Express Scripts Medicare (PDP)
2017 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN

Formulary ID Number: 17037, v8

This formulary was updated on 08/22/2016. For more recent information or other questions, please contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.
You can also visit us on the Web at **www.Express-Scripts.com**.

Note to current members: This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York (for employer plans domiciled in New York).* When it refers to "plan" or "our plan," it means *Express Scripts Medicare.*

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 22, 2016. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2018. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call Express Scripts Medicare Customer Service at the numbers on the back of your member ID card for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente de Express Scripts Medicare a los números que figuran al dorso de su tarjeta de identificación de miembro para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please contact Customer Service if you need plan information in another format.

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the "formulary." It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare's standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan's specific drug coverage, please review your other plan materials, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?

Generally, if you are taking a drug covered by your plan in 2017, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2017 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan's coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If Express Scripts Medicare removes drugs from your plan's coverage, adds prior authorization, quantity limits, and/or step therapy restrictions on a drug, or moves a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective. If the Food and Drug Administration (FDA) determines that a drug we cover is unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately stop covering the drug and provide notice to members who are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit us on the Web or contact our Customer Service department using the information provided on the front and back covers of this formulary.** If there are any additional changes made to this plan's drug coverage that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with "PA" next to them in the formulary.

  Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with "QL" next to them in the formulary.

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with "ST" next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan's specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the following page for information about how to request an exception.

What if my drug is not listed on this formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug. You may not ask us to provide a higher level of coverage for drugs that are in our Specialty Drug tier.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

Can I get a temporary transition supply while I wait for an exception decision?

As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request an exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that has restrictions or limitations but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Other coverage that your plan may provide

Your plan **may** also cover categories of "excluded" drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs, such as CAVERJECT®, CIALIS®, EDEX®, LEVITRA®, MUSE® and VIAGRA®, when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan's specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

The "Drug Name" column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the "Requirements/Limits" column tells you if there are any special requirements for coverage of that particular drug.

If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.

- **The drug tier for your drug.** Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan's coverage stages and list the specific cost-sharing amounts for each tier.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: **Non-Preferred Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 4: **Specialty Tier Drugs**	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan's standard benefit. Members who qualify for Extra Help will receive a notice called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" ("Low Income Rider" or "LIS Rider"). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

For more detailed information about your Medicare prescription drug coverage and your plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit http://www.medicare.gov.

Below is a list of abbreviations that may appear on the following pages in the "Requirements/Limits" column that tells you if there are any special requirements for coverage of your drug.

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **www.Express-Scripts.com**.

List of abbreviations

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

MO: Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA; MO
AMBISOME	4	PA; MO
amphotericin b	3	PA; MO
ANCOBON	4	MO
CANCIDAS	4	PA; MO
clotrimazole mucous membrane	1	MO
CRESEMBA INTRAVENOUS	4	
CRESEMBA ORAL	4	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	
flucytosine	4	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	3	MO
GRIS-PEG (ULTRAMICROSIZE)	3	MO
itraconazole	1	MO
ketoconazole oral	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	4	MO
NOXAFIL ORAL	4	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ONMEL	4	MO; QL (30 per 30 days)
ORAVIG	2	MO
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
terbinafine hcl oral	1	MO
VFEND	4	MO
VFEND IV	3	MO
voriconazole intravenous	1	MO
voriconazole oral	4	MO
ANTIVIRALS		
abacavir	1	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements /Limits
abacavir-lamivudine-zidovudine	4	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	4	MO
amantadine hcl	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
ATRIPLA	4	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	4	MO
cidofovir	4	PA; MO
COMBIVIR	4	MO
COMPLERA	4	MO
COPEGUS	3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	PA; MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PA; MO; QL (84 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
DAKLINZA ORAL TABLET 90 MG	4	PA; QL (84 per 84 days)
DESCOVY	4	
didanosine	1	MO
EDURANT	4	MO
EMTRIVA	2	MO
entecavir	4	MO
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	4	MO
EVOTAZ	4	MO
famciclovir	1	MO
FAMVIR	3	MO
FLUMADINE ORAL TABLET	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
ganciclovir sodium	1	PA; MO
GENVOYA	4	MO
HARVONI	4	PA; MO; QL (168 per 168 days)
HEPSERA	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
INVIRASE	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	4	MO
moderiba	3	MO
moderiba dose pack oral tablets,dose pack 200 mg (7)-400 mg (7), 400 mg (7)- 400 mg (7)	1	MO

Drug Name	Drug Tier	Requirements /Limits
moderiba dose pack oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)	4	MO
nevirapine oral suspension	1	MO
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr 100 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	3	MO
NORVIR	2	MO
ODEFSEY	4	
OLYSIO	4	PA; MO; QL (168 per 168 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	2	MO

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Drug Name	Drug Tier	Requirements /Limits
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
ribasphere oral capsule	1	MO
ribasphere oral tablet 200 mg	3	MO
ribasphere oral tablet 400 mg	1	MO
ribasphere oral tablet 600 mg	4	MO
ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	4	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
SELZENTRY	2	MO

Drug Name	Drug Tier	Requirements /Limits
SOVALDI	4	PA; MO; QL (168 per 168 days)
stavudine	1	MO
STRIBILD	4	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO
SUSTIVA ORAL CAPSULE 50 MG	2	MO
SUSTIVA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	MO; LA
TAMIFLU	2	MO
TECHNIVIE	4	PA; MO; QL (168 per 84 days)
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG	4	
TIVICAY ORAL TABLET 50 MG	4	MO
TRIUMEQ	4	MO
TRIZIVIR	4	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	
TRUVADA ORAL TABLET 200-300 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
TYBOST	3	MO
TYZEKA	4	MO
valacyclovir	1	MO; QL (30 per 30 days)
VALCYTE	4	MO
valganciclovir	4	MO
VALTREX	3	MO; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	4	PA; MO; QL (672 per 168 days)
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIRAZOLE	4	MO
VIREAD	4	MO
VITEKTA	4	MO
ZEPATIER	4	PA; MO; QL (112 per 112 days)
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
zidovudine	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	4	
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	1	MO
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements /Limits
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime	1	MO
cefixime	1	MO
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	1	
cefotetan injection	1	
cefoxitin intravenous recon soln 1 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefoxitin intravenous recon soln 2 gram	3	
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram	1	MO
ceftazidime injection recon soln 2 gram	3	MO
ceftazidime injection recon soln 6 gram	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTIO N	3	MO
CEFTIN ORAL TABLET 500 MG	3	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone injection recon soln 250 mg, 500 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	1	MO
cefuroxime sodium intravenous	1	
cephalexin	1	MO
CLAFORAN INJECTION RECON SOLN 10 GRAM, 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	
MAXIPIME INJECTION	3	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTIO N 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTIO N 500 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	4	MO
ZERBAXA	4	
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin	1	MO
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	MO
BIAXIN ORAL TABLET	3	MO
clarithromycin	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIFICID	4	MO
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	2	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg	3	MO
ery-tab oral tablet,delayed release (dr/ec) 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral capsule,delayed release(dr/ec)	1	MO
erythromycin oral tablet 250 mg	3	MO
erythromycin oral tablet 500 mg	1	MO
PCE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	MO
atovaquone	4	MO
atovaquone-proguanil	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
aztreonam injection recon soln 1 gram	1	MO
baciim	1	
bacitracin intramuscular	1	MO

Drug Name	Drug Tier	Requirements /Limits
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	
CAYSTON	4	MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	1	
chloroquine phosphate oral	1	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
CLEOCIN INJECTION	3	MO
CLEOCIN ORAL	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO
clindamycin pediatric	1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	

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Drug Name	Drug Tier	Requirements /Limits
clindamycin phosphate injection solution 150 mg/ml	1	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	2	MO
colistin (colistimethate na)	1	MO
CUBICIN	4	MO
DALVANCE	3	MO
DAPSONE	2	MO
DARAPRIM	2	PA; MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	3	
EMVERM	4	
ethambutol	1	MO
FLAGYL	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml, 80 mg/50 ml	1	
gentamicin injection solution 40 mg/ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	1	
hydroxychloroquine oral	1	MO
imipenem-cilastatin	1	MO
INVANZ INJECTION	3	MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	MO
KETEK	3	MO
KITABIS PAK	4	MO
LINCOCIN	3	MO
lincomycin injection	1	
linezolid intravenous	4	
linezolid oral	4	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	4	MO
meropenem intravenous recon soln 500 mg	3	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (1 per 28 days)
neomycin	1	MO
ORBACTIV	4	MO
paromomycin	3	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	
polymyxin b sulfate	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	3	MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin	1	MO
RIFATER	3	MO
SIRTURO	4	MO; LA
SIVEXTRO INTRAVENOUS	4	
SIVEXTRO ORAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN INTRAMUSCULAR	2	MO
STROMECTOL	3	MO
SYNERCID	4	
TINDAMAX ORAL TABLET 500 MG	3	MO
tinidazole	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	4	PA; MO; QL (280 per 28 days)
tobramycin sulfate injection solution	1	MO
TRECATOR	2	MO
TYGACIL	4	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
ZYVOX ORAL	4	MO
PENICILLINS		

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Drug Name	Drug Tier	Requirements /Limits
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam injection recon soln 3 gram	1	MO
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin	1	MO

Drug Name	Drug Tier	Requirements /Limits
nafcillin injection recon soln 1 gram	1	MO
nafcillin injection recon soln 10 gram	4	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	4	MO
oxacillin injection recon soln 10 gram	4	MO
oxacillin intravenous recon soln 2 gram	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin g potassium injection recon soln 5 million unit	1	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	MO
penicillin g sodium	1	MO
penicillin v potassium	1	MO

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Drug Name	Drug Tier	Requirements /Limits
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO

Drug Name	Drug Tier	Requirements /Limits
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin	1	
ciprofloxacin (mixture)	1	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
ciprofloxacin lactate intravenous solution 400 mg/40 ml	1	
LEVAQUIN ORAL TABLET	3	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
moxifloxacin	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	
ofloxacin oral tablet 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine oral	3	MO
sulfamethoxazole-trimethoprim	1	MO
TETRACYCLINES		
ADOXA ORAL CAPSULE	3	ST; MO
demeclocycline oral tablet 150 mg	3	MO
demeclocycline oral tablet 300 mg	1	MO
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg	3	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	4	

Drug Name	Drug Tier	Requirements /Limits
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	1	MO
doxycycline monohydrate oral capsule 75 mg	3	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr 135 mg, 45 mg	3	MO
minocycline oral tablet extended release 24 hr 90 mg	1	MO
ORACEA	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO
tetracycline oral capsule 250 mg	1	MO
tetracycline oral capsule 500 mg	3	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTIO N	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
trimethoprim	1	MO
VANCOMYCIN		
VANCOCIN	4	MO
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	1	MO
vancomycin oral	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine crystalline	4	MO
dexrazoxane hcl intravenous recon soln 250 mg	4	
ELITEK	4	MO
FUSILEV	4	MO
KEPIVANCE	4	
leucovorin calcium injection recon soln 100 mg, 350 mg	1	MO
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous solution	4	
mesna	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	4	MO

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Drug Name	Drug Tier	Requirements /Limits
XGEVA	4	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	4	MO
adrucil intravenous solution 500 mg/10 ml	1	PA; MO
AFINITOR DISPERZ	4	PA; MO
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	4	MO
ALKERAN INTRAVENOUS	4	
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	4	
ASTAGRAF XL	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AVASTIN	4	MO
azacitidine	4	MO
AZASAN	3	PA; MO
azathioprine	1	PA; MO
azathioprine sodium	1	PA
BELEODAQ	4	MO
bexarotene	4	MO
bicalutamide	1	MO
BICNU	4	MO
bleomycin injection recon soln 30 unit	1	PA; MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)
BUSULFEX	4	
CABOMETYX	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
CELLCEPT ORAL TABLET	4	PA; MO
cisplatin	1	MO
cladribine	4	PA; MO
CLOLAR	4	MO
COMETRIQ	4	PA; MO
COSMEGEN	4	MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	PA; MO
cyclosporine intravenous	1	PA
cyclosporine modified	1	PA; MO
cyclosporine oral capsule	1	PA; MO
CYRAMZA	4	PA; MO
cytarabine	1	PA; MO
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	1	PA; MO
dacarbazine intravenous recon soln 200 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
DACOGEN	4	MO
DARZALEX	4	MO; LA
daunorubicin intravenous solution	1	
decitabine	4	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	4	
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	4	MO
DOXIL	4	MO
doxorubicin intravenous solution 50 mg/25 ml	1	MO
doxorubicin, peg-liposomal	4	MO
DROXIA	2	MO
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH), 30 MG (4 MONTH), 7.5 MG (1 MONTH)	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE 45 MG (6 MONTH)	4	PA; MO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
EMCYT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
EMPLICITI	4	PA; MO
ENVARSUS XR	3	PA; MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	4	MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERWINAZE	4	MO
ETOPOPHOS	3	MO
etoposide intravenous	1	MO
exemestane	1	MO
FARESTON	4	MO
FARYDAK ORAL CAPSULE 10 MG	4	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PA; MO; QL (6 per 21 days)
FASLODEX	4	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
fludarabine intravenous recon soln	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml	1	PA; MO
flutamide	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	4	MO
gemcitabine intravenous recon soln 1 gram	4	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	MO
gengraf oral capsule 100 mg	3	PA; MO
gengraf oral capsule 25 mg	1	PA; MO
gengraf oral solution	3	PA; MO
GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE	2	MO
HALAVEN	4	MO
HERCEPTIN	4	MO
HEXALEN	4	MO
HYCAMTIN INTRAVENOUS	4	MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	MO
idarubicin	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO
ifosfamide intravenous recon soln 1 gram	1	MO
imatinib oral tablet 100 mg	4	PA; MO
imatinib oral tablet 400 mg	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA	4	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	MO
ISTODAX	4	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
JEVTANA	4	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	4	PA; MO
KEYTRUDA	4	MO

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	4	PA
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	MO
LONSURF	4	PA; MO
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; MO
LYNPARZA	4	PA; MO
LYSODREN	2	MO
MATULANE	4	MO

Drug Name	Drug Tier	Requirements /Limits
MEGACE	3	PA; MO
MEGACE ES	4	PA; MO
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days)
melphalan hcl	4	
mercaptopurine	1	MO
methotrexate sodium (pf) injection recon soln	1	PA
methotrexate sodium (pf) injection solution	1	PA; MO
methotrexate sodium oral	1	PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	MO
mitomycin intravenous recon soln 40 mg	4	MO
mitoxantrone	1	MO
MUSTARGEN	3	MO
mycophenolate mofetil oral capsule	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
mycophenolate mofetil oral suspension for reconstitution	4	PA; MO
mycophenolate mofetil oral tablet	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	MO
NINLARO ORAL CAPSULE 2.3 MG	4	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	4	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	4	PA; MO; QL (3 per 28 days)
NIPENT	4	MO
NULOJIX	4	PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	4	MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	4	MO
oxaliplatin intravenous solution 100 mg/20 ml	1	MO
paclitaxel	1	MO
PERJETA	4	MO
POMALYST	4	MO
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO
PURIXAN	4	MO
RAPAMUNE ORAL SOLUTION	4	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	PA; MO
REVLIMID	4	PA; MO; LA
RHEUMATREX	3	PA; MO
RITUXAN	4	PA; MO
SANDIMMUNE INTRAVENOUS	3	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML	4	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	MO
SIGNIFOR	4	MO
SIGNIFOR LAR	4	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
sirolimus oral tablet 0.5 mg, 1 mg	1	PA; MO
sirolimus oral tablet 2 mg	4	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	4	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	4	PA; MO
SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	4	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	4	MO
SYNRIBO	4	MO
TABLOID	2	MO
tacrolimus oral	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	4	PA; MO; LA; QL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	4	PA; MO; LA; QL (30 per 30 days)
tamoxifen	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 25 MG	4	PA; MO
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)
TARGRETIN	4	MO
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	MO
TECENTRIQ	4	LA
THALOMID	4	PA; MO
thiotepa	4	MO
toposar	1	MO
topotecan intravenous recon soln	4	
TORISEL	4	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TRELSTAR	4	MO
tretinoin (chemotherapy)	4	MO
TREXALL	3	PA; MO
TRISENOX	4	MO

Drug Name	Drug Tier	Requirements /Limits
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PA; MO
VELCADE	4	MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	PA; LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days)
VIDAZA	4	MO
vinblastine intravenous solution	1	PA; MO
vincasar pfs intravenous solution 1 mg/ml	1	PA
vincristine intravenous solution 1 mg/ml	1	PA; MO
vinorelbine intravenous solution 50 mg/5 ml	1	MO
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	MO
ZANOSAR	3	MO
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS	4	PA; MO
ZYDELIG	4	PA; MO; QL (90 per 30 days)
ZYKADIA	4	PA; MO; QL (150 per 30 days)
ZYTIGA	4	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO
BANZEL ORAL TABLET 400 MG	4	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	4	
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr 100 mg	1	
carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3	
clonazepam	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	MO
diazepam rectal	1	PA; MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
divalproex	1	MO
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate oral suspension	4	MO
felbamate oral tablet 400 mg	3	MO

