

# 2021

## Formulary (List of Covered Drugs)



## RiverSpring Star (HMO I-SNP)

**For more recent information or other questions, please contact Member Services at 1800-580-7000 (TTY/TDD 711). We are available 7 days a week from 8 a.m. to 8 p.m.**

**Or, visit [www.RiverSpringHealthplans.org](http://www.RiverSpringHealthplans.org)**

HPMS Approved Formulary File submission ID: 21429, Version Number 6

This formulary was updated on 09/11/2020. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit <https://riverspringhealthplans.org/>.

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# RiverSpring Star (HMO I-SNP) 2021 Formulary

## List of Covered Drugs

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

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means RiverSpring Health Plans. When it refers to “plan” or “our plan,” it means RiverSpring Star (HMO I-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 9/11/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

### **What is the RiverSpring Star (HMO I-SNP) Formulary?**

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

### **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the RiverSpring Star (HMO I-SNP) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the RiverSpring Star’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/11/2020. To get updated information about the drugs covered by RiverSpring Star (HMO I-SNP), please contact us. Our contact information appears on the front and back cover pages. In the event that the plan makes a mid-year non-maintenance formulary change, we will notify you of the change via mail, so you can update your existing printed formulary. The mailing will include specific information on the non-maintenance formulary change and will be sent to you at least 60 days prior to the date the change becomes effective.

## **How do I use the Formulary?**

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

## **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 120 capsules per 30 days per prescription for Vancomycin 125mg oral capsule. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an

exception to the RiverSpring Star's (HMO I-SNP) plan's formulary?" on page V for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered

If you learn that RiverSpring Star (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the RiverSpring Star (HMO I-SNP) Formulary?**

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate

drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

### **Transition Policy for Participants with Level of Care Changes**

Level of care changes occur when a member changes from one treatment setting to another. If one of the following level of care change scenarios applies to you, you might be entitled to a transition supply of the drugs you are currently taking:

- You move to a long-term care facility from a hospital or other setting
- You leave a long-term care facility to your home
- If you are discharged from the hospital to a home
- If you are discharged from a skilled nursing facility
- If your status changes from hospice to non-hospice
- If you are discharged from a psychiatric hospital with an individualized medication plan.

For more information, please contact Member Services at 1-800-580-7000 (TTY/TDD 711). Representatives are available seven days a week from 8 a.m. to 8 p.m., ET.

### **For more information**

For more detailed information about your RiverSpring Star (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### **RiverSpring Star (HMO I-SNP) Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

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

the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.



You can find information on what the symbols and abbreviations on this table mean by going to page VI.

