



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

# SWHP ACA Compliant Formulary (Individual/Family Plans)

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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 ACA (Affordable Care Act) Compliant 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 SWHP ACA Compliant 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 ACA Compliant formulary is a closed formulary. This means that drugs listed on the formulary are covered and drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization and 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 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

**Tier 5 (T5):** zero cost share preventive drugs

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 no longer be covered when a generic is available. 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](http://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 are 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 no longer be covered. 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 ACA Compliant Formulary?**

There are several types of exceptions that can be requested:

- Exception to cover a drug that is not listed on the formulary
- Exception to waive a coverage restriction or limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician can submit a coverage exception form by fax or initiate a request via telephone (SWHP Pharmacy Services) or the [swhp.org](http://swhp.org) website. You as a member can also initiate an exception request via the [swhp.org](http://swhp.org) website or telephone by contacting SWHP Pharmacy Services. 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 your provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that your provider knows which medications are 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 noted on the formulary at Tier 5 (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.

**Preventative Care Medications & Medications Covered Under Health Care Reform**

Preventative care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted on the formulary at Tier 5 (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).

**Diabetic Supplies**

The preferred diabetic testing supplies include all Roche Diagnostics (ACCU-CHEK®) products covered at Tier 1 copay. All syringes and needles are covered at Tier 1 copay.

**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 noted on the formulary at Tier 5 (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).

### **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



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

## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>aspirin (81 mg tab chew, 81 mg tablet dr)</i>	5	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 600 mg tablet</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen (100 mg/5ml oral susp, 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>	3	OL 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	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine</i>	3	
<b>BUTRANS</b>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl</i>	3	QL 20 / 30 DAYS
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	3	
<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, 10 mg/ml vial)</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
NUCYNTA ER	3	QL 60 / 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>	3	QL 90 / 30 DAYS
<i>oxycodone hcl 80 mg tab er 12h</i>	3	QL 120 / 30 DAYS
OXYCONTIN (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 60 MG TABLET)	3	QL 90 / 30 DAYS
OXYCONTIN 80 MG TABLET	3	QL 120 / 30 DAYS
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 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)</i>	3	
<i>tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 ma tbmp 24hr)</i>	3	
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<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 (1 mg/ml vial, 2 mg/ml vial)</i>	1	
<i>butorphanol tartrate 10 mg/ml spray</i>	1	QL 5 / 30 DAYS
<i>codeine sulfate</i>	1	QL 180 / 30 DAYS
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	
<i>fentanyl citrate</i>	4	QL 120 / 30 DAYS

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 (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL 240 / 30 DAYS
<i>hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	1	
<i>ibuprofen/oxycodone hcl</i>	3	
<i>meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)</i>	3	
<i>morphine sulfate (10 mg/5 ml solution, 15 mg tablet, 20 mg/5 ml solution, 30 mg tablet, 100 mg/5ml solution)</i>	1	
NUCYNTA	3	QL 180 / 30 DAYS
<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 2.5-325 mg tablet, 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>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>	3	
<i>pentazocine hcl/naloxone hcl</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl/acetaminophen</i>	1	
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine 5 % adh. patch</i>	3	
<i>lidocaine 5 % oint. (g)</i>	1	QL 120 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 5 mg/ml vial, 40 mg/ml solution)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	1	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	1	QL 120 / 30 DAYS
SYNERA	3	QL 2 / 30 DAYS
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
<i>disulfiram</i>	1	
<i>naltrexone hcl</i>	1	
<b>OPIOID DEPENDENCE TREATMENTS</b>		
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	1	
<i>buprenorphine hcl/naloxone hcl</i>	1	
<b>OPIOID REVERSAL AGENTS</b>		
<i>naloxone hcl (0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe)</i>	1	
NARCAN	3	QL 2 / 180 DAYS
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl (150 mg tab er 12h, 150 mg tablet er)</i>	5	C 6 months of treatment per 1 year MN
CHANTIX	5	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>	5	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>	5	C 6 months of treatment per 1 year
NICOTROL	5	C 6 months of treatment per 1 year
NICOTROL NS	5	C 6 months of treatment per 1 year