Drug Name	Drug Tier	Requirements /Limits
felbamate oral tablet 600 mg	1	MO
FELBATOL	4	MO
fosphenytoin injection solution 100 mg pe/2 ml	1	MO
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET	2	MO
gabapentin oral capsule	1	MO
gabapentin oral solution 250 mg/5 ml	1	MO
gabapentin oral tablet 600 mg, 800 mg	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	2	PA; MO
GRALISE 30-DAY STARTER PACK	2	PA; MO
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	3	MO
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO

Drug Name	Drug Tier	Requirements /Limits
lamotrigine oral tablet,disintegrating	3	MO
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	2	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	MO
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA	2	PA; MO
MYSOLINE ORAL TABLET 250 MG	3	MO
MYSOLINE ORAL TABLET 50 MG	4	MO
NEURONTIN	3	PA; MO
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
oxcarbazepine	1	MO
OXTELLAR XR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PEGANONE	2	MO
phenobarbital	1	MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
phenytoin sodium intravenous solution	1	MO
POTIGA	2	MO
primidone	1	MO
QUDEXY XR	3	PA; MO
roweepra	1	
SABRIL	4	MO; LA
SPRITAM	3	
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	3	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	MO; LA
AZILECT	2	MO
benztropine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
bromocriptine oral capsule	3	MO
bromocriptine oral tablet	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	3	MO
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	PA; MO
ELDEPRYL	3	MO
entacapone	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
pramipexole oral tablet	1	MO
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 2.25 mg, 3 mg, 4.5 mg	1	MO
pramipexole oral tablet extended release 24 hr 1.5 mg	3	MO
REQUIP	3	MO
REQUIP XL	3	MO
ropinirole oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
ropinirole oral tablet extended release 24 hr 12 mg	3	MO
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg, 8 mg	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	4	MO
tolcapone	4	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
dihydroergotamine injection	1	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
ERGOMAR	3	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
naratriptan	1	MO; QL (18 per 28 days)
ONZETRA XSAIL	3	QL (32 per 28 days)
RELPAX	2	MO; QL (18 per 28 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	3	QL (9 per 28 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	MO; QL (9 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	4	QL (8 per 28 days)
zolmitriptan	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	3	MO
donepezil oral tablet,disintegrating	1	MO
EXELON ORAL CAPSULE	3	MO
EXELON TRANSDERMAL	3	MO
galantamine	1	MO
GILENYA	4	PA; MO
glatopa	4	PA; MO; QL (30 per 30 days)
HORIZANT	3	PA; MO
KEVEYIS	4	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	2	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	MO
RAZADYNE ER	3	MO

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Drug Name	Drug Tier	Requirements /Limits
RAZADYNE ORAL TABLET	3	MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
TECFIDERA	4	PA; MO
tetrabenazine	4	PA; MO
TYSABRI	4	PA; MO; LA
XENAZINE	4	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene	1	MO
FEXMID	3	PA; MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML)	3	PA; MO
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	4	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO
pyridostigmine bromide	1	MO
tizanidine oral capsule 2 mg, 4 mg	1	MO
tizanidine oral capsule 6 mg	3	MO
tizanidine oral tablet	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	4	PA; MO; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	4	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	4	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	4	PA; MO; QL (58 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	4	PA; MO; QL (120 per 30 days)
BELBUCA	3	MO; QL (60 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
buprenorphine hcl injection solution	1	MO; QL (267 per 30 days)
buprenorphine hcl injection syringe	1	QL (267 per 30 days)
buprenorphine hcl sublingual tablet 2 mg	1	MO; QL (300 per 30 days)
buprenorphine hcl sublingual tablet 8 mg	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
codeine sulfate oral tablet	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	4	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	4	MO; QL (10 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG	3	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 60-2.4 MG	4	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 80-3.2 MG	4	MO; QL (75 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	3	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	4	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	4	MO; QL (47 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg	4	PA; MO; QL (39 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg	4	PA; MO; QL (29 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	4	PA; MO; QL (116 per 30 days)
fentanyl citrate buccal lozenge on a handle 600 mcg	4	PA; MO; QL (77 per 30 days)
fentanyl citrate buccal lozenge on a handle 800 mcg	4	PA; MO; QL (58 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr	1	MO; QL (9 per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR	3	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 87.5 MCG/HOUR	4	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	4	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	4	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	MO; QL (240 per 30 days)
hydromorphone injection syringe 2 mg/ml	1	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral liquid	1	MO; QL (1500 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg	1	MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 16 mg	4	MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	4	MO; QL (47 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 80 MG	4	MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 120 MG	4	MO; QL (50 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	MO; QL (60 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	4	MO; QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	4	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	4	PA; QL (23 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)
levorphanol tartrate	1	MO; QL (120 per 30 days)
lorcet (hydrocodone)	1	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
lortab 10-325	1	MO; QL (360 per 30 days)
lortab 5-325	1	MO; QL (360 per 30 days)
lortab 7.5-325	1	MO; QL (360 per 30 days)
methadone injection	1	QL (160 per 30 days)
methadone oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (300 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	1	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	1	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
morphine oral capsule, er multiphase 24 hr 120 mg	1	MO; QL (50 per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 90 mg	1	MO; QL (60 per 30 days)
morphine oral capsule, er multiphase 24 hr 45 mg, 60 mg, 75 mg	3	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	MO; QL (90 per 30 days)
morphine oral capsule,extend.release pellets 100 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 80 mg	1	MO; QL (75 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release 100 mg	1	MO; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	MO; QL (120 per 30 days)
morphine oral tablet extended release 200 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
morphine oral tablet extended release 60 mg	1	MO; QL (100 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	4	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	4	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	4	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	MO; QL (90 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	2	MO; QL (67 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	4	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	3	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 30 mg	1	MO; QL (134 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	3	QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	3	QL (67 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	MO; QL (60 per 30 days)
oxycodone-acetaminophen oral solution	1	QL (800 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-aspirin	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	3	MO; QL (200 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oxymorphone oral tablet extended release 12 hr 10 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)
oxymorphone oral tablet extended release 12 hr 15 mg, 20 mg	3	MO; QL (90 per 30 days)
oxymorphone oral tablet extended release 12 hr 30 mg	3	MO; QL (67 per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	1	MO; QL (50 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)
reprexain oral tablet 10-200 mg, 5-200 mg	1	MO; QL (50 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (134 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	4	PA; MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 600 MCG/SPRAY	4	PA; MO; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 800 MCG/SPRAY	4	PA; MO; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
vicodin	1	MO; QL (360 per 30 days)
vicodin es	1	MO; QL (360 per 30 days)
vicodin hp	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XARTEMIS XR	3	MO; QL (120 per 30 days)
XODOL 10/300	3	MO; QL (360 per 30 days)
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 27 MG, 9 MG	3	QL (90 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	4	QL (90 per 30 days)
zamicet	1	QL (5550 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ANAPROX DS	3	ST; MO
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	MO; QL (720 per 30 days)
butorphanol tartrate injection solution 2 mg/ml	1	MO; QL (360 per 30 days)
butorphanol tartrate nasal	1	MO; QL (5 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO
diclofenac sodium topical gel 1 %	1	
diclofenac-misoprostol	1	MO

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Drug Name	Drug Tier	Requirements /Limits
diflunisal	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN	3	ST; MO
etodolac	1	MO
EVZIO	3	ST; MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule	1	MO
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
meclofenamate oral capsule 100 mg	3	MO
meclofenamate oral capsule 50 mg	1	MO
mefenamic acid	1	MO
meloxicam oral suspension	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	ST; MO
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QL (100 per 30 days)
naloxone injection solution	1	MO
naloxone injection syringe 1 mg/ml	1	MO
naltrexone	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	4	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST; MO
NAPROSYN ORAL TABLET 500 MG	3	ST; MO
naproxen	1	MO

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Drug Name	Drug Tier	Requirements /Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
NARCAN	2	MO; QL (2 per 28 days)
NUCYNTA ER	3	MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO
piroxicam	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	MO; QL (90 per 30 days)
sulindac oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
TIVORBEX	3	ST; MO; QL (90 per 30 days)
tolmetin oral capsule	1	MO
tolmetin oral tablet 600 mg	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (30 per 30 days)
tramadol oral tablet	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	1	MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	1	MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VIMOVO	3	ST; MO
VIVITROL	4	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	2	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	3	MO; QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO
ABILIFY ORAL TABLET 10 MG	4	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	4	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	4	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	4	MO; QL (180 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS XR-ODT	3	
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
amitriptyline	1	PA; MO
amoxapine	1	MO
ANAFRANIL	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
APTENSIO XR	3	MO
aripiprazole oral tablet 10 mg	1	MO; QL (90 per 30 days)
aripiprazole oral tablet 15 mg	1	MO; QL (60 per 30 days)
aripiprazole oral tablet 2 mg	1	MO; QL (450 per 30 days)
aripiprazole oral tablet 20 mg	4	MO; QL (60 per 30 days)
aripiprazole oral tablet 30 mg	4	MO; QL (30 per 30 days)
aripiprazole oral tablet 5 mg	1	MO; QL (180 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	4	MO; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	4	MO; QL (60 per 30 days)
ARISTADA	4	MO
armodafinil	1	PA
ATIVAN ORAL	3	PA; MO
BELSOMRA	3	ST; MO; QL (30 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 100 mg	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet extended release 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 200 mg	1	MO; QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (60 per 30 days)
buspirone	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
chlorpromazine injection	3	MO
chlorpromazine oral tablet 10 mg, 200 mg, 25 mg, 50 mg	1	MO
chlorpromazine oral tablet 100 mg	3	MO
citalopram oral solution	1	MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
clomipramine oral capsule 25 mg, 50 mg	1	PA; MO
clomipramine oral capsule 75 mg	3	PA; MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium	1	PA; MO
clozapine oral tablet	1	MO
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	MO
CONCERTA	3	MO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (180 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
desipramine oral	1	MO
DESOXYN	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)
dexedrine	1	MO
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 5 mg	3	MO
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg	1	MO
dexmethylphenidate oral tablet	1	MO
dextroamphetamine oral capsule, extended release 10 mg, 15 mg	3	MO

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Drug Name	Drug Tier	Requirements /Limits
dextroamphetamine oral capsule, extended release 5 mg	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine-amphetamine	1	MO
diazepam intensol	1	PA; MO
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO
diazepam oral tablet	1	PA; MO
doxepin oral	1	PA; MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
eszopiclone	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	4	QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	MO; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	MO; QL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	4	
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG, 150 MG, 200 MG, 25 MG	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	MO; QL (45 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO
FLUOXETINE ORAL TABLET 60 MG	3	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg	3	MO; QL (90 per 30 days)
fluvoxamine oral capsule,extended release 24hr 150 mg	3	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (360 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL CAPSULE 20 MG	4	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GEODON ORAL CAPSULE 40 MG	4	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	4	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	4	MO; QL (60 per 30 days)
guanidine	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate	1	MO
HETLIOZ	4	PA; MO; QL (30 per 30 days)
imipramine hcl	1	PA; MO
imipramine pamoate	3	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO
INVEGA TRINZA	4	MO
IRENKA	3	MO; QL (90 per 30 days)
KAPVAY	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO
lorazepam intensol	1	PA; MO
lorazepam oral tablet	1	PA; MO
loxapine succinate	1	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
maprotiline	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
metadate er	1	MO
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
methylphenidate oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg	1	MO
methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg	1	MO
methylphenidate oral solution 10 mg/5 ml	3	MO
methylphenidate oral solution 5 mg/5 ml	1	MO
methylphenidate oral tablet	1	MO
methylphenidate oral tablet extended release	3	MO
methylphenidate oral tablet extended release 24hr	1	MO
methylphenidate oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil	1	PA; MO
molindone	1	
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG	3	MO
nortriptyline	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NUPLAZID	4	
NUVIGIL	3	PA; MO
olanzapine intramuscular	1	MO
olanzapine oral tablet 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet 2.5 mg	1	MO; QL (240 per 30 days)
olanzapine oral tablet 5 mg	1	MO; QL (120 per 30 days)
olanzapine oral tablet 7.5 mg	1	MO; QL (81 per 30 days)
olanzapine oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 5 mg	1	MO; QL (120 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 3-25 mg	1	MO
olanzapine-fluoxetine oral capsule 12-50 mg, 6-25 mg, 6-50 mg	3	MO
ORAP ORAL TABLET 1 MG	3	MO
oxazepam	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
paliperidone oral tablet extended release 24hr 1.5 mg	1	MO; QL (240 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg	1	MO; QL (120 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	4	MO; QL (41 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
perphenazine	1	MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
phenelzine	1	MO

Drug Name	Drug Tier	Requirements /Limits
pimozide	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (240 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL	4	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
quetiapine oral tablet 100 mg	1	MO; QL (240 per 30 days)
quetiapine oral tablet 200 mg	1	MO; QL (120 per 30 days)
quetiapine oral tablet 25 mg	1	MO; QL (902 per 30 days)
quetiapine oral tablet 300 mg	1	MO; QL (81 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
quetiapine oral tablet 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet 50 mg	1	MO; QL (480 per 30 days)
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
REMERON	3	MO
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
REXULTI ORAL TABLET 0.25 MG	4	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	4	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	4	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet 3 mg	1	MO; QL (161 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet,disintegrating 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet,disintegrating 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet,disintegrating 3 mg	3	MO; QL (161 per 30 days)
risperidone oral tablet,disintegrating 4 mg	3	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	MO
ROZEREM	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
temazepam	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
thioridazine	1	MO
thiothixene	1	MO
TOFRANIL	3	PA; MO
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	3	PA; MO
tranylcypromine	3	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	PA; MO
TRINTELLIX ORAL TABLET 10 MG	2	QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	2	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	2	QL (120 per 30 days)
VALIUM	3	PA; MO
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 25 mg	1	MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
venlafaxine oral tablet 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral tablet 50 mg	1	MO; QL (150 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	4	
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	4	QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	4	QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	4	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	4	PA; MO; LA
zaleplon oral capsule 10 mg	1	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
zaleplon oral capsule 5 mg	1	ST; MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl oral capsule 20 mg	1	MO; QL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	1	MO; QL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg	1	MO; QL (80 per 30 days)
ziprasidone hcl oral capsule 80 mg	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
zolpidem oral	1	ST; MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
amiodarone oral tablet 200 mg, 400 mg	1	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
dofetilide	1	
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
propafenone oral capsule,extended release 12 hr 225 mg	3	MO
propafenone oral capsule,extended release 12 hr 325 mg, 425 mg	1	MO
propafenone oral tablet	1	MO
quinidine gluconate	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL ORAL TABLET 225 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af oral tablet 120 mg	1	MO
sotalol oral tablet 160 mg, 240 mg, 80 mg	1	MO
SOTYLIZE	2	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ADALAT CC	3	MO
afeditab cr	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-valsartan	1	MO

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Drug Name	Drug Tier	Requirements /Limits
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	3	MO
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg, 5-160-25 mg	1	MO
ATACAND	3	MO
ATACAND HCT	3	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO

Drug Name	Drug Tier	Requirements /Limits
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril oral tablet 100 mg, 12.5 mg, 50 mg	3	MO
captopril oral tablet 25 mg	1	MO
captopril-hydrochlorothiazide	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
cartia xt	1	MO
carvedilol	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet	1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	1	MO; QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	3	MO; QL (4 per 28 days)
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	3	MO
COREG	3	MO
COREG CR	2	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORGARD ORAL TABLET 80 MG	3	MO
CORZIDE	3	MO
COZAAR	3	MO
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
DEMSER	4	MO
DIBENZYLINE	4	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
DIURIL	3	MO
DIURIL IV	4	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECRIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
EPANED	3	MO
eplerenone	1	MO
eprosartan	1	MO
ethacrynate sodium	4	
EXFORGE	3	MO
EXFORGE HCT	3	MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO

Drug Name	Drug Tier	Requirements /Limits
labetalol intravenous solution	1	MO
labetalol oral	1	MO
LASIX ORAL TABLET 20 MG	3	
LASIX ORAL TABLET 40 MG, 80 MG	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR HCT	3	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
matzim la	1	MO
MAVIK ORAL TABLET 1 MG, 2 MG	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	MO

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Drug Name	Drug Tier	Requirements /Limits
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate intravenous syringe	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
moexipril-hydrochlorothiazide	1	MO
nadolol oral tablet 20 mg, 40 mg	1	MO
nadolol oral tablet 80 mg	3	MO
nadolol-bendroflumethiazide	1	MO
nicardipine intravenous solution	1	MO
nicardipine oral	1	MO
nifedical xl	1	MO
nifedipine oral tablet extended release 24hr	1	MO