<b>Symbol</b>	<b>Description</b>	<b>Explanation</b>
<b>LA</b>	<b>Limited Access Drug</b>	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-580-7000 (TTY/TDD711), 7 days a week, from 8 a.m. to 8 p.m.
<b>MO</b>	<b>Mail Order</b>	This prescription may also be available via mail.
<b>NDS</b>	<b>Non-Extended Day Supply</b>	These drugs are not available as an extended day supply.
<b>PA</b>	<b>Prior Authorization</b>	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
<b>PA BvD</b>	<b>Covered under Medicare Part B or D</b>	Certain drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information needs to be submitted describing the use and setting of the drug to make the determination.
<b>PA NSO</b>	<b>Prior Authorization for New Starts Only</b>	If you have not filled a prescription for this drug within the past 108 days, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
<b>QL</b>	<b>Quantity Limit</b>	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. The dispense limit is 30 days unless otherwise noted.
<b>ST</b>	<b>Step Therapy</b>	Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
<b>ST-NS</b>	<b>Step Therapy for New Starts Only</b>	Step Therapy requirements apply to new starts only.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
ENDOCET ORAL TABLET 5-325 MG	\$0 (Tier 1)	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
LORCET HD ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>celecoxib oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1)	QL (1000 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
IBU ORAL TABLET 600 MG, 800 MG	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Opioid Analgesics, Long-Acting</b>		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 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>	\$0 (Tier 1)	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	PA; QL (450 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>morphine oral tablet 15 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
<b>Opioid Analgesics, Short-Acting</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1)	QL (400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 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>	\$0 (Tier 1)	PA; QL (10 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol oral tablet 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	\$0 (Tier 1)	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	\$0 (Tier 1)	
<b>Opioid Reversal Agents</b>		
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 (Tier 1)	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 (Tier 1)	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 1)	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 (Tier 1)	
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 1)	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0 (Tier 1)	
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<b>Antibacterials, Other</b>		
<i>aztreonam injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0 (Tier 1)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	\$0 (Tier 1)	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	\$0 (Tier 1)	
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
VANDAZOLE VAGINAL GEL 0.75 %	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefactor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<b>TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM</b>	\$0 (Tier 1)	
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	\$0 (Tier 1)	
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE</b> 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 1)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	\$0 (Tier 1)	
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)	
<b>Carbapenems</b>		
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gram</i>	\$0 (Tier 1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	\$0 (Tier 1)	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	\$0 (Tier 1)	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	\$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<b>Quinolones</b>		
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	\$0 (Tier 1)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	
<b>Tetracyclines</b>		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
MONDOXYNE NL ORAL CAPSULE 100 MG	\$0 (Tier 1)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA NSO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA NSO; QL (600 per 30 days)
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 1)	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 1)	PA NSO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	\$0 (Tier 1)	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	\$0 (Tier 1)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 1)	PA NSO
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (Tier 1)	PA NSO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 1)	
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 1)	QL (60 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	PA NSO
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	PA NSO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 1)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 1)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA NSO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	\$0 (Tier 1)	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA NSO
<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>	\$0 (Tier 1)	PA NSO
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA NSO
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
VIGADRONE ORAL POWDER IN PACKET 500 MG	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 1)	QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 1)	PA NSO
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 (Tier 1)	PA NSO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (Tier 1)	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	\$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (Tier 1)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
PEGANONE ORAL TABLET 250 MG	\$0 (Tier 1)	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>phenytoin oral tablet,chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 1)	QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0 (Tier 1)	QL (120 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>donepezil oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet,disintegrating 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (Tier 1)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 1)	
<b>Cholinesterase Inhibitors</b>		
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	\$0 (Tier 1)	QL (30 per 30 days)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 1)	QL (180 per 30 days)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)	
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 1)	PA NSO
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 1)	QL (900 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 (Tier 1)	PA NSO



