Express Scripts Medicare (PDP)
2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20064, v6

This formulary was updated on 08/19/2019. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can 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.

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 19, 2019. 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, 2021. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

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 **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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the cases below, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, if applicable, we must notify affected members of the change at least 30 days before the change becomes effective or at the

time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

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 103. 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 **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?" below 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 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 is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for a one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drug is limited but you are past the first 90 days of membership in our plan, we will cover a minimum of a 31-day emergency transition supply of that drug 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 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 103.

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 three 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.

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 https://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 **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	2	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	3	PA; MO
caspofungin	1	PA
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	2	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT)	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole	1	MO
ketoconazole oral	1	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ORAVIG	3	MO
SPORANOX	3	MO
terbinafine hcl oral	1	MO
TOLSURA	3	MO
VFEND	3	MO
VFEND IV	3	PA; MO
voriconazole intravenous	1	PA; MO
voriconazole oral	1	MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
abacavir-lamivudine-zidovudine	1	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	1	MO
amantadine hcl	1	MO
APTIVUS ORAL CAPSULE	2	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 **express-scripts.com**.

Drug Name	Drug Tier	Requirements /Limits
APTIVUS ORAL SOLUTION	2	
atazanavir	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
BIKTARVY	2	MO
CIMDUO	2	MO
COMBIVIR	3	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	3	PA; MO; QL (28 per 28 days)
DELSTRIGO	3	MO
DESCOVY	2	MO
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	MO
DOVATO	2	MO
EDURANT	2	MO
efavirenz	1	MO
EMTRIVA	2	MO
entecavir	1	MO
EPCLUSA	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	3	MO
EVOTAZ	3	MO
famciclovir	1	MO
FLUMADINE ORAL TABLET	3	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
GENVOYA	2	MO
HARVONI	2	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	3	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET	2	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	3	MO
lopinavir-ritonavir	1	MO
MAVYRET	3	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	2	MO
oseltamivir	1	MO
PIFELTRO	3	MO
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR ORAL TABLET	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
ribasphere oral capsule	1	MO
ribasphere oral tablet 600 mg	1	MO
ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY	2	MO
SOFOSBUVIR-VELPATASVIR	3	PA; MO; QL (28 per 28 days)
SOVALDI	3	PA; MO; QL (28 per 28 days)
stavudine oral capsule	1	MO
STRIBILD	2	MO
SUSTIVA	3	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	3	MO
TAMIFLU	3	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA	2	MO
TYBOST	3	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
VALCYTE	3	MO
valganciclovir	1	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	2	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 250 MG, 400 MG	3	MO
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 200 MG	2	MO
VIEKIRA PAK	3	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VIREAD ORAL TABLET 300 MG	3	MO
VOSEVI	3	PA; MO; QL (28 per 28 days)
XOFLUZA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ZEPATIER	3	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
CEPHALOSPORINS		
AVYCAZ	3	MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
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
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime injection	1	MO
cefixime oral suspension for reconstitution	1	MO
cefotetan injection	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin	1	MO
MAXIPIME INJECTION RECON SOLN 1 GRAM	3	MO
MAXIPIME INTRAVENOUS RECON SOLN 2 GRAM	3	
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection recon soln 1 gram	1	
tazicef injection recon soln 2 gram, 6 gram	1	MO
TEFLARO	3	MO
ZERBAXA	3	

Drug Name	Drug Tier	Requirements /Limits
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg	1	MO
azithromycin oral tablet 500 mg (3 pack)	1	
clarithromycin	1	MO
DIFICID	3	MO
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 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

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Drug Name	Drug Tier	Requirements /Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral capsule,delayed release(dr/ec)	1	MO
erythromycin oral tablet	1	MO
ZITHROMAX INTRAVENOUS	3	MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTIO N	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	MO
ARIKAYCE	2	PA; MO; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM	3	MO
aztreonam injection recon soln 1 gram	1	MO
BENZNIDAZOLE	2	
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 28 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	3	MO
CLEOCIN INJECTION	3	MO
CLEOCIN PEDIATRIC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	2	MO
colistin (colistimethate na)	1	MO
CUBICIN	3	MO
DALVANCE	3	MO
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
daptomycin intravenous recon soln 500 mg	1	MO
DARAPRIM	2	PA; MO
EMVERM	2	MO
ertapenem	1	MO
ethambutol	1	MO
FIRVANQ	3	MO
FLAGYL	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	
gentamicin injection solution 40 mg/ml	1	MO
hydroxychloroquine	1	MO
imipenem-cilastatin	1	MO
INVANZ INJECTION	3	MO
isoniazid oral	1	MO
ivermectin	1	MO
KITABIS PAK	3	MO
KRINTAFEL	3	MO
linezolid	1	MO
linezolid in dextrose 5%	1	
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	

