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This document is the University of Arkansas System Formulary, a list of generic and brand name drugs covered by The Plan under your prescription drug benefit. Drugs on the formulary are chosen for their safety, effectiveness and value.

This list is not all-inclusive and is not a guarantee of coverage. The formulary may change at any time. Plan Benefit design is the final determinate of coverage.

If you have questions, please contact a MedImpact Healthcare customer service representative at 800-788-2949.

How to Use the Formulary

The formulary is a list of preferred drugs available under the pharmacy plan benefit. All drugs on the formulary are listed by their generic names and most common brand name. The formulary may be accessed by using the index, either by generic or brand name (in capital letters) and by therapeutic drug category.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

Certain drugs may be subject to Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST), or Reference Based Pricing (RBP) requirements according to Benefit Design. Unless noted, multisource brand drugs (brand drugs with generic equivalent) are covered at 100% copay.

There are a number of drugs listed in the formulary that may require prior authorization to ensure appropriate use. For drugs that require Prior Authorization for coverage, providers must submit a request to MedImpact.

Certain preventive care drug categories have products that are covered with \$0 member cost share.

Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. Specific prescription benefit plan design may not cover certain categories or certain dosages of drugs, regardless of their appearance in this document. Log in to www.medimpact.com to check coverage and cost share information for a specific medicine.

If you have questions about these requirements or other formulary questions, please contact MedImpact at 800-788-2949.

Symbol	Guideline	Description
AGE	Age Edit	Drug may not be recommended for some patients based on age
G	Gender Edit	Drug may not be recommended for some patients based on gender
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RBP	Reference Based Pricing	Plan will pay an amount per pill; remaining cost will be applied to member share
ST	Step Therapy	Coverage may depend on previous use of another drug

Pharmacy Benefit Design

The formulary is a three tier benefit design. Tiers are the different cost levels you pay for a drug. Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with The Plan, which may be a deductible, a coinsurance, a fixed amount or other charge, with the balance, if any, paid by the Plan.

Prescription Drugs			
	Classic Plan	Health Savings Plan	Premier Plan
Tier 1	\$15 copay	10% after deductible is met	\$10 copay
Tier 2	\$55 copay	10% after deductible is met	\$50 copay
Tier 3	\$90 copay	10% after deductible is met	\$80 copay

Drug Name	Tier	Requirements/Limits
ALLERGY		
2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS		
DESLORATADINE/PSEUDOEPHEDRINE CLARINEX-D 12 HOUR	3	
<i>fexofenadine/pseudoephedrine (180-240mg) (tab er 24h)</i>	1	
PSEUDOEPHEDRINE HCL/ACRIVAS SEMPREX-D	2	
ALLERGENIC EXTRACTS, THERAPEUTICS		
GR POL-ORC/SW VER/RYE/KENT/TIM ORALAIR (100-300 IR) (TAB SUBL)	3	
ANTIHISTAMINES - 1ST GENERATION		
<i>clemastine fumarate (2.68 mg) (tablet)</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>promethazine hcl</i>	1	
ANTIHISTAMINES - 2ND GENERATION		
DESLORATADINE CLARINEX (2.5 MG/5ML) (SYRUP)	3	
<i>desloratadine</i>	1	
<i>levocetirizine dihydrochloride (2.5 mg/5ml) (solution)</i>	1	
NASAL ANTIHISTAMINE		
<i>azelastine hcl</i>	1	
<i>olopatadine hcl</i>	1	
NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.		
AZELASTINE/FLUTICASONE DYMISTA	3	RBP
NASAL ANTI-INFLAMMATORY STEROIDS		
BECLOMETHASONE DIPROPIONATE BECONASE AQ	3	RBP
CICLESONIDE OMNARIS	3	RBP
CICLESONIDE ZETONNA	3	RBP
<i>flunisolide</i>	1	RBP
<i>fluticasone propionate (50 mcg) (spray susp)</i>	1	RBP
<i>mometasone furoate</i>	1	RBP
ANTIEMESIS/ANTIVERTIGO		
ANTIEMETIC/ANTIVERTIGO AGENTS		
<i>aprepitant (125 mg) (capsule)</i>	1	QL: 1 IN 21 DAYS
<i>dimenhydrinate (50 mg/ml) (vial)</i>	1	
DOLASETRON MESYLATE ANZEMET	3	QL: 1 IN 1 DAY
<i>dronabinol</i>	1	QL: 2 IN 1 DAY
FOSAPREPITANT DIMEGLUMINE EMEND	3	
GRANISETRON SANCUSO	3	QL: 2 IN 1 DAY
<i>granisetron hcl (1 mg/ml(1)) (vial)</i>	1	
<i>granisetron hcl (1 mg/ml) (vial)</i>	1	
<i>granisetron hcl/pf</i>	1	
NABILONE CESAMET	3	PA
<i>ondansetron</i>	1	QL: 21 IN 5 DAYS
<i>ondansetron hcl (2 mg/ml) (vial)</i>	1	
PALONOSETRON HCL ALOXI	2	
<i>prochlorperazine</i>	1	
<i>promethazine hcl</i>	1	
<i>scopolamine</i>	1	
TRIMETHOBENZAMIDE HCL TIGAN (100 MG/ML) (VIAL)	3	
<i>trimethobenzamide hcl</i>	1	QL: 7 IN 10 DAYS

Drug Name	Tier	Requirements/Limits
ASTHMA AND COPD		
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING		
IPRATROPIUM BROMIDE <i>ipratropium bromide</i>	ATROVENT HFA 2 1	
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING		
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR 3	
TIOTROPIUM BROMIDE	SPIRIVA 2	
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT 2	
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA 3	
BETA-ADRENERGIC AGENTS		
<i>albuterol sulfate</i>	1	
<i>metaproterenol sulfate</i>	1	
<i>terbutaline sulfate</i>	1	
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING		
<i>albuterol sulfate</i>	1	
ALBUTEROL SULFATE	PROAIR HFA 2	
ALBUTEROL SULFATE	PROVENTIL HFA 2	
ALBUTEROL SULFATE	VENTOLIN HFA 2	
<i>terbutaline sulfate</i>	1	
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
OLODATEROL HCL	STRIVERDI RESPIMAT 3	
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING		
ARFORMOTEROL TARTRATE	BROVANA 3	
FORMOTEROL FUMARATE	PERFORMIST 3	
SALMETEROL XINAFOATE	SEREVENT DISKUS 2	
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS		
IPRATROPIUM/ALBUTEROL SULFATE <i>ipratropium/albuterol sulfate</i>	COMBIVENT RESPIMAT 2 1	
UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA 2	
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS		
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT 3	
FLUTICASONE/SALMETEROL	ADVAIR DISKUS 2	
FLUTICASONE/SALMETEROL	ADVAIR HFA 2	
FLUTICASONE/VILANTEROL	BREO ELLIPTA 3	
MOMETASONE/FORMOTEROL	DULERA 3	
GLUCOCORTICIDS, ORALLY INHALED		
BECLOMETHASONE DIPROPIONATE <i>budesonide</i>	QVAR 2 1	
BUDESONIDE	PULMICORT FLEXHALER (180 MCG) (AER POW BA) 2	
BUDESONIDE	PULMICORT FLEXHALER (90 MCG) (AER POW BA) 3	
CICLESONIDE	ALVESCO 3	
FLUTICASONE FUROATE	ARNUTY ELLIPTA 3	
FLUTICASONE PROPIONATE	FLOVENT DISKUS (100 MCG) (BLST W/DEV) 2	
FLUTICASONE PROPIONATE	FLOVENT DISKUS (250 MCG) (BLST W/DEV) 2	

Drug Name		Tier	Requirements/Limits
FLUTICASONE PROPIONATE	FLOVENT DISKUS (50 MCG) (BLST W/DEV)	3	
FLUTICASONE PROPIONATE	FLOVENT HFA	2	
MOMETASONE FUROATE	ASMANEX	3	
MOMETASONE FUROATE	ASMANEX HFA	2	
LEUKOTRIENE RECEPTOR ANTAGONISTS			
<i>montelukast sodium</i>		1	
MAST CELL STABILIZERS			
<i>cromolyn sodium</i>		1	
MAST CELL STABILIZERS, ORALLY INHALED			
<i>cromolyn sodium</i>		1	
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)			
OMALIZUMAB	XOLAIR	3	PA
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
ROFLUMILAST	DALIRESP	3	PA
XANTHINES			
<i>aminophylline</i>		1	
<i>caffeine citrate</i>		1	
<i>caffeine/sodium benzoate</i>		1	
THEOPHYLLINE ANHYDROUS	THEO-24	2	
<i>theophylline anhydrous</i>		1	
<i>theophylline in dextrose 5 %</i>		1	
AUTONOMIC NERVOUS SYSTEM DISORDERS			
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
<i>memantine hcl (10 mg) (tablet)</i>		1	AGE: >= 50 YEARS
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB			
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (21 MG-10MG) (CAP SPR 24)	3	
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (7-10/14-10) (CAP24 DSPK)	3	
CHOLINESTERASE INHIBITORS			
<i>donepezil hcl (10 mg) (tab rapdis)</i>		1	AGE: >= 50 YEARS
<i>donepezil hcl (10 mg) (tablet)</i>		1	
<i>donepezil hcl (23 mg) (tablet)</i>		1	AGE: >= 50 YEARS
<i>donepezil hcl (5 mg) (tab rapdis)</i>		1	
<i>donepezil hcl (5 mg) (tablet)</i>		1	
<i>edrophonium chloride</i>		1	
EDROPHONIUM CHLORIDE/ATROPINE	ENLON-PLUS	2	
<i>galantamine hbr</i>		1	
<i>neostigmine methylsulfate (5 mg/5 ml) (syringe)</i>		1	
<i>physostigmine salicylate</i>		1	
PYRIDOSTIGMINE BROMIDE	MESTINON (60 MG/5 ML) (SYRUP)	2	
<i>pyridostigmine bromide</i>		1	
PYRIDOSTIGMINE BROMIDE	REGONOL	3	
<i>rivastigmine</i>		1	
<i>rivastigmine tartrate</i>		1	
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
<i>mirtazapine</i>		1	
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	2	
<i>phenelzine sulfate</i>		1	
<i>tranylcypromine sulfate</i>		1	

Drug Name	Tier	Requirements/Limits
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)		
BUPROPION HBR <i>bupropion hcl (100 mg) (tab er 12h)</i>	APLENZIN 3 1	
BUPROPION HCL	FORFIVO XL 3	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)		
<i>citalopram hydrobromide</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl</i>	1	
PAROXETINE HCL <i>sertraline hcl</i>	PAXIL (10 MG/5 ML) (ORAL SUSP) 3 1	
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
<i>duloxetine hcl (20 mg) (capsule dr)</i>	1	QL: 1 IN 1 DAY
<i>venlafaxine hcl (100 mg) (tablet)</i>	1	
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS		
<i>amitriptyline/chlordiazepoxide</i>	1	
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS		
<i>perphenazine/amitriptyline hcl</i>	1	
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
BEHAVIORAL HEALTH - OTHER		
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE		
<i>dextroamphetamine sulfate (10 mg) (capsule er)</i>	1	AGE: >= 26 YEARS
DEXTROAMPHETAMINE SULFATE <i>dextroamphetamine/amphetamine (10 mg) (tablet)</i>	ZENZEDI (2.5 MG) (TABLET) 3 1	
DEXTROAMPHETAMINE/AMPHETAMINE <i>dextroamphetamine/amphetamine (10 mg) (tablet)</i>	ADDERALL XR 1 1	AGE: >= 26 YEARS
LISDEXAMFETAMINE DIMESYLATE <i>methamphetamine hcl</i>	VYVANSE (10 MG) (CAPSULE) 3 1	AGE: >= 26 YEARS, QL: 1 IN 1 DAY
ANTI-ALCOHOLIC PREPARATIONS		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
NALTREXONE MICROSPHERES <i>lorazepam</i>	VIVITROL 3 1	
ANTI-ANXIETY DRUGS		
<i>alprazolam</i>	1	
ALPRAZOLAM INTENSOL	2	
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam</i>	1	
<i>lorazepam</i>	1	

Drug Name	Tier	Requirements/Limits
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	
ANTI-MANIA DRUGS		
CARBAMAZEPINE	EQUETRO	3
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT		
SODIUM OXYBATE	XYREM	3 PA
ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES		
<i>pimozide</i>	1	
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED		
ARIPIPIRAZOLE	ABILIFY MAINTENA (300 MG) (SUSER VIAL)	3 PA
<i>aripiprazole (10 mg) (tablet)</i>	1	PA
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS		
<i>loxapine succinate</i>	1	
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG		
<i>clozapine (100 mg) (tablet)</i>	1	
<i>olanzapine</i>	1	
OLANZAPINE PAMOATE	ZYPREXA RELPREVV	3 PA
<i>paliperidone</i>	1	
<i>quetiapine fumarate</i>	1	
QUETIAPINE FUMARATE	SEROQUEL XR (50- 200-300) (TAB24HDSPK)	3
<i>risperidone</i>	1	
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	3 PA
<i>ziprasidone hcl</i>	1	
ZIPRASIDONE MESYLATE	GEODON	2
ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES		
<i>droperidol</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
ANTI-PSYCHOTICS, PHENOTHIAZINES		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
BARBITURATES		
<i>amobarbital sodium</i>	1	
BUTABARBITAL SODIUM	BUTISOL SODIUM	2
<i>phenobarbital</i>	1	
PHENOBARBITAL SODIUM	LUMINAL SODIUM	3
<i>phenobarbital sodium</i>	1	
<i>phenobarbital/0.9 % sod chlor</i>	1	
SECOBARBITAL SODIUM	SECONAL SODIUM	2
BENZODIAZEPINE ANTAGONISTS		
<i>flumazenil</i>	1	