Drug Name	Drug Tier	Requirements /Limits
nimodipine	1	MO
nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	MO
nisoldipine oral tablet extended release 24 hr 20 mg	3	MO
NORVASC	3	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO
perindopril erbumine	1	MO
phenoxybenzamine	4	MO
pindolol	1	MO
prazosin oral	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
propranolol intravenous	1	
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO

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Drug Name	Drug Tier	Requirements /Limits
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	4	PA; MO; LA
SECTRAL	3	MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA	3	MO
taztia xt	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
TIAZAC	3	MO

Drug Name	Drug Tier	Requirements /Limits
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	3	MO
TWYNSTA	3	MO
UPTRAVI	4	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil intravenous solution	1	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
digitek	1	MO
digoxin oral solution 50 mcg/ml	1	MO
digoxin oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARGATROBAN	4	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
aspirin-dipyridamole	1	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
COUMADIN ORAL	3	MO
CYKLOKAPRON	3	MO
dipyridamole oral	1	MO
DURLAZA	3	MO
EFFIENT	2	MO
ELIQUIS	2	MO

Drug Name	Drug Tier	Requirements /Limits
enoxaparin	1	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	

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Drug Name	Drug Tier	Requirements /Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX	3	MO
pentoxifylline	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PRADAXA	2	MO
PROMACTA	4	PA; MO; LA
SAVAYSA	3	MO
tranexamic acid intravenous	1	MO
warfarin	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	3	MO; QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
cholestyramine light oral powder in packet	1	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral granules	1	MO
colestipol oral tablet	1	MO
CRESTOR	3	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized	1	MO

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Drug Name	Drug Tier	Requirements /Limits
FENOFIBRATE ORAL CAPSULE	3	MO
FENOFIBRATE ORAL TABLET 120 MG, 40 MG	3	
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FIBRICOR ORAL TABLET 105 MG	3	
FIBRICOR ORAL TABLET 35 MG	3	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil oral	1	MO
JUXTAPID	4	PA; MO; LA
KYNAMRO	4	PA; MO; LA
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)
LOFIBRA	3	MO

Drug Name	Drug Tier	Requirements /Limits
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
omega-3 acid ethyl esters	3	ST; MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA; MO; QL (4 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	4	PA; MO; QL (4 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA SURECLICK	4	PA; MO; QL (3 per 30 days)
REPATHA SYRINGE	4	PA; MO; QL (3 per 30 days)
rosuvastatin	1	QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	2	MO; QL (30 per 30 days)
VYTORIN 10-20	2	MO; QL (30 per 30 days)
VYTORIN 10-40	2	MO; QL (30 per 30 days)
VYTORIN 10-80	2	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
ENTRESTO	2	PA; MO; QL (60 per 30 days)
RANEXA	2	MO
VECAMYL	4	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral	1	MO
isosorbide mononitrate	1	MO
MINITRAN	3	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin intravenous	1	PA
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg	1	MO
acitretin oral capsule 17.5 mg, 25 mg	4	MO
calcipotriene scalp	1	MO
calcipotriene topical cream	3	MO
calcipotriene topical ointment	1	MO
calcipotriene-betamethasone	1	MO
calcitriol topical	3	MO
COSENTYX	4	PA; MO
COSENTYX PEN	4	PA; MO
DOVONEX TOPICAL	3	MO
ENSTILAR	4	MO
selenium sulfide topical lotion	1	MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	4	MO
SORILUX	3	MO
STELARA SUBCUTANEOUS SYRINGE	4	PA; MO
TACLONEX	3	MO

Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (3 PACK)	4	PA
TALTZ SYRINGE	4	PA
VECTICAL	3	MO
BURN THERAPY		
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ALDARA	3	ST; MO
ammonium lactate	1	MO
CARAC	4	MO
CONDYLOX TOPICAL GEL	2	MO
diclofenac sodium topical gel 3 %	4	PA; MO
doxepin topical	1	
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	4	ST; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
imiquimod	1	MO
methoxsalen rapid	4	MO

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Drug Name	Drug Tier	Requirements /Limits
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
PICATO	4	MO
podofilox	1	MO
PROTOPIC	3	PA; MO
prudoxin	1	MO
REGRANEX	4	MO
SOLARAZE	4	PA; MO
tacrolimus topical	1	PA; MO
TOLAK	3	MO
UVADEX	3	
VALCHLOR	4	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	4	ST; MO
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 35 MG, 40 MG	3	MO
ABSORICA ORAL CAPSULE 25 MG	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
ACZONE TOPICAL GEL	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel 0.1 %	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
adapalene topical gel 0.3 %	3	PA; MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZACLIN	3	MO
BENZAMYCIN	3	MO
claravis oral capsule 10 mg, 30 mg	1	MO
claravis oral capsule 20 mg, 40 mg	3	MO
CLEOCIN T	3	MO
clindacin p	3	MO
CLINDAGEL	3	MO
clindamycin phosphate topical foam	3	MO
clindamycin phosphate topical gel	1	MO
clindamycin phosphate topical lotion	1	MO
clindamycin phosphate topical solution	1	MO
clindamycin phosphate topical swab	1	MO
clindamycin-benzoyl peroxide topical gel 1-5 %	3	MO

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Drug Name	Drug Tier	Requirements /Limits
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO
DIFFERIN TOPICAL GEL 0.3 %	3	PA
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ery pads	1	MO
erygel	1	
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROLOTION	3	MO
metronidazole topical cream	1	MO

Drug Name	Drug Tier	Requirements /Limits
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO TOPICAL GEL	3	MO
myorisan oral capsule 10 mg, 20 mg, 40 mg	1	MO
myorisan oral capsule 30 mg	1	
neuac	1	MO
NORITATE	3	MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	PA; MO
SOOLANTRA	3	MO
TAZORAC	2	PA; MO
tretinoin microspheres topical gel with pump	3	PA; MO
tretinoin topical	1	PA; MO
TRETIN-X TOPICAL CREAM 0.0375 %	3	PA; MO
VELTIN	3	PA; MO
zenatane oral capsule 10 mg	3	MO

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Drug Name	Drug Tier	Requirements /Limits
zenatane oral capsule 20 mg, 30 mg, 40 mg	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
lidocaine (pf) injection solution 5 mg/ml (0.5 %)	1	MO
lidocaine hcl injection solution 20 mg/ml (2 %)	1	MO
lidocaine hcl mucous membrane	1	MO
lidocaine hcl urethral	1	MO
lidocaine topical adhesive patch,medicated	1	PA; MO
lidocaine topical ointment	3	MO; QL (36 per 30 days)
lidocaine-prilocaine topical cream	1	MO
LIDODERM	3	PA; MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
BACTROBAN TOPICAL CREAM	3	MO
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO

Drug Name	Drug Tier	Requirements /Limits
KLARON	3	MO
mupirocin	1	MO
mupirocin calcium	1	MO
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
clotrimazole topical	1	MO
clotrimazole-betamethasone	1	MO
econazole topical	3	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	2	MO
ketoconazole topical	1	MO
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIFINE TOPICAL CREAM 1 %	3	MO

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Drug Name	Drug Tier	Requirements /Limits
naftifine topical cream 2 %	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	2	MO
NIZORAL TOPICAL SHAMPOO	3	MO
nyamyc	1	MO
nystatin topical	1	MO
nystatin-triamcinolone	1	MO
nystop	1	MO
oxiconazole	1	
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
acyclovir topical	3	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL	4	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	MO
ALA-SCALP	3	ST; MO
alclometasone	1	MO
amcinonide	3	MO
apexicon e	1	MO
betamethasone dipropionate	1	MO

Drug Name	Drug Tier	Requirements /Limits
betamethasone valerate topical cream	1	MO
betamethasone valerate topical foam	3	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented	1	MO
CAPEX	2	ST; MO
clobetasol scalp	1	MO
clobetasol topical foam	3	MO
clobetasol topical gel	1	MO
clobetasol topical lotion	3	MO
clobetasol topical ointment	3	MO
clobetasol topical shampoo	3	MO
clobetasol topical spray,non-aerosol	1	MO
clobetasol-emollient topical cream	1	MO
CLOBEX	3	ST; MO
clodan	3	MO
CLODERM	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
CORDRAN TAPE LARGE ROLL	3	ST; MO
cormax scalp	1	
CUTIVATE TOPICAL LOTION	3	ST; MO
DERMATOP TOPICAL CREAM	3	ST; MO
DESONATE	3	ST; MO
desonide topical cream	3	MO
desonide topical lotion	3	MO
desonide topical ointment	1	MO
DESOWEN	3	ST; MO
desoximetasone topical cream 0.05 %	3	MO
desoximetasone topical cream 0.25 %	1	MO
desoximetasone topical gel	1	MO
desoximetasone topical ointment	3	MO
diflorasone	3	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
fluocinolone	1	MO
fluocinonide topical cream 0.1 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
fluocinonide topical gel	1	MO
fluocinonide topical ointment	1	MO
fluocinonide topical solution	1	MO
fluocinonide-e	1	MO
flurandrenolide	1	
fluticasone topical cream	1	MO
fluticasone topical lotion	3	MO
fluticasone topical ointment	1	MO
halobetasol propionate	1	MO
HALOG	3	ST; MO
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO
hydrocortisone butyr-emollient	3	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO

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Drug Name	Drug Tier	Requirements /Limits
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	ST; MO
LOCOID TOPICAL CREAM	3	ST; MO
LOCOID TOPICAL LOTION	2	ST; MO
LOCOID TOPICAL OINTMENT	3	ST; MO
LOCOID TOPICAL SOLUTION	3	ST; MO
mometasone topical	1	MO
OLUX	3	ST; MO
PANDEL	3	ST; MO
prednicarbate	1	MO
PSORCON	3	ST
SERNIVO	4	ST
SYNALAR 0.025% CREAM	3	ST; MO
TEMOVATE TOPICAL OINTMENT	3	ST; MO
TOPICORT	3	ST; MO
triamcinolone acetonide topical aerosol	1	MO
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO

Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
trianex	1	MO
triderm topical cream	1	MO
ULTRAVATE TOPICAL CREAM	3	ST; MO
ULTRAVATE TOPICAL LOTION	4	ST
ULTRAVATE TOPICAL OINTMENT	3	ST; MO
ULTRAVATE X	3	ST; MO
VANOS	4	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	MO
lindane topical shampoo	1	MO
malathion	1	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		

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Drug Name	Drug Tier	Requirements /Limits
lactated ringers irrigation	1	MO
neomycin-polymyxin b gu	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
ringers irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	4	MO
AGRYLIN	3	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	MO; LA
AURYXIA	4	MO
BUPHENYL	4	MO
CARBAGLU	4	MO; LA
CARNITOR	3	MO
cevimeline	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 2.75%/D10W SUL FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	MO
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose with sodium chloride	1	
disulfiram	1	MO
etidronate disodium	1	MO
EVOXAC	3	MO
EXJADE	4	MO; LA

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Drug Name	Drug Tier	Requirements /Limits
FERRIPROX ORAL SOLUTION	4	
FERRIPROX ORAL TABLET	4	MO
FOSRENOL	3	MO
GLASSIA	4	MO; LA
INCRELEX	4	MO; LA
JADENU	4	MO
KAYEXALATE	3	MO
kionex oral powder	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	MO
midodrine	1	MO
NORTHERA	4	PA; MO
NUTRESTORE	3	MO
ORFADIN	4	LA
pilocarpine hcl oral	1	MO
PROLASTIN-C	4	LA
RAVICTI	4	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
RENVELA	4	MO
RILUTEK	4	MO
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN	3	MO

Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	4	MO
sodium polystyrene (sorb free)	1	MO
SYPRINE	4	MO
THIOLA	4	MO
VELPHORO	4	MO
VELTASSA	2	MO
water for irrigation, sterile	1	MO
ZEMAIRA	4	MO; LA
zoledronic acid-mannitol-water intravenous solution	1	PA; MO
SMOKING DETERRENTS		
buproban	1	
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
ZYBAN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO NASAL SPRAY,NON-AEROSOL	3	MO; QL (60 per 30 days)
ATROVENT	3	MO; QL (30 per 30 days)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetasol hc	1	MO
acetic acid otic	1	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic	1	MO

Drug Name	Drug Tier	Requirements /Limits
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
neomycin-polymyxin-hc otic	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	4	PA; MO
a-hydrocort	1	MO
CORTEF	3	MO
cortisone	1	MO
DEPO-MEDROL	3	MO
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phosphate injection solution	1	MO
DEXPAK 13 DAY	3	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone acetate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
MILLIPRED ORAL SOLUTION	3	MO
millipred oral tablet	3	PA; MO
ORAPRED ODT	3	PA; MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating 10 mg	3	PA; MO
prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg	1	PA; MO
prednisone intensol	1	PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO
RAYOS	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
veripred 20	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	3	MO
ALCOHOL PADS	2	MO
ALOGLIPTIN	3	ST; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
APIDRA SOLOSTAR	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
GAUZE PADS 2 X 2	2	MO

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Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	3	ST; MO; QL (30 per 30 days)
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONCENTRATED)	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
metformin oral tablet extended release 24 hr 500 mg	3	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (75 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	3	MO; QL (75 per 30 days)
miglitol oral tablet 100 mg	1	QL (90 per 30 days)
miglitol oral tablet 25 mg	1	QL (360 per 30 days)
miglitol oral tablet 50 mg	1	QL (180 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30	3	ST; MO
NOVOLIN N	3	ST; MO
NOVOLIN R	3	ST; MO
NOVOLOG	3	ST; MO
NOVOLOG FLEXPEN	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30	3	ST; MO
NOVOLOG MIX 70-30 FLEXPEN	3	ST; MO
NOVOLOG PENFILL	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	3	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
repaglinide-metformin	1	MO; QL (150 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (10.5 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	MO; QL (120 per 30 days)
TANZEUM	3	PA; MO; QL (4 per 28 days)
tolazamide oral tablet 250 mg	1	MO; QL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QL (60 per 30 days)
tolbutamide	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-100	2	MO
TRESIBA FLEXTOUCH U-200	2	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANADROL-50	4	PA; MO
ANDRODERM	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
AVEED	3	MO
AXIRON	3	PA; MO
cabergoline	1	MO
calcitonin (salmon)	1	MO
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral	1	MO
CERDELGA	4	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	MO
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO
danazol oral capsule 100 mg, 50 mg	1	MO
danazol oral capsule 200 mg	3	MO
DDAVP	3	MO

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Drug Name	Drug Tier	Requirements /Limits
DEPO-TESTOSTERONE	3	MO
desmopressin injection	1	MO
desmopressin nasal solution	1	MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol intravenous	1	
doxercalciferol oral capsule 0.5 mcg	3	MO
doxercalciferol oral capsule 1 mcg, 2.5 mcg	1	MO
ELAPRASE	4	MO
ELELYSO	4	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	MO
FORTESTA	3	PA; MO
fortical	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KANUMA	4	MO
KORLYM	4	MO
KUVAN	4	MO
LUMIZYME	4	MO

Drug Name	Drug Tier	Requirements /Limits
METHITEST	3	MO
methyltestosterone oral capsule	4	MO
MIACALCIN	3	MO
MYALEPT	4	PA; MO; LA
NAGLAZYME	4	MO; LA
NATESTO	3	PA; MO
NATPARA	4	PA; MO; LA
NOVAREL	3	PA; MO
oxandrolone oral tablet 10 mg	4	PA; MO
oxandrolone oral tablet 2.5 mg	1	PA; MO
pamidronate intravenous solution	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
paricalcitol oral capsule 1 mcg, 4 mcg	1	MO
paricalcitol oral capsule 2 mcg	3	MO
PREGNYL	3	PA; MO
ROCALTROL	3	MO
SAMSCA	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT	4	MO

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Drug Name	Drug Tier	Requirements /Limits
STIMATE	2	MO
STRENSIQ	4	MO; LA
STRIANT	3	PA; MO
SYNAREL	4	MO
TESTIM	3	PA; MO
testosterone cypionate	1	MO
testosterone enanthate	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VPRIV	4	MO
ZAVESCA	4	MO; LA
ZEMPLAR INTRAVENOUS	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
zoledronic acid intravenous solution	1	MO
ZOMETA	4	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TRIOSTAT	3	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
BENTYL INTRAMUSCULAR	3	MO
BENTYL ORAL CAPSULE	3	MO
BENTYL ORAL TABLET	3	MO
CUVPOSA	3	MO
dicyclomine intramuscular	1	
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine oral	1	MO
ROBINUL FORTE	3	MO
ROBINUL INJECTION	4	MO
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
AKYNZEO	2	PA; MO
alosetron	4	MO
ALOXI	4	MO
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
budesonide oral	4	MO
CANASA	3	MO
CESAMET	4	PA; MO
CHENODAL	4	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
COLAZAL	3	MO
colocort	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	4	MO
cromolyn oral	1	MO
CYSTADANE	4	MO
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO