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	3	
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g), 40 mg/ml vial)</i>	1	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (gentamic60 mg/50ml piggyback, gentamic70 mg/50ml piggyback, gentamic80 mg/50ml piggyback, gentamic80mg/100ml piggyback, gentamic90mg/100ml piggyback, gentamic100mg/0.1l piggyback, gentamic120mg/0.1l piggyback)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
<i>tobramycin</i>	1	
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
TOBREX 0.3% EYE OINTMENT	2	
<b>ANTIBACTERIALS, OTHER</b>		
AKTIPAK	2	
ALTABAX	3	
<i>bacitracin 500 unit/g oint. (g)</i>	1	
BACTROBAN 2% CREAM	2	
BACTROBAN NASAL	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>colistin (as colistimethate sodium)</i>	3	
CUBICIN	4	
CUBICIN RF	4	
<i>daptomycin</i>	4	
<i>erythromycin base/benzoyl peroxide</i>	1	
KETEK	3	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	4	
<i>methenamine hippurate</i>	1	
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metronidazole in sodium chloride</i>	1	
MONUROL	3	
<i>mupirocin</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule)</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>polymyxin b sulfate</i>	1	
SULFAMYLON (8.5% CREAM, POWDER PACKET)	3	
<i>tigecycline</i>	3	
<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	
VANDAZOLE	1	
XIFAXAN	3	PA
ZYVOX 100 MG/5 ML SUSPENSION	4	
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<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>cefazolin sodium (1 g vial, 10 g vial, 500 mg vial)</i>	1	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose, iso 1 g/50 ml froz.piggy, sodium/dextrose, iso 1 g/50 ml piggyback)</i>	1	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</i>	3	
<i>cefepime hcl</i>	3	
<i>cefixime</i>	1	
<i>cefotaxime sodium (1 g vial, 2 g vial, 10 g vial)</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	3	
<i>ceftibuten (180 mg/5ml susp recon, 400 mg capsule)</i>	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
<i>ceftriaxone sodium (2 g vial port, 10 g vial, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	3	
<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	
<b>BETA-LACTAM, OTHER</b>		
INVANZ	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<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 sodium (1 g vial, 10 g vial, 125 mg vial)</i>	1	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 3 g vial, sodium/sulbactam 15 g vial)</i>	1	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (1 g vial, 10 g vial)</i>	1	
<i>penicillin g potassium 5mm unit vial</i>	1	
<i>penicillin g potassium/dextrose-water (pen g pot/dextrose-water 2mm/50ml froz.piggy, pen g pot/dextrose-water 3mm/50ml froz.piggy)</i>	1	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>penicillin g procaine 1.2mm/2 ml syringe</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 ma/5ml soln recon, 500 ma tablet)</i>	1	
<b>MACROLIDES</b>		
<b>AZASITE</b>	3	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	1	
<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	
<b>DIFICID</b>	3	
<b>E.E.S. 400</b>	1	
<b>ERY-TAB</b>	2	
<b>ERYPED 400</b>	2	
<b>ERYTHROCIN STEARATE</b>	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 ma tablet)</i>	1	
<b>QUINOLONONES</b>		
<b>AVELOX IV</b>	3	
<b>BESIVANCE</b>	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<b>FACTIVE</b>	3	
<i>gatifloxacin</i>	1	
<b>LEVAQUIN-D5W 750 MG/150 ML BAG</b>	3	
<i>levofloxacin (0.5 % drops, 250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	1	
<i>levofloxacin 25 mg/ml vial</i>	3	
<i>levofloxacin/d5w 500mg/0.1l piggyback</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moxifloxacin hcl (0.5 % drops, 400 mg tablet)</i>	3	
NOROXIN	3	
<i>ofloxacin (0.3 % drops, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	1	
VIGAMOX	3	
<b>SULFONAMIDES</b>		
<i>silver sulfadiazine</i>	1	
SSD	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	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	3	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	
<i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>tetracycline hcl</i>	1	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	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 (250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	1	MN
<i>levetiracetam 100 mg/ml solution</i>	1	
POTIGA	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	2	MN
<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
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
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	
<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)	4	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
SABRIL	4	
<i>tiagabine hcl</i>	1	MN
<i>valproic acid</i>	1	MN
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500 mg/5ml vial)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin</i>	4	
<b>GLUTAMATE REDUCING AGENTS</b>		
<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 ma tablet, 100 ma tablet, 200 ma tablet)</i>	1	MN
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM	3	MN
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	4	PA
<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 tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	1	MN
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
PEGANONE	2	MN
<i>phenytoin (50 mg tab chew, 125 mg/5ml oral susp)</i>	1	MN
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml vial)</i>	1	MN
<i>phenytoin sodium extended</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
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL)	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>ergoloid mesylates</i>	1	
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	
EXELON 2 MG/ML ORAL SOLUTION	2	
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<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	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>amitriptyline hcl/chlordiazepoxide</i>	1	MN
<i>bupropion hcl (75 mg tablet, 100 mg tab er 12h, 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>bupropion hcl 100 mg tablet</i>	1	
<i>mirtazapine</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	3	
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR</b>		
<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg tablet, 40 mg tablet)</i>	1	MN
<i>desvenlafaxine succinate</i>	3	MN
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)</i>	1	MN
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>maprotiline hcl</i>	3	MN
<i>nefazodone hcl</i>	1	
<i>paroxetine hcl (10 mg tablet, 12.5 mg tab er 24h, 20 mg tablet, 25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h, 40 mg tablet)</i>	1	MN
PAXIL 10 MG/5 ML SUSPENSION	3	MN
PRISTIQ	3	ST 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	ST
<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
VIIBRYD	3	
<b>TRICYCLICS</b>		
<i>amitriptyline hcl</i>	1	MN
<i>amoxapine</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>protriptyline hcl</i>	1	MN
<i>trimipramine maleate</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
AKYNZEO	3	QL 2 / 30 DAYS
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 5 mg/ml vial, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 mg/2 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	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
ALOXI	3	
ANZEMET (50 MG TABLET, 100 MG TABLET)	3	
<i>aprepitant</i>	3	
<i>dronabinol</i>	3	
EMEND (40 MG CAPSULE, 80 MG CAPSULE, 125 MG CAPSULE, 125 MG POWDER PACKET, TRIPACK)	3	
<i>granisetron hcl (1 mg tablet, 1 mg/ml(1) vial)</i>	1	
<i>granisetron hcl/pf 100 mcg/ml vial</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl (2 mg/ml vial, 4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet)</i>	1	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 ma/2 ml vial)</i>	1	
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	3	
ANCOBON	3	
<i>butoconazole nitrate</i>	3	
CANCIDAS	4	
<i>caspofungin acetate</i>	4	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole (1 % solution, 10 mg troche)</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS (WATER DILUENT)	4	
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>fluconazole in dextrose, iso-osmotic</i>	1	
<i>fluconazole in sodium chloride, iso-osmotic (100mg/50ml pgglybk btl, 100mg/50ml piggyback)</i>	1	
<i>flucytosine</i>	1	
GRIS-PEG	2	
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	
LAMISIL 125 MG GRANULES PACKET	2	
MENTAX	3	
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% GEL)	2	
NATACYN	2	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	2	PA
<i>nystatin (500k unit tablet, 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i>	1	
<i>nystatin/triamcinolone acetone</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT 1% LOTION	2	
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	1	
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	4	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol</i>	1	MN
<i>colchicine 0.6 mg tablet</i>	3	MN