Drug Name	Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM STIMULANTS		
<i>doxapram hcl</i>	1	
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS		
RAMELTEON ROZEREM	3	QL: 1 IN 1 DAY, RBP
MONOAMINE OXIDASE(MAO) INHIBITORS		
SELEGILINE EMSAM	3	QL: 1 IN 1 DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS		
<i>armodafinil (150 mg) (tablet)</i>	1	PA, QL: 1 IN 1 DAY
<i>modafinil</i>	1	PA
NARCOTIC ANTAGONISTS		
<i>naloxone hcl</i>	1	
NALOXONE HCL NARCAN	2	
<i>naltrexone hcl</i>	1	
SEDATIVE-HYPNOTICS, NON-BARBITURATE		
<i>dexmedetomidine hcl</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL: 1 IN 1 DAY, RBP
<i>flurazepam hcl</i>	1	
<i>lorazepam</i>	1	
<i>midazolam hcl</i>	1	
<i>quazepam</i>	1	
SUVOREXANT BELSOMRA	3	RBP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL: 1 IN 1 DAY
<i>zolpidem tartrate</i>	1	QL: 1 IN 1 DAY
ZOLPIDEM TARTRATE ZOLPIMIST	3	QL: 1mL IN 1 DAY, RBP
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)		
PIMAVANSERIN TARTRATE NUPLAZID	3	PA
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB		
<i>olanzapine/fluoxetine hcl</i>	1	
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY		
<i>dexmethylphenidate hcl (10 mg) (cpbp 50-50)</i>	1	AGE: >= 26 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE DAYTRANA	3	ST, AGE: >= 26 YEARS
<i>methylphenidate hcl (10 mg) (cpbp 30-70)</i>	1	AGE: >= 26 YEARS
METHYLPHENIDATE HCL RITALIN LA (10 MG) (CPBP 50-50)	3	AGE: >= 26 YEARS
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE		
<i>atomoxetine hcl</i>	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - ARRHYTHMIA		
ANTIARRHYTHMICS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	
<i>amiodarone hcl/d5w</i>	1	
<i>disopyramide phosphate</i>	1	
DISOPYRAMIDE PHOSPHATE NORPACE CR	3	
<i>dofetilide</i>	1	
DRONEDARONE HCL MULTAQ	3	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
<i>lidocaine hcl/dextrose 5 %/pf</i>	1	
<i>lidocaine hcl/pf</i>	1	
<i>mexiletine hcl</i>	1	
<i>procainamide hcl (100 mg/ml) (vial)</i>	1	
<i>procainamide hcl (500 mg/ml) (vial)</i>	1	
<i>propafenone hcl</i>	1	

Drug Name	Tier	Requirements/Limits
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT		
ADRENERGIC AGENTS,CATECHOLAMINES		
<i>dopamine hcl</i>	1	
<i>dopamine hcl in dextrose 5 %</i>	1	
<i>epinephrine</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin (125 mcg) (tablet)</i>	1	
<i>digoxin (250 mcg/ml) (ampul)</i>	1	
<i>digoxin (250 mcg/ml) (syringe)</i>	1	
DIGOXIN	3	LANOXIN (125 MCG) (TABLET)
INOTROPIC DRUGS		
<i>dobutamine hcl</i>	1	
<i>dobutamine hcl in dextrose 5 %</i>	1	
<i>milrinone lactate</i>	1	
CARDIOVASCULAR DISEASE - HYPERTENSION		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION		
<i>amlodipine besylate/benazepril</i>	1	
<i>trandolapril/verapamil hcl</i>	1	
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC		
<i>benazepril/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>enalapril/hydrochlorothiazide</i>	1	
<i>fosinopril/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	QL: 1 IN 1 DAY
<i>labetalol hcl</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
DOXAZOSIN MESYLATE	3	CARDURA XL
<i>doxazosin mesylate</i>	1	
<i>phenoxybenzamine hcl</i>	1	
<i>phentolamine mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB		
<i>amlodipine/valsartan/hcthiazyd</i>	1	ST
<i>olmesartan/amlodipin/hcthiazyd</i>	1	ST
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB		
<i>candesartan/hydrochlorothiazid</i>	1	ST
<i>irbesartan/hydrochlorothiazide</i>	1	ST
<i>losartan/hydrochlorothiazide</i>	1	
<i>olmesartan/hydrochlorothiazide</i>	1	ST
<i>telmisartan/hydrochlorothiazid</i>	1	ST
<i>valsartan/hydrochlorothiazide</i>	1	
ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR		
<i>amlodipine bes/olmesartan med</i>	1	ST
<i>telmisartan/amlodipine</i>	1	ST
ANTIHYPERTENSIVES, ACE INHIBITORS		
<i>benazepril hcl</i>	1	

Drug Name	Tier	Requirements/Limits
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST		
<i>candesartan cilexetil</i>	1	ST
<i>eprosartan mesylate</i>	1	ST
<i>irbesartan</i>	1	ST
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	ST
<i>telmisartan</i>	1	ST
<i>valsartan</i>	1	ST
ANTIHYPERTENSIVES, MISCELLANEOUS		
METYROSINE	DEMSE	2
ANTIHYPERTENSIVES, SYMPATHOLYTIC		
<i>clonidine</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
ANTIHYPERTENSIVES, VASODILATORS		
FENOLDOPAM MESYLATE	CORLOPAM	3
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>esmolol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (5 mg/5 ml) (ampul)</i>	1	
<i>metoprolol tartrate (5 mg/5 ml) (syringe)</i>	1	
<i>metoprolol tartrate (5 mg/5 ml) (vial)</i>	1	
<i>nadolol</i>	1	
NEBIVOLOL HCL	BYSTOLIC	3
PENBUTOLOL SULFATE	LEVATOL	2
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>sotalol hcl (120 mg) (tablet)</i>	1	
SOTALOL HCL (150MG/10ML) (VIAL)	3	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CLEVIDIPINE BUTYRATE	CLEVIPREX	3
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl in 0.9% nacl (125 mg/125) (plast. bag)</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl</i>	1	
NICARDIPINE IN DEXTROSE,ISO-OS	CARDENE I.V.	3
NICARDIPINE IN NACL, ISO-OSM	CARDENE I.V.	3
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	

Drug Name	Tier	Requirements/Limits
<i>verapamil hcl</i>	1	
LOOP DIURETICS		
<i>bumetanide</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>furosemide in dextrose 5 %</i>	1	
<i>torseamide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol</i>	1	
MANNITOL	3	OSMITROL (15 %) (IV SOLN)
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone</i>	1	
TRIAMTERENE	2	DYRENIUM (100 MG) (CAPSULE)
TRIAMTERENE	3	DYRENIUM (50 MG) (CAPSULE)
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR		
RIOCIGUAT	3	ADEMPAS PA
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB		
<i>sildenafil citrate (20 mg) (tablet)</i>	1	PA
TADALAFIL	3	ADCIRCA PA
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST		
AMBRISENTAN	3	LETAIRIS
BOSENTAN	3	TRACLEER (125 MG) (TABLET)
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE		
EPOPROSTENOL SODIUM (ARGININE)	3	VELETRI
SELEXIPAG	3	UPTRAVI
TREPROSTINIL	3	TYVASO
TREPROSTINIL SODIUM	2	REMODULIN
TREPROSTINIL/NEBULIZER/ACCESOR	3	TYVASO INSTITUTIONAL START KIT
RENIN INHIBITOR, DIRECT		
ALISKIREN HEMIFUMARATE	3	TEKTRUNA ST
THIAZIDE AND RELATED DIURETICS		
<i>chlorothiazide</i>	1	
CHLOROTHIAZIDE	2	DIURIL
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>phenoxybenzamine hcl</i>	1	
VASODILATORS, COMBINATION		
ISOSORBIBE DINIT/HYDRALAZINE	3	BIDIL
VASODILATORS,MISCELLANEOUS		
<i>alprostadil</i>	1	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY		
ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	RBP
<i>fluvastatin sodium</i>	1	RBP

Drug Name		Tier	Requirements/Limits
LOVASTATIN	ALTOPREV	2	RBP
PITAVASTATIN CALCIUM	LIVALO	3	RBP
<i>pravastatin sodium</i>		1	RBP
<i>rosuvastatin calcium</i>		1	RBP
<i>simvastatin</i>		1	RBP
LIPOTROPICS			
FENOFIBRATE NANOCRYSTALLIZED	TRIGLIDE	3	
<i>fenofibrate, micronized (130 mg) (capsule)</i>		1	
<i>fenofibrate, micronized (43 mg) (capsule)</i>		1	
<i>gemfibrozil</i>		1	
ICOSAPENT ETHYL	VASCEPA (0.5 GRAM) (CAPSULE)	3	
METHIONINE/INOSI/CHOL/FOLIC AC	LIPOCHOL PLUS	2	
<i>niacin (500 mg) (tablet)</i>		1	
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS			
ADRENERGIC VASOPRESSOR AGENTS			
<i>midodrine hcl</i>		1	
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
SACUBITRIL/VALSARTAN	ENTRESTO	3	PA
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
RANOLAZINE	RANEXA	3	PA
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR			
IVABRADINE HCL	CORLANOR (5 MG) (TABLET)	3	PA
ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB			
<i>amlodipine/atorvastatin</i>		1	
CARDIOVASCULAR DISEASE - VASODILATION			
VASODILATORS, CORONARY			
<i>amyl nitrite</i>		1	
ISOSORBIDE DINITRATE	DILATRATE-SR	2	
ISOSORBIDE DINITRATE	ISORDIL	2	
<i>isosorbide dinitrate</i>		1	
<i>nitroglycerin</i>		1	
<i>nitroglycerin in 5 % dextrose</i>		1	
VASODILATORS, PERIPHERAL			
<i>ergoloid mesylates</i>		1	
<i>isoxsuprine hcl</i>		1	
<i>papaverine hcl</i>		1	
CONTRACEPTION/OXYTOCICS			
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
ETONOGESTREL/ETHINYL ESTRADIOL	NUVARING	0	QL: 1 IN 28 DAYS
CONTRACEPTIVES, IMPLANTABLE			
ETONOGESTREL	NEXPLANON	0	
CONTRACEPTIVES, INJECTABLE			
<i>medroxyprogesterone acetate</i>		0	
CONTRACEPTIVES, ORAL			
<i>desogestrel-ethinyl estradiol</i>		0	QL: 1 IN 1 DAY
<i>drosipir/eth estra/levomefol ca</i>		0	QL: 1 IN 1 DAY
ESTRADIOL VALERATE/DIENOGEST	NATAZIA	0	QL: 1 IN 1 DAY
<i>ethinyl estradiol/drospirenone</i>		0	QL: 1 IN 1 DAY
<i>ethynodiol d-ethinyl estradiol</i>		0	QL: 1 IN 1 DAY
<i>levonorgestrel</i>		0	QL: 1 IN 1 DAY
<i>norethindrone</i>		0	QL: 1 IN 1 DAY
<i>norethindrone ac-eth estradiol</i>		0	QL: 1 IN 1 DAY
<i>norethindrone-e.estradiol-iron</i>		0	QL: 1 IN 1 DAY

Drug Name	Tier	Requirements/Limits
<i>norethindrone-ethinyl estrad</i>	0	QL: 1 IN 1 DAY
<i>norgestimate-ethinyl estradiol</i>	0	QL: 1 IN 1 DAY
<i>norgestrel-ethinyl estradiol</i>	0	QL: 1 IN 1 DAY
ULPRISTAL ACETATE ELLA	0	QL: 1 IN 1 DAY
CONTRACEPTIVES, TRANSDERMAL		
<i>norelgestromin/ethin.estradiol</i>	0	QL: 3 IN 28 DAYS
DERMATOLOGY - ACNE		
ACNE AGENTS, TOPICAL		
AZELAIC ACID AZELEX	2	AGE: <= 25 YEARS
<i>clindamycin phos/benzoil perox</i>	1	
<i>dapsone</i>	1	
<i>sulfacetamide sodium</i>	1	
ROSACEA AGENTS, TOPICAL		
AZELAIC ACID FINACEA (15 %) (FOAM)	3	QL: 50gm IN 30 DAYS
TOPICAL PREPARATIONS, ANTIBACTERIALS		
CADEXOMER IODINE IODOFLEX	2	
CLIOQUINOL/HYDROCORTISONE ALA-QUIN	2	
<i>hydrocortisone/iodoquinol</i>	1	
VITAMIN A DERIVATIVES		
<i>adapalene (0.1 %) (lotion)</i>	1	QL: 59mL PER FILL
<i>tretinoin</i>	1	AGE: <= 25 YEARS, QL: 45gm PER FILL
DERMATOLOGY - ANTIINFECTIVE		
TOPICAL ANTIBIOTICS		
CLINDAMYCIN PHOSPHATE CLINDAGEL	3	
<i>erythromycin base/ethanol</i>	1	
<i>mupirocin</i>	1	
TOPICAL ANTIFUNGALS		
<i>ciclopirox (1 %) (shampoo)</i>	1	
<i>econazole nitrate</i>	1	
<i>naftifine hcl</i>	1	
<i>oxiconazole nitrate</i>	1	
SULCONAZOLE NITRATE EXELDERM	2	
TOPICAL ANTIPARASITICS		
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin (5 %) (cream (g))</i>	1	
<i>spinosad</i>	1	PA
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	
TOPICAL PLEUROMUTILIN DERIVATIVES		
RETAPAMULIN ALTABAX	3	
TOPICAL SULFONAMIDES		
<i>mafenide acetate</i>	1	
SULFACETAMIDE SODIUM/SULFUR ROSANIL	3	
DERMATOLOGY - ANTIINFLAMMATORY		
TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY, STEROIDAL		
NEOMYC/BACIT/POLYMYX/HYDROCORT CORTISPORIN	2	
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate (0.1 %) (cream (g))</i>	1	
<i>betamethasone/propylene glyc</i>	1	
<i>clobetasol propionate (0.05 %) (gel (gram))</i>	1	

