

# Denver Health Medical Plan 2021 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](mailto: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](http://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](mailto: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.

### Notice

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**Please be advised that this formulary is updated periodically.**

Formulary managed by:  
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Denver, CO 80204-4507  
Phone: 303-602-2070  
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## Formulary Abbreviations

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>Utilization Management Restrictions</b>		
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. ( <b>Note:</b> 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.

## Drug Name Font Descriptions

FONT TYPE	EXAMPLE	EXPLANATION
Drug Name in All Lowercase Letters and Italicized	<i>atenolol</i>	This is the generic drug that is covered by the plan.
Drug Name in Parentheses	(Tenormin)	This is a brand name of the generic drug that is covered by the plan. This does not mean that the brand name is covered. It is provided only has a helpful reference for the member or provider when searching the formulary.
Drug Name in All Uppercase Letters	BYSTOLIC	This is a brand name drug that is covered by the plan.

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Zebutal)</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine 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>	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, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	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 (Dilaudid)</i>	1	QL (120 per 30 days)
<i>methadone oral concentrate 10 mg/ml (Methadone Intensol)</i>	1	(For the treatment of pain); QL (240 per 30 days)
<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>	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF TRAMADOL EXTENDED-RELEASE TABLETS IN THE PAST 365 DAYS.); QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	4	LA; ST: (PREVIOUS FAILURE OF TRAMADOL IMMEDIATE-RELEASE TABLETS IN THE PAST 365 DAYS.); QL (150 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	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 100 mg</i>	1	QL (120 per 30 days); AGE (Min 12 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days); AGE (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<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)
<i>aspirin oral tablet, chewable 81 mg</i> (St Joseph Aspirin)	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>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)
CAMBIA ORAL POWDER IN PACKET 50 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: SUMATRIPTAN, ZOLMITRIPTAN, ELETRIPTAN, RIZATRIPTAN); QL (9 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	LA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	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> (Arthritis Pain (diclofenac))	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)

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>anecream topical cream 4 %</i>	1	
ASPERCREME (LIDOCAINE HCL) TOPICAL CREAM 4 %	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	LA; QL (90 per 30 days)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	

Drug Name	Drug Tier	Requirements/Limits
<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>pain relief (lidocaine) topical cream 4 %</i>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	1	QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	PREV	QL (56 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	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 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> (Nicorette)	PREV	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Stop Smoking Aid)	PREV	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i> (Nicoderm CQ)	PREV	QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i> (Nicoderm CQ)	PREV	
NICOTROL INHALATION CARTRIDGE 10 MG	PREV	QL (1512 per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	PREV	QL (480 per 365 days)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	PREV	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	QL (0.5 per 26 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	QL (1.5 per 26 days)
<i>varenicline oral tablet 0.5 mg</i> (Chantix)	PREV	QL (56 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	PREV	QL (280 per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	QL (1 per 28 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60 per 30 days)
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 (Valium)</i>	1	QL (120 per 30 days)
<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 (Ativan)</i>	1	QL (150 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 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	1	QL (25 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 (Restoril)</i>	1	QL (60 per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg (Restoril)</i>	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 (Halcion)</i>	1	QL (30 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; LA; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)</i>	4	LA; QL (280 per 28 days)
<b>Antibacterials, Miscellaneous</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosfomycin tromethamine oral packet</i> (Monurol) 3 gram	1	QL (9 per 90 days)
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	QL (60 per 30 days)
<i>metronidazole oral tablet 250 mg,</i> <i>500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral</i> (Macrochantin) <i>capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral</i> (Macrobid) <i>capsule 100 mg</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin oral capsule 125 mg,</i> (Vancocin) <i>250 mg</i>	2	LA
XIFAXAN ORAL TABLET 200 MG	4	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (180 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (90 per 30 days)
<b>Cephalosporins</b>		
<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	
<i>ceftibuten oral capsule 400 mg</i>	1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	1	



Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	AGE (Max 18 Years)
<b>Macrolides</b>		
<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	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	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	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	LA; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	4	LA; QL (20 per 10 days)
<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	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	1	
<b>Penicillins</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	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>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<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	
<b>Quinolones</b>		
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<b>Sulfonamides</b>		
<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	
<b>Tetracyclines</b>		
<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</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	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, 50 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>okebo oral capsule 100 mg</i>	1	QL (60 per 30 days)
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<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
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	LA; ST: (PREVIOUS FAILURE OF HYDROXYUREA 500 MG CAPSULES (GENERIC HYDREA) IN THE PAST 365 DAYS.)
<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>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; 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	

