



Formulario de listado de medicamentos 2018

Empleados del Programa de
Beneficios de Salud para
Empleados Federales



MFEHBDF18-SP Listados actualizados 04/2018

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NÚMEROS ÚTILES

Emisor del plan:**(Plan Issuer)**

GlobalHealth, Inc.

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Atención al cliente, Manejo de enfermedades y asistencia con el idioma (GlobalHealth Customer Care, Language Assistance, and Disease Management):

FEHBAnswers@globalhealth.com

405.280.2989 (local)

1.877.280.2989 (número gratuito)

711 (TTY)

De lunes a viernes de 9 a.m. – 5 p.m. (hora central)

www.GlobalHealth.com/fehb

Uso de sustancias y salud del comportamiento**(Behavioral Health and Substance Use):**

FEHBAnswers@globalhealth.com

405.280.2989 (local)

1.877.280.2989 (número gratuito)

711 (TTY)

De lunes a viernes de 9 a.m. – 5 p.m. (hora central)

www.GlobalHealth.com/fehb

Administrador de beneficios de farmacia:**Pharmacy Benefits Manager:**

Magellan Rx Management, LLC

Atención al cliente

1.800.424.1789 (número gratuito)

711 (TTY)

Autorizaciones pre medicamentos:

gh.pharmacy@globalhealth.com

918.878.7361

Enviar reclamaciones por correo postal a:

Magellan Rx Management, LLC

PO Box 85042

Richmond, VA 23261-5042

Farmacia de pedido por correo postal: (Mail Order Pharmacy)

Magellan Rx Management, LLC

1.800.424.1789 (número gratuito)

711 (TTY)

P.O. Box 620968

Orlando, FL 32862

Línea de ayuda de enfermeras a toda hora (24/7 Nurse Help Line):

Línea de información

1.877.280.2993 (número gratuito)

Oficial de cumplimiento de GlobalHealth (Global Health Compliance Officer):

1.877.280.5852 (número gratuito)

405.280.5852

compliance@globalhealth.com

Oficial de privacidad de GlobalHealth (GlobalHealth Privacy Officer):

405.280.5524

privacy@globalhealth.com

INFORMACIÓN IMPORTANTE

Este formulario aplica a los miembros inscritos a través de un Programa de Beneficios de Salud para Empleados Federales.

Materiales para miembros

Su material de membresía consiste en tres folletos. Cada uno tiene un propósito diferente.

Dichos folletos son importantes documentos legales. Manténganlos en lugar seguro.

Folleto	Propósito
<i>Folleto FEHB</i>	• Le habla sobre sus beneficios. ○ Qué beneficios están cubiertos y cuánto va a pagar. ○ Cómo están cubiertos (incluyendo limitaciones y exclusiones). ○ Cómo usarlos.
<i>Directorio de médicos y proveedores de servicios de salud</i> (“ <i>Directorio de proveedores</i> ”)	• Lista nuestra red de doctores, instalaciones y farmacias. • Le informa si una instalación es preferida o no.
<i>Formulario de listado de medicamentos para los Empleados del Programa de Beneficios de Salud de Empleados Federales</i> (“ <i>Formulario de medicamentos</i> ” o “ <i>Formulario</i> ”)	• Listado de los medicamentos que cubrimos. • Le informa en que nivel (tier) se encuentra un medicamento. • Le informa si existe alguna regla para obtener el medicamento.

Los materiales de los miembros están disponibles en nuestro sitio electrónico. Comuníquese con Atención al Cliente para obtener copias impresas sin cargo alguno. Sin embargo, tenga en cuenta que los listados del *Formulario de Medicamentos* y el *Directorio de Proveedores* más actualizados están en el sitio electrónico.

Cuando este documento dice “nosotros” o “nuestros”, significa GlobalHealth, Inc.

Para preguntas en específico sobre la cobertura, por favor llame al número de teléfono impreso en su tarjeta de identificación del miembro (Member ID card).

Medicamentos preferidos

Los medicamentos preferidos están listados en este *Formulario de Medicamentos*. Los medicamentos en la lista están seleccionados en base a la calidad (eficiencia y seguridad), así como la efectividad en costo. Los doctores y farmacéuticos han trabajado juntos para desarrollar el Formulario, que incluye medicamentos genéricos y de marca que han sido aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (U. S. Food and Drug Administration -“FDA”).

Para los miembros: Los medicamentos genéricos contienen los mismos ingredientes activos en las mismas cantidades que los productos de marca; sin embargo, pueden diferir en color, figura o tamaño.

Para los médicos: Por favor recete los productos preferidos y permita la sustitución por genéricos cuando sea medicamento apropiado. Gracias.

LA LISTA EN ESTE DOCUMENTO ESTÁ EN VIGOR EN LA FECHA QUE SE INDICA EN LA PORTADA. ESTA LISTA ESTÁ SUJETA A CAMBIOS. Puede encontrar la lista más actualizada, incluyendo cualquier requerimiento de Manejo de Administración, en nuestro sitio electrónico. Comuníquese a Atención al Cliente para obtener copias impresas.

TIER		DESCRIPTION
0	Health Care Reform	
1	Generics	
2	Preferred Brands	
3	Non Preferred Brands/HCG	
4	Preferred Specialty	
5	Specialty Drug	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
GL	Gender Limit	This prescription drug is restricted for a single gender. .
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
NPS	Non-Preferred Specialty Drug	Non-Preferred Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

HCR	Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
PS	Preferred Specialty	Preferred Specialty.
HCG	High Cost Generic	High Cost Generic.
LCG	Low Cost Generic	Generic drugs available at the lowest cost. Please note the specific strengths and dosage forms; other strengths and/or dosage forms of these products would be subject to the standard generic Cost-share.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS &
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT	3	
D.H.E.45	3	QL 10 / 30 days PA
DIBENZYLINE	3	
<i>dihydroergotamine 4 mg/ml spry</i>	3	QL 8 / 30 days PA HCG
<i>dihydroergotamine mesylate (1 mg/ml amp, 1 mg/ml vial)</i>	1	PA
<i>ergoloid mesylates</i>	1	
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	
MIGRANAL	3	QL 8 / 30 days PA
<i>phenoxybenzamine hcl</i>	1	
<i>phentolamine mesylate</i>	1	
<i>phentolamine-alprostadi</i>	1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	1	QL 1 / day GL Male
FLOMAX	3	QL 2 / day
RAPAFLO	2	QL 1 / day GL Male

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tamsulosin hcl</i>	1	QL 2 / day
UROXATRAL	3	QL 1 / day GL Male
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>acetaminophen-cod #3 tablet</i>	1	QL 12 / day AL At least 12 yrs old
<i>acetaminophen-cod #4 tablet</i>	1	QL 6 / day AL At least 12 yrs old
ALLZITAL	3	QL 6 / day
BUPAP	3	QL 6 / day
<i>butalbital-acetaminophen</i>	3	QL 6 / day
<i>butalbital-acetaminophen-caffe (butalb-acetamin-caff 50-300-40, butalb-acetamin-caff 50-325-40, butalbit-acetaminophen-caff cp)</i>	1	QL 6 / day
CAPACET	1	QL 6 / day
<i>clonidine hcl (1,000 mcg/10 ml vial, 5,000 mcg/10 ml vial)</i>	1	
DURACLON	3	
ESGIC CAPSULE	1	QL 6 / day
ESGIC 50-325-40 MG TABLET	3	QL 6 / day
FIORICET	3	QL 6 / day
GRALISE 30-DAY STARTER PACK	3	ST
GRALISE ER 300 MG TABLET	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
GRALISE ER 600 MG TABLET	3	QL 3 / day ST
<i>isomethept-caff-acetaminophen</i>	1	
<i>isomethept-dichloralp-acetamin</i>	1	
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET)	3	QL 4 / day PA
LYRICA CR 330 MG TABLET	3	QL 2 / day PA
MARGESIC	1	QL 6 / day
MARTEN-TAB	1	QL 6 / day
NODOLOR	1	
PRIALT	5	NPS Non-Preferred Specialty Drug
PRODRIN	3	
TENCON	1	QL 6 / day
VANATOL LQ	3	
ZEBUTAL	1	QL 6 / day
OPIATE AGONISTS		
ABSTRAL (100 MCG TAB, 200 MCG TAB, 300 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	Excluded Drugs	
<i>acetamin-caff-dihydrocod 320.5</i>	1	QL 10 / day AL At least 18 yrs old
<i>acetamin-caff-dihydrocod 325</i>	1	QL 10 / day
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL 139 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>acetaminophen-cod #2 tablet</i>	1	QL 22 / day AL At least 18 yrs old
ACTIQ	3	QL 4 / day PA AL At least 18 yrs old
ARYMO ER	3	QL 3 / day PA
<i>asa-butalb-caffeine-codeine</i>	1	QL 6 / day AL At least 18 yrs old
ASCOMP WITH CODEINE	1	QL 6 / day AL At least 18 yrs old
<i>aspirin-caffeine-dihydrocodein</i>	1	QL 10 / day AL At least 18 yrs old
ASTRAMORPH-PF (1 MG/ML AMPUL, 10 MG/10 ML VIAL)	1	QL 50 / day
ASTRAMORPH-PF (1 MG/2 ML AMPULE, 5 MG/10 ML VIAL)	1	QL 100 / day
<i>belladonna-opium 16.2-30 supp</i>	1	QL 2 / day
<i>belladonna-opium 16.2-60 supp</i>	1	QL 1 / day
<i>butalb-acetaminoph-caff-codein</i>	1	QL 6 / day
<i>butalb-caff-acetaminoph-codein</i>	1	QL 6 / day
<i>butalbital compound-codeine</i>	1	QL 6 / day AL At least 18 yrs old
CAPITAL W-CODEINE	3	QL 125 / day AL At least 18 yrs old
<i>codeine sulfate</i>	1	QL 6 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	QL 1 / day PA AL At least 18 yrs old
DEMEROL (25 MG/0.5 ML AMPUL, 50 MG/ML AMPUL, 50 MG/ML CARPUJECT, 50 MG/ML VIAL, 75 MG/1.5 ML AMPUL, 100 MG/2 ML AMPUL)	3	QL 10 / day AL At least 18 yrs old
DEMEROL 25 MG/ML CARPUJECT	3	QL 20 / day AL At least 18 yrs old
DEMEROL 75 MG/ML SYRINGE	3	QL 7 / day AL At least 18 yrs old
DEMEROL 100 MG TABLET	3	QL 5 / day AL At least 18 yrs old
DEMEROL 50 MG TABLET	3	QL 10 / day AL At least 18 yrs old
DEMEROL (100 MG/ML AMPUL, 100 MG/ML CARPUJECT, 100 MG/ML VIAL)	3	QL 5 / day AL At least 18 yrs old
DILAUDID 4 MG/ML AMPUL	3	QL 3 / day AL At least 18 yrs old
DILAUDID 5 MG/5 ML ORAL LIQUID	3	QL 13 / day AL At least 18 yrs old
DILAUDID (0.5 MG/0.5 ML SYRINGE, 1 MG/ML SYRINGE, 2 MG/ML SYRINGE, 4 MG/ML SYRINGE)	3	AL At least 18 yrs old
DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	3	QL 6 / day AL At least 18 yrs old
DILAUDID-HP	3	QL 1 / day AL At least 18 yrs old
DOLOPHINE HCL	3	QL 3 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
DURAGESIC	3	QL 0.5 / day PA
DURAMORPH 10 MG/10 ML AMPUL	1	QL 5 / day
DURAMORPH 5 MG/10 ML AMPUL	1	QL 10 / day
EMBEDA	2	QL 2 / day PA
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	QL 12 / day AL At least 18 yrs old
EXALGO	3	QL 2 / day PA
<i>fentanyl</i>	1	QL 0.5 / day PA
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	3	QL 4 / day PA AL At least 18 yrs old HCG
<i>fentanyl 2,500 mcg/50 ml syring</i>	1	
<i>fentanyl 2,750 mcg/55 ml syr</i>	1	QL 8 / day
<i>fentanyl citrate (1,000 mcg/20 ml, 1,250 mcg/25 ml)</i>	1	
<i>fentanyl citrate (100 mcg/2 ml syringe, 1,500 mcg/30 ml syr)</i>	1	QL 8 / day
<i>fentanyl 250 mcg/5 ml syringe</i>	1	QL 2 / day
<i>fentanyl 1,375 mcg/55-0.9%nacl</i>	1	QL 15 / day
<i>fentanyl 600 mcg/30ml-0.9%nacl</i>	1	QL 19 / day
<i>fentanyl citrate-0.9% nacl (300 mcg/30ml-0.9%nacl, 2,500mcg/250-0.9%nacl)</i>	1	QL 38 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl citrate-0.9% nacl (5 mcg/ml-0.9% nacl, 5 mcg/ml-0.9% nacl v1, 15 mcg/3 ml-0.9% nacl, 25 mcg/2.5ml-0.9%nacl, 50 mcg/5 ml-0.9% nacl, 500 mcg/50ml-0.9%nacl, 1,000 mcg/100 ml-ns, 1,000mcg/50-0.9% nacl, 1,100 mcg/55-0.9%nacl, 1,250mcg/125-0.9%nacl, 1,250mcg/250-0.9%nacl, 5,000mcg/250-0.9%nacl)</i>	1	
<i>fentanyl 2,000mcg/100-0.9%nacl</i>	1	QL 19 / day
<i>fentanyl citrate-0.9% nacl (fentanyl-0.9%nacl 1,000mcg/100, fentanyl 10 mcg/ml-0.9% nacl, fentanyl 1,000mcg/100-0.9%nacl)</i>	1	QL 38 / day
<i>fentanyl 100 mcg/10ml-0.9%nacl</i>	1	
<i>fentanyl 100 mcg/10 ml-d5w</i>	1	
<i>fentanyl-bup-ns 4 mcg/ml-0.1%</i>	1	QL 96 / day
<i>fentanyl-bupiv-ns 2 mcg-0.1%</i>	1	QL 192 / day
<i>fentanyl-bupivacaine-0.9% nacl (2 mcg-bupiv 0.25%-ns, 2 mcg-bupivac 0.1%-ns, 2.5 mcg-bupiv 0.1%-ns)</i>	1	
<i>fentanyl-bupivacaine-0.9% nacl (fentanyl 2 mcg-bupiv 0.1%-ns, fentanyl 2mcg-bupiv 0.0625%-ns, fentanyl-bupiv-ns 2 mcg-0.125%)</i>	1	QL 192 / day
<i>fentanyl 1.5 mcg-bup 0.125%-ns</i>	1	
<i>fentanyl 10 mcg-bupiva 0.2%-ns</i>	1	QL 38 / day
<i>fentanyl 2 mcg-ropiv 0.1%-ns</i>	1	QL 192 / day
<i>fentanyl 2 mcg-ropiv 0.15%-ns</i>	1	QL 192 / day
FENTORA (100 MCG TABLET, 200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET)	Excluded Drugs	
FIORICET WITH CODEINE	3	QL 6 / day
FIORINAL WITH CODEINE #3	3	QL 6 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
HYCET	3	QL 140 / day AL At least 2 yrs old
<i>hydrocodone-acetamin 2.5-167/5</i>	1	QL 100 / day AL At least 2 yrs old
<i>hydrocodone-acetaminophen (5-163/7.5, 10-325/15)</i>	1	AL At least 2 yrs old
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 7.5-325/15)</i>	1	QL 140 / day AL At least 2 yrs old
<i>hydrocodone-acetamin 2.5-325</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-acetamin 7.5-325</i>	1	QL 8 / day AL At least 18 yrs old
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	1	QL 13 / day AL At least 18 yrs old
<i>hydrocodone-acetaminophen (5-325 mg, 10-325 mg)</i>	1	QL 12 / day AL At least 18 yrs old
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	1	QL 5 / day AL At least 16 yrs old
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	QL 6 / day AL At least 16 yrs old
<i>hydromor 5 mcg-bupiva 0.1%-ns</i>	1	QL 10 / day
<i>hydromorp 20 mcg-bupiv 0.1%-ns</i>	1	QL 3 / day
<i>hydromorph-bupivac-0.9% nacl (10 mcg-bupiva 0.1%-ns, 20 mcg-bupi 0.125%-ns)</i>	1	
<i>hydromorph-ropiva-0.9% nacl</i>	1	QL 6 / day
<i>hydromorphone er</i>	3	QL 2 / day PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone hcl 1 mg/ml amp</i>	1	QL 13 / day
<i>hydromorphone hcl 10 mg/ml amp</i>	1	QL 1 / day AL At least 18 yrs old
<i>hydromorphone hcl 4 mg/ml amp</i>	1	QL 3 / day
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	QL 13 / day AL At least 18 yrs old
<i>hydromorphone 3 mg suppos</i>	1	QL 4 / day
<i>hydromorphone 0.5 mg/0.5 ml</i>	1	QL 50 / day AL At least 18 yrs old
<i>hydromorphone 4 mg/ml carpuct</i>	1	QL 3 / day AL At least 18 yrs old
<i>hydromorphone hcl (1 mg/ml carpuct, 1 mg/ml syringe)</i>	1	QL 13 / day AL At least 18 yrs old
<i>hydromorphone hcl (2 mg/ml carpuct, 2 mg/ml isecure)</i>	1	QL 6 / day AL At least 18 yrs old
<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 60 mg/30 ml syr)</i>	1	QL 6 / day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL 6 / day AL At least 18 yrs old
<i>hydromorphone hcl (10 mg/ml vial, hcl 10 mg/ml vl, 50 mg/5 ml vial, 500 mg/50 ml via)</i>	1	QL 1 / day
<i>hydromorphone 15 mg/30 ml-ns</i>	1	QL 25 / day
<i>hydromorphone hcl-0.9% nacl (1 mg/5 ml-ns, 6 mg/30 ml-ns vl, 12 mg/30 ml-ns, 250 mg/250 ml-ns)</i>	1	
<i>hydromorphone hcl-0.9% nacl (10 mg/50 ml-ns, 50 mg/50 ml-ns)</i>	1	QL 1 / day
<i>hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)</i>	1	QL 13 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone 0.5 mg/50 ml-ns</i>	1	QL 5000 / day
<i>hydromorphone 1 mg/50 ml-ns</i>	1	QL 50 / day
<i>hydromorphone 2 mg/50 ml-ns</i>	1	QL 313 / day
<i>hydromorphone 25 mg/50 ml-ns</i>	1	QL 25 / day
<i>hydromorphone hcl-0.9% nacl (100 mg/50 ml-ns, 200 mg/100 ml-ns)</i>	1	QL 6 / day
<i>hydromorphone hcl-0.9% nacl (hydromorphone 6 mg/30 ml-ns, hydromorphone 20 mg/100 ml-ns, hydromorphone-ns 6 mg/30 ml, hydromorphone-ns 10 mg/50 ml, hydromorphone-ns 20 mg/100 ml)</i>	1	QL 63 / day
<i>hydromorphone 0.5 mg/5 ml-d5w</i>	1	
HYSINGLA ER (ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	Excluded Drugs	
IBUDONE 10-200 MG TABLET	3	QL 5 / day AL At least 16 yrs old
IBUDONE 5-200 MG TABLET	1	QL 6 / day AL At least 16 yrs old
INFUMORPH 200 MG/20 ML AMPUL	3	QL 5 / day
INFUMORPH 500 MG/20 ML AMPUL	3	QL 2 / day
IONSYS	3	QL 1 / day
KADIAN (ER 10 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 100 MG CAPSULE, ER 200 MG CAPSULE)	Excluded Drugs	
LAZANDA (100 MCG NASAL SPRAY, 300 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)	Excluded Drugs	
LORCET	1	QL 12 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
LORCET HD	1	QL 12 / day AL At least 18 yrs old
LORCET PLUS	1	QL 6 / day AL At least 18 yrs old
LORTAB 10 MG-300 MG/15 ML ELXR	3	QL 90 / day AL At least 2 yrs old
LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	QL 8 / day AL At least 18 yrs old
<i>meperidine 10 mg/ml cartridge</i>	1	QL 50 / day AL At least 18 yrs old
<i>meperidine 50 mg/5 ml solution</i>	1	QL 50 / day AL At least 18 yrs old
<i>meperidine 100 mg tablet</i>	1	QL 5 / day AL At least 18 yrs old
<i>meperidine 50 mg tablet</i>	1	QL 10 / day AL At least 18 yrs old
<i>meperidine 100 mg/ml vial</i>	1	QL 5 / day AL At least 18 yrs old
<i>meperidine 25 mg/ml vial</i>	1	QL 20 / day AL At least 18 yrs old
<i>meperidine 50 mg/ml vial</i>	1	QL 10 / day AL At least 18 yrs old
<i>meperidine 300 mg/30 ml-ns syr</i>	1	
<i>meperidine 550 mg/55 ml-ns syr</i>	1	QL 50 / day
<i>meperidine hcl-0.9% nacl (250 mg/25 ml syr, 550 mg/55 ml syr, 1,000 mg/100 ml)</i>	1	QL 50 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methadone 10 mg/5 ml solution</i>	1	QL 8 / day PA
<i>methadone 5 mg/5 ml solution</i>	1	QL 18 / day PA
<i>methadone hcl 10 mg/ml syringe</i>	1	QL 2 / day PA
<i>methadone hcl (5 mg/0.5 ml syringe, 10 mg/ml oral conc, hcl 10 mg tablet)</i>	1	QL 2 / day PA
<i>methadone hcl 5 mg tablet</i>	1	QL 3 / day PA
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)</i>	1	QL 2 / day
METHADONE INTENSOL	1	QL 2 / day PA
METHADOSE 10 MG/ML ORAL CONC	3	QL 2 / day PA
MORPHABOND ER	3	QL 2 / day PA
<i>morphine sulfate (1 mg/ml vial p-f, sulfate 1 mg/ml vial, 30 mg/30 ml syringe)</i>	1	QL 50 / day PA
<i>morphine sulfate (5 mg/ml syringe, 5 mg/ml vial)</i>	1	QL 10 / day PA
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL 25 / day
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL 13 / day
<i>morphine sulf 10 mg suppos</i>	1	QL 5 / day
<i>morphine sulf 30 mg suppos</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulf 5 mg suppos</i>	1	QL 10 / day
<i>morphine sulfate (20 mg suppos, 100 mg/5 ml soln)</i>	1	QL 3 / day
<i>morphine 10 mg/ml isecure syrg</i>	1	QL 5 / day PA
<i>morphine 8 mg/ml isecure syrng</i>	1	QL 6 / day PA
<i>morphine sulfate (2 mg/ml carpject, 2 mg/ml isecure syr, 2 mg/ml syringe)</i>	1	QL 25 / day PA
<i>morphine sulfate (4 mg/ml carpject, 4 mg/ml isecure syr, 4 mg/ml syringe, sulfate 4 mg/ml vial)</i>	1	QL 13 / day PA
<i>morphine sulfate (8 mg/ml carpject, 8 mg/ml syringe, 8 mg/ml vial, sulfate 8 mg/ml vial)</i>	1	QL 6 / day PA
<i>morphine sulfate ir 15 mg tab</i>	1	QL 3 / day AL At least 18 yrs old
<i>morphine sulfate ir 30 mg tab</i>	1	QL 2 / day AL At least 18 yrs old
<i>morphine sulfate (0.5 mg/ml vial, 1 mg/2 ml syringe)</i>	1	QL 100 / day PA
<i>morphine sulfate (10 mg/0.7 ml auto-inj, 15 mg/ml vial)</i>	1	QL 3 / day PA
<i>morphine sulfate (10 mg/ml carpject, 10 mg/ml syringe, sulfate 10 mg/ml vial)</i>	1	QL 5 / day PA
<i>morphine sulfate (25 mg/ml vial, 25 mg/ml vl)</i>	1	QL 2 / day PA
<i>morphine sulfate 50 mg/ml vial</i>	1	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	1	QL 2 / day PA
<i>morphine sulfate er (er 30 mg cap, er 45 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)</i>	1	QL 1 / day PA
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	QL 3 / day PA
<i>morphine 300 mg/30ml-0.9% nacl</i>	1	QL 5 / day PA
<i>morphine sulfate-0.9% nacl (50 mg/25 ml-0.9% nacl, 150 mg/30 ml-0.9%nacl, 250 mg/50 ml-ns, 250mg/250ml-0.9% nacl, 275 mg/55-0.9% nacl)</i>	1	PA
<i>morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 100mg/100ml-0.9%)</i>	1	QL 50 / day PA
<i>morphine sulfate-0.9% nacl (3 mg/3 ml-0.9% nacl, 1,000 mg/100 ml-ns)</i>	1	
<i>morphine sulfate-0.9% nacl (500mg/100ml-0.9% nacl, 1,250 mg/250 ml-ns)</i>	1	QL 10 / day PA
<i>morphine sulfate-0.9% nacl (morphine 10 mg/10 ml-ns syrng, morphine 30 mg/30 ml-0.9% nacl, morphine 50 mg/50 ml-0.9% nacl, morphine-ns 50 mg/50 ml bag, morphine-ns 100 mg/100 ml)</i>	1	QL 50 / day PA
<i>morphine 0.5 mg/0.5ml-0.9%nacl</i>	1	QL 100/ day PA
<i>morphine 0.5 mg/ml-0.9% nacl</i>	1	QL 100 / day PA
<i>morphine sulfate-d5w</i>	1	PA
MS CONTIN	3	QL 3 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
NORCO	3	QL 12 / day AL At least 18 yrs old
NUCYNTA (50 MG TABLET, 75 MG TABLET)	3	QL 6 / day AL At least 18 yrs old
NUCYNTA 100 MG TABLET	3	QL 7 / day AL At least 18 yrs old
NUCYNTA ER (ER 50 MG TABLET, ER 100 MG TABLET, ER 150 MG TABLET, ER 200 MG TABLET, ER 250 MG TABLET)	Excluded Drugs	
OPANA 1 MG/ML INJ AMPULE	3	QL 17 / day AL At least 18 yrs old
OPANA (5 MG TABLET, 10 MG TABLET)	3	QL 12 / day AL At least 18 yrs old
OXAYDO	3	QL 8 / day PA AL At least 18 yrs old
<i>oxycodone hcl (5 mg capsule, 5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 8 / day AL At least 18 yrs old
<i>oxycodone hcl 100 mg/5 ml soln</i>	1	QL 2 / day
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	QL 33 / day
<i>oxycodon 10 mg/0.5 ml oral syr</i>	1	QL 4 / day
<i>oxycodone hcl 10 mg tablet</i>	1	QL 8 / day
<i>oxycodone hcl er</i>	1	QL 3 / day PA
<i>oxycodone hcl-aspirin</i>	1	QL 7 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxycodone hcl-ibuprofen</i>	1	QL 4 / day AL At least 18 yrs old
<i>oxycodone-acetaminophn 5-325/5</i>	1	QL 62 / day AL At least 18 yrs old
<i>oxycodon-acetaminophen 7.5-300</i>	1	QL 4 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	1	QL 12 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen 10-300</i>	1	QL 3 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen 5-300</i>	1	QL 7 / day AL At least 18 yrs old
OXYCONTIN	3	QL 3 / day PA
<i>oxymorphone hcl</i>	3	QL 12 / day AL At least 18 yrs old HCG
<i>oxymorphone hcl er</i>	3	QL 2 / day PA AL At least 18 yrs old HCG
PANLOR	1	QL 10 / day
PERCOCET (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	3	QL 12 / day AL At least 18 yrs old
PRIMLEV 10-300 MG TABLET	3	QL 3 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PRIMLEV 5-300 MG TABLET	3	QL 7 / day AL At least 18 yrs old
PRIMLEV 7.5-300 MG TABLET	3	QL 4 / day AL At least 18 yrs old
REPREXAIN 10-200 MG TABLET	1	QL 5 / day AL At least 16 yrs old
REPREXAIN 2.5-200 MG TABLET	3	QL 5 / day AL At least 16 yrs old
REPREXAIN 5-200 MG TABLET	3	QL 6 / day AL At least 16 yrs old
ROXICODONE	3	QL 8 / day AL At least 18 yrs old
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Excluded Drugs	
SYNALGOS-DC	3	QL 10 / day AL At least 12 yrs old
<i>tramadol hcl</i>	1	QL 8 / day AL At least 18 yrs old
<i>tramadol hcl er (er 100 mg capsule, er 150 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	1	QL 1 / day PA AL At least 18 yrs old
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	3	QL 1 / day PA AL At least 18 yrs old HCG
<i>tramadol hcl-acetaminophen</i>	1	QL 8 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
TREZIX	3	QL 10 / day AL At least 18 yrs old
TYLENOL-CODEINE NO.3	3	QL 12 / day AL At least 12 yrs old
TYLENOL-CODEINE NO.4	3	QL 6 / day AL At least 12 yrs old
ULTRACET	3	QL 8 / day AL At least 18 yrs old
ULTRAM	3	QL 8 / day AL At least 18 yrs old
ULTRAM ER	3	QL 1 / day PA AL At least 18 yrs old
VERDROCET	1	QL 20 / day AL At least 18 yrs old
VICODIN	1	QL 8 / day AL At least 18 yrs old
VICODIN ES	1	QL 13 / day AL At least 18 yrs old
VICODIN HP	1	QL 13 / day AL At least 18 yrs old
XARTEMIS XR	3	QL 12 / day AL At least 18 yrs old
XODOL 10-300	3	QL 13 / day AL At least 18 yrs old
XODOL 5-300	3	QL 13 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
XODOL 7.5-300	3	QL AL 13 / day At least 18 yrs old
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE, ER 36 MG CAPSULE)	Excluded Drugs	
XYLON 10	1	
ZAMICET	3	QL AL 90 / day At least 2 yrs old
ZOHYDRO ER (ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE)	Excluded Drugs	
OPIATE PARTIAL AGONISTS		
BELBUCA	3	QL PA AL 2 / day At least 18 yrs old
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	3	QL PA 3 / day
BUNAVAIL 4.2-0.7 MG FILM	3	QL PA 2 / day
BUPRENEX	3	QL 17 / day
<i>buprenorphine</i>	3	QL PA 0.144 / day
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL PA 3 / day
<i>buprenorphine hcl (0.3 mg/ml syring, 0.3 mg/ml vial)</i>	1	QL 17 / day
<i>buprenorphine-naloxone</i>	1	QL PA 3 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>butorphanol 10 mg/ml spray</i>	1	QL 0.3 / day AL At least 18 yrs old
<i>butorphanol 1 mg/ml vial</i>	1	QL 7 / day AL At least 18 yrs old
<i>butorphanol 2 mg/ml vial</i>	1	QL 4 / day AL At least 18 yrs old
BUTRANS	3	QL 0.144 / day PA
<i>nalbuphine 100 mg/10 ml vial</i>	1	QL 5 / day
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	1	QL 3 / day
<i>pentazocine-naloxone hcl</i>	1	QL 12 / day AL At least 12 yrs old
SUBOXONE (2 MG-0.5 MG FILM, 8 MG-2 MG FILM)	2	QL 3 / day PA
SUBOXONE (4 MG-1 MG FILM, 12 MG-3 MG FILM)	2	QL 2 / day PA
TALWIN (30 MG/ML AMPUL, 30 MG/ML VIAL)	3	QL 5 / day
ZUBSOLV	3	QL 3 / day PA
ANOREXIGENIC AGENTS		
AMPHETAMINE DERIVATIVES		
ADIPEX-P (37.5 MG CAPSULE, 37.5 MG TABLET)	3	QL 2 / day PA AL At least 17 yrs old
<i>diethylpropion hcl</i>	1	QL 3 / day PA AL At least 16 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diethylpropion hcl er</i>	1	QL 1 / day PA
LOMAIRA	1	QL 3 / day PA AL At least 17 yrs old
<i>phendimetrazine er 105 mg cap</i>	1	QL 1 / day PA
<i>phendimetrazine 35 mg tablet</i>	1	QL 3 / day PA
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	QL 1 / day PA
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	QL 2 / day PA AL At least 17 yrs old
QSYMIA	3	QL 1 / day PA AL At least 18 yrs old
SUPRENZA ODT	3	PA
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRACE	3	QL 4 / day PA AL At least 18 yrs old
SELECTIVE SEROTONIN RECEPTOR AGONISTS		
BELVIQ	3	QL 2 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
BELVIQ XR	3	QL 1 / day PA AL At least 18 yrs old
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
AMPHETAMINES		
ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3	QL 2 / day ST
ADDERALL XR	3	QL 2 / day ST
ADZENYS ER	3	QL 1 / day ST AL At least 6 yrs old
ADZENYS XR-ODT	3	QL 1 / day ST AL At least 6 yrs old
<i>benzphetamine hcl 25 mg tablet</i>	1	QL 3 / day PA AL At least 12 yrs old
<i>benzphetamine hcl 50 mg tablet</i>	1	QL 3 / day PA
DESOXYN	3	QL 5 / day ST
DEXEDRINE SPANSULE 10 MG	3	QL 5 / day ST
DEXEDRINE SPANSULE 15 MG	3	QL 4 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
DEXEDRINE SPANSULE 5 MG	3	QL 2 / day ST
DEXEDRINE 10 MG TABLET	1	QL 6 / day
DEXEDRINE 5 MG TABLET	1	QL 2 / day
<i>dextroamphetamine 5 mg/5 ml</i>	3	QL 60 / day HCG
<i>dextroamphetamine 10 mg tab</i>	3	QL 6 / day HCG
<i>dextroamphetamine 5 mg tab</i>	3	QL 2 / day HCG
<i>dextroamphetamine er 10 mg cap</i>	3	QL 5 / day HCG
<i>dextroamphetamine er 15 mg cap</i>	3	QL 4 / day HCG
<i>dextroamphetamine sulfate er (d-amphetamine er 5 mg capsule, dextroamphetamine er 5 mg cap)</i>	3	QL 2 / day HCG
<i>dextroamphetamine-amphet er</i>	1	QL 2 / day
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL 2 / day
DYANAVEL XR	3	QL 8 / day ST AL At least 6 yrs old
EVEKEO	3	QL 6 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methamphetamine hcl</i>	1	QL 5 / day
MYDAYIS	3	QL 1 / day ST
PROCENTRA	3	QL 60 / day ST
REGIMEX	3	QL 3 / day PA AL At least 12 yrs old
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL 1 / day
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	2	QL 1 / day
ZENZEDI (15 MG TABLET, 30 MG TABLET)	3	QL 2 / day ST
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST
ZENZEDI 10 MG TABLET	1	QL 6 / day
ZENZEDI 5 MG TABLET	1	QL 2 / day
ZENZEDI 7.5 MG TABLET	3	QL 8 / day ST
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	3	QL 1 / day ST
<i>caffeine and sodium benzoate</i>	1	
<i>caffeine cit 60 mg/3 ml oral</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	3	QL 2 / day ST
CONCERTA ER 54 MG TABLET	3	QL 1 / day ST
COTEMPLA XR-ODT	3	QL 1 / day ST
DAYTRANA	3	QL 1 / day ST
<i>dexmethylphenidate 10 mg tab</i>	1	QL 2 / day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	1	QL 3 / day
<i>dexmethylphenidate er 20 mg cp</i>	3	QL 2 / day HCG
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	3	QL 1 / day HCG
DOPRAM	3	
<i>doxapram hcl</i>	1	
FOCALIN	3	QL 2 / day ST
FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	3	QL 1 / day ST
FOCALIN XR 20 MG CAPSULE	3	QL 2 / day ST
METADATE CD	3	QL 1 / day ST
METADATE ER	1	QL 3 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
METHYLIN 10 MG/5 ML SOLUTION	3	QL 30 / day ST
METHYLIN 5 MG/5 ML SOLUTION	3	QL 60 / day ST
<i>methylphenidate er (er 20 mg cap, er 40 mg cap)</i>	3	QL 1 / day HCG
<i>methylphenidate er 30 mg cap</i>	3	QL 2 / day HCG
<i>methylphenidate er (er 10 mg cap, er 54 mg tab, er 72 mg tab)</i>	1	QL 1 / day
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	1	QL 2 / day
<i>methylphenidate er 10 mg tab</i>	1	QL 5 / day
<i>methylphenidate er 20 mg tab</i>	1	QL 3 / day
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL 30 / day
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL 60 / day
<i>methylphenidate 2.5 mg chew tb</i>	1	
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	1	QL 3 / day
<i>methylphenidate 10 mg tablet</i>	1	QL 5 / day LCG
<i>methylphenidate 5 mg tablet</i>	1	QL 3 / day LCG
<i>methylphenidate hcl cd</i>	3	QL 1 / day HCG
<i>methylphenidate hcl er (er 50 mg cap, er 60 mg cap)</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylphenidate la (10 mg cap, 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate la (20 mg cap, 40 mg cap)</i>	3	QL 1 / day HCG
<i>methylphenidate la 30 mg cap</i>	3	QL 2 / day HCG
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	3	QL 1 / day ST AL At least 6 yrs old
QUILLICHEW ER 30 MG CHEW TAB	3	QL 2 / day ST AL At least 6 yrs old
QUILLIVANT XR	3	QL 12 / day ST
RITALIN (5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST
RITALIN 10 MG TABLET	3	QL 5 / day ST
RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	3	QL 1 / day ST
RITALIN LA 30 MG CAPSULE	3	QL 2 / day ST
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	3	QL 1 / day PA HCG
<i>modafinil</i>	1	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
NUVIGIL	3	QL 1 / day PA
PROVIGIL	3	QL 1 / day PA
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	3	QL 4 / day PA
BILTRICIDE	3	PA
EMVERM	3	PA
<i>ivermectin</i>	1	PA
STROMEKTOL	3	PA
URINARY ANTI-INFECTIVES		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
PRIMSOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>trimethoprim</i>	1	
URIBEL	1	QL 4 / day
UROGESIC-BLUE	3	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	1	QL 0.434 / day
AZASITE	3	QL 0.36/day
<i>bacitracin 500 unit/gm ophth</i>	1	QL 0.434 / day
<i>bacitracin-polymyxin</i>	1	QL 0.434 / day
BACTROBAN NASAL	2	PA
BESIVANCE	3	QL 0.767 / day
BLEPH-10	3	QL 5 / fill
BLEPHAMIDE	3	QL 5 / fill
BLEPHAMIDE S.O.P.	3	QL 4 / fill
CETRAXAL	3	QL 0.567 / day
CILOXAN (EYE DROPS, OINTMENT)	3	QL 0.767 / day
CIPRO HC	3	QL 0.434 / day
CIPRODEX	2	QL 0.257 / day
<i>ciprofloxacin 0.2% otic soln</i>	1	QL 0.567 / day
<i>ciprofloxacin 0.3% eye drop</i>	1	QL 0.767 / day
COLY-MYCIN S	3	QL 10 / fill
CORTISPORIN-TC	3	QL 10 / fill
<i>doxycycline hyclate 20 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>erythromycin 0.5% eye ointment</i>	1	QL 0.54 / day
FLOXIN	3	QL 10 / 30 days
<i>gatifloxacin</i>	1	QL 0.36/day
GENTAK	1	QL 0.54 / day
<i>gentamicin sulfate (0.3% drops, 3 mg/ml drops)</i>	1	QL 2.143 / day
<i>gentamicin 0.3% eye ointment</i>	1	QL 0.54 / day
<i>levofloxacin 0.5% eye drops</i>	1	QL 0.767 / day
MAXITROL EYE DROPS	3	QL 5 / fill
MAXITROL EYE OINTMENT	3	QL 4 / fill
MOXEZA	2	QL 0.434 / day
<i>moxifloxacin 0.5% eye drops</i>	1	QL 0.434 / day
NEO-POLYCIN	1	QL 0.124 / day
NEO-POLYCIN HC	1	QL 4 / fill
<i>neomycin-bacitracin-poly-hc</i>	1	QL 4 / fill
<i>neomycin-bacitracin-polymyxin</i>	1	QL 0.124 / day
<i>neomyc-polym-dexameth eye drop</i>	1	QL 5 / fill
<i>neomyc-polym-dexamet eye ointm</i>	1	QL 4 / fill
<i>neomycin-polymyxin-gramicidin</i>	1	QL 1.47 / day
<i>neomycin-poly-hc eye drops</i>	1	QL 10/ fill
<i>neomycin-polymyxin-hc ear susp</i>	1	QL 10 / fill
<i>neomycin-polymyxin-hydrocort</i>	1	QL 10 / fill
NEOSPORIN	3	QL 1.47 / day
OCUFLOX	3	QL 1.47 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ofloxacin 0.3% ear drops</i>	1	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	1	QL 1.47 / day
OTIPRIO	3	
OTOVEL	3	
POLYCIN	1	QL 0.434 / day
<i>polymyxin b sul-trimethoprim</i>	1	QL 1.47 / day
POLYTRIM	3	QL 1.47 / day
PRED-G 1% EYE DROPS	3	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	3	QL 4 / fill
<i>sulfacetamide 10% eye drops</i>	1	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	1	QL 4 / fill
<i>sulfacetamide-prednisolone</i>	1	QL 5 / fill
TOBRADEX EYE DROPS	3	QL 5 / fill
TOBRADEX EYE OINTMENT	3	QL 4 / fill
TOBRADEX ST	3	QL 5 / fill
<i>tobramycin 0.3% eye drops</i>	1	QL 2.143 / day
<i>tobramycin-dexamethasone</i>	1	QL 5 / fill
TOBREX 0.3% EYE DROPS	3	QL 2.143 / day
TOBREX 0.3% EYE OINTMENT	3	QL 0.54 / day
<i>vancomycin 2 mg/0.2 ml syringe</i>	1	
VIGAMOX	2	QL 0.434 / day
ZYLET	3	QL 5 / fill
ZYMAXID	3	QL 0.36/day