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>probenecid</i>	1	MN
<i>probenecid/colchicine</i>	1	MN
ULORIC	3	ST MN
<b>ANTIMIGRAINE AGENTS</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	1	QL 8 / 30 DAYS
ERGOMAR	3	
MIGRANAL	2	QL 8 / 30 DAYS
<b>SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS</b>		
<i>almotriptan malate</i>	3	QL 12 / 30 DAYS
<i>eletriptan hbr</i>	3	QL 6 / 30 DAY(S)
<i>frovatriptan succinate</i>	3	QL 9 / 30 DAYS
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL 9 / 30 DAYS
RELPAK	3	QL 6 / 30 DAYS ST
<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
<i>zolmitriptan</i>	3	QL 6 / 30 DAYS
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	3	QL 6 / 30 DAYS ST
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>guanidine hcl</i>	1	
<i>pyridostigmine bromide 60 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone</i>	1	
<i>rifabutin</i>	3	
<b>ANTITUBERCULARS</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
TRECTOR	3	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	4	
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	3	
GLEOSTINE 5 MG CAPSULE	4	
HEXALEN	4	PA
LEUKERAN	2	
LOMUSTINE	3	
MATULANE	4	
<i>melphalan</i>	1	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	4	
<i>temozolomide</i>	4	
<b>ANTIANDROGENS</b>		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NILANDRON	4	PA
<i>nilutamide</i>	4	PA
XTANDI	4	PA
ZYTIGA	4	PA
<b>ANTIANGIOGENIC AGENTS</b>		
POMALYST	4	PA
REVLIMID	4	
THALOMID	4	
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	2	
FARESTON	4	
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.
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	4	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>hydroxyurea</i>	1	
LONSURF	4	PA
<i>mercaptopurine</i>	1	
PURIXAN	4	PA
TABLOID	3	
XELODA	4	PA
<b>ANTINEOPLASTICS, OTHER</b>		
ALUNBRIG	4	PA
<i>amifostine crystalline</i>	4	
<i>azacitidine</i>	4	
<i>bleomycin sulfate 30 unit vial</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FARYDAK	4	PA
HALAVEN	4	PA
IDHIFA	4	PA
JEVTANA	4	PA
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet, 100 mg vial, 350 mg vial)</i>	1	
LYNPARZA	4	PA
LYSODREN	2	
MESNEX 400 MG TABLET	3	
<i>mitoxantrone hcl 2 mg/ml vial</i>	1	
PROVENGE	4	QL 750 / 1 LIFETIME PA
RUBRACA	4	PA
RYDAPT	4	PA
SYLATRON	4	
VELCADE	4	
VIDAZA	4	
ZALTRAP	4	PA
ZOLINZA	4	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<b>ENZYME INHIBITORS</b>		
<i>etoposide 20 mg/ml vial</i>	1	
<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>	3	
<b>MOLECULAR TARGET INHIBITORS</b>		
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF	4	PA
CABOMETYX	4	PA
CAPRELSA	4	PA
COMETRIQ	4	PA
COTELLIC	4	PA
ERIVEDGE	4	PA
GILOTRIF	4	PA
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	4	
TAFINLAR	4	PA
TAGRISSO	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARCEVA	4	PA
TASIGNA	4	PA
TYKERB	4	PA
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
<b>MONOCLONAL ANTIBODIES</b>		
ARZERRA	4	PA
AVASTIN	4	
ERBITUX	4	PA
GAZYVA	4	PA
KADCYLA	4	PA
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	4	PA
OPDIVO	4	PA
PERJETA	4	PA
RITUXAN	4	
VECTIBIX	4	PA
YERVOY	4	PA
<b>RETINOIDS</b>		
<i>bexarotene</i>	4	PA
PANRETIN	4	
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
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
ALBENZA	2	
BILTRICIDE	3	
<i>ivermectin</i>	1	
SKLICE	3	
<b>ANTIPROTOZOALS</b>		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	4	
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl 250-100 mg tablet</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	2	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	3	
<b>PEDICULICIDES/SCABICIDES</b>		
EURAX	3	
<i>lindane</i>	1	
<i>malathion</i>	3	
<i>permethrin 5 % cream (g)</i>	1	
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elixir, 5 mg tablet)</i>	1	MN
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>	1	MN
COMTAN	2	MN
<i>tolcapone</i>	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DOPAMINE AGONISTS</b>		
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
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 ma tablet. 3 ma tablet. 4 ma tablet. 5 ma tablet)</i>	1	MN
<b>DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	3	MN
<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 50ma-200ma tablet er)</i>	1	MN
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
AZILECT	3	MN
<i>rasagiline mesylate</i>	3	MN
<i>selegiline hcl</i>	1	MN
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml ampul, 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 decanoate</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	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>2ND GENERATION/ATYPICAL</b>		
<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	
FANAPT	3	
GEODON 20 MG/ML VIAL	3	
INVEGA SUSTENNA	4	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	3	MDD 1 PER DAY
LATUDA (80 MG TABLET, 120 MG TABLET)	3	
<i>olanzapine</i>	1	
<i>paliperidone</i>	3	
<i>quetiapine fumarate</i>	1	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	3	MDD 1 PER DAY
REXULTI 4 MG TABLET	3	
RISPERDAL CONSTA	4	
<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	
SAPHRIS	3	
<i>ziprasidone hcl</i>	1	
<b>TREATMENT-RESISTANT</b>		
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	3	
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<b>ANTISPASTICITY AGENTS</b>		
<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	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
FOSCAVIR	3	
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	4	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIRGAN	3	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	3	
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	
<i>lamivudine 100 mg tablet</i>	1	
TYZEKA	3	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
HARVONI	4	PA
INFERGEN	4	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML)	4	
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	
PEGASYS PROCLICK	4	
PEGINTRON 50 MCG KIT	4	
PEGINTRON REDIPEN	4	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
SOVALDI	4	PA
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
GENVOYA	4	
ISENTRESS	3	
ISENTRESS HD	3	
STRIBILD	4	
TIVICAY	4	
VITEKTA	4	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
ATRIPLA	4	
COMPLERA	4	
EDURANT	4	
INTELENCE	3	
<i>nevirapine (50 mg/5 ml oral susp, 200 mg tablet, 400 mg tab er 24h)</i>	1	
ODEFSEY	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESCRIPTOR	2	
SUSTIVA	2	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	3	
DESCOVY	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	3	
VIDEX	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	2	
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	2	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON 90 MG VIAL	4	
PREZCOBIX	4	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	3	
TRIUMEQ	4	
TYBOST	2	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	2	
CRIXIVAN	2	
EVOTAZ	4	
<i>fosamprenavir calcium</i>	1	
INVIRASE	2	
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	2	
<i>lopinavir/ritonavir</i>	3	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	2	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	2	
REYATAZ	2	
VIRACEPT	2	
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule)</i>	1	QL 10 / 30 DAYS
<i>oseltamivir phosphate 75 mg capsule</i>	1	
RELENZA	3	
<i>rimantadine hcl</i>	1	
TAMIFLU 6 MG/ML SUSPENSION	2	
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (5 % oint. (g), 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	1	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>bupirone hcl</i>	1	
<i>meprobamate</i>	1	
<b>BENZODIAZEPINES</b>		
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KLONOPIN	2	MN
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)</i>	1	
<i>oxazepam</i>	1	
<b>BIPOLAR AGENTS MOOD STABILIZERS</b>		
<i>lithium carbonate</i>	1	MN
<i>lithium citrate</i>	1	MN
<b>BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	1	MN
AVANDIA	3	
BYDUREON	3	MN
BYDUREON PEN	3	MN
BYETTA	3	MN
<i>chlorpropamide</i>	1	MN
CYCLOSET	3	
<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, 10 mg tablet)</i>	1	MN
<i>glipizide/metformin hcl</i>	3	MN
<i>glyburide</i>	1	MN