Drug Name	Drug Tier	Requirements/Limits
<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
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; QL (120 per 30 days)
TABLOID ORAL TABLET 40 MG	4	LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PREV	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; LA
TEMODAR ORAL CAPSULE 20 MG	4	LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> (Temodar)	4	LA
<i>temozolomide oral capsule 20 mg, 5 mg</i>	4	LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	LA
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; QL (90 per 30 days)
<b>Anticholinergic Agents</b>		
<b>Antimuscarinics/Antispasmodics</b>		
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037-0.0194 mg</i> (Donnatal)	1	LA
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	LA; ST: (PREVIOUS FAILURES OF LAMOTRIGINE AND TOPIRAMATE IN THE PAST 365 DAYS.); QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	LA; ST: (PREVIOUS FAILURES OF LAMOTRIGINE AND TOPIRAMATE IN THE PAST 365 DAYS.); QL (60 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	
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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA
<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	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	PA; LA; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	LA; 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)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	LA; QL (120 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)
<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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	LA; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	LA; QL (60 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	2	LA; ST: (PREVIOUS FAILURE OF ALL OF THE FOLLOWING IN THE PAST 365 DAYS: LAMOTRIGINE, TOPIRAMATE AND CLOBAZAM); QL (2400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	2	LA; ST: (PREVIOUS FAILURE OF ALL OF THE FOLLOWING IN THE PAST 365 DAYS: LAMOTRIGINE, TOPIRAMATE AND CLOBAZAM); QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	LA; QL (60 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF TOPIRAMATE EXTENDED-RELEASE CAPSULES (GENERIC QUDEXY XR) IN THE PAST 365 DAYS.); QL (60 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VIMPAT ORAL SOLUTION 10 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: CARBAMAZEPINE, DIVALPROEX SODIUM OR VALPROIC ACID, FELBAMATE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, PHENOBARBITAL, PHENYTOIN, PREGABALIN, TOPIRAMATE, ZONISAMIDE.); QL (600 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: CARBAMAZEPINE, DIVALPROEX SODIUM OR VALPROIC ACID, FELBAMATE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, PHENOBARBITAL, PHENYTOIN, PREGABALIN, TOPIRAMATE, ZONISAMIDE.); QL (60 per 30 days)
<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)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<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 extended release 24 hr 450 mg</i> (Forfivo 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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	LA; QL (30 per 30 days)
<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>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	LA; 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)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; LA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; LA; QL (30 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>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
FLUOXETINE ORAL TABLET 60 MG	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>	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; LA; QL (30 per 30 days)
<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	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; LA; QL (30 per 30 days)
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	4	LA; ST: (PREVIOUS FAILURE OF TRULICITY IN THE PAST 365 DAYS.); QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	4	LA; ST: (PREVIOUS FAILURE OF TRULICITY IN THE PAST 365 DAYS.); QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	LA
FARXIGA ORAL TABLET 10 MG, 5 MG	4	LA; QL (30 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	4	LA; ST: (PREVIOUS FAILURE OF FARXIGA IN THE PAST 365 DAYS.); QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	LA; ST: (PREVIOUS FAILURE OF FARXIGA IN THE PAST 365 DAYS.); 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>	DISC	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	DISC	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	2	LA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	4	LA; ST: (PREVIOUS FAILURE OF TRULICITY IN THE PAST 365 DAYS.); QL (3 per 28 days)
<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)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	4	LA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	LA; QL (9 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (40 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	LA; QL (12 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)
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)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	LA; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70- 30FlexPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70-30 U- 100 Insuln)	1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Novolog Flexpen U- 100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	1	QL (40 per 28 days)
<i>insulin lispro protamin-lispro</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(75-25)</i> (Humalog Mix 75-25 KwikPen)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous insulin</i> <i>pen 100 unit/ml</i> (Admelog SoloStar U- 100 Insulin)	1	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin</i> <i>pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous solution</i> <i>100 unit/ml</i> (Admelog U-100 Insulin lispro)	1	QL (40 per 28 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	LA; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)
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)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (12 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (9 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (40 per 28 days)
<b>Sulfonylureas</b>		
<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</i> (Glucotrol)	DISC	
<i>glipizide oral tablet 5 mg</i>	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	
<b>Antifungals</b>		
<b>Antifungals</b>		