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIFUNGALS (EENT)		
NATACYN	3	QL 0.767 / day
ANTIVIRALS (EENT)		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	QL 0.167 / day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
ACETASOL HC	1	
<i>acetic acid 2% ear solution</i>	1	
<i>acetic acid-aluminum</i>	1	
BETADINE	3	
<i>chlorhexidine gluconate</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
<i>povidone iodine</i>	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ACANYA GEL PUMP	Excluded Drugs	
AKTIPAK 3%-5% GEL POUCH	Excluded Drugs	
ALTABAX	3	PA
BACTROBAN (CREAM, OINTMENT)	3	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
BENZAMYCIN GEL	Excluded Drugs	
BENZAMYCINPAK GEL	Excluded Drugs	
CENTANY	3	PA
CLEOCIN 2% VAGINAL CREAM	3	
CLEOCIN 100 MG VAGINAL OVULE	2	
CLEOCIN T 1% GEL	3	QL 75 / 30 days
CLEOCIN T (LOION, PLEDGES, SOLUION)	3	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P	1	
CLINDAGEL	3	QL 75 / 30 days PA
<i>clindamax</i>	1	
<i>clindamycin phos-benzoyl perox</i>	3	QL 1.5 / day HCG
<i>clindamycin phos-tretinoin</i>	3	QL 2 / day PA HCG
<i>clindamycin phosphate 1% foam</i>	1	QL 1.667 / day
<i>clindamycin ph 1% gel</i>	1	QL 75 / 30 days
<i>clindamycin phosphate (ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	1	
<i>clindamycin-benzoyl peroxide (clinda-benzoyl 1-5% pump, clindamycin-benzoyl 1-5%)</i>	3	QL 1.667 / day HCG
CLINDESSE	3	
CORTISPORIN CREAM	3	QL 0.25 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
CORTISPORIN OINTMENT	3	QL 0.5 / day
DUAC 1.2-5% GEL	Excluded Drugs	
ERY	1	
ERYGEL	3	QL 1 / day
<i>erythromycin 2% gel</i>	1	QL 1 / day
<i>erythromycin (pledgets, solution)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	3	QL 1.60 / day HCG
EVOCLIN	3	QL 1.667 / day
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL (GEL, PUMP)	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, topical 1% gel)</i>	3	HCG
<i>metronidazole (top 1% gel pump, vaginal 0.75% gl)</i>	1	
<i>mupirocin (cream, ointment)</i>	1	
NEO-SYNALAR 0.5%-0.025% CREAM	3	
NEUAC GEL	1	QL 1.5 / day
NORITATE	3	PA
NUVESSA	3	
ONEXTON 1.2%-3.75% GEL	3	QL 1.667 / day
ONEXTON GEL PUMP	3	QL 1.967 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ROSADAN 0.75% CREAM	1	
ROSADAN (CREAM KIT, GEL KIT)	3	
VANDAZOLE	1	
VELTIN (1.2 %-0.025 % GEL, 1.2%-0.025% GEL)	Excluded Drugs	
ZIANA GEL	Excluded Drugs	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5% ointment</i>	3	HCG
DENAVIR	3	QL 0.167 / day PA AL At least 12 yrs old
XERESE	3	QL 0.167 / day PA AL At least 6 yrs old
ZOVIRAX 5% CREAM	2	QL 0.167 / day PA AL At least 12 yrs old
ZOVIRAX 5% OINTMENT	3	QL 30 / fill PA AL At least 12 yrs old
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
AVC	3	
DERMAZENE	1	
FEM PH	3	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
IODOFLEX	3	
IODOSORB	3	
KLARON	3	QL 4 / day
RELAGARD	3	
SILVADENE	3	
<i>silver nitrate (0.5% soln, 10% ointment, 25% solution, 50% solution)</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	QL 4 / day
THERMAZENE	1	
VYTONE	3	PA
SCABICIDES AND PEDICULICIDES		
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>lindane (lotion, shampoo)</i>	1	
<i>malathion</i>	3	HCG
NATROBA	3	ST
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST
<i>spinosad</i>	3	HCG
ULESFIA	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	3	QL 0.5 / day
BECONASE AQ	3	QL 1.667 / day
CORTANE-B	3	
DERMOTIC	3	
<i>dexamethasone 0.1% eye drop</i>	1	QL 10 / fill
DUREZOL	3	
FLAREX	3	QL 10 / fill
<i>flunisolide</i>	1	QL .834 / day
<i>fluocinolone acetonide oil</i>	3	HCG
<i>fluorometholone</i>	1	QL 10 / fill
FML	3	QL 10 / fill
FML FORTE	3	QL 10 / fill
FML S.O.P.	3	QL 4 / fill
ILUVIEN	5	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL 10 / fill
LOTEMAX 0.5% EYE DROPS	3	QL 21 / fill
LOTEMAX 0.5% EYE OINTMENT	3	QL 4 / fill
MAXIDEX	3	QL 10 / fill
<i>mometasone furoate 50 mcg spray</i>	1	QL 0.567 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
NASONEX	3	QL 0.567 / day PA
OMNARIS	3	QL 0.434 / day
OMNIPRED	3	QL 21 / fill
OZURDEX	5	QL 0.04 / day NPS Non-Preferred Specialty Drug
PRED FORTE	3	QL 21 / fill
PRED MILD	3	QL 21 / fill
<i>prednisolone acetate</i>	1	QL 21 / fill
<i>prednisolone sod 1% eye drop</i>	1	
QNASL	3	QL 0.3 / day
QNASL CHILDREN	3	
RETISERT	5	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
RHINOCORT AQUA	3	QL 0.574 / day
TRIESENCE	3	QL 1 / day
VERAMYST	3	QL 0.357 / day
VEXOL	3	QL 10 / fill
ZETONNA	3	QL 0.22 / day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
XIIDRA	3	QL 2 / day PA AL At least 17 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	QL 15 / 30 days
ACULAR LS	3	QL 5 / fill
ACUVAIL	2	QL 1 / day
<i>bromfenac sodium</i>	1	QL 8 / rx
BROMSITE	3	QL 15/ 180 days
<i>diclofenac 0.1% eye drops</i>	1	QL 5 / fill
<i>flurbiprofen sodium</i>	1	QL 3/ fill
ILEVRO	3	QL 4 / fill
<i>ketorolac 0.4% ophth solution</i>	1	QL 5 / fill
<i>ketorolac 0.5% ophth solution</i>	1	QL 15 / 30 days
NEVANAC	3	QL 3/ fill
OCUFEN	3	QL 3/ fill
PROLENSA	3	QL 3/ fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
LEUKOTRIENE MODIFIERS		
ACCOLATE	3	QL 2 / day
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	QL 1 / day
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	3	QL 1 / day
<i>zafirlukast</i>	1	QL 2 / day
<i>zileuton er</i>	3	QL 4 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYFLO	3	QL 4 / day ST
ZYFLO CR	3	QL 4 / day ST
MAST-CELL STABILIZERS		
ALOCRIIL	3	QL 5 / fill
<i>cromolyn 20 mg/2 ml neb soln</i>	1	
<i>cromolyn 4% eye drops</i>	1	QL 10 / fill
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
GASTROCROM	3	
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
ACTIVE FE	3	GL Female
FERAHEME	5	NPS Non-Preferred Specialty Drug
FEROCON	1	
FEROTRINSIC	1	
FERREX 150 FORTE	3	
FERRLECIT	5	NPS Non-Preferred Specialty Drug
FOCALGIN DSS	3	GL Female
FOLIVANE-PLUS	3	
FUSION PLUS	3	
FUSION SPRINKLES	3	
HEMATINIC WITH FOLIC ACID	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
HEMATRON-AF	3	
HEMAX	1	
HEMOCYTE-F	1	
ICAR-C PLUS	3	
INFED	5	NPS Non-Preferred Specialty Drug
INJECTAFER	5	NPS Non-Preferred Specialty Drug
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
POLYSACCHARIDE IRON FORTE	1	
<i>prenatal low iron</i>	3	GL Female
PROFERRIN-FORTE	3	
<i>sod ferric gluconate complex</i>	4	NPS Non-Preferred Specialty Drug
TRIFERIC (272 MG POWDER PACKET, 272 MG/50 ML AMPULE)	5	NPS Non-Preferred Specialty Drug
VENOFER	5	NPS Non-Preferred Specialty Drug
VINATE GT	3	GL Female
VINATE II	3	GL Female
VINATE ULTRA	3	GL Female
VIVA DHA	3	GL Female
VYNATAL-FA	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR 100 MG CAPSULE	2	
NORPACE CR 150 MG CAPSULE	3	
<i>procainamide 500 mg/ml vial</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine gluc 80 mg/ml vial</i>	1	
<i>quinidine sulfate (sulf er 300 mg tab, sulfate 200 mg tab, sulfate 300 mg tab)</i>	1	
CLASS IB ANTIARRHYTHMICS		
<i>buffered lidocaine (syring, syrng)</i>	3	
<i>lidocaine hcl (hcl 1% abboject, hcl 1% syringe, hcl 2% abboject, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, 40 mg/2 ml (2%) syrg, 100 mg/5 ml (2%) syr, hcl 100 mg/10 ml syr)</i>	1	
<i>lidocaine hcl in 5% dextrose</i>	1	
<i>mexiletine hcl</i>	1	
XYLOCAINE IV	3	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
RYTHMOL	3	
RYTHMOL SR	3	PA
CLASS II ANTIARRHYTHMICS		
<i>metoprolol succinate (er 100 mg tab, er 200 mg tab)</i>	1	
<i>propranolol 10 mg tablet</i>	1	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>amiodarone hcl (150 mg/3 ml syringe, 150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	1	
<i>amiodarone hcl-d5w (amiodarone 150 mg/100 ml-d5w, amiodarone 450 mg/250 ml-d5w, amiodarone 750 mg/500 ml-d5w, amiodarone 900 mg/500 ml-d5w, amiodarone-d5w 150 mg/100 ml)</i>	1	
CORDARONE	2	
CORVERT	3	
<i>dofetilide (250 mcg capsule, 500 mcg capsule)</i>	4	NPS Non-Preferred Specialty Drug
<i>ibutilide fumarate</i>	1	
MULTAQ	3	PA
NEXTERONE	3	
PACERONE	1	
TIKOSYN (250 MCG CAPSULE, 500 MCG CAPSULE)	5	NPS Non-Preferred Specialty Drug
CLASS IV ANTIARRHYTHMICS		
ADENOCARD	3	
<i>adenosine (6 mg/2 ml syringe, 6 mg/2 ml vial, 12 mg/4 ml syringe, 12 mg/4 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>verapamil er 240 mg tablet</i>	1	QL 1 / day
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
BETHKIS	4	PA PS
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>gentamicin sulfate in ns</i>	1	
<i>gentamicin-sodium citrate</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
TOBI	5	PA NPS Non-Preferred Specialty Drug
TOBI PODHALER	5	PA NPS Non-Preferred Specialty Drug
<i>tobramycin (300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
<i>tobramycin sulfate in ns</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CHLORAMPHENICOL		
<i>chloramphenicol sod succinate</i>	1	
QUINOLONES		
AVELOX	3	QL 21 / fill
AVELOX ABC PACK	3	QL 5 / day
AVELOX IV	3	
BAXDELA (300 MG VIAL, 450 MG TABLET)	3	QL max 14 days PA
CIPRO 10% SUSPENSION	3	QL 10 / day
CIPRO 5% SUSPENSION	3	QL 7 / day
CIPRO (250 MG TABLET, 500 MG TABLET)	3	QL 2 / day
CIPRO I.V.	3	
CIPRO XR 1,000 MG TABLET	3	QL 14 / 1 rx
CIPRO XR 500 MG TABLET	3	QL 28 / fill
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	QL 7 / day
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	QL 10 / day
<i>ciprofloxacin (200 mg/20 ml vial, 400 mg/40 ml vial)</i>	1	
<i>ciprofloxacin er 1,000 mg tab</i>	1	QL 14 / 1 rx
<i>ciprofloxacin er 500 mg tablet</i>	1	QL 28 / fill
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	1	QL 2 / day
<i>ciprofloxacin hcl 500 mg tab</i>	1	QL 2 / day LCG
<i>ciprofloxacin-d5w</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
FACTIVE	3	QL 7 / day PA
LEVAQUIN	3	QL 30 / fill
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	QL 30 / fill
<i>levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	QL 56 / fill
SULFONAMIDES (SYSTEMIC)		
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-tmp ds tablet</i>	1	LCG
<i>sulfamethoxazole-trimethoprim (ss tablet, susp)</i>	1	
<i>sulfamethoxazole-tmp inj vial</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
SULFATRIM	1	
TETRACYCLINES		
ACTICLATE	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ADOXA	3	ST
AVIDOXY	1	
<i>demeclocycline hcl</i>	1	
DORYX DR 200 MG TABLET	3	QL 7/ rx ST
DORYX DR 50 MG TABLET	3	ST
DORYX MPC	3	ST
DOXY 100	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	3	ST
<i>doxycycline hyc dr 200 mg tab</i>	3	QL 7/ rx ST HCG
<i>doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab)</i>	3	ST HCG
<i>doxycycline hyc 100 mg vial</i>	1	
<i>doxycycline ir-dr</i>	1	QL 1 / day
<i>doxycycline mono 150 mg cap</i>	1	QL 30 / fill
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg capsule, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>	1	
MINOCIN (50 MG CAP, 75 MG CAP, 100 MG CAP)	3	
MINOCIN 100 MG VIAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>minocycline hcl (50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet)</i>	1	
<i>minocycline er 45 mg tablet</i>	3	QL 3 / day ST HCG
<i>minocycline hcl er (er 65 mg tablet, er 115 mg tablet)</i>	1	QL 1 / day PA
<i>minocycline hcl er (er 90 mg tablet, er 135 mg tablet)</i>	3	QL 1 / day ST HCG
MONDOXYNE NL	1	
MONODOX	3	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
OKEBO	1	
ORACEA	3	QL 1 / day PA
SOLODYN	3	QL 1 / day PA
TARGADOX	3	ST
<i>tetracycline hcl</i>	3	HCG
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	3	ST
ANTIBACTERIALS, MISCELLANEOUS		
BACITRACINS		
BACIIM	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>bacitracin (unit vial, units vial)</i>	1	
CYCLIC LIPOPEPTIDES		
CUBICIN	3	
CUBICIN RF	3	
<i>daptomycin</i>	1	
GLYCOPEPTIDES		
VANCOGIN HCL	3	
<i>vancomycin</i>	1	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	3	HCG
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1g/200 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 125 mg/2.5 ml oral, 500 mg a-v vial, 500 mg vial, hcl 750 mg vial)</i>	1	
<i>vancomycin hcl-0.9% nacl (vanco 1 gram/150 ml-0.9%, vanco 1 gram/250 ml-0.9%, vanco 1.25 gm/150 ml-0.9%, vanco 1.25 gm/250 ml-0.9%, vanco 1.5 gm/150 ml-0.9%, vanco 1.5 gm/250 ml-0.9%, vanco 1.5 gm/300 ml-0.9%, vanco 1.5 gm/500 ml-0.9%, vanco 1.75 g/250 ml-0.9%, vanco 1.75 gm/500 ml-0.9%, vanco 2 gram/250 ml-0.9%, vanco 2 gram/500 ml-0.9%, vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vanco 750 mg/250 ml-0.9%, vancomycin 1 g/100ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>vancomycin hcl-d5w (vancomycin 1 gram/100 ml-d5w, vancomycin 1 gram/250 ml-d5w, vancomycin 1.25 gram/250ml-d5w, vancomycin 1.5 gram/250 ml-d5w, vancomycin 1.5 gram/500 ml-d5w, vancomycin 1.75 gram/500ml-d5w, vancomycin 750 mg/250 ml-d5w, vancomycin-d5w 1.5 gram/250 ml, vancomycin-d5w 500 mg/100 ml)</i>	1	
VIBATIV	3	
LINCOMYCINS		
CLEOCIN HCL	3	QL 4 / day
CLEOCIN PALMITATE	3	QL 70/ day
CLEOCIN PHOSPHATE (PHOS 9 G/60 ML VIAL, 150 MG/ML ADDVN VIAL, PHOS 150 MG/ML VIAL, PHOS 300 MG/2 ML VIAL, PHOS 300 MG/2ML ADDVAN, PHOS 600 MG/4 ML VIAL, PHOS 900 MG/6 ML VIAL)	3	
CLEOCIN PHOSPHATE IN D5W	3	
<i>clindamycin hcl</i>	1	QL 4 / day
<i>clindamycin palmitate hcl</i>	1	QL 70/ day
<i>clindamycin pediatric</i>	1	QL 70/ day
<i>clindamycin phosphate (ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl)</i>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
LINCOCIN	3	
<i>lincomycin hcl</i>	1	QL 10 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
OTHER MISC. ANTIBACTERIAL AGENTS		
PYLERA	2	QL PA 120 / 365 days
OXAZOLIDINONES		
<i>linezolid 600 mg/300 ml iv sol</i>	1	
<i>linezolid 100 mg/5 ml susp</i>	1	QL 900 / rx
<i>linezolid 600 mg tablet</i>	1	QL 2 / day
<i>linezolid-0.9% nacl</i>	1	
SIVEXTRO 200 MG TABLET	3	QL PA 6 / 30 days
SIVEXTRO 200 MG VIAL	3	QL PA 6 / 30 days
ZYVOX (200 MG/100 ML IV SOLN, 600 MG/300 ML IV SOLN)	3	PA
ZYVOX 100 MG/5 ML SUSPENSION	3	QL PA 900 / rx
ZYVOX 600 MG TABLET	3	QL PA 2 / day
POLYMYXINS		
<i>colistimethate</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>polymyxin b sulfate</i>	1	
RIFAMYCINS		
XIFAXAN	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
STREPTOGRAMINS		
SYNERCID	3	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	3	
ANORO ELLIPTA	2	QL 2 / day
ATROVENT HFA	3	QL 1.29 / day
<i>belladonna-phenobarbital</i>	1	
BENTYL 10 MG/ML AMPUL	3	
BENTYL (10 MG CAPSULE, 20 MG TABLET)	3	
BEVESPI AEROSPHERE	3	QL 0.357 / day ST
CANTIL	3	
<i>chlordiazepoxide-clidinium</i>	1	
COMBIVENT RESPIMAT	2	QL 0.267 / day
CUVPOSA	3	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	LCG
<i>dicyclomine 20 mg/2 ml vial</i>	1	
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
DONNATAL (ELIXIR, TABLET)	3	
ED-SPAZ	1	
<i>glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml syr, 0.4 mg/2 ml vial, 0.6 mg/3 ml syr, 1 mg/5 ml syrng, 1 mg/5 ml vial, 4 mg/20 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glycopyrrolate (1.5 mg tablet, 2 mg tablet)</i>	1	
<i>glycopyrrolate-sterile water</i>	1	
<i>glycopyrrolate-water</i>	1	
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sr</i>	1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	1	
INCRUSE ELLIPTA	2	QL 1 / day
<i>ipratropium br 0.02% soln</i>	1	QL 12.5 / day
<i>ipratropium-albuterol</i>	1	
LEVIBID	3	
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	
LIBRAX	3	
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN (0.125 MG ODT, 0.125 MG TABLET)	1	
OSCIMIN SL	1	
OSCIMIN SR	1	
PHENOHYTRO	1	
<i>propantheline bromide</i>	1	
ROBINUL (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 1 MG/5 ML VIAL, 4 MG/20 ML VIAL)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ROBINUL FORTE	3	
SEEBRI NEOHALER	3	QL 2 / day PA AL At least 18 yrs old
SPIRIVA	2	QL 1 / day
SPIRIVA RESPIMAT	2	QL 1 / day
STIOLTO RESPIMAT	2	QL 0.134 / day
SYMAX	1	
SYMAX DUOTAB	3	
SYMAX-SL	1	
SYMAX-SR	1	
TUDORZA PRESSAIR 400 MCG INH	Excluded Drugs	
ANTIPARKINSONIAN AGENTS		
benztropine mes 2 mg tablet	1	
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
sodium citrate 4% syringe	1	
COUMARIN DERIVATIVES		
COUMADIN	2	
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	LCG
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	1	LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ARIXTRA (2.5 MG/0.5 ML SYRINGE, 5 MG/0.4 ML SYRINGE)	5	NPS Non-Preferred Specialty Drug
ARIXTRA (7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	5	NPS Non-Preferred Specialty Drug
BEVYXXA	3	QL 1.25 / day PA AL At least 18 yrs old
ELIQUIS 5 MG STARTER PACK	3	QL 100 / 30 days PA
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	3	QL 2 / day PA
<i>fondaparinux sodium</i>	4	NPS Non-Preferred Specialty Drug
SAVAYSA	3	QL 1 / day PA
XARELTO STARTER PACK	2	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL 1 / day
XARELTO 15 MG TABLET	2	QL 2 / day
DIRECT THROMBIN INHIBITORS		
ANGIOMAX	3	
<i>argatroban</i>	1	
<i>argatrobn-0.9% nacl 250 mg/250</i>	3	
<i>argatroban-0.9% nacl (argatroban 50 mg/50ml-0.9%nacl, argatrobn-0.9% nacl 125 mg/125)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>argatroban-sodium chloride</i>	1	
<i>bivalirudin (250 mg add-vant vl, 250 mg vial)</i>	1	
IPRIVASK	5	 Non-Preferred Specialty Drug
PRADAXA	2	 2 / day
HEPARINS		
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	4	 Non-Preferred Specialty Drug
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	5	 Non-Preferred Specialty Drug
<i>heparin flush (hep-lock flush 10 units/ml kit, hep-lock flush 100 unit/ml kit, heparin 2 unit/2 ml (1/ml) syr, heparin 3 unit/3 ml (1/ml) syr, heparin 5 unit/5 ml (1/ml) syr, heparin 10 unit/10 ml (1/ml), heparin 30 units/3 ml (10/ml), heparin 60 units/6 ml (10/ml), heparin iv flush 1 unit/ml syr, heparin iv flush 100 units/ml)</i>	1	
<i>heparin flush 10 units/ml syr</i>	1	
<i>heparin lock (lock flush 10 units/ml, 20 units/2 ml (10/ml), lock flush 100 unit/ml, 200 unit/2 ml (100/ml))</i>	1	
<i>heparin lock (30 unit/3 ml (10/ml), 50 units/5 ml (10/ml), 100 unit/10 ml (10/ml), 300 unit/3 ml (100/ml), 500 unit/5 ml (100/ml), 1,000 unit/10 (100/ml), 3,000 unit/30 (100/ml))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>heparin sodium (1,000 unit/ml vial, 5,000 unit/ 0.5 ml, 5,000 unit/0.5 ml, 5,000 unit/ml syr, 5,000 unit/ml syrg, 5,000 unit/ml vial, 10,000 unit/ml vl, 20,000 unit/ml vl)</i>	1	
<i>heparin sodium (2,000 unit/2 ml vial, 10,000 unit/10 ml vial, 30,000 unit/30 ml vial, 40,000 units/4 ml vial, 50,000 unit/10 ml vial, 50,000 units/10 ml vl, 50,000 units/5 ml vial)</i>	1	
<i>heparin sodium in 0.45% nacl</i>	1	
<i>heparin sodium-0.45% nacl (2.5 unit/10 ml-1/2 ns, 3 unit/3 ml-1/2 ns, 10 unit/10 ml-1/2 ns, 100 unit/100 ml-1/2 ns, 5,000 unit/1,000-1/2ns, 25,000 unit/500-1/2 ns)</i>	1	
<i>heparin 1,000 unit/1,000 ml-ns</i>	1	
<i>heparin sodium-0.9% nacl (heparin 100 unit/100 ml-ns, heparin 250 unit/250 ml-ns, heparin 500 unit/500 ml-ns, heparin 2,000 unit/500 ml-ns, heparin 2,500 unit/250 ml-ns, heparin 2,500 unit/500 ml-ns, heparin 3,000 unit/500 ml-ns, heparin 4,000 unit/1,000 ml-ns, heparin 4,000 unit/500 ml-ns, heparin 5,000 unit/1,000 ml-ns, heparin 5,000 unit/5 ml-ns, heparin 5,000 unit/500 ml-ns, heparin 6,000 unit/1,000 ml-ns, heparin 10,000 unit/1,000ml-ns, heparin 25,000 unit/250 ml-ns, heparin 30,000 unit/1,000-ns, heparin-ns 30 units/3 ml syrng)</i>	1	
<i>heparin sodium-0.9% nacl (heparin-ns 1,000 units/500 ml, heparin-ns 2,000 unit/1,000 ml)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250, 20,000 unit/500, 25,000 unit/250, 25,000 unit/500)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	5	 Non-Preferred Specialty Drug
HEPARIN 50 UNITS/5 ML (10/ML)	1	
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM	3	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	
BRIVIACT (10 MG TABLET, 50 MG TABLET)	3	 4 / day 
BRIVIACT 100 MG TABLET	3	 2 / day 
BRIVIACT 25 MG TABLET	3	 8 / day 
BRIVIACT 75 MG TABLET	3	 3 / day 
BRIVIACT (10 MG/ML ORAL SOLN, 50 MG/5 ML VIAL)	3	 20 / day 
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>carbamazepine er (er 100 mg cap, er 200 mg cap, er 300 mg cap)</i>	1	
<i>carbamazepine er (er 100 mg tablet, er 200 mg tablet, er 400 mg tablet)</i>	3	
CARBATROL	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
DEPACON	3	
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	
DEPAKOTE	3	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	1	
<i>divalproex sodium er</i>	1	
EPITOL	1	
EQUETRO	3	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	3	PA
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QL 6 / day
FYCOMPA (2 MG TABLET, 2 MG-4 MG TABLET KIT, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 1 / day
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule)</i>	1	QL 9 / day
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	1	QL 72 / day
<i>gabapentin 600 mg tablet</i>	1	QL 6 / day
<i>gabapentin 800 mg tablet</i>	1	QL 5 / day
GABITRIL (12 MG TABLET, 16 MG TABLET)	2	
GABITRIL (2 MG TABLET, 4 MG TABLET)	3	
HORIZANT ER 300 MG TABLET	3	QL 4 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
HORIZANT ER 600 MG TABLET	3	QL 2 / day PA
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	3	
KEPPRA 500 MG/5 ML VIAL	3	
KEPPRA XR	3	
LAMICTAL (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET)	3	PA
LAMICTAL (BLUE)	3	PA
LAMICTAL (GREEN)	3	
LAMICTAL (ORANGE)	3	
LAMICTAL ODT	3	PA
LAMICTAL ODT (BLUE)	3	PA
LAMICTAL ODT (GREEN)	3	PA
LAMICTAL ODT (ORANGE)	3	PA
LAMICTAL XR	3	
LAMICTAL XR (BLUE)	3	
LAMICTAL XR (GREEN)	3	
LAMICTAL XR (ORANGE)	3	
<i>lamotrigine (25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	1	PA
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine (green)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>lamotrigine (orange)</i>	1	
<i>lamotrigine er</i>	3	HCG
<i>lamotrigine odt</i>	1	PA
<i>lamotrigine odt (blue)</i>	1	
<i>lamotrigine odt (green)</i>	1	
<i>lamotrigine odt (orange)</i>	1	
<i>levetiracetam 500 mg/5 ml soln</i>	1	QL 946 / 30 days
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	1	
<i>levetiracetam 500 mg/5 ml vial</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl</i>	1	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL 2 / day PA
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL 3 / day PA
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 30 / day PA
<i>magnesium sulfate-0.9% nacl (1 g/100 ml-0.9% nacl, 6 gm/50 ml-0.9% nacl, 10 g/250 ml-0.9%nacl, 40 g/1000ml-0.9%nacl)</i>	1	
<i>magnesium sulfate-d5w (5 gram/100, 6 gram/100, 6 gram/50, 40 gram/1000, 40 gram/500)</i>	1	
NEURONTIN (100 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	3	QL 9 / day
NEURONTIN 250 MG/5 ML SOLN	3	QL 72 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
NEURONTIN 600 MG TABLET	3	QL 6 / day
NEURONTIN 800 MG TABLET	3	QL 5 / day
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
OXTELLAR XR	3	PA
POTIGA (200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	QL 3 / day PA
POTIGA 50 MG TABLET	3	QL 9 / day PA
QUDEXY XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	
ROWEEPRA	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
SPRITAM	3	QL 3 / day AL At least 4 yrs old
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR	2	
<i>tiagabine hcl</i>	1	
TOPAMAX (15 MG SPRINKLE CAP, 25 MG SPRINKLE CAP, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	2	
<i>topiramate 15 mg sprinkle cap</i>	1	LCG
<i>topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>topiramate er</i>	3	PA HCG
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	3	
TROKENDI XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)</i>	1	
<i>vigabatrin</i>	4	QL 6 / day PA PS
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, STARTER KIT)	3	
VIMPAT 200 MG/20 ML VIAL	3	
ZONEGRAN	2	
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	1	
<i>zonisamide 50 mg capsule</i>	1	LCG
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	3	
<i>primidone</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS)		
ATIVAN 4 MG/ML VIAL	1	
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL 10 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL 3 / day
<i>diazepam 10 mg/2 ml isecure</i>	1	
KLONOPIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
KLONOPIN 2 MG TABLET	3	QL 10 / day
<i>lorazepam 2 mg/ml vial</i>	1	
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	5	PA NPS Non-Preferred Specialty Drug
HYDANTOINS		
CEREBYX	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	
DILANTIN-125	2	
<i>fosphenytoin sodium</i>	1	
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml syringe, 50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	3	QL 1 / day
<i>bupropion hcl 100 mg tablet</i>	1	QL 5 / day
<i>bupropion hcl 75 mg tablet</i>	1	QL 6 / day
<i>bupropion hcl sr (150 mg tablet, 200 mg tablet)</i>	1	QL 2 / day
<i>bupropion hcl sr 100 mg tablet</i>	1	QL 4 / day
<i>bupropion hcl xl 150 mg tablet</i>	1	QL 3 / day
<i>bupropion hcl xl 300 mg tablet</i>	1	QL 1 / day
FORFIVO XL	3	QL 1 / day
<i>mirtazapine 7.5 mg tablet</i>	1	QL 2 / day
<i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL 1 / day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB, 45 MG TABLET)	3	QL 1 / day
WELLBUTRIN	3	QL 5 / day
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL 2 / day
WELLBUTRIN SR 100 MG TABLET	3	QL 4 / day
WELLBUTRIN XL 150 MG TABLET	3	QL 3 / day
WELLBUTRIN XL 300 MG TABLET	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	3	QL 6 / day
NARDIL	3	QL 6 / day
PARNATE	3	QL 6 / day
<i>phenelzine sulfate</i>	1	QL 6 / day
<i>tranylcypromine sulfate</i>	1	QL 6 / day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE)	3	QL 1 / day
CYMBALTA 60 MG CAPSULE	3	QL 2 / day
<i>desvenlafaxine er (er 50 mg tab, er 50 mg tablet)</i>	3	QL 1 / day HCG
<i>desvenlafaxine er 100 mg tab</i>	3	QL 1 / day HCG
<i>desvenlafaxine fumarate er</i>	3	QL 1 / day HCG
<i>desvenlafaxine succinate er</i>	3	QL 1 / day HCG
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1	QL 1 / day
<i>duloxetine hcl (dr 40 mg cap, dr 60 mg cap)</i>	1	QL 2 / day
EFFEXOR XR (37.5 MG CAPSULE, 150 MG CAPSULE)	3	QL 1 / day
EFFEXOR XR 75 MG CAPSULE	3	QL 3 / day
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL 1 / day ST
IRENKA	3	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
KHEDEZLA	3	QL 1 / day
PRISTIQ	3	QL 1 / day
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	LCG
<i>venlafaxine hcl er 75 mg cap</i>	1	QL 3 / day
<i>venlafaxine hcl er (er 37.5 mg cap, er 37.5 mg tab, er 75 mg tab, er 150 mg cap, er 150 mg tab, er 225 mg tab)</i>	1	QL 1 / day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
BRISDELLE	3	QL 1 / day PA
CELEXA	3	QL 1 / day
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL 20 / day
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1 / day LCG
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL 20 / day
<i>escitalopram 20 mg tablet</i>	1	QL 1 / day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL 1.5 / day
<i>fluoxetine dr</i>	1	QL 0.142 / day
<i>fluoxetine hcl 10 mg capsule</i>	1	QL 1 / day LCG
<i>fluoxetine hcl 20 mg capsule</i>	1	QL 4 / day LCG
<i>fluoxetine hcl 40 mg capsule</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL 20 / day
<i>fluoxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG
<i>fluoxetine hcl 20 mg tablet</i>	1	QL 4 / day
<i>fluoxetine hcl 60 mg tablet</i>	1	QL 1.5 / day
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL 1 / day
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 3 / day
<i>fluvoxamine maleate er</i>	3	QL 2 / day HCG
LEXAPRO 5 MG/5 ML SOLUTION	3	QL 20 / day
LEXAPRO (5 MG TABLET, 10 MG TABLET)	3	QL 1.5 / day
LEXAPRO 20 MG TABLET	3	QL 1 / day
<i>olanzapine-fluoxetine hcl</i>	3	QL 1 / day AL At least 10 yrs old HCG
<i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine cr 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine er 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG
<i>paroxetine hcl 20 mg tablet</i>	1	QL 1 / day LCG
<i>paroxetine hcl 30 mg tablet</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paroxetine hcl 40 mg tablet</i>	1	QL 1 / day
<i>paroxetine mesylate</i>	1	QL 1 / day
PAXIL 10 MG/5 ML SUSPENSION	3	QL 42 / day PA
PAXIL (20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
PAXIL 10 MG TABLET	3	QL 1.5 / day
PAXIL 30 MG TABLET	3	QL 2 / day
PAXIL CR (CR 25 MG TABLET, CR 37.5 MG TABLET)	3	QL 2 / day
PAXIL CR 12.5 MG TABLET	3	QL 1 / day
PEXEVA	3	QL 1 / day PA
PROZAC 10 MG PULVULE	3	
PROZAC 20 MG PULVULE	3	QL 4 / day
PROZAC 40 MG PULVULE	3	QL 2 / day
PROZAC WEEKLY	3	QL 0.15 / day
SARAFEM 10 MG TABLET	3	QL 1.5 / day
SARAFEM 20 MG TABLET	3	QL 4 / day
<i>sertraline 20 mg/ml oral conc</i>	1	QL 10 / day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL 1.5 / day LCG
<i>sertraline hcl 100 mg tablet</i>	1	QL 2 / day LCG
SYMBYAX	3	QL 1 / day AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOLOFT (20 MG/ML ORAL CONC, 20 MG/ML ORAL SOLN)	3	QL 10 / day
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL 1.5 / day
ZOLOFT 100 MG TABLET	3	QL 2 / day
SEROTONIN MODULATORS		
BRINTELLIX	3	QL 1 / day ST
<i>nefazodone hcl 100 mg tablet</i>	1	QL 6 / day
<i>nefazodone hcl 150 mg tablet</i>	1	QL 4 / day
<i>nefazodone hcl 200 mg tablet</i>	1	QL 3 / day
<i>nefazodone hcl 250 mg tablet</i>	1	QL 2.5 / day
<i>nefazodone hcl 50 mg tablet</i>	1	QL 12 / day
<i>trazodone 100 mg tablet</i>	1	QL 4 / day LCG
<i>trazodone 150 mg tablet</i>	1	QL 2 / day LCG
<i>trazodone 300 mg tablet</i>	1	QL 1 / day
<i>trazodone 50 mg tablet</i>	1	QL 3 / day LCG
TRINTELLIX	3	QL 1 / day ST
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	1	LCG
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>clomipramine hcl</i>	3	HCG
<i>desipramine hcl</i>	3	HCG
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	LCG
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	LCG
<i>imipramine pamoate</i>	3	HCG
<i>maprotiline hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg/5 ml sol, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
PAMELOR	3	
<i>perphenazine-amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	QL 1 / day
SURMONTIL	3	
TOFRANIL	3	
<i>trimipramine maleate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100 mg tablet</i>	1	QL 3 / day
<i>acarbose 25 mg tablet</i>	1	QL 12 / day
<i>acarbose 50 mg tablet</i>	1	QL 6 / day
GLYSET	3	QL 3 / day
<i>miglitol</i>	1	QL 3 / day
PRECOSE 100 MG TABLET	3	QL 3 / day
PRECOSE 25 MG TABLET	3	QL 12 / day
PRECOSE 50 MG TABLET	3	QL 6 / day
AMYLINOMIMETICS		
SYMLINPEN 120	2	QL 0.4 / day
SYMLINPEN 60	2	QL 0.2 / day
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	5	PA NPS Non-Preferred Specialty Drug
BIGUANIDES		
GLUCOPHAGE 1,000 MG TABLET	3	QL 2.5 / day
GLUCOPHAGE 500 MG TABLET	3	QL 5 / day
GLUCOPHAGE 850 MG TABLET	3	QL 3 / day
GLUCOPHAGE XR 500 MG TAB	3	QL 5 / day
GLUCOPHAGE XR 750 MG TAB	3	QL 3 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day
<i>metformin hcl 1,000 mg tablet</i>	1	QL 2.5 / day LCG
<i>metformin hcl 500 mg tablet</i>	1	QL 5 / day LCG
<i>metformin hcl 850 mg tablet</i>	1	QL 3 / day LCG
<i>metformin hcl er 500 mg tablet</i>	1	QL 5 / day C Only Glucophage ER generic covered LCG
<i>metformin hcl er 750 mg tablet</i>	1	QL 3 / day C Only Glucophage ER generic covered
RIOMET	3	QL 25 / day

DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS

<i>alogliptin 12.5 mg tablet</i>	Excluded Drugs
<i>alogliptin 25 mg tablet</i>	Excluded Drugs
<i>alogliptin 6.25 mg tablet</i>	Excluded Drugs
<i>alogliptin-metformin 12.5-1000</i>	Excluded Drugs
<i>alogliptin-metformin 12.5-500</i>	Excluded Drugs
<i>alogliptin-pioglit 12.5-15 mg</i>	Excluded Drugs
<i>alogliptin-pioglit 12.5-30 mg</i>	Excluded Drugs
<i>alogliptin-pioglit 12.5-45 mg</i>	Excluded Drugs
<i>alogliptin-pioglit 25-15 mg tb</i>	Excluded Drugs
<i>alogliptin-pioglit 25-30 mg tb</i>	Excluded Drugs

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alogliptin-pioglit 25-45 mg tb</i>	Excluded Drugs	
JANUMET	2	QL ST 2 / day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL ST 2 / day
JANUMET XR 100-1,000 MG TABLET	2	QL ST 1 / day
JANUVIA	2	QL ST 1 / day
JENTADUETO	2	QL ST 2 / day
JENTADUETO XR 2.5 MG-1,000 MG	2	QL ST 2 / day
JENTADUETO XR 5 MG-1,000 MG TB	2	QL ST 1 / day
KAZANO (12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	Excluded Drugs	
KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-1,000 MG TAB, 5-500 MG TABLET)	Excluded Drugs	
NESINA (6.25 MG TABLET, 12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
ONGLYZA (2.5 MG TABLET, 5 MG TABLET)	Excluded Drugs	
OSENI (12.5-15 MG TABLET, 12.5-30 MG TABLET, 12.5-45 MG TABLET, 25-15 MG TABLET, 25-30 MG TABLET, 25-45 MG TABLET)	Excluded Drugs	
TRADJENTA	2	QL ST 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
INCRETIN MIMETICS		
ADLYXIN (10-20 MCG STARTER PACK, 20 MCG MAINTENANCE PK)	Excluded Drugs	
BYDUREON	2	QL ST 0.15 / day
BYDUREON BCISE	2	QL ST 0.15 / day
BYDUREON PEN	2	QL ST .15 / day
BYETTA 10 MCG DOSE PEN INJ	2	QL ST 0.8 / day
BYETTA 5 MCG DOSE PEN INJ	2	QL ST 0.04 / day
SAXENDA	3	QL PA AL 0.5 / day At least 18 yrs old
TANZEUM (30 MG PEN, 50 MG PEN)	Excluded Drugs	
TRULICITY	2	QL ST 0.08 / day
VICTOZA 2-PAK	2	QL ST 0.3 / day
VICTOZA 3-PAK	2	QL ST 0.3 / day
INSULINS		
AFREZZA	3	PA
APIDRA 100 UNITS/ML VIAL	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
APIDRA SOLOSTAR 100 UNITS/ML	Excluded Drugs	
BASAGLAR 100 UNIT/ML KWIKPEN	Excluded Drugs	
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNITS/ML VIAL)	2	QL 1 / day
HUMALOG JUNIOR KWIKPEN	2	QL 1 / day
HUMALOG KWIKPEN U-100	2	QL 1 / day
HUMALOG KWIKPEN U-200	2	QL 0.5 / day
HUMALOG MIX 50-50	2	QL 1 / day
HUMALOG MIX 50-50 KWIKPEN	2	QL 1 / day
HUMALOG MIX 75-25	2	QL 1 / day
HUMALOG MIX 75-25 KWIKPEN	2	QL 1 / day
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	QL 1 / day
LANTUS SOLOSTAR	2	QL 1 / day
LEVEMIR 100 UNITS/ML VIAL	Excluded Drugs	
LEVEMIR FLEXTOUCH 100 UNITS/ML	Excluded Drugs	
NOVOLIN 70-30 (100 UNIT/ML VIAL, RELION VIAL)	Excluded Drugs	
NOVOLIN N (N 100 UNITS/ML VIAL, RELION N 100 UNIT/ML)	Excluded Drugs	
NOVOLIN R (R 100 UNITS/ML VIAL, RELION R 100 UNIT/ML)	Excluded Drugs	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	Excluded Drugs	
NOVOLOG 100 UNITS/ML FLEXPEN	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
NOVOLOG MIX 70-30 VIAL	Excluded Drugs	
NOVOLOG MIX 70-30 FLEXPEN SYRN	Excluded Drugs	
SOLIQUA 100-33	2	QL 0.6 / day PA
TOUJEO SOLOSTAR	2	QL 0.357 / day
TRESIBA FLEXTOUCH 100 UNITS/ML	Excluded Drugs	
TRESIBA FLEXTOUCH 200 UNITS/ML	Excluded Drugs	
XULTOPHY 100 UNIT-3.6MG/ML PEN	Excluded Drugs	
MEGLITINIDES		
<i>nateglinide</i>	1	QL 3 / day
PRANDIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
PRANDIN 2 MG TABLET	3	QL 8 / day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day
<i>repaglinide 2 mg tablet</i>	1	QL 8 / day
<i>repaglinide-metformin hcl</i>	1	QL 5 / day
STARLIX	3	QL 3 / day
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA (5 MG TABLET, 10 MG TABLET)	Excluded Drugs	
GLYXAMBI	3	QL 1 / day PA
INVOKAMET	2	QL 2 / day ST
INVOKAMET XR	2	QL 2 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
INVOKANA	2	QL 1 / day ST
JARDIANCE	2	QL 1 / day ST
SYNJARDY	2	QL 2 / day ST
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL 2 / day ST
SYNJARDY XR 25-1,000 MG TABLET	2	QL 1 / day ST
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	Excluded Drugs	
SULFONYLUREAS		
AMARYL	3	
chlorpropamide 100 mg tablet	1	
chlorpropamide 250 mg tablet	1	QL 3 / day
glimepiride	1	LCG
glipizide	1	LCG
glipizide er	1	LCG
glipizide xl	1	LCG
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL 4 / day
glipizide-metformin 2.5-250 mg	1	QL 8 / day
GLUCOTROL	3	
GLUCOTROL XL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
GLUCOVANCE	3	QL 4 / day
<i>glyburide</i>	1	LCG
<i>glyburide micronized</i>	1	LCG
<i>glyburid-metformin 1.25-250 mg</i>	1	QL 8 / day LCG
GLYNASE	3	
<i>tolazamide 250 mg tablet</i>	1	QL 4 / day
<i>tolazamide 500 mg tablet</i>	1	QL 2 / day
<i>tolbutamide</i>	1	QL 6 / day
THIAZOLIDINEDIONES		
ACTOPLUS MET	3	QL 3 / day
ACTOPLUS MET XR 15-1,000 MG TB	2	QL 3 / day ST
ACTOPLUS MET XR 30-1,000 MG TB	2	QL 1 / day ST
ACTOS (15 MG TABLET, 45 MG TABLET)	3	QL 1 / day
AVANDAMET	2	QL 2 / day PA
AVANDIA 2 MG TABLET	2	QL 3 / day PA
AVANDIA 4 MG TABLET	2	QL 2 / day PA
DUETACT	3	QL 1 / day
<i>pioglitazone hcl (15 mg tablet, 45 mg tablet)</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>pioglitazone-glimepiride</i>	1	QL 1 / day
<i>pioglitazone-metformin</i>	3	QL 3 / day HCG
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET (50 MG TABLET, 100 MG TABLET)	3	QL 0.15 / day
ANZEMET 20 MG/ML VIAL	5	NPS Non-Preferred Specialty Drug
<i>granisetron hcl 1 mg tablet</i>	1	QL 6 / 30 days
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron hcl (4 mg/2 ml isecure, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron 4 mg/5 ml solution</i>	1	QL 20 / day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
<i>ondansetron hcl 24 mg tablet</i>	1	QL 3 days
<i>ondansetron hcl-0.9% nacl</i>	1	
<i>ondansetron hcl-d5w</i>	1	
<i>ondansetron odt</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
SANCUSO	5	QL 0.144 / day NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOFRAN 4 MG/5 ML ORAL SOLN	3	QL 20 / day
ZOFRAN (4 MG TABLET, 8 MG TABLET)	3	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ZOFRAN 2 MG/ML VIAL	5	NPS Non-Preferred Specialty Drug
ZOFRAN ODT	3	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ZUPLENZ	3	QL 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
CESAMET	5	QL 0.67 / day PA NPS Non-Preferred Specialty Drug
<i>dronabinol</i>	3	QL 5 / day HCG
MARINOL	3	QL 5 / day PA
<i>scopolamine</i>	1	
SYNDROS	3	QL 13 / day PA AL At least 18 yrs old
TRANSDERM-SCOP	3	
ANTIHISTAMINES (GI DRUGS)		
ANTIVERT	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
COMPAZINE 25 MG SUPPOSITORY	1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	
DICLEGIS	3	QL PA 4 / day
<i>dimenhydrinate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
TIGAN 300 MG CAPSULE	3	
TIGAN 100 MG/ML VIAL	3	
<i>trimethobenzamide hcl</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO	5	QL PA NPS 0.15 / day Non-Preferred Specialty Drug
<i>aprepitant 125-80-80 mg pack</i>	1	QL 3/ fill
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	QL 0.08 / day
<i>aprepitant 80 mg capsule</i>	1	QL 0.15 / day
EMEND TRIPACK	3	QL 3/ fill
EMEND (40 MG CAPSULE, 125 MG CAPSULE, 125 MG POWDER PACKET)	3	QL 0.08 / day
EMEND 80 MG CAPSULE	3	QL 0.15 / day
EMEND 150 MG VIAL	5	QL NPS 2 / fill Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
VARUBI 90 MG TABLET	5	QL PA NPS 0.15 / day Non-Preferred Specialty Drug
VARUBI 166.5 MG/92.5 ML VIAL	5	PA NPS Non-Preferred Specialty Drug
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINES		
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK, 250 MG TABLET)	3	
<i>terbinafine hcl</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
GRIS-PEG	3	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	3	HCG
<i>griseofulvin ultramicrosize</i>	1	
<i>triacetin</i>	1	
AZOLES		
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	3	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	
DIFLUCAN 150 MG TABLET	3	QL GL 0.4 / day Female
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole 150 mg tablet</i>	1	QL LCG 0.4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in saline</i>	1	
<i>fluconazole-nacl</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	3	
NOXAFIL 300 MG/16.7 ML VIAL	3	
ONMEL	3	PA
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	3	
VFEND 40 MG/ML SUSPENSION	3	QL 20 / day
VFEND (50 MG TABLET, 200 MG TABLET)	3	QL 4 / day
VFEND IV	3	PA
<i>voriconazole 40 mg/ml susp</i>	3	QL 20 / day HCG
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	3	QL 4 / day HCG
<i>voriconazole 200 mg vial</i>	1	PA
ECHINOCANDINS		
CANCIDAS	3	
<i>caspofungin acetate</i>	1	
ERAXIS (WATER DILUENT)	3	
MYCAMINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
POLYENES		
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus, 50,000,000 units pwd, 150,000,000 units pwd, 500,000,000 units pwd)</i>	1	
PYRIMIDINES		
ANCOBON	3	
<i>flucytosine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% CREAM, 2% GEL)	3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE), MISC		
ALA-QUIN	3	
EXODERM	1	
TRIPLE DYE	3	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>econazole nitrate</i>	3	HCG
ECOZA	3	
ERTACZO	3	
EXELDERM (CREAM, SOLUTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
EXTINA	3	
GYNAZOLE 1	3	
JUBLIA	3	QL 0.54 / day PA AL At least 18 yrs old
<i>ketoconazole (cream, foam, shampoo)</i>	1	
LOTRISONE	3	
LUZU	3	QL 2 / day PA
<i>miconazole 3</i>	3	GL Female
NIZORAL	3	
ORAVIG	3	
<i>oxiconazole nitrate</i>	3	PA HCG
OXISTAT (CREAM, LOTION)	3	PA
TERAZOL 3	3	QL 1.5 / day GL Female
TERAZOL 7	3	QL 1.5 / day
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	QL 1.5 / day GL Female
VUSION	3	
XOLEGEL	3	PA
<i>zazole</i>	1	QL 1.5 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)		
MENTAX	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 0.77% CREAM KIT	3	
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	QL 0.22 / day
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL 0.22 / day
CNL 8	3	
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	3	
PENLAC	3	QL 0.22 / day
OXABOROLES		
KERYDIN	3	QL 0.67 / day PA AL At least 18 yrs old
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	1	
NYATA 100,000 UNIT/GM POWDER	1	
<i>nystatin (unit/gm cream, unit/gm powd, units/gm oint)</i>	1	
<i>nystatin-triamcinolone (cream, ointm)</i>	3	HCG
NYSTOP	1	
PEDIADERM AF	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	2	QL 0.4 / day
ALPHAGAN P 0.15% EYE DROPS	3	QL 0.4 / day
<i>brimonidine tartrate</i>	1	QL 0.4 / day
COMBIGAN	2	QL 0.334 / day
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
BETAGAN	3	QL 0.4 / day
<i>betaxolol hcl 0.5% eye drop</i>	1	QL 0.54 / day
BETIMOL 0.25% EYE DROPS	3	QL 0.286 / day
BETIMOL 0.5% EYE DROPS	3	QL 0.334 / day
BETOPTIC S	3	QL 0.54 / day
<i>carteolol hcl</i>	1	QL 0.334 / day
ISTALOL	3	QL 0.286 / day
<i>levobunolol hcl</i>	1	QL 0.4 / day
<i>metipranolol</i>	1	QL 0.334 / day
<i>timolol maleate (drops, maleate drops)</i>	1	QL 0.334 / day
<i>timolol maleate (0.25% gel-solution, 0.25% gfs gel-solution, maleate 0.25% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	QL 0.286 / day
TIMOPTIC (DROP, DROPS)	3	QL 0.286 / day
TIMOPTIC (DROP, DROPS)	3	QL 0.334 / day
TIMOPTIC OCUDOSE	3	QL 2 / day
TIMOPTIC-XE	3	QL 0.286 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide er 500 mg cap</i>	3	HCG
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	1	
<i>acetazolamide sodium</i>	1	
AZOPT	2	QL 0.334 / day
COSOPT	3	QL 0.334 / day
COSOPT PF	3	QL 2 / day
DIAMOX SEQUELS	3	
<i>dorzolamide hcl</i>	1	QL 0.4 / day
<i>dorzolamide-timolol</i>	1	QL 0.334 / day
<i>methazolamide</i>	1	
NEPTAZANE	3	
SIMBRINZA	3	QL 0.4 / day
TRUSOPT	3	QL 0.4 / day
MIOTICS		
ISOPTO CARPINE	3	QL 0.54 / day
MIOCHOL-E	3	
MIOSTAT	3	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	QL 0.54 / day
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	1	QL 0.13 / day
<i>latanoprost</i>	1	QL 0.13 / day
LUMIGAN	2	QL 0.13 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TRAVATAN Z	2	QL 0.167 / day
<i>travoprost</i>	1	QL 0.167 / day
XALATAN	3	QL 0.13 / day
ZIOPTAN 0.0015% EYE DROPS	Excluded Drugs	
ANTIHEMORRHAGIC AGENTS		
ANTIHEPARIN AGENTS		
<i>protamine sulfate</i>	1	
HEMOSTATICS		
AFSTYLA	5	PA NPS Non-Preferred Specialty Drug
ALPHANATE	5	PA NPS Non-Preferred Specialty Drug
ALPHANINE SD	5	NPS Non-Preferred Specialty Drug
IDELVION	5	PA NPS Non-Preferred Specialty Drug
LYSTEDA	3	QL 6/ day plus 90/ 90 day limit GL Female
PROFILNINE	5	PA NPS Non-Preferred Specialty Drug
<i>tranexamic acid 650 mg tablet</i>	1	QL 6 / day GL Female
VONVENDI	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTI-HISTAMINE DRUGS		
FIRST GENERATION ANTI-HISTAMINES		
ARBINOXA (4 MG TABLET, 4 MG/5 ML LIQUID)	1	AL At least 2 yrs old
<i>carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)</i>	1	AL At least 2 yrs old
<i>clemastine fumarate</i>	1	AL At least 2 yrs old
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>	1	AL At least 2 yrs old
<i>diphenhydramine hcl (50 mg/ml syring, 50 mg/ml vial)</i>	1	
<i>diphenhydramine-0.9% nacl</i>	1	
KARBINAL ER	3	AL At least 2 yrs old
RYVENT	3	ST
SECOND GENERATION ANTI-HISTAMINES		
CLARINEX 0.5 MG/ML (2.5 MG/5)	3	QL 10 / day PA
CLARINEX 5 MG TABLET	3	QL 1 / day
CLARINEX-D 12 HOUR	3	QL 2 / day
<i>desloratadine (2.5 mg odt, 5 mg odt, 5 mg tablet)</i>	1	QL 1 / day
SEMPREX-D	3	QL 4 / day
XYZAL 2.5 MG/5 ML SOLUTION	3	QL 30 / day
XYZAL 5 MG TABLET	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIHISTAMINES (RESPIRATORY TRACT AGENTS)		
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
<i>promethazine hcl (25 mg/ml syringe, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	AL At least 2 yrs old
<i>promethazine vc</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
KYNAMRO	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
LOVAZA	3	QL 4 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	1	QL 2 / day
<i>niacin er 500 mg tablet</i>	1	QL 3 / day
NIACOR	3	QL 12 / day
NIASPAN (ER 750 MG TABLET, ER 1,000 MG TABLET)	3	QL 2 / day
NIASPAN ER 500 MG TABLET	3	QL 3 / day
<i>omega-3 acid ethyl esters</i>	3	QL 4 / day PA HCG
TRIKLO	3	QL 4 / day HCG
VASCEPA	3	QL 4 / day ST
BILE ACID SEQUESTRANTS		
<i>cholestyramine powder</i>	1	QL 24 / day
<i>cholestyramine packet</i>	1	QL 4 / day
<i>cholestyramine light powder</i>	3	QL 24 / day HCG
<i>cholestyramine light packet</i>	3	QL 4 / day HCG
COLESTID (FLAVORED GRANULES, GRANULES, GRANULES PACKET)	3	QL 6 / day
COLESTID 1 GM TABLET	3	QL 4 / day
<i>colestipol hcl (granules, granules packet)</i>	1	QL 6 / day
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	1	QL 4 / day
PREVALITE POWDER	3	QL 24 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
PREVALITE PACKET	3	QL 4 / day HCG
QUESTRAN POWDER	3	QL 24 / day
QUESTRAN PACKET	3	QL 4 / day
QUESTRAN LIGHT	3	QL 24 / day
WELCHOL 3.75G PACKET	2	QL 1 / day
WELCHOL 625 MG TABLET	2	QL 6 / day
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 1 / day
<i>ezetimibe-simvastatin</i>	1	QL 1 / day
VYTORIN	3	QL 1 / day
ZETIA	3	QL 1 / day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	QL 2 / day PA
ANTARA 90 MG CAPSULE	3	QL 1 / day PA
<i>fenofibrate (40 mg tablet, 50 mg capsule)</i>	1	QL 2 / day
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 150 mg capsule, 160 mg tablet, 200 mg capsule)</i>	1	QL 1 / day
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL 2 / day
<i>fenofibrate 120 mg tablet</i>	1	QL 1 / day
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	1	QL 2 / day
FENOGLIDE 120 MG TABLET	3	QL 1 / day
FENOGLIDE 40 MG TABLET	3	QL 2 / day
FIBRICOR 105 MG TABLET	3	QL 1 / day
FIBRICOR 35 MG TABLET	3	QL 2 / day
<i>gemfibrozil</i>	1	QL 2 / day
LIPOFEN 150 MG CAPSULE	3	QL 1 / day PA
LIPOFEN 50 MG CAPSULE	3	QL 2 / day PA
LOFIBRA (67 MG CAPSULE, 134 MG CAPSULE, 160 MG TABLET, 200 MG CAPSULE)	3	QL 1 / day
LOFIBRA 54 MG TABLET	3	QL 2 / day
LOPID	3	QL 2 / day
TRICOR 145 MG TABLET	3	QL 1 / day
TRICOR 48 MG TABLET	3	QL 2 / day
TRIGLIDE	3	QL 1 / day PA
TRILIPIX DR 135 MG CAPSULE	3	QL 1 / day
TRILIPIX DR 45 MG CAPSULE	3	QL 2 / day
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	QL 1 / day
<i>amlodipine-atorvastatin</i>	3	QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	QL 1 / day
CADUET	3	QL 1 / day
CRESTOR	3	QL 1 / day
FLOLIPID	2	PA
<i>fluvastatin er</i>	1	QL 1 / day
<i>fluvastatin sodium 20 mg cap</i>	1	QL 1 / day
<i>fluvastatin sodium 40 mg cap</i>	1	QL 2 / day
LESCOL 20 MG CAPSULE	3	QL 1 / day
LESCOL 40 MG CAPSULE	3	QL 2 / day
LESCOL XL	3	
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
LIPITOR 80 MG TABLET	3	
LIVALO	3	QL 1 / day
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>lovastatin 40 mg tablet</i>	0	QL 2 / day HCR
PRAVACHOL	3	QL 1 / day
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL 1 / day HCR LCG
<i>pravastatin sodium 80 mg tab</i>	0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	QL 1 / day
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	0	QL 1 / day HCR
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1.5 / day HCR LCG
<i>simvastatin 5 mg tablet</i>	1	QL 1 / day HCR LCG
<i>simvastatin 80 mg tablet</i>	1	QL 1 / day PA
ZOCOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1.5 / day
ZOCOR 5 MG TABLET	3	QL 1 / day
ZOCOR 80 MG TABLET	3	QL 1 / day PA
PCSK9 INHIBITORS		
PRALUENT PEN	4	QL 0.08 / day PA PS
PRALUENT SYRINGE	4	QL 0.08 / day PA PS
REPATHA PUSHTRONEX	4	QL 0.13 / day PA PS
REPATHA SURECLICK	4	QL 0.08 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
REPATHA SYRINGE	4	QL 0.08 / day PA PS
ANTIMIGRAINE AGENTS		
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	3	QL 0.4 / day HCG
ALSUMA	3	QL 0.167 / day ST
AMERGE	3	QL 0.3 / day ST
AXERT	3	QL 0.4 / day ST
<i>eletriptan hbr</i>	3	QL 0.4 / day HCG
FROVA	3	QL 0.6 / day ST
<i>frovatriptan succinate</i>	3	QL 0.6 / day HCG
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL)	3	QL 0.167 / day ST
IMITREX (5 MG NASAL SPRAY, 20 MG NASAL SPRAY)	3	QL 6 / 30 days ST
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL 0.3 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
MAXALT	3	QL 0.6 / day ST
MAXALT MLT	3	QL 0.6 / day ST
<i>naratriptan</i>	1	QL 0.6 / day
<i>naratriptan hcl</i>	1	QL 0.6 / day
ONZETRA XSAIL	3	ST
RELPAK	3	QL 0.4 / day ST
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	1	QL 0.6 / day
<i>sumatriptan</i>	3	QL 6 / 30 days HCG
<i>sumatriptan succ-naproxen sod</i>	1	QL 0.3 / day
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml inject, 6 mg/0.5 ml refill, 6 mg/0.5 ml vial)</i>	3	QL 0.167 / day HCG
<i>sumatriptan 6 mg/0.5 ml syrng</i>	1	QL 0.167 / day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 0.3 / day
SUMAVEL DOSEPRO	3	QL 0.134 / day ST
TREXIMET	3	QL 0.3 / day ST
ZEMBRACE SYMTOUCH	3	QL 0.134 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>zolmitriptan</i>	1	QL 0.2 / day
<i>zolmitriptan odt</i>	3	QL 0.2 / day HCG
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	2	QL 0.2 / day ST
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	3	QL 0.2 / day ST
ZOMIG ZMT	3	QL 0.2 / day ST
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	QL 1.25 / day
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
RIFADIN (150 MG CAPSULE, 300 MG CAPSULE)	3	
RIFADIN IV 600 MG VIAL	3	
RIFAMATE	3	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
<i>rifampin iv 600 mg vial</i>	1	
RIFATER	3	
SIRTURO	3	PA
TRECTOR	3	
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet)</i>	1	
<i>benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)</i>	1	
COGENTIN	3	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	3	
<i>entacapone</i>	1	
TASMAR	3	
<i>tolcapone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	3	
ELDEPRYL	3	
EMSAM	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
XADAGO	3	QL 1 / day PA AL At least 18 yrs old
ZELAPAR	3	
ANTIPROTOZOALS		
AMEBICIDES		
FLAGYL 500 MG TABLET	3	
<i>metronidazole 250 mg tablet</i>	1	
<i>paromomycin sulfate</i>	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	1	PA
<i>chloroquine phosphate</i>	1	
COARTEM	3	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	3	PA
<i>mefloquine hcl</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
QUALAQUIN	3	QL 42 / 365 days PA
<i>quinine sulfate</i>	1	QL 42 / 365 days PA