<i>glyburide, micronized</i>	1	MN
<i>glyburide/metformin hcl</i>	1	MN
INVOKAMET	3	MN
INVOKANA	3	MN
JANUMET	2	MN
JANUMET XR	2	MN
JANUVIA	2	MN
JARDIANCE	3	MN
JENTADUETO	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR	2	MN
KOMBIGLYZE XR	3	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>metformin hcl 1000 mg tab er 24</i>	3	MN
<i>miglitol</i>	3	MN
<i>nateglinide</i>	1	MN
ONGLYZA	3	MN
<i>pioglitazone hcl</i>	1	MN
<i>pioglitazone hcl/glimepiride</i>	1	MN
<i>pioglitazone hcl/metformin hcl</i>	1	MN
<i>repaglinide</i>	3	MN
SYMLINPEN 120	3	MN
SYMLINPEN 60	3	MN
SYNJARDY	3	MN
<i>tolazamide</i>	1	MN
<i>tolbutamide</i>	1	MN
TRADJENTA	2	MN
VICTOZA 2-PAK	3	MN
VICTOZA 3-PAK	3	MN
<b>GLYCEMIC AGENTS</b>		
GLUCAGEN (1 MG, 1 MG 2-PACK)	2	
GLUCAGON EMERGENCY KIT	2	QL 2 / 25 DAYS
PROGLYCEM	2	
<b>INSULINS</b>		
APIDRA	3	MN
APIDRA SOLOSTAR	3	MN
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
TOUJEO SOLOSTAR	2	MN
TRESIBA FLEXTOUCH U-100	2	MN
TRESIBA FLEXTOUCH U-200	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	4	
COUMADIN	2	MN
ELIQUIS	2	MN
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	4	
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 SYRINGE, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML)	4	
<i>heparin sodium, porcine (1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium, porcine in 0.45 % sodium chloride (hepar25000/250 iv soln, hepar25000/500 iv soln)</i>	1	
<i>heparin sodium, porcine/d5w 20k/500ml iv soln</i>	1	
<i>heparin sodium, porcine/ns/pf 2k/1000ml iv soln</i>	1	
LOVENOX	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
<b>BLOOD FORMATION MODIFIERS</b>		
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 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, 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	
EPOGEN	4	
LEUKINE	4	
MOZOBIL	4	OL 9.6 / 30 DAYS PA
NEULASTA	4	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPOGEN	4	
PROCRIT	4	
PROMACTA	4	PA
<b>COAGULANTS</b>		
ADVATE	4	
ALPHANATE	4	
ALPHANINE SD	4	
BEBULIN	4	
BENEFIX	4	
CYKLOKAPRON	2	
FEIBA NF	4	
HELIXATE FS	4	
HEMOFIL M	4	
HUMATE-P	4	
KOATE	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, 1000 mg/10 ampul, 1000 mg/10 vial)</i>	1	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin/dipyridamole</i>	1	MN
BRILINTA	2	MN
<i>cilostazol</i>	1	MN
<i>clopidogrel bisulfate 75 mg tablet</i>	1	MN
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	MN
EFFIENT	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prasugrel hcl</i>	3	MN
<i>ticlopidine hcl</i>	1	MN
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<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
<i>midodrine hcl</i>	3	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	1	MN
<i>phenoxybenzamine hcl</i>	1	MN
<i>prazosin hcl</i>	1	MN
<i>terazosin hcl</i>	1	MN
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	MDD 1 PER DAY MN
EDARBI 40 MG TABLET	3	ST MDD 1 PER DAY MN
EDARBI 80 MG TABLET	3	ST MN
<i>eprosartan mesylate</i>	3	MDD 1 PER DAY MN
<i>irbesartan (75 mg tablet, 150 mg tablet)</i>	1	MN
<i>irbesartan 300 mg tablet</i>	1	MDD 1 PER DAY MN
<i>losartan potassium</i>	1	MN
<i>olmesartan medoxomil (20 mg tablet, 40 mg tablet)</i>	3	MDD 1 PER DAY MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan medoxomil 5 mg tablet</i>	3	MDD 2 PER DAY MN
<i>telmisartan (20 mg tablet, 40 mg tablet)</i>	3	MDD 2 PER DAY MN
<i>telmisartan 80 mg tablet</i>	3	MDD 1 PER DAY MN
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	MDD 1 PER DAY MN
<i>valsartan 320 mg tablet</i>	1	MN
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<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>moexipril hcl</i>	3	MN
<i>perindopril erbumine</i>	3	MN
<i>quinapril hcl</i>	1	MN
<i>ramipril</i>	1	MN
<i>trandolapril</i>	3	MN
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (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
PACERONE	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	1	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
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	MN
<i>atenolol</i>	1	MN
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	MN
<i>bisoprolol fumarate</i>	1	MN
BYSTOLIC	3	MN
<i>carvedilol</i>	1	MN
<i>labetalol hcl (5 mg/ml vial, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	MN
LEVATOL	3	MN
<i>metoprolol succinate</i>	1	MN
<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml vial, 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 (1 mg/ml vial, 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>	3	MN
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1	MN
<i>diltiazem hcl</i>	1	MN
<i>felodipine</i>	1	MN
<i>isradipine</i>	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	3	MN
<i>nifedipine (10 mg capsule, 20 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	
<i>nisoldipine</i>	3	MN
<i>verapamil hcl</i>	1	MN
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
ALDACTAZIDE 50-50 TABLET	2	MN
<i>amiloride hcl/hydrochlorothiazide</i>	1	MN
<i>amlodipine besylate/benazepril hcl</i>	1	MN
<i>amlodipine besylate/olmesartan medoxomil</i>	1	MDD 1 PER DAY MN
<i>amlodipine besylate/valsartan</i>	3	MDD 1 PER DAY MN
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	3	MDD 1 PER DAY MN
<i>atenolol/chlorthalidone</i>	1	MN
<i>benazepril hcl/hydrochlorothiazide</i>	1	MN
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MN
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MDD 1 PER DAY MN
<i>captopril/hydrochlorothiazide</i>	1	MN
CORLANOR	3	PA MN
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet, 250 mcg/ml ampul)</i>	1	MN
EDARBYCLOR 40-12.5 MG TABLET	3	ST MDD 1 PER DAY MN
EDARBYCLOR 40-25 MG TABLET	3	ST MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate/hydrochlorothiazide</i>	1	MN
ENTRESTO	3	PA MN
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MN
<i>irbesartan/hydrochlorothiazide</i>	1	MN
LANOXIN (125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE)	2	MN
LANOXIN PEDIATRIC	2	MN
<i>lisinopril/hydrochlorothiazide</i>	1	MN
<i>losartan potassium/hydrochlorothiazide</i>	1	MN
<i>methyldopa/hydrochlorothiazide</i>	1	MN
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	MN
<i>nadolol/bendroflumethiazide</i>	1	MN
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide (olmesartan/amlodipin/hcthiazid 40-10-12.5 tablet, olmesartan/amlodipin/hcthiazid 40-10-25mg tablet, olmesartan/amlodipin/hcthiazid 40-5-12.5 tablet, olmesartan/amlodipin/hcthiazid 40-5-25 mg tablet)</i>	1	MDD 1 PER DAY MN
<i>olmesartan medoxomil/hydrochlorothiazide</i>	3	MDD 1 PER DAY MN
<i>olmesartan/amlodipin/hcthiazid 20-5-12.5 tablet</i>	1	MN
<i>pentoxifylline</i>	1	
<i>propranolol hcl/hydrochlorothiazide</i>	1	MN
<i>quinapril hcl/hydrochlorothiazide</i>	1	MN
RANEXA	3	MN
<i>reserpine</i>	1	MN
<i>spironolactone/hydrochlorothiazide</i>	1	MN
TEKTURNA	3	MN
TEKTURNA HCT	3	MN
<i>telmisartan/amlodipine besylate</i>	3	MDD 1 PER DAY MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan/hydrochlorothiazide</i>	3	MDD 1 PER DAY MN
<i>triamterene/hydrochlorothiazide</i>	1	MN
<i>valsartan/hydrochlorothiazide</i>	1	MN
<b>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	MN
<b>DIURETICS, LOOP</b>		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>ethacrynic acid</i>	3	MN
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	MN
<i>toremide</i>	1	MN
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl</i>	1	MN
DYRENIUM	3	MN
<i>eplerenone</i>	3	MN
<i>spironolactone</i>	1	MN
<b>DIURETICS, THIAZIDE</b>		
<i>chlorothiazide</i>	1	MN
<i>chlorthalidone</i>	1	MN
<i>hydrochlorothiazide</i>	1	MN
<i>indapamide</i>	1	MN
<i>methyclothiazide</i>	1	MN
<i>metolazone</i>	1	MN
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gemfibrozil</i>	1	MN
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	MN
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	1	MN
LIVALO	3	ST 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
<i>colestipol hcl (1 g tablet, 5 g granules)</i>	1	MN
<i>ezetimibe</i>	1	MN
<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 1 g capsule</i>	3	MN
SIMCOR (500-20 MG TABLET, 500-40 MG TABLET, 750-20 MG TABLET, 1,000-40 MG TABLET)	2	MN
VASCEPA	3	MN
WELCHOL	3	MN
ZETIA	2	MN
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	MN