<i>ciclopirox topical cream 0.77% (Ciclodan)</i>	1	QL (90 per 30 days)
<i>ciclopirox topical solution 8% (Ciclodan)</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	2	LA; QL (85 per 30 days)
<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> (Ketodan)	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	
<i>nyamyc topical powder 100,000 unit/gram</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)
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	DISC	
<i>allopurinol oral tablet 300 mg</i>	DISC	
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	2	LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<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	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	QL (40 per 7 days)
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA; LA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	2	LA; QL (6 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA; LA; QL (2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; LA; QL (3 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100</i> (Cafergot) <i>mg</i>	1	
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	1	LA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; LA; QL (8 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	LA; QL (9 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	LA; QL (9 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	2	LA; QL (9 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> <i>5 mg</i>	2	LA; QL (9 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> (Imitrex) <i>20 mg/actuation, 5 mg/actuation</i>	2	LA; QL (6 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg, 50 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> Refill)	1	ST: (PREVIOUS FAILURE OF SUMATRIPTAN ORAL TABLETS OR NASAL SPRAY IN PAST 365 DAYS); QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	ST: (PREVIOUS FAILURE OF SUMATRIPTAN ORAL TABLETS OR NASAL SPRAY IN PAST 365 DAYS); QL (3 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	ST: (PREVIOUS FAILURE OF SUMATRIPTAN ORAL TABLETS OR NASAL SPRAY IN PAST 365 DAYS); QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	ST: (PREVIOUS FAILURE OF SUMATRIPTAN ORAL TABLETS OR NASAL SPRAY IN PAST 365 DAYS); QL (3 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL (10 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	2	LA
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	LA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
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>	1	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<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</i> (Zofran)	1	QL (90 per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 (Compazine) 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository (Compro) 25 mg</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg (Promethegan)</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine base transdermal patch (Transderm-Scop) 3 day 1 mg over 3 days</i>	2	LA; QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg (Albenza)</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg (Malarone)</i>	1	QL (30 per 30 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)</i>	1	QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL (20 per 10 days)
COARTEM ORAL TABLET 20-120 MG	3	QL (24 per 3 days)
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	2	LA; QL (90 per 30 days)
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	2	LA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>paromomycin oral capsule 250 mg (Humatin)</i>	1	
<i>praziquantel oral tablet 600 mg (Biltricide)</i>	2	LA
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>pyrimethamine oral tablet 25 mg (Daraprim)</i>	2	LA
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet 100 mg</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</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	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	
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	PA; LA; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	PA; LA; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	LA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 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, 200 mg, 25 mg, 50 mg</i> (Clozaril)	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	PA; LA; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	PA; LA; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	PA; LA; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	PA; LA; QL (60 per 30 days)
<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)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	2	PA; LA; QL (30 per 30 days); AGE (Min 12 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	LA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	LA; QL (90 per 30 days); AGE (Min 10 Years)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS IN THE PAST 365 DAYS); QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	AGE (Min 5 Years)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	LA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; LA; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	LA; QL (60 per 30 days); AGE (Min 18 Years)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	LA
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	LA
<i>abacavir-lamivudine oral tablet 600- 300 mg</i> (Epzicom)	2	LA
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	2	LA
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	LA
BIKTARVY ORAL TABLET 50- 200-25 MG	5	LA; QL (30 per 30 days)
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) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	LA
DOVATO ORAL TABLET 50-300 MG	5	LA; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	2	LA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	LA
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	2	LA
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	2	LA
EMTRIVA ORAL SOLUTION 10 MG/ML	5	LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	5	LA
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	2	LA
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	LA
INTELENCE ORAL TABLET 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
<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; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	LA; QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	LA; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	LA
<i>nevirapine oral tablet 200 mg</i>	2	LA
NORVIR ORAL POWDER IN PACKET 100 MG	4	LA

