tablet 1 gram (Carafate)	1	
Gastrointestinal Agents, Other		
anti-diarrheal (loperamide) oral capsule 2 mg	1	
constulose oral solution 10 gram/15 ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	1	QL (80 per 30 days)
ed-spaz oral tablet, disintegrating 0.125 mg	2	LA
enulose oral solution 10 gram/15 ml	1	
generlac oral solution 10 gram/15 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg (Levsin)	2	LA
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Levbid)	2	LA
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg (Anaspaz)	2	LA
hyoscyamine sulfate sublingual tablet 0.125 mg (Levsin/SL)	2	LA
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<i>oscimin oral tablet 0.125 mg</i>	2	LA
<i>oscimin oral tablet, disintegrating 0.125 mg</i>	2	LA
<i>oscimin sl sublingual tablet 0.125 mg</i>	2	LA
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	2	LA
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	LA
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	LA
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	LA
Laxatives		
<i>clearlax oral powder 17 gram/dose</i>	PREV	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	PREV	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	PREV	
<i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i>	PREV	
<i>gavilyte-n oral recon soln 420 gram</i>	PREV	
<i>gentlelax oral powder 17 gram/dose</i>	PREV	
<i>glycolax oral powder 17 gram/dose</i>	PREV	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	PREV	
<i>healthylax oral powder in packet 17 gram</i>	PREV	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	PREV	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	PREV	
<i>natura-lax oral powder 17 gram/dose</i>	PREV	
OSMOPREP ORAL TABLET 1.5 GRAM	PREV	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	PREV	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	PREV	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	PREV	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	PREV	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (ClearLax)	PREV	
<i>powderlax oral powder in packet 17 gram</i>	PREV	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	PREV	
<i>purelax oral powder 17 gram/dose</i>	PREV	
<i>purelax oral powder in packet 17 gram</i>	PREV	
<i>smoothlax oral powder in packet 17 gram</i>	PREV	
SUCLEAR ORAL SOLN AND SOLN RECON, SEQUENTIAL 210-17.5-3.13 GRAM	PREV	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	PREV	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	PREV	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	2	LA
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	2	LA
<i>calphron oral tablet 667 mg</i>	2	LA
<i>eliphos oral tablet 667 mg</i>	2	LA
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	LA; QL (270 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	LA; QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	LA
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	2	LA
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	DISC	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	4	LA
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	2	LA; QL (30 per 30 days)
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	2	LA; QL (30 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	LA
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	DISC	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	1	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	QL (43 per 30 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	PREV	QL (30 per 30 days)
Glucocorticoids/Mineralocorticoids		
<i>deltasone oral tablet 20 mg</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet 20 mg</i> (Deltasone)	1	
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	LA; QL (360 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; LA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; LA
Progestins		
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	DISC	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	QL (30 per 30 days)
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1 ORAL TABLET 12.5-50 MCG	3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	3	
THYROLAR-2 ORAL TABLET 25-100 MCG	3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	3	
Immunological Agents		
Immunological Agents		
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	LA
<i>cyclosporine modified oral capsule 50 mg</i>	2	LA
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	LA
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	ST; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	ST; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	ST; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	LA
<i>gengraf oral solution 100 mg/ml</i>	2	LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	ST; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	ST; LA
HUMIRA PEN PSOR-UEVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	ST; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	ST; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	ST; LA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	ST; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	ST; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	ST; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	ST; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	ST; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	LA; QL (30 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	LA; QL (180 per 30 days)
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	LA; QL (180 per 30 days)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	LA; QL (120 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	LA
Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	(for tetanus, diphtheria and pertussis)
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	(for influenza)
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	(for infectious meningitis)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	PREV	(Restricted to ages 9 - 26; for human papillomavirus); AGE (Min 9 Years and Max 26 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV	(for hepatitis B)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	(for hepatitis B)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	PREV	(for hepatitis B)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PREV	(for hepatitis B)
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	(for influenza)
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	PREV	(for influenza)
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	PREV	(for influenza)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PREV	(for hepatitis A)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PREV	(for hepatitis A)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	PREV	(for infectious meningitis); QL (1 per 999 days); AGE (Min 11 Years)
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	PREV	(for infectious meningitis); QL (1 per 999 days); AGE (Min 11 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PREV	(for measles, mumps and rubella)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	PREV	(for pneumonia); AGE (Min 65 Years)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	PREV	(for pneumonia); AGE (Min 65 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	(for pneumonia)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PREV	(for hepatitis B)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PREV	(for hepatitis B)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PREV	(for herpes zoster and varicella (shingles)); AGE (Min 50 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	PREV	

Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	(for tetanus and diphtheria)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	(for tetanus and diphtheria)
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	PREV	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	(for infectious meningitis)
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	PREV	(for hepatitis A and B)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	(for hepatitis A and B)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	PREV	(for hepatitis A)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	PREV	(for hepatitis A)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV	(for chicken pox)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	PREV	(for herpes zoster and varicella (shingles)); QL (1 per 999 days); AGE (Min 60 Years)

Inflammatory Bowel Disease

Agents

Inflammatory Bowel Disease Agents

<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	LA
<i>colocort rectal enema 100 mg/60 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	2	LA
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	LA
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	DISC	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	DISC	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	(nasal spray only)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg</i>	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	2	LA
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	LA
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	LA
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	DISC	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	DISC	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	
Replacement Preparations		
Replacement Preparations		
<i>cytra k crystals oral packet 3,300-1,002 mg</i>	2	LA
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>k-effervescent oral tablet, effervescent 25 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-SOL ORAL LIQUID 40 MEQ/15 ML	1	
<i>phospha 250 neutral oral tablet 250 mg</i>	1	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	1	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K)	1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i> (Cytra K Crystals)	2	LA
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	LA; QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	4	LA; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	LA; QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	1	QL (60 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (4 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (26.1 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (26.1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	ST; LA; QL (10.2 per 30 days)
<i>wixela inhub inhalation blister with device</i> <i>100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	LA
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	1	(maximum of 2 inhalers per 30 days); QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (300 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 5 mg/ml</i>	1	QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (4 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (17 per 30 days)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (13.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	4	LA; QL (30 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release</i> (Theochron) <i>12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	(200 metered doses); QL (36 per 30 days)
Respiratory Tract Agents, Other		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	LA
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
<i>sodium chloride inhalation solution for</i> (NebuSal) <i>nebulization 3 %</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg</i>	2	LA
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	LA
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	
<i>tizanidine oral tablet 2 mg</i>	2	LA
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	LA
Sleep Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	LA; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	ST; LA; QL (6 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	1	QL (6 per 30 days)
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Levitra)	1	ST; QL (6 per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	4	QL (6 per 30 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>calcidol oral drops 8,000 unit/ml</i>	1	
<i>cholecalciferol (vitamin d3) oral tablet 2,000 unit</i> (D3 DOTS)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 400 unit</i> (Kids Vitamin D3)	PREV	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>d3 dots oral tablet 2,000 unit</i>	PREV	
<i>delta d3 oral tablet 400 unit</i>	PREV	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	QL (30 per 30 days)
<i>ergocalciferol (vitamin d2) oral drops 8,000 unit/ml</i> (Calcidol)	1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg/ml)</i> (Children's Iron)	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i> (FeroSul)	PREV	(Restricted to members less than 1yr of age)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PREV	AGE (Max 6 Years)
<i>folbic oral tablet 2.5-25-2 mg</i>	1	
FOLIC ACID ORAL CAPSULE 0.8 MG (FA-8)	PREV	AGE (Max 55 Years)
<i>folic acid oral tablet 1 mg</i>	DISC	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PREV	AGE (Max 55 Years)
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>iron oral drops 15 mg iron (75 mg)/ml</i>	PREV	(Restricted to members less than 1yr of age)
<i>l-methyl-mc oral tablet 6-5-50-1 mg</i>	1	
MEPHYTON ORAL TABLET 5 MG	3	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	PREV	
<i>nephro-vite oral tablet 0.8 mg</i>	1	
<i>nephro-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	
PEDIA POLY-VITE WITH IRON ORAL DROPS 10 MG/ML	PREV	
PHYSICIANS EZ USE B-12 INJECTION KIT 1,000 MCG/ML	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	DISC	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	DISC	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	DISC	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	DISC	
<i>prenatal-1 oral capsule 30-975-200 mg-mcg-mg</i>	1	
<i>renal vitamin oral tablet 0.8 mg</i>	1	
<i>renal-vite oral tablet 0.8 mg</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	1	
<i>thera-d oral tablet 2,000 unit</i>	PREV	
<i>virt-vite forte oral tablet 2.5-25-2 mg</i>	1	
<i>vitamin d3 oral capsule 1,000 unit, 2,000 unit</i>	PREV	
VITAMIN D3 ORAL CAPSULE 400 UNIT	PREV	
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	PREV	
<i>vp-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	

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