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 1)	PA NSO
<b>Tricyclics</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>trimipramine oral capsule 100 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>trimipramine oral capsule 25 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>trimipramine oral capsule 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 1)	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	PA BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1)	PA BvD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	\$0 (Tier 1)	PA BvD
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	\$0 (Tier 1)	QL (4 per 28 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 1)	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 1)	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 1)	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	\$0 (Tier 1)	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 (Tier 1)	QL (630 per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	\$0 (Tier 1)	QL (93 per 30 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 1)	QL (93 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	QL (90 per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
COLCRYS ORAL TABLET 0.6 MG	\$0 (Tier 1)	QL (120 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 1)	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	
<b>Prophylactic</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 1)	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	\$0 (Tier 1)	PA; QL (1.5 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (Tier 1)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 1)	PA; QL (2 per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<b>Serotonin (5-Ht) Receptor Agonist</b>		
<i>eletriptan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	\$0 (Tier 1)	QL (24 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine oral tablet 125 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	
<b>Antituberculars</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 (Tier 1)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 1)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 1)	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 1)	
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 1)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<b>Antiandrogens</b>		
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1)	PA NSO
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 1)	PA NSO
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 1)	PA NSO
<i>toremifene oral tablet 60 mg</i>	\$0 (Tier 1)	
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier 1)	PA NSO
<b>Antiangiogenic Agents</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0 (Tier 1)	PA NSO; QL (21 per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (56 per 28 days)
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 1)	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 1)	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 1)	
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 1)	
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 1)	
TABLOID ORAL TABLET 40 MG	\$0 (Tier 1)	
<b>Antineoplastics, Other</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 1)	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 1)	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 (Tier 1)	PA NSO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA BvD
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 1)	PA NSO
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 1)	PA BvD
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 1)	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<b>Enzyme Inhibitors</b>		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 1)	PA NSO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 1)	PA NSO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 1)	PA NSO
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 1)	PA NSO
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 1)	PA NSO
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 1)	PA NSO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	PA NSO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 1)	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 1)	PA NSO
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (40 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA BvD; QL (240 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	\$0 (Tier 1)	PA NSO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA NSO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	\$0 (Tier 1)	PA NSO
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	\$0 (Tier 1)	PA NSO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (Tier 1)	PA NSO
INLYTA ORAL TABLET 1 MG	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
IRESSA ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	\$0 (Tier 1)	PA NSO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 1)	PA NSO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 (Tier 1)	PA NSO
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (Tier 1)	PA NSO
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 1)	PA NSO
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 1)	PA NSO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 1)	PA NSO
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 1)	PA NSO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 1)	PA NSO
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 1)	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 1)	PA NSO
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 1)	PA NSO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 1)	PA NSO
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	\$0 (Tier 1)	PA NSO
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO
TYKERB ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 1)	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	PA NSO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 1)	PA NSO
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 1)	PA NSO
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 1)	PA NSO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 (Tier 1)	PA BvD
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 1)	PA NSO
<b>Retinoids</b>		
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA NSO
TARGRETIN TOPICAL GEL 1 %	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 (Tier 1)	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 1)	QL (12 per 30 days)
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 (Tier 1)	
ALINIA ORAL TABLET 500 MG	\$0 (Tier 1)	
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 1)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	
NEBUPENT INHALATION RECON SOLN 300 MG	\$0 (Tier 1)	PA BvD
PENTAM INJECTION RECON SOLN 300 MG	\$0 (Tier 1)	
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1)	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)	
<i>primaquine oral tablet 26.3 mg</i>	\$0 (Tier 1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 1)	PA; QL (150 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (Tier 1)	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)	
<b>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<b>2Nd Generation/Atypical</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 1)	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 1)	QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 1)	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 1)	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 1)	QL (3.2 per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	\$0 (Tier 1)	QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 1)	PA NSO
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 1)	QL (6 per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (Tier 1)	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (Tier 1)	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (Tier 1)	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (Tier 1)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (Tier 1)	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0 (Tier 1)	QL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0 (Tier 1)	QL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (Tier 1)	QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0 (Tier 1)	QL (2.625 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 1)	QL (60 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 1)	QL (1 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 1)	QL (30 per 30 days)
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	\$0 (Tier 1)	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 1)	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 1)	PA NSO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1)	PA NSO; QL (270 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA NSO
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (135 per 30 days)
CLOZARIL ORAL TABLET 200 MG, 50 MG	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	PA NSO; QL (600 per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 1)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 1)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 (Tier 1)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 1)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 1)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 1)	
<b>Anti-Hepatitis C (Hcv) Agents</b>		
EPCLUSA ORAL TABLET 400-100 MG	\$0 (Tier 1)	PA NSO
HARVONI ORAL TABLET 90-400 MG	\$0 (Tier 1)	PA
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 1)	PA NSO
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 1)	PA NSO
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 (Tier 1)	
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 1)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 1)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	\$0 (Tier 1)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (Tier 1)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 1)	
EDURANT ORAL TABLET 25 MG	\$0 (Tier 1)	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	\$0 (Tier 1)	
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	\$0 (Tier 1)	
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir oral solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (Tier 1)	
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 (Tier 1)	
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 1)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 1)	
DESCOVY ORAL TABLET 200-25 MG	\$0 (Tier 1)	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$0 (Tier 1)	
EMTRIVA ORAL CAPSULE 200 MG	\$0 (Tier 1)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 1)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 1)	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 (Tier 1)	
SYMFI ORAL TABLET 600-300-300 MG	\$0 (Tier 1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (Tier 1)	QL (30 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 1)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 1)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Other</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 1)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	\$0 (Tier 1)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 1)	
TYBOST ORAL TABLET 150 MG	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Protease Inhibitors (Pi)</b>		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 1)	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 (Tier 1)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 1)	
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 1)	
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 1)	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 1)	
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 1)	
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 1)	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 1)	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 1)	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 1)	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (Tier 1)	QL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 1)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 1)	
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>oseltamivir oral capsule 30 mg</i>	\$0 (Tier 1)	QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (Tier 1)	QL (1080 per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 1)	QL (120 per 365 days)
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 1)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 1)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA NSO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)</b>		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 1)	QL (900 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 1)	PA NSO
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 1)	QL (6 per 3 days)
<i>lamotrigine oral tablet 25 mg</i>	\$0 (Tier 1)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 1)	QL (1 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
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	\$0 (Tier 1)	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 1)	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 1)	PA NSO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
<b>Mood Stabilizers</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 1)	QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	\$0 (Tier 1)	QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0 (Tier 1)	QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0 (Tier 1)	QL (1.2 per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (Tier 1)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (60 per 30 days)