Drug Name	Drug Tier	Requirements/Limits
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, 600 MG, 75 MG, 800 MG	4	LA
RESCRIPTOR ORAL TABLET 200 MG	5	LA
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	5	LA
<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
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)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	5	LA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 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
<b>Antivirals, Miscellaneous</b>		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (20 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; LA
<b>Hcv Antivirals</b>		
EPCLUSA ORAL TABLET 200-50 MG	5	PA; LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; LA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; LA; QL (56 per 28 days)
<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> (Epcclusa)	4	PA; LA; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; LA; (20% coinsurance for this drug); QL (28 per 28 days)
<b>Interferons</b>		
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
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	4	LA
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	4	LA; QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	4	LA; QL (60 per 30 days)
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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> (Jantoven)	DISC	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	4	LA; QL (51 per 365 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	4	LA; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	4	LA; QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		

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
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	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
<b>Platelet-Aggregation Inhibitors</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG	4	LA; ST: (PREVIOUS FAILURE OF CLOPIDOGREL IN THE PAST 365 DAYS.); QL (60 per 30 days)
<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	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
<i>glucose oral tablet, chewable 4 gram</i> (Dex4 Glucose)	1	
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	DISC	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly</i> (Catapres-TTS-1) 0.1 mg/24 hr	1	
<i>clonidine transdermal patch weekly</i> (Catapres-TTS-2) 0.2 mg/24 hr	1	
<i>clonidine transdermal patch weekly</i> (Catapres-TTS-3) 0.3 mg/24 hr	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
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	DISC	
<b>Angiotensin II Receptor Antagonists</b>		
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	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	DISC	
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	DISC	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	DISC	
<b>Antiarrhythmic Agents</b>		
<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>pacerone 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	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	DISC	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	DISC	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	DISC	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY BETA-BLOCKERS IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (60 per 30 days)
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol succinate oral tablet</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	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 aforal tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	1	
<b>Calcium-Channel Blocking Agents</b>		
<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> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	DISC	
<i>diltiazem hcl oral tablet 90 mg</i>	DISC	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets (Verelan) 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	DISC	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	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 mg, 50 mg</i>	DISC	
<b>Dihydropyridines</b>		
<i>afeditab cr oral tablet extended release 30 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	DISC	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	DISC	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	1	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	DISC	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	DISC	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	DISC	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	DISC	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	DISC	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; LA; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; LA; QL (60 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>tolvaptan oral tablet 15 mg, 30 mg</i> (Samsca)	4	PA; LA; QL (60 per 30 days)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	DISC	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	DISC	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	DISC	
<b>Dyslipidemics</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	PREV	QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	LA
<i>cholestyramine light oral powder in packet 4 gram</i>	2	LA
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	QL (30 per 30 days)
<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, 20 mg, 40 mg, 80 mg</i>	PREV	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	LA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
<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)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	DISC	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<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)
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG	4	LA; ST: (PREVIOUS FAILURE OF PHENTERMINE IN THE PAST 365 DAYS.); QL (120 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	LA; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	LA; QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> (Tecfidera) <i>120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA; LA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	4	LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	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	
<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)



Drug Name	Drug Tier	Requirements/Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF A FORMULARY GENERIC AMPHETAMINE PRODUCT AND A FORMULARY GENERIC METHYLPHENIDATE PRODUCT IN THE PAST 365 DAYS.); QL (30 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 (Adipex-P)</i>	1	QL (30 per 30 days)
<i>phentermine oral tablet 37.5 mg (Adipex-P)</i>	1	QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	4	PA; LA; 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 REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	LA; QL (6 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	LA; ST: (PREVIOUS FAILURE OF A FORMULARY GENERIC AMPHETAMINE PRODUCT AND A FORMULARY GENERIC METHYLPHENIDATE PRODUCT IN THE PAST 365 DAYS.); QL (30 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	PREV	QL (1 per 365 days)
<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	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</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>ayuna oral tablet 0.15-0.03 mg</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</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 (Azurette (28))</i>	PREV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	PREV	
<i>dolishale oral tablet 90-20 mcg (28)</i>	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4) (Beyaz)</i>	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7) (Tydemy)</i>	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i>	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Ocella)</i>	PREV	
<i>econtra ez oral tablet 1.5 mg</i>	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELLA ORAL TABLET 30 MG	PREV	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	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</i> (Kelnor 1/35 (28))	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	PREV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	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>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	PREV	
<i>gildagia oral tablet 0.4-35 mg-mcg</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>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	PREV	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	PREV	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	PREV	
<i>heather oral tablet 0.35 mg</i>	PREV	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</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>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
<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>kalliga oral tablet 0.15-0.03 mg</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 (28) 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	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PREV	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo)	PREV	
<i>l norgest/e.estradiol-e.estrad 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.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	PREV	