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	PA
<i>atovaquone</i>	1	PA
FLAGYL (250 MG TABLET, 375 CAPSULE)	3	
FLAGYL ER	3	
IMPAVIDO	5	NPS Non-Preferred Specialty Drug
MEPRON	3	PA
METRO IV	3	
<i>metronidazole 500 mg/100 ml</i>	1	
<i>metronidazole (375 mg capsule, 500 mg tablet)</i>	1	
NEBUPENT	3	
PENTAM 300	3	
TINDAMAX	3	
<i>tinidazole</i>	1	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	3	AL At least 18 yrs old
<i>loxapine</i>	1	AL At least 18 yrs old
<i>molindone hcl</i>	1	
ORAP	3	
<i>pimozide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ATYPICAL ANTIPSYCHOTICS		
ABILIFY	3	QL 1 / day AL At least 6 yrs old
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL 0.04 / day PA AL At least 18 yrs old
<i>aripiprazole 1 mg/ml solution</i>	1	QL 30 / day AL At least 6 yrs old
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 1 / day AL At least 6 yrs old
<i>aripiprazole odt</i>	1	QL 1 / day AL At least 6 yrs old
ARISTADA ER 1064 MG/3.9 ML SYR	3	QL 0.15 / day PA AL At least 18 yrs old
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL 0.07 / day PA AL At least 18 yrs old
ARISTADA ER 662 MG/2.4 ML SYRN	3	QL 0.08 / day PA AL At least 18 yrs old
ARISTADA ER 882 MG/3.2 ML SYRN	3	QL 0.12 / day PA AL At least 18 yrs old
<i>clozapine 100 mg tablet</i>	1	QL 9 / day AL At least 18 yrs old
<i>clozapine 200 mg tablet</i>	1	QL 4 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clozapine 25 mg tablet</i>	1	QL 18 / day AL At least 18 yrs old
<i>clozapine 50 mg tablet</i>	1	QL 3 / day AL At least 18 yrs old
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet)</i>	1	QL 3 / day AL At least 18 yrs old
<i>clozapine odt (odt 150 mg tablet, odt 200 mg tablet)</i>	1	AL At least 18 yrs old
<i>clozapine odt 100 mg tablet</i>	1	QL 9 / day AL At least 18 yrs old
CLOZARIL 100 MG TABLET	3	QL 9 / day AL At least 18 yrs old
CLOZARIL 25 MG TABLET	3	QL 18 / day AL At least 18 yrs old
FANAPT TITRATION PACK	3	QL 8 / rx AL At least 18 yrs old
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 2 / day ST AL At least 18 yrs old
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3	QL 3 / day AL At least 18 yrs old
FAZACLO 100 MG ODT	3	QL 9 / day AL At least 18 yrs old
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	QL 2 / day ST AL At least 18 yrs old
GEODON 20 MG/ML VIAL	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
INVEGA	3	ST AL At least 12 yrs old
INVEGA SUSTENNA 117 MG/0.75 ML	3	QL 0.0333 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 156 MG/ML SYRG	3	QL 0.04 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 234 MG/1.5 ML	3	QL 0.057 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL 0.0111 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 78 MG/0.5 ML	3	QL 0.02 / day PA AL At least 18 yrs old
INVEGA TRINZA 273 MG/0.875 ML	3	QL 0.0333 / day PA AL At least 18 yrs old
INVEGA TRINZA 410 MG/1.315 ML	3	QL 0.057 / day PA AL At least 18 yrs old
INVEGA TRINZA 546 MG/1.75 ML	3	QL 0.067 / day PA AL At least 18 yrs old
INVEGA TRINZA 819 MG/2.625 ML	3	QL 0.1 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
LATUDA	3	QL 1 / day AL At least 13 yrs old
NUPLAZID	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	QL 6 / day
<i>olanzapine 10 mg tablet</i>	1	QL 3 / day
<i>olanzapine 15 mg tablet</i>	1	QL 2 / day
<i>olanzapine 20 mg tablet</i>	1	QL 1 / day
<i>olanzapine 7.5 mg tablet</i>	1	QL 4 / day
<i>olanzapine 10 mg vial</i>	1	
<i>olanzapine odt 10 mg tablet</i>	3	QL 3 / day HCG
<i>olanzapine odt 15 mg tablet</i>	3	QL 2 / day HCG
<i>olanzapine odt 20 mg tablet</i>	3	QL 1 / day HCG
<i>olanzapine odt 5 mg tablet</i>	3	QL 6 / day HCG
<i>paliperidone er</i>	3	AL At least 12 yrs old HCG
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	1	QL 6 / day AL At least 10 yrs old
<i>quetiapine fumarate 100 mg tab</i>	1	QL 3 / day AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>quetiapine fumarate 200 mg tab</i>	1	QL 1.5 / day AL At least 10 yrs old
<i>quetiapine fumarate 300 mg tab</i>	1	QL 1 / day AL At least 10 yrs old
<i>quetiapine fumarate 400 mg tab</i>	1	QL 2 / day AL At least 10 yrs old
<i>quetiapine er 150 mg tablet</i>	3	QL 5 / day PA AL At least 10 yrs old HCG
<i>quetiapine er 200 mg tablet</i>	3	QL 4 / day PA AL At least 10 yrs old HCG
<i>quetiapine er 50 mg tablet</i>	3	QL 6 / day PA AL At least 10 yrs old HCG
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	3	QL 2 / day PA AL At least 10 yrs old HCG
REXULTI	3	QL 1 / day PA AL At least 18 yrs old
RISPERDAL 1 MG/ML SOLUTION	3	QL 16/day AL At least 5 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
RISPERDAL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	QL 8 / day AL At least 5 yrs old
RISPERDAL 3 MG TABLET	3	QL 5 / day AL At least 5 yrs old
RISPERDAL 4 MG TABLET	3	QL 4 / day AL At least 5 yrs old
RISPERDAL CONSTA	3	QL 0.1 / day PA AL At least 18 yrs old
RISPERDAL M-TAB (0.5 MG ODT, 1 MG ODT, 2 MG ODT)	3	QL 8 / day AL At least 5 yrs old
RISPERDAL M-TAB 3 MG ODT	3	QL 5 / day AL At least 5 yrs old
RISPERDAL M-TAB 4 MG ODT	3	QL 4 / day AL At least 5 yrs old
<i>risperidone 1 mg/ml solution</i>	1	QL 16/day AL At least 5 yrs old
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL 8 / day AL At least 5 yrs old
<i>risperidone 3 mg tablet</i>	1	QL 5 / day AL At least 5 yrs old
<i>risperidone 4 mg tablet</i>	1	QL 4 / day AL At least 5 yrs old
<i>risperidone 3 mg odt</i>	3	QL 5 / day AL At least 5 yrs old HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>risperidone 4 mg odt</i>	3	QL 4 / day AL At least 5 yrs old HCG
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	3	QL 8 / day AL At least 5 yrs old HCG
SAPHRIS	3	QL 2 / day ST AL At least 10 yrs old
SEROQUEL (25 MG TABLET, 50 MG TABLET)	3	QL 6 / day AL At least 10 yrs old
SEROQUEL 100 MG TABLET	3	QL 3 / day AL At least 10 yrs old
SEROQUEL 200 MG TABLET	3	QL 1.5 / day AL At least 10 yrs old
SEROQUEL 300 MG TABLET	3	QL 1 / day AL At least 10 yrs old
SEROQUEL 400 MG TABLET	3	QL 2 / day AL At least 10 yrs old
SEROQUEL XR SAMPLE KIT	2	AL At least 10 yrs old
SEROQUEL XR (300 MG TABLET, 400 MG TABLET)	2	QL 2 / day AL At least 10 yrs old
SEROQUEL XR 150 MG TABLET	2	QL 5 / day AL At least 10 yrs old
SEROQUEL XR 200 MG TABLET	2	QL 4 / day AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
SEROQUEL XR 50 MG TABLET	2	QL 6 / day AL At least 10 yrs old
VERSACLOZ	3	QL 20 / day AL At least 18 yrs old
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	QL 1 / day PA AL At least 18 yrs old
<i>ziprasidone hcl</i>	1	QL 2 / day AL At least 18 yrs old
ZYPREXA (2.5 MG TABLET, 5 MG TABLET)	3	QL 6 / day AL At least 13 yrs old
ZYPREXA 10 MG TABLET	3	QL 3 / day AL At least 13 yrs old
ZYPREXA 15 MG TABLET	3	QL 2 / day AL At least 13 yrs old
ZYPREXA 20 MG TABLET	3	QL 1 / day AL At least 13 yrs old
ZYPREXA 7.5 MG TABLET	3	QL 4 / day AL At least 13 yrs old
ZYPREXA 10 MG VIAL	3	AL At least 13 yrs old
ZYPREXA RELPREVV	3	QL 0.08 / day PA AL At least 18 yrs old
ZYPREXA ZYDIS 10 MG TABLET	3	QL 3 / day AL At least 13 yrs old
ZYPREXA ZYDIS 15 MG TABLET	3	QL 2 / day AL At least 13 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYPREXA ZYDIS 20 MG TABLET	3	QL 1 / day AL At least 13 yrs old
ZYPREXA ZYDIS 5 MG TABLET	3	QL 6 / day AL At least 13 yrs old
BUTYROPHENONES		
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol 5 mg/ml ampul</i>	1	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>haloperidol 1 mg tablet</i>	1	LCG
<i>haloperidol decanoate (dec 500 mg/5 ml vial, decan 50 mg/ml amp)</i>	1	
<i>haloperidol decanoate (50 mg/ml vial, 100 mg/ml vial)</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lactate (5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vial)</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine 25 mg/ml amp</i>	1	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	HCG
<i>fluphenazine decanoate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	
<i>fluphenazine 2.5 mg/ml vial</i>	1	
<i>perphenazine</i>	1	AL At least 18 yrs old
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	5	QL 2 / day NPS Non-Preferred Specialty Drug
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	PS
HIV INTEGRASE INHIBITORS		
ISENTRESS 100 MG POWDER PACKET	4	PS
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)	4	PS
ISENTRESS HD	4	PS
TIVICAY	5	NPS Non-Preferred Specialty Drug
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
EDURANT	4	PS
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
INTELENCE	4	PS
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>nevirapine er</i>	4	NPS Non-Preferred Specialty Drug
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	5	NPS Non-Preferred Specialty Drug
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE XR	5	NPS Non-Preferred Specialty Drug
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ATRIPLA	4	PS
COMBIVIR	5	NPS Non-Preferred Specialty Drug
COMPLERA	4	PS
DESCOVY	5	QL 1 / day NPS Non-Preferred Specialty Drug
<i>didanosine</i>	4	NPS Non-Preferred Specialty Drug
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
EPZICOM	5	NPS Non-Preferred Specialty Drug
GENVOYA	5	NPS Non-Preferred Specialty Drug
<i>lamivudine (150 mg tablet, 300 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ODEFSEY	5	NPS Non-Preferred Specialty Drug
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE, 200 MG/20 ML VIAL)	5	NPS Non-Preferred Specialty Drug
<i>stavudine (1 mg/ml solution, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
STRIBILD	5	NPS Non-Preferred Specialty Drug
<i>tenofovir disoproxil fumarate</i>	4	PS
TRIUMEQ	5	NPS Non-Preferred Specialty Drug
TRIZIVIR	5	NPS Non-Preferred Specialty Drug
TRUVADA	4	PS
VIDEX	4	PS
VIDEX EC	5	NPS Non-Preferred Specialty Drug
VIREAD POWDER	5	NPS Non-Preferred Specialty Drug
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	PS
ZERIT (1 MG/ML SOLUTION, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
HIV PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	PS
<i>atazanavir sulfate</i>	4	PS
CRIVAN	4	PS
EVOTAZ	5	NPS Non-Preferred Specialty Drug
<i>fosamprenavir calcium</i>	4	NPS Non-Preferred Specialty Drug
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	4	PS
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	5	NPS Non-Preferred Specialty Drug
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>lopinavir-ritonavir</i>	4	PS
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	5	NPS Non-Preferred Specialty Drug
PREZCOBIX	5	NPS Non-Preferred Specialty Drug
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	PS
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	PS
REYATAZ 50 MG POWDER PACKET	4	PS
VIRACEPT	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTITHROMBOTIC AGENTS		
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT (3.75 MG/15 ML VIAL, 5 MG/100 ML IV SOLN, 5 MG/100 ML VIAL, 12.5 MG/250 ML)	3	
BRILINTA	2	QL 2 / day
<i>cilostazol</i>	1	QL 2 / day
<i>clopidogrel</i>	1	QL 1 / day
EFFIENT	3	QL 1 / day
<i>eptifibatide</i>	1	
INTEGRILIN	3	
KENGREAL	3	
LEVACET	3	PA
PLAVIX	3	QL 1 / day
<i>prasugrel hcl</i>	1	QL 1 / day
REOPRO	3	
<i>ticlopidine hcl</i>	1	QL 2 / day
ZONTIVITY	3	QL 1 / day PA
PLATELET-REDUCING AGENTS		
AGRYLIN	3	QL 4 / day
<i>anagrelide hcl</i>	1	QL 4 / day
THROMBOLYTIC AGENTS		
ACTIVASE	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CATHFLO ACTIVASE	5	 Non-Preferred Specialty Drug
TNKASE	3	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES ANTITOXINS AND IMMUNE GLOBULINS		
CUVITRU	5	  Non-Preferred Specialty Drug
TOXOIDS		
BOOSTRIX TDAP VACCINE SYRINGE	0	
VACCINES		
<i>bcg (tice strain)</i>	5	 Non-Preferred Specialty Drug
HEPLISAV-B	0	
THERACYS	5	 Non-Preferred Specialty Drug
VAXCHORA ACTIVE COMPONENT	2	
VAXCHORA VACCINE	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS HISTAMINE H2-ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine (20 mg piggyback, 20 mg/2 ml syringe, 20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	1	
<i>famotidine (40 mg tablet, 40 mg/5 ml susp)</i>	1	
<i>famotidine-0.9% nacl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nizatidine (15 mg/ml solution, 300 mg capsule)</i>	1	
<i>nizatidine 150 mg capsule</i>	1	QL 2 / day
PEPCID (20 MG TABLET, 40 MG TABLET, 40 MG/5 ML ORAL SUSP)	3	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg tablet, 150 mg/10 ml syrup, 300 mg capsule, 300 mg tablet)</i>	1	
<i>ranitidine hcl (50 mg/2 ml vial, 150 mg/6 ml vial)</i>	1	
ZANTAC (150 MG TABLET, 300 MG TABLET)	3	
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	3	
PROSTAGLANDINS		
CYTOTEC	3	
<i>misoprostol</i>	1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
CARAFATE 1 GM TABLET	3	
<i>sucralfate</i>	1	
PROTON-PUMP INHIBITORS		
ACIPHEX	3	QL 2 / day ST
ACIPHEX SPRINKLE	3	QL 1 / day ST
DEXILANT	3	QL 1 / day ST
<i>esomeprazole mag dr 40 mg cap</i>	3	QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>esomeprazole sodium</i>	1	
<i>esomeprazole strontium</i>	1	QL 1 / day ST
<i>lansoprazole dr 30 mg capsule</i>	1	QL 1 / day
NEXIUM DR 40 MG CAPSULE	3	QL 1 / day ST
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	QL 2 / day ST
NEXIUM I.V.	3	
OMECLAMOX-PAK	3	QL 80 / 365 days PA
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	1	QL 1 / day
<i>omeprazole-bicarb 40-1,100 cap</i>	3	ST HCG
<i>omeprazole-bicarb 40-1,680 pkt</i>	1	ST
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	QL 1 / day LCG
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID (15 MG SOLUTAB, DR 15 MG CAPSULE, 30 MG SOLUTAB, DR 30 MG CAPSULE)	3	QL 1 / day ST
PRILOSEC	3	ST
PROTONIX (DR 20 MG TABLET, 40 MG SUSPENSION, DR 40 MG TABLET)	3	QL 1 / day ST
PROTONIX IV	3	
<i>rabeprazole sodium</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ZEGERID (20 MG PACKET, 40 MG CAPSULE)	3	ST
ZEGERID 40 MG PACKET	3	QL 1 / day ST
ANTIVIRALS (SYSTEMIC)		
ADAMANTANES		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium</i>	1	
FOSCAVIR	3	
INTERFERONS		
ALFERON N	5	NPS Non-Preferred Specialty Drug
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS PROCLICK	5	PA NPS Non-Preferred Specialty Drug
PEGINTRON	4	PA PS
PEGINTRON REDIPEN	4	PA PS
SYLATRON	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	1	QL 180 / 30 days
RELENZA	3	QL 40 / 365 days
TAMIFLU (30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	3	QL 20 / 365 days
TAMIFLU 6 MG/ML SUSPENSION	3	QL 180 / 30 days
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	1	
<i>acyclovir sodium-d5w</i>	1	
<i>adefovir dipivoxil</i>	4	NPS Non-Preferred Specialty Drug
BARACLUDE 0.05 MG/ML SOLUTION	5	QL 20 / day
		PA
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	NPS Non-Preferred Specialty Drug
		QL 1 / day
		PA
<i>cidofovir</i>	4	NPS Non-Preferred Specialty Drug
COPEGUS	5	QL 6 / day
		PA
		NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CYTOVENE	5	NPS Non-Preferred Specialty Drug
<i>entecavir</i>	4	QL 1 / day NPS Non-Preferred Specialty Drug
<i>famciclovir (125 mg tablet, 500 mg tablet)</i>	1	
FAMVIR (125 MG TABLET, 500 MG TABLET)	3	
<i>ganciclovir</i>	4	NPS Non-Preferred Specialty Drug
<i>ganciclovir sodium</i>	4	NPS Non-Preferred Specialty Drug
HEPSERA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
MODERIBA (200-400 MG DOSEPACK, 400-400 MG DOSEPACK, 600-400 MG DOSEPACK, 600-600 MG DOSEPACK)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
MODERIBA 200 MG TABLET	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 200 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 40 MG/ML SOLUTION	5	QL 30 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
RIBASPHERE (200 MG CAPSULE, 200 MG TABLET)	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE 400 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE 600 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE RIBAPAK	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
<i>ribavirin 6 gm inhalation vial</i>	1	
SITAVIG	3	QL 2 / fill PA AL At least 18 yrs old
TYZEKA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>valacyclovir</i>	3	HCG
VALCYTE 50 MG/ML SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VALCYTE 450 MG TABLET	3	QL 4 / day
<i>valganciclovir hcl 50 mg/ml</i>	1	
<i>valganciclovir 450 mg tablet</i>	1	QL 4 / day
VALTREX	3	
		QL 1 / day
VEMLIDY	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VIRAZOLE	3	
VISTIDE	5	NPS Non-Preferred Specialty Drug
ZOVIRAX (200 MG CAPSULE, 200 MG/5 ML SUSP, 400 MG TABLET, 800 MG TABLET)	3	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
AMBIEN	3	QL 1 / day ST
AMBIEN CR	3	QL 1 / day ST
BELSOMRA	3	ST
<i>buspirone hcl</i>	1	
<i>dexmedetomidine 200 mcg/2 ml</i>	1	
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	1	
EDLUAR	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1	QL 1 / day
<i>eszopiclone 3 mg tablet</i>	1	QL 1 / day AL Up to 65 yrs old
HETLIOZ	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	AL At least 2 yrs old
INTERMEZZO	3	QL 1 / day ST
LUNESTA (1 MG TABLET, 2 MG TABLET)	3	QL 1 / day ST
LUNESTA 3 MG TABLET	3	QL 1 / day ST AL Up to 65 yrs old
<i>meprobamate</i>	1	
PRECEDEX (80 MCG/20 ML INJECT, 200 MCG/2 ML VIAL, 200 MCG/50 ML INJECT, 400 MCG/100 ML INJECT)	3	
ROZEREM	3	QL 1 / day ST
SONATA	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
VISTARIL	3	AL At least 2 yrs old
<i>zaleplon</i>	1	QL 1 / day
<i>zolpidem tartrate (tart 1.75 mg tab sl, tart 3.5 mg tablet sl, tartrate 5 mg tablet, tartrate 10 mg tablet)</i>	1	QL 1 / day
<i>zolpidem tartrate er</i>	1	QL 1 / day
ZOLPIMIST	3	QL 0.257 / day PA
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
AMYTAL SODIUM	3	
BUTISOL SODIUM	3	
NEMBUTAL SODIUM	3	
<i>pentobarbital 1,000 mg/20 ml</i>	1	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>phenobarbital sodium</i>	1	
SECONAL SODIUM	3	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day
<i>alprazolam 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam er 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er 3 mg tablet</i>	1	QL 3 / day
ALPRAZOLAM INTENSOL	3	QL 10 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	1	QL 4 / day
<i>alprazolam odt 2 mg tab</i>	1	QL 5 / day
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam xr 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam xr 3 mg tablet</i>	1	QL 3 / day
ATIVAN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
ATIVAN 2 MG TABLET	3	QL 5 / day
ATIVAN (2 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	3	
<i>chlordiazepoxide 10 mg capsule</i>	1	QL 30 / day
<i>chlordiazepoxide 25 mg capsule</i>	1	QL 12 / day
<i>chlordiazepoxide 5 mg capsule</i>	1	QL 4 / day
<i>clorazepate 15 mg tablet</i>	1	QL 6 / day
<i>clorazepate 3.75 mg tablet</i>	1	QL 24 / day
<i>clorazepate 7.5 mg tablet</i>	1	QL 12 / day
DIASTAT	3	QL 0.07 / day
DIASTAT ACUDIAL	3	QL 0.07 / day
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	1	QL 0.07 / day
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet, 10 mg/2 ml carpupject, 10 mg/2 ml syringe, 50 mg/10 ml vial)</i>	1	
DORAL	3	QL 1 / day
<i>estazolam</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>flurazepam hcl</i>	1	QL 1 / day
HALCION	3	QL 2 / day
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	QL 5 / day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL 3 / day
<i>lorazepam (2 mg/ml carpupject, 2 mg/ml syringe, 4 mg/ml carpupject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	1	
LORAZEPAM INTENSOL	1	QL 5 / day
<i>lorazepam-0.9% nacl</i>	1	
<i>lorazepam-d5w</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>midazolam 55 mg/55 ml-0.9%nacl</i>	1	
<i>midazolam 50 mg/50 ml-d5w bag</i>	1	
<i>oxazepam</i>	1	QL 4 / day
<i>quazepam</i>	1	QL 1 / day
RESTORIL	3	QL 1 / day
<i>temazepam</i>	1	QL 1 / day
TRANXENE T-TAB 3.75 MG	3	QL 24 / day
TRANXENE T-TAB 7.5 MG	3	QL 12 / day
<i>triazolam 0.125 mg tablet</i>	1	QL 1 / day
<i>triazolam 0.25 mg tablet</i>	1	QL 2 / day
VALIUM	3	
XANAX (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
XANAX 2 MG TABLET	3	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
XANAX XR (0.5 MG TABLET, 1 MG TABLET)	3	QL 1 / day
XANAX XR 2 MG TABLET	3	QL 5 / day
XANAX XR 3 MG TABLET	3	QL 3 / day
AUTONOMIC DRUGS		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	AL At least 40 yrs old
ARICEPT 23 MG TABLET	3	ST AL At least 40 yrs old
<i>bethanechol chloride</i>	1	
BLOXIVERZ	3	
<i>cevimeline hcl</i>	3	HCG
<i>donepezil hcl</i>	1	AL At least 40 yrs old
<i>donepezil hcl odt</i>	1	AL At least 40 yrs old
EVOXAC	3	
EXELON (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 4.6 MG/24HR PATCH, 6 MG CAPSULE, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	3	AL At least 40 yrs old
<i>galantamine er</i>	3	HCG
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>guanidine hcl</i>	1	
MESTINON 60 MG/5 ML SYRUP	2	
MESTINON (60 MG TABLET, 180 MG TIMESPAN)	3	
<i>neostigmine 3 mg/3 ml syringe</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>neostigmine methylsulfate (2 mg/2 ml syringe, 4 mg/4 ml syringe, 5 mg/10 ml vial, 5 mg/5 ml syringe, 10 mg/10 ml vial)</i>	1	
<i>neostigmine 5 mg/5 ml-water</i>	1	
<i>physostigmine salicylate</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
RAZADYNE	3	
RAZADYNE ER	3	
REGONOL	3	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	1	AL At least 40 yrs old
SALAGEN	3	
URECHOLINE	3	
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ	2	QL 1 / day
BETA-ADRENERGIC AGONISTS		
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
<i>isoproterenol hcl</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	LCG
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	QL 18 / day
<i>albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution)</i>	1	QL 18 / day LCG
ARCAPTA NEOHALER	3	QL 1 / day ST
BROVANA	3	QL 4 / day
FORADIL	3	QL 3 / day
<i>levalbuterol concentrate</i>	3	HCG
<i>levalbuterol hcl</i>	3	HCG
<i>levalbuterol tar hfa 45mcg inh</i>	Excluded Drugs	
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)</i>	1	
PERFOROMIST	3	QL 120 / 30 days
PROAIR HFA	2	QL .8 / day
PROAIR RESPICLICK	2	QL 0.07 / day
PROVENTIL HFA 90 MCG INHALER	Excluded Drugs	
SEREVENT DISKUS	2	QL 2 / day
STRIVERDI RESPIMAT	2	QL .144 / day ST
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	LCG
<i>terbutaline sulf 1 mg/ml vial</i>	1	
UTIBRON NEOHALER	3	QL 2 / day ST AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
VENTOLIN HFA	2	QL 1.5 / day
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA 45 MCG INHALER	Excluded Drugs	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	4	PA PS
EPOGEN	5	PA NPS Non-Preferred Specialty Drug
GRANIX	5	PA NPS Non-Preferred Specialty Drug
LEUKINE	5	PA NPS Non-Preferred Specialty Drug
MIRCERA	5	PA NPS Non-Preferred Specialty Drug
MOZOBIL	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	4	PA PS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	4	PA PS
NPLATE	5	PA NPS Non-Preferred Specialty Drug
PROCRIT	4	PA PS
PROMACTA	5	PA NPS Non-Preferred Specialty Drug
ZARXIO	5	QL 90 / 30 days PA NPS Non-Preferred Specialty Drug
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
BRONCHODILATORS		
XANTHINE DERIVATIVES		
<i>aminophylline 250 mg/10 ml vial</i>	1	
THEO-24 ER 300 MG CAPSULE	3	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN	3	QL 3 / day
CALAN SR	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDIZEM	3	QL 4 / day
CARDIZEM CD (180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
CARDIZEM CD 120 MG CAPSULE	3	QL 1 / day
CARDIZEM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	3	QL 1 / day
CARDIZEM LA 120 MG TABLET	3	QL 4 / day
CARDIZEM LA 180 MG TABLET	3	QL 3 / day
CARDIZEM LA 240 MG TABLET	3	QL 2 / day
CARTIA XT	1	QL 1 / day
DILT XR 120 MG CAPSULE	1	QL 1 / day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr cd (24hr 180 mg cap, 24hr 240 mg cap, 24hr 300 mg cap, 24hr 360 mg cap)</i>	1	
<i>diltiazem 24hr cd 120 mg cap</i>	1	QL 1 / day
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	1	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 300 mg tab, 24hr er 360 mg tab, 24hr er 420 mg tab)</i>	1	QL 1 / day
<i>diltiazem 24hr er 180 mg tab</i>	1	QL 3 / day
<i>diltiazem 24hr er 240 mg tab</i>	1	QL 2 / day
<i>diltiazem er (er 120 mg capsule, er 180 mg capsule)</i>	1	QL 1 / day
<i>diltiazem er 240 mg capsule</i>	1	
<i>diltiazem 90 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	QL 4 / day
<i>diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, hcl 100 mg vial, 125 mg/25 ml vial)</i>	1	
<i>diltiazem hcl-0.9% nacl</i>	1	
<i>diltiazem 125 mg/125 ml-d5w</i>	1	
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	QL 1 / day
MATZIM LA 180 MG TABLET	1	QL 3 / day
MATZIM LA 240 MG TABLET	1	QL 2 / day
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE)	1	QL 1 / day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE)	3	QL 1 / day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3	
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule)</i>	1	QL 1 / day
<i>verapamil er pm (er 200 mg capsule, er 300 mg capsule)</i>	1	QL 1 / day
<i>verapamil 360 mg cap pellet</i>	1	QL 1 / day
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml syringe, 2.5 mg/ml vial)</i>	1	
<i>verapamil 40 mg tablet</i>	1	
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	QL 3 / day
<i>verapamil 5 mg/2 ml vial</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>verapamil sr</i>	1	QL 1 / day
VERELAN	3	QL 1 / day
VERELAN PM (200 MG CAP PELLET, 300 MG CAP PELLET)	3	QL 1 / day
DIHYDROPYRIDINES		
ADALAT CC 30 MG TABLET	3	QL 1 / day
ADALAT CC 60 MG TABLET	3	QL 2 / day
ADALAT CC 90 MG TABLET	3	
AFEDITAB CR 30 MG TABLET	1	QL 1 / day
AFEDITAB CR 60 MG TABLET	1	QL 2 / day
<i>amlodipine besylate</i>	1	QL 1 / day
<i>amlodipine besylate-benazepril</i>	1	QL 1 / day
<i>amlodipine-olmesartan</i>	3	QL 1 / day HCG
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1	QL 1 / day
<i>amlodipine-valsartan 5-160 mg</i>	1	QL 2 / day
<i>amlodipine-valsartan-hctz</i>	3	QL 1 / day HCG
AZOR	3	QL 1 / day
CARDENE I.V. 25 MG/10 ML AMPUL	3	
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-DEX 40 MG/200 ML IV, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	3	
CLEVIPREX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
EXFORGE	3	QL 1 / day
EXFORGE HCT	3	QL 1 / day
<i>felodipine er</i>	1	QL 1 / day
<i>isradipine 2.5 mg capsule</i>	1	QL 2 / day
<i>isradipine 5 mg capsule</i>	1	QL 4 / day
LOTREL	3	QL 1 / day
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	3	HCG
<i>nicardipine 2.5 mg/ml syringe</i>	1	
<i>nicardipine hcl (25 mg/10 ml ampule, 25 mg/10 ml vial)</i>	1	
<i>nicardipine hcl-0.9% nacl (0.5 mg/5 ml-ns syr, 1 mg/10 ml-ns syrg)</i>	1	
<i>nicardipine hcl-d5w</i>	1	
NIFEDICAL XL	1	QL 1 / day
<i>nifedipine</i>	1	QL 4 / day
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	1	QL 1 / day
<i>nifedipine er 60 mg tablet</i>	1	QL 2 / day
<i>nimodipine</i>	1	
<i>nisoldipine</i>	3	QL 1 / day HCG
NORVASC	3	QL 1 / day
NYMALIZE	3	QL 120 / day
PROCARDIA	3	QL 4 / day
PROCARDIA XL	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
SULAR	3	QL 1 / day
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) DIHYDROPYRIDINES (HYPOTENSIVE AGENTS)		
CARDENE SR 30 MG CAPSULE	3	QL 2 / day
CARDIAC DRUGS CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR	2	QL 2 / day ST
RANEXA	2	QL 2 / day
CARDIOTONIC AGENTS		
DIGITEK	1	
DIGOX	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	
<i>digoxin (0.25 mg/ml syringe, 500 mcg/2 ml ampule)</i>	1	
LANOXIN 500 MCG/2 ML AMPULE	2	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)	2	
LANOXIN PEDIATRIC	2	
CARDIOVASCULAR DRUGS ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	3	
CARDURA XL	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>doxazosin mesylate</i>	1	
MINIPRESS	3	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	LCG
<i>atenolol 100 mg tablet</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETAPACE	3	
BETAPACE AF	3	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	LCG
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	3	
BYSTOLIC (5 MG TABLET, 10 MG TABLET)	2	QL 3 / day
BYSTOLIC 2.5 MG TABLET	2	QL 1 / day
BYSTOLIC 20 MG TABLET	2	QL 2 / day
BYVALSON	2	QL 1 / day
<i>carvedilol</i>	1	
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	1	QL 2 / day
<i>carvedilol er 80 mg capsule</i>	1	QL 1 / day
COREG	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
COREG CR (CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE)	3	QL 2 / day ST
COREG CR 80 MG CAPSULE	3	QL 1 / day ST
CORGARD	3	
CORZIDE	3	
DUTOPROL	3	QL 2 / day
<i>esmolol hcl 100 mg/10 ml syrg</i>	1	
<i>esmolol hcl 100 mg/10 ml vial</i>	1	
HEMANGEOL	5	NPS Non-Preferred Specialty Drug
INDERAL LA	3	
INDERAL XL	3	ST
INNOPRAN XL	3	ST
<i>labetalol hcl 20 mg/4 ml crpj</i>	1	
<i>labetalol hcl 25 mg/5 ml syr</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>labetalol hcl (20 mg/4 ml syr, 20 mg/4 ml syrng, 25 mg/5 ml syrng, 50 mg/10 ml syrg, 100 mg/20 ml vl, 200 mg/40 ml vl)</i>	1	
<i>labetalol hcl-d5w</i>	1	
LEVATOL	3	
LOPRESSOR 5 MG/5 ML AMPUL	3	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	
LOPRESSOR HCT	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab)</i>	1	
<i>metoprolol tartrate (1 mg/ml carpject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	1	LCG
<i>metoprolol tartrate (37.5 mg tb, 75 mg tab)</i>	1	
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol 1 mg/ml vial</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
SECTRAL	3	
SORINE	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
<i>sotalol hcl</i>	1	
SOTYLIZE	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
TOPROL XL	3	
ZEBETA	3	
ZIAC	3	
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	5	QL 18 / day PA NPS Non-Preferred Specialty Drug
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
LITHOBID	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	3	HCG
<i>atomoxetine hcl</i>	1	QL 2 / day AL At least 6 yrs old
<i>carbidopa</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl er</i>	1	
INTUNIV	3	QL 1 / day
LODOSYN	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>memantine hcl 2 mg/ml solution</i>	1	QL 360 / 30 days AL At least 40 yrs old
<i>memantine 5-10 mg titration pk</i>	1	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	1	QL 2 / day AL At least 40 yrs old
<i>memantine hcl 5 mg tablet</i>	1	QL 3 / day AL At least 40 yrs old
<i>memantine hcl er</i>	1	AL At least 40 yrs old
NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	3	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE, TITRATION PACK)	3	ST AL At least 40 yrs old
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	3	ST
NUEDEXTA	2	PA
RILUTEK	3	
<i>riluzole</i>	1	
STRATTERA	3	QL 2 / day AL At least 6 yrs old
XYREM	5	QL 18 / day PA NPS Non-Preferred Specialty Drug
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	QL 2 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
OPIATE ANTAGONISTS		
DEPADE	1	
EVZIO (0.4 MG, 2 MG)	Excluded Drugs	
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN 2 MG NASAL SPRAY	3	QL 5 / 30 days
NARCAN 4 MG NASAL SPRAY	3	QL 2 / 30 days
REVIA	3	
VIVITROL	5	PA NPS Non-Preferred Specialty Drug
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	5	QL 4 / day
		PA
		AL At least 18 yrs old
		NPS Non-Preferred Specialty Drug
INGREZZA 40 MG CAPSULE	5	QL 2 / day
		PA
		AL At least 18 yrs old
		NPS Non-Preferred Specialty Drug
INGREZZA 80 MG CAPSULE	5	QL 1 / day
		PA
		AL At least 18 yrs old
		NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tetrabenazine</i>	4	PA NPS Non-Preferred Specialty Drug
XENAZINE	5	PA NPS Non-Preferred Specialty Drug
CEPHALOSPORINS		
FIFTH GENERATION CEPHALOSPORINS		
TEFLARO	3	PA
FIRST GENERATION CEPHALOSPORINS		
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	1	
<i>cefazolin sodium-0.9% nacl (1 g/10 ml-ns syringe, 2 g/10 ml-ns syringe, 2 g/100 ml-0.9% nacl, 2 g/50 ml-0.9% nacl, 3 g/100 ml-0.9% nacl)</i>	1	
<i>cefazolin sodium-d5w (2 gram/100, 2 gram/50 bag, 3 gram/100)</i>	1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	1	
<i>cefazolin sodium-sterile water</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	1	
DAXBIA	3	QL 4 / day ST
KEFLEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOURTH GENERATION CEPHALOSPORINS		
<i>cefepime</i>	1	
<i>cefepime hcl</i>	1	
<i>cefepime-dextrose</i>	1	
MAXIPIME (1 GM ADD-VANTAGE VL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VL, 2 GRAM VIAL)	3	
SECOND GENERATION CEPHALOSPORINS		
<i>cefaclor</i> (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)	1	
<i>cefaclor er</i>	1	QL 20 / 30 days
<i>cefprozil</i> (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
CEFTIN (250 MG TABLET, 500 MG TABLET)	3	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium</i>	1	
MEFOXIN	3	
ZINACEF (1.5 GM TWISTVIAL, 1.5 GM VIAL, 1.5 GRAM/50 ML, 7.5 GM VIAL, 750 MG TWISTVIAL, 750 MG VIAL)	3	
THIRD GENERATION CEPHALOSPORINS		
AVYCAZ	3	
CEDAX (180 MG/5 ML SUSPENSION, 400 MG CAPSULE)	3	
<i>cefdinir</i> (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	3	QL 1200 / 90 days HCG
<i>cefotaxime sodium (1 gm vial, 2 gm vial, 500 mg vial)</i>	1	
<i>cefepodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftibuten (180 mg/5 ml susp, 400 mg capsule)</i>	3	HCG
<i>ceftriaxone (1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 500 MG VIAL)	3	
CLAFORAN-DEXTROSE	3	
FORTAZ (1 GM TWISTVIAL, 1 GM VIAL, 2 GM TWISTVIAL, 2 GM VIAL, 6 GM VIAL, 500 MG VIAL)	3	
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	3	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	3	
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	QL 1200 / 90 days
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE, 2 GRAM VIAL, 6 GRAM VIAL)	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	QL 2 / day
ADVAIR HFA	2	QL 0.4 / day
AEROSPAN	2	QL 0.334 / day
AIRDUO RESPICLICK (55-14 MCG, 113-14 MCG, 232-14 MCG)	Excluded Drugs	
ALVESCO (80 MCG INHALER, 160 MCG INHALER)	Excluded Drugs	
ARNUIITY ELLIPTA 100 MCG INH	2	QL 2 / day
ARNUIITY ELLIPTA 200 MCG INH	2	QL 1 / day
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 110 MCG #7, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	Excluded Drugs	
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	Excluded Drugs	
BREO ELLIPTA	2	QL 2 / day
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	
DULERA (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	Excluded Drugs	
FLOVENT 250 MCG DISKUS	2	QL 8 / day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL 4 / day
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	QL 0.8 / day
FLOVENT HFA 44 MCG INHALER	2	QL 0.767 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluticasone-salmeterol</i>	1	QL AL 0.04 / day At least 12 yrs old
PULMICORT	3	QL 120 / 30 days
PULMICORT FLEXHALER	2	QL 0.07 / day
QVAR (40 MCG ORAL INHALER, 80 MCG ORAL INHALER)	Excluded Drugs	
QVAR REDIHALER (40 MCG, 80 MCG)	Excluded Drugs	
SYMBICORT	2	QL 0.4 / day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	QL PA NPS 2 / day Non-Preferred Specialty Drug
ORKAMBI	5	QL PA NPS 4 / day Non-Preferred Specialty Drug
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
8-MOP	3	
<i>methoxsalen</i>	1	
OXSORALEN-ULTRA	3	
UVADEX	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
CORTROSYN	3	
<i>cosyntropin (0.25 mg vial, 0.25 mg/ml)</i>	1	
H.P. ACTHAR	5	PA NPS Non-Preferred Specialty Drug
DIABETES MELLITUS		
<i>accu-chek aviva plus test strp</i>	Excluded Drugs	
<i>accu-chek aviva plus test strp</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code+ test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate redi-code+ test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>caretouch test strip</i>	Excluded Drugs	
<i>caretouch test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>choicedm clarus test strips</i>	Excluded Drugs	
<i>choicedm clarus test strips</i>	Excluded Drugs	
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>control ast test strip</i>	Excluded Drugs	
<i>control test strips</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>diatrue plus test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diatruue plus test strip</i>	Excluded Drugs	
<i>easy check glucose test strip</i>	Excluded Drugs	
<i>easy check glucose test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>element compact test strips</i>	Excluded Drugs	
<i>element compact test strips</i>	Excluded Drugs	
<i>element test strips</i>	Excluded Drugs	
<i>element test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>ez smart plus test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ez smart plus test strips</i>	Excluded Drugs	
<i>ez smart test strips</i>	Excluded Drugs	
<i>ez smart test strips</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora v12 glucose test strip</i>	Excluded Drugs	
<i>fora v12 glucose test strip</i>	Excluded Drugs	
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle prec neo test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle prec neo test strips</i>	Excluded Drugs	
<i>freestyle test strips</i>	Excluded Drugs	
<i>freestyle test strips</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
<i>g-4 test strips</i>	Excluded Drugs	
<i>g-4 test strips</i>	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocard vital test strips</i>	Excluded Drugs	
<i>glucocard vital test strips</i>	Excluded Drugs	
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>infinity voice test strip</i>	Excluded Drugs	
<i>infinity voice test strip</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>liberty test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>liberty test strips</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>meijer blood glucose test strp</i>	Excluded Drugs	
<i>meijer blood glucose test strp</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>onetouch ultra blue test strp</i>	2	QL 10 / day
<i>onetouch verio test strip</i>	2	QL 10 / day
<i>optium ez test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>optium ez test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optumrx test strip</i>	Excluded Drugs	
<i>optumrx test strip</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>relion confirm-micro test strp</i>	Excluded Drugs	
<i>relion confirm-micro test strp</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion premier test strip</i>	Excluded Drugs	
<i>relion premier test strip</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>rexall blood glucose test strp</i>	Excluded Drugs	
<i>rexall blood glucose test strp</i>	Excluded Drugs	
<i>rightest gs100 test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gs100 test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs300 test strips</i>	Excluded Drugs	
<i>rightest gs300 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	
<i>ultima test strips</i>	Excluded Drugs	
<i>ultima test strips</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>up & up blood glucose tst strp</i>	Excluded Drugs	
<i>up & up blood glucose tst strp</i>	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
<i>verasens test strip</i>	Excluded Drugs	
<i>verasens test strip</i>	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
MYASTHENIA GRAVIS		
ENLON	3	
ENLON-PLUS	3	
PITUITARY FUNCTION		
ACTHREL	5	PA NPS Non-Preferred Specialty Drug
ROENTGENOGRAPHY		
OPTIRAY 240 (240 MG/ML) SYRN	3	
THYROID FUNCTION		
THYROGEN	5	PA NPS Non-Preferred Specialty Drug
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
DEMADEX	3	
EDECRIN	3	
<i>ethacrynic acid</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	1	
LASIX	3	
<i>torsemide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol (5% iv solution, 10% iv solution, 20% iv solution, 25% vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
OSMITROL	1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
DYAZIDE	3	
DYRENIUM	3	
MAXZIDE	3	
MAXZIDE-25 MG	3	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 50-25 mg cap, 75-50 mg tab)</i>	1	
THIAZIDE DIURETICS		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
DIURIL	3	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	LCG
<i>methyclothiazide</i>	1	
MICROZIDE	3	
SODIUM DIURIL	3	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
VASOPRESSIN ANTAGONISTS		
SAMSCA 15 MG TABLET	5	QL PA NPS 1 / day Non-Preferred Specialty Drug
SAMSCA 30 MG TABLET	5	QL PA NPS 2 / day Non-Preferred Specialty Drug
DIURETICS (HYPOTENSIVE AGENTS)		
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
<i>losartan-hctz 50-12.5 mg tab</i>	1	QL 2 / day
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1	QL 1 / day
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	
<i>cabergoline</i>	1	
CYCLOSET	3	QL PA 6 / day
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	5	PA NPS Non-Preferred Specialty Drug
MIRAPEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
MIRAPEX ER	3	ST
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole er</i>	3	PA HCG
REQUIP	3	
REQUIP XL	3	QL 1 / day
<i>ropinirole er</i>	1	QL 1 / day
<i>ropinirole hcl</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE ACIDIFYING AGENTS		
K-PHOS NEUTRAL	3	
K-PHOS NO.2	3	
K-PHOS ORIGINAL	3	
PHOSPHA 250 NEUTRAL	1	
VIRT-PHOS 250 NEUTRAL	1	
ALKALINIZING AGENTS		
CYTRA-2	1	
CYTRA-K CRYSTALS PACKET	1	
<i>potassium citrate er</i>	1	
<i>sodium citrate-citric acid</i>	1	
TARON-CRYSTALS	1	
<i>tromethamine-sterile water</i>	1	
UROCIT-K	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VIRTRATE-2	1	
AMMONIA DETOXICANTS		
BUPHENYL 500 MG TABLET	5	NPS Non-Preferred Specialty Drug
CARBAGLU	5	NPS Non-Preferred Specialty Drug
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose</i>	1	
RAVICTI	5	QL 20 / day PA NPS Non-Preferred Specialty Drug
<i>sodium phenylbutyrate 500mg tb</i>	4	NPS Non-Preferred Specialty Drug
CALORIC AGENTS		
<i>amino acid 3%-d10w</i>	1	
CLINIMIX N14G30E	3	
CLINIMIX N9G15E	3	
IRRIGATING SOLUTIONS		
RESECTISOL	3	
REPLACEMENT PREPARATIONS		
<i>calcium gluconate-0.9% nacl (1 g/50-0.9%, 1 g/60-0.9%, 2 g/120-0.9%, 2 g/50-0.9%, 2 g/70-0.9%)</i>	1	
<i>calcium gluconate-d5w (1 g/110, 1 g/60 bag)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dextrose 5%-0.2% nacl-kcl</i>	1	
<i>dextrose 5%-0.225% nacl-kcl</i>	1	
<i>dextrose 5%-0.3% nacl-kcl</i>	1	
<i>dextrose 5%-0.33% nacl-kcl</i>	1	
<i>dextrose 5%-0.45% nacl-kcl</i>	1	
<i>dextrose 5%-1/2ns-kcl</i>	1	
<i>dextrose 5%-1/4ns-kcl</i>	1	
<i>dextrose 5%-ns-kcl</i>	1	
<i>dextrose 5%-potassium chloride</i>	1	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	
EFFER-K 25 MEQ TABLET EFF	1	
K EFFERVESCENT	1	
K-SOL	1	
K-TAB ER	3	
KLOR-CON 20 MEQ PACKET	1	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	3	
KLOR-CON M20	1	
KLOR-CON SPRINKLE	1	
KLOR-CON-EF	1	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>potassium chl-normal saline</i>	1	
<i>potassium chloride (2 meq/ml iv sol, 2 meq/ml vial, er 8 meq capsule, er 8 meq tablet, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 10% (20 meq/15 ml, 10% (40 meq/30 ml, er 10 meq capsule, er 10 meq tablet, 20 meq packet, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 20% (40 meq/15 ml, er 20 meq tablet, 25 meq tab eff, 30 meq/100 ml sol, 30 meq/15 ml conc, 40 meq/100 ml sol, 40 meq/20 ml conc)</i>	1	
<i>potassium chloride in d5lr</i>	1	
<i>potassium chloride-0.9% nacl (10 meq/1,000ml-ns, 10 meq/100 ml-ns, 20 meq/250 ml-ns)</i>	1	
<i>potassium chloride-nacl</i>	1	
<i>potassium cl-lidocaine-ns</i>	1	
<i>potassium ph 30 mmol/250 ml-ns</i>	1	
<i>sodium phos 30 mmol/250 ml-ns</i>	1	
<i>sodium phosphate-d5w</i>	1	
<i>zinc chloride</i>	1	
<i>zinc sulfate</i>	1	
URICOSURIC AGENTS		
DUZALLO	3	PA
<i>probenecid</i>	1	QL 4 / day
<i>probenecid-colchicine</i>	1	QL 2 / day
		QL 1 / day
ZURAMPIC	3	PA
		AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ESTROGENS AND ANTIESTROGENS		
ANTIESTROGENS		
AROMASIN	3	
<i>exemestane</i>	1	
FEMARA	3	PA
<i>letrozole</i>	1	
ESTROGEN AGONIST-ANTAGONISTS		
<i>clomiphene citrate</i>	1	GL Female
EVISTA	3	QL 1 / day
FARESTON	2	
OSPHENA	3	
<i>raloxifene hcl</i>	0	HCR
SEROPHENE	1	GL Female
SOLTAMOX	3	
<i>tamoxifen citrate</i>	0	HCR
ESTROGENS		
ACTIVELLA	3	QL 1 / day GL Female
ALORA	3	QL 0.29 / day GL Female
AMABELZ	1	QL 1 / day GL Female
ANGELIQ	3	QL 1 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
CLIMARA	3	QL 0.15 / day GL Female
CLIMARA PRO	2	QL 0.15 / day GL Female
COMBIPATCH	3	QL 0.29 / day GL Female
DELESTROGEN	3	GL Female
DEPO-ESTRADIOL	3	GL Female
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	2	GL Female
DUAVEE	2	
ELESTRIN	3	GL Female
ENJUVIA	2	QL 1 / day GL Female
ESTRACE 0.01% CREAM	3	GL Female
ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	QL 1 / day GL Female
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	1	GL Female
<i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	1	QL 0.29 / day GL Female
<i>estradiol (tds 0.025 mg/day, 0.0375 mg/day patch, tds 0.0375 mg/day, tds 0.05 mg/day, tds 0.06 mg/day, 0.075 mg/day patch, tds 0.075 mg/day, tds 0.1 mg/day)</i>	1	QL 0.15 / day GL Female
<i>estradiol 0.06 mg/day patch</i>	1	QL .15 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day GL Female LCG
<i>estradiol 2 mg tablet</i>	1	QL 1 / day GL Female
<i>estradiol valerate</i>	1	GL Female
<i>estradiol-norethindrone acetat</i>	1	QL 1 / day GL Female
ESTRING	2	QL 90 days GL Female
ESTROGEL	3	QL 1.667 / day GL Female
<i>estropipate</i>	1	QL 1 / day GL Female LCG
EVAMIST	3	QL 0.54 / day GL Female
FEMHRT	3	QL 1 / day GL Female
FEMRING	3	QL 0.02 / day GL Female
FYAVOLV	1	GL Female
JEVANTIQUE LO	3	GL Female
JINTELI	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LOPREEZA	1	QL 1 / day GL Female
MENEST (0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	3	QL 1 / day GL Female
MENEST 0.3 MG TABLET	2	QL 1 / day GL Female
MENOSTAR	3	QL 0.15 / day GL Female
MIMVEY	1	QL 1 / day GL Female
MIMVEY LO	1	
MINIVELLE	3	QL 0.29 / day GL Female
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	0	HCR
OGEN	3	QL 1 / day GL Female
PREFEST	3	QL 1 / day GL Female
PREMARIN VAGINAL CREAM-APPL	2	GL Female
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	QL 1 / day GL Female
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	QL 1 / day GL Female
PREMPRO	2	QL 1 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
VAGIFEM	3	GL Female
VIVELLE-DOT	3	QL 8 / 28 days GL Female
YUVAFEM	1	GL Female
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	3	QL 10 / fill
ASTEPRO	3	QL 2 / day
<i>azelastine hcl 0.05% drops</i>	1	QL 0.267 / day
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL 2 / day
BEPREVE	3	QL 0.334 / day
DYMISTA	2	QL 0.8 / day
ELESTAT	3	QL 0.286 / day
EMADINE	3	QL 5 / fill
<i>epinastine hcl</i>	1	QL 0.286 / day
LASTACFT	3	QL 3 / 30 days ST
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	QL 0.286 / day
<i>olopatadine 665 mcg nasal spry</i>	3	QL 31 / 30 days HCG
PATADAY	3	QL 0.286 / day
PATANASE	3	QL 31 / 30 days
PATANOL	3	QL 0.286 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
PAZEO	3	QL 0.286 / day
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QL 0.8 / day
ATROVENT	3	QL 2 / day
<i>bevacizumab</i>	4	PA NPS Non-Preferred Specialty Drug
CYSTARAN	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IOPIDINE (0.5% DROPS, 1% DROPS)	3	QL 0.8 / day
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	QL 2 / day
JETREA 2.5 MG/ML VIAL	5	PA NPS Non-Preferred Specialty Drug
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML VIAL, 0.5 MG VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
RESCULA 0.15% EYE DROPS	Excluded Drugs	
VISUDYNE	5	NPS Non-Preferred Specialty Drug
LOCAL ANESTHETICS (EENT)		
AKTEN	3	
ALCAINE	3	
ALTACAIN	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ALTAFLUOR	1	
<i>cocaine hcl</i>	1	
FLUCAINE	1	
<i>fluorescein-benoxinate</i>	1	
<i>fluorescein-proparacaine</i>	1	
FLUROX	1	
<i>proparacaine hcl</i>	1	
TETCAINE	1	
<i>tetracaine hcl (eye drops, steri-unit sol)</i>	1	
TETRAVISC	1	
TETRAVISC FORTE	1	
TREAGAN OTIC	3	
MYDRIATICS		
<i>atropine sulfate (drops, ointment)</i>	1	
HOMATROPAIRE	1	
<i>homatropine hydrobromide</i>	1	
ISOPTO ATROPINE	3	
OMIDRIA	3	
VASOCONSTRICTORS		
ADRENALIN CHLORIDE	3	PA
<i>naphazoline hcl</i>	1	
<i>phenylephrine hcl (2.5% drop, 10% drops)</i>	1	
TYZINE (PEDIATRIC 0.05% DROP, 0.1% NOSE DROPS, 0.1% NOSE SPRAY)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FIRST GENERATION ANTIHISTAMINES		
PHENOTHIAZINE DERIVATIVES		
PHENADOZ	1	AL At least 2 yrs old
PHENERGAN (12.5 MG, 25 MG, 50 MG)	1	AL At least 2 yrs old
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL)	3	AL At least 2 yrs old
<i>promethazine 25 mg/ml ampul</i>	1	AL At least 2 yrs old
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 50 mg suppository, 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	1	AL At least 2 yrs old LCG
<i>promethazine hcl-0.9% nacl</i>	1	
<i>promethazine-phenylephrine</i>	1	
PROMETHEGAN	1	AL At least 2 yrs old
PROPYLAMINE DERIVATIVES		
CENTERGY	1	
RESPA A.R.	3	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	1	GL Female AL At least 18 yrs old
APRISO	2	
ASACOL HD DR 800 MG TABLET	Excluded Drugs	
<i>balsalazide disodium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CANASA	2	
COLAZAL	3	
DELZICOL DR 400 MG CAPSULE	Excluded Drugs	
DIPENTUM	3	
GIAZO	3	GL Male
LIALDA DR 1.2 GM TABLET	Excluded Drugs	
LOTRONEX	3	PA GL Female AL At least 18 yrs old
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	1	
<i>mesalamine dr 1.2 gm tablet</i>	3	HCG
<i>mesalamine 800 mg dr tablet</i>	Excluded Drugs	
PENTASA	3	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3	
SFROWASA	3	
ANTIDIARRHEA AGENTS		
<i>diphenoxylat-atrop 2.5-0.025/5</i>	1	
FULYZAQ	5	NPS Non-Preferred Specialty Drug
LOMOTIL	3	
MOTOFEN	3	
MYTESI	5	NPS Non-Preferred Specialty Drug
<i>opium tincture</i>	1	QL 5 / day
<i>paregoric</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
XERMELO	5	PA AL NPS At least 18 yrs old Non-Preferred Specialty Drug
CATHARTICS AND LAXATIVES		
AMITIZA	2	QL AL 2 / day At least 18 yrs old
COLYTE WITH FLAVOR PACKETS	3	
GAVILYTE-C	0	HCR
GAVILYTE-G	0	HCR
GAVILYTE-N	0	HCR
GOLYTELY PACKET	0	HCR
GOLYTELY SOLUTION	3	
MOVIPREP	0	HCR
NULYTELY WITH FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	0	HCR
<i>peg-3350 and electrolytes</i>	0	HCR
<i>peg-3350 with flavor packs</i>	0	HCR
PEG-PREP	1	
PREPOPIK	3	QL 2 / fill
SUPREP	3	QL 354 / fill
TRILYTE WITH FLAVOR PACKETS	0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
CHOLELITHOLYTIC AGENTS		
ACTIGALL	3	
CHENODAL	5	NPS Non-Preferred Specialty Drug
URSO	3	
URSO FORTE	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
DIGESTANTS		
CREON	2	
PANCREAZE (DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP)	Excluded Drugs	
PERTZYE (DR 4,000 UNIT CAPSULE, DR 8,000 UNIT CAPSULE, DR 16,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE)	Excluded Drugs	
VIOKACE (10,440-39,150 TB, 20,880-78,300 TB)	Excluded Drugs	
ZENPEP	2	
GI DRUGS, MISCELLANEOUS		
CHOLBAM 250 MG CAPSULE	5	QL 7 / day PA NPS Non-Preferred Specialty Drug
CHOLBAM 50 MG CAPSULE	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
ENTEREG	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ENTYVIO	5	QL PA NPS 2 / 30 days Non-Preferred Specialty Drug
GATTEX	5	PA NPS Non-Preferred Specialty Drug
LINZESS	2	QL ST 1 / day
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
OCALIVA	5	QL PA NPS 1 / day Non-Preferred Specialty Drug
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	3	PA
RELISTOR 150 MG TABLET	3	PA
RESTORA SPRINKLES	3	
SYMPROIC 0.2 MG TABLET	Excluded Drugs	
VIBERZI	2	QL PA 2 / day
XENICAL	3	
PROKINETIC AGENTS		
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	1	LCG
<i>metoclopramide 10 mg/2 ml syr</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	1	LCG
<i>metoclopramide hcl odt</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
METOZOLV ODT	3	
REGLAN	3	
GENERAL ANESTHETICS		
BARBITURATES (GENERAL ANESTHETICS)		
<i>methohexital-sterile water</i>	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	3	QL 1 / day PA HCG
DETROL	3	QL 2 / day
DETROL LA	3	QL 1 / day
DITROPAN XL 10 MG TABLET	3	QL 2 / day
DITROPAN XL 5 MG TABLET	3	QL 1 / day
ENABLEX	3	QL 1 / day PA
<i>flavoxate hcl</i>	1	
GELNIQUE 3% GEL	3	QL 3.067 / day ST
GELNIQUE (GEL PUMP, GEL SACHETS)	3	QL 1 / day ST
<i>oxybutynin 5 mg/5 ml syrup</i>	1	QL 20 / day
<i>oxybutynin 5 mg tablet</i>	1	QL 4 / day
<i>oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxybutynin cl er 5 mg tablet</i>	1	QL 1 / day
OXYTROL	3	QL 0.357 / day ST
<i>tolterodine tartrate</i>	1	QL 2 / day
<i>tolterodine tartrate er</i>	3	QL 1 / day HCG
TOVIAZ	3	QL 1 / day
<i>trospium chloride</i>	3	QL 2 / day HCG
<i>trospium chloride er</i>	3	QL 1 / day HCG
VESICARE	2	QL 1 / day
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	4	PA GL Female PS
FIRMAGON	5	PA NPS Non-Preferred Specialty Drug
<i>ganirelix acetate</i>	4	GL Female NPS Non-Preferred Specialty Drug
GONADOTROPINS		
BRAVELLE	5	PA GL Female NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>chorionic gonadotropin</i>	4	NPS Non-Preferred Specialty Drug
ELIGARD	5	PA NPS Non-Preferred Specialty Drug
FOLLISTIM AQ (75 UNIT VIAL, 300 UNIT CARTRIDG, 600 UNIT CARTRIDG, 900 UNIT CARTRIDG)	5	PA NPS Non-Preferred Specialty Drug
GONAL-F	4	PA PS
GONAL-F RFF	4	PA GL Female PS
GONAL-F RFF REDI-JECT	4	PA GL Female PS
<i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	PA NPS Non-Preferred Specialty Drug
LUPANETA PACK	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75 MG KIT	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LUPRON DEPO 11.25MG (LUPANETA)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	PA NPS Non-Preferred Specialty Drug
MENOPUR	4	PA GL PS Female
NOVAREL	5	PA NPS Non-Preferred Specialty Drug
OVIDREL	4	PA PS
PREGNYL	5	PA NPS Non-Preferred Specialty Drug
SUPPRELIN LA	5	PA NPS Non-Preferred Specialty Drug
SYNAREL	5	PA NPS Non-Preferred Specialty Drug
TRELSTAR (3.75 MG SYRINGE, 3.75 MG VIAL, 11.25 MG SYRINGE, 11.25 MG VIAL, 22.5 MG SYRINGE, 22.5 MG VIAL)	5	PA NPS Non-Preferred Specialty Drug
VANTAS	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOLADEX	4	PA PS
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITORS		
EPCLUSA	4	QL 1 / day PA PS
HARVONI	4	QL 1 / day PA PS
SOVALDI	4	QL 1 / day PA PS
VOSEVI	4	QL 1 / day PA AL At least 18 yrs old PS
HCV PROTEASE INHIBITORS		
OLYSIO	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
HCV REPLICATION COMPLEX INHIBITORS		
DAKLINZA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
MAVYRET	4	QL PA AL PS 3 / day At least 18 yrs old
TECHNIVIE	5	QL PA NPS 2 / day Non-Preferred Specialty Drug
VIEKIRA PAK	5	QL PA NPS 4 / day Non-Preferred Specialty Drug
VIEKIRA XR	5	QL PA NPS 3 / day Non-Preferred Specialty Drug
ZEPATIER	5	QL PA NPS 1 / day Non-Preferred Specialty Drug
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT	3	
A-METHAPRED	1	
ARISTOSPAN	3	
<i>betamethasone acetate-sod phos</i>	1	
<i>betamethasone 12 mg/2 ml-water</i>	1	
<i>budesonide ec</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
CELESTONE	3	
CORTEF	3	
<i>cortisone acetate</i>	1	
DECADRON	1	
DELTASONE	1	
DEPO-MEDROL	3	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	1	
<i>dexamethasone-0.9% nacl</i>	1	
DEXPAK	3	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA AL NPS At least 5 yrs old Non-Preferred Specialty Drug
ENTOCORT EC	3	PA
EZ USE JOINT-TUNNEL-TRIGGER	3	
FLO-PRED	3	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
INTRAROSA	3	QL AL 1 / day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
KENALOG-10	3	
KENALOG-40	3	
LOCORT	3	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succ</i>	1	
MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION)	3	
MILLIPRED DP	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phos odt</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	2	
RAYOS	3	
SOLU-CORTEF	3	
SOLU-MEDROL (1 GM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>triamcinolone acetonide (acet 40 mg/ml vl, acet 40mg/ml vl, acet 50mg/5ml vl, 200 mg/5 ml vial, 400 mg/10 ml vl)</i>	1	
UCERIS (2 MG RECTAL FOAM, 9 MG ER TABLET)	3	
VERIPRED 20	3	
ZODEX	3	
ZONACORT	3	
ANDROGENS		
ANDRODERM	2	QL 1 / day PA GL Male
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	2	QL 5 / day PA GL Male
ANDROGEL (1% GEL PUMP, 1%(2.5G) GEL PACKET, 1%(5G) GEL PACKET)	Excluded Drugs	
ANDROID	3	PA GL Male
ANDROXY	3	PA GL Male
AVEED	5	PA NPS Non-Preferred Specialty Drug
AXIRON 30 MG/ACTUATION SOLN	Excluded Drugs	
COVARYX	1	GL Female
COVARYX H.S.	1	GL Female
<i>danazol</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
DELATESTRYL	3	PA GL Male
DEPO-TESTOSTERONE (100 MG/ML VL, 200 MG/ML)	3	GL Male
EEMT	1	GL Female
EEMT H.S.	1	GL Female
<i>estrogen-methyltestosterone</i>	1	GL Female
FORTESTA 10 MG GEL PUMP	Excluded Drugs	
METHITEST	3	PA GL Male
<i>methyltestosterone</i>	1	
NATESTO	3	QL 3 / day PA GL Male AL At least 18 yrs old
STRIANT	3	PA GL Male
TESTIM 1% (50MG) GEL	Excluded Drugs	
TESTOPEL	5	PA GL Male NPS Non-Preferred Specialty Drug
<i>testosterone (10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	3	HCG
<i>testosterone cypionate</i>	1	GL Male
<i>testosterone enanthate</i>	1	PA GL Male