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (2.5 mg tab subl, 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	2	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, 50 mg/10ml vial)</i>	1	MN
NITROLINGUAL	2	MN
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<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	
<i>methamphetamine hcl</i>	3	PA
VYVANSE	2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl 0.1 mg tab er 12h</i>	1	
DAYTRANA	2	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 30 / 30 DAYS <span style="background-color: green; color: white; padding: 2px;">AL1</span> 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	
FOCALIN XR (25 MG CAPSULE, 35 MG CAPSULE)	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	
METHYLIN (2.5 MG TAB, 5 MG TABLET, 10 MG TABLET)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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, 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	
QUILLIVANT XR	3	
RITALIN LA (10 MG CAPSULE, 60 MG CAPSULE)	2	
STRATTERA	2	
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	
<i>butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine capsule, butalb/acetaminophen/caffeine tablet)</i>	1	
HORIZANT ER 600 MG TABLET	3	
NUDEXTA	3	
<i>riluzole</i>	1	
<i>tetrabenazine</i>	4	
XENAZINE	4	
<b>FIBROMYALGIA AGENTS</b>		
<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
SAVELLA	2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	4	PA
AUBAGIO	4	PA ST
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX PEN	4	
COPAXONE	4	
EXTAVIA	4	
GILENYA	4	
<i>glatiramer acetate</i>	4	
PLEGRIDY	4	
PLEGRIDY PEN	4	
TECFIDERA	4	
TYSABRI	4	PA ST
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
DEBACTEROL SOLUTION	3	
<i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram))</i>	1	
FLUORIDEX SENSITIVITY RELIEF	2	
<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 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	ST
ABSORICA (25 MG CAPSULE, 35 MG CAPSULE)	2	
<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	
<i>ammonium lactate 12 % cream (g)</i>	3	
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	1	
<i>calcipotriene/betamethasone dipropionate</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate/benzoyl peroxide</i>	1	
<i>clindamycin phosphate/tretinoin</i>	3	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	1	
CONDYLOX 0.5% GEL	2	
CORTISPORIN (CREAM, OINTMENT)	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	
<i>diclofenac sodium 3 % gel (gram)</i>	3	
DOVONEX	2	
ELIDEL	3	
EPIDUO	3	
<i>fluorouracil 0.5 % cream (g)</i>	1	
<i>hydrocortisone 2.5 % cream (g)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
<i>methoxsalen 10 mg cap lq rap</i>	1	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	1	
PICATO	3	PA
<i>podofilox</i>	1	
PROCTOFOAM-HC	2	
RECTIV	3	
REGANEX	3	
SANTYL	2	
<i>selenium sulfide 2.5 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spinosad</i>	3	
STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	4	PA ST
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 9 %-4.5 % 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>	3	PA AL1 Up to 39 yrs old
TAZORAC	3	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
<i>tretinoin/emollient base</i>	1	PA AL1 Up to 39 yrs old
ULESFIA	3	
VECTICAL	3	
VEREGEN	3	
ZYCLARA (CREAM, CREAM PUMP)	3	
ENZYME REPLACEMENT/MODIFIERS		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL 500 MG TABLET	4	
CREON	2	
ELAPRASE	4	
FABRAZYME	4	
KUVAN (100 MG TABLET, 500 MG POWDER PACKET)	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAGLAZYME	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	
PANCREAZE	2	
<i>sodium phenylbutyrate 500 mg tablet</i>	4	
ZAVESCA	4	
ZENPEP	3	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
CANTIL	3	
<i>chlordiazepoxide/clidinium bromide</i>	1	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	1	
<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>methscopolamine bromide</i>	3	
<i>propantheline bromide</i>	1	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>cromolyn sodium 20 mg/ml oral conc</i>	1	MN
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i>	1	
GASTROCROM	3	MN
<i>loperamide hcl 2 mg capsule</i>	1	
MOTOFEN	3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML KIT, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	3	
<i>ursodiol</i>	1	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine (40 mg tablet, 40mg/5ml oral susp)</i>	3	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	1	
<i>ranitidine hcl (15 mg/ml syrup, 25 mg/ml vial, 50 mg/2 ml vial, 150 mg capsule, 150 mg tablet, 300 mg capsule, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	2	
<b>IRRITABLE BOWEL SYNDROME AGENTS</b>		
<i>alosetron hcl</i>	1	
AMITIZA	3	
LINZESS	3	
VIBERZI	3	
<b>LAXATIVES</b>		
<i>bisac/nacl/nahco3/kcl/peg 3350 5 mg-210 g kit</i>	5	AL1 50 to 75 yrs old
<i>bisacodyl (5 mg tablet, 5 mg tablet dr)</i>	5	AL1 50 to 75 yrs old
CORRECTOL	5	AL1 50 to 75 yrs old
GOLYTELY PACKET	5	AL1 50 to 75 yrs old
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	1	
MOVIPREP	3	
<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>	5	AL1 50 to 75 yrs old
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	5	AL1 50 to 75 yrs old
PREPOPIK	3	
<i>sodium chloride/nahco3/kcl/peg 420g soln recon</i>	5	AL1 50 to 75 yrs old
SUPREP	3	
<b>PROTECTANTS</b>		
<i>misoprostol 200 mcg tablet</i>	1	
<i>sucrafate</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	3	ST
<i>esomeprazole magnesium</i>	3	
<i>lansoprazole</i>	1	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	ST
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVACID (15 MG, 30 MG)	2	AL1 Up to 11 yrs old
<i>rabeprazole sodium</i>	1	
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide</i>	3	MN
<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
TOVIAZ	3	MN
<i>trospium chloride 20 mg tablet</i>	1	MN
<i>trospium chloride 60 mg cap er 24h</i>	3	MN
VESICARE	2	MN
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl</i>	1	
		QL 30 / 30 DAYS
CIALIS 5 MG TABLET	3	PA ST
<i>dutasteride</i>	3	
<i>finasteride 5 mg tablet</i>	1	
RAPAFLO	3	
<i>tamsulosin hcl</i>	1	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride</i>	1	
CYSTAGON	3	
DEPEN	4	PA
ELMIRON	2	
<i>nonoxynol 9</i>	5	
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	1	
<i>potassium citrate (5 tablet er, 10 tablet er)</i>	1	
TODAY CONTRACEPTIVE SPONGE	5	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF	5	
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate 667 mg capsule</i>	1	
FOSRENOL	3	
<i>lanthanum carbonate</i>	3	
RENAGEL	3	
REVELA	3	
<i>sevelamer carbonate</i>	3	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<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	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % foam, 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	3	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1	
<i>clocortolone pivalate 0.1 % cream (g)</i>	3	
<i>cortisone acetate</i>	3	
DERMA-SMOOTH-FS BODY OIL	2	
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>dexamethasone sod phosphate 4 mg/ml vial</i>	1	
<i>diflorasone diacetate</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>fluocinonide/emollient base</i>	1	
<i>flurandrenolide (0.05 % cream (g), 0.05 % lotion)</i>	3	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g), 0.05 % lotion)</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	3	
<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</i>	1	
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succinate</i>	1	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>prednicarbate</i>	3	
<i>prednisolone 5 mg tablet</i>	1	
<i>prednisolone sod phosphate (5 mg/5 ml solution, 15 mg/5 ml solution)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
SOLU-CORTEF (100 MG VIAL, 250 MG VIAL)	2	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.147mg/g aerosol, 0.5 % cream (g), 0.5 % oint. (a))</i>	1	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml ampul, 4 mcg/ml vial, 10/spray spray/pump)</i>	1	
INCRELEX	4	
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5)	4	PA
NORDITROPIN NORDIFLEX	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
ANADROL-50	3	
<i>oxandrolone</i>	1	
<b>ANDROGENS</b>		
ANDRODERM	3	
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	3	
<i>danazol</i>	1	
DEPO-TESTOSTERONE	2	MN
<i>fluoxymesterone</i>	1	
METHITEST	3	
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 (100 mg/ml vial, 200 mg/ml vial)</i>	1	
<i>testosterone enanthate 200 mg/ml vial</i>	1	
<b>ESTROGENS</b>		
CENESTIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET)	3	
DELESTROGEN 10 MG/ML VIAL	2	MN
DEPO-ESTRADIOL	2	MN
<i>desog-e.estradiol/e.estradiol 21-5 tablet</i>	5	
<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	5	MN
<i>desogestrel-ethinyl estradiol 7 days x 3 tablet</i>	5	
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	5	MN
DUAVEE	2	MN
ENJUVIA	3	MN