Drug Name	Drug Tier	Requirements/Limits
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PREV	
larin 1/20 (21) oral tablet 1-20 mg-mcg	PREV	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PREV	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PREV	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PREV	
larissia oral tablet 0.1-20 mg-mcg	PREV	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	PREV	
lessina oral tablet 0.1-20 mg-mcg	PREV	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PREV	
levonorgestrel oral tablet 1.5 mg (EContra EZ)	PREV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Afirmelle)	PREV	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))	PREV	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28) (Dolishale)	PREV	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Iclevia)	PREV	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)	PREV	
levora-28 oral tablet 0.15-0.03 mg	PREV	
lillow (28) oral tablet 0.15-0.03 mg	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	PREV	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	PREV	
lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PREV	
loryna (28) oral tablet 3-0.02 mg	PREV	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	PREV	
lo-zumandimine (28) oral tablet 3-0.02 mg	PREV	
lutura (28) oral tablet 0.1-20 mg-mcg	PREV	
lyleq oral tablet 0.35 mg	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 (6 YRS) 52 MG	PREV	
<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 1/50 (28) oral tablet 1-50 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	PREV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	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 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	PREV	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	PREV	
<i>norlyda oral tablet 0.35 mg</i>	PREV	
<i>norlyroc oral tablet 0.35 mg</i>	PREV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PREV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	PREV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PREV	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>ocella oral tablet 3-0.03 mg</i>	PREV	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	PREV	
<i>opcicon one-step oral tablet 1.5 mg</i>	PREV	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>option-2 oral tablet 1.5 mg</i>	PREV	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
<i>philith oral tablet 0.4-35 mg-mcg</i>	PREV	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	PREV	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	PREV	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	PREV	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	PREV	
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	PREV	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	PREV	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	PREV	
<i>sharobel oral tablet 0.35 mg</i>	PREV	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	
SLYND ORAL TABLET 4 MG (28)	PREV	
<i>sprintec (28) oral tablet 0.25-35 mg- mcg</i>	PREV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PREV	
<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>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	PREV	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	
<i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
<i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PREV	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	PREV	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	PREV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	PREV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>trinessa (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
<i>trinessa lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	PREV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	PREV	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PREV	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	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>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>	PREV	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>volnea (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>zafemy 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>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	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	PREV	

### **Cough And Cold Products**

<b>Cough And Cold Products</b>		
<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 (G Tussin 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	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i> (Promethazine VC-Codeine)	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)
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	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	
<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> (Oralone)	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	4	LA
<i>acitretin oral capsule 17.5 mg</i>	4	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 %, 2.5 %</i> (Acne Medication)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	LA; ST: (PREVIOUS FAILURE OF A FORMULARY TOPICAL CORTICOSTEROID IN THE PAST 365 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	LA; ST: (PREVIOUS FAILURE OF A FORMULARY TOPICAL CORTICOSTEROID IN THE PAST 365 DAYS)
<i>calcipotriene topical ointment 0.005 %</i>	2	LA; ST: (PREVIOUS FAILURE OF A FORMULARY TOPICAL CORTICOSTEROID IN THE PAST 365 DAYS)
<i>calcitrene topical ointment 0.005 %</i>	2	LA; ST: (PREVIOUS FAILURE OF A FORMULARY TOPICAL CORTICOSTEROID IN THE PAST 365 DAYS)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
<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</i> (Amnesteem)	2	LA
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i> (Accutane)	2	LA
<i>isotretinoin oral capsule 25 mg, 35 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
QBREXZA TOPICAL TOWELETTE 2.4 %	4	LA; ST: (PREVIOUS FAILURE OF DRY SOL IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>urea topical cream 40 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	LA
<b>Dermatological Antibacterials</b>		
azelaic acid topical gel 15 % (Finacea)	1	QL (50 per 30 days)
clindamycin phosphate topical gel 1 %	1	
clindamycin phosphate topical lotion 1 % (Cleocin T)	1	
clindamycin phosphate topical solution 1 % (Cleocin T)	1	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	1	QL (50 per 30 days)
erythromycin with ethanol topical gel 2 % (Erygel)	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin)	1	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
metronidazole topical cream 0.75 % (Rosadan)	1	
metronidazole topical gel 0.75 % (Rosadan)	1	
metronidazole topical gel 1 % (Metrogel)	1	
metronidazole topical lotion 0.75 % (MetroLotion)	1	
mupirocin calcium topical cream 2 %	2	LA
mupirocin topical ointment 2 % (Centany)	1	
rosadan topical cream 0.75 %	1	
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	1	
silver sulfadiazine topical cream 1 % (SSD)	1	
ssd topical cream 1 %	1	
<b>Dermatological Anti-Inflammatory Agents</b>		
anucort-hc rectal suppository 25 mg	1	LA
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	LA
<i>clobetasol scalp solution 0.05 %</i>	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	
EUCRISA TOPICAL OINTMENT 2 %	4	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY TOPICAL CORTICOSTEROID AND TACROLIMUS OINTMENT IN THE PAST 365 DAYS.); QL (100 per 30 days)
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	1	LA
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	1	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)
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	1	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	LA; QL (100 per 30 days)
<i>triamcinolone acetate topical cream 0.025 %</i>	1	
<i>triamcinolone acetate topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetate topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetate topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetate topical ointment 0.05 %</i> (Trianex)	1	
<i>trianex topical ointment 0.05 %</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
<b>Dermatological Retinoids</b>		
<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
<b>Scabicides And Pediculicides</b>		
EURAX TOPICAL CREAM 10 %	3	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	LA
<i>permethrin topical cream 5 %</i> (Elimite)	1	
<b>Devices</b>		
<b>Devices</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	1	
2-IN-1 LANCET DEVICE 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
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 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 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	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
BUTTERFLY TOUCH LANCET 30 GAUGE	1	
CAREONE ULTRA THIN LANCET	1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 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	
CAREPOINT LUER SLIP SYRING- NDL SYRINGE 1 ML 25 GAUGE X 5/8"	1	
CARESENS LANCETS 30 GAUGE	1	
CARETOUCH SAFETY LANCETS 26 GAUGE	1	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE	1	
CLEVER CHEK LANCETS 30 GAUGE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVER CHOICE CHAMBER-LRG MASK SPACER	1	QL (2 per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	1	QL (2 per 365 days)
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	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	1	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	1	
COMPACT SPACE CHAMBER PLUS SPACER	1	
COMPACT SPACE CHAMBER SPACER	1	
COMPACT SPACE CHAMBER-LRG MASK SPACER	1	QL (2 per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	1	QL (2 per 365 days)
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 SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
EZ-LETS 26 GAUGE	1	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	1	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	1	
FINGERSTIX LANCETS	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	