Drug Name	Drug Tier	Requirements /Limits
DIPENTUM	4	MO
dronabinol oral capsule 10 mg	4	PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	3	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL CAPSULE	2	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	2	PA; MO
ENTOCORT EC	4	MO
enulose	1	MO
GASTROCROM	3	MO
GATTEX ONE-VIAL	4	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-h and bisacodyl	1	MO
gavilyte-n	1	MO
generlac	1	MO
GIAZO	4	MO
GOLYTELY	3	MO
granisetron (pf) intravenous solution 100 mcg/ml	1	MO
granisetron hcl intravenous	1	MO
granisetron hcl oral	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
hydrocortisone rectal enema	1	MO
KRISTALOSE	3	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	4	MO
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating 10 mg	1	
metoclopramide hcl oral tablet,disintegrating 5 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
METOZOLV ODT ORAL TABLET,DISINTEGRATING 5 MG	3	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
ondansetron	1	PA; MO
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 24 mg	1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
OSMOPREP	3	MO
PANCREAZE	3	ST; MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg-electrolyte soln	1	
PENTASA	2	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	4	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750-30,250 UNIT	3	ST; MO
polyethylene glycol 3350 oral powder	1	MO
PREPOPIK	2	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	
procto-pak	1	MO
proctosol hc	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	4	MO
RELISTOR SUBCUTANEOUS SYRINGE	4	MO
REMICADE	4	PA; MO
SANCUSO	4	MO
SFROWASA	3	
SUCRAID	4	MO
sulfasalazine	1	MO

Drug Name	Drug Tier	Requirements /Limits
SUPREP BOWEL PREP KIT	2	MO
TRANSDERM-SCOP	3	MO
trilyte with flavor packets	1	MO
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VARUBI	3	PA; MO
VIBERZI	4	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 5,000-17,000 -27,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
carafate oral suspension	3	MO
CARAFATE ORAL TABLET	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole sodium	1	
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
nizatidine oral capsule	1	MO
nizatidine oral solution	3	MO
OMECLAMOX-PAK	3	MO; QL (80 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	3	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL SUSPENSION	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	MO
PROTONIX INTRAVENOUS	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
rabeprazole	1	MO
ranitidine hcl injection solution 25 mg/ml	1	MO
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	1	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral tablet	1	MO
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL TABLET	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ARCALYST	4	PA; MO
AVONEX (WITH ALBUMIN)	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GRANIX	4	PA; MO
HUMATROPE	4	PA; MO
ILARIS (PF)	4	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	MO

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Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE INJECTION RECON SOLN	4	MO
MIRCERA	3	MO
MOZOBIL	4	MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NUTROPIN AQ	4	PA; MO
NUTROPIN AQ NUSPIN	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS PROCLICK	4	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PEGINTRON	4	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	4	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
PROLEUKIN	4	MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SYLATRON	4	MO
ZARXIO	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ATGAM	4	PA

Drug Name	Drug Tier	Requirements /Limits
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO (PF)	2	MO
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	4	PA; MO
CERVARIX VACCINE (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA; MO
fomepizole	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL (PF)	2	MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	
HYPERRAB S/D (PF)	3	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL INJECTION SUSPENSION	2	MO
IXIARO (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENHIBRIX (PF)	2	

Drug Name	Drug Tier	Requirements /Limits
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	2	MO
THYMOGLOBULIN	4	PA
TRUMENBA	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	4	MO
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
aloprim	1	
COLCHICINE ORAL	3	ST; MO
colchicine-probenecid	1	MO
COLCRYS	3	ST; MO
MITIGARE	2	MO
probenecid	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
alendronate oral solution	1	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
BONIVA INTRAVENOUS	3	PA; MO
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA	4	MO
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
ENBREL	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	4	PA; MO; QL (6 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
KINERET	4	PA; MO
leflunomide	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER	4	PA; MO
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	MO
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.4 ML, 22.5 MG/0.4 ML	3	
RASUVO (PF)	3	MO
RIDAURA	4	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	4	PA; MO
SIMPONI ARIA	4	PA; MO
XELJANZ	4	PA; MO
XELJANZ XR	4	PA
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	PA

Drug Name	Drug Tier	Requirements /Limits
ALORA	3	PA; MO; QL (8 per 28 days)
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
camila	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	3	PA; MO; QL (30 per 30 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
errin	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	2	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
estropipate	1	PA; MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	MO
fyavolv	1	PA
hydroxyprogesterone caproate	4	
jinteli	1	PA; MO
jolivette	1	MO
lopreeza	1	PA; MO
lyza	1	MO

Drug Name	Drug Tier	Requirements /Limits
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	
medroxyprogesterone intramuscular suspension	1	MO
medroxyprogesterone oral	1	MO
MENEST	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
mimvey	1	PA; MO
mimvey lo	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
norlyroc	1	
NOR-QD	3	MO
ORTHO MICRONOR	3	MO
PREFEST	3	PA; MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PA; MO
PREMPRO	3	PA; MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	MO
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	4	MO
LUPANETA PACK (3 MONTH)	4	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
NUVARING	3	MO

Drug Name	Drug Tier	Requirements /Limits
NUVESSA	3	MO
TERAZOL 3 VAGINAL CREAM	3	MO
TERAZOL 7	3	MO
terconazole	1	MO
tranexamic acid oral	3	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
amethia	1	MO
amethyst	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra	1	MO
aviane	1	MO
balziva (28)	1	MO
bekyree (28)	1	MO
BEYAZ	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
blisovi fe 1/20 (28)	1	MO
BREVICON (28)	3	MO
briellyn	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
CYCLESSA (28)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
delyla (28)	1	
desog-e.estradiol/e.estradiol	1	MO
DESOGEN	3	MO
drospirenone-ethinyl estradiol	1	MO
emoquette	1	MO
enpresse	1	MO
falmina (28)	1	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
gianvi (28)	1	MO
gildagia	1	MO
gildess 1.5/30 (21)	1	MO
gildess 24 fe	1	MO
introvale	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kimidess (28)	1	MO

Drug Name	Drug Tier	Requirements /Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
levonorg-eth estrad triphasic	1	
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LOESTRIN FE 1/20 (28-DAY)	3	MO
lomedia 24 fe	1	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
lutera (28)	1	MO
marlissa	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
MINASTRIN 24 FE	3	MO
MODICON (28)	3	MO
mononessa (28)	1	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
necon 1/35 (28)	1	MO
necon 1/50 (28)	1	MO
necon 10/11 (28)	1	MO
necon 7/7/7 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO

Drug Name	Drug Tier	Requirements /Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
ocella	1	MO
ogestrel (28)	1	MO
orsythia	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia	1	MO
previfem	1	MO
QUARTETTE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
quasense	1	MO
reclipsen (28)	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	MO
tarina fe 1/20 (28)	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	MO
trinessa (28)	1	MO
TRI-NORINYL (28)	3	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
vyfemla (28)	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zenchent (28)	1	MO
zenchent fe	1	MO
zovia 1/35e (28)	1	MO
zovia 1/50e (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic	1	MO
bacitracin-polymyxin b ophthalmic	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic	1	MO
erythromycin ophthalmic	1	MO
gatifloxacin	1	MO
gentak ophthalmic ointment	1	MO
gentamicin ophthalmic	1	MO
ILOTYCIN	3	MO
levofloxacin ophthalmic	1	MO
MOXEZA	3	MO
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NEOSPORIN (NEO-POLYM-GRAMICID)	3	MO
OCUFLOX	3	MO
ofloxacin ophthalmic	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX OPHTHALMIC DROPS	3	MO
TOBREX OPHTHALMIC OINTMENT	2	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO
betaxolol ophthalmic	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO

Drug Name	Drug Tier	Requirements /Limits
levobunolol ophthalmic drops 0.5 %	1	MO
metipranolol	1	
timolol maleate ophthalmic	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	MO
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic drops	1	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
azelastine ophthalmic	1	MO
BEPREVE	3	MO
cromolyn ophthalmic	1	MO
CYSTARAN	4	MO
ELESTAT	3	MO

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Drug Name	Drug Tier	Requirements /Limits
EMADINE	3	MO
epinastine	1	MO
LACRISERT	3	MO
LASTACAFT	3	MO
olopatadine ophthalmic	1	MO
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
bromfenac	1	MO
diclofenac sodium ophthalmic	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIAMOX SEQUELS	3	MO
methazolamide oral tablet 25 mg	1	MO
methazolamide oral tablet 50 mg	3	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
travoprost (benzalkonium)	1	MO
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO

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Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	3	MO
dexamethasone sodium phosphate ophthalmic	1	MO
DUREZOL	3	MO
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO

Drug Name	Drug Tier	Requirements /Limits
prednisolone sodium phosphate ophthalmic	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide-prednisolone	1	MO
SULFONAMIDES		
BLEPH-10	3	MO
sulfacetamide sodium ophthalmic	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
naphazoline	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
adrenalin injection solution 1 mg/ml (1 ml)	1	
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl oral elixir	1	PA
EPINEPHRINE INJECTION AUTO-INJECTOR	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine	1	PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	QL (17.8 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	PA; MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet 2 mg	1	MO
albuterol sulfate oral tablet 4 mg	3	MO
albuterol sulfate oral tablet extended release 12 hr	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	3	QL (10.7 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation	1	PA; MO
budesonide nasal	1	MO; QL (17.2 per 30 days)
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ESBRIET	4	PA; QL (270 per 30 days)
FIRAZYR	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone nasal	1	MO; QL (16 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS	4	PA; MO; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml	1	PA; MO
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	3	PA; MO
metaproterenol	1	MO
mometasone nasal	1	QL (34 per 30 days)
montelukast	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	4	PA; MO; LA; QL (1 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI	4	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT	3	PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	4	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTIO N	4	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
RUCONEST	4	PA; MO
SEEBRI NEOHALER	3	ST; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil intravenous	4	PA
sildenafil oral	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMBICORT	2	MO; QL (10.2 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO
THEO-24	3	MO
theophylline oral solution	1	
theophylline oral tablet extended release	1	MO
theophylline oral tablet extended release 12 hr	1	MO
TRACLEER	4	PA; MO; LA
TUDORZA PRESSAIR	2	MO; QL (1 per 30 days)
TYVASO	4	PA; MO
UTIBRON NEOHALER	3	QL (60 per 30 days)
VENTAVIS	4	PA; MO
VENTOLIN HFA	2	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
zafirlukast	1	MO

Drug Name	Drug Tier	Requirements /Limits
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	4	MO
ZYFLO CR	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL	3	MO
ENABLEX	3	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
oxybutynin chloride oral	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	3	MO
dutasteride	1	MO

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Drug Name	Drug Tier	Requirements /Limits
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO
URECHOLINE	3	MO
MISCELLANEOUS UROLOGICALS		
AMMONIUM CHLORIDE	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
potassium citrate	1	MO
PROCYSBI	4	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		

Drug Name	Drug Tier	Requirements /Limits
calcium acetate oral capsule	1	MO
dextrose-kcl-nacl	1	MO
eliphos	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con sprinkle	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
k-tab oral tablet extended release 8 meq	1	
lactated ringers intravenous	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO
PHOSLYRA	3	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	

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Drug Name	Drug Tier	Requirements /Limits
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution	1	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral tablet extended release 8 meq	1	MO

Drug Name	Drug Tier	Requirements /Limits
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	1	
ringers intravenous	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml	1	MO
sodium lactate intravenous	1	

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Drug Name	Drug Tier	Requirements /Limits
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
amino acids 15 %	1	PA
AMINOSYN 7 % WITH ELECTROLYTES	2	PA
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN-HBC 7%	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
AMINOSYN-RF 5.2 %	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D25W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINIMIX E 5%/D25W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
FREAMINE HBC 6.9 %	3	PA
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	3	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
premasol 10 %	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
travasol 10 %	3	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN ORAL TABLET	3	MO
SODIUM FLUORIDE ORAL TABLET	3	MO

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Index

8
8-MOP 65
A
abacavir 1
abacavir-lamivudine-zidovudine 2
ABELCET 1
ABILIFY 41
ABILIFY MAINTENA 41
ABRAXANE 15
ABSORICA 66
ABSTRAL 30
acamprosate 72
ACANYA 66
acarbose 75
ACCOLATE 106
ACCUPRIL 55
ACCURETIC 55
acebutolol 55
acetaminophen-codeine 31
acetasol hc 74
acetazolamide 104
acetazolamide sodium 104
acetic acid 74
acetylcysteine 106
ACIPHEX 88
ACIPHEX SPRINKLE 88
acitretin 65
ACTEMRA 96
ACTHAR H.P 74
ACTHIB (PF) 93
ACTIGALL 84
ACTIMMUNE 90
ACTIQ 31
ACTIVELLA 97
ACTONEL 72, 95
ACTOPLUS MET 75
ACTOPLUS MET XR 76
ACTOS 76
ACULAR 104
ACULAR LS 104
ACUVAIL (PF) 104
acyclovir 2, 69
acyclovir sodium 2
ACZONE 66
ADACEL(TDAP ADOLESN/ADULT)(PF) 93
ADAGEN 72
ADALAT CC 55
adapalene 66
ADCIRCA 106
ADDERALL 41
ADDERALL XR 41
adefovir 2
ADEMPAS 106
ADOXA 13
adrenalin 106
adrucil 15
ADVAIR DISKUS 106
ADVAIR HFA 106
ADZENYS XR-ODT 41
AEROSPAN 106
afeditab cr 55
AFINITOR 15
AFINITOR DISPERZ 15
AFREZZA 76
AGGRENOX 61
AGRYLIN 72
a-hydrocort 74
AKYNZEO 84
ala-cort 69
ALA-SCALP 69
ALBENZA 8
albuterol sulfate 106
alclometasone 69
ALCOHOL PADS 76
ALDACTAZIDE 55
ALDACTONE 55
ALDARA 65
ALDURAZYME 81
ALECENSA 15
alendronate 72, 95
alfuzosin 110
ALIMTA 15
ALINIA 8
ALKERAN 15
allopurinol 95
almotriptan malate 27
ALOCRIL 103
ALOGLIPTIN 76
ALOGLIPTIN-METFORMIN 76
ALOGLIPTIN-PIOGLITAZONE 76
ALOMIDE 103
aloprim 95
ALORA 97
alosetron 84
ALOXI 84
ALPHAGAN P 105
ALREX 105
ALTABAX 68
ALTACE 55
ALTOPREV 62
ALVESCO 107
amantadine hcl 2
AMARYL 76
AMBIEN 41
AMBIEN CR 41
AMBISOME 1
amcinonide 69
AMERGE 27
amethia 99
amethyst 99
amifostine crystalline 14
amikacin 8
amiloride 55
amiloride-hydrochlorothiazide 55
amino acids 15 % 113
aminophylline 107
AMINOSYN 7 % WITH ELECTROLYTES 113
AMINOSYN 8.5 %-ELECTROLYTES 113
AMINOSYN II 10 % 113

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

AMINOSYN II 15 % 113
AMINOSYN II 7 % 113
AMINOSYN II 8.5 %.....113
AMINOSYN II 8.5 %-ELECTROLYTES.....113
AMINOSYN-HBC 7%.....113
AMINOSYN-PF 10 % 113
AMINOSYN-PF 7 % (SULFITE-FREE) 113
AMINOSYN-RF 5.2 % 113
amiodarone 54, 55
AMITIZA 84
amitriptyline..... 41
amlodipine 55
amlodipine-atorvastatin 62
amlodipine-benazepril 55
amlodipine-valsartan 55
amlodipine-valsartan-hcthiazid 56
AMMONIUM CHLORIDE111
ammonium lactate 65
amoxapine 41
amoxicil-clarithromy-lansopraz 88
amoxicillin 11
amoxicillin-pot clavulanate .. 11
amphotericin b 1
ampicillin..... 11
ampicillin sodium..... 11
ampicillin-sulbactam 11
AMPYRA..... 29
ANADROL-50..... 81
ANAFRANIL 41
anagrelide 72
ANAPROX DS..... 38
anastrozole 15
ANCOBON 1
ANDRODERM..... 81
ANDROGEL 81
ANGELIQ 97
ANORO ELLIPTA 107
ANTABUSE..... 72
ANTARA 62
ANUSOL-HC 84
ANZEMET 84
apexicon e 69
APIDRA..... 76
APIDRA SOLOSTAR..... 76
APLENZIN..... 41
APOKYN 26
apraclonidine 105
apri 99
APRISO..... 84
APTENSIO XR..... 42
APTIOM 23
APTIVUS..... 2
ARALAST NP..... 72
aranelle (28) 99
ARANESP (IN POLYSORBATE).....90, 91
ARAVA..... 96
ARCALYST 91
ARCAPTA NEOHALER ...107
ARGATROBAN 61
ARGATROBAN IN 0.9 % SOD CHLOR..... 61
ARICEPT 29
ARIMIDEX 15
aripiprazole 42
ARISTADA 42
ARIXTRA 61
armodafinil 42
ARNUITY ELLIPTA.....107
AROMASIN 15
ARRANON 15
ARTHROTEC 50..... 38
ARTHROTEC 75..... 38
ASACOL HD..... 84
ashlyna 99
ASMANEX HFA 107
ASMANEX TWISTHALER 107
aspirin-dipyridamole 61
ASTAGRAF XL 15
ASTEPRO 74
ATACAND..... 56
ATACAND HCT..... 56
ATELVIA..... 95
atenolol..... 56
atenolol-chlorthalidone 56
ATGAM 93
ATIVAN..... 42
atorvastatin 62
atovaquone 8
atovaquone-proguanil 8
ATRALIN 66
ATRIPLA 2
atropine 84, 103
ATROVENT..... 74
ATROVENT HFA 107
AUBAGIO..... 29
aubra..... 99
AUGMENTIN 11
AURYXIA..... 72
AVALIDE 56
AVANDIA 76
AVAPRO 56
AVASTIN 15
AVC VAGINAL..... 99
AVEED 81
AVELOX 12
AVELOX ABC PACK..... 12
AVELOX IN NACL (ISO-OSMOTIC) 12
aviane 99
avita..... 66
AVITA 66
AVODART.....110
AVONEX..... 91
AVONEX (WITH ALBUMIN) 91
AVYCAZ 5
AXERT 27, 28
AXIRON 81
AYGESTIN 97
azacitidine..... 15
AZACTAM IN DEXTROSE (ISO-OSM) 8
AZASAN..... 15
AZASITE 102
azathioprine 15
azathioprine sodium 15
azelastine 74, 103
AZELEX 66
AZILECT 26