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 1)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 1)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 1)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (Tier 1)	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	\$0 (Tier 1)	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	\$0 (Tier 1)	QL (120 per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	\$0 (Tier 1)	QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 (Tier 1)	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (Tier 1)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (Tier 1)	QL (15 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Glycemic Agents</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	\$0 (Tier 1)	
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	\$0 (Tier 1)	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	\$0 (Tier 1)	
KORLYM ORAL TABLET 300 MG	\$0 (Tier 1)	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	
<b>Insulins</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	QL (200 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 1)	PA BvD
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 1)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	\$0 (Tier 1)	QL (200 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 1)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	\$0 (Tier 1)	QL (200 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 1)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	\$0 (Tier 1)	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
<b>Blood Products And Modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 1)	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 1)	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	\$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	\$0 (Tier 1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	PA BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	\$0 (Tier 1)	QL (60 per 30 days)
<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>	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	\$0 (Tier 1)	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO ORAL TABLET 2.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
<b>Blood Products And Modifiers, Other</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 1)	PA BvD
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 1)	PA
<b>Blood Products And Modifiers</b>		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
<b>Hemostasis Agents</b>		
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 1)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
NORTHERA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Angiotensin li Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<b>Antiarrhythmics</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 1)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	\$0 (Tier 1)	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0 (Tier 1)	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	\$0 (Tier 1)	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 1)	
TIADYL T ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0 (Tier 1)	
NYMALIZE ORAL SYRINGE 60 MG/10 ML	\$0 (Tier 1)	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 1)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 1)	
TIADYLT ER ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>aliskiren oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>aliskiren oral tablet 300 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
BIDIL ORAL TABLET 20-37.5 MG	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 1)	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 1)	
DEMSEER ORAL CAPSULE 250 MG	\$0 (Tier 1)	PA
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1)	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 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>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$0 (Tier 1)	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	ST-NS
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 1)	ST-NS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (Tier 1)	ST-NS
<b>Dyslipidemics, Other</b>		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	\$0 (Tier 1)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	\$0 (Tier 1)	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	\$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
NIACOR ORAL TABLET 500 MG	\$0 (Tier 1)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 1)	PA
PREVALITE ORAL POWDER IN PACKET 4 GRAM	\$0 (Tier 1)	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 1)	
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
ISORDIL ORAL TABLET 40 MG	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 1)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 1)	QL (30 per 30 days)
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 15 mg, 20 mg, 25 mg, 30 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 1)	QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	\$0 (Tier 1)	
<i>dexmethylphenidate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 1)	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	\$0 (Tier 1)	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 1)	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<b>Fibromyalgia Agents</b>		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 1)	
<b>Multiple Sclerosis Agents</b>		
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 1)	PA NSO; QL (14 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1)	PA
GILENYA ORAL CAPSULE 0.5 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (12 per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	\$0 (Tier 1)	PA NSO; QL (12 per 28 days)
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)	
<b>Dermatological Agents</b>		
<b>Acne And Rosacea Agents</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA
AVITA TOPICAL CREAM 0.025 %	\$0 (Tier 1)	PA; QL (45 per 30 days)
AVITA TOPICAL GEL 0.025 %	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)	
FINACEA TOPICAL FOAM 15 %	\$0 (Tier 1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
TAZORAC TOPICAL CREAM 0.05 %	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<b>Dermatitis And Pruitus Agents</b>		
ALA-CORT TOPICAL CREAM 1 %	\$0 (Tier 1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	\$0 (Tier 1)	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	\$0 (Tier 1)	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	\$0 (Tier 1)	
<i>desonide topical cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	\$0 (Tier 1)	QL (120 per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	\$0 (Tier 1)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	\$0 (Tier 1)	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	\$0 (Tier 1)	PA; QL (480 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 per 30 days)
TEXACORT TOPICAL SOLUTION 2.5 %	\$0 (Tier 1)	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %</i>	\$0 (Tier 1)	QL (454 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide topical lotion 0.025 %</i> , 0.1 %	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %</i> , 0.05 %, 0.1 %, 0.5 %	\$0 (Tier 1)	
<b>Dermatological Agents, Other</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1)	QL (40 per 30 days)
<i>fluorouracil topical solution 2 %</i> , 5 %	\$0 (Tier 1)	QL (10 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1)	QL (24 per 30 days)
PICATO TOPICAL GEL 0.015 %	\$0 (Tier 1)	QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	\$0 (Tier 1)	QL (2 per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 1)	PA; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 1)	
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)	
SSD TOPICAL CREAM 1 %	\$0 (Tier 1)	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	\$0 (Tier 1)	QL (15 per 30 days)
<b>Pediculicides/Scabicides</b>		
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)	
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1)	
<b>Topical Anti-Infectives</b>		
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
ERY PADS TOPICAL SWAB 2 %	\$0 (Tier 1)	
<i>erythromycin with ethanol topical gel 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	
<i>mupirocin calcium topical cream 2 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1)	QL (220 per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/ Mineral Replacement</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 (Tier 1)	PA
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 1)	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	\$0 (Tier 1)	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 1)	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 1)	
CLOVIQUE ORAL CAPSULE 250 MG	\$0 (Tier 1)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 1)	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 (Tier 1)	PA BvD
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	\$0 (Tier 1)	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	\$0 (Tier 1)	PA
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 1)	PA BvD