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Drug Name	Drug Tier	Requirements /Limits
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (1 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	MO
praziquantel	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
RIFADIN ORAL CAPSULE 150 MG	3	MO
RIFAMATE	3	MO
rifampin	1	MO
RIFATER	3	MO
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	MO
STROMECTOL	3	MO
tigecycline	1	
tinidazole	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin sulfate injection solution	1	MO
TRECATOR	2	MO
TYGACIL	3	MO
VABOMERE	3	
VANCOCIN	3	MO
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	
vancomycin oral capsule	1	MO
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO
ZYVOX ORAL	3	MO
PENICILLINS		
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 oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 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
nafcillin injection	1	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	MO
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
penicillin g potassium injection recon soln 20 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
piperacillin-tazobactam intravenous recon soln 2.25 gram, 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
BAXDELA INTRAVENOUS	3	
BAXDELA ORAL	3	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	
ofloxacin oral tablet 300 mg	1	
ofloxacin oral tablet 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
demeclocycline	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
doxy-100	1	MO
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
MINOCIN ORAL CAPSULE 50 MG	3	ST; MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg	1	MO
minocycline oral tablet extended release 24 hr 55 mg	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
mondoxyne nl oral capsule 100 mg, 75 mg	1	MO
morgidox oral capsule 50 mg	1	MO
NUZYRA (7 DAY WITH LOAD DOSE)	3	ST
NUZYRA (7 DAY)	3	ST
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	ST; MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
soloxide	1	
TARGADOX	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
XIMINO	3	ST; MO
URINARY TRACT AGENTS		
FURADANTIN	3	
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	2	MO
XGEVA	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone	1	PA; MO; QL (120 per 30 days)
AFINITOR	2	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; MO; QL (30 per 30 days)
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	PA; MO
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BALVERSA	2	PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
CABOMETYX	3	PA; MO; LA
CALQUENCE	3	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT	3	PA; MO
COMETRIQ	2	PA; MO
COPIKTRA	3	PA; MO; LA; QL (60 per 30 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	1	PA; MO
cyclosporine modified	1	PA; MO
cyclosporine oral capsule	1	PA; MO
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EMCYT	2	MO
ENVARSUS XR	3	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
exemestane	1	MO
FARESTON	3	MO
FARYDAK	3	PA; MO; QL (6 per 21 days)
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	PA; MO
flutamide	1	MO
gengraf oral capsule 100 mg, 25 mg	1	PA; MO
gengraf oral solution	1	PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
KISQALI	3	PA; MO
KISQALI FEMARA CO-PACK	3	PA; MO
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	PA; MO
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)
LYSODREN	2	MO
MATULANE	2	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	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
mercaptopurine	1	MO
methotrexate sodium	1	PA; MO
methotrexate sodium (pf) injection solution	1	PA; MO
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	MO
nilutamide	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NINLARO	2	PA; MO; QL (3 per 28 days)
octreotide acetate injection solution	1	MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)
PIQRAY	2	PA; MO
POMALYST	2	PA; MO; LA
PROGRAF ORAL CAPSULE	3	PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	PA; MO
PURIXAN	2	
RAPAMUNE	3	PA; MO
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RYDAPT	2	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	MO
SIGNIFOR	2	MO
sirolimus	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT	2	PA; MO; QL (30 per 30 days)
SYNRIBO	2	PA; MO
TABLOID	3	MO
tacrolimus oral	1	PA; MO
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
TARGRETIN ORAL	3	PA; MO
TARGRETIN TOPICAL	2	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
THALOMID	2	PA; MO
TIBSOVO	2	PA; MO
toremifene	1	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
tretinoin (chemotherapy)	1	MO
TREXALL	3	PA; MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA	2	PA; MO; LA
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 30 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; QL (30 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	2	PA; MO; LA; QL (90 per 30 days)
XOSPATA	2	PA; MO; LA
XTANDI	2	PA; MO; QL (120 per 30 days)
YONSA	2	PA; MO; QL (120 per 30 days)
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ZORTRESS	2	PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA	2	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	3	MO
BANZEL	2	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	MO
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	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	MO
DIASTAT ACUDIAL	3	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