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY READER	2	LA; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	LA; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	2	LA; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	LA; QL (2 per 28 days)
FREESTYLE PRECISION NEO STRIPS STRIP	2	LA; QL (200 per 90 days)
FREESTYLE UNISTIK 2	1	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
GOJJI 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)
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	
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 (Unistik 2 Normal Lancet, Device)	1	
LANCING SYSTEM	1	

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
LITE TOUCH-MEDIUM MASK DEVICE	1	
LITEAIRE MDI CHAMBER SPACER	1	
MEDISENSE THIN LANCETS 28 GAUGE	1	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	1	
MICRO THIN LANCETS 33 GAUGE	1	
MICROCHAMBER SPACER	1	QL (2 per 365 days)
MICROLET LANCET	1	
MICROSPACER 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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 DELICA PLUS LANCET 33 GAUGE	1	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	1	
ONETOUCH ULTRASOFT LANCETS	1	
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	
PIP LANCET 28 GAUGE, 30 GAUGE	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	QL (2 per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCARE SPACER WITH ADULT MASK SPACER	1	QL (2 per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER	1	QL (2 per 365 days)
PROCHAMBER SPACER	1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	1	
PRODIGY TWIST TOP LANCET 28 GAUGE	1	
PURE COMFORT LANCETS 30 GAUGE	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE	1	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	1	
READYLANCER 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
SPACE CHAMBER SPACER	1	
SPACE CHAMBER WITH LARGE MASK SPACER	1	
SPACE CHAMBER WITH MEDIUM MASK SPACER	1	
SPACE CHAMBER WITH SMALL MASK SPACER	1	
STERILANCE TL 30 GAUGE, 32 GAUGE	1	
SUPER THIN LANCETS 28 GAUGE, 30 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	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (Easy Touch) SYRINGE 1 ML 25 GAUGE X 1"	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYRINGE WITH NEEDLE (BD Luer-Lok Syringe) SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	1	
TECHLITE LANCETS 25 GAUGE, 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 SYSTEM KIT	1	QL (1 per 365 days)
TRUETEST TEST STRIPS STRIP	1	QL (300 per 30 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	QL (60 per 30 days)
TUBERCULIN-ALLERGY (BD Safetyglide SYRINGES SYRINGE 1 ML 26 Tuberculin) GAUGE X 3/8"	1	QL (60 per 30 days)
TWIST LANCETS 30 GAUGE, 32 GAUGE	1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

Drug Name	Drug Tier	Requirements/Limits
VORTEX LADYBUG MASK-TODDLER DEVICE	1	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	1	QL (2 per 365 days)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
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)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 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)
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (30 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (30 per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl)</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	1	
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	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	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	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 (Ocuflox) %</i>	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 (Polytrim) ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (Bleph-10) (eye) drops 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin ophthalmic (eye) drops (Tobrex) 0.3 %</i>	1	
<i>tobramycin-dexamethasone (TobraDex) ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	LA
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	LA
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	LA; ST: (PREVIOUS FAILURE OF RESTASIS IN THE PAST 365 DAYS.); QL (60 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)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	LA; ST: (PREVIOUS FAILURE OF RESTASIS EYE DROPS IN THE PAST 365 DAYS); QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	4	LA; ST: (PREVIOUS FAILURES OF OMEPRAZOLE, PANTOPRAZOLE AND ESOMEPRAZOLE IN THE PAST 365 DAYS); QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i> (Nexium)	2	LA; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	2	LA; QL (30 per 30 days)
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	2	LA; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	LA; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	2	LA; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	2	LA; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
<b>Gastrointestinal Agents, Other</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	4	PA; LA; QL (1350 per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	QL (80 per 30 days)
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (1350 per 30 days)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	2	LA
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	2	LA
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	2	LA
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	2	LA
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>kionex oral powder</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	LA; QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	

