



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Federal Employees Health Benefits Program Formulary

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What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Evidence of Coverage* or call the SWHP Customer Service department.

What is the Scott & White Health Plan formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP formulary is an open formulary. This means that preferred drugs listed in this document are covered under your prescription benefit. Coverage for drugs not listed are considered Non-Formulary unless excluded by your plan benefit. Non-formulary drugs may require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy therefore; this list is not inclusive and does not guarantee coverage.

The formulary is tiered meaning there are different copayment levels for drugs on different levels.

Tier 0 (T0): zero cost share preventive medications

Tier 1 (T1): preferred generic medications

Tier 2 (T2): preferred brand medications

Tier 3 (T3): non-preferred brand and generic medications

Tier 4 (T4): specialty medications

Non-formulary medications: medications not listed on formulary but are allowed some coverage (unless excluded)

Excluded: medications not listed on formulary and member is responsible for the entire cost of the prescription

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

How was the formulary created and how are new medications reviewed?

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the SWHP formularies on our website at swhp.org, which are updated monthly. To view the changes that have been made to the formularies, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

On the formulary, brand name drugs are capitalized (e.g. HUMALOG) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

What are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include: quantity limits, prior authorization, step therapy, age limits, and others. Please refer to the legend for a complete listing of requirements.

How do I request an exception to the SWHP formulary?

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction.
- Exception to waive a limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician must submit a coverage exception form to SWHP. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP benefit plans.

How much medication does my copayment cover and does my plan cover maintenance medications?

You can get up to a 30-day supply of medication for a single copayment. Some medications may have a quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three month supply of medication.

Maintenance Medications

The following categories are considered maintenance eligible:

- Anticonvulsants
- Bupropion, bupropion SR, bupropion XL
- Cardiovascular Medications
- Estrogen and Progestin replacement medications
- Generic selective serotonin reuptake inhibitors (SSRIs) medications
- Lithium
- Medications to treat asthma
- Medications to treat diabetes and diabetic supplies
- Medications to treat glaucoma
- Medications to treat gout
- Medications to treat osteoporosis
- Medications to treat Parkinson’s
- Potassium supplements
- Testosterone Cypionate

- Thyroid replacement medications
- Tricyclic antidepressant medications
- Urinary incontinence medications

NOTE: Not all drugs within the category are preferred to be maintenance eligible. Only those listed with an “MN” on formulary are maintenance eligible. Please refer to your *Evidence of Coverage* for complete plan coverage.

How can I save money on prescriptions?

Medications on the SWHP formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the formulary to determine which contraceptives are available at a \$0 cost-share. These are listed on the formulary at Tier 0 (preventive drugs). Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan documents.

Preventive Care Medications & Medications Covered Under Health Care Reform

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are listed on the formulary at Tier 0 (preventive drugs). Please note this list is subject to change.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to two smoking cessation attempts per year, up to 180 days total. These medications are listed on the formulary at Tier 0 (preventive drugs).

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Diabetic Supplies

The preferred diabetic testing supplies include all Roche Diagnostics (ACCU-CHEK®) Products.

Oral Oncology Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 14-day supply for the first 2 months of therapy. Please refer to applicable plan documents for additional information.

Oral Oncology Program drugs include:

Bosulif	Jakafi	Sprycel	Targretin	Zejula
Erivedge	Nerlynx	Sutent	Votrient	Zolinza
Gleevec	Nexavar	Tafinlar	Xalkori	Zykadia
Inlyta	Rubraca	Tarceva	Xtandi	Zytiga

LEGEND

TIER	DESCRIPTION
0	Preventive
1	Preferred Generics
2	Preferred Brands
3	Non-Preferred Brands & Non-Preferred Generics
4	Specialty