PRODUCT DESCRIPTION	TIER	LIMITS &
TESTRED	3	PA GL Male
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKT)	Excluded Drugs	
CONTRACEPTIVES		
ALTAVERA	0	QL 1 / day GL Female HCR
ALYACEN	0	GL Female HCR
AMETHIA	0	QL 91 days GL Female HCR
AMETHIA LO	0	QL 91 days GL Female HCR
AMETHYST	0	QL 1 / day GL Female HCR
APRI	0	GL Female HCR
ARANELLE	0	GL Female HCR
ASHLYNA	0	GL Female HCR
AUBRA	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
AVIANE	0	QL 1 / day GL Female HCR
AZURETTE	0	GL Female HCR
BALZIVA	0	GL Female HCR
BEKYREE	0	GL Female HCR
BEYAZ	3	GL Female
BLISOVI 24 FE	0	GL Female HCR
BLISOVI FE	0	GL Female HCR
BREVICON	3	GL Female
BRIELLYN	0	GL Female HCR
CAMILA	0	GL Female HCR
CAMRESE	0	QL 91 days GL Female HCR
CAMRESE LO	0	QL 91 days GL Female HCR
CAZIAN	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
CHATEAL	0	QL 1 / day GL Female HCR
CRYSSELLE	0	GL Female HCR
CYCLAFEM	0	GL Female HCR
CYCLESSA	3	GL Female
CYRED	0	GL Female HCR
DASETTA	0	GL Female HCR
DAYSEE	0	QL 91 days GL Female HCR
DEBLITANE	0	GL Female HCR
DELYLA	0	QL 1 / day GL Female HCR
DESOGEN	3	GL Female
<i>desogestr-eth estrad eth estra</i>	0	GL Female HCR
<i>desogestrel-ethinyl estradiol</i>	0	GL Female HCR
<i>drospirenone-eth estra-levomef</i>	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>drospirenone-ethinyl estradiol</i>	0	GL Female HCR
ELINEST	0	GL Female HCR
ELLA	0	QL 1 / day GL Female HCR
EMOQUETTE	0	GL Female HCR
ENPRESSE	0	GL Female HCR
ENSKYCE	0	GL Female HCR
ERRIN	0	GL Female HCR
ESTARYLLA	0	GL Female HCR
ESTROSTEP FE	3	GL Female
<i>ethynodiol-ethinyl estradiol</i>	0	GL Female HCR
FALMINA	0	QL 1 / day GL Female HCR
FAYOSIM	0	QL 91 days GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
FEMCON FE	3	GL Female
FEMYNOR	0	GL Female HCR
GENERESS FE	3	GL Female
GIANVI	0	GL Female HCR
GILDAGIA	0	GL Female HCR
GILDESS	0	GL Female HCR
GILDESS 24 FE	0	GL Female HCR
GILDESS FE	0	GL Female HCR
HEATHER	0	GL Female HCR
INTROVALE	0	QL 91 days GL Female HCR
ISIBLOOM	0	GL Female HCR
JENCYCLA	0	GL Female HCR
JOLESSA	0	QL 91 days GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
JOLIVETTE	0	GL Female HCR
JULEBER	0	GL Female HCR
JUNEL	0	GL Female HCR
JUNEL FE	0	GL Female HCR
JUNEL FE 24	0	GL Female HCR
KAITLIB FE	0	GL Female HCR
KARIVA	0	GL Female HCR
KELNOR 1-35	0	GL Female HCR
KELNOR 1-50	0	GL Female HCR
KIMIDESS	0	GL Female HCR
KURVELO	0	QL 1 / day GL Female HCR
LARIN	0	GL Female HCR
LARIN 24 FE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LARIN FE	0	GL Female HCR
LARISSIA	0	QL 1 / day GL Female HCR
LAYOLIS FE	0	GL Female HCR
LEENA	0	GL Female HCR
LESSINA	0	QL 1 / day GL Female HCR
LEVONEST	0	GL Female HCR
<i>levono-e estrad 0.15-0.03-0.01</i>	0	GL Female HCR
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.10-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	0	QL 91 days GL Female HCR
<i>levonor-eth estrad 0.15-0.03</i>	0	QL 91 days GL Female HCR
<i>levonor-eth estrad triphasic</i>	0	GL Female HCR
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg)</i>	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LEVORA-28	0	QL 1 / day GL Female HCR
LILLOW	0	QL 1 / day GL Female HCR
LO LOESTRIN FE	0	GL Female HCR
LOESTRIN	3	GL Female
LOESTRIN FE	3	GL Female
LOMEDIA 24 FE	0	GL Female HCR
LORYNA	0	GL Female HCR
LOSEASONIQUE	3	QL 91 days GL Female
LOW-OGESTREL	0	GL Female HCR
LUTERA	0	QL 1 / day GL Female HCR
LYZA	0	GL Female HCR
MARLISSA	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
MELODETTA 24 FE	0	GL Female HCR
MIBELAS 24 FE	0	GL Female HCR
MICROGESTIN	0	GL Female HCR
MICROGESTIN 24 FE	0	GL Female HCR
MICROGESTIN FE	0	GL Female HCR
MINASTRIN 24 FE	3	GL Female
MIRCETTE	3	GL Female
MODICON	3	GL Female
MONO-LINYAH	0	GL Female HCR
MONONESSA	0	GL Female HCR
MYZILRA	0	GL Female HCR
NATAZIA	2	GL Female
NECON (0.5-35-28 TABLET, 1-35-28 TABLET, 1-50-28 TABLET, 10-11-28 TABLET)	0	GL Female HCR
NECON 7-7-7-28 TABLET	3	QL 1 / day GL Female HCR
NIKKI	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
NOR-Q-D	3	GL Female
NORA-BE	0	GL Female HCR
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, noreth-estradiol 1-0.02(21)-75, noreth-estradiol 1-0.02(24)-75, norethin-estradiol 0.8-0.025 mg)</i>	0	GL Female HCR
<i>norethind-eth estradiol 1-0.02 mg</i>	0	GL Female HCR
<i>norethindrone</i>	0	GL Female HCR
<i>norgestimate-ethinyl estradiol</i>	0	GL Female HCR
NORINYL 1+50	0	GL Female HCR
NORINYL 1-35	3	GL Female
NORLYDA	0	GL Female HCR
NORLYROC	0	GL Female HCR
NORTREL	0	GL Female HCR
NUVARING	0	GL Female HCR
OCELLA	0	GL Female HCR
OGESTREL	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ORSYTHIA	0	QL 1 / day GL Female HCR
ORTHO MICRONOR	3	GL Female
ORTHO TRI-CYCLEN	3	GL Female
ORTHO TRI-CYCLEN LO	3	GL Female
ORTHO-CYCLEN	3	GL Female
ORTHO-NOVUM	3	GL Female
OVCON-35	3	GL Female
PHILITH	0	GL Female HCR
PIMTREA	0	GL Female HCR
PIRMELLA	0	GL Female HCR
PORTIA	0	QL 1 / day GL Female HCR
PREVIFEM	0	GL Female HCR
QUARTETTE	3	GL Female
QUASENSE	0	QL 91 days GL Female HCR
RAJANI	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
RECLIPSEN	0	GL Female HCR
RIVELSA	0	QL 91 days GL Female HCR
SAFYRAL	3	GL Female
SEASONIQUE	3	QL 91 days GL Female
SETLAKIN	0	QL 91 days GL Female HCR
SHAROBEL	0	GL Female HCR
SPRINTEC	0	GL Female HCR
SRONYX	0	QL 1 / day GL Female HCR
SYEDA	0	GL Female HCR
TARINA FE	0	GL Female HCR
TAYTULLA	0	GL Female HCR
TILIA FE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
TRI FEMYNOR	0	GL Female HCR
TRI-ESTARYLLA	0	GL Female HCR
TRI-LEGEST FE	0	GL Female HCR
TRI-LINYAH	0	GL Female HCR
TRI-LO-ESTARYLLA	0	GL Female HCR
TRI-LO-MARZIA	0	GL Female HCR
TRI-LO-SPRINTEC	0	GL Female HCR
TRI-NORINYL	3	GL Female
TRI-PREVIFEM	0	GL Female HCR
TRI-SPRINTEC	0	GL Female HCR
TRI-VYLIBRA	0	GL Female HCR
TRINESSA	0	GL Female HCR
TRINESSA LO	0	GL Female HCR
TRIVORA-28	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
VELIVET	0	GL Female HCR
VESTURA	0	GL Female HCR
VIENVA	0	QL 1 / day GL Female HCR
VIORELE	0	GL Female HCR
VYFEMLA	0	GL Female HCR
VYLIBRA	0	GL Female HCR
WERA	0	GL Female HCR
WYMZYA FE	0	GL Female HCR
XULANE	0	QL 0.12 / day GL Female HCR
YASMIN 28	3	GL Female
YAZ	3	GL Female
ZARAH	0	GL Female HCR
ZENCHENT	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ZENCHENT FE	0	GL Female HCR
ZOVIA 1-35E	0	GL Female HCR
ZOVIA 1-50E	0	GL Female HCR
LEPTINS		
MYALEPT	5	PA NPS Non-Preferred Specialty Drug
PITUITARY		
DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	3	
DDAVP (4 MCG/ML AMPUL, 4 MCG/ML VIAL)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg/ml sol, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr)</i>	1	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	1	
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA NPS Non-Preferred Specialty Drug
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA NPS Non-Preferred Specialty Drug
NOCTIVA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
NORDITROPIN FLEXPRO	4	PA PS
NUTROPIN AQ	5	PA NPS Non-Preferred Specialty Drug
NUTROPIN AQ NUSPIN	5	PA NPS Non-Preferred Specialty Drug
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN-SAIZENPREP	5	PA NPS Non-Preferred Specialty Drug
SEROSTIM	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>vasopressin</i>	1	
<i>vasopressin-0.9% nacl (40 unit/100 ml-ns, 50 unit/250 ml-ns, 100 unit/100 ml-ns, 100 unit/250 ml-ns)</i>	1	
<i>vasopressin-d5w (60 unit/100 ml-d5w, 100 unit/100ml-d5w)</i>	1	
ZOMACTON	5	PA NPS Non-Preferred Specialty Drug
ZORBTIVE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PROGESTINS		
AYGESTIN	3	GL Female
CRINONE 4% GEL	3	GL Female
CRINONE 8% GEL	3	GL Female
ENDOMETRIN	4	GL Female PS
<i>hydroxyprogesterone caproate</i>	4	PA GL Female NPS Non-Preferred Specialty Drug
MAKENA (250 MG/ML VIAL, 275 MG/1.1 ML AUTOINJECT, 1,250 MG/5 ML VIAL)	4	PA GL Female PS
<i>medroxyprogesterone 150 mg/ml</i>	0	QL 0.04 / day GL Female HCR
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	GL Female LCG
MEGACE	3	
MEGACE ES	3	GL Female
<i>megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	GL Female
<i>norethindrone acetate</i>	1	GL Female
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>progesterone oil 50 mg/ml v1</i>	1	GL Female
<i>progesterone in oil</i>	1	GL Female
PROMETRIUM	3	GL Female
PROVERA	3	GL Female
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
CATAPRES	3	
CATAPRES-TTS 1	3	QL 0.15 / day
CATAPRES-TTS 2	3	QL 0.4 / day
CATAPRES-TTS 3	3	QL 0.4 / day
<i>clonidine (0.2 mg/day patch, 0.3 mg/day patch)</i>	3	QL 0.29 / day HCG
<i>clonidine 0.1 mg/day patch</i>	3	QL 0.15 / day HCG
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet)</i>	1	LCG
<i>clonidine hcl 0.3 mg tablet</i>	1	LCG
<i>clonidine hcl er</i>	3	QL 4 / day HCG
CLORPRES	3	
<i>guanfacine hcl</i>	1	
KAPVAY	3	QL 4 / day ST
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methyldopate hcl</i>	1	
TENEX	3	
DIRECT VASODILATORS		
BIDIL	3	QL 6 / day
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>hydralazine 20 mg/ml vial</i>	1	
<i>minoxidil</i>	1	
NITROPRESS	3	
<i>sodium nitroprusside</i>	1	
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM (10 MG/ML AMPUL, 10 MG/ML VIAL)	3	
VECAMYL	5	PA NPS Non-Preferred Specialty Drug
PERIPHERAL ADRENERGIC INHIBITORS		
<i>reserpine</i>	1	
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	3	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
ELIPHOS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 1,000 MG TABLET CHEW)	2	
<i>lanthanum carbonate</i>	1	
PHOSLYRA	3	
RENAGEL	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET)	3	
REVELA 800 MG TABLET	2	
<i>sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, carbonate 800 mg tab)</i>	3	HCG
VELPHORO	3	
POTASSIUM-REMOVING AGENTS		
KAYEXALATE	3	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	1	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA)	1	
VELTASSA	3	QL 1 / day PA
MACROLIDES		
KETOLIDES		
KETEK	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
OTHER MACROLIDES		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 250 mg tablet</i>	1	QL 6 / 5 days
<i>azithromycin i.v. 500 mg vial</i>	1	
BIAXIN (250 MG TABLET, 250 MG/5 ML SUSPENSION, 500 MG TABLET)	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID	3	PA
E.E.S. 200	3	
E.E.S. 400	3	
ERY-TAB	3	
ERYPED 200	2	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVNT VL, 500 MG VIAL)	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (dr 250 mg cap, ec 250 mg cap)</i>	1	
<i>erythromycin (250 mg, 500 mg)</i>	3	HCG
<i>erythromycin 200 mg/5 ml gran</i>	1	
<i>erythromycin es 400 mg tab</i>	3	HCG
PCE	3	
ZITHROMAX 100 MG/5 ML SUSP	3	QL 30 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
ZITHROMAX 200 MG/5 ML SUSP	3	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	3	
ZITHROMAX 250 MG TABLET	3	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	3	QL 5 / fill
ZITHROMAX 600 MG TABLET	3	QL 0.29 / day
ZITHROMAX I.V. 500 MG VIAL	3	
ZITHROMAX TRI-PAK	3	
ZMAX	2	QL 60 / fill
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
CARBAPENEMS		
DORIBAX	3	
<i>doripenem</i>	1	
<i>imipenem-cilastatin sodium</i>	1	
INVANZ (1 GM ADD-VANTAGE VIAL, 1 GM VIAL)	3	
<i>meropenem</i>	1	
<i>meropenem-0.9% nacl</i>	1	
MERREM	3	
PRIMAXIN	3	
CEPHAMYCINS		
CEFOTAN	3	
<i>cefotetan</i>	1	
<i>cefotetan & dextrose</i>	1	
<i>cefoxitin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefoxitin sodium</i>	1	
MONOBACTAMS		
AZACTAM	3	
AZACTAM-ISO-OSMOTIC DEXTROSE	3	
<i>aztreonam</i>	1	
CAYSTON	5	PA NPS Non-Preferred Specialty Drug
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART	3	QL 1 / day GL Male
<i>dutasteride</i>	3	QL 1 / day GL Male HCG
<i>dutasteride-tamsulosin</i>	1	QL 1 / day GL Male
<i>finasteride 5 mg tablet</i>	1	QL 1 / day GL Male
JALYN	3	QL 1 / day GL Male
PROSCAR	3	QL 1 / day GL Male
ALCOHOL DETERRENTS		
ANTABUSE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>disulfiram</i>	1	
ANTIDOTES		
BAL IN OIL	3	
<i>calcium disodium versenate</i>	1	
CHEMET	3	
<i>deferoxamine mesylate</i>	1	
DESFERAL	3	
DESFERAL MESYLATE	3	
DUODOTE	3	
FUSILEV	5	 Non-Preferred Specialty Drug
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>leucovorin calcium (50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	 Non-Preferred Specialty Drug
<i>levoleucovorin calcium (50 mg vial, 175 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vial)</i>	1	
<i>methylene blue (ampul, vial)</i>	1	
NITHIODOTE	3	
<i>pralidoxime chloride</i>	1	
PROTOPAM CHLORIDE	3	
<i>sodium thiosulfate</i>	1	
VISTOGARD	5	 Non-Preferred Specialty Drug
VORAXAZE	5	 Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QL 3 / day LCG
<i>allopurinol 300 mg tablet</i>	1	QL 2 / day LCG
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg capsule</i>	1	QL 2 / day
<i>colchicine 0.6 mg tablet</i>	1	QL 4 / day
COLCRYS	2	QL 4 / day
KRYSTEXXA	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
MITIGARE	3	QL 2 / day ST
<i>naproxen 375 mg tablet</i>	1	LCG
<i>naproxen sodium</i>	1	
ULORIC	2	QL 1 / day ST
ZYLOPRIM 100 MG TABLET	3	QL 3 / day
ZYLOPRIM 300 MG TABLET	3	QL 2 / day
BONE RESORPTION INHIBITORS		
ACTONEL (5 MG TABLET, 30 MG TABLET)	3	QL 1 / day
ACTONEL 150 MG TABLET	3	QL 0.04 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ACTONEL 35 MG TABLET	3	QL 0.15 / day
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	1	QL 1 / day
<i>alendronate sodium (sod 70 mg/75 ml, sodium 35 mg tab, sodium 40 mg tab, sodium 70 mg tab)</i>	1	QL .15 / day
ATELVIA	3	QL 0.15 / day ST
BINOSTO	3	QL .15 / day
BONIVA 3 MG/3 ML SYRINGE	5	NPS Non-Preferred Specialty Drug
BONIVA 150 MG TABLET	3	QL 0.04 / day
<i>etidronate disodium</i>	1	
FOSAMAX	3	QL .15 / day
FOSAMAX PLUS D	3	QL 0.15 / day
<i>ibandronate 3 mg/3 ml syringe</i>	4	NPS Non-Preferred Specialty Drug
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / day
<i>ibandronate 3 mg/3 ml vial</i>	4	NPS Non-Preferred Specialty Drug
<i>pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
PROLIA	4	QL 0.13 / day PA PS
RECLAST	5	NPS Non-Preferred Specialty Drug
<i>risedronate sodium 150 mg tab</i>	3	QL 0.04 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>risedronate sodium 30 mg tab</i>	3	HCG
<i>risedronate sodium 35 mg tab</i>	3	QL 0.15 / day HCG
<i>risedronate sodium 5 mg tablet</i>	3	QL 1 / day HCG
<i>risedronate sodium dr</i>	1	
XGEVA	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
<i>zoledronic acid 5 mg/100 ml</i>	4	NPS Non-Preferred Specialty Drug
<i>zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	5	NPS Non-Preferred Specialty Drug
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA NPS Non-Preferred Specialty Drug
CINRYZE	5	PA NPS Non-Preferred Specialty Drug
FIRAZYR	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
HAEGARDA	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
KALBITOR	5	PA NPS Non-Preferred Specialty Drug
RUCONEST	5	QL 0.87 / day PA NPS Non-Preferred Specialty Drug
SOLIRIS	5	PA NPS Non-Preferred Specialty Drug
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
ARAVA	3	
CIMZIA (200 MG VIAL KIT, 200 MG/ML SYRINGE KIT)	5	QL 0.08 / day PA NPS Non-Preferred Specialty Drug
CIMZIA 200 MG/ML STARTER KIT	5	QL 3/ fill PA NPS Non-Preferred Specialty Drug
CUPRIMINE	3	
DEPEN	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	4	QL 0.29 / day PA PS
ENBREL MINI	4	QL 0.15 / day PA PS
ENBREL SURECLICK	4	QL 0.15 / day PA PS
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	4	QL 0.22 / day PA PS
HUMIRA 10 MG/0.2 ML SYRINGE	4	QL 0.15 / day PA PS
HUMIRA PEDIATRIC CROHN'S	4	QL 0.22 / day PA PS
HUMIRA PEN	4	QL 0.22 / day PA PS
HUMIRA PEN CROHN-UC-HS STARTER	4	QL 0.22 / day PA PS
HUMIRA PEN PSORIASIS-UVEITIS	4	QL 0.22 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
KEVZARA	5	QL 0.1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KINERET	5	QL 10 / day PA NPS Non-Preferred Specialty Drug
<i>leflunomide</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
ORENCIA CLICKJECT	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
OTREXUP	3	QL 0.08 / day PA
RASUVO (10 MG/0.2 ML, 12.5 MG/0.25 ML)	3	QL .08 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
RASUVO (7.5 MG/0.15 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML)	3	QL PA 0.08 / day
RENFLEXIS	5	QL PA NPS 10 / 30 days Non-Preferred Specialty Drug
RHEUMATREX	3	
RIDAURA	2	
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	QL PA NPS 0.04 / day Non-Preferred Specialty Drug
SIMPONI ARIA	5	QL PA NPS 0.1 / day Non-Preferred Specialty Drug
TREXALL	2	
XATMEP	3	QL PA AL 4 / day Up to 18 yrs old
XELJANZ	5	QL PA NPS 2 / day Non-Preferred Specialty Drug
XELJANZ XR	5	QL PA NPS 1 / day Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	5	NPS Non-Preferred Specialty Drug
AUBAGIO	4	QL 1 / day PA PS
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG, PREFILLED SYR 30 MCG KT)	4	QL 0.15 / day PA PS
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	4	QL 0.15 / day PA PS
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	QL 0.5 / day PA NPS Non-Preferred Specialty Drug
COPAXONE	4	QL 1 / day PA PS
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	5	QL 0.5 / day PA NPS Non-Preferred Specialty Drug
GILENYA	4	QL 1 / day PA PS
GLATOPA	4	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PLEGRIDY 125 MCG/0.5 ML SYRING	4	QL 0.04 / day PA PS
PLEGRIDY SYRINGE STARTER PACK	4	QL 1 / lifetime PA PS
PLEGRIDY 125 MCG/0.5 ML PEN	4	QL 0.04 / day PA PS
PLEGRIDY PEN INJ STARTER PACK	4	QL 1 / lifetime PA PS
POMALYST	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
PROLEUKIN	5	PA NPS Non-Preferred Specialty Drug
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL 0.22 / day PA NPS Non-Preferred Specialty Drug
REBIF TITRATION PACK	5	QL 4.2 / 365 days PA NPS Non-Preferred Specialty Drug
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL 0.22 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
REBIF REBIDOSE TITRATION PACK	5	QL 4.2 / 365 days PA NPS Non-Preferred Specialty Drug
REVLIMID	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TECFIDERA	4	QL 2 / day PA PS
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TYSABRI	5	QL 0.6 / day PA NPS Non-Preferred Specialty Drug
ZINBRYTA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	5	QL 15 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ASTAGRAF XL 1 MG CAPSULE	5	QL 30 / day PA NPS Non-Preferred Specialty Drug
ASTAGRAF XL 5 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA NPS Non-Preferred Specialty Drug
BENLYSTA 120 MG VIAL	5	QL 0.25 / day PA NPS Non-Preferred Specialty Drug
BENLYSTA 400 MG VIAL	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	5	NPS Non-Preferred Specialty Drug
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (1 gm vial, 2 gm vial, 500 mg vial)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>cyclosporine 50 mg/ml ampul</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cyclosporine (25 mg capsule, 100 mg capsule, 100 mg/ml soln)</i>	4	NPS Non-Preferred Specialty Drug
<i>cyclosporine modified (25 mg, 50 mg)</i>	4	NPS Non-Preferred Specialty Drug
ENVARUSUS XR	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG/ML SOLUTION)	4	NPS Non-Preferred Specialty Drug
IMURAN	3	
<i>mercaptopurine</i>	1	
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolic acid</i>	4	NPS Non-Preferred Specialty Drug
MYFORTIC	5	NPS Non-Preferred Specialty Drug
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	5	NPS Non-Preferred Specialty Drug
NULOJIX	5	PA NPS Non-Preferred Specialty Drug
PROGRAF 5 MG/ML AMPULE	5	NPS Non-Preferred Specialty Drug
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug
PURIXAN	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE 50 MG/ML AMPUL	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE 100 MG/ML SOLN	4	PS
SIMULECT	3	
<i>sirolimus (1 mg tablet, 2 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>sirolimus 0.5 mg tablet</i>	4	NPS Non-Preferred Specialty Drug
<i>tacrolimus 0.5 mg capsule</i>	4	QL 2 / day NPS Non-Preferred Specialty Drug
<i>tacrolimus 1 mg capsule</i>	4	QL 8 / day NPS Non-Preferred Specialty Drug
<i>tacrolimus 5 mg capsule</i>	4	QL 4 / day NPS Non-Preferred Specialty Drug
ZORTRESS	5	PA NPS Non-Preferred Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	4	QL 2 / day PA PS
ARCALYST	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDIOVID PLUS	3	
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CERDELGA	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CYSTADANE	5	NPS Non-Preferred Specialty Drug
CYSTAGON 150 MG CAPSULE	5	QL 13 / day PA NPS Non-Preferred Specialty Drug
CYSTAGON 50 MG CAPSULE	5	QL 40/ day PA NPS Non-Preferred Specialty Drug
DEMSEER	3	
DYSPORT	5	PA NPS Non-Preferred Specialty Drug
ILARIS 150 MG/ML VIAL	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
ILARIS 180 MG VIAL	5	QL 0.4 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	5	PA NPS Non-Preferred Specialty Drug
<i>levocarnitine 1 g/10 ml soln</i>	1	
<i>levocarnitine 200 mg/ml vial</i>	1	
MYOBLOC	5	PA NPS Non-Preferred Specialty Drug
NEXAVIR	3	
NITYR	5	PA NPS Non-Preferred Specialty Drug
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	4	PA NPS Non-Preferred Specialty Drug
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
PROCYSBI DR 75 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SANDOSTATIN 0.05 MG/ML AMPUL	5	QL 30 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.1 MG/ML AMPUL	5	QL 15 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.5 MG/ML AMPUL	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.2 MG/ML VIAL	5	QL 8 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 1 MG/ML VIAL	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
THIOLA	3	PA
TYBOST	4	PS
XEOMIN	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
XURIDEN	5	NPS Non-Preferred Specialty Drug
ZAVESCA	5	PA NPS Non-Preferred Specialty Drug
PROTECTIVE AGENTS		
<i>amifostine</i>	4	NPS Non-Preferred Specialty Drug
<i>dexrazoxane</i>	4	PA NPS Non-Preferred Specialty Drug
ELMIRON	2	QL 3 / day PA
ETHYOL	5	NPS Non-Preferred Specialty Drug
<i>mesna</i>	4	NPS Non-Preferred Specialty Drug
MESNEX (1 GRAM/10 ML VIAL, 400 MG TABLET)	5	NPS Non-Preferred Specialty Drug
ZINECARD	5	PA NPS Non-Preferred Specialty Drug
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
CELEBREX (50 MG CAPSULE, 200 MG CAPSULE)	3	QL 2 / day
CELEBREX 100 MG CAPSULE	3	QL 3 / day
CELEBREX 400 MG CAPSULE	3	QL 1 / day
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>celecoxib 100 mg capsule</i>	1	QL 3 / day
<i>celecoxib 400 mg capsule</i>	1	QL 1 / day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	3	
ANSAID	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CALDOLOR	3	
CAMBIA 50 MG POWDER PACKET	Excluded Drugs	
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac 1.5% topical soln</i>	3	PA HCG
<i>diclofenac sodium 1% gel</i>	3	QL 1000/ 30 days HCG
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium-misoprostol</i>	1	
<i>diflunisal</i>	1	
DUEXIS 800-26.6 MG TABLET	Excluded Drugs	
DYLOJECT	3	
EC-NAPROSYN	3	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium (200 mg capsule, 400 mg capsule, 600 mg tablet)</i>	1	
FENORTHO	3	
FLECTOR	3	QL 2 / day
<i>flurbiprofen</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	LCG
<i>ibuprofen lysine</i>	3	
INDOCIN 25 MG/5 ML SUSPENSION	3	QL 6 / day
INDOCIN 50 MG SUPPOSITORY	3	QL 4 / day
INDOCIN I.V.	3	
<i>indomethacin 25 mg capsule</i>	1	LCG
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin 1 mg vial</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen er 200 mg capsule</i>	3	HCG
<i>ketoprofen 50 mg capsule</i>	1	LCG
<i>ketoprofen 75 mg capsule</i>	1	
<i>ketorolac tromethamine (15 mg/ml carpject, 15 mg/ml isecure syr, 15 mg/ml vial)</i>	1	QL 40 / 23 days
<i>ketorolac tromethamine (30 mg/ml carpject, 60 mg/2 ml carpject, 60 mg/2 ml vial)</i>	1	QL 20 / 30 days LCG
<i>ketorolac tromethamine (30 mg/ml isecure syr, 30 mg/ml syringe)</i>	1	QL 20 / 23 days