Drug Name		Tier	Requirements/Limits
<i>desoximetasone (0.25 %) (cream (g))</i>		1	
<i>fluocinolone acetonide (0.01 %) (cream (g))</i>		1	
<i>fluocinonide (0.05 %) (cream (g))</i>		1	
<i>fluticasone propionate (0.05 %) (cream (g))</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone (1 %) (crm/pe app)</i>		1	
<i>mometasone furoate</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide (0.025 %) (cream (g))</i>		1	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
<i>diclofenac sodium (1 %) (gel (gram))</i>		1	
DICLOFENAC SODIUM	DICLOZOR	3	
DICLOFENAC SODIUM/CAPSAICIN	NUDICLO	3	
DICLOFENAC/CAPSICUM OLEORESIN	DERMACINRX LEXITRAL	3	
DERMATOLOGY - ANTIPRURITIC DRUGS			
ANTIPRURITICS, TOPICAL			
<i>doxepin hcl</i>		1	
DERMATOLOGY - MISCELLANEOUS			
ANTIPERSPIRANTS			
ALUMINUM CHLORIDE	DRYSOL	3	
KERATOLYTICS			
<i>benzoyl peroxide (4 %) (gel (gram))</i>		1	
<i>podofilox</i>		1	
<i>podophyllum resin</i>		1	
<i>salicylic acid (26 %) (liquid)</i>		1	
<i>urea (39 %) (cream (g))</i>		1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	EPIFOAM	2	
<i>hydrocortisone/pramoxine</i>		1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (CREAM (G))	2	
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS			
ALITRETINOIN	PANRETIN	2	
BEXAROTENE	TARGRETIN	2	
<i>diclofenac sodium</i>		1	
FLUOROURACIL	FLUOROPLEX	2	
DERMATOLOGY - PSORIASIS/ECZEMA			
ANTIPSORIATIC AGENTS, SYSTEMIC			
<i>acitretin</i>		1	
<i>methoxsalen</i>		1	
SECUKINUMAB	COSENTYX (2 SYRINGES)	3	PA
SECUKINUMAB	COSENTYX PEN	3	PA
SECUKINUMAB	COSENTYX SYRINGE	3	PA
ANTIPSORIATIC AGENTS			
ANTHRALIN	DRITHOCREME HP	3	
ANTHRALIN MICRONIZED	ZITHRANOL	3	QL: 85gm IN 30 DAYS
<i>calcipotriene</i>		1	
<i>calcitriol</i>		1	
TAZAROTENE	TAZORAC (0.05 %) (CREAM (G))	2	
TOPICAL IMMUNOSUPPRESSIVE AGENTS			
PIMECROLIMUS	ELIDEL	2	
<i>tacrolimus</i>		1	

Drug Name		Tier	Requirements/Limits
DIABETES			
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTORAGONIST)			
LIRAGLUTIDE	VICTOZA 2-PAK	3	PA
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
EMPAGLIFLOZIN	JARDIANCE	3	PA
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)			
<i>acarbose</i>		1	
<i>miglitol</i>		1	
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE			
PRAMLINTIDE ACETATE	SYMLINPEN 120	3	
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE			
<i>chlorpropamide</i>		1	
<i>glimepiride</i>		1	
<i>glipizide</i>		1	
<i>glyburide</i>		1	
<i>glyburide,micronized</i>		1	
<i>nateglinide</i>		1	
<i>repaglinide</i>		1	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)			
<i>pioglitazone hcl</i>		1	
ROSIGLITAZONE MALEATE	AVANDIA	3	PA
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)			
<i>metformin hcl (850 mg) (tablet)</i>		1	
METFORMIN HCL	RIOMET	2	
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB			
<i>glipizide/metformin hcl</i>		1	
<i>glyburide/metformin hcl</i>		1	
<i>repaglinide/metformin hcl</i>		1	
ANTIHYPERGLYCEMIC,INSULIN-RESPONSE & RELEASE COMB.			
<i>pioglitazone hcl/glimepiride</i>		1	
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB			
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET	3	
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET XR	3	
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	3	PA
ANTIHYPERGLYCEMIC,INSUL-RESP.ENHANCER & BIGUANIDE CMB			
PIOGLITAZONE HCL/METFORMIN HCL	ACTOPLUS MET XR	3	
<i>pioglitazone hcl/metformin hcl</i>		1	
ROSIGLITAZONE/METFORMIN HCL	AVANDAMET	3	PA
DIABETIC ULCER PREPARATIONS, TOPICAL			
BECAPLERMIN	REGRANEX	2	
HYPERGLYCEMICS			
DIAZOXIDE	PROGLYCEM	2	
GLUCAGON,HUMAN RECOMBINANT	GLUCAGEN	2	QL: 3 PER FILL
INSULINS			
INSULIN GLARGINE,HUM.REC.ANLOG	LANTUS	2	
INSULIN GLARGINE,HUM.REC.ANLOG	LANTUS SOLOSTAR	2	
INSULIN GLARGINE,HUM.REC.ANLOG	TOUJEO SOLOSTAR	2	
INSULIN LISPRO	HUMALOG	2	
INSULIN LISPRO	HUMALOG KWIKPEN U-100	2	
INSULIN LISPRO	HUMALOG KWIKPEN U-200	2	

Drug Name		Tier	Requirements/Limits
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	2	
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30	2	
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	2	
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	2	
INSULIN REGULAR, HUMAN	HUMULIN R	2	
INSULIN REGULAR, HUMAN	HUMULIN R U-500	2	
INSULIN REGULAR, HUMAN	HUMULIN R U-500 KWIKPEN	2	
EAR - GENERAL DISORDERS			
EAR PREPARATIONS ANTI-INFLAMMATORY			
<i>fluocinolone acetonide oil</i>		1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
<i>acetic acid</i>		1	
<i>hydrocortisone/acetic acid</i>		1	
HYDROCORTISONE/PRAMOXINE/C-XYL	CORTANE-B	3	
EAR PREPARATIONS,ANTIBIOTICS			
NEOMYC/COLIST/HYDROCORT/THONZN	COLY-MYCIN S	2	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>ofloxacin</i>		1	
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS			
CIPROFLOXACIN HCL/DEXAMETH	CIPRODEX	2	
CIPROFLOXACIN/HYDROCORTISONE	CIPRO HC	3	
ENDOCRINE DISORDER - FERTILITY			
DRUGS TO TREAT IMPOTENCY			
ALPROSTADIL	EDEX	3	PA
ALPROSTADIL	MUSE	2	PA
<i>sildenafil citrate</i>		1	PA
VARDENAFIL HCL	LEVITRA	3	PA
VARDENAFIL HCL	STAXYN	3	PA
ENDOCRINE DISORDER - OTHER			
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.			
LEUPROLIDE ACETATE	LUPRON DEPOT (7.5 MG) (SYRINGEKIT)	2	
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE			
TERIPARATIDE	FORTEO	2	PA
BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS			
ALENDRONATE SODIUM/VITAMIN D3	FOSAMAX PLUS D (70 MG-2800) (TABLET)	2	
BONE RESORPTION INHIBITORS			
<i>alendronate sodium (10 mg) (tablet)</i>		1	RBP
<i>calcitonin, salmon, synthetic</i>		1	
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN	2	PA
<i>etidronate disodium</i>		1	
<i>ibandronate sodium (150 mg) (tablet)</i>		1	QL: 1 IN 28 DAYS, RBP
<i>ibandronate sodium (3 mg/3 ml) (vial)</i>		1	

Drug Name		Tier	Requirements/Limits
<i>pamidronate disodium</i>		1	
<i>raloxifene hcl</i>		1	
<i>risedronate sodium (5 mg) (tablet)</i>		1	RBP
<i>zoledronic acid</i>		1	
<i>zoledronic acid/mannitol-water</i>		1	
CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER			
CINACALCET HCL	SENSIPAR	3	
GROWTH HORMONE RECEPTOR ANTAGONISTS			
PEGVISOMANT	SOMAVERT	3	
GROWTH HORMONE RELEASING HORMONE (GHRH) & ANALOGS			
TESAMORELIN ACETATE	EGRIFTA (2 MG) (VIAL)	3	PA
GROWTH HORMONES			
SOMATROPIN	GENOTROPIN	2	PA
SOMATROPIN	HUMATROPE (12 MG) (CARTRIDGE)	3	PA
SOMATROPIN	HUMATROPE (24 MG) (CARTRIDGE)	3	PA
SOMATROPIN	HUMATROPE (5 MG) (VIAL)	2	PA
SOMATROPIN	HUMATROPE (6 MG) (CARTRIDGE)	3	PA
SOMATROPIN	NORDITROPIN FLEXPRO (10MG/1.5ML) (PEN INJCTR)	2	PA
SOMATROPIN	NORDITROPIN FLEXPRO (15MG/1.5ML) (PEN INJCTR)	2	PA
SOMATROPIN	NORDITROPIN FLEXPRO (30 MG/3 ML) (PEN INJCTR)	3	PA
SOMATROPIN	NORDITROPIN FLEXPRO (5 MG/1.5ML) (PEN INJCTR)	2	PA
SOMATROPIN	NUTROPIN AQ NUSPIN (10 MG/2 ML) (PEN INJCTR)	2	PA
SOMATROPIN	NUTROPIN AQ NUSPIN (20 MG/2 ML) (PEN INJCTR)	3	PA
SOMATROPIN	NUTROPIN AQ NUSPIN (5 MG/2 ML) (PEN INJCTR)	2	PA
SOMATROPIN	OMNITROPE	2	PA
SOMATROPIN	SAIZEN (5 MG) (VIAL)	2	PA
SOMATROPIN	SAIZEN (8.8 MG) (VIAL)	3	PA
SOMATROPIN	SEROSTIM (4 MG) (VIAL)	3	PA
SOMATROPIN	SEROSTIM (5 MG) (VIAL)	2	PA
SOMATROPIN	SEROSTIM (6 MG) (VIAL)	3	PA
SOMATROPIN	ZOMACTON	2	PA
SOMATROPIN	ZORBTIVE	3	PA

Drug Name	Tier	Requirements/Limits
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE		
<i>doxercalciferol</i>	1	
DOXERCALCIFEROL	3	
		HECTOROL (2MCG/ML(1)) (VIAL)
<i>paricalcitol (1 mcg) (capsule)</i>	1	
<i>paricalcitol (2 mcg/ml) (vial)</i>	1	
<i>paricalcitol (5 mcg/ml) (vial)</i>	1	
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES		
MECASERMIN	3	PA
		INCRELEX
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT (LUPANETA)
NAFARELIN ACETATE	2	
		SYNAREL
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY		
HISTRELIN ACETATE	2	
		SUPPRELIN LA
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT- PED (11.25 MG) (KIT)
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT- PED (11.25 MG) (SYRINGEKIT)
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT- PED (15 MG) (KIT)
LEUPROLIDE ACETATE	2	
		LUPRON DEPOT- PED (7.5 MG) (KIT)
PITUITARY SUPPRESSIVE AGENTS		
<i>cabergoline</i>	1	
<i>danazol</i>	1	
ENDOCRINE DISORDER - THYROID		
ANTITHYROID PREPARATIONS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IODINE CONTAINING AGENTS		
<i>potassium iodide (1 g/ml) (solution)</i>	1	
<i>potassium iodide/iodine</i>	1	
<i>sodium iodide</i>	1	
THYROID HORMONES		
LEVOTHYROXINE SODIUM	3	
		LEVO-T
<i>levothyroxine sodium</i>	1	
LEVOTHYROXINE SODIUM	3	
		LEVOXYL
LEVOTHYROXINE SODIUM	3	
		SYNTHROID
LEVOTHYROXINE SODIUM	3	
		TIROSINT
LEVOTHYROXINE SODIUM	3	
		UNITHROID
<i>liothyronine sodium</i>	1	
LIOTRIX	2	
		THYROLAR-1
LIOTRIX	2	
		THYROLAR-1/2
LIOTRIX	2	
		THYROLAR-1/4
LIOTRIX	2	
		THYROLAR-2
LIOTRIX	2	
		THYROLAR-3
THYROID,PORK	3	
		ARMOUR THYROID
<i>thyroid,pork</i>	1	
EYE - GENERAL DISORDERS		
EYE ANTIBIOTIC-CORTICOID COMBINATIONS		
GENTAMICIN SULF/PREDNISOLONE	2	
		PRED-G

Drug Name	Tier	Requirements/Limits
<i>neomycin/bacit/p-myx/hydrocort</i>	1	
<i>neomycin/polymyxin b/dexametha</i>	1	
<i>neomycin/polymyxin b/hydrocort</i>	1	
TOBRAMYCIN/DEXAMETHASONE <i>tobramycin/dexamethasone</i>	TOBRADEX (0.3 %- 0.1%) (OINT. (G)) TOBRADEX ST 1	2 3
TOBRAMYCIN/LOTEPRED ETAB	ZYLET	3
EYE ANTIHISTAMINES		
ALCAFTADINE <i>azelastine hcl</i>	LASTACFT	3 1
BEPOTASTINE BESILATE	BEPREVE	3
EMEDASTINE DIFUMARATE <i>epinastine hcl</i>	EMADINE	3 1
<i>olopatadine hcl (0.1 %) (drops)</i>		1
EYE ANTIINFLAMMATORY AGENTS		
<i>bromfenac sodium</i>		1
BROMFENAC SODIUM	BROMSITE	3
BROMFENAC SODIUM	PROLENSA	3
DEXAMETHASONE <i>dexamethasone sod phosphate</i>	MAXIDEX	2 1
<i>diclofenac sodium</i>		1
FLUOCINOLONE ACETONIDE <i>fluorometholone</i>	RETISERT	3 1
FLUOROMETHOLONE	FML FORTE	2
FLUOROMETHOLONE	FML S.O.P.	2
FLUOROMETHOLONE ACETATE <i>flurbiprofen sodium</i>	FLAREX	2 1
<i>ketorolac tromethamine</i>		1
KETOROLAC TROMETHAMINE/PF	ACUVAIL	3
LOTEPREDNOL ETABONATE	ALREX	3
LOTEPREDNOL ETABONATE	LOTEMAX	3
NEPAFENAC	ILEVRO	3
NEPAFENAC	NEVANAC	2
PREDNISOLONE ACETATE <i>prednisolone acetate</i>	PRED MILD	2 1
<i>prednisolone sod phosphate</i>		1
TRIAMCINOLONE ACETONIDE/PF	TRIESENCE	3
EYE ANTIVIRALS		
GANCICLOVIR <i>trifluridine</i>	ZIRGAN	3 1
EYE LOCAL ANESTHETICS		
<i>benoxinate hcl/fluorescein sod</i>		1
LIDOCAINE HCL/PF <i>proparacaine hcl</i>	AKTEN	3 1
<i>proparacaine/fluorescein sod</i>		1
<i>tetracaine hcl</i>		1
TETRACAINE HCL <i>tetracaine hcl/pf</i>	TETRAVISC (0.5 %) (DROPR VISC) TETRAVISC FORTE	3 3 1
EYE SULFONAMIDES		
<i>sulfacetamide sodium</i>		1
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE	2
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE S.O.P.	2
<i>sulfacetamide/prednisolone sp</i>		1