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

azithromycin 7
AZOPT.....104
AZOR..... 56
aztreonam 8
AZULFIDINE..... 84
AZULFIDINE EN-TABS.... 84
B
baciim..... 8
bacitracin 8, 102
bacitracin-polymyxin b 102
baclofen..... 30
BACTRIM..... 13
BACTRIM DS 13
BACTROBAN..... 68
BACTROBAN NASAL 74
balsalazide 84
balziva (28) 99
BANZEL 23
BARACLUDE..... 2
BCG VACCINE, LIVE (PF) 93
BECONASE AQ.....107
bekyree (28) 99
BELBUCA 31
BELEODAQ..... 15
BELSOMRA 42
benazepril 56
benazepril-hydrochlorothiazide
..... 56
BENICAR 56
BENICAR HCT..... 56
BENLYSTA 96
BENTYL 84
BENZACLIN..... 66
BENZAMYCIN..... 66
benztropine 26
BEPREVE 103
BERINERT.....107
BESIVANCE.....102
BETAGAN 103
betamethasone dipropionate. 69
betamethasone valerate..... 69
betamethasone, augmented .. 69
BETAPACE 55
BETASERON..... 91
betaxolol.....56, 103
bethanechol chloride.....111
BETHKIS 8
BETIMOL 103
BETOPTIC S.....103
BEVESPI AEROSPHERE..107
bexarotene 15
BEXSERO (PF) 93
BEYAZ 99
BIAXIN..... 7
bicalutamide..... 15
BICILLIN C-R..... 11
BICILLIN L-A..... 11
BICNU 15
BIDIL..... 56
BILTRICIDE 8
bimatoprost 104
BINOSTO..... 95
bisoprolol fumarate 56
bisoprolol-hydrochlorothiazide
..... 56
BIVIGAM 93
bleomycin 15
BLEPH-10 105
BLEPHAMIDE.....105
BLEPHAMIDE S.O.P. 105
blisovi 24 fe 99
blisovi fe 1.5/30 (28) 99
blisovi fe 1/20 (28) 99
BONIVA 96
BOOSTRIX TDAP 93
BOSULIF 15
BOTOX..... 93
BREO ELLIPTA.....107
BREVICON (28)..... 99
briellyn 99
BRILINTA 61
brimonidine.....105
BRISDELLE..... 42
BRIVIACT 23
bromfenac 104
bromocriptine..... 27
BROVANA 107
budesonide.....84, 107
bumetanide 56
BUNAVAIL 38
BUPHENYL..... 72
BUPRENEX..... 31
buprenorphine hcl 31
buprenorphine-naloxone 38
buproban..... 73
bupropion hcl..... 42
buspirone 42
BUSULFEX 15
butorphanol tartrate 38
BUTRANS 31
BYDUREON..... 76
BYETTA 76
BYSTOLIC..... 56
C
cabergoline 81
CABOMETYX 15
CADUET..... 62
CAFERGOT 28
CALAN..... 56
CALAN SR 56
calcipotriene..... 65
calcipotriene-betamethasone 65
calcitonin (salmon) 81
calcitriol.....65, 81
calcium acetate.....111
CAMBIA..... 38
camila 97
CAMPTOSAR..... 15
CANASA 84
CANCIDAS..... 1
candesartan 56
candesartan-hydrochlorothiazid
..... 56
CAPASTAT 8
CAPEX..... 69
CAPITAL WITH CODEINE
..... 31
CAPRELSA..... 15
captopril..... 56
captopril-hydrochlorothiazide
..... 56
CARAC..... 65
carafate..... 88
CARAFATE..... 88
CARBAGLU 72

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

carbamazepine 23
CARBATROL 23
carbidopa 27
carbidopa-levodopa 27
carbidopa-levodopa-entacapone 27
carboplatin 15
CARDENE IV IN SODIUM CHLORIDE 56
CARDIZEM 56
CARDIZEM CD 56
CARDIZEM LA 56
CARDURA..... 56
CARDURA XL..... 56
CARIMUNE NF NANOFILTERED..... 93
CARNITOR..... 72
carteolol.....103
cartia xt..... 56
carvedilol..... 56
CASODEX 15
CATAPRES..... 56
CATAPRES-TTS-1..... 56
CATAPRES-TTS-2..... 56
CATAPRES-TTS-3..... 57
CAYSTON 8
CEDAX..... 5
cefaclor..... 5
cefadroxil..... 5
cefazolin 5, 6
cefdinir 6
cefepime 6
cefixime..... 6
cefotaxime 6
cefotetan 6
cefoxitin..... 6
cefpodoxime 6
cefprozil..... 6
ceftazidime 6
CEFTIN..... 6
ceftriaxone 6
cefuroxime axetil..... 6
cefuroxime sodium 6
CELEBREX..... 38
celecoxib..... 38
CELEXA 42
CELLCEPT 16
CELLCEPT INTRAVENOUS 15
CELONTIN 23
cephalexin..... 6
CERDELGA 81
CEREBYX 24
CEREZYME..... 81
CERVARIX VACCINE (PF) 93
CESAMET 84
cetirizine 106
cevimeline 72
CHANTIX..... 73
CHANTIX CONTINUING MONTH BOX..... 73
CHANTIX STARTING MONTH BOX..... 73
CHEMET 72
CHENODAL 84
chloramphenicol sod succinate 8
chlorhexidine gluconate..... 74
chloroquine phosphate..... 8
chlorothiazide 57
chlorothiazide sodium 57
chlorpromazine 42
chlorthalidone 57
CHOLBAM 84
cholestyramine light 62
CHORIONIC GONADOTROPIN, HUMAN 81
CIALIS.....111
ciclopirox..... 68
cidofovir 2
cilostazol..... 61
CILOXAN 102
cimetidine 88
cimetidine hcl..... 88
CIMZIA..... 85
CIMZIA POWDER FOR RECONST 85
CINRYZE.....107
CIPRO..... 12
CIPRO HC..... 74
CIPRO IN D5W..... 12
CIPRODEX..... 74
ciprofloxacin..... 12
ciprofloxacin (mixture)..... 12
ciprofloxacin hcl 12, 102
ciprofloxacin in 5 % dextrose 12
ciprofloxacin lactate 12
cisplatin 16
citalopram..... 42
cladribine 16
CLAFORAN..... 6
claravis 66
CLARINEX.....106
CLARINEX-D 12 HOUR...106
clarithromycin..... 7
CLEOCIN.....8, 99
CLEOCIN IN 5 % DEXTROSE..... 8
CLEOCIN T 66
CLIMARA..... 97
CLIMARA PRO 97
clindacin p 66
CLINDAGEL 66
clindamycin hcl..... 8
clindamycin in 5 % dextrose .. 8
clindamycin pediatric 8
clindamycin phosphate 8, 9, 66, 99
clindamycin-benzoyl peroxide 66
CLINDESSE..... 99
CLINIMIX 5%/D15W SULFITE FREE 113
CLINIMIX 5%/D25W SULFITE-FREE.....113
CLINIMIX 2.75%/D5W SULFIT FREE 113
CLINIMIX 4.25%/D10W SULF FREE 113
CLINIMIX 4.25%/D5W SULFIT FREE 72

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CLINIMIX 4.25%-D20W SULF-FREE....113
CLINIMIX 4.25%-D25W SULF-FREE....113
CLINIMIX 5%-D20W(SULFITE-FREE) 113
CLINIMIX E 2.75%/D10W SUL FREE.... 72
CLINIMIX E 2.75%/D5W SULF FREE.... 72
CLINIMIX E 4.25%/D10W SUL FREE....113
CLINIMIX E 4.25%/D25W SUL FREE....113
CLINIMIX E 4.25%/D5W SULF FREE....113
CLINIMIX E 5%/D15W SULFIT FREE....113
CLINIMIX E 5%/D20W SULFIT FREE....113
CLINIMIX E 5%/D25W SULFIT FREE....113
CLINISOL SF 15 %....113
clobetasol.... 69
clobetasol-emollient.... 69
CLOBEX.... 69
clodan.... 69
CLODERM.... 69
CLOLAR.... 16
clomipramine.... 43
clonazepam.... 24
clonidine.... 57
clonidine hcl....43, 57
clopidogrel.... 61
clorazepate dipotassium.... 43
clorpres.... 57
CLORPRES.... 57
clotrimazole....1, 68
clotrimazole-betamethasone. 68
clozapine.... 43
CLOZAPINE.... 43
CLOZARIL.... 43
COARTEM.... 9
codeine sulfate.... 31
COGENTIN.... 27
COLAZAL.... 85
COLCHICINE.... 95
colchicine-probenecid.... 95
COLCRYS.... 95
COLESTID.... 62
colestipol.... 62
colistin (colistimethate na).... 9
colocort.... 85
COLY-MYCIN S.... 74
COLYTE WITH FLAVOR PACKS.... 85
COMBIGAN....104
COMBIPATCH.... 97
COMBIVENT RESPIMAT 107
COMBIVIR.... 2
COMETRIQ.... 16
COMPLERA.... 2
compro.... 85
COMTAN.... 27
CONCERTA.... 43
CONDYLOX.... 65
constulose.... 85
CONZIP.... 38
COPAXONE.... 29
COPEGUS.... 2
CORDRAN TAPE LARGE ROLL.... 70
COREG.... 57
COREG CR.... 57
CORGARD.... 57
CORLANOR.... 64
cormax.... 70
CORTEF.... 74
CORTIFOAM.... 85
cortisone.... 74
CORTISPORIN.... 68
CORZIDE.... 57
COSENTYX.... 65
COSENTYX PEN.... 65
COSMEGEN.... 16
COSOPT....104
COSOPT (PF)....104
COTELLIC.... 16
COUMADIN.... 61
COZAAR.... 57
CREON.... 85
CRESEMBA.... 1
CRESTOR.... 62
CRINONE.... 97
CRIXIVAN.... 2
cromolyn.... 85, 103, 107
cryselle (28).... 99
CUBICIN.... 9
CUPRIMINE.... 96
CUTIVATE.... 70
CUVPOSA.... 84
cyclafem 1/35 (28).... 99
cyclafem 7/7/7 (28).... 99
CYCLESSA (28).... 99
cyclobenzaprine.... 30
CYCLOPHOSPHAMIDE... 16
CYCLOSET.... 76
cyclosporine.... 16
cyclosporine modified.... 16
CYKLOKAPRON.... 61
CYMBALTA.... 43
CYRAMZA.... 16
CYSTADANE.... 85
CYSTAGON....111
CYSTARAN....103
cytarabine.... 16
cytarabine (pf).... 16
CYTOMEL.... 83
CYTOTEC.... 88
CYTOVENE.... 2

D

d10 %-0.45 % sodium chloride.... 72
d2.5 %-0.45 % sodium chloride.... 72
d5 % and 0.9 % sodium chloride.... 72
d5 %-0.45 % sodium chloride.... 72
dacarbazine.... 16
DACOGEN.... 16
DAKLINZA.... 2
DALIRESP....107
DALVANCE.... 9
danazol.... 81

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

DANTRIUM..... 30
dantrolene 30
DAPSONE..... 9
DAPTACEL (DTAP PEDIATRIC) (PF)..... 93
DARAPRIM..... 9
darifenacin 110
DARZALEX..... 16
daunorubicin 16
DAYPRO 38
DAYTRANA..... 43
DDAVP..... 81
deblitane 97
decitabine 16
DELESTROGEN 97
delyla (28).....100
DELZICOL..... 85
DEMADEX 57
demeclocycline 13
DEMSER..... 57
DENAVIR..... 69
DEPACON..... 24
DEPAKENE..... 24
DEPAKOTE..... 24
DEPAKOTE ER 24
DEPAKOTE SPRINKLES .. 24
DEPEN TITRATABS 96
DEPO-ESTRADIOL..... 97
DEPO-MEDROL..... 74
DEPO-PROVERA 97
DEPO-SUBQ PROVERA 104 97
DEPO-TESTOSTERONE ... 82
DERMATOP 70
DESCOVY 2
desipramine..... 43
desloratadine 106
desmopressin 82
desog-e.estradiol/e.estradiol 100
DESOGEN 100
DESONATE 70
desonide..... 70
DESOWEN..... 70
desoximetasone 70
DESOXYN 43
DESVENLAFAXINE 43
DETROL 110
DETROL LA 110
dexamethasone..... 74
dexamethasone intensol..... 74
dexamethasone sodium phosphate 74, 105
dexedrine 43
DEXEDRINE SPANSULE.. 43
DEXILANT 88
dexmethylphenidate 43
DEXPAK 13 DAY 74
dexrazoxane hcl 14
dextroamphetamine 43, 44
dextroamphetamine-amphetamine 44
dextrose 10 % and 0.2 % nacl 72
dextrose 10 % in water (d10w) 72
dextrose 5 % in water (d5w) 72
dextrose 5 %-lactated ringers 72
dextrose 5%-0.2 % sod chloride 72
dextrose 5%-0.3 % sod.chloride..... 72
dextrose with sodium chloride 72
dextrose-kcl-nacl.....111
DIAMOX SEQUELS 104
DIASTAT..... 24
DIASTAT ACUDIAL..... 24
diazepam.....24, 44
diazepam intensol..... 44
DIBENZYLINE..... 57
diclofenac potassium 38
diclofenac sodium .. 38, 65, 104
diclofenac-misoprostol 38
dicloxacillin 11
dicyclomine 84
didanosine..... 2
DIFFERIN 67
DIFICID 7
diflorasone 70
DIFLUCAN..... 1
diflunisal..... 39
digitek 60
digoxin 60
dihydroergotamine 28
DILANTIN 30 MG 24
DILANTIN EXTENDED 100 MG 24
DILANTIN INFATABS 50 MG 24
DILANTIN-125 125 MG/5 ML 24
DILAUDID..... 31
diltiazem hcl 57
dilt-xr..... 57
DIOVAN..... 57
DIOVAN HCT..... 57
DIPENTUM..... 85
diphenhydramine hcl.....106
diphenoxylate-atropine 84
DIPROLENE..... 70
DIPROLENE AF 70
dipyridamole 61
disulfiram 72
DITROPAN XL.....110
DIURIL 57
DIURIL IV 57
divalproex 24
DIVIGEL..... 97
DOCEFREZ 16
docetaxel..... 16
dofetilide..... 55
DOLOPHINE 31
donepezil 29
DORIBAX..... 9
dorzolamide 104
dorzolamide-timolol 104
DOVONEX 65
doxazosin..... 57
doxepin 44, 65
doxercalciferol 82
DOXIL 16
doxorubicin 16
doxorubicin, peg-liposomal . 16
doxy-100..... 13