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ketorolac 10 mg tablet</i>	1	QL 21 / fill LCG
<i>ketorolac 30 mg/ml vial</i>	1	QL 20 / 23 days LCG
<i>ketorolac tromethamine (60 mg/2 ml syringe, 300 mg/10 ml vial)</i>	1	QL 20 / 30 days
KLOFENSAID II	3	PA HCG
LODINE	3	
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	3	QL 5 / day HCG
<i>meloxicam 7.5 mg/5 ml susp</i>	1	QL 10 / day
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QL 1 / day LCG
MOBIC 7.5 MG/5 ML SUSPENSION	3	QL 10 / day
MOBIC (7.5 MG TABLET, 15 MG TABLET)	3	QL 1 / day
<i>nabumetone</i>	1	
NALFON	3	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	3	PA
NAPRELAN CR 750 MG TABLET	3	QL 1 / day PA
NAPROSYN (125 MG/5 ML SUSPEN, 500 MG TABLET)	3	
<i>naproxen (125 mg/5 ml suspen, 500 mg kit, 500 mg tablet)</i>	1	LCG
<i>naproxen (250 mg tablet, dr 375 mg tablet, dr 500 mg tablet, ec 375 mg tablet, ec 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>naproxen sod cr 375 mg tablet</i>	3	HCG
<i>naproxen sod cr 500 mg tablet</i>	3	PA HCG
<i>naproxen sodium ds</i>	1	
<i>naproxen sod er 375 mg tablet</i>	3	PA HCG
NEOPROFEN	3	
<i>oxaprozin</i>	3	HCG
PENNSAID 2% PUMP	Excluded Drugs	
<i>piroxicam</i>	1	AL Up to 75 yrs old
PONSTEL	3	QL 5 / day
PROFENO	1	
SPRIX	3	QL 5 days PA
<i>sulindac</i>	1	
TIVORBEX	3	
<i>tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)</i>	1	
VIMOVO (DR 375-20 MG TABLET, DR 500-20 MG TABLET)	Excluded Drugs	
VIVLODEX	3	QL 1 / day PA AL At least 18 yrs old
VOLTAREN	3	QL 1000/ 30 days
VOLTAREN-XR	3	
ZIPSOR	3	QL 4 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
ZORVOLEX (18 MG CAPSULE, 35 MG CAPSULE)	Excluded Drugs	
SALICYLATES		
butalbital-aspirin-cafeine (butalb-aspirin-caffe 50-325-40, butalbital-asa-cafeine cap)	1	QL 6 / day
choline mag trisalicylate	1	
DISALCID	3	
DURLAZA	3	QL 1 / day PA
FIORINAL	3	QL 6 / day
salsalate	1	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
calcitonin-salmon	1	QL 0.13 / day
FORTICAL	3	QL 0.13 / day
MIACALCIN 200 UNIT NASAL SPRAY	3	QL 0.13 / day
MIACALCIN 400 UNIT/2 ML VIAL	5	NPS Non-Preferred Specialty Drug
SENSIPAR (30 MG TABLET, 60 MG TABLET)	5	QL 2 / day
		PA
		NPS Non-Preferred Specialty Drug
SENSIPAR 90 MG TABLET	5	QL 4 / day
		PA
		NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PARATHYROID AGENTS		
FORTEO	5	PA NPS Non-Preferred Specialty Drug
NATPARA	5	PA NPS Non-Preferred Specialty Drug
TYMLOS	5	QL 1.60 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)</i>	1	LCG
<i>amoxicillin er</i>	1	
<i>amoxicillin-clavulanate pot er</i>	3	HCG
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vial, ampicillin-sulbactam 3 gm vial)</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	2	
AUGMENTIN (250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
MOXATAG	3	
UNASYN (1.5 GM VIAL, 3 GM VIAL)	3	
EXTENDED-SPECTRUM PENICILLINS		
<i>piperacil-tazobact 13.5 gm vial</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vial, piperacil-tazobact 2.25 gm vial, piperacil-tazobact 3.375 gm vial, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 40.5 gram)</i>	1	
ZOSYN (2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GM/50 ML GALAXY, 3.375 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG, 4.5 GRAM VIAL, 40.5 GRAM BULK VIAL)	3	
NATURAL PENICILLINS		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin gk-iso-osm dextrose</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	LCG
PFIZERPEN	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	LCG
<i>nafcillin</i>	3	
<i>nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial, 10 gm vial)</i>	1	
<i>oxacillin</i>	3	
<i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)</i>	1	
RENIN-ANGIOTENSIN-ALDOSTER.INHIB(HYPOTN) ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)		
<i>captopril 100 mg tablet</i>	1	QL 4 / day
<i>enalapril maleate</i>	1	QL 2 / day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day LCG
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	QL 1 / day
<i>lisinopril 40 mg tablet</i>	1	QL 2 / day
<i>ramipril 1.25 mg capsule</i>	1	QL 2 / day
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	QL 1 / day
ATACAND HCT 16-12.5 MG TAB	3	QL 2 / day
AVALIDE 150-12.5 MG TABLET	3	QL 2 / day
AVALIDE 300-12.5 MG TABLET	3	QL 1 / day
AVAPRO	3	QL 1 / day
BENICAR	3	QL 3 / day
BENICAR HCT	3	QL 1 / day
<i>candesartan cilexetil</i>	1	QL 1 / day
<i>candesartan-hctz 16-12.5 mg tb</i>	1	QL 2 / day
<i>candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)</i>	1	QL 1 / day
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL 2 / day
COZAAR 100 MG TABLET	3	QL 1 / day
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL 2 / day
DIOVAN 320 MG TABLET	3	QL 1 / day
DIOVAN HCT (320-12.5 MG TAB, 320-25 MG TABLET)	3	QL 1 / day
DIOVAN HCT (80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET)	3	QL 2 / day
EDARBI	3	QL 1 / day ST
EDARBYCLOR	3	QL 1 / day ST
ENTRESTO	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>eprosartan mesylate</i>	1	QL 1 / day
HYZAAR (100-12.5 TABLET, 100-25 TABLET)	3	QL 1 / day
HYZAAR 50-12.5 TABLET	3	QL 2 / day
<i>irbesartan</i>	1	QL 1 / day
<i>irbesartan-hctz 150-12.5 mg tb</i>	1	QL 2 / day
<i>irbesartan-hctz 300-12.5 mg tb</i>	1	QL 1 / day
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL 2 / day LCG
<i>losartan potassium 100 mg tab</i>	1	QL 1 / day LCG
MICARDIS	3	QL 1 / day
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL 1 / day
MICARDIS HCT 80-12.5 MG TABLET	3	QL 2 / day
<i>olmesartan medoxomil</i>	1	QL 3 / day
<i>olmesartan-amlodipine-hctz</i>	3	QL 1 / day HCG
<i>olmesartan-hydrochlorothiazide</i>	1	QL 1 / day
<i>telmisartan</i>	1	QL 1 / day
<i>telmisartan-amlodipine</i>	1	QL 1 / day
<i>telmisartan-hctz 80-12.5 mg tb</i>	3	QL 2 / day HCG
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	3	QL 1 / day HCG
TRIBENZOR	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TWYNSTA	3	QL 1 / day
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL 2 / day
<i>valsartan 320 mg tablet</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	1	QL 2 / day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	3	QL 2 / day
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	QL 2 / day
ACCURETIC 20-25 MG TABLET	3	QL 1 / day
ACEON	3	QL 1 / day
ALTACE	3	QL 2 / day
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	QL 2 / day
<i>benazepril hcl 20 mg tablet</i>	1	QL 4 / day
<i>benazepril hcl 5 mg tablet</i>	1	QL 3 / day
<i>benazepril-hydrochlorothiazide</i>	1	QL 1 / day
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	QL 4 / day
<i>captopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>enalapril-hctz 10-25 mg tablet</i>	1	QL 2 / day
<i>enalapril-hctz 5-12.5 mg tab</i>	1	
<i>enalaprilat</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	QL 5 / day
<i>fosinopril sodium</i>	1	QL 2 / day
<i>fosinopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>lisinopril-hctz 20-25 mg tab</i>	1	QL 2 / day LCG
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day
LOTENSIN 20 MG TABLET	3	QL 4 / day
LOTENSIN 40 MG TABLET	3	QL 2 / day
LOTENSIN HCT	3	QL 1 / day
MAVIK	3	QL 2 / day
<i>moexipril hcl</i>	1	QL 1 / day
<i>moexipril-hydrochlorothiazide</i>	1	QL 2 / day
<i>perindopril erbumine</i>	1	QL 1 / day
PRESTALIA	3	QL 1 / day ST
PRINIVIL	3	QL 1 / day
QBRELIS	3	QL 40/ day
<i>quinapril hcl</i>	1	QL 2 / day
<i>quinapril-hctz 20-25 mg tab</i>	1	QL 1 / day
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day
<i>ramipril (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TARKA	3	QL 1 / day
<i>trandolapril</i>	1	QL 2 / day
<i>trandolapril-verapamil er</i>	1	
VASERETIC	3	QL 2 / day
VASOTEC	3	QL 2 / day
ZESTORETIC	3	QL 2 / day
ZESTRIL	3	QL 1 / day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
ALDACTAZIDE	3	
ALDACTONE	3	
CAROSPIR	2	PA
<i>eplerenone</i>	3	HCG
INSPIRA	3	
<i>spironolactone</i>	1	
<i>spironolactone-hctz</i>	1	
RENIN INHIBITORS		
TEKAMLO	3	QL 1 / day
TEKTURNA	3	QL 1 / day ST
TEKTURNA HCT	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
NUCALA	5	QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	QL 9 / day PA NPS Non-Preferred Specialty Drug
ESBRIET 801 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
OFEV	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
ANTITUSSIVES		
<i>benzonatate</i>	1	AL At least 11 yrs old
BROMFED DM	1	AL At least 2 yrs old
<i>brompheniramine-pseudoephed-dm</i>	1	AL At least 2 yrs old
CENTERGY DM	1	
FLOWTUSS	3	QL 60 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
HYCOFENIX	3	QL 40/ day AL At least 18 yrs old
<i>hydrocod-cpm-pseudoephedrine</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-chlorpheniramne er</i>	1	QL 10 / day AL At least 6 yrs old
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	1	QL 30 / day AL At least 2 yrs old
<i>hydrocodone-homatropine 5-1.5</i>	1	QL 6 / day AL At least 6 yrs old
HYDROMET	1	QL 30 / day AL At least 2 yrs old
OBREDON	3	QL 60 / day AL At least 18 yrs old
<i>promethazine vc-codeine</i>	1	QL 30 / day AL At least 6 yrs old
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	AL At least 2 yrs old LCG
<i>promethazine-phenyleph-codeine</i>	1	QL 30 / day AL At least 6 yrs old
REZIRA	3	QL 20 / day AL At least 18 yrs old
TESSALON PERLE	3	AL At least 11 yrs old
TUSSICAPS	3	QL 6 / day AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
TUSSIGON	1	QL 6 / day AL At least 6 yrs old
TUSSIONEX	3	QL 10 / day AL At least 6 yrs old
TUZISTRA XR	3	QL 20 / day AL At least 18 yrs old
VITUZ	3	QL 4 / day AL At least 6 yrs old
ZUTRIPRO	3	QL 20 / day AL At least 18 yrs old
MUCOLYTIC AGENTS		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	
PULMOZYME	5	QL 5 / day PA NPS Non-Preferred Specialty Drug
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	3	QL 1 / day PA
PULMONARY SURFACTANTS		
CUROSURF	3	
INFASURF	3	
SURVANTA	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
GLASSIA	5	PA NPS Non-Preferred Specialty Drug
PROLASTIN C 1,000 MG VIAL	5	PA NPS Non-Preferred Specialty Drug
XOLAIR	5	PA AL At least 6 yrs old NPS Non-Preferred Specialty Drug
ZEMAIRA	5	PA NPS Non-Preferred Specialty Drug
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>epoprostenol sodium</i>	4	NPS Non-Preferred Specialty Drug
FLOLAN	5	PA NPS Non-Preferred Specialty Drug
LETAIRIS	4	QL 1 / day PA PS
OPSUMIT	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
ORENITRAM ER	5	QL 3 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
REMODULIN	5	PA NPS Non-Preferred Specialty Drug
<i>sildenafil</i>	4	QL 3 / day PA NPS Non-Preferred Specialty Drug
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	4	QL 2 / day PA PS
TYVASO	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TYVASO INSTITUTIONAL START KIT	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TYVASO REFILL KIT	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TYVASO STARTER KIT	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
UPTRAVI 200-800 TITRATION PACK	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VELETRI	5	PA NPS Non-Preferred Specialty Drug
VENTAVIS	5	QL 9 / day PA NPS Non-Preferred Specialty Drug
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
AMRIX (ER 15 MG CAPSULE, ER 30 MG CAPSULE)	Excluded Drugs	
<i>carisoprodol</i>	1	
<i>carisoprodol compound</i>	1	
<i>carisoprodol compound-codeine</i>	1	QL 21 / day
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL 21 / day
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	1	LCG
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
FEXMID	3	
LORZONE	3	PA
METAXALL	1	
<i>metaxalone</i>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>methocarbamol 1,000 mg/10 ml</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN 500 MG TABLET	3	
ROBAXIN 1,000 MG/10 ML VIAL	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine hcl (2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule)</i>	1	
ZANAFLEX (2 MG CAPSULE, 4 MG CAPSULE, 4 MG TABLET, 6 MG CAPSULE)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	3	
DANTRIUM 20 MG VIAL	3	
<i>dantrolene sodium</i>	1	
REVONTO	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen</i>	1	
GABLOFEN (50 MCG/ML SYRINGE, 10,000 MCG/20 ML SYRG, 10,000 MCG/20 ML VIAL, 20,000 MCG/20 ML SYRG, 20,000 MCG/20 ML VIAL, 40,000 MCG/20 ML SYRG, 40,000 MCG/20 ML VIAL)	5	NPS Non-Preferred Specialty Drug
LIORESAL INTRATHECAL (10 MG/20 ML K, 10 MG/5 ML K, 40 MG/20 ML K)	5	NPS Non-Preferred Specialty Drug
LIORESAL IT 0.05 MG/1 ML AMP	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine er 100 mg tablet</i>	1	
<i>orphenadrine citrate (30 mg/ml vial, 60 mg/2 ml ampule, 60 mg/2 ml vial)</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ALA-CORT	1	
ALA-SCALP	3	
<i>alclometasone dipropionate (dipr oint, dipro crm)</i>	1	
<i>amcinonide (cream, lotion, ointment)</i>	1	
ANALPRAM HC (1% CREAM, 2.5%-1% CREAM, 2.5%-1% CRM SINGLE, 2.5%-1% LOTION)	3	
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	3	
ANUSOL-HC 25 MG SUPPOSITORY	1	
APEXICON E	3	
<i>betamethasone dipropionate (aug crm, aug gel, aug lot, aug oin, crm, lot, oint)</i>	1	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm, valer 0.12% foam)</i>	1	
CAPEX SHAMPOO	3	
<i>clobetasol emollient (emollient crm, emollnt foam)</i>	1	
<i>clobetasol emulsion</i>	1	
<i>clobetasol propionate (cream, gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)</i>	1	
CLOBEX (SHAMPOO, SPRAY, TOPICAL LOTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clocortolone pivalate</i>	1	
CLODAN 0.05% SHAMPOO	1	
CLODERM	3	
COLOCORT	1	
CORMAX	1	
CORTENEMA	3	
CORTIFOAM	3	
CUTIVATE (CREAM, LOTION)	3	
DERMA-SMOOTH-FS (BODY OIL, SCALP OIL)	3	
DERMATOP (EMOLLIENT CREAM, OINTMENT)	3	
DESONATE	3	
<i>desonide (cream, lotion, ointment)</i>	3	HCG
DESOWEN (CREAM, LOTION)	3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	3	HCG
<i>diflorasone diacetate (cream, ointment)</i>	1	
DIPROLENE (LOTION, OINTMENT)	3	
DIPROLENE AF	3	
ELOCON (CREAM, LOTION, OINTMENT)	3	
EPIFOAM	3	
EUCRISA	2	QL 2.143 / day ST AL At least 2 yrs old
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinonide 0.1% cream</i>	1	PA
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	3	HCG
HALOG (CREAM, OINTMENT)	3	PA
HEMMOREX-HC	1	
<i>hydrocortisone (1% absorbase, 1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr lotn, hydrocortisone butyr oint, hydrocortisone butyr soln)</i>	1	
<i>hydrocortisone valerate (cream, ointmt)</i>	1	
<i>hydrocortisone-pramoxine (1%-1% crm, 2.5%-1% cm, 2.5-1% crm)</i>	1	
<i>hydrocortisone-pramoxine hcl</i>	1	
IMPOYZ	3	
KENALOG	3	
<i>lidocaine-hc 3-0.5% cream</i>	3	HCG
LOCOID (CREAM, LOTION, OINTMENT, SOLUTION)	3	PA
<i>lokara</i>	1	
LUXIQ	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
MICORT-HC	3	
<i>mometasone furoate (cream, oint, soln)</i>	1	
NOVACORT GEL	3	
OLUX	3	PA
OLUX-E	3	
ORALONE	1	
PANDEL	3	
PRAMCORT	1	
PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)	3	
PRAMOSONE E	3	
<i>prednicarbate (cream, ointment)</i>	1	
PROCORT	3	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	3	
PROCTOFOAM-HC	2	
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	
PSORCON	3	
RIMSO-50	3	
SANADERMRX	1	
SCALACORT	1	
SERNIVO	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	3	
SYNALAR TS	3	
TEMOVATE (CREAM, OINTMENT)	3	
TEMOVATE EMOLLIENT	3	
TEXACORT	3	
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT, 0.25% SPRAY)	3	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.147 mg/g spray, 0.5% cream, 0.5% ointment)</i>	1	
TRIANEX	3	PA
TRIDERM	1	
TRIDESILON	3	
ULTRAVATE 0.05% LOTION	3	PA
ULTRAVATE (CREAM, OINTMENT)	3	
VANOS	3	ST
VANOXIDE-HC	3	QL 0.84 / day
VERDESO	3	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANA-LEX 2-2% CREAM	3	
ANACAINE	3	
ANASTIA	3	
CETACAINE	3	
CIDALEAZE	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>doxepin 5% cream</i>	1	QL 49 / fill PA
EMLA	3	
<i>ethyl chloride</i>	1	
<i>lidocaine 5% patch</i>	3	QL 3 / day PA HCG
<i>lidocaine hcl (3% cream, hcl 3% lotion, hcl 4% solution)</i>	1	
<i>lidocaine-hydrocortisone (lidocaine-hc 2.8-0.55% gel, lidocaine-hydrocort 3-2.5% gel)</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>lidocaine-tetracaine</i>	1	
LIDODERM	3	QL 3 / day PA
LIDOPIN 3% CREAM	1	
LIDOPIN 3.25% CREAM	3	
LIDOPRIL	1	
LIDOTRAL	3	
LIDOVEX	3	
LIDTOPIC MAX	3	
LP LITE PAK	1	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	
PONTOCAINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
PRE-ATTACHED LTA KIT	3	
PRUDOXIN	3	QL 49 / fill PA
PYRIDIUM	3	
REGENECARE	3	
SPRAY AND STRETCH	3	
SYNERA	3	PA
ZONALON	3	QL 49 / fill PA
ASTRINGENTS		
DRYSOL	3	
CELL STIMULANTS AND PROLIFERANTS		
ATRALIN	3	QL 1.5 / day
AVITA (CREAM, GEL)	1	
KEPIVANCE	5	NPS Non-Preferred Specialty Drug
REGRANEX	3	QL 1 / day PA
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	3	
RETIN-A MICRO	3	QL 50 / 30 days
RETIN-A MICRO PUMP	3	QL 50 / 30 days
TRETIN-X (0.0375% CREAM, 0.075% CREAM)	3	
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	3	QL 1.667 / day PA HCG
KERATOLYTIC AGENTS		
ALUVEA	3	
BENSAL HP	3	
BENZEFOAM	3	QL 2 / day
BENZEFOAM ULTRA	3	QL 3.334 / day
BENZEPRO (6% FOAMING CLOTHS, 7% CREAMY WASH)	1	
<i>pr benzoyl peroxide 7% wash</i>	1	
BP-50% UREA	1	
BPO (4% GEL, 8% GEL)	3	
BPO 6% FOAMING CLOTHS	1	QL 2 / day
CEM-UREA	3	
GORDO-UREA 40% OINTMENT	3	
HYDRO 35	3	
HYDRO 40	3	
KERAFOAM	3	
KERALAC	3	
KERALYT	3	
LATRIX	1	
NUOX	3	QL 1.47 / day
PACNEX	1	
PACNEX HP	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
PACNEX LP	3	
<i>potassium hydroxide</i>	1	
PR BENZOYL PEROXIDE	1	
REA LO 40 (40 CM, 40 TION)	1	
REMEVEN	1	
RYNODERM	3	
SALACYN (CREAM, LOTION)	1	
SALEX 6% SHAMPOO	3	
<i>salicylic acid (6% cream, 6% foam, 6% gel, 6% lotion, 6% shampoo, 26% liquid, 27.5% liquid)</i>	1	
<i>salicylic acid er</i>	1	
SALIMEZ FORTE	3	
SALKERA	3	
SALVAX	3	
<i>silver nitrate 10% solution</i>	1	
<i>grafco silver nit applicator</i>	1	
<i>silver nitrate applicator</i>	3	
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	1	
ULTRASAL-ER	3	
UMECTA (EMULSION, NAIL FILM PEN, NAIL FILM SUSP)	3	
UMECTA 40% MOUSSE	1	
UMECTA PD (PD EMULSION, PD SUSPENSION)	3	
URAMAXIN (20% FOAM, 45% LOTION, 45% NAIL GEL, 45% UREA CREAM)	3	
URAMAXIN GT 45% PRE-FILLED APP	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
URE-K	1	
<i>urea (35% foam, 39% cream, 40% cream, 40% gel, 40% lotion, 40% nail film susp, 45% cream, 45% lotion, 45% nail gel, 47% cream, 50% cream)</i>	1	
<i>urea 50% nail stick</i>	3	
UREVAZ	3	PA
UTOPIC	3	
VIRASAL	3	
KERATOPLASTIC AGENTS		
<i>coal tar</i>	1	
DRITHOCREME HP	3	
ZITHRANOL	3	
ZITHRANOL-RR	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ABSORICA	3	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	3	QL 2 / day HCG
<i>acitretin 10 mg capsule</i>	3	QL 4 / day HCG
ACZONE (5% GEL, 7.5% GEL PUMP)	3	QL 3 / day
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	3	QL 1.5 / day HCG
<i>adapalene 0.1% lotion</i>	1	QL 2 / day
<i>adapalene-benzoyl peroxide</i>	3	QL 1.5 / day
ALDARA	3	QL 0.434 / day AL At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
AMNESTEEM	3	PA HCG
AZELEX	3	QL 1.667 / day
<i>calcipotriene (cream, ointment)</i>	3	QL 2 / day HCG
<i>calcipotriene 0.005% solution</i>	1	QL 2 / day
<i>calcipotriene-betamethasone dp</i>	1	QL 3 / day PA
CALCITRENE	1	QL 2 / day
<i>calcitriol 3 mcg/g ointment</i>	1	QL 3.334 / day
CARAC	2	
CLARAVIS	3	PA HCG
CONDYLOX (GEL, TOPICAL SOLN)	3	
COSENTYX (2 SYRINGES)	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX PEN	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX PEN (2 PENS)	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX SYRINGE	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dapsone 5% gel</i>	1	QL 3 / day
DEBACTEROL (SOLUTION, SWABSTICK)	3	
<i>diclofenac sodium 3% gel</i>	1	QL 100 / 30 days PA
DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	3	QL 1.5 / day
DIFFERIN 0.1% LOTION	3	QL 1.967 / day
DOVONEX	3	QL 2 / day
DUPIXENT	5	QL 0.15 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
EFUDEX	3	
ELIDEL	2	QL 2.5 / day ST AL At least 2 yrs old
ENSTILAR	3	QL 2 / day PA
EPIDUO 0.1-2.5% GEL	3	QL 1.667 / day
EPIDUO 0.1-2.5% GEL PUMP	3	QL 1.5 / day
EPIDUO FORTE	3	QL 1.667 / day
FABIOR	3	QL 3.73 / day PA AL Up to 34 yrs old
FINACEA (FOAM, GEL)	3	QL 50 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS &
FLUOROPLEX	2	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
FORMADON	1	
<i>formaldehyde</i>	1	
<i>imiquimod</i>	1	QL 0.434 / day AL At least 12 yrs old
<i>isotretinoin</i>	1	PA
MIRVASO (GEL, GEL PUMP)	2	QL 1 / day
MUCOTROL	3	
MYORISAN	3	PA HCG
PANRETIN	3	
PICATO	3	ST
PODOCON-25	3	PA
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL 2.5 / day ST AL At least 2 yrs old
PROTOPIC 0.1% OINTMENT	3	QL 2.5 / day ST AL At least 16 yrs old
PYROGALLIC ACID	1	
QUTENZA	5	NPS Non-Preferred Specialty Drug
RECTIV	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
RHOFADE	3	QL PA 1.25 / day
SANTYL	3	
SOLARAZE	3	QL PA 100 / 30 days
SOOLANTRA	2	QL 1.5 / day
SORIATANE (17.5 MG CAPSULE, 25 MG CAPSULE)	3	QL 2 / day
SORIATANE 10 MG CAPSULE	3	QL 4 / day
SORILUX	3	QL 2 / day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	QL PA NPS 0.08 / day Non-Preferred Specialty Drug
STELARA 130 MG/26 ML VIAL	5	QL PA NPS 3.73 / day Non-Preferred Specialty Drug
TACLONEX OINTMENT	3	QL PA 3 / day
TACLONEX 0.005%-0.064% SUSPENS	3	QL PA 4 / day
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	3	QL ST HCG 100 / 30 days
TALTZ AUTOINJECTOR	5	QL PA NPS 0.15 / day Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TALTZ AUTOINJECTOR (2 PACK)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
TALTZ AUTOINJECTOR (3 PACK)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
TALTZ SYRINGE	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
TALTZ SYRINGE (2 PACK)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
TALTZ SYRINGE (3 PACK)	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
TARGRETIN 1% GEL	5	PA NPS Non-Preferred Specialty Drug
<i>tazarotene</i>	3	QL 1.47 / day HCG
TAZORAC (0.05% CREAM, 0.1% CREAM)	3	QL 2 / day
TAZORAC (0.05% GEL, 0.1% GEL)	3	QL 3.334 / day
TOLAK	3	QL 1.47 / day ST
TREMFYA	5	QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TRI-CHLOR	3	
<i>trichloroacetic acid (20%, 25%, 50%, 75%, 80%, 85%, 90%, 100%)</i>	1	
VALCHLOR	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
VECTICAL	3	QL 3.334 / day
VENELEX (OINTMENT, OINTMENT PACKET)	3	
VEREGEN	3	PA
ZENATANE	3	PA HCG
ZYCLARA (CREAM, CREAM PUMP)	3	QL 56 / 60 days AL At least 12 yrs old
ZYCLARA 2.5% CREAM PUMP	3	QL 56 / 30 days AL At least 12 yrs old
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline 500 mg/20 ml vial</i>	1	
ELIXOPHYLLIN	3	
THEO-24 (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 400 MG CAPSULE)	3	
THEOCHRON	1	
<i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i>	1	
<i>theophylline anhydrous</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>theophylline in 5% dextrose</i>	1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
SIGNIFOR	5	PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (20 MG KIT, 20 MG VIAL)	5	QL 0.1 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (40 MG KIT, 40 MG VIAL)	5	QL 0.067 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (60 MG KIT, 60 MG VIAL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
SOMATULINE DEPOT	5	QL 0.02 / day PA NPS Non-Preferred Specialty Drug
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
INCRELEX	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	5	 Non-Preferred Specialty Drug
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
ADRENALIN	3	 2 / fill 
ADRENALIN	3	
ADYPHREN	3	 2 / fill
ADYPHREN AMP	3	 2 / fill
ADYPHREN AMP II	3	 2 / fill
ADYPHREN II	3	 2 / fill
AUVI-Q	3	 2 / fill 
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1	 2 / fill
<i>epinephrine (0.1 mg/ml syringe, 1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>epinephrine hcl-0.9% nacl (0.16 mg/10 ml-ns, 0.8 mg/50 ml-ns)</i>	1	
<i>epinephrine 5 mg/250 ml-d5w</i>	1	
<i>epinephrine 100 mcg/10 ml-d5w</i>	1	
EPINEPHRINESNAP-V	3	 2 / fill
EPIPEN	3	 2 / fill 
EPIPEN 2-PAK	3	 2 / fill 