ESTRACE 0.01% CREAM	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdk, .0375mg/24 patch tds, .0375mg/24 patch tdk, 0.05mg/24h patch tds, 0.05mg/24h patch tdk, 0.06mg/24h patch tdk, .075mg/24h patch tds, .075mg/24h patch tdk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>estradiol 10 mcg tablet</i>	3	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	1	MN
<i>estradiol valerate 10 mg/ml vial</i>	1	
<i>estradiol/norethindrone acetate (estradiol/norethindrone 0.5-0.1 mg tablet, estradiol/norethindrone 1 mg-0.5mg tablet)</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</i>	1	MN
<i>ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(24) tablet, estradiol/drospirenone 0.03mg-3mg tablet)</i>	5	
<i>ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)</i>	5	MN
<i>l-norgestrel/e.estradiol-e.estradiol 0.15mg(84) tbdspk 3mo</i>	5	MN
<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>	5	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgestrel/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo, l-norgestrel/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo)</i>	5	
LO LOESTRIN FE	3	MN
MENEST	2	MN
NATAZIA	3	MN
<i>norelgestromin/ethinyl estradiol</i>	5	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	5	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>	5	
<i>norethindrone-e.estradiol-iron 1mg-20(24) tab chew</i>	5	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	5	
<i>norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab chew, estradiol/iron 0.8-25(24) tab chew)</i>	5	
<i>norethindrone-mestranol</i>	5	
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	5	
<i>norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)</i>	5	
NUVARING	5	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	2	MN
PREMARIN VAGINAL CREAM-APPL	2	
PREMPHASE	2	MN
PREMPRO	2	MN
SAFYRAL	3	MN
TAYTULLA	3	MN
<b>PROGESTERONE AGONISTS/ANTAGONISTS</b>		
ELLA	5	
<b>PROGESTINS</b>		
AYGESTIN	2	MN
DEPO-SUBQ PROVERA 104	5	
KYLEENA	5	
<i>levonorgestrel 1.5 mg tablet</i>	5	
LILETTA	5	
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	
<i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>	5	
<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	5	
NEXPLANON	5	
<i>norethindrone 0.35 mg tablet</i>	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate</i>	1	MN
<i>progesterone</i>	1	
<i>progesterone, micronized</i>	1	MN
SKYLA	5	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
<i>raloxifene hcl</i>	1	C Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at generic copay.
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
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
LEVOXYL	2	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	3	MN
THYROLAR-1/2	3	MN
THYROLAR-1/4	3	MN
THYROLAR-2	3	MN
THYROLAR-3	3	MN
WESTHROID	2	
WP THYROID	2	
<b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)</b>		
SENSIPAR	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>cabergoline</i>	1	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA
LUPRON DEPOT	4	
LUPRON DEPOT-PED	4	
<i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 200 mcg/ml vial, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	4	
SANDOSTATIN LAR	4	
SANDOSTATIN LAR DEPOT	4	
SOMATULINE DEPOT	4	PA ST
SOMAVERT	4	
SUPPRELIN LA	4	PA
SYNAREL	4	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA (HAE) AGENTS</b>		
BERINERT	4	PA
<b>IMMUNE SUPPRESSANTS</b>		
<i>azathioprine</i>	1	
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	
CIMZIA	4	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)</i>	1	
<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
ENTYVIO	4	PA
ENVARUSUS XR	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
KINERET	4	PA ST
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	4	
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	
NULOJIX	4	
ORENCIA (87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA ST
ORENCIA 50 MG/0.4 ML SYRINGE	4	PA
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
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	4	
SIMPONI	4	PA ST
<i>sirolimus</i>	1	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	
XELJANZ	4	PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR	4	PA
ZORTRESS	4	
IMMUNIZING AGENTS, PASSIVE		
ATGAM	4	PA
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
HYQVIA	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	PA
OCTAGAM	4	PA
IMMUNOMODULATORS		
ACTEMRA	4	PA ST
ACTIMMUNE	4	
ARCALYST	4	
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
<i>leflunomide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIDAURA	3	
<b>VACCINES</b>		
ADACEL TDAP	5	
AFLURIA 2015-2016 (SYRINGE, VIAL)	5	
AFLURIA 2016-2017 (SYRINGE, VIAL)	5	
AFLURIA 2017-2018 (SYRINGE, VIAL)	5	
AFLURIA QUAD 2016-2017	5	
AFLURIA QUAD 2017-2018 (SYRINGE, VIAL)	5	
BEXSERO	5	
BOOSTRIX TDAP	5	
CERVARIX	5	
DAPTACEL DTAP	5	
ENGERIX-B ADULT	5	
ENGERIX-B PEDIATRIC-ADOLESCENT	5	
EZ FLU 16-17 (FLUZON QUAD PED)	5	
EZ FLU 2015-2016 (FLUCELVAX)	5	
EZ FLU 2015-2016 (FLUVIRIN)	5	
EZ FLU 2016-2017 (AFLURIA)	5	
EZ FLU 2016-2017 (FLUVIRIN)	5	
FLUAD 2015-2016	5	
FLUAD 2016-2017	5	
FLUAD 2017-2018	5	
FLUBLOK 2015-2016	5	
FLUBLOK 2016-2017	5	
FLUBLOK 2017-2018	5	
FLUBLOK QUAD 2017-2018	5	
FLUCELVAX 2015-2016	5	
FLUCELVAX QUAD 2016-2017	5	
FLUCELVAX QUAD 2017-2018 (SYR, VIAL)	5	
FLULAVAL QUAD 2015-2016	5	
FLULAVAL QUAD 2016-2017 VIAL	5	
FLULAVAL QUAD 2017-2018 SYR	5	
FLUMIST QUAD 2015-2016	5	
FLUMIST QUAD 2016-2017	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST QUAD 2017-2018	5	
FLUVIRIN 2015-2016 (SYRINGE, VIAL)	5	
FLUVIRIN 2016-2017 (SYRINGE, VIAL)	5	
FLUVIRIN 2017-2018 (SYRINGE, VIAL)	5	
FLUZONE 2015-2016	5	
FLUZONE HIGH-DOSE 2015-2016	5	
FLUZONE HIGH-DOSE 2016-2017	5	
FLUZONE HIGH-DOSE 2017-2018	5	
FLUZONE INTRADERM QUAD 2015-16	5	
FLUZONE INTRADERM QUAD 2016-17	5	
FLUZONE INTRADERM QUAD 2017-18	5	
FLUZONE QUAD 2015-2016 VIAL	5	
FLUZONE QUAD 2016-2017 VIAL	5	
FLUZONE QUAD 2017-2018	5	
FLUZONE QUAD PEDI 2015-2016	5	
FLUZONE QUAD PEDI 2016-2017	5	
FLUZONE QUAD PEDI 2017-2018	5	
GARDASIL	5	
GARDASIL 9	5	
HAVRIX	5	
INFANRIX DTAP	5	
IPOL	5	
KINRIX	5	
M-M-R II VACCINE	5	
MENACTRA	5	
MENHIBRIX	5	
MENOMUNE-A-C-Y-W-135	5	
MENVEO A-C-Y-W-135-DIP	5	
PEDIARIX	5	
PEDVAXHIB	5	
PENTACEL	5	
PENTACEL DTAP-IPV COMPONENT	5	
PNEUMOVAX 23	5	
PREVNAR 13	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROQUAD	5	
QUADRACEL DTAP-IPV	5	
RECOMBIVAX HB	5	
ROTARIX	5	
ROTATEQ	5	
TENIVAC	5	
<i>tetanus and diphtheria toxoids, adult</i>	5	
<i>tetanus, diphtheria toxoid ped/pf</i>	5	
TRUMENBA	5	
TWINRIX	5	
VAQTA	5	
VARIVAX VACCINE	5	
VIVOTIF	2	
VIVOTIF BERNA	2	
ZOSTAVAX	5	AL1 At least 50 yrs old
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	1	
CANASA	3	
DELZICOL	2	
DIPENTUM	2	
LIALDA	3	
<i>mesalamine 1.2 g tablet dr</i>	3	
<i>mesalamine 800 mg tablet dr</i>	1	
<i>mesalamine with cleansing wipes</i>	1	
PENTASA	2	
SFROWASA	2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide 3 mg capdr - er</i>	1	QL 90 / 30 DAYS
CORTIFOAM	2	
<i>hydrocortisone 100mg/60ml enema</i>	1	
<b>SULFONAMIDES</b>		
AZULFIDINE ENTAB 500 MG	2	
<i>sulfasalazine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	MN
BONIVA 3 MG/3 ML SYRINGE	4	PA
<i>calcitonin, salmon, synthetic</i>	1	MN
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>cholecalciferol (vitamin d3) 50000 unit capsule</i>	3	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	3	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	1	
<i>etidronate disodium</i>	3	MN
FORTEO	4	PA
FORTICAL	2	MN
HECTOROL 2 MCG/ML VIAL	3	
<i>ibandronate sodium 150 mg tablet</i>	1	MN
<i>ibandronate sodium 3 mg/3 ml syringe</i>	4	PA
<i>pamidronate disodium (30mg/10ml vial, 60 mg/10ml vial, 90 mg/10ml vial)</i>	4	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>	3	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>	3	MN
XGEVA	4	PA
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/5 ML VIAL	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>cervical cap</i>	5	
<i>condoms, female</i>	5	
<i>condoms, latex, lubricated each</i>	5	
<i>condoms, latex, non-lubricated each</i>	5	
<i>condoms, non-latex, lubricated</i>	5	
<i>diaphragms, contoured</i>	5	
<i>diaphragms, wide seal</i>	5	
EUFLEXXA	4	
HYALGAN	4	
<i>hyaluronate sod, cross-linked</i>	4	
<i>hyaluronate sodium 10 mg/ml syringe</i>	4	
<i>methylergonovine maleate 0.2 mg tablet</i>	1	
MONOVISC	4	
MYALEPT	4	PA
PARAGARD T 380-A	5	
SYNVISC	4	
SYNVISC-ONE	4	
XIAFLEX	4	PA
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine sulfate 1 % drops</i>	1	
<i>bacitracin/polymyxin b sulfate</i>	1	
<i>cyclopentolate hcl (0.5 % drops, 1 % drops)</i>	1	
EYLEA	4	PA
LACRISERT	2	
<i>naphazoline hcl</i>	3	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	1	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	
<i>polymyxin b sulfate/trimethoprim</i>	1	
<i>proparacaine hcl</i>	3	
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>	3	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
ALOCRIL	2	
ALOMIDE	2	