Drug Name	Tier	Requirements/Limits
EYE VASOCONSTRICTORS (RX ONLY)		
<i>phenylephrine hcl</i>	1	
OPHTHALMIC ANTIBIOTICS		
AZITHROMYCIN <i>azithromycin</i>	3	
<i>azithromycin</i>	1	
<i>bacitracin/polymyxin b sulfate</i>	1	
<i>cefuroxime sodium/0.9% nacl/pf</i>	1	
CIPROFLOXACIN HCL <i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin base</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate</i>	1	
<i>levofloxacin</i>	1	
MOXIFLOXACIN HCL <i>moxifloxacin hcl</i>	2	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin(pf)/bal.salt sol2 (1 mg/ml) (vial)</i>	1	
NATAMYCIN <i>neomycin sulf/bacitracin/poly</i>	2	
<i>neomycin/polymyxn b/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>polymyxin b sulf/trimethoprim</i>	1	
<i>tobramycin</i>	1	
TOBRAMYCIN <i>tobramycin</i>	3	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE		
CYCLOSPORINE <i>cyclosporine</i>	2	
CYCLOSPORINE <i>cyclosporine</i>	3	
OPHTHALMIC MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	
LODOXAMIDE TROMETHAMINE <i>loodoxamide tromethamine</i>	3	
NEDOCROMIL SODIUM <i>nedocromil sodium</i>	3	
OPHTHALMIC PREPARATIONS, MISCELLANEOUS		
CHONDR SULF A SOD/HYALURONATE <i>chondroitin sulfate sodium</i>	3	
CHONDR SULF A SOD/HYALURONATE <i>chondroitin sulfate sodium</i>	3	
CHONDR SULF A SOD/HYALURONATE <i>chondroitin sulfate sodium</i>	3	
HYALURONATE SODIUM <i>hyaluronic acid sodium salt</i>	3	PA
HYALURONATE SODIUM <i>hyaluronic acid sodium salt</i>	3	PA
HYALURONATE SODIUM <i>hyaluronic acid sodium salt</i>	3	PA
HYALURONATE SODIUM <i>hyaluronic acid sodium salt</i>	3	PA
HYALURONATE SODIUM <i>hyaluronic acid sodium salt</i>	3	PA
EYE - GLAUCOMA		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS		
ACETYLCHOLINE CHLORIDE <i>acetylcholine chloride</i>	3	
<i>apraclonidine hcl</i>	1	
APRACLONIDINE HCL <i>apraclonidine hcl</i>	3	
<i>betaxolol hcl</i>	1	
BETAXOLOL HCL <i>betaxolol hcl</i>	3	
<i>bimatoprost</i>	1	
BIMATOPROST <i>bimatoprost</i>	3	

Drug Name		Tier	Requirements/Limits
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	3	
<i>brimonidine tartrate</i>		1	
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	3	
BRINZOLAMIDE	AZOPT	2	
CARBACHOL	MIOSTAT	3	
<i>carteolol hcl</i>		1	
<i>dorzolamide hcl</i>		1	
<i>dorzolamide hcl/timolol maleate</i>		1	
DORZOLAMIDE/TIMOLOL/PF	COSOPT PF	3	
ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	2	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
<i>metipranolol</i>		1	
<i>pilocarpine hcl</i>		1	
TIMOLOL	BETIMOL	3	
<i>timolol maleate</i>		1	
TIMOLOL MALEATE/PF	TIMOPTIC OCUDOSE	3	
TRAVOPROST	TRAVATAN Z	2	
MYDRIATICS			
<i>atropine sulfate</i>		1	
<i>atropine sulfate/0.9 %sod chl</i>		1	
<i>cyclopentolat/tropic/phenyleph</i>		1	
<i>cyclopentolate hcl</i>		1	
CYCLOPENTOLATE/PHENYLEPHRINE	CYCLOMYDRIL	2	
<i>homatropine hbr</i>		1	
HYDROXYAMPHETAMINE/TROPICAMIDE	PAREMYD	2	
<i>tropicamide</i>		1	
EYE - MISCELLANEOUS			
ARTIFICIAL TEARS			
HYDROXYPROPYL CELLULOSE	LACRISERT	2	
OCULAR PHOTOACTIVATED VESSEL-OCCLUDING AGENTS			
VERTEPORFIN	VISUDYNE	2	
OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS			
PEGAPTANIB SODIUM	MACUGEN	3	
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY			
<i>bevacizumab (2.5 mg/0.1) (syringe)</i>		1	PA
RANIBIZUMAB	LUCENTIS (0.3MG/0.05) (VIAL)	3	
OPHTHALMIC CYSTINE DEPLETING AGENTS			
CYSTEAMINE HCL	CYSTARAN	3	PA
GOUT AND RELATED DISEASES			
COLCHICINE			
<i>colchicine (0.6 mg) (tablet)</i>		1	
<i>probenecid/colchicine</i>		1	
HYPERURICEMIA TX - PURINE INHIBITORS			
<i>allopurinol</i>		1	
HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE			
RASBURICASE	ELITEK (1.5 MG) (VIAL)	2	
RASBURICASE	ELITEK (7.5 MG) (VIAL)	3	
URICOSURIC AGENTS			
<i>probenecid</i>		1	

Drug Name		Tier	Requirements/Limits
HEMATOLOGICAL DISORDERS			
ANTICOAGULANTS, COUMARIN TYPE			
WARFARIN SODIUM	COUMADIN	3	
<i>warfarin sodium</i>		1	
ANTIFIBRINOLYTIC AGENTS			
AMINOCAPROIC ACID	AMICAR (1000 MG) (TABLET)	2	
AMINOCAPROIC ACID	AMICAR (250 MG/ML) (SOLUTION)	3	
AMINOCAPROIC ACID	AMICAR (500 MG) (TABLET)	3	
<i>aminocaproic acid</i>		1	
<i>tranexamic acid (1000 mg/10) (ampul)</i>		1	
<i>tranexamic acid (650 mg) (tablet)</i>		1	PA, QL: 30 IN 5 DAYS
ANTIHEMOPHILIC FACTORS			
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE (1000 (+/-)) (VIAL)	3	PA
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE (2000 (+/-)) (VIAL)	3	PA
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE (250 (+/-)) (VIAL)	3	PA
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE (500 (+/-)) (VIAL)	3	PA
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (1000 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (1500 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (2000 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (250 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (3000 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (500 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE (750 UNIT) (VIAL)	3	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE (250 (+/-)) (SYRINGE)	3	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE (500 (+/-)) (SYRINGE)	3	
ANTIHEMOPH.FVIII,FULL LENGTH	ADVATE	2	
ANTIHEMOPH.FVIII,FULL LENGTH	HELIXATE FS (1000 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	HELIXATE FS (2000 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	HELIXATE FS (250 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	HELIXATE FS (3000 (+/-)) (VIAL)	3	
ANTIHEMOPH.FVIII,FULL LENGTH	HELIXATE FS (500 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	KOGENATE FS	2	
ANTIHEMOPH.FVIII,FULL LENGTH	KOVALTRY (1000 (+/-)) (VIAL)	2	

Drug Name		Tier	Requirements/Limits
ANTIHEMOPH.FVIII,FULL LENGTH	KOVALTRY (2000 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	KOVALTRY (250 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,FULL LENGTH	KOVALTRY (3000 (+/-)) (VIAL)	3	
ANTIHEMOPH.FVIII,FULL LENGTH	KOVALTRY (500 (+/-)) (VIAL)	2	
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ (1000 (+/-)) (VIAL)	3	PA
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ (2000 (+/-)) (VIAL)	3	PA
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ (250 (+/-)) (VIAL)	3	PA
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ (500 (+/-)) (VIAL)	3	PA
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE (1000 (+/-)) (VIAL)	2	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE (1500 (+/-)) (VIAL)	3	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE (2000 (+/-)) (VIAL)	2	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE (250 (+/-)) (VIAL)	2	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE (500 (+/-)) (VIAL)	2	
ANTIHEMOPHILIC FACTOR/VWF	ALPHANATE	3	
ANTIHEMOPHILIC FACTOR/VWF	HUMATE-P	2	
ANTIHEMOPHILIC FACTOR/VWF	WILATE (1K-1K UNIT) (VIAL)	3	PA
ANTIHEMOPHILIC FACTOR/VWF	WILATE (500-500) (VIAL)	3	PA
ANTIHEMOPHILIC FVIII,REC PORC	OBIZUR	3	PA
ANTI-INHIBITOR COAGULANT COMP.	FEIBA NF	2	
COAGULATION FACTOR VIIA,RECOMB	NOVOSEVEN RT	3	
BLOOD FACTORS,MISCELLANEOUS			
VON WILLEBRAND FACTOR	VONVENDI	3	PA
CITRATES AS ANTICOAGULANTS			
<i>citrate phosphate dextros soln</i>		1	
<i>sodium citrate</i>		1	
SODIUM CITRATE DIHYDRATE	TRICITRASOL	2	
COAGULANTS			
<i>protamine sulfate</i>		1	
DIRECT FACTOR XA INHIBITORS			
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2	QL: 2 IN 1 DAY
APIXABAN	ELIQUIS (5 MG) (TABLET)	2	QL: 4 IN 1 DAY
EDOXABAN TOSYLATE	SAVAYSA	2	QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (10 MG) (TABLET)	2	QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG) (TABLET)	2	QL: 2 IN 1 DAY
RIVAROXABAN	XARELTO (20 MG) (TABLET)	2	QL: 1 IN 1 DAY
FACTOR IX COMPLEX (PCC) PREPARATIONS			
HUM PROTHROMBIN CPLX(PCC)4FACT	KCENTRA	3	

Drug Name		Tier	Requirements/Limits
FACTOR IX PREPARATIONS			
FACTOR IX	ALPHANINE SD (1000 (+/-)) (VIAL)	2	
FACTOR IX	ALPHANINE SD (1500 (+/-)) (VIAL)	3	
FACTOR IX	ALPHANINE SD (500 (+/-)) (VIAL)	2	
FACTOR IX	MONONINE	2	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE (1000 (+/-)) (VIAL)	3	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE (1500 (+/-)) (VIAL)	3	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE (500 (+/-)) (VIAL)	2	
FACTOR IX CPLX(PCC)NO6,3FACTOR	BEBULIN	2	
FACTOR IX HUMAN RECOMB,THR 148	IXINITY (1000 UNIT) (VIAL)	3	PA
FACTOR IX HUMAN RECOMB,THR 148	IXINITY (1500 UNIT) (VIAL)	3	PA
FACTOR IX HUMAN RECOMB,THR 148	IXINITY (500 UNIT) (VIAL)	3	PA
FACTOR IX HUMAN RECOMBINANT	BENEFIX (1000 UNIT) (KIT)	2	
FACTOR IX HUMAN RECOMBINANT	BENEFIX (2000 UNIT) (KIT)	3	
FACTOR IX HUMAN RECOMBINANT	BENEFIX (250 UNIT) (KIT)	2	
FACTOR IX HUMAN RECOMBINANT	BENEFIX (3000 UNIT) (KIT)	3	
FACTOR IX HUMAN RECOMBINANT	BENEFIX (500 UNIT) (KIT)	2	
FACTOR IX HUMAN RECOMBINANT	RIXUBIS	3	
FACTOR IX REC, FC FUSION PROTN	ALPROLIX (250 UNIT) (VIAL)	3	PA
FACTOR IX REC, FC FUSION PROTN	ALPROLIX (4000 UNIT) (VIAL)	3	
FACTOR IX RECOM,ALBUMIN FUSION	IDELVION	3	PA
FACTOR X PREPARATIONS			
COAGULATION FACTOR X	COAGADEX	3	PA
HEMATINICS,OTHER			
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (100 MCG/ML) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (100MCG/0.5) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (150MCG/.75) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (150MCG/0.3) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (200 MCG/ML) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (200MCG/0.4) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (25 MCG/ML) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (25MCG/0.42) (SYRINGE)	2	PA

Drug Name		Tier	Requirements/Limits
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (300 MCG/ML) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (300MCG/0.6) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (40 MCG/0.4) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (40 MCG/ML) (VIAL)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (500 MCG/ML) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (60 MCG/0.3) (SYRINGE)	2	PA
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP (60MCG/ML) (VIAL)	2	PA
EPOETIN ALFA	EPOGEN	2	PA
EPOETIN ALFA	PROCRIT	2	PA
HEMORRHOLOGIC AGENTS			
<i>pentoxifylline</i>		1	
HEPARIN AND RELATED PREPARATIONS			
DALTEPARIN SODIUM,PORCINE	FRAGMIN	2	PA
<i>enoxaparin sodium (100 mg/ml) (syringe)</i>		1	QL: 2mL IN 1 DAY
<i>enoxaparin sodium (120mg/0.8ml) (syringe)</i>		1	QL: 8mL IN 5 DAYS
<i>enoxaparin sodium (150 mg/ml) (syringe)</i>		1	QL: 2mL IN 1 DAY
<i>enoxaparin sodium (300mg/3ml) (vial)</i>		1	QL: 6mL IN 1 DAY
<i>enoxaparin sodium (30mg/0.3ml) (syringe)</i>		1	QL: 3mL IN 5 DAYS
<i>enoxaparin sodium (40mg/0.4ml) (syringe)</i>		1	QL: 4mL IN 5 DAYS
<i>enoxaparin sodium (60mg/0.6ml) (syringe)</i>		1	QL: 6mL IN 5 DAYS
<i>enoxaparin sodium (80mg/0.8ml) (syringe)</i>		1	QL: 8mL IN 5 DAYS
<i>fondaparinux sodium</i>		1	QL: 10mL IN 365 DAYS
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR			
ECULIZUMAB	SOLIRIS	2	PA
LEUKOCYTE (WBC) STIMULANTS			
FILGRASTIM	NEUPOGEN	2	PA
FILGRASTIM-SNDZ	ZARXIO	3	PA
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYR W/ INJ)	3	PA
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYRINGE)	2	PA
SARGRAMOSTIM	LEUKINE	2	PA
TBO-FILGRASTIM	GRANIX	2	PA
PLATELET AGGREGATION INHIBITORS			
ABCIXIMAB	REOPRO	3	
<i>aspirin/dipyridamole</i>		1	
<i>cilostazol</i>		1	
<i>clopidogrel bisulfate</i>		1	
<i>dipyridamole</i>		1	
<i>eptifibatide</i>		1	
<i>prasugrel hcl</i>		1	
<i>ticlopidine hcl</i>		1	
TIROFIBAN HCL MONOHYDRATE	AGGRASTAT	3	
TIROFIBAN-0.9% SODIUM CHLORIDE	AGGRASTAT (12.5MG/250) (PLAST. BAG)	3	