PRODUCT DESCRIPTION	TIER	LIMITS &
EPIPEN JR 2-PAK	3	QL PA 4 / fill
EPISNAP	3	QL 2 / fill
EPY	3	QL 2 / fill
<i>norepinephrine bitar-0.9% nacl (norepineph 0.8 mg/50-0.9% nacl, norepineph 15 mg/250-0.9% nacl, norepinephr 0.16 mg/10 ml-ns)</i>	1	
<i>norepinephrine bitartrate-d5w (100 mcg/10, 160 mcg/10)</i>	1	
NORTHERA	5	QL PA NPS 84 / 14 days Non-Preferred Specialty Drug
ALPHA-ADRENERGIC AGONISTS		
<i>midodrine hcl</i>	1	
<i>phenylephrine hcl-0.9% nacl (5 mg/50 ml-ns, 10 mg/250 ml-ns, 100 mcg/10 ml-ns, 200 mcg/2 ml-ns, 200 mg/250 ml-ns, 1,200mcg/10ml-ns)</i>	1	
<i>phenylephrine 100 mg/250ml-d5w</i>	1	
<i>phenylephrine hcl-d5w (8 mg/100, 20 mg/500, 25 mg/250, 30 mg/250)</i>	1	
<i>phenylephrine hcl-water</i>	1	
TETRACYCLINES		
GLYCYLCYCLINES		
<i>tigecycline</i>	1	
TYGACIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
THYROID AGENTS		
ARMOUR THYROID	3	
CYTOMEL	3	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet)</i>	1	LCG
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)</i>	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	1	LCG
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
<i>liothyronine sod 10 mcg/ml vl</i>	1	
NATURE-THROID	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
NP THYROID	1	
SYNTHROID	2	
<i>thyroid (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	QL 1 / day
TRIOSTAT	3	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	LCG
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	
WESTHROID	3	
WP THYROID	3	
UNCATEGORIZED		
<i>onetouch ultra blue test strp</i>	2	QL 10 / day
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex startr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio iq meter</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
<i>onetouch verio test strip</i>	2	QL 10 / day
Uncategorized		
Unclassified		
<i>2tek glucose-wrist monitor kit</i>	Excluded Drugs	
<i>2tek glucose-wrist monitor kit</i>	Excluded Drugs	
ABRAXANE	5	PA NPS Non-Preferred Specialty Drug
<i>accu-chek aviva connect meter</i>	Excluded Drugs	
<i>accu-chek aviva connect meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek combo system</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
ADCETRIS	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ADRIAMYCIN	4	NPS Non-Preferred Specialty Drug
ADRUCIL	4	NPS Non-Preferred Specialty Drug
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate duo glu-wrist monitor</i>	Excluded Drugs	
<i>advocate duo glu-wrist monitor</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate redi-code duo meter</i>	Excluded Drugs	
<i>advocate redi-code glu meter</i>	Excluded Drugs	
<i>advocate redi-code glu meter</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
AFINITOR 2.5 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
AFINITOR DISPERZ	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
ALDURAZyme	5	PA NPS Non-Preferred Specialty Drug
ALECENSA	5	QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALIMTA	5	PA NPS Non-Preferred Specialty Drug
ALKERAN 2 MG TABLET	3	
ALKERAN 50 MG VIAL	5	NPS Non-Preferred Specialty Drug
ALLFEN CDX	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 180 MG TABLET	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 30 MG TABLET	5	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ARRANON	5	NPS Non-Preferred Specialty Drug
ARZERRA	5	PA NPS Non-Preferred Specialty Drug
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
AVAILNEX	3	
AVASTIN	5	PA NPS Non-Preferred Specialty Drug
AVENOVA	3	
<i>azacitidine</i>	4	NPS Non-Preferred Specialty Drug
BELEODAQ	5	PA NPS Non-Preferred Specialty Drug
<i>bicalutamide</i>	1	
BICNU	5	NPS Non-Preferred Specialty Drug
BLEO 15K	5	NPS Non-Preferred Specialty Drug
<i>bleomycin sulfate</i>	4	NPS Non-Preferred Specialty Drug
BLINCYTO (35 MCG VIAL, 35MCG VIAL+STABILIZER)	5	NPS Non-Preferred Specialty Drug
<i>blood glucose monitoring syst</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>blood glucose monitoring syst</i>	Excluded Drugs	
<i>bortezomib</i>	4	PA NPS Non-Preferred Specialty Drug
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	QL 1 / day PA PS
BOSULIF 100 MG TABLET	4	QL 4 / day PA PS
<i>busulfan</i>	4	NPS Non-Preferred Specialty Drug
BUSULFEX	5	NPS Non-Preferred Specialty Drug
CA-DTPA	1	
CABOMETYX 20 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 40 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 60 MG TABLET	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
CAMPATH	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CAMPTOSAR	5	NPS Non-Preferred Specialty Drug
<i>capecitabine</i>	4	PA NPS Non-Preferred Specialty Drug
CAPRELSA 100 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CAPRELSA 300 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>carboplatin (50 mg/5 ml vial, 150 mg vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
CARDENE SR 45 MG CAPSULE	3	QL 2 / day
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
<i>caretouch glucose monitor sys</i>	Excluded Drugs	
<i>caretouch glucose monitor sys</i>	Excluded Drugs	
CASODEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
CEDAX 90 MG/5 ML SUSPENSION	3	
CEREZYME	5	PA NPS Non-Preferred Specialty Drug
<i>chemstrip bg diary</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>cisplatin</i>	4	NPS Non-Preferred Specialty Drug
<i>cladribine</i>	4	NPS Non-Preferred Specialty Drug
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever choice blood glucos sys</i>	Excluded Drugs	
<i>clever choice blood glucos sys</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clofarabine</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CLOLAR	5	NPS Non-Preferred Specialty Drug
COMETRIQ 100 MG DAILY-DOSE PK	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 140 MG DAILY-DOSE PK	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 60 MG DAILY-DOSE PACK	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>contour link meter</i>	Excluded Drugs	
<i>contour link meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>contour next meter</i>	Excluded Drugs	
<i>contour next meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>control ast monitoring system</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
COSMEGEN	5	NPS Non-Preferred Specialty Drug
COTELLIC	5	QL 2.5 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>cvs advanced glucose meter</i>	Excluded Drugs	
<i>cvs advanced glucose meter</i>	Excluded Drugs	
CYRAMZA	5	PA NPS Non-Preferred Specialty Drug
<i>cytarabine</i>	4	NPS Non-Preferred Specialty Drug
<i>dacarbazine</i>	4	NPS Non-Preferred Specialty Drug
DACOGEN	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dario blood glucose monitor</i>	Excluded Drugs	
DARZALEX	5	PA NPS Non-Preferred Specialty Drug
<i>daunorubicin hcl (20 mg vial, 20 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
DAUNOXOME	5	NPS Non-Preferred Specialty Drug
<i>decitabine</i>	4	NPS Non-Preferred Specialty Drug
DEPOCYT	5	NPS Non-Preferred Specialty Drug
<i>dexchlorpheniramine maleate</i>	1	
<i>dexcom g4 (ped) receiver kit</i>	Excluded Drugs	
<i>dexcom g4 receiver kit</i>	Excluded Drugs	
<i>dexcom g4 receiver-share (ped)</i>	Excluded Drugs	
<i>dexcom g4 receiver-share kit</i>	Excluded Drugs	
<i>dexcom g5 receiver kit</i>	Excluded Drugs	
<i>dexcom receiver kit</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
DILUENT FOR ELITEK	3	
DOCEFREZ	5	NPS Non-Preferred Specialty Drug
<i>docetaxel</i>	4	NPS Non-Preferred Specialty Drug
<i>doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DROXIA	3	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax ng blood glucose sys</i>	Excluded Drugs	
<i>easymax ng blood glucose sys</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>eclipse needle</i>	3	
ELAPRASE	5	PA NPS Non-Preferred Specialty Drug
ELELYSO	4	PA PS
<i>element compact glucose meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>element compact glucose meter</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
ELITEK	5	NPS Non-Preferred Specialty Drug
ELLENC	5	NPS Non-Preferred Specialty Drug
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose system</i>	Excluded Drugs	
<i>embrace blood glucose system</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
EMCYT	5	NPS Non-Preferred Specialty Drug
<i>enteral gravity bag set-enfit</i>	3	
<i>epirubicin hcl (50 mg/25 ml vial, hcl 50 mg vial, 200 mg/100 ml vial, hcl 200 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
EPISIL	3	
ERBITUX	5	PA NPS Non-Preferred Specialty Drug
ERIVEDGE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ERWINAZE	5	 Non-Preferred Specialty Drug
<i>ethyl acetate</i>	1	
ETOPOPHOS	5	 Non-Preferred Specialty Drug
<i>etoposide (50 mg capsule, 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	4	 Non-Preferred Specialty Drug
EUFLEXXA	4	 
<i>evencare g2 blood glucose sys</i>	Excluded Drugs	
<i>evencare g2 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
EVOMELA	5	 Non-Preferred Specialty Drug
EXJADE	5	  Non-Preferred Specialty Drug
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart system kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ez smart system kit</i>	Excluded Drugs	
FABRAZYME	5	PA NPS Non-Preferred Specialty Drug
FARYDAK	5	PA NPS Non-Preferred Specialty Drug
FASLODEX	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	PA NPS Non-Preferred Specialty Drug
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<i>filter needle 5 micron</i>	3	
<i>floxuridine</i>	4	NPS Non-Preferred Specialty Drug
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml btl, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	4	NPS Non-Preferred Specialty Drug
<i>flutamide</i>	1	
FOLOTYN	5	PA NPS Non-Preferred Specialty Drug
<i>fora d10 blood glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora premium v10 glucose meter</i>	Excluded Drugs	
<i>fora premium v10 glucose meter</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd40a glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>foracare gd40a glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
FORMA-RAY	3	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle freedom kit</i>	Excluded Drugs	
<i>freestyle freedom kit</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
GALZIN	3	
GAZYVA	5	PA NPS Non-Preferred Specialty Drug
<i>gdrive blood glucose system</i>	Excluded Drugs	
<i>gdrive blood glucose system</i>	Excluded Drugs	
<i>ge100 blood glucose system</i>	Excluded Drugs	
<i>ge100 blood glucose system</i>	Excluded Drugs	
GEL-ONE	5	PA NPS Non-Preferred Specialty Drug
<i>gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, hcl 1 gram/10 ml, hcl 1.5 gram/15 ml, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 2 gram/20 ml, 200 mg/5.26 ml vl, hcl 200 mg vial, hcl 200 mg/2 ml vl)</i>	4	NPS Non-Preferred Specialty Drug
GEMZAR	5	NPS Non-Preferred Specialty Drug
GENVISC 850	5	PA NPS Non-Preferred Specialty Drug
GILOTRIF	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
GLEEVEC 100 MG TABLET	4	QL 8 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
GLEEVEC 400 MG TABLET	4	QL 2 / day PA PS
GLEOSTINE	3	
GLIADEL	3	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocom value kit</i>	Excluded Drugs	
<i>glucocom value kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate voice meter monitor syst</i>	Excluded Drugs	
<i>gmate voice meter monitor syst</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>guardian link 3 transmitter</i>	Excluded Drugs	
<i>guardian real-time glu monitor</i>	Excluded Drugs	
<i>guardian sensor 3</i>	3	
<i>guardian sensor 3</i>	Excluded Drugs	
HALAVEN	5	PA NPS Non-Preferred Specialty Drug
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
HERCEPTIN	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
HEXALEN	5	PA NPS Non-Preferred Specialty Drug
HICON	3	
HPR PLUS (CREAM, EMOLLIENT FOAM)	3	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
HYCANTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
HYCANTIN 4 MG VIAL	5	NPS Non-Preferred Specialty Drug
HYDREA	3	
<i>hydroxyurea</i>	1	
HYLATOPICPLUS (CREAM, EMOLLIENT FOAM, LOTION)	3	
HYMOVIS	5	PA NPS Non-Preferred Specialty Drug
IBRANCE 100 MG CAPSULE	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
IBRANCE 125 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 75 MG CAPSULE	5	QL 1.667 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 15 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 45 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IDAMYCIN PFS	5	NPS Non-Preferred Specialty Drug
<i>idarubicin hcl</i>	4	NPS Non-Preferred Specialty Drug
IDHIFA	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
IFEX	5	NPS Non-Preferred Specialty Drug
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ifosfamide-mesna</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
IMBRUVICA 70 MG CAPSULE	5	QL 8 / day PA NPS Non-Preferred Specialty Drug
IMBRUVICA 280 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
IMBRUVICA 420 MG TABLET	5	QL 1.47 / day PA NPS Non-Preferred Specialty Drug
IMBRUVICA 560 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
<i>infinity voice glucose monitor</i>	Excluded Drugs	
<i>infinity voice glucose monitor</i>	Excluded Drugs	
INLYTA	4	QL 4 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
IRESSA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>irinotecan hcl</i>	4	NPS Non-Preferred Specialty Drug
ISTODAX	5	PA NPS Non-Preferred Specialty Drug
IXEMPRA	5	NPS Non-Preferred Specialty Drug
JADENU	5	PA NPS Non-Preferred Specialty Drug
JADENU SPRINKLE	5	PA NPS Non-Preferred Specialty Drug
JAKAFI	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
JEVTANA	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
KADCYLA	5	PA NPS Non-Preferred Specialty Drug
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
KISQALI 200 MG DAILY DOSE	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 400 MG DAILY DOSE	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 600 MG DAILY DOSE	5	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 200 MG CO-PACK	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 400 MG CO-PACK	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 600 MG CO-PACK	5	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>kro premium blood glucose syst</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>kro premium blood glucose syst</i>	Excluded Drugs	
KYPROLIS	5	PA NPS Non-Preferred Specialty Drug
LENVIMA	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LEUKERAN	3	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<i>lidocaine hcl (hcl 50 mg/5 ml syrng, 400mg/20ml (2%) syr)</i>	1	
<i>lidocaine 5 mg/ml-0.9% nacl</i>	1	
LONSURF 15 MG-6.14 MG TABLET	5	QL 2.15 / day PA NPS Non-Preferred Specialty Drug
LONSURF 20 MG-8.19 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LUMINAL SODIUM	3	
LUMIZYME	5	PA NPS Non-Preferred Specialty Drug
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LYSODREN	5	NPS Non-Preferred Specialty Drug
MARQIBO	5	PA NPS Non-Preferred Specialty Drug
MATULANE	5	NPS Non-Preferred Specialty Drug
MAXIFED CDX	3	
MAXIPHEN CD	3	
MAXIPHEN CDX	3	
MEKINIST 0.5 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
MEKINIST 2 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	NPS Non-Preferred Specialty Drug
METASTRON	3	
METHERGINE	1	
<i>methylergonovine 0.2 mg tablet</i>	1	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>minimed 630g guardian start kt</i>	Excluded Drugs	
<i>mitomycin</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mitoxantrone hcl</i>	4	PA NPS Non-Preferred Specialty Drug
MONOVISC	5	PA NPS Non-Preferred Specialty Drug
MUSTARGEN	5	NPS Non-Preferred Specialty Drug
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
MYLERAN	5	NPS Non-Preferred Specialty Drug
NAGLAZYME	5	PA NPS Non-Preferred Specialty Drug
NAVELBINE	5	NPS Non-Preferred Specialty Drug
<i>needle</i>	3	
NERLYNX	5	QL 6 / day
		PA
		AL At least 18 yrs old
		NPS Non-Preferred Specialty Drug
NEXAVAR	5	QL 4 / day
		PA
		NPS Non-Preferred Specialty Drug
NILANDRON	5	PA NPS Non-Preferred Specialty Drug
<i>nilutamide</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NINLARO	5	QL PA AL NPS 0.124 / day At least 18 yrs old Non-Preferred Specialty Drug
NIPENT	5	NPS Non-Preferred Specialty Drug
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>novamax plus glu-ket ctrl soln</i>	Excluded Drugs	
NUMOISYN LOZENGE	3	
ODOMZO	5	QL PA NPS 1 / day Non-Preferred Specialty Drug
<i>on call express ctrl soln pak</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
ONCASPAR	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex startr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
ONXOL	4	NPS Non-Preferred Specialty Drug
OPDIVO	5	PA NPS Non-Preferred Specialty Drug
<i>optumrx blood glucose meter</i>	Excluded Drugs	
<i>optumrx blood glucose meter</i>	Excluded Drugs	
<i>optumrx blood glucose system</i>	Excluded Drugs	
<i>optumrx blood glucose system</i>	Excluded Drugs	
ORAFATE	5	NPS Non-Preferred Specialty Drug
ORTHOVISC	5	PA NPS Non-Preferred Specialty Drug
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>paclitaxel</i>	4	NPS Non-Preferred Specialty Drug
<i>pen needle 30g x 5/16"</i>	2	
<i>pentetate calcium trisodium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>pentetate zinc trisodium</i>	1	
PERJETA	5	PA NPS Non-Preferred Specialty Drug
<i>pharmacist choice glucose sys</i>	Excluded Drugs	
<i>pharmacist choice glucose sys</i>	Excluded Drugs	
<i>pharmacist choice mini glu sys</i>	Excluded Drugs	
<i>pharmacist choice mini glu sys</i>	Excluded Drugs	
PHOTOFRIN	5	NPS Non-Preferred Specialty Drug
PNV-DHA PLUS	3	
PNV-IRON	3	
<i>precision link direct monit</i>	Excluded Drugs	
<i>precision link direct monit</i>	Excluded Drugs	
<i>precision xtra monitor</i>	Excluded Drugs	
<i>precision xtra monitor</i>	Excluded Drugs	
<i>precision xtra monitor nfrs</i>	Excluded Drugs	
<i>precision xtra monitor nfrs</i>	Excluded Drugs	
<i>precision xtra monitor system</i>	Excluded Drugs	
<i>precision xtra monitor system</i>	Excluded Drugs	
<i>premium blood glucose monitor</i>	Excluded Drugs	
<i>premium blood glucose monitor</i>	Excluded Drugs	
<i>premium blood glucose system</i>	Excluded Drugs	
<i>premium blood glucose system</i>	Excluded Drugs	
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
PROTHELIAL	5	 Non-Preferred Specialty Drug
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>relion all-in-one meter kit</i>	Excluded Drugs	
<i>relion all-in-one meter kit</i>	Excluded Drugs	
<i>relion confirm glucose monitor</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>relion confirm glucose monitor</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro system</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion premier blu glucose mtr</i>	Excluded Drugs	
<i>relion premier blu glucose mtr</i>	Excluded Drugs	
<i>relion premier voice gluco mtr</i>	Excluded Drugs	
<i>relion premier voice gluco mtr</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm260 glucose meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gm260 glucose meter</i>	Excluded Drugs	
<i>rightest gm300 system kit</i>	Excluded Drugs	
<i>rightest gm300 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
RITUXAN	5	PA NPS Non-Preferred Specialty Drug
RITUXAN HYCELA	5	PA NPS Non-Preferred Specialty Drug
<i>romidepsin</i>	4	PA NPS Non-Preferred Specialty Drug
RUBRACA (200 MG TABLET, 250 MG TABLET)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RUBRACA 300 MG TABLET	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RYDAPT	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>sidekick blood glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
SILVRSTAT	3	
<i>smart caresens n glucose systm</i>	Excluded Drugs	
<i>smart caresens n glucose systm</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
SOLESTA	5	 Non-Preferred Specialty Drug
<i>solus v2 audible meter</i>	Excluded Drugs	
<i>solus v2 audible meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	
SP ANTIPRURITIC	3	
SPRYCEL (100 MG TABLET, 140 MG TABLET)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL (70 MG TABLET, 80 MG TABLET)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL 20 MG TABLET	5	QL 9 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL 50 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
STIVARGA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
STRENSIQ	4	PA PS
SUCRAID	5	NPS Non-Preferred Specialty Drug
SUPARTZ FX	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>sure-test easyplus mini meter</i>	Excluded Drugs	
<i>sure-test easyplus mini meter</i>	Excluded Drugs	
<i>surechek blood glucose monitor</i>	Excluded Drugs	
<i>surechek blood glucose monitor</i>	Excluded Drugs	
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	4	QL 1 / day PA PS
SUTENT 12.5 MG CAPSULE	4	QL 7 / day PA PS
SUTENT 25 MG CAPSULE	4	QL 3 / day PA PS
SYLVANT	5	PA NPS Non-Preferred Specialty Drug
SYNRIBO	5	PA NPS Non-Preferred Specialty Drug
SYNVISC	4	PA PS
SYNVISC-ONE	4	PA PS
SYPRINE	5	PA NPS Non-Preferred Specialty Drug
TABLOID	3	PA
TAFINLAR 50 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TAFINLAR 75 MG CAPSULE	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
TAGRISSO	4	QL 1 / day PA AL At least 18 yrs old PS
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TARCEVA 25 MG TABLET	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
TASIGNA	4	QL 4 / day PA PS
TAXOTERE	5	NPS Non-Preferred Specialty Drug
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
TECENTRIQ	5	PA NPS Non-Preferred Specialty Drug
<i>telcare blood glucose monitor</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>telcare blood glucose monitor</i>	Excluded Drugs	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
TEMODAR 100 MG VIAL	4	PS
<i>temozolomide</i>	4	PA NPS Non-Preferred Specialty Drug
<i>teniposide</i>	4	NPS Non-Preferred Specialty Drug
<i>test n'go blood glucose system</i>	Excluded Drugs	
<i>test n'go blood glucose system</i>	Excluded Drugs	
<i>thiotepa</i>	4	NPS Non-Preferred Specialty Drug
TOPOSAR	4	NPS Non-Preferred Specialty Drug
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
TORISEL	5	QL 0.29 / day PA NPS Non-Preferred Specialty Drug
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
<i>tretinoin 10 mg capsule</i>	4	QL 90 / 365 days NPS Non-Preferred Specialty Drug
<i>trientine hcl</i>	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
TYKERB	4	QL PA PS 6 / day
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ultratrak pro meter kit</i>	Excluded Drugs	
<i>ultratrak pro meter kit</i>	Excluded Drugs	
<i>ultratrak ultimate glucose mtr</i>	Excluded Drugs	
<i>ultratrak ultimate glucose mtr</i>	Excluded Drugs	
UNITUXIN	5	PA NPS Non-Preferred Specialty Drug
<i>up & up blood monitoring syst</i>	Excluded Drugs	
<i>up & up blood monitoring syst</i>	Excluded Drugs	
VALSTAR	5	NPS Non-Preferred Specialty Drug
VECTIBIX	5	PA NPS Non-Preferred Specialty Drug
VELCADE	5	PA NPS Non-Preferred Specialty Drug
VENATAL COMPLETE DHA	3	GL Female
VENCLEXTA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VENCLEXTA STARTING PACK	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
<i>verasens blood glucose meter</i>	Excluded Drugs	
<i>verasens blood glucose meter</i>	Excluded Drugs	
VIDAZA	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
VIMIZIM	5	NPS Non-Preferred Specialty Drug
<i>vinblastine sulfate</i>	4	NPS Non-Preferred Specialty Drug
VINCASAR PFS	4	NPS Non-Preferred Specialty Drug
<i>vincristine sulfate</i>	4	NPS Non-Preferred Specialty Drug
<i>vinorelbine tartrate</i>	4	NPS Non-Preferred Specialty Drug
VITASPIRE	3	GL Female
VITRASE	3	
VOTRIENT	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VPRIV	5	PA NPS Non-Preferred Specialty Drug
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
XALKORI	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
XELODA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
XIAFLEX	5	NPS Non-Preferred Specialty Drug
XOFIGO	5	PA NPS Non-Preferred Specialty Drug
XTANDI	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
YERVOY	5	PA NPS Non-Preferred Specialty Drug
ZALTRAP	5	PA NPS Non-Preferred Specialty Drug
ZANOSAR	5	NPS Non-Preferred Specialty Drug
ZEJULA	5	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ZELBORAF	5	QL 8 / day PA NPS Non-Preferred Specialty Drug
ZEVALIN	5	NPS Non-Preferred Specialty Drug
ZN-DTPA	1	
ZOLINZA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOTEX-C	3	
ZYDELIG	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
ZYKADIA	5	QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ZYTIGA 250 MG TABLET	4	QL 4 / day PA PS
ZYTIGA 500 MG TABLET	4	QL 2 / day PA PS
VASODILATING AGENTS NITRATES AND NITRITES		
<i>amyl nitrite</i>	1	
DILATRATE-SR	3	QL 4 / day
GONITRO	3	QL 1.25 / day PA AL At least 18 yrs old
ISOCHRON	1	QL 4 / day
ISORDIL	3	QL 12 / day
ISORDIL TITRADOSE	3	QL 12 / day
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL 12 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>isosorbide dn er 40 mg tablet</i>	1	QL 4 / day
<i>isosorbide dinitrate er</i>	1	QL 4 / day
<i>isosorbide mononitrate</i>	1	QL 2 / day
<i>isosorbide mononitrate er</i>	1	QL 2 / day
MINITRAN	1	QL 1 / day
NITRO-BID	2	QL 4 / day
NITRO-DUR	3	QL 1 / day
NITRO-TIME	1	QL 4 / day
<i>nitroglycerin (er 2.5 mg cap, er 6.5 mg cap, er 9 mg capsule)</i>	1	QL 4 / day
<i>nitroglycerin 400 mcg spray</i>	3	QL 0.3 / day HCG
<i>nitroglycerin lingual 0.4 mg</i>	3	QL 0.8 / day HCG
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	QL 6 / day
<i>nitroglycerin 5 mg/ml vial</i>	1	
<i>nitroglycerin in d5w</i>	1	
<i>nitroglycerin patch</i>	1	QL 1 / day
NITROLINGUAL	3	QL 0.8 / day
NITROMIST	3	QL 0.3 / day
NITRONAL (25 MG/25 ML AMPULE, 50 MG/50 ML VIAL)	3	
NITROSTAT	3	QL 6 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	5	QL2 / day PA NPSNon-Preferred Specialty Drug
LEVITRA (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Excluded Drugs	
REVATIO 10 MG/ML ORAL SUSP	5	QL6 / day PA ALAt least 18 yrs old NPSNon-Preferred Specialty Drug
REVATIO 20 MG TABLET	5	QL3 / day PA ALAt least 18 yrs old NPSNon-Preferred Specialty Drug
REVATIO 10 MG/12.5 ML VIAL	5	PA ALAt least 18 yrs old NPSNon-Preferred Specialty Drug
sildenafil 10 mg/12.5 ml vial	4	PA ALAt least 18 yrs old NPSNon-Preferred Specialty Drug
STAXYN 10 MG ODT	Excluded Drugs	
STENDRA (50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Excluded Drugs	
VASODILATING AGENTS, MISCELLANEOUS		
AGGRENEX	3	QL2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>aspirin-dipyridamole er</i>	3	QL 2 / day HCG
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	QL 4 / day
<i>isoxsuprine hcl</i>	1	
NATRECOR	3	
<i>papaverine hcl</i>	1	
<i>papaverine-alprostadi</i>	1	
PERSANTINE	3	QL 4 / day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX EC	3	GL Female
CADEAU DHA	3	
DOTHELLE DHA	3	
ELITE OB DHA	3	GL Female
ELITE-OB	3	GL Female
ELITE-OB 400	3	GL Female
FOCALGIN 90 DHA	3	
FOCALGIN CA	3	GL Female
FOLBECAL	3	GL Female
<i>levomefolate dha</i>	3	GL Female
MACNATAL CN DHA	3	GL Female
MATERNITY	1	GL Female
MAXINATE	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
MYNATAL (CAPSULE, ULTRACAPLET)	3	GL Female
MYNATAL ADVANCE	3	GL Female
MYNATAL PLUS	3	GL Female
MYNATAL-Z	3	GL Female
MYNATE 90 PLUS	3	GL Female
NEWGEN	3	
O-CAL FA	3	GL Female
OBSTETRIX EC	3	GL Female
OBSTETRIX ONE	1	GL Female
OBTREX DHA	3	GL Female
PNV 29-1	3	GL Female
PNV-DHA + DOCUSATE	3	GL Female
PNV-OMEGA	3	GL Female
PNV-VP-U	3	
PRENA1 CHEW	3	GL Female
PRENA1 PEARL	3	GL Female
PRENA1 TRUE	3	GL Female
PRENAISSANCE NEXT	3	GL Female
PRENATABS RX	3	GL Female
<i>prenatal-u</i>	3	GL Female
PREPLUS	3	GL Female
PRETAB	3	GL Female
PROVIDA DHA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
PROVIDA OB	3	GL Female
R-NATAL OB	3	GL Female
RULAVITE DHA	3	
THRIVITE 19	3	
THRIVITE RX	3	
TRI-TABS DHA	3	GL Female
TRICARE PRENATAL	3	GL Female
TRINATE	3	GL Female
TRIVEEN-ONE	3	GL Female
TRIVEEN-U	3	GL Female
TRUST NATAL DHA	3	GL Female
VINATE DHA	3	GL Female
VINATE DHA RF	3	GL Female
VINATE ONE	3	GL Female
VINATE PN CARE	3	GL Female
VINATE-M	3	GL Female
VIRT-ADVANCE	3	GL Female
VIRT-C DHA	3	
VIRT-NATE	3	GL Female
VIRT-NATE DHA	3	GL Female
VIRT-PN	3	GL Female
VIRT-PN DHA	3	GL Female
VIRT-PN PLUS	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
VITAFOL GUMMIES	3	GL Female
VITATRUE	3	GL Female
VOL-TAB RX	3	GL Female
VP-CH-PNV	3	GL Female
VP-HEME OB	3	GL Female
VP-HEME ONE	3	GL Female
VP-PNV-DHA	3	
VITAMIN B COMPLEX		
B-12 COMPLIANCE	3	
B-12 KIT	1	
b-complex	1	
CARDIOTEK-RX	3	
<i>cyanocobalamin injection</i>	1	
FOLBEE	1	
FOLBEE AR	3	
FOLGARD RX	3	
<i>folic acid 1 mg tablet</i>	1	
<i>folic acid 5 mg/ml vial</i>	1	
<i>folic acid-vit b6-vit b12</i>	1	
FOLPLEX 2.2	1	
<i>hydroxocobalamin</i>	1	
NASCOBAL	3	PA
NEURIN-SL	3	
<i>pyridoxine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &	
<i>thiamine hcl</i>	1		
VIRT-GARD	1		
VIRT-VITE	1		
VITA-RESPA	3		
VITAMIN C			
<i>ascorbic acid</i>	1		
VITAMIN D			
<i>calcitriol 1 mcg/ml ampul</i>	1		
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1		
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	4	NPS	Non-Preferred Specialty Drug
<i>doxercalciferol (4 mcg/2 ml amp, 4 mcg/2 ml vl)</i>	4	NPS	Non-Preferred Specialty Drug
DRISDOL	3		
HECTOROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)	5	NPS	Non-Preferred Specialty Drug
HECTOROL (2 MCG/ML VIAL, 4 MCG/2 ML VIAL)	5	NPS	Non-Preferred Specialty Drug
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	NPS	Non-Preferred Specialty Drug
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	4	NPS	Non-Preferred Specialty Drug
RAYALDEE	5	NPS	Non-Preferred Specialty Drug
ROCAITROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3		
<i>vitamin d2</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS &
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
ZOLATE	1	
VITAMIN K ACTIVITY		
MEPHYTON	2	
<i>phytonadione</i>	1	
<i>vitamin k1</i>	1	