Drug Name	Drug Tier	Requirements/Limits
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
<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>propantheline oral tablet 15 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i>	2	LA
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	LA
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	LA
<b>Laxatives</b>		
<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-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>laxaclear oral powder 17 gram/dose</i>	PREV	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	PREV	
<i>natura-lax oral powder 17 gram/dose</i>	PREV	
OSMOPREP ORAL TABLET 1.5 GRAM	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74-5.86 gram	PREV	
<i>peg 3350-electrolytes oral recon soln</i> (Gavilyte-C) 240-22.72-6.72-5.84 gram	PREV	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i> 100-7.5-2.691 gram (MoviPrep)	PREV	
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	PREV	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	PREV	
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) 17 gram/dose	PREV	
<i>polyethylene glycol 3350 oral powder</i> (HealthyLax) in packet 17 gram	PREV	
<i>powderlax oral powder</i> 17 gram/dose	PREV	
<i>powderlax oral powder in packet</i> 17 gram	PREV	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	PREV	
<i>purelax oral powder</i> 17 gram/dose	PREV	
<i>purelax oral powder in packet</i> 17 gram	PREV	
<i>smoothlax oral powder</i> 17 gram/dose	PREV	
<i>smoothlax oral powder in packet</i> 17 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</i> 420 gram	PREV	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	2	LA
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	2	LA
CALPHRON ORAL TABLET 667 MG	2	LA
<i>eliphos oral tablet</i> 667 mg	2	LA
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	2	LA; QL (270 per 30 days)
<i>sevelamer hcl oral tablet</i> 800 mg (Renagel)	2	LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING: OXYBUTYNIN OR TOLTERODINE); QL (30 per 30 days)
<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	
<b>Genitourinary Agents, Miscellaneous</b>		
<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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
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.)	1	LA; QL (30 per 30 days)
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	1	LA; QL (30 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	LA
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: ESTRADIOL/NORETHI NDRONE ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES OR ESTRADIOL VAGINAL CREAM); QL (8 per 28 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: ESTRADIOL ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES); QL (30 per 30 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</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, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	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)



Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil</i> (Delestrogen) <i>20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM IN THE PAST 365 DAYS.); QL (1 per 84 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES, ESTRADIOL VAGINAL CREAM); QL (50 per 30 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM IN THE PAST 365 DAYS.); QL (1 per 84 days)
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>deltasone oral tablet 20 mg</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg,</i> (Decadron) <i>0.75 mg, 4 mg, 6 mg</i>	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</i> (Cortef) <i>mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16</i> (Medrol) <i>mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose</i> (Medrol (Pak)) <i>pack 4 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral</i> (Pediapred) <i>solution 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, 20 mg, 5 mg, 50 mg</i>	1	
<b>Pituitary</b>		
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	2	LA; QL (10 per 30 days)
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	2	LA; QL (360 per 365 days)
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

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; LA
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/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 MG/2 ML (2.5 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	5	PA; LA
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	

Drug Name	Drug Tier	Requirements/Limits
<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 (125 mg/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 (120 per 30 days)
<b>Thyroid And Antithyroid Agents</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
<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> (Levoxyl)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	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
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLETS IN THE PAST 365 DAYS.)

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	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS); QL (30 per 30 days)

### Immunological Agents

#### Immunological Agents

<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1 per 28 days)
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	LA
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	LA
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	2	LA
<i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; LA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; LA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; LA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; LA; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	5	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS CAPSULES IN THE PAST 365 DAYS.)
<i>gengraforal capsule 100 mg, 25 mg</i>	2	LA
<i>gengraforal solution 100 mg/ml</i>	2	LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)



Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

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	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: METHOTREXATE, ASACOL, BALSALAZIDE, DIPENTUM, ROWASA, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, SORIATANE, OR HYDROXYUREA)
<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	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; LA; QL (4 per 28 days)
OTEZLA ORAL TABLET 30 MG	5	PA; LA; QL (60 per 30 days)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	LA
<b>Vaccines</b>		
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 QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	PREV	(for influenza)
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	PREV	(for influenza)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
AFLURIA QUAD 2021-2022(6MO UP) 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)
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)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	(for influenza)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV	(for influenza)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV	(for influenza)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PREV	(for influenza)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PREV	(for influenza)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	(for influenza)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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	
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	(for tetanus and diphtheria)F
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	(for infectious meningitis)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	(for hepatitis A and B)