Drug Name		Tier	Requirements/Limits
PLATELET REDUCING AGENTS			
<i>anagrelide hcl</i>		1	
SICKLE CELL ANEMIA AGENTS			
HYDROXYUREA	DROXIA	2	
THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE			
<i>bivalirudin</i>		1	
DESIRUDIN	IPRIVASK	3	QL: 2 IN 1 DAY 20 PER LIFETIME
THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE			
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	2	QL: 2 IN 1 DAY
THROMBOLYTIC ENZYMES			
ALTEPLASE	ACTIVASE	3	
ALTEPLASE	CATHFLO ACTIVASE	3	
RETEPLASE	RETAVASE	3	
TENECTEPLASE	TNKASE	3	
THROMBOPOIETIN RECEPTOR AGONISTS			
ELTROMBOPAG OLAMINE	PROMACTA	3	PA
VITAMIN K PREPARATIONS			
PHYTONADIONE (VIT K1)	MEPHYTON	2	
<i>phytonadione (vit k1) (10 mg/ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (syringe)</i>		1	
HORMONAL DEFICIENCY			
ANDROGENIC AGENTS			
<i>testosterone cypionate</i>		1	PA
<i>testosterone enanthate</i>		1	PA
ESTROGEN & PROGESTIN WITH ANTIMINERALOCORTICOID CB			
DROSPIRENONE/ESTRADIOL	ANGELIQ	3	
ESTROGEN/ANDROGEN COMBINATIONS			
<i>estrogen,ester/me-testosterone</i>		1	
ESTROGENIC AGENTS			
ESTRADIOL	ALORA	2	
ESTRADIOL	DIVIGEL	3	
ESTRADIOL	ELESTRIN	3	
<i>estradiol</i>		1	
ESTRADIOL	ESTROGEL	3	
ESTRADIOL	EVAMIST	3	
ESTRADIOL	MENOSTAR	2	
ESTRADIOL	MINIVELLE	2	
ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	2	
ESTRADIOL VALERATE	DELESTROGEN (10 MG/ML) (VIAL)	3	
<i>estradiol valerate</i>		1	
ESTRADIOL/LEVONORGESTREL	CLIMARA PRO	2	
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	2	
<i>estradiol/norethindrone acet</i>		1	
ESTRADIOL/NORGESTIMATE	PREFEST	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	
ESTROGENS, CONJUGATED	PREMARIN	2	
ESTROGENS,ESTERIFIED	MENEST	2	
<i>estropipate</i>		1	
<i>norethindrone ac-eth estradiol</i>		0	
PROGESTATIONAL AGENTS			
<i>hydroxyprogesterone caproate</i>		1	
MEDROXYPROGESTERONE ACETATE	DEPO-PROVERA	2	

Drug Name		Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i>		1	
<i>norethindrone acetate</i>		1	
<i>progesterone</i>		1	
PROGESTERONE, MICRONIZED	CRINONE	2	PA
<i>progesterone, micronized</i>		1	
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
ALDESLEUKIN	PROLEUKIN	2	
<i>imiquimod</i>		1	QL: 48 IN 365 DAYS
IMIQUIMOD	ZYCLARA (2.5 %) (CRM MD PMP)	3	
IMIQUIMOD	ZYCLARA (3.75 %) (CRM MD PMP)	3	
INTERFERON ALFA-2B,RECOMB.	INTRON A (10MM UNIT) (VIAL)	2	PA
INTERFERON ALFA-2B,RECOMB.	INTRON A (10MM/ML) (VIAL)	2	PA
INTERFERON ALFA-2B,RECOMB.	INTRON A (18MM UNIT) (VIAL)	3	PA
INTERFERON ALFA-2B,RECOMB.	INTRON A (50MM UNIT) (VIAL)	2	PA
INTERFERON ALFA-2B,RECOMB.	INTRON A (6MMUNIT/ML) (VIAL)	2	PA
INTERFERON ALFA-N3	ALFERON N	2	
INTERFERON GAMMA-1B,RECOMB.	ACTIMMUNE	2	PA
IMMUNOSUPP - MONOCLONAL AB INHIBITING T LYMPH FXN			
BASILIXIMAB	SIMULECT	2	
IMMUNOSUPPRESSIVES			
AZATHIOPRINE	AZASAN	3	
<i>azathioprine</i>		1	
<i>azathioprine sodium</i>		1	
BELATACEPT	NULOJIX	3	PA
<i>cyclosporine</i>		1	
CYCLOSPORINE	SANDIMMUNE (100 MG/ML) (SOLUTION)	3	
<i>cyclosporine, modified</i>		1	
CYCLOSPORINE, MODIFIED	NEORAL	3	
EVEROLIMUS	ZORTRESS	3	PA
MYCOPHENOLATE MOFETIL	CELLCEPT	3	
<i>mycophenolate mofetil</i>		1	
<i>mycophenolate sodium</i>		1	
SIROLIMUS	RAPAMUNE (1 MG/ML) (SOLUTION)	3	
<i>sirolimus</i>		1	
TACROLIMUS	PROGRAF	3	
<i>tacrolimus</i>		1	
INFECTIOUS DISEASE - BACTERIAL			
BETALACTAMS			
<i>aztreonam</i>		1	
AZTREONAM LYSINE	CAYSTON	3	PA
AZTREONAM/DEXTROSE-WATER	AZACTAM-ISO- OSMOTIC DEXTROSE	2	

Drug Name		Tier	Requirements/Limits
CARBAPENEMS (THIENAMYCINS)			
ERTAPENEM SODIUM	INVANZ	2	
<i>imipenem/cilastatin sodium</i>		1	
<i>meropenem</i>		1	
CEPHALOSPORINS - 1ST GENERATION			
<i>cefadroxil</i>		1	
<i>cephalexin</i>		1	
CEPHALOSPORINS - 2ND GENERATION			
<i>cefaclor</i>		1	
<i>cefprozil</i>		1	
CEFUROXIME AXETIL	CEFTIN	3	
CEPHALOSPORINS - 3RD GENERATION			
<i>cefdinir</i>		1	
CEFIXIME	SUPRAX (400 MG) (CAPSULE)	3	QL: 1 IN 30 DAYS
<i>ceftazidime</i>		1	
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
FOSFOMYCIN TROMETHAMINE	MONUROL	2	
<i>meth/meblue/sod phos/psal/hyos</i>		1	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	PHOSPHASAL	3	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URETRON D-S	3	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIN D.S.	3	
<i>methen/mblue/sal/sod phos/hyos</i>		1	
<i>methenam/sod phos/mblue/hyoscy (81.6-.12mg) (tablet)</i>		1	
<i>methenamine hippurate</i>		1	
<i>methenamine mandelate</i>		1	
TRIMETHOPRIM	PRIMSOL	2	
<i>trimethoprim</i>		1	
TRIMETHOPRIM	TRIMPEX	2	
CYCLIC LIPOPEPTIDES			
<i>daptomycin</i>		1	
GLYCYLCYCLINES			
<i>tigecycline</i>		1	
MACROLIDES			
<i>azithromycin</i>		1	
AZITHROMYCIN	ZMAX	3	
<i>clarithromycin</i>		1	
ERYTHROMYCIN BASE	ERY-TAB	2	
<i>erythromycin ethylsuccinate</i>		1	
<i>erythromycin stearate</i>		1	
FIDAXOMICIN	DIFICID	3	PA
NITROFURAN DERIVATIVES			
<i>nitrofurantoin</i>		1	
OXAZOLIDINONES			
<i>linezolid</i>		1	PA
LINEZOLID	ZYVOX (200MG/0.1L) (IV SOLN)	3	PA
PENICILLINS			
<i>amoxicillin</i>		1	
<i>amoxicillin/potassium clav</i>		1	
<i>dicloxacillin sodium</i>		1	
QUINOLONONES			
CIPROFLOXACIN	CIPRO	2	
<i>ciprofloxacin</i>		1	

Drug Name	Tier	Requirements/Limits
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>ciprofloxacin lactate</i>	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	1	
GEMIFLOXACIN MESYLATE	FACTIVE	2
<i>levofloxacin</i>	1	
<i>levofloxacin in dextrose 5 %</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin in nacl (iso-osm)</i>	1	
<i>ofloxacin</i>	1	
STREPTOGRAMINS		
QUINUPRISTIN/DALFOPRISTIN	SYNERCID	2
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
DOXYCYCLINE CALCIUM	VIBRAMYCIN	2
<i>doxycycline hyclate (100 mg) (capsule)</i>	1	
<i>doxycycline hyclate (100 mg) (tablet)</i>	1	
<i>doxycycline hyclate (100 mg) (vial)</i>	1	
<i>doxycycline hyclate (50 mg) (capsule)</i>	1	
<i>doxycycline monohydrate (100 mg) (capsule)</i>	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate (25 mg/5 ml) (susp recon)</i>	1	
<i>doxycycline monohydrate (50 mg) (capsule)</i>	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate (75 mg) (capsule)</i>	1	
DOXYCYCLINE/SKIN CLEANSER NO19	MORGIDOX (100 MG) (KIT)	3
MINOCYCLINE HCL	MINOCIN (100 MG) (VIAL)	3
<i>minocycline hcl (100 mg) (capsule)</i>	1	
<i>minocycline hcl (100 mg) (tablet)</i>	1	
<i>minocycline hcl (50 mg) (capsule)</i>	1	
<i>minocycline hcl (50 mg) (tablet)</i>	1	
<i>minocycline hcl (75 mg) (capsule)</i>	1	
<i>minocycline hcl (75 mg) (tablet)</i>	1	
<i>tetracycline hcl</i>	1	
INFECTIOUS DISEASE - FUNGAL		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose,iso-os</i>	1	
<i>fluconazole in nacl,iso-osm</i>	1	
<i>flucytosine</i>	1	
<i>itraconazole</i>	1	PA, QL: 2 IN 1 DAY
ITRACONAZOLE	ONMEL	3
ITRACONAZOLE	SPORANOX (10 MG/ML) (SOLUTION)	3
<i>ketoconazole</i>	1	
POSACONAZOLE	NOXAFIL (100 MG) (TABLET DR)	3
POSACONAZOLE	NOXAFIL (200 MG/5ML) (ORAL SUSP)	3
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	
ANTIFUNGAL ANTIBIOTICS		
<i>amphotericin b</i>	1	
AMPHOTERICIN B LIPID COMPLEX	ABELCET	2
AMPHOTERICIN B LIPOSOME	AMBISOME	2

Drug Name	Tier	Requirements/Limits
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize</i>	1	
MICAFUNGIN SODIUM MYCAMINE (100 MG) (VIAL)	3	
MICAFUNGIN SODIUM MYCAMINE (50 MG) (VIAL)	2	
<i>nystatin</i>	1	
INFECTIOUS DISEASE - MISCELLANEOUS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
<i>gentamicin in nacl, iso-osm</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/pf</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin in 0.225% sod chlor</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobramycin/sodium chloride</i>	1	
ANTIBACTERIAL AGENTS, MISCELLANEOUS		
<i>glycine urologic solution</i>	1	
ANTILEPTOTICS		
<i>dapsone</i>	1	
THALIDOMIDE THALOMID (100 MG) (CAPSULE)	2	
THALIDOMIDE THALOMID (150 MG) (CAPSULE)	3	
THALIDOMIDE THALOMID (200 MG) (CAPSULE)	2	
THALIDOMIDE THALOMID (50 MG) (CAPSULE)	2	
ANTI-MYCOBACTERIUM AGENTS		
AMINOSALICYLIC ACID PASER	2	
<i>ethambutol hcl</i>	1	
ETHIONAMIDE TRECATOR	2	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
ANTITUBERCULAR ANTIBIOTICS		
BEDAQUILINE FUMARATE SIRTURO	3	PA
CAPREOMYCIN SULFATE CAPASTAT SULFATE	2	
<i>cycloserine</i>	1	
RIFAMP/ISONIAZID/PYRAZINAMIDE RIFATER	2	
<i>rifampin</i>	1	
RIFAMPIN/ISONIAZID RIFAMATE	2	
RIFAPENTINE PRIFTIN	2	
CHLORAMPHENICOL AND DERIVATIVES		
<i>chloramphenicol sod succinate</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate/d5w</i>	1	
<i>lincomycin hcl</i>	1	
POLYMYXIN AND DERIVATIVES		
<i>colistin (colistimethate na)</i>	1	
<i>polymyxin b sulfate</i>	1	

Drug Name		Tier	Requirements/Limits
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS			
RIFAXIMIN	XIFAXAN (200 MG) (TABLET)	3	
RIFAXIMIN	XIFAXAN (550 MG) (TABLET)	3	PA
VANCOMYCIN AND DERIVATIVES			
<i>vancomycin hcl (125 mg) (capsule)</i>		1	PA
<i>vancomycin hcl (250 mg) (capsule)</i>		1	PA
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
<i>tinidazole</i>		1	
AMEBACIDES			
<i>paromomycin sulfate</i>		1	
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
<i>metronidazole</i>		1	
<i>metronidazole/sodium chloride</i>		1	
ANTHELMINTICS			
ALBENDAZOLE	ALBENZA	2	
<i>ivermectin</i>		1	
PRAZIQUANTEL	BILTRICIDE	2	
ANTIMALARIAL DRUGS			
ARTEMETHER/LUMEFANTRINE	COARTEM	3	
<i>atovaquone/proguanil hcl</i>		1	
<i>chloroquine phosphate</i>		1	
<i>hydroxychloroquine sulfate</i>		1	
<i>mefloquine hcl</i>		1	
PRIMAQUINE PHOSPHATE	PRIMAQUINE	3	
PYRIMETHAMINE	DARAPRIM	2	
<i>quinine sulfate</i>		1	
ANTIPARASITICS			
NITAZOXANIDE	ALINIA	2	
ANTIPROTOZOAL DRUGS,MISCELLANEOUS			
<i>atovaquone</i>		1	
PENTAMIDINE ISETHIONATE	NEBUPENT	2	
PENTAMIDINE ISETHIONATE	PENTAM 300	3	
INFECTIOUS DISEASE - VIRAL			
ANTIVIRAL MONOCLONAL ANTIBODIES			
PALIVIZUMAB	SYNAGIS	2	PA
ANTIVIRALS, GENERAL			
<i>acyclovir</i>		1	
<i>acyclovir sodium</i>		1	
<i>cidofovir</i>		1	
<i>fanciclovir</i>		1	
<i>foscarnet sodium</i>		1	
<i>ganciclovir sodium</i>		1	
<i>oseltamivir phosphate</i>		1	
<i>rimantadine hcl</i>		1	
<i>valacyclovir hcl</i>		1	
<i>valganciclovir hcl (450 mg) (tablet)</i>		1	
<i>valganciclovir hcl (50 mg/ml) (soln recon)</i>		1	AGE: <= 6 YEARS
ZANAMIVIR	RELENZA	3	QL: 20 IN 365 DAYS
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
DARUNAVIR ETHANOLATE	PREZISTA	3	
DARUNAVIR/COBICISTAT	PREZCOBIX	3	QL: 1 IN 1 DAY
TIPRANAVIR	APTIVUS	3	