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

doxycycline hyclate 13
doxycycline monohydrate 13
dronabinol 85
drospirenone-ethinyl estradiol 100
DROXIA 16
DUAC 67
DUAVEE 97
DUETACT 76
DUEXIS 39
DULERA 107
duloxetine 44
DUOPA 27
DURAGESIC 31
duramorph (pf) 31
DUREZOL 105
DURLAZA 61
dutasteride 110
dutasteride-tamsulosin 111
DUTOPROL 57
DYAZIDE 57
DYMISTA 107
DYRENIUM 57
DYSPORT 93
E
e.e.s. 400 7
E.E.S. GRANULES 7
EC-NAPROSYN 39
econazole 68
EDARBI 57
EDARBYCLOR 57
EDECRIN 57
EDURANT 2
EFFEXOR XR 44
EFFIENT 61
EFUDEX 65
EGRIFTA 91
ELAPRASE 82
ELDEPRYL 27
ELELYSO 82
ELESTAT 103
ELESTRIN 97
ELIDEL 65
ELIGARD 16
ELIMITE 71
eliphos 111
ELIQUIS 61
ELITEK 14
ELIXOPHYLLIN 107
ELLENCE 16
ELMIRON 111
ELOCON 70
EMADINE 104
EMBEDA 31, 32
EMCYT 16
EMEND 85
emoquette 100
EMPLICITI 17
EMSAM 44
EMTRIVA 2
EMVERM 9
ENABLEX 110
enalapril maleate 58
enalapril-hydrochlorothiazide 58
ENBREL 96
ENBREL SURECLICK 96
endocet 32
ENGERIX-B (PF) 93
ENGERIX-B PEDIATRIC (PF) 93
enoxaparin 61
enpresse 100
ENSTILAR 65
entacapone 27
entecavir 2
ENTOCORT EC 85
ENTRESTO 64
enulose 85
ENVARSUS XR 17
EPANED 58
EPIDUO 67
EPIDUO FORTE 67
epinastine 104
EPINEPHRINE 106
EPIPEN 2-PAK 106
EPIPEN JR 2-PAK 106
epitol 24
EPIVIR 2
EPIVIR HBV 2
eplerenone 58
EPOGEN 91
eprosartan 58
EPZICOM 2
EQUETRO 24
ERAXIS(WATER DILUENT) 1
ERBITUX 17
ergoloid 44
ERGOMAR 28
ERIVEDGE 17
errin 98
ERTACZO 68
ERWINAZE 17
ery pads 67
erygel 67
ERYPED 200 7
ERYPED 400 7
ery-tab 7
ERY-TAB 7
ERYTHROCIN 7
erythrocin (as stearate) 7
erythromycin 7, 102
erythromycin ethylsuccinate .. 7
erythromycin with ethanol ... 67
erythromycin-benzoyl peroxide 67
ESBRIET 108
escitalopram oxalate 44
esomeprazole magnesium 88
esomeprazole sodium 88
ESTRACE 98
estradiol 98
estradiol valerate 98
estradiol-norethindrone acet. 98
ESTRING 98
estropipate 98
eszopiclone 44
ethacrynate sodium 58
ethambutol 9
ethosuximide 24
etidronate disodium 72
etodolac 39
ETOPOPHOS 17
etoposide 17

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

EURAX 71
EVAMIST 98
EVISTA 96
EVOCLIN 67
EVOTAZ 2
EVOXAC 72
EVZIO 39
EXALGO ER 32
EXELDERM 68
EXELON 29
exemestane 17
EXFORGE 58
EXFORGE HCT 58
EXJADE 72
EXTAVIA 91
EXTINA 68
F
FABIOR 67
FABRAZYME 82
falmina (28) 100
famciclovir 2
famotidine 88
famotidine (pf) 88
famotidine (pf)-nacl (iso-os) 88
FAMVIR 2
FANAPT 44
FARESTON 17
FARXIGA 76
FARYDAK 17
FASLODEX 17
FAZACLO 45
felbamate 24
FELBATOL 24
FELDENE 39
felodipine 58
FEMARA 17
FEMCON FE 100
FEMHRT LOW DOSE 98
FEMRING 98
fenofibrate 63
FENOFIBRATE 63
fenofibrate micronized..... 62
fenofibrate nanocrystallized. 62
fenofibric acid 63
fenofibric acid (choline) 63
FENOGLIDE 63
fenoprofen 39
FENOPROFEN 39
fentanyl 32
FENTANYL 32
fentanyl citrate 32
FENTORA 32, 33
FERRIPROX 73
FETZIMA 45
FEXMID 30
FIBRICOR 63
FINACEA 67
finasteride 111
FIRAZYR 108
FIRMAGON KIT W
DILUENT SYRINGE..... 17
FLAGYL 9
FLAREX 105
flavoxate 110
FLEBOGAMMA DIF 93
flecainide 55
FLECTOR 39
FLOMAX 111
FLOVENT DISKUS 108
FLOVENT HFA 108
fluconazole 1
fluconazole in nacl (iso-osm) . 1
flucytosine 1
fludarabine 17
fludrocortisone 74
FLUMADINE 2
flunisolide 108
fluocinolone 70
fluocinolone acetonide oil.... 74
fluocinonide 70
fluocinonide-e 70
fluorometholone 105
fluorouracil 17, 65
FLUOROURACIL 65
fluoxetine 45
FLUOXETINE 45
fluphenazine decanoate..... 45
fluphenazine hcl 45
flurandrenolide 70
flurbiprofen 39
flurbiprofen sodium 104
flutamide 17
fluticasone 70, 108
fluvastatin 63
fluvoxamine 45
FML FORTE 105
FML LIQUIFILM 105
FML S.O.P 105
FOCALIN 45
FOCALIN XR 45
FOLOTYN 17
fomepizole 93
fondaparinux 61
FORFIVO XL 45
FORTAMET 76
FORTAZ 6
FORTEO 96
FORTESTA 82
fortical 82
FOSAMAX 96
FOSAMAX PLUS D 96
fosinopril 58
fosinopril-hydrochlorothiazide
..... 58
fosphenytoin 24
FOSRENOL 73
FRAGMIN 61
FREAMINE HBC 6.9 % 114
FROVA 28
frovatriptan 28
FURADANTIN 14
furosemide 58
FUSILEV 14
FUZEON 2
fyavolv 98
FYCOMPA 24
G
gabapentin 24
GABITRIL 24
GABLOFEN 30
galantamine 29
GAMASTAN S/D 93
GAMMAGARD LIQUID.... 93
GAMMAKED 93
GAMMAPLEX 94

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

GAMUNEX-C 94
ganciclovir sodium 2
GARDASIL (PF) 94
GARDASIL 9 (PF) 94
GASTROCROM 85
gatifloxacin 102
GATTEX ONE-VIAL 85
GAUZE PAD..... 76
gavilyte-c 85
gavilyte-g..... 85
gavilyte-h and bisacodyl 85
gavilyte-n..... 85
GELNIQUE 110
gemcitabine..... 17
gemfibrozil 63
GEMZAR 17
GENERESS FE.....100
generlac 85
gengraf 17
GENOTROPIN..... 91
GENOTROPIN MINIQUICK 91
gentak 102
gentamicin 9, 68, 102
gentamicin in nacl (iso-osm) .. 9
gentamicin sulfate (pf)..... 9
GENVOYA 2
GEODON 45, 46
gianvi (28) 100
GIAZO 85
gildagia 100
gildess 1.5/30 (21) 100
gildess 24 fe 100
GILENYA 29
GILOTRIF 17
GLASSIA 73
glatopa 29
GLEEVEC 17, 18
GLEOSTINE 18
glimepiride..... 77
glipizide..... 77
glipizide-metformin..... 77
GLUCAGEN HYPOKIT..... 77
GLUCAGON EMERGENCY KIT (HUMAN) 77
GLUCOPHAGE 77
GLUCOPHAGE XR 77
GLUCOTROL 77
GLUCOTROL XL 77
GLUMETZA 77, 78
glycopyrrolate 84
GLYSET..... 78
GLYXAMBI..... 78
GOLYTELY 85
GRALISE 24
GRALISE 30-DAY STARTER PACK..... 24
granisetron (pf) 85
granisetron hcl 85
GRANIX 91
GRASTEK..... 94
griseofulvin microsize 1
griseofulvin ultramicrosize 1
GRIS-PEG (ULTRAMICROSIZE) 1
guanidine 46
GYNAZOLE-1 99

H

HALAVEN..... 18
HALDOL 46
HALDOL DECANOATE.... 46
halobetasol propionate..... 70
HALOG..... 70
haloperidol..... 46
haloperidol decanoate..... 46
haloperidol lactate 46
HARVONI..... 2
HAVRIX (PF)..... 94
HECTOROL..... 82
heparin (porcine) 62
heparin (porcine) in 5 % dex 61, 62
HEPATAMINE 8%.....114
HEPSERA 2
HERCEPTIN 18
HETLIOZ 46
HEXALEN 18
HIBERIX (PF) 94
HIPREX 14
HORIZANT..... 29
HUMALOG..... 78
HUMALOG KWIKPEN 78
HUMALOG MIX 50-50 78
HUMALOG MIX 50-50 KWIKPEN..... 78
HUMALOG MIX 75-25 78
HUMALOG MIX 75-25 KWIKPEN..... 78
HUMATROPE..... 91
HUMIRA..... 96
HUMIRA PEDIATRIC CROHN'S START 96
HUMIRA PEN..... 96
HUMIRA PEN CROHN'S-UC-HS START 96
HUMULIN 70/30..... 78
HUMULIN 70/30 KWIKPEN 78
HUMULIN N..... 78
HUMULIN N KWIKPEN ... 78
HUMULIN R..... 78
HUMULIN R U-500 (CONC) KWIKPEN..... 78
HUMULIN R U-500 (CONCENTRATED) 78
HYCAMTIN..... 18
HYCET 33
hydralazine 58
HYDREA 18
hydrochlorothiazide..... 58
hydrocodone-acetaminophen 33
hydrocodone-ibuprofen 33
hydrocortisone 70, 74, 86
hydrocortisone butyrate 70
hydrocortisone butyr-emollient 70
hydrocortisone valerate..... 71
hydrocortisone-acetic acid ... 74
hydromorphone 33
hydromorphone (pf) 33
hydroxychloroquine 9
hydroxyprogesterone caproate 98
hydroxyurea 18
hydroxyzine hcl.....106

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

HYPERRAB S/D (PF) 94
HYSINGLA ER 33
HYZAAR 58
I
ibandronate 96
IBRANCE 18
IBUDONE 33
ibuprofen 39
ibuprofen-oxycodone 33
ICLUSIG 18
IDAMYCIN PFS 18
idarubicin 18
IFEX 18
ifosfamide 18
ILARIS (PF) 91
ILEVRO 104
ILOTYCIN 102
imatinib 18
IMBRUVICA 18
imipenem-cilastatin 9
imipramine hcl 46
imipramine pamoate 46
imiquimod 65
IMITREX 28
IMITREX STATDOSE KIT REFILL 28
IMOVAX RABIES VACCINE (PF) 94
IMURAN 18
INCRELEX 73
INCRUSE ELLIPTA 108
indapamide 58
INDERAL LA 58
INFANRIX (DTAP) (PF) 94
INLYTA 18
INNOPRAN XL 58
INSPRA 58
INSULIN PEN NEEDLE 78
INSULIN SYRINGE (DISP) U-100 78
INTELENCE 2
intralipid 114
INTRALIPID 114
INTRON A 91, 92
introvale 100
INVANZ 9
INVEGA 46
INVEGA SUSTENNA 46
INVEGA TRINZA 46
INVIRASE 3
INVOKAMET 78
INVOKANA 78
IONOSOL-B IN D5W 114
IONOSOL-MB IN D5W 114
IOPIDINE 105
IPOL 94
ipratropium bromide 74, 108
ipratropium-albuterol 108
irbesartan 58
irbesartan-hydrochlorothiazide 58
IRENKA 46
IRESSA 18
irinotecan 18
ISENTRESS 3
ISOLYTE-P IN 5 % DEXTROSE 114
ISOLYTE-S 114
isoniazid 9
ISOPTO CARPINE 103
ISORDIL 64
ISORDIL TITRADOSE 64
isosorbide dinitrate 64
isosorbide mononitrate 64
isradipine 58
ISTALOL 103
ISTODAX 18
itraconazole 1
ivermectin 9
IXIARO (PF) 94
J
JADENU 73
JAKAFI 18
JALYN 111
jantoven 62
JANUMET 78
JANUMET XR 78
JANUVIA 78
JARDIANCE 78
JENTADUETO 79
JENTADUETO XR 79
JEVTANA 18
jinteli 98
jolivette 98
JUBLIA 68
juleber 100
junel 1.5/30 (21) 100
junel 1/20 (21) 100
junel fe 1.5/30 (28) 100
junel fe 1/20 (28) 100
junel fe 24 100
JUXTAPID 63
K
KADCYLA 18
KADIAN 34
kaitlib fe 100
KALETRA 3
KALYDECO 108
KANUMA 82
KAPVAY 46
kariva (28) 100
KAYEXALATE 73
KAZANO 79
kelnor 1/35 (28) 100
KENALOG 71, 74
KEPIVANCE 14
KEPPRA 24
KEPPRA XR 24
KERYDIN 68
KETEK 9
ketoconazole 1, 68
ketoprofen 39
ketorolac 104
KEVEYIS 29
KEYTRUDA 18
KHEDEZLA 46
kimidess (28) 100
KINERET 96
kionex 73
KITABIS PAK 9
KLARON 68
KLONOPIN 24
klor-con 10 111
klor-con 8 111
klor-con m15 111

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

klor-con m20 111
klor-con sprinkle 111
KOMBIGLYZE XR 79
KORLYM 82
KRISTALOSE 86
k-tab 111
K-TAB 111
KUVAN 82
KYNAMRO 63
L
l norgest/e.estradiol-e.estrad 100
labetalol 58
LACRISERT 104
lactated ringers 72, 111
lactulose 86
LAMICTAL 24, 25
LAMICTAL ODT 24
LAMICTAL STARTER (BLUE) KIT 25
LAMICTAL STARTER (GREEN) KIT 25
LAMICTAL STARTER (ORANGE) KIT 25
LAMICTAL XR 25
LAMICTAL XR STARTER (BLUE) 25
LAMICTAL XR STARTER (GREEN) 25
LAMICTAL XR STARTER (ORANGE) 25
LAMISIL 1
lamivudine 3
lamivudine-zidovudine 3
lamotrigine 25
LANOXIN 61
lansoprazole 88
LANTUS 79
LANTUS SOLOSTAR 79
larin 1.5/30 (21) 100
larin 1/20 (21) 100
larin fe 1.5/30 (28) 100
larin fe 1/20 (28) 100
LASIX 58
LASTACAFT 104
latanoprost 104
LATUDA 46, 47
layolis fe 100
LAZANDA 34
leena 28 100
leflunomide 96
LENVIMA 19
LESCOL XL 63
lessina 100
LETAIRIS 108
letrozole 19
leucovorin calcium 14
LEUKERAN 19
LEUKINE 92
leuprolide 19
levalbuterol hcl 108
LEVAQUIN 12
LEVEMIR 79
LEVEMIR FLEXTOUCH ... 79
levetiracetam 25
LEVETIRACETAM IN NACL (ISO-OS) 25
levobunolol 103
levocarnitine 73
levocarnitine (with sugar) 73
levocetirizine 106
levofloxacin 12, 102
levofloxacin in d5w 12
levoleucovorin calcium 14
levonest (28) 100
levonorgestrel-ethinyl estrad 100
levonorg-eth estrad triphasic 100
levora-28 100
levorphanol tartrate 34
levothyroxine 83
LEVOTHYROXINE 83
levoxyl 83
LEXAPRO 47
LEXIVA 3
LIALDA 86
lidocaine 68
lidocaine (pf) 68
lidocaine hcl 68
lidocaine-prilocaine 68
LIDODERM 68
LINCOCIN 9
lincomycin 9
lindane 71
linezolid 9
LINZESS 86
LIORESAL 30
liothyronine 83
LIPITOR 63
LIPOFEN 63
lisinopril 58
lisinopril-hydrochlorothiazide 58
lithium carbonate 47
lithium citrate 47
LITHOBID 47
LITHOSTAT 73
LIVALO 63
LO LOESTRIN FE 100
LOCOID 71
LODOSYN 27
LOESTRIN 1.5/30 (21) 100
LOESTRIN 1/20 (21) 100
LOESTRIN FE 1.5/30 (28-DAY) 100
LOESTRIN FE 1/20 (28-DAY) 101
LOFIBRA 63
lomedia 24 fe 101
LOMOTIL 84
LONSURF 19
loperamide 84
LOPID 63
lopreeza 98
LOPRESSOR 58
LOPRESSOR HCT 58
LOPROX 68
lorazepam 47
lorazepam intensol 47
lorcet (hydrocodone) 34
lorcet plus 34
lortab 10-325 34
lortab 5-325 34
lortab 7.5-325 34