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 You (or your physician) are required to get prior authorization before you fill your prescription for this 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 we will cover another drug for that condition.
AL1	Age Limit This prescription drug may only be covered if you meet the minimum or maximum age limit.
MDD	Max Daily Dose There is a limit on the amount of this drug that is covered per day.
C	Custom This drug has unique restrictions.
MN	Maintenance Medication Maintenance Medication.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin (81 mg tab chew, 81 mg tablet dr)</i>	0	AL1 50 to 59 yrs old
<i>butalbital/aspirin/caffeine</i>	1	
<i>celecoxib</i>	1	
<i>choline salicylate/magnesium salicylate</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
INDOCIN (25 MG/5 ML SUSPENSION, 50 MG SUPPOSITORY)	2	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine 10 mg tablet</i>	1	QL 20 / 30 DAYS
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	3	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	1	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	1	
<i>oxaprozin 600 mg tablet</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	1	QL 20 / 30 DAYS
<i>levorphanol tartrate</i>	1	
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	1	QL 240 / 30 DAYS
<i>methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)</i>	1	
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er)</i>	1	QL 180 / 30 DAYS
<i>morphine sulfate (60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	1	QL 120 / 30 DAYS
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h)</i>	1	QL 90 / 30 DAYS
<i>oxycodone hcl 80 mg tab er 12h</i>	1	QL 120 / 30 DAYS
OXYCONTIN (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 60 MG TABLET)	2	QL 90 / 30 DAYS
OXYCONTIN 80 MG TABLET	2	QL 120 / 30 DAYS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)</i>	1	
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	
<i>butorphanol tartrate 10 mg/ml spray</i>	1	QL 5 / 30 DAYS
CAPITAL W-CODEINE	2	
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	
<i>codeine sulfate</i>	1	QL 180 / 30 DAYS
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	
DEMEROL (100 MG/ML AMPUL, 100 MG/ML CARPUJECT, 100 MG/ML VIAL)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	1	
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	1	
<i>hydromorphone hcl (1 mg/ml liquid, 3 mg supp.rect)</i>	1	
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL 240 / 30 DAYS
<i>meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)</i>	1	
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 15 mg tablet, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 30 mg tablet, 100 mg/5ml solution)</i>	1	
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 180 / 30 DAYS
<i>oxycodone hcl (5 mg capsule, 5 mg/5 ml solution, 20 mg/ml oral conc)</i>	1	
<i>oxycodone hcl 5 mg tablet</i>	1	QL 360 / 30 DAYS
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	1	
<i>oxycodone hcl/aspirin</i>	1	
<i>pentazocine hcl/naloxone hcl</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl/acetaminophen</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % oint. (g)</i>	1	QL 120 / 30 DAYS
<i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution)</i>	1	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	1	QL 120 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>naltrexone hcl 50 mg tablet</i>	1	
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	1	
<i>buprenorphine hcl/naloxone hcl</i>	1	
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe)</i>	1	
NARCAN	3	QL 1 BOX (2 NASAL SPRAYS) / 180 DAYS
SMOKING CESSATION AGENTS		
<i>bupropion hcl (150 mg tab er 12h, 150 mg tablet er)</i>	0	C 6 months of treatment per 1 year MN
CHANTIX	0	C 6 months of treatment per 1 year
<i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq, 22 mg/24hr patch td24)</i>	0	C 6 months of treatment per 1 year
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge, 4 mg lozng mini)</i>	0	C 6 months of treatment per 1 year
NICOTROL	0	C 6 months of treatment per 1 year
NICOTROL NS	0	C 6 months of treatment per 1 year
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g))</i>	1	
<i>neomycin sulfate</i>	1	
<i>tobramycin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOBREX 0.3% EYE OINTMENT	2	
ANTIBACTERIALS, OTHER		
AKTIPAK	2	
<i>bacitracin 500 unit/g oint. (g)</i>	1	
BACTROBAN NASAL	2	
BENZAMYCINPAK	2	
CLEOCIN 100 MG VAGINAL OVULE	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	1	
<i>clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl)</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	1	
MONUROL	3	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl (1 g vial, 1 g vial port, 125 mg capsule, 250 mg capsule, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)</i>	3	
XIFAXAN	3	PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>	1	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	1	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefixime</i>	1	
<i>cefepodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	1	
<i>ceftibuten 400 mg capsule</i>	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
<i>cefuroxime axetil</i>	1	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet)</i>	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 400 MG TABLET, 500 MG/5 ML SUSPENSION)	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i>	1	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	2	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	1	
MACROLIDES		
AKNE-MYCIN	2	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial, 500 mg vial port, 600 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>	1	
ERY-TAB	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	1	
<i>erythromycin base (5 mg/g oint. (g), 5 mg/gram oint. (g), 250 mg capsule dr, 250 mg tablet, 500 mg tablet)</i>	1	
<i>erythromycin base/ethyl alcohol (base/ethanol 2 % gel (gram), base/ethanol 2 % med. swab, base/ethanol 2 % solution)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet)</i>	1	
QUINOLONES		
CILOXAN 0.3% OINTMENT	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>gatifloxacin</i>	1	
<i>levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 750 mg tablet)</i>	1	
<i>moxifloxacin hcl (0.5 % drops, 400 mg tablet)</i>	3	
<i>ofloxacin 0.3 % drops</i>	1	
SULFONAMIDES		
AVC	2	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g), 10 % suspension)</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	3	
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN 50 MG/5 ML SYRUP	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	
FYCOMPA 0.5 MG/ML ORAL SUSP	3	MN
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	2	MN
KEPPRA XR	2	MN
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	1	MN
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	1	MN
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	MN
ZONEGRAN	2	MN
<i>zonisamide</i>	1	MN
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	MN
DEPAKOTE	2	MN
DEPAKOTE ER	2	MN
DEPAKOTE SPRINKLE	2	MN
DIASTAT	2	QL 5 / 30 DAYS
DIASTAT ACUDIAL	2	QL 5 / 30 DAYS
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	1	QL 5 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium</i>	1	MN
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	1	MN
GABITRIL	2	MN
MYSOLINE	2	MN
NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	2	MN
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	3	PA
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	1	MN
<i>primidone</i>	1	MN
<i>tiagabine hcl</i>	1	MN
<i>valproic acid</i>	1	MN
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	MN
GLUTAMATE REDUCING AGENTS		
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	1	MN
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	2	MN
LAMICTAL	2	MN
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	MN
TOPAMAX	2	MN
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	MN
SODIUM CHANNEL AGENTS		
APTIOM	3	
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tablet, 300 mg cpmp 12hr)</i>	1	MN
<i>carbamazepine (200 mg tab er 12h, 400 mg tab er 12h)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARBATROL	2	MN
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	MN
DILANTIN-125	2	MN
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	MN