Drug Name		Tier	Requirements/Limits
TIPRANA VIR/VITAMIN E TPGS	APTIVUS	2	
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
EMTRICITABINE/TENOFOV ALAFENAM	DESCOVY	3	
EMTRICITABINE/TENOFOVIR (TDF)	TRUVADA (200-300 MG) (TABLET)	2	
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
<i>abacavir sulfate/lamivudine</i>		1	
<i>abacavir/lamivudine/zidovudine</i>		1	
<i>lamivudine/zidovudine</i>		1	
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
MARAVIROC	SELZENTRY (150 MG) (TABLET)	3	QL: 2 IN 1 DAY
MARAVIROC	SELZENTRY (300 MG) (TABLET)	3	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFUVIRTIDE	FUZEON	3	PA
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR	2	
<i>efavirenz</i>		1	
EFAVIRENZ	SUSTIVA (600 MG) (TABLET)	2	
ETRAVIRINE	INTELENCE (100 MG) (TABLET)	2	
ETRAVIRINE	INTELENCE (200 MG) (TABLET)	3	
ETRAVIRINE	INTELENCE (25 MG) (TABLET)	2	
<i>nevirapine</i>		1	
RILPIVIRINE HCL	EDURANT	3	
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
<i>abacavir sulfate</i>		1	
<i>didanosine</i>		1	
DIDANOSINE	VIDEX	2	
EMTRICITABINE	EMTRIVA	2	
<i>lamivudine</i>		1	
<i>stavudine</i>		1	
STAVUDINE	ZERIT (1 MG/ML) (SOLN RECON)	2	
ZIDOVUDINE	RETROVIR (10 MG/ML) (VIAL)	2	
<i>zidovudine</i>		1	
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
<i>tenofovir disoproxil fumarate</i>		1	
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	3	
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	3	
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	3	
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (40MG/SCOOP) (POWDER)	3	
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
LOPINA VIR/RITONA VIR	KALETRA (100MG-25MG) (TABLET)	3	
LOPINA VIR/RITONA VIR	KALETRA (200MG-50MG) (TABLET)	2	
<i>lopinavir/ritonavir</i>		2	

Drug Name		Tier	Requirements/Limits
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
ATAZANAVIR SULFATE	REYATAZ (150 MG) (CAPSULE)	2	
ATAZANAVIR SULFATE	REYATAZ (200 MG) (CAPSULE)	2	
ATAZANAVIR SULFATE	REYATAZ (300 MG) (CAPSULE)	3	
ATAZANAVIR SULFATE	REYATAZ (50 MG) (POWD PACK)	3	
ATAZANAVIR SULFATE/COBICISTAT <i>fosamprenavir calcium</i>	EVOTAZ	3	QL: 1 IN 1 DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	3	
INDINAVIR SULFATE	CRIXIVAN	2	
NELFINAVIR MESYLATE	VIRACEPT	2	
RITONAVIR	NORVIR	3	
SAQUINAVIR MESYLATE	INVIRASE	2	
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY (50 MG) (TABLET)	2	ST
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (POWD PACK)	3	
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (TAB CHEW)	3	
RALTEGRAVIR POTASSIUM	ISENTRESS (25 MG) (TAB CHEW)	3	
RALTEGRAVIR POTASSIUM	ISENTRESS (400 MG) (TABLET)	2	QL: 4 IN 1 DAY
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICITAB/TENOFOVIR	ATRIPLA	2	
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	3	
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	3	
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	3	
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	3	
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	3	
CYTOCHROME P450 INHIBITORS			
COBICISTAT	TYBOST	3	ST, QL: 1 IN 1 DAY
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO			
SOFOBUVIR/VELPATAS/VOXILAPREV	VOSEVI	3	
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.			
SOFOBUVIR/VELPATASVIR	EPCLUSA	3	PA
HEPATITIS B TREATMENT AGENTS			
<i>adefovir dipivoxil</i>		1	
ENTECAVIR	BARACLUDGE (0.05 MG/ML) (SOLUTION)	2	
<i>entecavir</i>		1	
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	2	
<i>lamivudine</i>		1	
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	3	QL: 1 IN 1 DAY
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	2	PA

Drug Name		Tier	Requirements/Limits
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	2	PA
PEGINTERFERON ALFA-2B	PEGINTRON	2	PA
RIBAVIRIN	REBETOL	2	
<i>ribavirin (200 mg) (capsule)</i>		1	
<i>ribavirin (200 mg) (tablet)</i>		1	
<i>ribavirin (400 mg) (tablet)</i>		1	
<i>ribavirin (600 mg) (tablet)</i>		1	
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
ELBASVIR/GRAZOPREVIR	ZEPATIER	3	PA
INFLAMMATORY DISEASE			
ANTI-ARTHRITIC AND CHELATING AGENTS			
PENICILLAMINE	DEPEN	2	
ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
ANAKINRA	KINERET	2	PA
RILONACEPT	ARCALYST	3	PA
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
ADALIMUMAB	HUMIRA (10MG/0.2ML) (SYRINGEKIT)	2	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA (20MG/0.4ML) (SYRINGEKIT)	3	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA (40MG/0.8ML) (SYRINGEKIT)	2	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA PEDIATRIC CROHN'S	2	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA PEN	2	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA PEN CROHN-UC-HS STARTER	2	PA, QL: 1 IN 15 DAYS
ADALIMUMAB	HUMIRA PEN PSORIASIS-UVEITIS	2	PA, QL: 1 IN 15 DAYS
ETANERCEPT	ENBREL	3	PA, QL: 4 IN 15 DAYS
ETANERCEPT	ENBREL SURECLICK	3	PA, QL: 4mL IN 15 DAYS
GOLIMUMAB	SIMPONI	3	PA
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
<i>leflunomide</i>		1	
ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.			
APREMILAST	OTEZLA	3	PA
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.			
HYALURONATE SOD, CROSS-LINKED	GEL-ONE	2	PA
HYALURONATE SODIUM	EUFLEXXA	2	PA
HYALURONATE SODIUM	GENVISC 850	2	PA
HYALURONATE SODIUM	HYALGAN	2	PA
HYALURONATE SODIUM	ORTHOVISC	2	PA
HYALURONATE SODIUM	SUPARTZ FX	2	PA
HYALURONATE SODIUM	VISCO-3	2	PA
HYLAN G-F 20	SYNVISC	2	PA
HYLAN G-F 20	SYNVISC-ONE	2	PA
ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR			
ABATACEPT	ORENCIA (125 MG/ML) (SYRINGE)	3	PA

Drug Name		Tier	Requirements/Limits
ABATACEPT	ORENCIA CLICKJECT	3	PA
ABATACEPT/MALTOSE	ORENCIA	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS			
ICATIBANT ACETATE	FIRAZYR	2	PA
GLUCOCORTICOIDS			
BETAMETHASON/NORFLURAN/PENTFLU	BETALOAN SUIK	3	
<i>betamethasone acetate, sod phos</i>		1	
<i>budesonide</i>		1	
BUDESONIDE	UCERIS	3	ST
<i>cortisone acetate</i>		1	
<i>dexamethasone</i>		1	
DEXAMETHASONE INTENSOL		2	
DEXAMETHASONE	DEPAK	2	
DEXAMETHASONE	ZODEX (1.5MG (21)) (TAB DS PK)	2	
<i>dexamethasone in 0.9 % sod chl</i>		1	
<i>dexamethasone sod phosphate</i>		1	
<i>dexamethasone sodium phosp/pf</i>		1	
<i>hydrocortisone</i>		1	
<i>hydrocortisone sod succinate</i>		1	
HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	2	
HYDROCORTISONE SODIUM SUCC/PF	SOLU-CORTEF	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN II SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D40G	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D80G	3	
METHYLPREDNISOLONE	MEDROL (2 MG) (TABLET)	2	
<i>methylprednisolone</i>		1	
METHYLPREDNISOLONE ACETATE	DEPO-MEDROL (20 MG/ML) (VIAL)	2	
<i>methylprednisolone acetate</i>		1	
<i>methylprednisolone sod succ</i>		1	
METHYLPREDNISOLONE SOD SUCC	SOLU-MEDROL (2 G) (VIAL)	2	
METHYLPREDNISOLONE SOD SUCC	SOLU-MEDROL (500 MG) (VIAL)	2	
METHYLPREDNISOLONE SOD SUCC/PF	SOLU-MEDROL	3	
PREDNISOLONE	MILLIPRED	3	
PREDNISOLONE	MILLIPRED DP	3	
<i>prednisolone</i>		1	
<i>prednisolone sod phosphate (10 mg) (tab rapdis)</i>		1	
<i>prednisolone sod phosphate (15 mg/5 ml) (solution)</i>		1	
<i>prednisolone sod phosphate (25 mg/5 ml) (solution)</i>		1	
<i>prednisolone sod phosphate (30 mg) (tab rapdis)</i>		1	
<i>prednisolone sod phosphate (5 mg/5 ml) (solution)</i>		1	
<i>prednisone</i>		1	
PREDNISONE INTENSOL		2	
PREDNISONE	RAYOS	3	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K40G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K80G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	POD-CARE 100KG	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN II SUIK	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN SUIK	3	
TRIAMCINOLONE ACETONIDE	KENALOG-10	2	
<i>triamcinolone acetonide</i>		1	

Drug Name		Tier	Requirements/Limits
TRIAMCINOLONE HEXACETONIDE	ARISTOSPAN	2	
GOLD SALTS			
AURANOFIN	RIDAURA	2	
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
TOCILIZUMAB	ACTEMRA	3	PA
JANUS KINASE (JAK) INHIBITORS			
TOFACITINIB CITRATE	XELJANZ	3	PA
MINERALOCORTICIDS			
<i>fludrocortisone acetate</i>		1	
MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB			
USTEKINUMAB	STELARA (130MG/26ML) (VIAL)	3	
USTEKINUMAB	STELARA (45MG/0.5ML) (SYRINGE)	3	PA
NSAID & TOPICAL IRRITANT COUNTER-IRRITANT COMB.			
DICLOFENAC SODIUM/CAPSAICIN	NUDICLO	3	
NSAIDS (COX NON-SPECIFIC INHIB)& PROSTAGLANDIN CMB			
<i>diclofenac sodium/misoprostol</i>		1	
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE			
<i>diclofenac sodium</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium (600 mg) (tablet)</i>		1	
<i>flurbiprofen</i>		1	
<i>meloxicam</i>		1	
<i>nabumetone</i>		1	
<i>naproxen</i>		1	
NAPROXEN SODIUM	NAPRELAN (750 MG) (TBMP 24HR)	3	
<i>naproxen sodium (275 mg) (tablet)</i>		1	
<i>naproxen sodium (550 mg) (tablet)</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam</i>		1	
<i>sulindac</i>		1	
<i>tolmetin sodium</i>		1	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
BOWEL ANTIINFLAMATORY AGENTS			
<i>sulfadiazine</i>		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	3	
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
<i>balsalazide disodium</i>		1	
BALSALAZIDE DISODIUM	GIAZO	3	ST
MESALAMINE	APRISO	2	QL: 4 IN 1 DAY
MESALAMINE	DELZICOL	2	
MESALAMINE	PENTASA	3	
<i>sulfasalazine</i>		1	
DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON			
CERTOLIZUMAB PEGOL	CIMZIA	3	PA
INFLIXIMAB	REMICADE	3	PA
INFLIXIMAB-DYYB	INFLECTRA	3	PA
IRRITABLE BOWEL AGENTS,GUANYLATE CYLASE-C AGONIST			
LINACLOTIDE	LINZESS (145 MCG) (CAPSULE)	3	QL: 1 IN 1 DAY

Drug Name	Tier	Requirements/Limits
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)		
BUDESONIDE UCERIS	3	
LOWER GASTROINTESTINAL DISORDERS - OTHER		
AMMONIA INHIBITORS		
ACETOHYDROXAMIC ACID LITHOSTAT	2	
CARGLUMIC ACID CARBAGLU	3	PA
<i>sodium benzoate/sod phenylacet</i>	1	
<i>sodium phenylbutyrate</i>	1	
ANTIDIARRHEALS		
<i>diphenoxylate hcl/atropine</i>	1	
<i>opium tincture</i>	1	
<i>paregoric</i>	1	
LAXATIVES AND CATHARTICS		
LACTULOSE KRISTALOSE	2	
<i>lactulose</i>	1	
LUBIPROSTONE AMITIZA	3	QL: 2 IN 1 DAY
PEG 3350/SOD CHLOR/POTASS CIT GIALAX	3	
<i>polyethylene glycol 3350 (17g/dose) (powder)</i>	1	
SOD PHOSPHATE MBAS/SOD PHOS,DI OSMOPREP	0	
SODIUM, POTASSIUM,MAG SULFATES SUPREP	0	
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING		
ALVIMOPAN ENTEREG	3	
NALOXEGOL OXALATE MOVANTIK	3	QL: 1 IN 1 DAY
MISCELLANEOUS AGENTS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine (0.15/0.15) (auto inject)</i>	1	QL: 3 IN 30 DAYS
NEOPLASTIC DISEASE		
ALKYLATING AGENTS		
ALTRETAMINE HEXALEN	2	PR: RESTRICTED TO ONCOLOGIST
BENDAMUSTINE HCL TREANDA	3	PR: RESTRICTED TO ONCOLOGIST
BUSULFAN MYLERAN	2	PR: RESTRICTED TO ONCOLOGIST
<i>carboplatin</i>	1	PR: RESTRICTED TO ONCOLOGIST
CARMUSTINE BICNU	2	PR: RESTRICTED TO ONCOLOGIST
CARMUSTINE IN POLIFEPROSAN 20 GLIADEL	3	PR: RESTRICTED TO ONCOLOGIST
CHLORAMBUCIL LEUKERAN	2	PR: RESTRICTED TO ONCOLOGIST
<i>cisplatin</i>	1	PR: RESTRICTED TO ONCOLOGIST
CYCLOPHOSPHAMIDE (25 MG) (CAPSULE)	3	PR: RESTRICTED TO ONCOLOGIST
CYCLOPHOSPHAMIDE (50 MG) (CAPSULE)	3	PR: RESTRICTED TO ONCOLOGIST
<i>hydroxyurea</i>	1	PR: RESTRICTED TO ONCOLOGIST
<i>ifosfamide</i>	1	PR: RESTRICTED TO ONCOLOGIST
<i>ifosfamide/mesna</i>	1	PR: RESTRICTED TO ONCOLOGIST
LOMUSTINE GLEOSTINE (10 MG) (CAPSULE)	2	PR: RESTRICTED TO ONCOLOGIST