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

loryna (28) 101
losartan 58
losartan-hydrochlorothiazide 58
LOSEASONIQUE 101
LOTEMAX.....105
LOTENSIN..... 58
LOTREL..... 58
LOTRISONE 68
LOTRONEX..... 86
lovastatin 63
LOVAZA 63
LOVENOX..... 62
loxapine succinate 47
LUMIGAN 104
LUMIZYME..... 82
LUNESTA..... 47
LUPANETA PACK (1 MONTH) 99
LUPANETA PACK (3 MONTH) 99
LUPRON DEPOT..... 19
LUPRON DEPOT (3 MONTH) 19
LUPRON DEPOT (4 MONTH) 19
LUPRON DEPOT (6 MONTH) 19
LUPRON DEPOT-PED..... 19
lutera (28) 101
LUZU..... 68
LYNPARZA..... 19
LYRICA..... 25
LYSODREN..... 19
LYSTEDA..... 99
lyza..... 98
M
MACROBID..... 14
MACRODANTIN..... 14
magnesium sulfate.....111
MAKENA 98
MALARONE..... 9
MALARONE PEDIATRIC... 9
malathion..... 71
maprotiline..... 47
MARINOL 86
marlissa 101
MARPLAN..... 47
MATULANE..... 19
matzim la 58
MAVIK 58
MAXALT 28
MAXALT-MLT..... 28
MAXIDEX 105
MAXIPIME 6
MAXITROL 104
MAXZIDE..... 58
MAXZIDE-25MG..... 58
meclizine 86
meclofenamate 39
MEDROL 74
MEDROL (PAK)..... 74
medroxyprogesterone 98
mefenamic acid 39
mefloquine..... 9
MEGACE 19
MEGACE ES..... 19
megestrol 19
MEKINIST 19
meloxicam 39
melphalan hcl..... 19
memantine 29
MEMANTINE..... 29
MENACTRA (PF) 94
MENEST 98
MENHIBRIX (PF) 94
MENOMUNE - A/C/Y/W-135 (PF) 94
MENOSTAR 98
MENTAX..... 68
MENVEO A-C-Y-W-135-DIP (PF) 94
MEPRON 9
mercaptopurine 19
meropenem 9
MERREM..... 9
mesalamine with cleansing wipe..... 86
mesna 14
MESNEX 14
MESTINON..... 30
MESTINON TIMESPAN.... 30
METADATE CD 47
metadate er 47
metaproterenol 108
metformin 79
methadone 34
methamphetamine 47
methazolamide 104
methenamine hippurate..... 14
methimazole..... 75
METHITEST 82
methotrexate sodium 19
methotrexate sodium (pf) 19
methoxsalen rapid 65
methscopolamine 84
methyclothiazide 58
methyldopa 58
methylergonovine.....102
METHYLIN 47
methylphenidate 47
methylprednisolone 75
methylprednisolone acetate.. 74
methylprednisolone sodium succ 75
methyltestosterone..... 82
metipranolol.....103
metoclopramide hcl..... 86
metolazone..... 59
metoprolol succinate..... 59
metoprolol ta-hydrochlorothiaz 59
metoprolol tartrate..... 59
METOZOLV ODT..... 86
METROCREAM 67
METROGEL 67
METROGEL VAGINAL 99
METROLOTION..... 67
metronidazole 9, 67, 99
metronidazole in nacl (iso-os) 9
mexiletine 55
MIACALCIN..... 82
MICARDIS..... 59
MICARDIS HCT 59
miconazole-3 99
microgestin 1.5/30 (21).....101

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

microgestin 1/20 (21) 101
microgestin fe 1.5/30 (28)...101
microgestin fe 1/20 (28).....101
MICROZIDE 59
midodrine 73
migergot 28
miglitol 79
MIGRANAL..... 28
millipred 75
MILLIPRED..... 75
mimvey..... 98
mimvey lo..... 98
MINASTRIN 24 FE 101
MINIPRESS 59
MINITRAN 64
MINIVELLE 98
MINOCIN 13
minocycline 13
minoxidil 59
MIRAPEX..... 27
MIRAPEX ER 27
MIRCERA..... 92
mirtazapine 47
MIRVASO..... 67
misoprostol 88
MITIGARE..... 95
mitomycin..... 19
mitoxantrone 19
M-M-R II (PF) 94
MOBIC..... 39
modafinil 47
moderiba..... 3
moderiba dose pack 3
MODICON (28).....101
moexipril 59
moexipril-hydrochlorothiazide 59
molindone..... 47
mometasone 71, 108
mononessa (28) 101
montelukast.....108
MONUROL..... 14
morphine.....34, 35
MORPHINE 34
morphine concentrate 34
MOVANTIK 86
MOVIPREP..... 86
MOXEZA 102
moxifloxacin 12
MOXIFLOXACIN-SOD.ACE,SUL-WATER. 13
MOZOBIL..... 92
MS CONTIN 35
MULTAQ..... 55
mupirocin 68
mupirocin calcium..... 68
MUSTARGEN..... 19
MYALEPT 82
MYAMBUTOL 10
MYCAMINE 1
MYCOBUTIN 10
mycophenolate mofetil ...19, 20
mycophenolate sodium 20
MYFORTIC 20
myorisan 67
MYRBETRIQ.....110
MYSOLINE..... 25
N
nabumetone..... 39
nadolol..... 59
nadolol-bendroflumethiazide 59
nafcillin 11
naftifine 69
NAFTIFINE..... 68
NAFTIN 69
NAGLAZYME 82
nalbuphine 39
naloxone 39
naltrexone 39
NAMENDA..... 29
NAMENDA TITRATION PAK..... 29
NAMENDA XR..... 29
NAMZARIC..... 29
naphazoline.....105
NAPRELAN CR..... 39
NAPROSYN..... 39
naproxen 39
naproxen sodium 40
naratriptan..... 28
NARCAN 40
NARDIL..... 47
NASONEX.....108
NATACYN.....102
NATAZIA 101
nateglinide 79
NATESTO..... 82
NATPARA..... 82
NEBUPENT 10
necon 0.5/35 (28) 101
necon 1/35 (28) 101
necon 1/50 (28) 101
necon 10/11 (28) 101
necon 7/7/7 (28) 101
NEEDLES, INSULIN DISP.,SAFETY 79
nefazodone..... 47
neomycin 10
neomycin-bacitracin-poly-hc 104
neomycin-bacitracin-polymyxin 102
neomycin-polymyxin b gu ... 72
neomycin-polymyxin b-dexameth.....105
neomycin-polymyxin-gramicidin 102
neomycin-polymyxin-hc.....74, 105
NEORAL..... 20
NEOSPORIN (NEO-POLYM-GRAMICID) 103
NEO-SYNALAR 68
NEPHRAMINE 5.4 %.....114
NESINA 79
neuac 67
NEULASTA 92
NEUPOGEN..... 92
NEUPRO..... 27
NEURONTIN..... 25
NEVANAC.....104
nevirapine 3
NEXAVAR..... 20
NEXIUM 88
NEXIUM IV 88

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

NEXIUM PACKET 89
NEXTERONE 55
niacin..... 63
NIACOR 63
NIASPAN EXTENDED-RELEASE..... 63
nicardipine 59
NICOTROL..... 73
NICOTROL NS 73
nifedical xl..... 59
nifedipine..... 59
nikki (28) 101
NILANDRON..... 20
nimodipine..... 59
NINLARO..... 20
NIPENT..... 20
nisoldipine 59
nitro-bid..... 64
NITRO-DUR..... 64
nitrofurantoin 14
nitrofurantoin macrocrystal.. 14
nitrofurantoin monohyd/m-cryst..... 14
nitroglycerin..... 64
NITROLINGUAL..... 64
NITROMIST 64
NITROSTAT 64
nizatidine 89
NIZORAL 69
nora-be 98
NORCO..... 35
NORDITROPIN FLEXPRO 92
noreth-ethinyl estradiol-iron 101
norethindrone (contraceptive) 98
norethindrone acetate 98
norethindrone ac-eth estradiol 98
norethindrone-e.estradiol-iron 101
norgestimate-ethinyl estradiol 101
NORINYL 1+35 (28) 101
NORINYL 1+50 (28) 101
NORITATE..... 67
norlyroc 98
NORMOSOL-M IN 5 % DEXTROSE.....114
NORMOSOL-R IN 5 % DEXTROSE.....111
NORMOSOL-R PH 7.4.....114
NORPRAMIN 47
NOR-QD 98
NORTHERA 73
nortrel 0.5/35 (28) 101
nortrel 1/35 (21) 101
nortrel 1/35 (28) 101
nortrel 7/7/7 (28) 101
nortriptyline 47
NORVASC..... 59
NORVIR 3
NOVAREL..... 82
NOVOFINE 32 79
NOVOLIN 70/30 79
NOVOLIN N..... 79
NOVOLIN R 79
NOVOLOG 79
NOVOLOG FLEXPEN 79
NOVOLOG MIX 70-30 80
NOVOLOG MIX 70-30 FLEXPEN..... 80
NOVOLOG PENFILL 80
NOXAFIL 1
NUCALA 108
NUCYNTA..... 40
NUCYNTA ER..... 40
NUEDEXTA 29
NULOJIX..... 20
NULYTELY WITH FLAVOR PACKS..... 86
NUPLAZID..... 48
NUTRESTORE 73
NUTRILIPID.....114
NUTROPIN AQ..... 92
NUTROPIN AQ NUSPIN... 92
NUVARING..... 99
NUVESSA..... 99
NUVIGIL 48
nyamyc 69
nystatin 1, 69
nystatin-triamcinolone 69
nystop..... 69
O
ocella 101
OCTAGAM..... 94
octreotide acetate..... 20
OCUFEN.....104
OCUFLOX.....103
ODEFSEY 3
ODOMZO 20
OFEV 108
ofloxacin..... 13, 74, 103
ogestrel (28) 101
olanzapine..... 48
olanzapine-fluoxetine 48
olopatadine 74, 104
OLUX 71
OLYSIO 3
OMECLAMOX-PAK..... 89
omega-3 acid ethyl esters..... 63
omeprazole 89
omeprazole-sodium bicarbonate..... 89
OMNARIS.....109
OMNIPRED 105
OMNITROPE..... 92
ondansetron..... 86
ondansetron hcl 86
ondansetron hcl (pf) 86
ONEXTON..... 67
ONFI 25
ONGLYZA..... 80
ONMEL..... 1
ONZETRA XSAIL 28
OPANA..... 36
OPANA ER 35
OPDIVO..... 20
OPSUMIT 109
ORACEA 13
ORALAIR..... 94
ORAP..... 48
ORAPRED ODT..... 75
ORAVIG 1
ORBACTIV..... 10

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

ORENCIA 97
ORENCIA (WITH MALTOSE) 97
ORENITRAM..... 59
ORFADIN 73
ORKAMBI 109
orsythia.....101
ORTHO MICRONOR..... 98
ORTHO TRI-CYCLEN (28) 101
ORTHO TRI-CYCLEN LO (28) 101
ORTHO-CYCLEN (28).....101
ORTHO-NOVUM 1/35 (28) 101
ORTHO-NOVUM 7/7/7 (28) 101
OSENI..... 80
OSMOPREP..... 86
OTEZLA 97
OTEZLA STARTER..... 97
OTREXUP (PF)..... 97
OVCON-35 (28) 101
OVIDE 71
oxacillin..... 11
oxacillin in dextrose(iso-osm) 11
oxaliplatin..... 20
oxandrolone 82
oxaprozin..... 40
oxazepam..... 48
oxcarbazepine 25
oxiconazole..... 69
OXISTAT 69
OXSORALEN ULTRA..... 66
OXTELLAR XR 25
oxybutynin chloride.....110
oxycodone 36
OXYCODONE 36
oxycodone-acetaminophen .. 36
oxycodone-aspirin 36
OXYCONTIN..... 36
oxymorphone 36, 37
OXYTROL 110

P
pacerone 55
paclitaxel 20
paliperidone 48
PAMELOR..... 48
pamidronate 82
PANCREAZE..... 86
PANDEL..... 71
PANRETIN 66
pantoprazole..... 89
paricalcitol 82
PARICALCITOL..... 82
PARNATE..... 48
paromomycin 10
paroxetine hcl..... 48
PASER 10
PATADAY.....104
PATANASE 74
PATANOL 104
PAXIL..... 49
PAXIL CR..... 49
PAZEO.....104
PCE..... 7
PEDVAX HIB (PF)..... 94
peg 3350-electrolytes 86
PEGANONE..... 26
PEGASYS 92
PEGASYS PROCLICK..... 92
peg-electrolyte soln 86
PEGINTRON..... 92
PEGINTRON REDIPEN..... 92
PENICILLIN G POT IN DEXTROSE..... 11
penicillin g potassium..... 11
penicillin g procaine 11
penicillin g sodium..... 11
penicillin v potassium..... 11
PENNSAID 40
PENTAM 10
PENTASA..... 86
pentoxifylline 62
PEPCID..... 89
PERCOCET..... 37
PERFOROMIST 109
perindopril erbumine 59

periogard..... 74
PERJETA 20
permethrin 71
perphenazine 49
PERSANTINE..... 62
PERTZYE 86, 87
PEXEVA 49
phenelzine..... 49
PHENERGAN 106
phenobarbital 26
phenoxybenzamine..... 59
PHENYTEK..... 26
phenytoin..... 26
phenytoin sodium..... 26
phenytoin sodium extended . 26
PHOSLO 111
PHOSLYRA.....111
PHOSPHOLINE IODIDE ..103
PHYSIOLYTE..... 72
PHYSIOSOL IRRIGATION 72
PICATO 66
pilocarpine hcl 73, 103
pimozide 49
pimtrea (28) 101
pindolol 59
pioglitazone 80
pioglitazone-glimepiride..... 80
pioglitazone-metformin 80
piperacillin-tazobactam 12
pirmella 101
piroxicam..... 40
PLAQUENIL..... 10
PLASMA-LYTE 148 114
PLASMA-LYTE A 114
PLASMA-LYTE-56 IN 5 % DEXTROSE.....114
PLAVIX..... 62
PLEGRIDY 92
podofilox 66
polyethylene glycol 3350..... 87
polymyxin b sulfate..... 10
polymyxin b sulf-trimethoprim 103
POLYTRIM.....103
POMALYST..... 20

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

portia 101
potassium chlorid-d5-0.45%nacl..... 111, 112
potassium chloride 112
potassium chloride in 0.9%nacl 112
potassium chloride in 5 % dex 112
potassium chloride in lr-d5 .112
potassium chloride-0.45 % nacl 112
potassium chloride-d5-0.2%nacl.....112
potassium chloride-d5-0.3%nacl.....112
potassium chloride-d5-0.9%nacl.....112
potassium citrate 111
POTIGA 26
PRADAXA..... 62
PRALUENT PEN 63
PRALUENT SYRINGE..... 63
pramipexole 27
PRANDIN..... 80
PRAVACHOL..... 63
pravastatin 64
prazosin 59
PRECOSE 80
PRED FORTE 105
PRED MILD.....105
PRED-G 105
PRED-G S.O.P.....105
prednicarbate 71
prednisolone acetate.....105
prednisolone sodium phosphate 75, 105
prednisone 75
prednisone intensol..... 75
PREFEST 98
PREGNYL..... 82
PREMARIN 98, 99
premasol 10 % 114
PREMASOL 6 %.....114
PREMPHASE..... 99
PREMPRO 99
PRENATAL VITAMIN ORAL TABLET.....114
PREPOPIK..... 87
PREVACID..... 89
PREVACID SOLUTAB..... 89
prevalite..... 64
previfem 101
PREVPAC..... 89
PREZCOBIX..... 3
PREZISTA 3
PRIFTIN..... 10
PRILOSEC 89
PRIMAQUINE 10
PRIMAXIN IV 10
primidone 26
PRIMLEV 37
PRINIVIL..... 59
PRISTIQ..... 49
PRIVIGEN 94
PROAIR HFA.....109
PROAIR RESPICLICK.....109
probenecid 95
procainamide 55
PROCALAMINE 3%.....114
PROCARDIA XL 59
procentra..... 49
prochlorperazine 87
prochlorperazine edisylate ... 87
prochlorperazine maleate..... 87
PROCRIT..... 92
procto-med hc 87
procto-pak..... 87
proctosol hc 87
proctozone-hc 87
PROCYSBI.....111
progesterone micronized..... 99
PROGLYCEM..... 80
PROGRAF..... 20
PROLASTIN-C 73
PROLENSA 104
PROLEUKIN..... 92
PROLIA 96
PROMACTA..... 62
promethazine 106
PROMETRIUM..... 99
propafenone 55
propranolol 59
propranolol-hydrochlorothiazid 59
propylthiouracil..... 75
PROQUAD (PF)..... 94
PROSCAR.....111
PROSOL 20 %.....114
PROTONIX.....89, 90
PROTOPIC..... 66
protriptyline 49
PROVENTIL HFA.....109
PROVERA 99
PROVIGIL 49
PROZAC..... 49
PROZAC WEEKLY 49
prudoxin 66
PSORCON..... 71
PULMICORT 109
PULMICORT FLEXHALER 109
PULMOZYME 109
PURIXAN 20
PYLERA 90
pyrazinamide 10
pyridostigmine bromide..... 30

Q

QNASL 109
QUADRACEL (PF)..... 94
QUALAQUIN 10
QUARTETTE.....101
quasense 102
QUDEXY XR 26
QUESTRAN..... 64
quetiapine 49, 50
QUILLICHEW ER..... 50
QUILLIVANT XR..... 50
quinapril 59
quinapril-hydrochlorothiazide 60
quinidine gluconate 55
quinidine sulfate..... 55
quinine sulfate..... 10
QVAR 109