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	1	MN
<i>phenytoin sodium extended 100 mg capsule</i>	1	MN
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	2	MN
TEGRETOL XR	2	MN
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	2	MN
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	1	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)</i>	1	
NAMENDA XR	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>amitriptyline hcl/chlordiazepoxide</i>	1	
<i>bupropion hcl (75 mg tablet, 100 mg tab er 12h, 100 mg tablet, 100 mg tablet er, 150 mg tab er 24h, 200 mg tab er 12h, 200 mg tablet er, 300 mg tab er 24h)</i>	1	MN
<i>mirtazapine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg tablet, 40 mg tablet)</i>	1	MN
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	1	MN
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)</i>	1	MN
<i>fluoxetine hcl 20 mg capsule</i>	1	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 30 mg tablet)</i>	1	MN
PAXIL 10 MG/5 ML SUSPENSION	2	MN
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>trazodone hcl</i>	1	
TRINTELLIX	3	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	1	MN
TRICYCLICS		
<i>amitriptyline hcl</i>	1	MN
<i>clomipramine hcl</i>	1	MN
<i>desipramine hcl</i>	1	MN
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	MN
<i>imipramine hcl</i>	1	MN
<i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	MN
<i>trimipramine maleate</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>prochlorperazine 25 mg supp.rect</i>	1	
<i>prochlorperazine edisylate 5 mg/ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant</i>	3	QL 3 / RX
<i>dronabinol</i>	3	
EMEND 125 MG POWDER PACKET	3	QL 3 / 1 RX
<i>granisetron hcl 1 mg tablet</i>	3	QL 4 / 1 RX
<i>ondansetron</i>	1	QL 8 / 1 RX
<i>ondansetron hcl (2 mg/ml vial, 4 mg/5 ml solution)</i>	1	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	1	QL 8 / 1 RX
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial)</i>	1	
ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
<i>econazole nitrate</i>	1	
EXELDERM (CREAM, SOLUTION)	2	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>itraconazole</i>	1	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK)	2	
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% GEL)	2	
NATACYN	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	2	PA
<i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500k unit tablet, 500mm unit powder(ea), 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT 1% LOTION	2	
SPORANOX 10 MG/ML SOLUTION	2	
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>terconazole</i>	1	
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	MN
<i>colchicine 0.6 mg tablet</i>	1	MN
<i>probenecid</i>	1	MN
<i>probenecid/colchicine</i>	1	MN
ULORIC	3	ST
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	1	QL 8 / 30 DAYS
<i>ergotamine tartrate/caffeine</i>	1	
MIGRANAL	2	QL 8 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL 9 / 30 DAYS
<i>rizatriptan benzoate (10 mg tab rapdis, 10 mg tablet)</i>	1	QL 12 / 30 DAYS
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet)</i>	1	QL 24 / 30 DAYS
<i>sumatriptan</i>	1	QL 6 / 30 DAYS
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 18 / 30 DAYS
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial)</i>	1	QL 3 / 30 DAYS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
MESTINON 60 MG/5 ML SYRUP	2	
<i>pyridostigmine bromide</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	1	
<i>rifabutin</i>	3	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
BENDEKA	4	
CEENU	2	
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	1	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEOSTINE 5 MG CAPSULE	4	PA
HEXALEN	4	PA
LEUKERAN	2	
LOMUSTINE	2	
<i>melphalan</i>	1	
MYLERAN	2	
TEMODAR	4	
<i>temozolomide</i>	4	
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	4	
ANTIANDROGENS		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	4	PA
<i>nilutamide</i>	4	PA
XTANDI	4	PA
ZYTIGA	4	PA
ANTIANGIOGENIC AGENTS		
POMALYST	4	PA
REVLIMID	4	
THALOMID	4	
ANTIESTROGENS/MODIFIERS		
FARESTON	2	
FASLODEX	4	
<i>tamoxifen citrate 10 mg tablet</i>	1	
<i>tamoxifen citrate 20 mg tablet</i>	1	C Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at generic copay.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES		
ALIMTA	4	
<i>capecitabine</i>	4	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)</i>	4	
<i>hydroxyurea</i>	1	
LONSURF	4	PA
<i>mercaptopurine</i>	1	
PURIXAN	4	PA
XELODA	4	PA
ANTINEOPLASTICS, OTHER		
ABRAXANE	4	
ALUNBRIG	4	PA
<i>amifostine crystalline</i>	4	
<i>azacitidine</i>	4	
BCG (TICE STRAIN)	4	
<i>carboplatin 10 mg/ml vial</i>	4	
DOCEFREZ	4	
<i>docetaxel</i>	4	
DOXIL	4	
FARYDAK	4	PA
HALAVEN	4	PA
IDHIFA	4	PA
<i>irinotecan hcl</i>	4	
IXEMPRA	4	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
LYNPARZA	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mitoxantrone hcl 2 mg/ml vial</i>	4	
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>	4	
RUBRACA	4	PA
RYDAPT	4	PA
THERACYS	4	
VELCADE	4	
VIDAZA	4	
ZOLINZA	4	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
ENZYME INHIBITORS		
<i>etoposide 50 mg capsule</i>	4	
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	4	PA
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	4	
MOLECULAR TARGET INHIBITORS		
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA
BOSULIF	4	PA
CABOMETYX	4	PA
CAPRELSA	4	PA
COMETRIQ	4	PA
COTELLIC	4	PA
ERIVEDGE	4	PA
GILOTRIF	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEEVEC	4	PA
IBRANCE	4	PA
ICLUSIG	4	PA
<i>imatinib mesylate</i>	4	PA
IMBRUVICA	4	PA
INLYTA	4	PA
IRESSA	4	PA
JAKAFI	4	PA
KISQALI	4	PA
KISQALI FEMARA CO-PACK	4	PA
LENVIMA	4	PA
MEKINIST	4	PA
NERLYNX	4	PA
NEXAVAR	4	PA
NINLARO	4	PA
ODOMZO	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	4	
TAFINLAR	4	PA
TAGRISSO	4	PA
TARCEVA	4	PA
TASIGNA	4	PA
TORISEL	4	
TYKERB	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VOTRIENT	4	PA
XALKORI	4	PA
ZEJULA	4	PA
ZELBORAF	4	PA
ZYDELIG	4	PA
ZYKADIA	4	PA
MONOCLONAL ANTIBODIES		
ARZERRA	4	PA
AVASTIN	4	
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN	4	
KADCYLA	4	PA
OPDIVO	4	PA
PERJETA	4	PA
RITUXAN	4	
VECTIBIX	4	PA
ZEVALIN	4	PA
RETINOIDS		
<i>bexarotene</i>	4	PA
TARGRETIN (75 MG CAPSULE, 75 MG SOFTGEL)	4	PA
TARGRETIN 1% GEL	4	
<i>tretinoin 10 mg capsule</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPARASITICS		
ANTIHELMINTHICS		
ALBENZA	2	
<i>ivermectin</i>	1	
ANTIPROTOZOALS		
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	2	
<i>primaquine phosphate</i>	2	
PEDICULICIDES/SCABICIDES		
EURAX	2	
<i>lindane</i>	2	
<i>permethrin 5 % cream (g)</i>	1	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 5 mg tablet)</i>	1	MN
<i>trihexyphenidyl hcl 2 mg tablet</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>	1	MN
<i>entacapone</i>	3	
DOPAMINE AGONISTS		
APOKYN	4	
<i>bromocriptine mesylate</i>	1	MN
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	MN
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	1	MN
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	MN
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml vial)</i>	1	
<i>loxapine succinate</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
2ND GENERATION/ATYPICAL		
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	
GEODON 20 MG/ML VIAL	3	
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)</i>	1	
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	1	
RISPERDAL CONSTA	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 1 mg/ml solution, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	1	
<i>ziprasidone hcl</i>	3	
TREATMENT-RESISTANT		
<i>clozapine (25 mg tablet, 100 mg tablet)</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen</i>	1	
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	3	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl 450 mg tablet</i>	1	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	4	
<i>entecavir</i>	4	
EPIVIR HBV 25 MG/5 ML SOLN	2	
HEPSERA	4	
<i>lamivudine 100 mg tablet</i>	1	
ANTI-HEPATITIS C (HCV) AGENTS		
HARVONI	4	PA
INFERGEN 9 MCG/0.3 ML VIAL	4	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	4	
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	
PEGASYS PROCLICK	4	
PEGINTRON	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEGINTRON REDIPEN	4	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