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 (Tier 1)	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 1)	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 (Tier 1)	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 1)	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	\$0 (Tier 1)	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET 210 MG IRON	\$0 (Tier 1)	PA; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0 (Tier 1)	QL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	QL (540 per 30 days)
<b>Potassium Binders</b>		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	\$0 (Tier 1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 1)	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	\$0 (Tier 1)	
<b>Vitamins</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA ORAL CAPSULE 24 MCG	\$0 (Tier 1)	QL (60 per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	\$0 (Tier 1)	QL (180 per 30 days)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	\$0 (Tier 1)	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 1)	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	\$0 (Tier 1)	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 1)	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 1)	QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0 (Tier 1)	QL (30 per 30 days)
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 1)	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 (Tier 1)	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	\$0 (Tier 1)	PA
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
ZELNORM ORAL TABLET 6 MG	\$0 (Tier 1)	QL (60 per 30 days)



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Anti-Diarrheal Agents</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
<b>Gastrointestinal Agents, Other</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 1)	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
<b>Gastrointestinal Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	\$0 (Tier 1)	
HELIDAC ORAL COMBO PACK 250-500-262.4 MG	\$0 (Tier 1)	
PYLERA ORAL CAPSULE 140-125-125 MG	\$0 (Tier 1)	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
<b>Protectants</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML	\$0 (Tier 1)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)	
<b>Proton Pump Inhibitors</b>		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	ST-NS
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	\$0 (Tier 1)	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	\$0 (Tier 1)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	\$0 (Tier 1)	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (Tier 1)	
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 1)	PA
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	\$0 (Tier 1)	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	\$0 (Tier 1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 1)	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 1)	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	\$0 (Tier 1)	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KUVAN ORAL TABLET,SOLUBLE 100 MG	\$0 (Tier 1)	PA
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	\$0 (Tier 1)	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 1)	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 1)	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	\$0 (Tier 1)	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	\$0 (Tier 1)	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1)	ST-NS; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	ST-NS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>trospium oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>silodosin oral capsule 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
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	\$0 (Tier 1)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 (Tier 1)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 1)	PA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>misoprostol oral tablet 200 mcg</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET 50 MG	\$0 (Tier 1)	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	PA
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	\$0 (Tier 1)	PA; QL (30 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
<b>Estrogens</b>		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (Tier 1)	
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	\$0 (Tier 1)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<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>	\$0 (Tier 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>	\$0 (Tier 1)	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	\$0 (Tier 1)	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	\$0 (Tier 1)	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 1)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 1)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
APRI ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 1)	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0 (Tier 1)	
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 1)	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0 (Tier 1)	
JULEBER ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	\$0 (Tier 1)	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0 (Tier 1)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0 (Tier 1)	
OCELLA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	
PIRMELLA ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 1)	
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 1)	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
SYEDA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 (Tier 1)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 1)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 (Tier 1)	
ZARAH ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
<b>Progestins</b>		
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 (Tier 1)	PA BvD
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 1)	
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 1)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 1)	
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
LEVO-T 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	\$0 (Tier 1)	
<i>levothyroxine 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</i>	\$0 (Tier 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	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	\$0 (Tier 1)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 1)	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 (Tier 1)	PA NSO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0 (Tier 1)	PA NSO
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (Tier 1)	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	\$0 (Tier 1)	PA NSO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (Tier 1)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 1)	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 (Tier 1)	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	\$0 (Tier 1)	PA NSO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	\$0 (Tier 1)	PA; QL (24 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 1)	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 1)	PA; QL (20 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 1)	PA NSO; QL (27 per 30 days)
<b>Immunoglobulins</b>		
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 1)	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 1)	PA BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 1)	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (Tier 1)	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 1)	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 1)	PA BvD