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 - o Intérpretes de lenguaje de señas capacitados.
 - o Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - o Intérpretes capacitados.
 - o Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Atención al Cliente 1-877-280-2989 (número gratuito).

Si considera que GlobalHealth, Inc. no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: **Attn: Director of Compliance, 701 NE 10th St, Ste 300, Oklahoma City, OK 73104-5403, Teléfono: (405) 280-5220, Fax: (405) 280-5894, o correo electrónico: compliance@globalhealth.com**. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Atención al Cliente está a su disposición para brindársela. También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web

<http://www.hhs.gov/ocr/office/file/index.html>.

Language	Translation
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-280-2989 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-2989 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-280-2989 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-2989 OR (TTY: 711)번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-2989 (TTY: 711).
Arabic	117). اتصل. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان: ملحوظة 1-4692-082-778-1 (هاتف الصم والبكم برقم)
Burmese	သတိပြုရန် - အကယုၣ် သုၣ်သညၣ်မနုၣ်မာၣ်ကး ကို ဂုၣ်တပါက၊ ဘာသာစကး အကူအညီ၊ အခမဲ့၊ သုၣ်အတၢ်ဍုၣ် စီစဉ်ဆော့ၣ်ရၢ်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-877-280-2989 (TTY: 711) သို့မူၣ် ခေၣ်ဆိပ်။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-2989 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-2989 (TTY: 711).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-2989 (ATS: 711).
Laotian	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 1-877-280-2989 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-2989 (TTY: 711).
Urdu	1-877-280-2989 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار (TTY: 711).
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-2989 (TTY: 711).
Persian	اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما: توجه با تماس بگیرید. فراهم می باشد (TTY: 711) 1-877-280-2989



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