SOVALDI	4	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
ISENTRESS 400 MG TABLET	4	
ISENTRESS HD	4	
STRIBILD	4	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	2	
COMPLERA	4	
<i>nevirapine (50 mg/5 ml oral susp, 200 mg tablet, 400 mg tab er 24h)</i>	1	
RESCRIPTOR	2	
SUSTIVA	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 300 mg tablet</i>	1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	3	
<i>didanosine</i>	1	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	2	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	1	
<i>lamivudine/zidovudine</i>	1	
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
TRUVADA	2	
VIDEX	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	2	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
ANTI-HIV AGENTS, OTHER		
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
CRIXIVAN	2	
INVIRASE	2	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	2	
<i>lopinavir/ritonavir</i>	1	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	2	
REYATAZ	2	
VIRACEPT	2	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule)</i>	3	QL 10 / 30 DAYS
<i>oseltamivir phosphate 75 mg capsule</i>	3	
<i>rimantadine hcl</i>	1	
TAMIFLU 6 MG/ML SUSPENSION	3	
ANTIHERPETIC AGENTS		
<i>acyclovir (5 % oint. (g), 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famciclovir</i>	3	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	3	
ZOVIRAX 5% CREAM	2	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tab er 24h)</i>	1	
<i>chlordiazepoxide hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	1	MN
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
KLONOPIN	2	MN
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>oxazepam</i>	1	
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium carbonate</i>	1	MN
<i>lithium citrate</i>	1	MN
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	MN
BYDUREON	3	
BYDUREON PEN	3	
BYETTA	3	
<i>chlorpropamide</i>	1	MN
<i>glimepiride</i>	1	MN
<i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24)</i>	1	MN
<i>glipizide 10 mg tablet</i>	1	
<i>glipizide/metformin hcl</i>	1	MN
<i>glyburide</i>	1	MN
<i>glyburide,micronized</i>	1	MN
<i>glyburide/metformin hcl</i>	1	MN
INVOKAMET	3	
INVOKANA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUMET	2	MN
JANUMET XR	2	MN
JANUVIA	2	MN
JARDIANCE	3	
JENTADUETO	2	MN
JENTADUETO XR	2	MN
<i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	1	MN
<i>nateglinide</i>	3	
<i>pioglitazone hcl</i>	1	MN
<i>pioglitazone hcl/glimepiride</i>	3	
<i>pioglitazone hcl/metformin hcl</i>	3	
<i>repaglinide</i>	3	
SYNJARDY	3	
<i>tolazamide</i>	1	MN
<i>tolbutamide</i>	1	MN
TRADJENTA	2	MN
VICTOZA 2-PAK	3	
VICTOZA 3-PAK	3	
GLYCEMIC AGENTS		
GLUCAGEN (1 MG, 1 MG 2-PACK)	2	
GLUCAGON EMERGENCY KIT	2	QL 2 / 25 DAYS
PROGLYCEM	2	
INSULINS		
APIDRA	3	
APIDRA SOLOSTAR	3	
HUMALOG	2	MN
HUMALOG JUNIOR KWIKPEN	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG KWIKPEN U-100	2	MN
HUMALOG KWIKPEN U-200	2	MN
HUMALOG MIX 50-50	2	MN
HUMALOG MIX 50-50 KWIKPEN	2	MN
HUMALOG MIX 75-25	2	MN
HUMALOG MIX 75-25 KWIKPEN	2	MN
HUMULIN 70-30	2	MN
HUMULIN 70/30 KWIKPEN	2	MN
HUMULIN N	2	MN
HUMULIN N KWIKPEN	2	MN
HUMULIN R	2	MN
HUMULIN R U-500	2	MN
HUMULIN R U-500 KWIKPEN	2	MN
LANTUS	2	MN
LANTUS SOLOSTAR	2	MN
LEVEMIR	2	MN
LEVEMIR FLEXPEN	2	MN
LEVEMIR FLEXTOUCH	2	MN
NOVOLIN 70-30	2	MN
NOVOLIN N	2	MN
NOVOLIN R	2	MN
NOVOLOG	2	MN
NOVOLOG FLEXPEN	2	MN
NOVOLOG MIX 70-30	2	MN
NOVOLOG MIX 70-30 FLEXPEN	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOUJEO SOLOSTAR	2	MN
TRESIBA FLEXTOUCH U-100	2	MN
TRESIBA FLEXTOUCH U-200	2	MN
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ARIXTRA	4	
COUMADIN	2	MN
ELIQUIS	2	MN
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	4	
FRAGMIN	4	
<i>heparin sodium,porcine (10 unit/ml vial, 100/ml (1) syringe, 100/ml vial, 200/2 ml syringe, 300/3 ml syringe, 500/5 ml syringe, 1000/ml vial, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium,porcine in 0.9 % sodium chloride (sod,porcine/0.9 % 10 unit/ml kit, sod,porcine/0.9 % 100/ml kit)</i>	1	
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1 unit/ml syringe, sodium,porcine/pf 10 unit/ml syringe, sodium,porcine/pf 10 unit/ml vial, sodium,porcine/pf 100/ml (1) syringe, sodium,porcine/pf 100/ml (1) vial, sodium,porcine/pf 200/2 ml syringe, sodium,porcine/pf 300/3 ml syringe, sodium,porcine/pf 500/5 ml syringe, sodium,porcine/pf 1000/10 ml syringe, sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml syringe)</i>	1	
LOVENOX	4	
THROMBATE III	4	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	MN
XARELTO (10 MG TABLET, STARTER PACK)	2	
XARELTO (15 MG TABLET, 20 MG TABLET)	2	MN
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP	4	
EPOGEN	4	
LEUKINE	4	
MOZOBIL	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 9.6 / 30 DAYS </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
NEULASTA	4	
NEUPOGEN	4	
PROCRIT	4	
PROMACTA	4	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div>
COAGULANTS		
ADVATE	4	
ALPHANATE	4	
ALPHANINE SD	4	
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet)</i>	1	
BEBULIN	4	
BENEFIX	4	
FEIBA NF	4	
HELIXATE FS	4	
HEMOFIL M	4	
HUMATE-P	4	
KOATE-DVI	4	
KOGENATE FS	4	
KOVALTRY	4	
MONOCLATE-P	4	
MONONINE	4	
NOVOSEVEN RT	4	
PROFILNINE	4	
RECOMBINATE	4	
RIXUBIS	4	
<i>tranexamic acid 650 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole</i>	1	MN
BRILINTA	2	MN
<i>cilostazol</i>	1	MN
<i>clopidogrel bisulfate</i>	1	MN
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	MN
<i>prasugrel hcl</i>	1	MN
<i>ticlopidine hcl</i>	1	MN
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	1	MN
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	MN
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	MN
<i>methyldopa</i>	1	MN
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
<i>doxazosin mesylate 8 mg tablet</i>	1	MN
<i>phenoxybenzamine hcl</i>	1	MN
<i>prazosin hcl</i>	1	MN
<i>terazosin hcl</i>	1	MN
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	MDD 1 PER DAY MN
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	MN
<i>valsartan (40 mg tablet, 160 mg tablet)</i>	1	MDD 1 PER DAY MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 320 mg tablet</i>	1	
<i>valsartan 80 mg tablet</i>	1	MDD 1 PER DAY
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	1	MN
<i>captopril</i>	1	MN
<i>enalapril maleate</i>	1	MN
<i>fosinopril sodium</i>	1	MN
<i>lisinopril</i>	1	MN
<i>quinapril hcl</i>	1	MN
<i>ramipril</i>	1	MN
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	MN
<i>disopyramide phosphate</i>	1	MN
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	MN
<i>mexiletine hcl</i>	1	MN
MULTAQ	2	MN
NORPACE CR	2	MN
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	1	MN
<i>quinidine gluconate 324 mg tablet er</i>	1	MN
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	1	MN
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	MN
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	MN
<i>atenolol</i>	1	MN
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol fumarate</i>	1	MN
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	3	
BYSTOLIC 20 MG TABLET	3	MN
<i>carvedilol</i>	1	MN
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	MN
<i>metoprolol succinate (25 mg tab er 24h, 200 mg tab er 24h)</i>	1	MN
<i>metoprolol succinate (50 mg tab er 24h, 100 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	MN
<i>nadolol</i>	1	MN
<i>pindolol</i>	1	MN
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	1	MN
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	MN
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	MN
<i>diltiazem hcl (120 mg cap sa 24h, 120 mg capsule er, 180 mg cap sa 24h, 180 mg capsule er, 240 mg cap sa 24h, 240 mg capsule er, 300 mg cap sa 24h, 300 mg capsule er, 360 mg cap sa 24h, 360 mg capsule er, 420 mg cap sa 24h)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 240 mg cap er 24h, 240 mg cap er deg, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	MN
<i>felodipine</i>	3	
<i>nifedipine (10 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	1	MN
<i>nimodipine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)</i>	1	MN
<i>verapamil hcl 240 mg tablet er</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
ALDACTAZIDE 50-50 TABLET	2	MN
<i>amiloride hcl/hydrochlorothiazide</i>	1	MN