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (Tier 1)	PA BvD
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 1)	PA BvD
<b>Immunological Agents, Other</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 1)	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 1)	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
OLUMIANT ORAL TABLET 1 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 (Tier 1)	PA NSO; QL (4 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	\$0 (Tier 1)	PA; QL (4 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	\$0 (Tier 1)	PA; QL (1.6 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	\$0 (Tier 1)	PA; QL (2.8 per 30 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 (Tier 1)	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	\$0 (Tier 1)	PA
XELJANZ ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
XELJANZ ORAL TABLET 5 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 1)	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	\$0 (Tier 1)	PA
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 1)	PA NSO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 (Tier 1)	PA BvD
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 (Tier 1)	PA BvD
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0 (Tier 1)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 1)	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 1)	PA
<b>Immunosuppressants</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 1)	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 1)	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	\$0 (Tier 1)	PA NSO; QL (150 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 1)	PA NSO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 1)	PA NSO; QL (8 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	\$0 (Tier 1)	PA; QL (4 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 1)	PA NSO; QL (14 per 365 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (40 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA BvD; QL (240 per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	PA BvD
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA NSO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 1)	PA BvD
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 1)	QL (60 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA BvD
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 1)	PA BvD
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 1)	PA BvD
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3- 5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	\$0 (Tier 1)	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 1)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 1)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 1)	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 1)	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 1)	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 1)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 1)	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 1)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 1)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 1)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 1)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 1)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 1)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 1)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 1)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0 (Tier 1)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 1)	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 1)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 1)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 1)	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (Tier 1)	PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 1)	PA BvD
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	\$0 (Tier 1)	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 1)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 1)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 1)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 1)	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 (Tier 1)	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	\$0 (Tier 1)	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)	
<b>Glucocorticoids</b>		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1)	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	PA BvD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cinacalcet oral tablet 30 mg, 90 mg</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 1)	PA BvD; QL (60 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	PA BvD
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	\$0 (Tier 1)	PA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	\$0 (Tier 1)	ST-NS
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 (Tier 1)	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 1)	QL (1 per 180 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	\$0 (Tier 1)	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)	
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1)	
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	\$0 (Tier 1)	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 (Tier 1)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 1)	PA
<b>Non-Frf</b>		
<b>Non-Frf</b>		
ALA-CORT TOPICAL CREAM 2.5 %	\$0 (Tier 1)	
<i>alendronate oral tablet 40 mg, 5 mg</i>	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET 10 MG	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 10 MG	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR 10 MG	\$0 (Tier 1)	
ALLERGY (LORATADINE) 10 MG TAB 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG ODT NON-DROWSY, 24HR 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML	\$0 (Tier 1)	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg chew tab inner 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg chew tab outer 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet 10 mg</i>	\$0 (Tier 1)	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor &amp; outdoor 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor/outdoor 24 hr 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet u-d,10x10 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab children's, inner 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg tablet 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg tablet indoor &amp; outdoor 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg/5 ml soln inner 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml</i>	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML D/F, GLUTEN/F, GRAPE 1 MG/ML	\$0 (Tier 1)	
CHILD CETIRIZINE 10 MG CHEW TB 10 MG	\$0 (Tier 1)	
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY 10 MG	\$0 (Tier 1)	
CHILD CETIRIZINE 5 MG CHEW TAB 5 MG	\$0 (Tier 1)	
CHILD CETIRIZINE HCL 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML	\$0 (Tier 1)	
<i>child loratadine 10 mg/10 ml outer 5 mg/5 ml</i>	\$0 (Tier 1)	
CHILD LORATADINE 5 MG TAB CHEW 5 MG	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml syr 5 mg/5 ml</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml syr s/f, a/f, gluten/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	\$0 (Tier 1)	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	\$0 (Tier 1)	
COLOCORT RECTAL ENEMA 100 MG/60 ML	\$0 (Tier 1)	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	
CYRED ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	\$0 (Tier 1)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	\$0 (Tier 1)	