Drug Name	Drug Tier	Requirements/Limits
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) 1.2 gram</i> (Lialda)	2	LA
<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

<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	

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	4	PA; LA
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; LA; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; LA; QL (1.56 per 30 days)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF GLUCAGON EMERGENCY KIT OR GLUGAGEN HYPOKIT IN THE PAST 365 DAYS); QL (2 per 1 day)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
<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	
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 (Alphagan P) 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	LA; ST: (PREVIOUS FAILURE OF BRIMONIDINE EYE DROPS OR TIMOLOL EYE DROPS IN THE PAST 365 DAYS.); QL (10 per 30 days)
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	1	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)
<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 % (Isopto Carpine)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i> (Timoptic Ocudose (PF))	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	
<i>travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)

### Replacement Preparations

#### Replacement Preparations

<i>cytra k crystals oral packet 3,300-1,002 mg</i>	1	LA
<i>effer-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	
<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, 8 meq</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	LA
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	LA
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	LA
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	1	LA
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (12.2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL (GENERIC ADVAIR DISKUS) OR ADVAIR HFA, 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (60 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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Symbicort)	1	QL (20.4 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: FLUTICASONE/SALMETEROL (GENERIC ADVAIR DISKUS) OR ADVAIR HFA AND BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (13 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> (Wixela Inhub)	1	QL (60 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
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)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 (Singulair) mg</i>	1	
<i>montelukast oral tablet 10 mg (Singulair)</i>	1	
<i>montelukast oral tablet, chewable 4 (Singulair) mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	2	LA
<b>Bronchodilators</b>		
<i>albuterol sulfate inhalation hfa (ProAir HFA) aerosol inhaler 90 mcg/actuation</i>	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	LA; QL (4 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 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALM ETEROL DISK INHALER OR ADVAIR HFA, 2) BUDESONIDE/FORMO TEROL (GENERIC SYMBICORT), 3) SPIRIVA HANDIHALER OR RESPIMAT); QL (60 per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	(200 metered doses); QL (36 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	LA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; LA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; LA; QL (56 per 28 days)
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; LA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; LA; QL (112 per 28 days)
<i>sodium chloride inhalation solution (NebuSal) for nebulization 3 %</i>	1	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; LA; QL (84 per 28 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 5 mg, 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 (Soma) mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT PAC- CYCLOBENZAPRINE KIT 10 MG	1	QL (90 per 30 days)
<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, 750 mg</i>	1	
<i>tizanidine oral tablet 2 mg</i>	2	LA
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	LA
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, TEMAZEPAM, TRAZODONE, SILENOR.); QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	LA; QL (30 per 30 days)
<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)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 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)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF SILDENAFIL CITRATE (GENERIC FOR VIAGRA) IN THE PAST 365 DAYS); QL (6 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	1	QL (6 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST: (PREVIOUS FAILURE OF SILDENAFIL CITRATE (GENERIC FOR VIAGRA) IN THE PAST 365 DAYS); QL (6 per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	4	QL (6 per 30 days)
<b>Vitamins And Minerals</b>		
<b>Vitamins And Minerals</b>		
<i>calcidol oral drops 200 mcg/ml (8,000 unit/ml)</i>	PREV	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> (Vitamin D3)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i> (D3 DOTS)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (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 50 mcg (2,000 unit)</i>	PREV	
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	PREV	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	QL (30 per 30 days)
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i> (Calcidol)	PREV	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Pediatric Fe-Vite)	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	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	
<i>l-methyl-mc oral tablet 6-5-50-1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEPHYTON ORAL TABLET 5 MG	3	
<i>metafolbic oral tablet 6-5-50-1 mg</i>	1	
<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	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	PREV	
PEDIA POLY-VITE WITH IRON ORAL DROPS 10 MG/ML	PREV	
<i>pediatric fe-vite oral drops 15 mg iron (75 mg)/ml</i>	PREV	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	PREV	
<i>prenatal 19 oral tablet, chewable 29 mg iron- 1 mg</i>	DISC	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	DISC	
<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	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	DISC	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i>	PREV	
<i>virt-vite forte oral tablet 2.5-25-2 mg</i>	1	
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	PREV	
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	PREV	
<i>vp-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	
<i>westab max oral tablet 2.5-25-2 mg</i>	1	
<i>west-vite with folic acid oral tablet 0.8 mg</i>	1	

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