<i>amlodipine besylate/benazepril hcl</i>	1	MN
<i>amlodipine besylate/valsartan</i>	3	MDD 1 PER DAY
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	3	MDD 1 PER DAY
<i>atenolol/chlorthalidone</i>	1	MN
<i>benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet)</i>	1	MN
<i>benazepril/hydrochlorothiazide 10-12.5mg tablet</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MN
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MDD 1 PER DAY MN
<i>captopril/hydrochlorothiazide</i>	1	MN
<i>clonidine hcl/chlorthalidone</i>	1	MN
CORLANOR	3	PA
<i>digoxin</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	MN
ENTRESTO	3	PA
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MN
<i>irbesartan/hydrochlorothiazide</i>	1	MN
LANOXIN (125 MCG TABLET, 250 MCG TABLET)	2	MN
<i>lisinopril/hydrochlorothiazide</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium/hydrochlorothiazide</i>	1	MN
<i>mecamylamine hcl</i>	3	
<i>methyldopa/hydrochlorothiazide</i>	1	MN
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	MN
<i>nadolol/bendroflumethiazide</i>	1	MN
<i>pentoxifylline</i>	1	
<i>propranolol hcl/hydrochlorothiazide</i>	1	MN
<i>quinapril hcl/hydrochlorothiazide</i>	1	MN
RANEXA	3	
<i>reserpine</i>	1	MN
<i>spironolactone/hydrochlorothiazide</i>	1	MN
TEKTURNA	3	
TEKTURNA HCT	3	
<i>triamterene/hydrochlorothiazide</i>	1	MN
<i>valsartan/hydrochlorothiazide</i>	1	MN
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	MN
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	MN
<i>torseamide 20 mg tablet</i>	1	MN
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1	MN
<i>spironolactone</i>	1	MN
DIURETICS, THIAZIDE		
<i>chlorothiazide</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorthalidone</i>	1	MN
DIURIL	2	MN
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet)</i>	1	MN
<i>hydrochlorothiazide 50 mg tablet</i>	1	
<i>indapamide</i>	1	MN
<i>methyclothiazide</i>	1	MN
<i>metolazone</i>	1	MN
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	1	MN
<i>fenofibrate nanocrystallized</i>	1	MN
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	MN
<i>fenofibric acid (choline)</i>	1	MN
<i>gemfibrozil</i>	1	MN
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	MN
<i>lovastatin</i>	1	MN
<i>pravastatin sodium</i>	1	MN
<i>rosuvastatin calcium</i>	1	MN
<i>simvastatin</i>	1	MN
DYSLIPIDEMICS, OTHER		
ADVICOR	2	MN
<i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>	1	MN
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	1	MN
COLESTID FLAVORED GRANULES	2	MN
<i>colestipol hcl</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ezetimibe</i>	3	
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	1	MN
<i>omega-3 acid ethyl esters</i>	3	
SIMCOR	2	MN
VASCEPA	3	
WELCHOL 625 MG TABLET	3	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	MN
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR	2	MN
ISORDIL	2	
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>	1	MN
<i>isosorbide mononitrate</i>	1	MN
NITRO-BID	1	MN
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	2	MN
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i>	1	MN
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	1	
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er)</i>	1	
VYVANSE	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.1 mg tab er 12h</i>	1	
DAYTRANA	3	QL 30 / 30 DAYS AL1 Up to 8 yrs old
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	3	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	1	
<i>methylphenidate hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>	1	AL1 Up to 8 yrs old
QUILLICHEW ER	3	AL1 0 to 8 yrs old
QUILLIVANT XR	3	AL1 Up to 8 yrs old
RITALIN LA 10 MG CAPSULE	2	
CENTRAL NERVOUS SYSTEM, OTHER		
<i>butalbital/acetaminophen</i>	1	
<i>butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine capsule, butalb/acetaminophen/caffeine tablet)</i>	1	
<i>riluzole</i>	3	
FIBROMYALGIA AGENTS		
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	1	MN
LYRICA (200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	3	
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	3	MDD 3 PER DAY
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 900 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVELLA	3	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	PA ST
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	4	
AVONEX PEN	4	
COPAXONE	4	
EXTAVIA 0.3 MG KIT	4	
GILENYA	4	
<i>glatiramer acetate</i>	4	
PLEGRIDY	4	
PLEGRIDY PEN	4	
TECFIDERA	4	
TYSABRI	4	PA ST
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram))</i>	1	
FLUORIDEX SENSITIVITY RELIEF	2	
PHOS-FLUR	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
PREVIDENT 5000	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
DERMATOLOGICAL AGENTS		
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	ST
ABSORICA (25 MG CAPSULE, 35 MG CAPSULE)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acitretin</i>	3	
<i>adapalene (0.1 % cream (g), 0.1 % gel (gram), 0.1 % lotion, 0.3 % gel (gram), 0.3 % gel w/pump)</i>	1	
<i>adapalene/benzoyl peroxide</i>	3	
ANALPRAM HC 2.5%-1% LOTION	2	
AZELEX	2	
<i>calcipotriene (0.005 % cream (g), 0.005 % solution)</i>	1	
<i>calcipotriene/betamethasone dipropionate</i>	3	
<i>calcitriol 3 mcg/g oint. (g)</i>	3	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram))</i>	1	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	1	
CONDYLOX 0.5% GEL	2	
COSENTYX (2 SYRINGES)	4	PA ST
COSENTYX PEN	4	PA ST
COSENTYX PEN (2 PENS)	4	PA ST
COSENTYX SYRINGE	4	PA ST
<i>diclofenac sodium 1 % gel (gram)</i>	1	
ELIDEL	3	
EPIDUO 0.1-2.5% GEL	3	
EPIFOAM	2	
FLUOROPLEX	2	
<i>fluorouracil 0.5 % cream (g)</i>	1	
<i>hydrocortisone 2.5 % cream (g)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5 %-1 % cream/appl, hydrocortisone/pramoxine 2.5-1%(4g) cream/appl)</i>	1	
<i>hydrocortisone/iodoquinol 1 %-1 % cream (g)</i>	1	
<i>imiquimod</i>	3	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
<i>methoxsalen 10 mg cap lq rap</i>	3	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	1	
NORITATE	2	
PICATO	3	PA
<i>podofilox</i>	1	
PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)	2	
PROCTOFOAM-HC	2	
REGRANEX	2	
SANTYL	2	
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	1	
STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	4	PA ST
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	1	
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 9 %-4.5 % cleanser, sodium/sulfur 10 %-1 % cleanser, sodium/sulfur 10 %-5 % foam, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) cleanser, sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10-5%(w/w) suspension)</i>	1	
TACLONEX 0.005%-0.064% SUSPENS	3	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	3	
<i>tazarotene</i>	1	PA AL1 Up to 39 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	2	PA AL1 Up to 39 yrs old
TRETIN-X 0.075% CREAM	2	PA AL1 Up to 39 yrs old
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	1	PA AL1 Up to 39 yrs old
<i>tretinoin microspheres</i>	1	PA AL1 Up to 39 yrs old
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM, 3.75% CREAM PUMP)	3	
ENZYME REPLACEMENT/MODIFIERS		
ALDURAZYME	4	
CEREZYME	4	
CREON	2	
FABRAZYME	4	
PANCREAZE	2	
ZENPEP	2	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide/clidinium bromide</i>	1	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	
DONNATAL (ELIXIR, TABLET)	2	
<i>hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i>	1	
<i>phenobarb/hyoscy/atropine/scop 16.2 mg tablet</i>	1	
<i>propantheline bromide</i>	1	
SYMAX DUOTAB	2	
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ursodiol</i>	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
<i>cimetidine hcl</i>	1	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	1	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 300 mg capsule, 300 mg tablet)</i>	1	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl</i>	3	
AMITIZA	3	
LINZESS	3	
VIBERZI	3	
LAXATIVES		
<i>bisac/nacl/nahco3/kcl/peg 3350 5 mg-210 g kit</i>	0	AL1 50 to 75 yrs old
<i>bisacodyl (5 mg tablet, 5 mg tablet dr)</i>	0	AL1 50 to 75 yrs old
CORRECTOL	0	AL1 50 to 75 yrs old
GOLYTELY PACKET	0	AL1 50 to 75 yrs old
<i>lactulose 10 g/15 ml solution</i>	1	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon)</i>	0	AL1 50 to 75 yrs old
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	0	AL1 50 to 75 yrs old