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

R
RABAVERT (PF) 94
rabeprazole 90
RAGWITEK 94
raloxifene 96
ramipril 60
RANEXA 64
ranitidine hcl 90
RAPAFLO 111
RAPAMUNE 20
RASUVO (PF) 97
RAVICTI 73
RAYOS 75
RAZADYNE 30
RAZADYNE ER 29
REBETOL 3
REBIF (WITH ALBUMIN). 92
REBIF REBIDOSE 92, 93
REBIF TITRATION PACK 93
RECLAST 73
reclipsen (28) 102
RECOMBIVAX HB (PF) 94
RECTIV 87
REGLAN 87
REGRANEX 66
RELENZA DISKHALER 3
RELISTOR 87
RELPAX 28
REMERON 50
REMERON SOLTAB 50
REMICADE 87
REMODULIN 60
RENAGEL 73
RENVELA 73
repaglinide 80
repaglinide-metformin 80
REPATHA SURECLICK 64
REPATHA SYRINGE 64
reprexain 37
REQUIP 27
REQUIP XL 27
RESCRIPTOR 3
RESTASIS 104
RESTORIL 50
RETIN-A 67
RETIN-A MICRO 67
RETIN-A MICRO PUMP ... 67
RETROVIR 4
REVATIO 109
REVLIMID 20
REXULTI 50
REYATAZ 4
RHEUMATREX 20
ribasphere 4
ribasphere ribapak 4
ribavirin 4
RIDAURA 97
rifabutin 10
RIFADIN 10
RIFAMATE 10
rifampin 10
RIFATER 10
RILUTEK 73
riluzole 73
rimantadine 4
ringers 72, 112
RIOMET 80
risedronate 73, 96
RISPERDAL 50
RISPERDAL CONSTA 50
RISPERDAL M-TAB 50
risperidone 50, 51
RITALIN 51
RITALIN LA 51
RITUXAN 20
rivastigmine 30
rivastigmine tartrate 30
rizatriptan 28
ROBINUL 84
ROBINUL FORTE 84
ROCALTROL 82
ropinirole 27
rosuvastatin 64
ROTARIX 94
ROTATEQ VACCINE 94
roweepra 26
ROXICODONE 37
ROZEREM 51
RUCONEST 109
RYTARY 27
RYTHMOL 55
RYTHMOL SR 55
S
SABRIL 26
SAFYRAL 102
SAIZEN 93
SAIZEN CLICK.EASY 93
SALAGEN 73
SAMSCA 82
SANCUSO 87
SANDIMMUNE 20, 21
SANDOSTATIN 21
SANDOSTATIN LAR DEPOT 21
SANTYL 71
SAPHRIS (BLACK CHERRY) 51
SARAFEM 51
SAVAYSA 62
SAVELLA 97
SEASONIQUE 102
SECTRAL 60
SEEBRI NEOHALER 109
selegiline hcl 27
selenium sulfide 65
SELZENTRY 4
SEMPREX-D 106
SENSIPAR 82
SEREVENT DISKUS 109
SERNIVO 71
SEROQUEL 51
SEROQUEL XR 51, 52
SEROSTIM 93
sertraline 52
setlakin 102
SFROWASA 87
sharobel 99
SIGNIFOR 21
SIGNIFOR LAR 21
sildenafil 109
SILENOR 52
SILVADENE 65
silver sulfadiazine 65
SIMBRINZA 104
SIMPONI 97

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

SIMPONI ARIA 97
SIMULECT 21
simvastatin 64
SINEMET 27
SINEMET CR 27
SINGULAIR 109
sirolimus 21
SIRTURO 10
SIVEXTRO 10
SKLICE 71
sodium chloride 73, 112
sodium chloride 0.45 % 112
sodium chloride 0.9 % 73
sodium chloride 3 % 112
sodium chloride 5 % 112
SODIUM FLUORIDE.....114
sodium lactate 112
sodium phenylbutyrate 73
sodium polystyrene (sorb free) 73
SOLARAZE 66
SOLODYN 14
SOLTAMOX 21
SOLU-CORTEF (PF) 75
SOLU-MEDROL 75
SOLU-MEDROL (PF) 75
SOMATULINE DEPOT 21
SOMAVERT 82
SONATA 52
SOOLANTRA 67
SORIATANE 65
SORILUX 65
sorine 55
sotalol 55
sotalol af 55
SOTYLIZE 55
SOVALDI 4
SPIRIVA RESPIMAT.....109
SPIRIVA WITH HANDIHALER.....109
spironolactone 60
spironolacton-hydrochlorothiaz 60
SPORANOX 1
sprintec (28) 102
SPRITAM 26
SPRYCEL 21
sronyx 102
ssd 65
STALEVO 100 27
STALEVO 125 27
STALEVO 150 27
STALEVO 200 27
STALEVO 50 27
STALEVO 75 27
STARLIX 80
stavudine 4
STELARA 65
STIMATE 83
STIOLTO RESPIMAT.....109
STIVARGA 21
STRATTERA 52
STRENSIQ 83
STREPTOMYCIN 10
STRIANT 83
STRIBILD 4
STRIVERDI RESPIMAT...109
STROMECTOL 10
SUBOXONE 40
SUBSYS 37
SUCRAID 87
sucralfate 90
SULAR 60
sulfacetamide sodium 105
sulfacetamide sodium (acne) 68
sulfacetamide-prednisolone 105
sulfadiazine 13
sulfamethoxazole-trimethoprim 13
SULFAMYLON 68
sulfasalazine 87
sulindac 40
sumatriptan 28
sumatriptan succinate 28
SUMAVEL DOSEPRO..... 29
SUPRAX 6, 7
SUPREP BOWEL PREP KIT 87
SURMONTIL 52
SUSTIVA 4
SUTENT 21
SYLATRON 93
SYLVANT 21
SYMBICORT 110
SYMBYAX 52
SYMLINPEN 120 80
SYMLINPEN 60 80
SYNAGIS 4
SYNALAR CREAM 71
SYNALGOS-DC 37
SYNAREL 83
SYNERCID 10
SYNJARDY 80
SYNRIBO 21
SYNTHROID 83
SYPRINE 73

T

TABLOID 21
TACLONEX 65
tacrolimus 21, 66
TAFINLAR 21
TAGRISSO 21
TALTZ AUTOINJECTOR (3 PACK) 65
TALTZ SYRINGE 65
TAMIFLU 4
tamoxifen 21
tamsulosin 111
TANZEUM 80
TAPAZOLE 75
TARCEVA 22
TARGRETIN 22
tarina fe 1/20 (28) 102
TARKA 60
TASIGNA 22
TASMAR 27
TAXOTERE 22
TAZICEF 7
TAZORAC 67
taztia xt 60
TECENTRIQ 22
TECFIDERA 30
TECHNIVIE 4
TEFLARO 7
TEGRETOL 26

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

TEGRETOL XR 26
TEKTURNA..... 60
TEKTURNA HCT 60
telmisartan 60
telmisartan-amlodipine 60
telmisartan-hydrochlorothiazid 60
temazepam 52
TEMOVATE 71
TENIVAC (PF)..... 95
TENORETIC 100 60
TENORETIC 50 60
TENORMIN 60
TERAZOL 3 99
TERAZOL 7 99
terazosin 60
terbinafine hcl 1
terbutaline 110
terconazole 99
TESTIM 83
testosterone 83
TESTOSTERONE 83
testosterone cypionate 83
testosterone enanthate 83
TETANUS,DIPHTHERIA TOX PED(PF)..... 95
TETANUS-DIPHTHERIA TOXOIDS-TD 95
tetrabenazine 30
tetracycline 14
THALOMID 22
THEO-24 110
theophylline 110
THIOLA 73
thioridazine 52
thiotepa 22
thiothixene 52
THYMOGLOBULIN 95
THYROLAR-1 83
THYROLAR-1/2 83
THYROLAR-1/4 83
THYROLAR-2 83
THYROLAR-3 83
tiagabine 26
TIAZAC 60
TIKOSYN 55
timolol maleate 60, 103
TIMOPTIC OCUDOSE (PF) 103
TIMOPTIC-XE 103
TINDAMAX 10
tinidazole 10
TIROSINT 83
TIVICAY 4
TIVORBEX 40
tizanidine 30
TOBI 10
TOBI PODHALER 10
TOBRADEX 105
TOBRADEX ST 105
tobramycin 103
tobramycin in 0.225 % nacl . 10
tobramycin sulfate 10
tobramycin-dexamethasone 105
TOBREX 103
TOFRANIL 52
TOLAK 66
tolazamide 80
tolbutamide 80
tolcapone 27
tolmetin 40
tolterodine 110
TOPAMAX 26
TOPICORT..... 71
topiramate 26
TOPIRAMATE..... 26
toposar 22
topotecan 22
TOPROL XL 60
TORISEL 22
torsemide 60
TOUJEO SOLOSTAR 80
TOVIAZ 110
TPN ELECTROLYTES 113
TRACLEER 110
TRADJENTA 80
tramadol..... 40
TRAMADOL..... 40
tramadol-acetaminophen..... 40
trandolapril 60
trandolapril-verapamil 60
tranexamic acid 62, 99
TRANSDERM-SCOP 87
TRANXENE T-TAB 52
tranylcypromine 52
travasol 10 % 114
TRAVATAN Z.....104
travoprost (benzalkonium) ..104
trazodone 52
TREANDA 22
TRECATOR 10
TRELSTAR 22
TRESIBA FLEXTOUCH U-100 81
TRESIBA FLEXTOUCH U-200 81
tretinoin 67
tretinoin (chemotherapy) 22
tretinoin microspheres 67
TRETIN-X..... 67
TREXALL 22
TREXIMET 29
TREZIX..... 37
triamcinolone acetonide ..71, 74
triamterene-hydrochlorothiazid 60
trianex 71
TRIBENZOR..... 60
TRICOR 64
triderm 71
trifluoperazine 52
trifluridine 103
TRIGLIDE..... 64
tri-legest fe.....102
TRILEPTAL 26
TRILIPIX 64
tri-lo-estarylla 102
tri-lo-sprintec 102
trilyte with flavor packets 87
trimethoprim 14
trimipramine 52
trinessa (28) 102
TRI-NORINYL (28).....102
TRINTELLIX 52
TRIOSTAT 83

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

tri-previfem (28) 102
TRISENOX 22
tri-sprintec (28) 102
TRIUMEQ 4
trivora (28) 102
TRIZIVIR 4
TROKENDI XR 26
TROPHAMINE 10 % 114
TROPHAMINE 6% 114
trospium 110
TRULICITY 81
TRUMENBA 95
TRUSOPT 104
TRUVADA 4
TUDORZA PRESSAIR 110
TWINRIX (PF) 95
TWYNSTA 60
TYBOST 5
TYGACIL 10
TYKERB 22
TYLENOL-CODEINE #3 ... 37
TYLENOL-CODEINE #4 ... 37
TYPHIM VI 95
TYSABRI 30
TYVASO 110
TYZEKA 5
U
UCERIS 87
ULORIC 95
ULTRACET 40
ULTRAM 40
ULTRAM ER 40
ULTRAVATE 71
ULTRAVATE X 71
UNASYN 12
unithroid 83
UPTRAVI 60
URECHOLINE 111
UROCIT-K 10 111
UROCIT-K 15 111
UROCIT-K 5 111
UROXATRAL 111
URSO 250 87
URSO FORTE 87
ursodiol 87
UTIBRON NEOHALER 110
UVADEX 66
V
VAGIFEM 99
valacyclovir 5
VALCHLOR 66
VALCYTE 5
valganciclovir 5
VALIUM 52
valproate sodium 26
valproic acid 26
valproic acid (as sodium salt) 26
valsartan 60
valsartan-hydrochlorothiazide 60
VALTREX 5
VANCOCIN 14
vancomycin 14
vandazole 99
VANOS 71
VAQTA (PF) 95
VARIVAX (PF) 95
VARIZIG 95
VARUBI 87
VASCEPA 64
VASERETIC 60
VASOTEC 60
VECAMYL 64
VECTIBIX 22
VECTICAL 65
VELCADE 22
velivet triphasic regimen (28) 102
VELPHORO 73
VELTASSA 73
VELTIN 67
VENCLEXTA 22
VENCLEXTA STARTING PACK 22
venlafaxine 52, 53
VENLAFAXINE 53
VENTAVIS 110
VENTOLIN HFA 110
VERAMYST 110
verapamil 60
VEREGEN 66
VERELAN 60
VERELAN PM 60
veripred 20 75
VERSACLOZ 53
VESICARE 110
vestura (28) 102
VEXOL 105
VFEND 1
VFEND IV 1
VGO 20 81
VGO 30 81
VGO 40 81
VIBERZI 87
VIBRAMYCIN 14
vicodin 37
vicodin es 37
vicodin hp 37
VICTOZA 3-PAK 81
VIDAZA 22
VIDEX 2 GRAM PEDIATRIC 5
VIDEX EC 5
VIEKIRA PAK 5
vienva 102
VIGAMOX 103
VIIBRYD 53
VIMOVO 41
VIMPAT 26
vinblastine 22
vincasar pfs 22
vincristine 22
vinorelbine 22
VIOKACE 87
VIRACEPT 5
VIRAMUNE 5
VIRAMUNE XR 5
VIRAZOLE 5
VIREAD 5
VIROPTIC 103
VITEKTA 5
VIVELLE-DOT 99
VIVITROL 41
VIVLODEX 41

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

VOGELXO 83
VOLTAREN GEL 41
voriconazole..... 1
VOSPIRE ER.....110
VOTRIENT 22
VPRIV..... 83
VRAYLAR..... 53
vyfemla (28) 102
VYTORIN 10-10 64
VYTORIN 10-20 64
VYTORIN 10-40 64
VYTORIN 10-80 64
VYVANSE..... 53
W
warfarin 62
water for irrigation, sterile ... 73
WELCHOL..... 64
WELLBUTRIN SR 53
WELLBUTRIN XL 53
wymzya fe 102
X
XALATAN.....104
XALKORI 22, 23
XARELTO 62
XARTEMIS XR..... 38
XELJANZ 97
XELJANZ XR 97
XENAZINE 30
XEOMIN 95
XERESE..... 69
XGEVA..... 15
XIFAXAN 10
XIGDUO XR 81
XODOL 10/300 38
XODOL 5/300 38
XODOL 7.5/300 38
XOLAIR.....110
XOPENEX 110
XOPENEX HFA 110
XTAMPZA ER 38
XTANDI..... 23
xulane 99
XYLOCAINE 68
XYREM 53
XYZAL 106
Y
YASMIN (28) 102
YAZ (28) 102
YERVOY 23
YF-VAX (PF) 95
Z
zafirlukast 110
zaleplon 53, 54
ZALTRAP 23
zamicet 38
ZANAFLEX 30
ZANOSAR 23
ZANTAC..... 90
ZARONTIN..... 26
ZARXIO..... 93
ZAVESCA..... 83
ZEBETA..... 60
ZEGERID 90
ZELAPAR..... 27
ZELBORAF 23
ZEMAIRA..... 73
ZEMBRACE SYMTOUCH 29
ZEMPLAR 83
zenatane.....67, 68
zenchent (28) 102
zenchent fe.....102
ZENPEP 87
zenzedi 54
ZENZEDI 54
ZEPATIER 5
ZERBAXA 7
ZERIT 5
ZESTORETIC 60
ZESTRIL 60
ZETIA 64
ZETONNA 110
ZIAC 60
ZIAGEN 5
ZIANA 68
zidovudine 5
ZINACEF 7
ZINECARD (AS HCL) 15
ZIOPTAN (PF) 104
ziprasidone hcl 54
ZIPSOR..... 41
ZIRGAN.....103
ZITHROMAX 8
ZITHROMAX TRI-PAK..... 8
ZITHROMAX Z-PAK 8
ZMAX..... 8
ZOCOR 64
ZOFRAN (AS HYDROCHLORIDE)..... 88
ZOFRAN ODT 88
ZOHYDRO ER..... 38
zoledronic acid 83
zoledronic acid-mannitol-water 73
ZOLINZA..... 23
zolmitriptan..... 29
ZOLOFT..... 54
zolpidem 54
ZOMACTON..... 93
ZOMETA 83
ZOMIG..... 29
ZOMIG ZMT 29
ZONALON..... 66
ZONEGRAN 26
zonisamide..... 26
ZONTIVITY..... 62
ZORBTIVE 93
ZORTRESS 23
ZORVOLEX..... 41
ZOSTAVAX (PF) 95
ZOSYN 12
ZOSYN IN DEXTROSE (ISO-OSM)..... 12
zovia 1/35e (28) 102
zovia 1/50e (28) 102
ZOVIRAX.....5, 69
ZUBSOLV..... 41
ZUPLENZ..... 88
ZYBAN..... 73
ZYCLARA 66
ZYDELIG..... 23
ZYFLO.....110
ZYFLO CR.....110
ZYKADIA..... 23
ZYLET 105
ZYLOPRIM..... 95

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

ZYMAXID 103
ZYPREXA..... 54
ZYPREXA RELPREVV 54
ZYPREXA ZYDIS..... 54
ZYTIGA 23
ZYVOX..... 10

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This formulary was updated on 08/22/2016. For more recent information or other questions, please contact Express Scripts Medicare Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at **www.Express-Scripts.com**.

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