Drug Name		Tier	Requirements/Limits
MECHLORETHAMINE HCL	MUSTARGEN	2	PR: RESTRICTED TO ONCOLOGIST
<i>melphalan</i>		1	
<i>melphalan hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>oxaliplatin</i>		1	PR: RESTRICTED TO ONCOLOGIST
TEMOZOLOMIDE	TEMODAR (100 MG) (VIAL)	3	PA
<i>temozolomide</i>		1	PA
<i>thiotepa</i>		1	PR: RESTRICTED TO ONCOLOGIST
ANTIANDROGENIC AGENTS			
ABIRATERONE ACETATE	ZYTIGA (250 MG) (TABLET)	3	PA
<i>bicalutamide</i>		1	PR: RESTRICTED TO ONCOLOGIST
ENZALUTAMIDE	XTANDI	3	PR: RESTRICTED TO ONCOLOGIST
<i>flutamide</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>nilutamide</i>		1	PR: RESTRICTED TO ONCOLOGIST
ANTIBIOTIC ANTINEOPLASTICS			
<i>bleomycin sulfate</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>dactinomycin</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>daunorubicin hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>doxorubicin hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>epirubicin hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>idarubicin hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>mitomycin</i>		1	PR: RESTRICTED TO ONCOLOGIST
STREPTOZOCIN	ZANOSAR	2	PR: RESTRICTED TO ONCOLOGIST
VALRUBICIN	VALSTAR	3	PR: RESTRICTED TO ONCOLOGIST
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY			
RITUXIMAB	RITUXAN	2	PA
ANTIMETABOLITES			
<i>azacitidine</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>capecitabine</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>cladribine</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>cytarabine</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>cytarabine/pf</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>floxuridine</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>fludarabine phosphate</i>		1	PR: RESTRICTED TO ONCOLOGIST

Drug Name		Tier	Requirements/Limits
	<i>fluorouracil</i>	1	PR: RESTRICTED TO ONCOLOGIST
	<i>gemcitabine hcl</i>	1	PR: RESTRICTED TO ONCOLOGIST
	<i>mercaptopurine</i>	1	PR: RESTRICTED TO ONCOLOGIST
MERCAPTOPYRINE	PURIXAN	3	AGE: >= 7 YEARS, PR: RESTRICTED TO ONCOLOGIST
	<i>methotrexate sodium</i>	1	
METHOTREXATE SODIUM	TREXALL	2	
	<i>methotrexate sodium/pf</i>	1	
NELARABINE	ARRANON	3	PR: RESTRICTED TO ONCOLOGIST
PEMETREXED DISODIUM	ALIMTA (100 MG) (VIAL)	3	PR: RESTRICTED TO ONCOLOGIST
PEMETREXED DISODIUM	ALIMTA (500 MG) (VIAL)	2	PR: RESTRICTED TO ONCOLOGIST
PENTOSTATIN	NIPENT	3	PR: RESTRICTED TO ONCOLOGIST
THIOGUANINE	TABLOID	2	PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY			
CETUXIMAB	ERBITUX	2	PR: RESTRICTED TO ONCOLOGIST
TRASTUZUMAB	HERCEPTIN (440 MG) (VIAL)	2	PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY			
BEVACIZUMAB	AVASTIN	2	PA, PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLASTIC AROMATASE INHIBITORS			
	<i>anastrozole</i>	1	PR: RESTRICTED TO ONCOLOGIST
	<i>exemestane</i>	1	PR: RESTRICTED TO ONCOLOGIST
	<i>letrozole</i>	1	
ANTINEOPLASTIC - EPOTHILONES AND ANALOGS			
IXABEPILONE	IXEMPRA	3	PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLASTIC - HALICHONDRIN B ANALOGS			
ERIBULIN MESYLATE	HALAVEN	3	PA
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	3	PA
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
COBIMETINIB FUMARATE	COTELLIC	3	PA
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	3	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR (10 MG) (TABLET)	3	PR: RESTRICTED TO ONCOLOGIST
EVEROLIMUS	AFINITOR (2.5 MG) (TABLET)	3	PA, PR: RESTRICTED TO ONCOLOGIST
EVEROLIMUS	AFINITOR (5 MG) (TABLET)	3	PR: RESTRICTED TO ONCOLOGIST
EVEROLIMUS	AFINITOR (7.5 MG) (TABLET)	3	PR: RESTRICTED TO ONCOLOGIST
EVEROLIMUS	AFINITOR DISPERZ	3	PA, PR: RESTRICTED TO ONCOLOGIST

Drug Name		Tier	Requirements/Limits
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
IRINOTECAN HCL	CAMPTOSAR (300MG/15ML) (VIAL)	3	PR: RESTRICTED TO ONCOLOGIST
<i>irinotecan hcl</i>		1	PR: RESTRICTED TO ONCOLOGIST
TOPOTECAN HCL	HYCANTIN (0.25 MG) (CAPSULE)	3	PR: RESTRICTED TO ONCOLOGIST
TOPOTECAN HCL	HYCANTIN (1 MG) (CAPSULE)	3	PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLASTIC - VEGF-A,B & P1GF INHIBITOR			
ZIV-AFLIBERCEPT	ZALTRAP	3	
ANTINEOPLASTIC - VEGFR ANTAGONIST			
RAMUCIRUMAB	CYRAMZA (500MG/50ML) (VIAL)	3	
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	3	PA
POMALIDOMIDE	POMALYST	3	PA, PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS			
DEGARELIX ACETATE	FIRMAGON	3	
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ACALABRUTINIB	CALQUENCE	3	PR: RESTRICTED TO ONCOLOGIST
AFATINIB DIMALEATE	GILOTRIF	3	PA
BORTEZOMIB	VELCADE	2	PR: RESTRICTED TO ONCOLOGIST
BOSUTINIB	BOSULIF (100 MG) (TABLET)	3	PR: RESTRICTED TO ONCOLOGIST
BOSUTINIB	BOSULIF (500 MG) (TABLET)	3	PR: RESTRICTED TO ONCOLOGIST
CABOZANTINIB S-MALATE	CABOMETYX	3	PA, PR: RESTRICTED TO ONCOLOGIST
CABOZANTINIB S-MALATE	COMETRIQ	3	PA, PR: RESTRICTED TO ONCOLOGIST
CARFILZOMIB	KYPROLIS (60 MG) (VIAL)	3	PR: RESTRICTED TO ONCOLOGIST
CRIZOTINIB	XALKORI	3	PA
DASATINIB	SPRYCEL	2	PA
ERLOTINIB HCL	TARCEVA	3	PA
IBRUTINIB	IMBRUVICA	3	PA
<i>imatinib mesylate</i>		1	PA
LAPATINIB DITOSYLATE	TYKERB	3	PR: RESTRICTED TO ONCOLOGIST
LENVATINIB MESYLATE	LENVIMA (18 MG/DAY) (CAPSULE)	3	PA, PR: RESTRICTED TO ONCOLOGIST
LENVATINIB MESYLATE	LENVIMA (8 MG/DAY) (CAPSULE)	3	PA, PR: RESTRICTED TO ONCOLOGIST
NILOTINIB HCL	TASIGNA (150 MG) (CAPSULE)	3	PA, PR: RESTRICTED TO ONCOLOGIST
NILOTINIB HCL	TASIGNA (200 MG) (CAPSULE)	3	PR: RESTRICTED TO ONCOLOGIST
PAZOPANIB HCL	VOTRIENT	3	PA, PR: RESTRICTED TO ONCOLOGIST
REGORAFENIB	STIVARGA	3	PA
SORAFENIB TOSYLATE	NEXAVAR	2	PA

Drug Name		Tier	Requirements/Limits
SUNTINIB MALATE	SUTENT	2	PA
VANDETANIB	CAPRELSA	3	PA
VEMURAFENIB	ZELBORAF	3	PA, QL: 8 IN 1 DAY
ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB			
NIVOLUMAB	OPDIVO	3	PA
PEMBROLIZUMAB	KEYTRUDA	3	PA
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
VORINOSTAT	ZOLINZA	3	PA
ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB,ANTIBODY			
SILTUXIMAB	SYLVANT	3	
ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS			
ENASIDENIB MESYLATE	IDHIFA (100 MG) (TABLET)	3	
ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES			
ALEMTUZUMAB	CAMPATH	3	PR: RESTRICTED TO ONCOLOGIST
DINUTUXIMAB	UNITUXIN	3	PA, PR: RESTRICTED TO ONCOLOGIST
KIT Y-90/IBRITUMOMAB/H.ALBUMIN	ZEVALIN	3	PR: RESTRICTED TO ONCOLOGIST
ANTINEOPLASTICS,MISCELLANEOUS			
BCG LIVE	BCG (TICE STRAIN)	0	PR: RESTRICTED TO ONCOLOGIST
<i>dacarbazine</i>		1	PR: RESTRICTED TO ONCOLOGIST
DOCETAXEL	DOCEFREZ	3	PR: RESTRICTED TO ONCOLOGIST
<i>docetaxel (160mg/16ml) (vial)</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>etoposide</i>		1	PR: RESTRICTED TO ONCOLOGIST
ETOPOSIDE PHOSPHATE	ETOPOPHOS	2	PR: RESTRICTED TO ONCOLOGIST
MITOTANE	LYSODREN	2	PR: RESTRICTED TO ONCOLOGIST
<i>mitoxantrone hcl</i>		1	PA, PR: RESTRICTED TO ONCOLOGIST
<i>paclitaxel</i>		1	PR: RESTRICTED TO ONCOLOGIST
PACLITAXEL PROTEIN-BOUND	ABRAXANE	2	PR: RESTRICTED TO ONCOLOGIST
PEGASPARGASE	ONCASPAR	2	PR: RESTRICTED TO ONCOLOGIST
PROCARBAZINE HCL	MATULANE	2	PR: RESTRICTED TO ONCOLOGIST
<i>tretinoin</i>		1	
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.			
TALC	SCLEROSOL	3	PR: RESTRICTED TO ONCOLOGIST
<i>talc</i>		1	PR: RESTRICTED TO ONCOLOGIST
PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)			
METHOXSALEN	UVADEX	2	PR: RESTRICTED TO ONCOLOGIST
PORFIMER SODIUM	PHOTOFRIN	2	PR: RESTRICTED TO ONCOLOGIST

Drug Name		Tier	Requirements/Limits
PHOTOACTIVATED, ANTINEOPLS. & PREMALIGNANT LESIONS			
AMINOLEVULINIC ACID HCL	AMELUZ	3	PR: RESTRICTED TO ONCOLOGIST
AMINOLEVULINIC ACID HCL	LEVULAN	2	PR: RESTRICTED TO ONCOLOGIST
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
FULVESTRANT	FASLODEX	2	PR: RESTRICTED TO ONCOLOGIST
TAMOXIFEN CITRATE	SOLTAMOX	3	
<i>tamoxifen citrate</i>		1	
TOREMIFENE CITRATE	FARESTON	2	PR: RESTRICTED TO ONCOLOGIST
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
<i>bexarotene</i>		1	PR: RESTRICTED TO ONCOLOGIST
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	2	PR: RESTRICTED TO ONCOLOGIST
<i>megestrol acetate</i>		1	
VINCA ALKALOIDS			
<i>vinblastine sulfate</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>vincristine sulfate</i>		1	PR: RESTRICTED TO ONCOLOGIST
<i>vinorelbine tartrate</i>		1	PR: RESTRICTED TO ONCOLOGIST
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
ALEMTUZUMAB	LEMTRADA	3	PA
DIMETHYL FUMARATE	TECFIDERA	2	PA
FINGOLIMOD HCL	GILENYA	3	PA, QL: 1 IN 1 DAY
<i>glatiramer acetate (20 mg/ml) (syringe)</i>		1	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A	AVONEX	3	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A	AVONEX PEN	3	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A/ALBUMIN	AVONEX	3	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A/ALBUMIN	REBIF (22MCG/.5ML) (SYRINGE)	2	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A/ALBUMIN	REBIF (44MCG/.5ML) (SYRINGE)	2	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A/ALBUMIN	REBIF (8.8-22(6)) (SYRINGE)	3	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE	2	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1B	BETASERON	3	PR: RESTRICTED TO NEUROLOGIST
INTERFERON BETA-1B	EXTAVIA	3	PR: RESTRICTED TO NEUROLOGIST
PEGINTERFERON BETA-1A	PLEGRIDY	3	PA
PEGINTERFERON BETA-1A	PLEGRIDY PEN	3	PA
TERIFLUNOMIDE	AUBAGIO (14 MG) (TABLET)	2	

Drug Name	Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
<i>riluzole</i>	1	
MOVEMENT DISORDERS(DRUG THERAPY)		
<i>tetrabenazine</i>	1	
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS		
DEXTROMETHORPHAN HBR/QUINIDINE NUEDEXTA	3	PA
PAIN MANAGEMENT - ANALGESICS		
ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.		
<i>butalbital/acetaminophen (50mg-325mg) (tablet)</i>	1	
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB		
BUTALB/ACETAMINOPHEN/CAFFEINE VANATOL LQ	3	
BUTALB/ACETAMINOPHEN/CAFFEINE VANATOL S	3	
ANALGESIC/ANTIPYRETICS, SALICYLATES		
<i>choline salicyl/mag salicylate</i>	1	
<i>diflunisal</i>	1	
<i>salsalate</i>	1	
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION		
<i>hydrocodone/ibuprofen (7.5-200 mg) (tablet)</i>	1	QL: 5 IN 3 DAYS
<i>ibuprofen/oxycodone hcl</i>	1	
ANALGESICS, NON-NARCOTICS		
<i>clonidine hcl/pf</i>	1	
ANALGESICS, NARCOTICS		
<i>buprenorphine (10 mcg/hr) (patch tdwk)</i>	1	QL: 4 IN 28 DAYS
BUPRENORPHINE HCL BUPRENEX	3	
<i>buprenorphine hcl</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>fentanyl (75mcg/hr) (patch td72)</i>	1	QL: 1 IN 3 DAYS
FENTANYL CITRATE ABSTRAL (100 MCG) (TAB SUBL)	3	PA
<i>fentanyl citrate</i>	1	QL: 1 IN 5 DAYS
FENTANYL CITRATE FENTORA	3	QL: 1 IN 5 DAYS
<i>fentanyl citrate/pf (100mcg/2ml) (syringe)</i>	1	
<i>hydrocodone/acetaminophen (10mg-300mg) (tablet)</i>	1	
<i>hydromorphone hcl (1 mg/ml) (ampul)</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine hcl</i>	1	
MEPERIDINE HCL/PF DEMEROL	3	
<i>meperidine hcl/pf</i>	1	
<i>methadone hcl (10 mg) (tablet)</i>	1	
MORPHINE SULFATE KADIAN (40 MG) (CAP ER PEL)	3	
<i>morphine sulfate (10 mg) (cap er pel)</i>	1	
MORPHINE SULFATE/PF INFUMORPH	3	
<i>morphine sulfate/pf</i>	1	
<i>nalbuphine hcl</i>	1	
<i>opium/belladonna alkaloids</i>	1	
<i>oxycodone hcl (10 mg) (tab er 12h)</i>	1	QL: 3 IN 1 DAY
OXYCODONE HCL OXYCONTIN (15 MG) (TAB ER 12H)	2	QL: 3 IN 1 DAY
<i>oxycodone hcl/acetaminophen</i>	1	
<i>oxymorphone hcl (10 mg) (tab er 12h)</i>	1	
<i>pentazocine hcl/naloxone hcl</i>	1	
PENTAZOCINE LACTATE TALWIN	2	
<i>tramadol hcl (100 mg) (tab er 24h)</i>	1	QL: 1 IN 1 DAY
ANTIMIGRAINE PREPARATIONS		
<i>eletriptan hbr</i>	1	ST, QL: 1 IN 5 DAYS