<i>azelastine hcl 0.05 % drops</i>	3	
BEPREVE	3	
<i>cromolyn sodium 4 % drops</i>	1	
EMADINE	3	
<i>epinastine hcl</i>	3	
LASTACAFT	3	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	1	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium</i>	3	
<i>dexamethasone sod phosphate 0.1 % drops</i>	1	
<i>diclofenac sodium 0.1 % drops</i>	1	
DUREZOL	3	
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	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	2	
NEVANAC	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod phosphate 1 % drops</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VEXOL	2	
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>		
ALPHAGAN P 0.1% DROPS	2	MN
<i>apraclonidine hcl</i>	1	
AZOPT	2	
<i>betaxolol hcl 0.5 % drops</i>	1	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	
ISOPTO CARPINE	2	MN
ISTALOL	2	MN
<i>levobunolol hcl 0.5 % drops</i>	1	MN
<i>methazolamide</i>	1	MN
<i>metipranolol</i>	1	MN
PHOSPHOLINE IODIDE	2	MN
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drops, 0.5 % sol-ael)</i>	1	MN
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03 % drops</i>	1	MN
<i>latanoprost</i>	1	MN
LUMIGAN	2	MN
TRAVATAN Z	3	MN
ZIOPTAN	2	MN
<b>OTIC AGENTS</b>		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
DERMOTIC	2	
<i>fluocinolone acetonide oil</i>	1	
<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	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALER 220 MCG #120)	2	MN
ASMANEX HFA	2	MN
BECONASE AQ	2	
<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	
OMNARIS	3	
PULMICORT FLEXHALER	2	MN
QVAR	2	MN
<i>triamcinolone acetonide 55 mcg spray</i>	1	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl (137 mcg spray/pump, 205.5mcg spray/pump)</i>	1	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	3	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>	3	
<i>desloratadine 5 mg tablet</i>	3	
<i>diphenhydramine hcl (50 mg capsule, 50 mg/ml vial)</i>	1	
<i>hydroxyzine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>olopatadine hcl 0.6 % spray/pump</i>	3	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 ma tablet, 50 ma/ml amoul, 50 ma/ml vial)</i>	1	
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium</i>	1	MN
<i>zafirlukast</i>	1	MN
<i>zileuton</i>	3	
ZYFLO	3	
ZYFLO CR	3	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	2	MN
<i>ipratropium bromide</i>	1	MN
SPIRIVA	2	MN
SPIRIVA RESPIMAT	2	MN
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<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 tablet, 5 mg/ml solution)</i>	1	MN
ARCAPTA NEOHALER	3	MN
BROVANA	3	MN
<i>epinephrine 0.1 mg/ml syringe</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.15 mg auto-inject - impax generics</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.15 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
EPINEPHRINE 0.15 MG AUTO-INJCT - MYLAN SPECIALTY	2	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - impax generics</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
EPINEPHRINE 0.3 MG AUTO-INJECT - MYLAN SPECIALTY	2	QL 4 / 180 DAYS
FORADIL	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	3	MN
MAXAIR AUTOHALER	2	MN
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syrup, 20 mg tablet)</i>	3	MN
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	2	
SEREVENT DISKUS	2	MN
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	1	MN
VENTOLIN HFA	1	
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	4	PA
TOBI	4	
TOBI PODHALER	4	
<i>tobramycin in 0.225 % sodium chloride</i>	4	
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>aminophylline (250mg/10ml ampul, 250mg/10ml vial)</i>	1	MN
DALIRESP	3	
ELIXOPHYLLIN	2	MN
<i>theophylline anhydrous (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 ma tab er 24h)</i>	1	MN
<b>PULMONARY ANTIHYPERTENSIVES</b>		
LETAIRIS	4	
OPSUMIT	4	
REMODULIN	4	
REVATIO 10 MG/12.5 ML VIAL	4	
<i>sildenafil citrate (10 mg/12.5 vial, 20 mg tablet)</i>	4	
TRACLEER	4	
TYVASO	4	
TYVASO INSTITUTIONAL START KIT	4	
TYVASO REFILL KIT	4	
TYVASO STARTER KIT	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENTAVIS	4	
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	3	
ADVAIR DISKUS	2	MN
ADVAIR HFA	2	MN
ANORO ELLIPTA	3	
ARALAST NP 500 MG VIAL	2	
<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 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 (bit/homatrop 5 mg-1.5mg tablet, bit/homatrop 5-1.5 mg/5 syrup)</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	MN
PROLASTIN C	2	
<i>promethazine hcl/codeine</i>	1	
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	
<i>promethazine/phenylephrine hcl/codeine</i>	1	
PULMOZYME	4	
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i>	1	
SYMBICORT	3	MN
TYZINE	2	
XOLAIR	4	PA
ZEMAIRA	2	
<b>SKELETAL MUSCLE RELAXANTS</b>		
BOTOX	4	PA
<i>carisoprodol 350 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 800 mg tablet</i>	3	
<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
<b>SLEEP DISORDER AGENTS</b>		
<b>GABA RECEPTOR MODULATORS</b>		
<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</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
<b>SLEEP DISORDERS, OTHER</b>		
<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>	1	QL 30 / 30 DAYS
<i>modafinil 200 mg tablet</i>	1	QL 60 / 30 DAYS
ROZEREM	3	QL 30 / 30 DAYS
XYREM	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES</b>		
<b>ELECTROLYTE/MINERAL MODIFIERS</b>		
CHEMET	3	
EXJADE	4	PA
FERRIPROX 500 MG TABLET	4	
GALZIN	2	
RADIOGARDASE	3	
SAMSCA	4	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, powder)</i>	1	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
SPS	2	
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
0.9 % sodium chloride 0.9 % iv soln	3	
<i>ammonium chloride</i>	3	
FERRALET 90	1	
<i>ferrous fumarate/ascorbic acid/b12-if/folic acid</i>	1	
<i>ferrous sulfate 15 mg/ml drops</i>	5	AL1 0.5 to 1 yrs old
FLORIVA 0.25 MG/ML DROPS	5	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)	5	AL1 0.5 to 6 yrs old
FLUORABON	5	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>	5	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) 1mg(2.2mg) tab chew</i>	1	
INTEGRA F	1	
INTEGRA PLUS	1	
<i>iron fumarate, polysac comp/folic acid/vitamin c/niacinamide</i>	1	
<i>iron, carbonyl 15mg/1.25 oral susp</i>	5	AL1 0.5 to 1 yrs old
IRONUP	5	AL1 0.5 to 1 yrs old
ISOLYTE S IV SOLUTION-EXCEL	3	
K-TAB ER 10 MEQ TABLET	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KLOR-CON 10	2	
<i>magnesium sulfate 4 meq/ml vial</i>	3	
<i>magnesium sulfate in sterile water (4 g/50 ml piggyback, 40g/1000ml iv soln)</i>	3	
MYKIDZ IRON 10	5	AL1 0.5 to 1 yrs old
NORMOSOL-R	3	
NORMOSOL-R PH 7.4	3	
NOVAFERRUM	5	AL1 0.5 to 1 yrs old
PLASMA-LYTE 148	3	
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	MN
<i>potassium chloride (20 meq tab er prt, 20meq/15ml liquid, 40meq/15ml liquid)</i>	1	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 capsule er, 10 tab er prt, 10 tablet er)</i>	1	MN
<i>potassium chloride 15 meq tab er prt</i>	2	
PROFERRIN-FORTE	2	
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	3	
<i>sodium chloride 2.5 meq/ml vial</i>	3	
<i>sodium chloride 3 %</i>	3	
<i>sodium chloride 5 %</i>	3	
<i>sodium chloride irrigating solution</i>	3	
CENTRUM SPECIALIST PRENATAL	5	
CLASSIC PRENATAL	5	
CONCEPT DHA	1	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	
EAA	2	
ESCAVITE	5	AL1 0.5 to 6 yrs old
ESCAVITE D	5	AL1 0.5 to 6 yrs old
ESCAVITE LQ	5	AL1 0.5 to 6 yrs old
EXPECTA PRENATAL	5	
FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET)	5	AL1 0.5 to 6 yrs old
FLORIVA PLUS	5	AL1 0.5 to 6 yrs old
<i>fluoride/iron/vitamins a,c,and d</i>	5	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid (0.4 mg tablet, 0.8 mg capsule, 0.8 mg tablet)</i>	5	
<i>folic acid 1 mg tablet</i>	1	
GLYACTIN 15 PE BETTERMILK PKT	2	
GLYACTIN RESTORE 10 PE	2	
GLYACTIN RESTORE 10 PE LITE	2	
GLYACTIN RTD 10 PE	2	
GLYACTIN RTD 15 PE	2	
KPN	5	
LANAFLEX	2	
LOPHLEX	2	
MAXINATE	5	
MEPHYTON	3	
MTERYTI FOLIC 5	5	
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	5	AL1 0.5 to 6 yrs old
MYKIDZ IRON	5	AL1 0.5 to 1 yrs old
MYKIDZ IRON FL	5	AL1 0.5 to 6 yrs old
ONE A DAY WOMEN'S PRENATAL DHA	5	
ONE-A-DAY WOMEN'S PRENATAL 1	5	
<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>	5	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>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin combination no.2/sodium fluoride</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no. 150 with sodium fluoride</i>	5	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>	5	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>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no. 45/sodium fluoride/ferrous sulfate</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no. 75/sodium fluoride/ferrous sulfate</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no. 82 with sodium fluoride</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamins no. 17 with sodium fluoride</i>	5	AL1 0.5 to 6 yrs old