E.E.S. 400 ORAL TABLET 400 MG	\$0 (Tier 1)	
FARYDAK ORAL CAPSULE 15 MG	\$0 (Tier 1)	PA NSO
<i>flurbiprofen oral tablet 50 mg</i>	\$0 (Tier 1)	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 1)	
GS ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 1)	
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
HM CHILD CETIRIZINE 1 MG/ML D/F, S/F, BUBBLEGUM 1 MG/ML	\$0 (Tier 1)	
<i>hm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	\$0 (Tier 1)	PA NSO
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	\$0 (Tier 1)	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10, outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10,u-d,inner 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10,u-d,outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 24 hour, non-drowsy 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet inner 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml syrup children's, a/f, d/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0 (Tier 1)	QL (90 per 30 days)
MORGIDOX ORAL CAPSULE 50 MG	\$0 (Tier 1)	
<i>morphine injection syringe 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>morphine intravenous syringe 8 mg/ml</i>	\$0 (Tier 1)	PA BvD
NON-DROWSY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 1)	
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 1)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	\$0 (Tier 1)	
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 1)	QL (60 per 30 days)
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)	QL (4000 per 1 day)
<i>potassium chloride in 5 % dex intravenous parenteral solution 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
QC ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 1)	
QC CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
<i>qc loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 1)	
REBETOL ORAL SOLUTION 40 MG/ML	\$0 (Tier 1)	
RESCRIPTOR ORAL TABLET 200 MG	\$0 (Tier 1)	
RIBASPHERE ORAL CAPSULE 200 MG	\$0 (Tier 1)	
RIBASPHERE ORAL TABLET 600 MG	\$0 (Tier 1)	
RIFATER ORAL TABLET 50-120-300 MG	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML D/F, S/F, A/F BUBBLE 1 MG/ML	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML S/F, GRAPE 1 MG/ML	\$0 (Tier 1)	
<i>sm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	
<i>sm loratadine 10 mg tablet non-drowsy,gluten-f 10 mg</i>	\$0 (Tier 1)	
<i>sodium chloride 0.9 % intravenous piggyback</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	\$0 (Tier 1)	PA NSO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 (Tier 1)	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 (Tier 1)	QL (1 per 999 days)
ZYKADIA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
ZYPITAMAG ORAL TABLET 1 MG	\$0 (Tier 1)	ST-NS
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	\$0 (Tier 1)	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 1)	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 1)	QL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 1)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 (Tier 1)	
<b>Ophthalmic Anti-Allergy Agents</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	\$0 (Tier 1)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 1)	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	\$0 (Tier 1)	
<b>Ophthalmic Anti-Infectives</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	\$0 (Tier 1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	\$0 (Tier 1)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Ophthalmic Anti-Inflammatories</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 (Tier 1)	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	\$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 (Tier 1)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 (Tier 1)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 (Tier 1)	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	\$0 (Tier 1)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 1)	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 1)	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 (Tier 1)	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 (Tier 1)	
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 1)	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	\$0 (Tier 1)	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	\$0 (Tier 1)	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 1)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
<b>Respiratory Tract/ Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 1)	PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (30 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 (Tier 1)	QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	\$0 (Tier 1)	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 (Tier 1)	QL (21.2 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (Tier 1)	QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1)	QL (34 per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	\$0 (Tier 1)	QL (12.5 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	\$0 (Tier 1)	QL (2 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)	
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 1)	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 1)	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	\$0 (Tier 1)	
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	PA BvD

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	\$0 (Tier 1)	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	\$0 (Tier 1)	QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	\$0 (Tier 1)	PA BvD
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 1)	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 1)	QL (36 per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 1)	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 1)	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	\$0 (Tier 1)	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 1)	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 1)	PA BvD
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 1)	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 1)	PA



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	\$0 (Tier 1)	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 1)	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
<i>bosentan oral tablet 125 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 1)	PA BvD
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 1)	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	\$0 (Tier 1)	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 1)	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA BvD
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 1)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 1)	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 1)	QL (10.7 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1)	QL (10.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1)	QL (60 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 (Tier 1)	QL (10.2 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	\$0 (Tier 1)	QL (60 per 30 days)
<b>Respiratory Tract/ Pulmonary Agents</b>		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 1)	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (Tier 1)	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 1)	PA
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>temazepam oral capsule 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 1)	PA; QL (540 per 30 days)



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Washington, D.C. 20201  
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