<i>sodium chloride/nahco3/kcl/peg 420g soln recon</i>	0	AL1 50 to 75 yrs old
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
PROTON PUMP INHIBITORS		
PREVACID (15 MG, 30 MG)	2	AL1 Up to 11 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide</i>	3	
<i>flavoxate hcl</i>	1	MN
MYRBETRIQ	2	MN
<i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>	1	MN
<i>tolterodine tartrate</i>	1	MN
<i>trospium chloride 20 mg tablet</i>	1	MN
<i>trospium chloride 60 mg cap er 24h</i>	3	MN
VESICARE	2	MN
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl</i>	1	
<i>finasteride 5 mg tablet</i>	1	
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	1	
CAVERJECT (IMPULSE 10 MCG KIT, 20 MCG VIAL, IMPULSE 20 MCG KIT, 40 MCG VIAL)	3	
<i>citric acid/sodium citrate 334-500mg solution</i>	1	
DEPEN	4	PA
EDEX	3	
ELMIRON	2	
K-PHOS NO.2	2	
K-PHOS ORIGINAL	2	
LITHOSTAT	2	
MUSE	3	
<i>nonoxynol 9</i>	0	
ORACIT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	1	
<i>potassium citrate (5 tablet er, 10 tablet er)</i>	1	
<i>potassium citrate/citric acid</i>	1	
<i>sod phos di, mono/k phos mono 250 mg tablet</i>	1	
<i>sod/pot/k cit/sod cit/cit acid 500-550/5 solution</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	
VCF	0	
PHOSPHATE BINDERS		
<i>calcium acetate 667 mg capsule</i>	1	
RENAGEL	3	
<i>sevelamer carbonate</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	1	
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i>	1	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	1	
CAPEX SHAMPOO	2	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>clobetasol propionate (0.05 % foam, 0.05 % shampoo)</i>	3	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1	
<i>cortisone acetate</i>	1	
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>diflorasone diacetate (0.05 % cream (g), 0.05 % oint. (g))</i>	1	
<i>diflorasone diacetate/emollient base</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))</i>	1	
<i>fluocinolone acetonide/shower cap</i>	1	
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	1	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone (2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g), 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>hydrocortisone acetate 30 mg supp.rect</i>	1	
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone</i>	1	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>prednisolone (5 mg (21) tab ds pk, 5 mg (48) tab ds pk, 5 mg tablet, 15 mg/5 ml solution)</i>	1	
<i>prednisolone sod phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)</i>	1	
<i>prednisone</i>	1	
TEXACORT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.05 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.147mg/g aerosol, 0.5 % cream (g), 0.5 % oint. (g))</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	
<i>desmopressin acetate</i>	1	
NORDITROPIN FLEXPRO	4	PA
NORDITROPIN NORDIFLEX	4	PA
STIMATE	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
ANDRODERM	2	
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	3	
<i>danazol</i>	1	
<i>fluoxymesterone</i>	1	
TESTOPEL	4	
<i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate 200 mg/ml vial</i>	1	
ESTROGENS		
ANGELIQ	2	MN
DELESTROGEN 10 MG/ML VIAL	2	MN
DEPO-ESTRADIOL	2	MN
<i>desog-e.estradiol/e.estradiol 21-5 tablet</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.03 tablet, 7 days x 3 tablet)</i>	0	
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	0	
DUAVEE	2	MN
ESTRACE 0.01% CREAM	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdw, .0375mg/24 patch tds, .0375mg/24 patch tdw, 0.05mg/24h patch tds, 0.05mg/24h patch tdw, 0.06mg/24h patch tdw, .075mg/24h patch tds, .075mg/24h patch tdw, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>estradiol 10 mcg tablet</i>	3	
<i>estradiol valerate</i>	1	MN
<i>estradiol/norethindrone acetate</i>	1	MN
<i>estrogens,esterified/methyltestosterone (estrogen,ester/me-testosterone 0.625-1.25 tablet, estrogen,ester/me-testosterone 1.25-2.5mg tablet)</i>	1	MN
<i>estropipate (0.75 mg tablet, 1.5 mg tablet)</i>	1	
<i>estropipate 3 mg tablet</i>	1	MN
<i>ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(24) tablet, estradiol/drospirenone 0.03mg-3mg tablet)</i>	0	
<i>ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)</i>	0	
<i>levonorgestrel-ethinyl estradiol (0.1-0.02 tablet, 0.15-0.03 tablet, 0.15-0.03 tbdspk 3mo, 6-5-10 tablet, 90-20 mcg tablet)</i>	0	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 0.15mg(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo)</i>	0	
MENEST	2	MN
<i>norelgestromin/ethinyl estradiol</i>	0	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	0	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tab chew, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>	0	
<i>norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7 days x 3 tablet, 7-9-5 tablet, 10-11 tablet)</i>	0	
<i>norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab chew, estradiol/iron 0.8-25(24) tab chew)</i>	0	
<i>norethindrone-mestranol</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	0	
<i>norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)</i>	0	
NUVARING	0	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	MN
PREMARIN VAGINAL CREAM-APPL	2	
PREMPHASE	2	MN
PREMPRO	2	MN
PROGESTERONE AGONISTS/ANTAGONISTS		
ELLA	0	
PROGESTINS		
DEPO-SUBQ PROVERA 104	0	
KYLEENA	0	
<i>levonorgestrel 1.5 mg tablet</i>	0	
LILETTA	0	
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	
<i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>	0	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	MN
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	1	
MIRENA	0	
NEXPLANON	0	
<i>norethindrone 0.35 mg tablet</i>	0	
<i>norethindrone acetate</i>	1	MN
<i>progesterone</i>	1	MN
<i>progesterone, micronized</i>	1	
SKYLA	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl</i>	3	C Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at copay.
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	2	MN
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	MN
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	1	MN
NATURE-THROID	2	MN
SYNTHROID	2	MN
<i>thyroid,pork</i>	1	MN
THYROLAR-1	2	MN
THYROLAR-1/2	2	MN
THYROLAR-1/4	2	MN
THYROLAR-2	2	MN
THYROLAR-3	2	MN
WESTHROID	2	
WP THYROID	2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1	
ELIGARD	4	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA
LUPANETA PACK	4	
LUPRON DEPOT	4	
LUPRON DEPOT-PED	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	4	
SANDOSTATIN LAR	4	
SANDOSTATIN LAR DEPOT	4	
SOMATULINE DEPOT	4	PA ST
SOMAVERT	4	
SUPPRELIN LA	4	PA
TRELSTAR (3.75 MG SYRINGE, 11.25 MG SYRINGE, 22.5 MG SYRINGE, 22.5 MG VIAL)	4	
VANTAS	4	
ZOLADEX	4	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide 1 g/ml solution</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	1	
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	4	
CIMZIA	4	PA ST
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	
<i>cyclosporine 250 mg/5ml ampul</i>	4	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SURECLICK SYR, 50 MG/ML SYRINGE)	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTYVIO	4	PA
ENVARUSUS XR	4	
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHN'S	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHN-UC-HS STARTER	4	PA
HUMIRA PEN PSORIASIS-UVEITIS	4	PA
IMURAN	2	
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	1	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	1	
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	1	
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	4	
<i>mycophenolate mofetil hcl</i>	4	
<i>mycophenolate sodium</i>	4	
MYFORTIC	4	
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA ST
ORENCIA CLICKJECT	4	PA ST
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE, 5 MG/ML AMPULE)	4	
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	4	
REMICADE	4	PA
RHEUMATREX	1	
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	4	
SIMPONI	4	PA ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sirolimus</i>	4	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	
IMMUNIZING AGENTS, PASSIVE		
ATGAM	4	
BIVIGAM	4	PA
CYTOGAM	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN S-D	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D	4	PA
GAMMAKED	4	PA
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	4	PA