Drug Name		Tier	Requirements/Limits
ERGOTAMINE TARTRATE	ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>		1	QL: 10 IN 30 DAYS
ERGOTAMINE TARTRATE/CAFFEINE	MIGERGOT	3	
<i>isomethept/dichlphn/acetaminop</i>		1	
<i>naratriptan hcl</i>		1	QL: 3 IN 10 DAYS
<i>rizatriptan benzoate</i>		1	QL: 2 IN 5 DAYS
<i>sumatriptan</i>		1	QL: 2 IN 5 DAYS
SUMATRIPTAN SUCC/NAPROXEN SOD	TREXIMET (10 MG-60MG) (TABLET)	3	
<i>sumatriptan succinate (100 mg) (tablet)</i>		1	QL: 3 IN 10 DAYS
<i>zolmitriptan</i>		1	QL: 1 IN 5 DAYS
NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
<i>butalbit/acetamin/caff/codeine (50-325-30) (capsule)</i>		1	
NARCOTIC WITHDRAWAL THERAPY AGENTS			
<i>buprenorphine hcl (0.3 mg/ml) (syringe)</i>		1	
<i>buprenorphine hcl (2 mg) (tab subl)</i>		1	PA
<i>buprenorphine hcl (8 mg) (tab subl)</i>		1	PA
<i>buprenorphine hcl/naloxone hcl</i>		1	PA
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	3	PA
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (1.4-0.36MG) (TAB SUBL)	3	PA
PARKINSONS DISEASE			
ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
<i>benztropine mesylate</i>		1	
<i>trihexyphenidyl hcl</i>		1	
ANTIPARKINSONISM DRUGS,OTHER			
<i>amantadine hcl</i>		1	
APOMORPHINE HCL	APOKYN	3	PA
<i>bromocriptine mesylate</i>		1	
<i>carbidopa/levodopa</i>		1	
<i>entacapone</i>		1	
<i>pramipexole di-hcl (0.125 mg) (tablet)</i>		1	
<i>rasagiline mesylate</i>		2	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl</i>		1	
SELEGILINE HCL	ZELAPAR	3	
<i>tolcapone</i>		1	
DECARBOXYLASE INHIBITORS			
<i>carbidopa</i>		1	
SEIZURE DISORDER			
ANTICONVULSANTS			
<i>carbamazepine</i>		1	
CARBAMAZEPINE	TEGRETOL	3	
CARBAMAZEPINE	TEGRETOL XR	3	
<i>clonazepam</i>		1	
<i>diazepam</i>		1	
DIVALPROEX SODIUM	DEPAKOTE	3	
DIVALPROEX SODIUM	DEPAKOTE ER	3	
<i>ethosuximide</i>		1	
ETHOTOIN	PEGANONE	2	
<i>felbamate</i>		1	
<i>fosphenytoin sodium</i>		1	
<i>gabapentin</i>		1	
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	3	

Drug Name		Tier	Requirements/Limits
<i>lamotrigine (100 mg) (tablet)</i>		1	
<i>levetiracetam</i>		1	
METHSUXIMIDE	CELONTIN	2	
<i>oxcarbazepine</i>		1	
OXCARBAZEPINE	OXTELLAR XR	3	
PERAMPANEL	FYCOMPA (10 MG) (TABLET)	3	
PHENYTOIN	DILANTIN-125	3	
<i>phenytoin</i>		1	
PHENYTOIN SODIUM EXTENDED	DILANTIN	3	
<i>phenytoin sodium extended</i>		1	
PREGABALIN	LYRICA	3	PA
<i>primidone</i>		1	
RUFINAMIDE	BANZEL	3	PA
TIAGABINE HCL	GABITRIL (12 MG) (TABLET)	2	
<i>tiagabine hcl</i>		1	
<i>topiramate (100 mg) (tablet)</i>		1	
VALPROIC ACID	DEPAKENE	3	
<i>valproic acid</i>		1	
VIGABATRIN	SABRIL (500 MG) (TABLET)	3	
<i>vigabatrin</i>		1	
<i>zonisamide</i>		1	
BENZODIAZEPINES			
CLOBAZAM	ONFI (10 MG) (TABLET)	3	PA
SKELETAL MUSCLE DISORDER			
SKELETAL MUSCLE RELAXANTS			
<i>baclofen</i>		1	
BACLOFEN	GABLOFEN	3	
BACLOFEN	LIORESAL INTRATHECAL	3	
<i>carisoprodol</i>		1	RBP
<i>chlorzoxazone</i>		1	
CHLORZOXAZONE	LORZONE	3	RBP
<i>cyclobenzaprine hcl (10 mg) (tablet)</i>		1	
<i>dantrolene sodium</i>		1	
<i>metaxalone</i>		1	RBP
<i>methocarbamol</i>		1	
<i>orphenadrine citrate</i>		1	RBP
<i>tizanidine hcl</i>		1	
SMOKING CESSATION			
SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
<i>nicotine</i>		0	
NICOTINE	NICOTROL NS	2	
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
VARENICLINE TARTRATE	CHANTIX	0	
SMOKING DETERRENTS, OTHER			
<i>bupropion hcl</i>		1	
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE			
GASTRIC ENZYMES			
SACROSIDASE	SUCRAID	2	
PANCREATIC ENZYMES			
LIPASE/PROTEASE/AMYLASE	CREON	3	
LIPASE/PROTEASE/AMYLASE	PANCREAZE	3	

Drug Name		Tier	Requirements/Limits
LIPASE/PROTEASE/AMYLASE	PERTZYE (16K-57.5K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	PERTZYE (4000-14375) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	PERTZYE (8K-28.75K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	VIOKACE	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP (10-34-55K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP (15-51-82K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP (25-85-136K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP (3K-10K-16K) (CAPSULE DR)	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP (5K-17K-27K) (CAPSULE DR)	3	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE			
ANTICHOLINERGICS/ANTISPASMODICS			
DICYCLOMINE HCL	BENTYL	3	
<i>dicyclomine hcl</i>		1	
BELLADONNA ALKALOIDS			
<i>atropine sulfate</i>		1	
<i>atropine sulfate/0.9 %sod chlr (0.8 mg/2ml) (syringe)</i>		1	
<i>atropine sulfate/0.9 %sod chlr (1 mg/2.5ml) (syringe)</i>		1	
<i>hyoscyamine sulfate</i>		1	
HYOSCYAMINE SULFATE	LEVSIN (0.5 MG/ML) (AMPUL)	2	
HYOSCYAMINE SULFATE	SYMAX DUOTAB	3	
<i>methscopolamine bromide</i>		1	
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE			
ANTICHOLINERGICS, QUATERNARY AMMONIUM			
<i>chlordiazepoxide/clidinium br</i>		1	
GLYCOPYRROLATE	CUVPOSA	3	
<i>glycopyrrolate (0.2 mg/ml) (vial)</i>		1	
<i>glycopyrrolate (1 mg) (tablet)</i>		1	
<i>glycopyrrolate (1 mg/5 ml) (syringe)</i>		1	
<i>propantheline bromide</i>		1	
ANTI-ULCER PREPARATIONS			
<i>misoprostol</i>		1	
<i>sucralfate</i>		1	
ANTI-ULCER-H.PYLORI AGENTS			
BISMUTH/METRONID/TETRACYCLINE	PYLERA	3	
<i>lansoprazole/amoxiciln/clarith</i>		1	
HISTAMINE H2-RECEPTOR INHIBITORS			
<i>cimetidine hcl</i>		1	AG: AGE >= 8 YEARS = 100% COPAY
<i>nizatidine (150mg/10ml) (solution)</i>		1	AG: AGE >= 8 YEARS = 100% COPAY
<i>ranitidine hcl (15 mg/ml) (syrup)</i>		1	AG: AGE >= 8 YEARS = 100% COPAY
INTESTINAL MOTILITY STIMULANTS			
<i>metoclopramide hcl (10 mg) (tablet)</i>		1	

Drug Name	Tier	Requirements/Limits
<i>metoclopramide hcl (10 mg/2 ml) (syringe)</i>	1	
<i>metoclopramide hcl (5 mg/ml) (vial)</i>	1	
URINARY TRACT - FUNCTIONAL DISORDERS		
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>finasteride</i>	1	
SILODOSIN	RAPAFLO	3
<i>tamsulosin hcl</i>	1	
URINARY TRACT ANALGESIC AGENTS		
DIMETHYL SULFOXIDE	RIMSO-50	3
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)		
<i>phenazopyridine hcl (100 mg) (tablet)</i>	1	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.		
<i>darifenacin hydrobromide</i>	1	RBP
SOLIFENACIN SUCCINATE	VESICARE	3
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT		
FESOTERODINE FUMARATE	TOVIAZ	3
<i>flavoxate hcl</i>	1	RBP
OXYBUTYNIN	OXYTROL	3
<i>oxybutynin chloride (10 mg) (tab er 24)</i>	2	RBP
<i>tolterodine tartrate</i>	1	RBP
<i>trospium chloride</i>	1	RBP
VAGINAL DISORDERS		
VAGINAL ANTIBIOTICS		
CLINDAMYCIN PHOSPHATE	CLEOCIN (100 MG) (SUPP.VAG)	2
<i>clindamycin phosphate</i>	1	
CLINDAMYCIN PHOSPHATE	CLINDESSE	3
<i>metronidazole</i>	1	
METRONIDAZOLE	VANDAZOLE	3
VAGINAL ANTIFUNGALS		
BUTOCONAZOLE NITRATE	GYNAZOLE 1	3
<i>miconazole nitrate (200 mg) (supp.vag)</i>	1	
<i>terconazole</i>	1	
VAGINAL ANTISEPTICS		
ACETIC ACID/OXYQUINOLINE	FEM PH	2
ACETIC ACID/OXYQUINOLINE	RELAGARD	2
VAGINAL ESTROGEN PREPARATIONS		
ESTRADIOL	ESTRACE	3
<i>estradiol</i>	1	
ESTRADIOL	ESTRING	3
ESTRADIOL ACETATE	FEMRING	3
ESTROGENS, CONJUGATED	PREMARIN	2

STEP THERAPY EDITS

<ul style="list-style-type: none"> • AMLODIPINE BES/OLMESARTAN MED 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • AMLODIPINE/VALSARTAN/HCTHIAZID 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • CANDESARTAN CILEXETIL 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • CANDESARTAN/HYDROCHLOROTHIAZID 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • DAYTRANA 	<p>Prior prescription for Aptensio XR, Armodafinil, Dexmethylphenidate HCL, Dextroamphetamine Sulfate, Dextroamphetamine/amphetamine, Methamphetamine HCL, Methylphenidate HCL, Modafinil, Mydayis, Quillichew ER, Quillivant XR, Ritalin LA, Vyvanse, or Zenzedi in last 180 days</p>
<ul style="list-style-type: none"> • ELETRIPTAN HBR 	<p>At least 2 prior prescriptions for Naratriptan HCL, Rizatriptan Benzoate, Sumatriptan Succinate, or Zolmitriptan in last 365 days</p>
<ul style="list-style-type: none"> • EPROSARTAN MESYLATE 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • GIAZO 	<p>Prior prescription for Balsalazide Disodium or Giazio in last 180 days</p>
<ul style="list-style-type: none"> • IRBESARTAN 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • IRBESARTAN/HYDROCHLOROTHIAZID 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days</p>
<ul style="list-style-type: none"> • OLMESARTAN MEDOXOMIL 	<p>Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide,</p>

Medication Prescribing Limitations

	Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • OLMESARTAN/AMLODIPIN/HCTHIAZID 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • OLMESARTAN/HYDROCHLOROTHIAZI DE 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • TEKTURNA 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • TELMISARTAN 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • TELMISARTAN/AMLODIPINE 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • TELMISARTAN/HYDROCHLOROTHIAZI D 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days
<ul style="list-style-type: none"> • TIVICAY (50 MG) (TABLET) 	Prior prescription for Isentress HCL or Isentress in last 120 days
<ul style="list-style-type: none"> • TYBOST 	Prior prescription for Prezista or Reyataz in last 90 days
<ul style="list-style-type: none"> • UCERIS 	Prior prescription for Apriso, Asacol, Delzicol, Mesalamine, or Pentasa in last 120 days
<ul style="list-style-type: none"> • VALSARTAN 	Prior prescription for Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Enalaprilat Dihydrate, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Valsartan/hydrochlorothiazide in last 180 days

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TETRAVISC FORTE.....	18	TRIFLUOPERAZINE HCL.....	6	- W -	
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THEOPHYLLINE IN DEXTROSE 5 %.....	4	TRIMIPRAMINE MALEATE.....	5	XARELTO (20 MG) (TABLET).....	22
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THIORIDAZINE HCL.....	6	TRIUMEQ.....	32	XIFAXAN (200 MG) (TABLET).....	30
THIOTEPA.....	37	TROPICAMIDE.....	20	XIFAXAN (550 MG) (TABLET).....	30
THIOTHIXENE.....	6	TROSPIMUM CHLORIDE.....	46	XOLAIR.....	4
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TIMOPTIC OCUDOSE.....	20	UPTRAVI.....	10	ZENPEP (15-51-82K) (CAPSULE DR).....	45
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