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERIFLEX ADVANCE	2	
PERIFLEX INFANT	2	
PERIFLEX JUNIOR	2	
PERIFLEX LQ PKU	2	
PERRY PRENATAL	5	
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 PKT)	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>	5	
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	
POLY-VI-FLOR (0.25 MG DROPS, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	5	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	5	AL1 0.5 to 6 yrs old
POLY-VI-SOL WITH IRON	5	AL1 0.5 to 1 yrs old
PRENATAL FORMULA-DHA	5	
<i>prenatal vit 40/iron/folic/dha 27-0.8-250 capsule</i>	5	
<i>prenatal vit calc,iron,folic tablet</i>	5	
<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>	5	
<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>	5	
<i>prenatal vit with calcium no. 122/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 128/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 129/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 130/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 131/ferrous fumarate/folic acid</i>	5	
<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>	5	
<i>prenatal vitamin no. 108/iron amino acid chelate/folic acid</i>	5	
<i>prenatal vitamins no. 121/ferrous fumarate/folic acid</i>	5	
<i>prenatal vitamins no. 62/folic acid/omega-3s/dha/epa/fish oil</i>	5	
<i>prenatal vitamins no. 79/iron fum/folic acid/levomefolate/dha</i>	5	
<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>	5	
<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>	5	
<i>prenatal vits with calcium no. 124/ferrous fumarat/folic acid</i>	5	
<i>prenatal vits with calcium no. 21/ferrous fumarate/folic acid</i>	5	
<i>prenatal vits with calcium no. 72/iron,carbonyl/folic acid</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prenatal vits with calcium no. 90/ferrous fumarate/folic acid</i>	5	
<i>prenatal vits with calcium no. 96/ferrous fumarate/folic acid</i>	5	
PREQUE 10	5	
QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP)	5	AL1 0.5 to 6 yrs old
QUFLORA FE 0.25 MG CHEW TABLET	5	AL1 0.5 to 6 yrs old
SIMILAC PRENATAL	5	
STUART ONE	5	
TEXAVITE LQ	5	AL1 0.5 to 6 yrs old
TRI-VI-FLOR	5	AL1 0.5 to 6 yrs old
UROSEX	5	
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