GAMUNEX-C	4	PA
<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	4	PA
<i>immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml</i>	4	PA
<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	4	PA
<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	4	PA
NABI-HB	4	
OCTAGAM	4	PA
IMMUNOMODULATORS		
ACTEMRA	4	PA ST
ACTIMMUNE	4	
<i>leflunomide</i>	1	
RIDAURA	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VACCINES		
ADACEL TDAP	0	
AFLURIA 2015-2016 (SYRINGE, VIAL)	0	
AFLURIA 2016-2017 (SYRINGE, VIAL)	0	
AFLURIA 2017-2018 (SYRINGE, VIAL)	0	
AFLURIA QUAD 2016-2017	0	
AFLURIA QUAD 2017-2018 (SYRINGE, VIAL)	0	
BCG VACCINE (TICE STRAIN)	4	
BEXSERO	0	
BOOSTRIX TDAP	0	
CERVARIX	0	
DAPTACEL DTAP	0	
ENGERIX-B ADULT	0	
ENGERIX-B PEDIATRIC-ADOLESCENT	0	
EZ FLU 16-17 (FLUZON QUAD PED)	0	
EZ FLU 2015-2016 (FLUCELVAX)	0	
EZ FLU 2015-2016 (FLUVIRIN)	0	
EZ FLU 2016-2017 (AFLURIA)	0	
EZ FLU 2016-2017 (FLUVIRIN)	0	
FLUAD 2015-2016	0	
FLUAD 2016-2017	0	
FLUAD 2017-2018	0	
FLUBLOK 2015-2016	0	
FLUBLOK 2016-2017	0	
FLUBLOK 2017-2018	0	
FLUBLOK QUAD 2017-2018	0	
FLUCELVAX 2015-2016	0	
FLUCELVAX QUAD 2016-2017	0	
FLUCELVAX QUAD 2017-2018 (SYR, VIAL)	0	
FLULAVAL QUAD 2015-2016	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUAD 2016-2017 VIAL	0	
FLULAVAL QUAD 2017-2018 SYR	0	
FLUMIST QUAD 2015-2016	0	
FLUMIST QUAD 2016-2017	0	
FLUMIST QUAD 2017-2018	0	
FLUVIRIN 2015-2016 (SYRINGE, VIAL)	0	
FLUVIRIN 2016-2017 (SYRINGE, VIAL)	0	
FLUVIRIN 2017-2018 (SYRINGE, VIAL)	0	
FLUZONE 2015-2016	0	
FLUZONE HIGH-DOSE 2015-2016	0	
FLUZONE HIGH-DOSE 2016-2017	0	
FLUZONE HIGH-DOSE 2017-2018	0	
FLUZONE INTRADERM QUAD 2015-16	0	
FLUZONE INTRADERM QUAD 2016-17	0	
FLUZONE INTRADERM QUAD 2017-18	0	
FLUZONE QUAD 2015-2016 VIAL	0	
FLUZONE QUAD 2016-2017 VIAL	0	
FLUZONE QUAD 2017-2018	0	
FLUZONE QUAD PEDI 2015-2016	0	
FLUZONE QUAD PEDI 2016-2017	0	
FLUZONE QUAD PEDI 2017-2018	0	
GARDASIL	0	
GARDASIL 9	0	
HAVRIX	0	
INFANRIX DTAP	0	
IPOL	0	
KINRIX	0	
M-M-R II VACCINE	0	
MENACTRA	0	
MENHIBRIX	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENOMUNE-A-C-Y-W-135	0	
MENVEO A-C-Y-W-135-DIP	0	
PEDIARIX	0	
PEDVAXHIB	0	
PENTACEL	0	
PENTACEL DTAP-IPV COMPONENT	0	
PNEUMOVAX 23	0	
PREVNAR 13	0	
PROQUAD	0	
QUADRACEL DTAP-IPV	0	
RECOMBIVAX HB	0	
ROTARIX	0	
ROTATEQ	0	
TENIVAC	0	
<i>tetanus and diphtheria toxoids, adult</i>	0	
<i>tetanus, diphtheria toxoid ped/pf</i>	0	
TRUMENBA	0	
TWINRIX	0	
VAQTA	0	
VARIVAX VACCINE	0	
VIVOTIF	2	
VIVOTIF BERNA	2	
ZOSTAVAX	0	AL1 At least 50 yrs old
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	1	
CANASA	2	
DELZICOL	2	
DIPENTUM	2	
<i>mesalamine (4 g/60 ml enema, 800 mg tablet dr)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 1.2 g tablet dr</i>	3	
<i>mesalamine with cleansing wipes</i>	1	
PENTASA	2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg capdr - er</i>	3	QL 90 / 30 DAYS
CORTIFOAM	2	
<i>hydrocortisone 100mg/60ml enema</i>	1	
SULFONAMIDES		
<i>sulfasalazine</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	MN
<i>calcitonin, salmon, synthetic</i>	1	MN
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	1	
<i>etidronate disodium</i>	1	MN
FORTEO	4	PA
<i>ibandronate sodium 150 mg tablet</i>	1	MN
<i>ibandronate sodium 3 mg/3 ml syringe</i>	4	PA
<i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i>	4	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>	1	PA
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>	4	
PROLIA	4	QL 1 / 6 MONTH PA
RECLAST	4	QL 100 / 12 MONTH
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>	1	MN
XGEVA	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	
<i>zoledronic acid (4 mg vial, 4 mg/5 ml vial)</i>	4	
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	4	
<i>zoledronic acid in mannitol and water for injection</i>	4	QL 100 / 12 MONTH
ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>cervical cap</i>	0	
<i>condoms, female</i>	0	
<i>condoms, latex, lubricated each</i>	0	
<i>condoms, latex, non-lubricated each</i>	0	
<i>condoms, non-latex, lubricated</i>	0	
<i>diaphragms, contoured</i>	0	
<i>diaphragms, wide seal</i>	0	
<i>isomethept/dichlphn/acetaminop 65-100-325 capsule</i>	1	
<i>methylergonovine maleate 0.2 mg tablet</i>	1	
PARAGARD T 380-A	0	
XIAFLEX	4	PA
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate (1 % drops, 1 % oint. (g))</i>	1	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>cyclopentolate hcl</i>	1	
EYLEA	4	PA
<i>homatropine hbr 5 % drops</i>	1	
LACRISERT	2	
LUCENTIS	4	
MACUGEN	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	1	
<i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-1 oint. (g))</i>	1	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	
<i>neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>	1	
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	1	
<i>polymyxin b sulfate/trimethoprim</i>	1	
PRED-G (1% DROPS, S.O.P. OINTMENT)	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX EYE OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	
<i>tropicamide</i>	1	
VISUDYNE	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIAL	2	
ALOMIDE	2	
<i>cromolyn sodium 4 % drops</i>	1	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sod phosphate 0.1 % drops</i>	1	
<i>diclofenac sodium 0.1 % drops</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	2	
FML S.O.P.	2	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	2	
MAXIDEX	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod phosphate 1 % drops</i>	1	
VEXOL	2	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1% DROPS	2	MN
<i>apraclonidine hcl</i>	1	
AZOPT	2	
<i>betaxolol hcl 0.5 % drops</i>	1	MN
BETIMOL 0.25% EYE DROPS	2	
BETIMOL 0.5% EYE DROPS	2	MN
BETOPTIC S	2	MN
<i>brimonidine tartrate</i>	1	MN
<i>carteolol hcl</i>	1	MN
COMBIGAN	2	MN
<i>dorzolamide hcl</i>	1	MN
<i>dorzolamide hcl/timolol maleate</i>	1	MN
IOPIDINE 1% EYE DROPS	2	
ISTALOL	2	MN
<i>levobunolol hcl 0.25 % drops</i>	1	
<i>levobunolol hcl 0.5 % drops</i>	1	MN
<i>methazolamide</i>	1	MN
<i>metipranolol</i>	1	MN
PHOSPHOLINE IODIDE	2	MN
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1	MN
PILOPINE HS	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	1	
<i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>	1	MN
TIMOPTIC OCUDOSE	2	MN
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % drops</i>	1	MN
<i>latanoprost</i>	1	MN
LUMIGAN	2	MN
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN-TC	2	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX	2	MN
ASMANEX HFA	2	MN
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	1	AL1 Up to 8 yrs old MN
FLOVENT DISKUS	2	MN
FLOVENT HFA	2	MN
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg spray susp</i>	1	
PULMICORT FLEXHALER	2	MN
QVAR	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide 55 mcg spray</i>	1	
ANTIHISTAMINES		
<i>azelastine hcl (137 mcg spray/pump, 205.5mcg spray/pump)</i>	1	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet)</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet)</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium</i>	1	MN
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	2	MN
<i>ipratropium bromide</i>	1	MN
SPIRIVA	2	MN
SPIRIVA RESPIMAT	2	MN
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i>	1	MN
ARCAPTA NEOHALER	2	MN
EPINEPHRINE (0.15 MG AUTO-INJCT, 0.3 MG AUTO-INJECT)	2	QL 4 / 180 DAYS
<i>epinephrine (0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	1	QL 4 / 180 DAYS
FORADIL	2	MN
MAXAIR AUTOHALER	2	MN
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syrup, 20 mg tablet)</i>	1	MN
PROAIR HFA	2	
PROAIR RESPICLICK	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROVENTIL HFA	2	
SEREVENT DISKUS	2	MN
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	1	MN
VENTOLIN HFA	1	
CYSTIC FIBROSIS AGENTS		
TOBI	4	
TOBI PODHALER	4	
<i>tobramycin in 0.225 % sodium chloride</i>	4	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
ELIXOPHYLLIN	2	MN
THEO-24	2	MN
<i>theophylline anhydrous (80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	MN
<i>theophylline anhydrous 80 mg/15ml elixir</i>	1	
PULMONARY ANTIHYPERTENSIVES		
<i>epoprostenol sodium (glycine)</i>	4	
FLOLAN	4	
LETAIRIS	4	
OPSUMIT	4	
<i>sildenafil citrate 20 mg tablet</i>	4	
TRACLEER	4	
TYVASO	4	
TYVASO INSTITUTIONAL START KIT	4	
TYVASO REFILL KIT	4	
TYVASO STARTER KIT	4	
VELETRI	4	
VENTAVIS	4	
RESPIRATORY TRACT AGENTS, OTHER		
ADVAIR DISKUS	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR HFA	2	MN
ARALAST NP	4	
<i>benzonatate (100 mg capsule, 200 mg capsule)</i>	1	
<i>brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	1	
<i>codeine phosphate/guaifenesin (phosphate/guaifenesin 6.3-100/5 liquid, phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>	1	
COMBIVENT RESPIMAT	2	MN
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	MN
<i>fluticasone propionate/salmeterol xinafoate</i>	1	MN
<i>hydrocodone bitartrate/homatropine methylbromide</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	MN
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	1	
PROLASTIN C	4	
<i>promethazine hcl/codeine</i>	1	
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	
<i>pseudoephed/codeine/guaifen 30-10-100 syrup</i>	1	
<i>pseudoephedrine hcl/codeine/chlorpheniramine</i>	1	
PULMOZYME	4	
REZIRA	2	
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i>	1	
SYMBICORT	3	
XOLAIR	4	PA
ZEMAIRA	4	
SKELETAL MUSCLE RELAXANTS		
BOTOX	4	PA
BOTOX COSMETIC	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carisoprodol 350 mg tablet</i>	1	
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
MYOBLOC	4	PA
<i>orphenadrine citrate 100 mg tablet er</i>	1	
XEOMIN	4	PA
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>estazolam</i>	1	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	3	QL 30 / 30 DAYS
<i>eszopiclone 1 mg tablet</i>	3	QL 90 / 30 DAYS
<i>temazepam (7.5 mg capsule, 15 mg capsule, 30 mg capsule)</i>	1	
<i>triazolam</i>	1	
<i>zaleplon 10 mg capsule</i>	1	QL 60 / 30 DAYS
<i>zaleplon 5 mg capsule</i>	1	QL 120 / 30 DAYS
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	QL 30 / 30 DAYS
<i>zolpidem tartrate 10 mg tablet</i>	1	QL 30 / 30 DAYS
<i>zolpidem tartrate 5 mg tablet</i>	1	QL 60 / 30 DAYS
SLEEP DISORDERS, OTHER		
<i>armodafinil (50 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1	QL 30 / 30 DAYS
<i>armodafinil 150 mg tablet</i>	1	
<i>flurazepam hcl</i>	1	
<i>modafinil 100 mg tablet</i>	3	QL 30 / 30 DAYS
<i>modafinil 200 mg tablet</i>	3	QL 60 / 30 DAYS
ROZEREM	3	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
EXJADE	4	PA
GALZIN	2	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	1	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
SPS	2	
ELECTROLYTE/MINERAL REPLACEMENT		
FERRALET 90	2	
<i>ferrous fumarate/ascorbic acid/b12-if/folic acid</i>	1	
<i>ferrous sulfate 15 mg/ml drops</i>	0	AL1 0.5 to 1 yrs old
FLORIVA 0.25 MG/ML DROPS	0	AL1 0.5 to 6 yrs old
FLUOR-A-DAY (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 2.5 MG/ML DROPS)	0	AL1 0.5 to 6 yrs old
FLUORABON	0	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) (0.125/drop drops, 0.25(0.55) tab chew, 0.25mg/drp drops, 0.5 mg/ml drops, 0.5(1.1)mg tab chew)</i>	0	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) 1mg(2.2mg) tab chew</i>	1	
FLUORITAB	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron fumarate,polysac comp/folic acid/vitamin c/niacinamide</i>	1	
<i>iron,carbonyl 15mg/1.25 oral susp</i>	0	AL1 0.5 to 1 yrs old
IRONUP	0	AL1 0.5 to 1 yrs old
KLOR-CON	1	MN
MYKIDZ IRON 10	0	AL1 0.5 to 1 yrs old
NOVAFERRUM	0	AL1 0.5 to 1 yrs old
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride (20 tab er prt, 20 tablet er)</i>	1	
<i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq packet, 20meq/15ml liquid, 40meq/15ml liquid)</i>	1	MN
<i>potassium chloride 15 meq tab er prt</i>	2	
<i>potassium chloride/potassium bicarbonate/citric acid</i>	1	MN
PROFERRIN-FORTE	2	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CENTRUM SPECIALIST PRENATAL	0	
CLASSIC PRENATAL	0	
CONCEPT DHA	2	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	
EAA	2	
ESCAVITE	0	AL1 0.5 to 6 yrs old
ESCAVITE D	0	AL1 0.5 to 6 yrs old
ESCAVITE LQ	0	AL1 0.5 to 6 yrs old
EXPECTA PRENATAL	0	
FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET)	0	AL1 0.5 to 6 yrs old
FLORIVA PLUS	0	AL1 0.5 to 6 yrs old
<i>fluoride/iron/vitamins a,c,and d</i>	0	AL1 0.5 to 6 yrs old
<i>folic acid (0.4 mg tablet, 0.8 mg capsule, 0.8 mg tablet)</i>	0	
<i>folic acid 1 mg tablet</i>	1	
GLYTACTIN 15 PE BETTERMILK	2	
GLYTACTIN RESTORE 10 PE	2	
GLYTACTIN RESTORE 10 PE LITE	2	
GLYTACTIN RTD 10 PE	2	
GLYTACTIN RTD 15 PE	2	
KPN	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANAFLEX	2	
<i>levocarnitine (200 mg/ml vial, 330 mg tablet)</i>	3	
<i>levocarnitine (with sugar)</i>	3	
LOPHLEX	2	
MAXINATE	0	
MEPHYTON	2	
MTERYTI FOLIC 5	0	
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	0	AL1 0.5 to 6 yrs old
MYKIDZ IRON	0	AL1 0.5 to 1 yrs old
MYKIDZ IRON FL	0	AL1 0.5 to 6 yrs old
NASCOBAL	2	
ONE A DAY WOMEN'S PRENATAL DHA	0	
ONE-A-DAY WOMEN'S PRENATAL 1	0	
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	
<i>pedi multivit no.46/iron sulf 1500-10/ml drops</i>	0	AL1 0.5 to 1 yrs old
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride (no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops)</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin combination no.2/sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.150 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.16/sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew)</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.2/sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.82 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamins no.17 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
PERIFLEX ADVANCE	2	
PERIFLEX INFANT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERIFLEX JUNIOR	2	
PERIFLEX LQ PKU	2	
PERRY PRENATAL	0	
PHENEX-1	2	
PHENEX-2	2	
PHENYL-FREE 1	2	
PHENYL-FREE 2	2	
PHENYL-FREE 2HP	2	
PHENYLADE (AMINO ACID POWDER, DRINK MIX POWDER)	2	
PHENYLADE AMINO ACID	2	
PHENYLADE ESSENTIAL (DRINK POWD, POWD PCKT)	2	
PHENYLADE GMP (POWDER, POWDER PKT)	2	
PHENYLADE MTE	2	
PHENYLADE PHEBLOC (POWDER PKT, TABLET)	2	
PHENYLADE RTD PKU 10	2	
PHENYLADE40	2	
PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET)	2	
PHLEXY-10 DRINK MIX POWDER	2	
PKU 2	2	
PKU 3	2	
PKU COOLER 10	2	
PKU COOLER 15	2	
PKU COOLER 20	2	
PKU EASY MICROTAB	2	
PKU EXPRESS15	2	
PKU EXPRESS20	2	
PKU LOPHLEX	2	
PKU PERIFLEX JUNIOR PLUS	2	
<i>pnv no.95/ferrous fum/folic ac 28mg-0.8mg tablet</i>	0	
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLY-VI-FLOR (0.25 MG DROPS, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	0	AL1 0.5 to 6 yrs old
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	0	AL1 0.5 to 6 yrs old
POLY-VI-SOL WITH IRON	0	AL1 0.5 to 1 yrs old
PRENATAL FORMULA-DHA	0	
<i>prenatal vit 40/iron/folic/dha 27-0.8-250 capsule</i>	0	
<i>prenatal vit calc,iron,folic tablet</i>	0	
<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa (75/iron/folic/om3 28-800-223 combo. pkg, 75/iron/folic/om3 28-800-440 combo. pkg)</i>	0	
<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>	0	
<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.128/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.131/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	
<i>prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil</i>	0	
<i>prenatal vitamin no.108/iron amino acid chelate/folic acid</i>	0	
<i>prenatal vitamins no.121/ferrous fumarate/folic acid</i>	0	
<i>prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil</i>	0	
<i>prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha</i>	0	
<i>prenatal vitamins with calcium/ferrous fumarate/folic acid (vit/iron fum/folic 27mg-0.8mg tablet, vit/iron fum/folic 28mg-0.8mg tablet)</i>	0	
<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>	1	
<i>prenatal vits no.51/iron fumarate/folic acid/omega-3/dha/epa</i>	0	
<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>	0	
<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>	0	
<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>	1	
<i>prenatal vits with calcium no.90/ferrous fumarate/folic acid</i>	0	
<i>prenatal vits with calcium no.96/ferrous fumarate/folic acid</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREQUE 10	0	
QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP)	0	AL1 0.5 to 6 yrs old
QUFLORA FE 0.25 MG CHEW TABLET	0	AL1 0.5 to 6 yrs old
SIMILAC PRENATAL	0	
STUART ONE	0	
TEXAVITE LQ	0	AL1 0.5 to 6 yrs old
TRI-VI-FLOR	0	AL1 0.5 to 6 yrs old
UROSEX	0	
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