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Drug Name	Drug Tier	Requirements /Limits
divalproex	1	MO
EPIDIOLEX	2	PA; MO; LA
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
FYCOMPA ORAL SUSPENSION	2	MO
FYCOMPA ORAL TABLET	2	MO
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GABITRIL	3	MO
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
lamotrigine oral tablets,dose pack	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 CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	2	MO; QL (900 per 30 days)
MYSOLINE	3	MO
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO; QL (60 per 30 days)
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
phenobarbital	1	PA; MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
primidone	1	MO
QUDEXY XR	3	PA; MO
roweepra	1	MO
roweepra xr	1	MO
SABRIL	3	MO; LA
SPRITAM	3	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	1	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	3	PA; MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
vigabatrin	1	MO; LA
vigadrone	1	MO; LA
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	2	MO; LA
AZILECT	3	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	MO
DUOPA	3	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; MO; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
OSMOLEX ER	3	PA; MO
PARLODEL	3	MO
pramipexole	1	MO
rasagiline	1	MO
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	3	MO
ropinirole	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	3	MO
tolcapone	1	MO
XADAGO	3	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY	3	PA; MO; QL (1.5 per 30 days)
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)
CAFERGOT	3	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; 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 SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	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)
naratriptan	1	MO; QL (18 per 28 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
RELPAX	3	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	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	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
TREXIMET ORAL TABLET 10-60 MG	3	MO; QL (9 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	3	MO; 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	3	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	3	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO
donepezil	1	MO
EXELON TRANSDERMAL	3	MO
FIRDAPSE	2	PA; MO; LA
galantamine	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	3	PA; MO; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	3	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	3	PA; MO
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
TECFIDERA	2	PA; MO; LA
TEGSEDI	3	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	1	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene	1	MO
FEXMID	3	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MESTINON TIMESPAN	3	MO
pyridostigmine bromide oral syrup	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
tizanidine	1	MO
ZANAFLEX ORAL CAPSULE	3	MO
NARCOTIC ANALGESICS		
ABSTRAL	3	PA; MO; QL (120 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; 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	3	PA; MO; QL (120 per 30 days)
ARYMO ER	3	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	1	PA; MO; QL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	PA; MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	PA; MO; QL (240 per 30 days)
DURAGESIC	3	PA; MO; QL (10 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
dvorah	1	QL (300 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	3	PA; MO; QL (90 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	3	PA; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 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, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 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 (150 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER	3	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG, 30 MG, 40 MG, 50 MG	3	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	3	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	3	PA; QL (23 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (30 per 30 days)
levorphanol tartrate oral tablet 2 mg	1	MO; QL (120 per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	MO; QL (120 per 30 days)
lorcet (hydrocodone)	1	MO; QL (360 per 30 days)
lorcet hd	1	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QL (360 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
MORPHABOND ER	3	PA; MO; QL (120 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine injection syringe 10 mg/ml	1	MO; QL (200 per 30 days)
morphine injection syringe 2 mg/ml	1	MO; QL (1000 per 30 days)
morphine injection syringe 4 mg/ml	1	MO; QL (500 per 30 days)
morphine injection syringe 5 mg/ml	1	QL (400 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	1	PA; MO; QL (90 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	1	PA; MO; QL (120 per 30 days)
MS CONTIN	3	PA; MO; QL (120 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
OXAYDO	3	MO; QL (360 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 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	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	PA; MO; QL (60 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, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	1	PA; MO; QL (90 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 (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
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)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 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 nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; MO; QL (60 per 30 days)
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DUEXIS	3	ST; MO
etodolac	1	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	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
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule 25 mg	1	MO
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
LODINE ORAL TABLET	3	ST
LUCEMYRA	3	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
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
NALFON ORAL TABLET	3	ST
naloxone	1	MO
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
naproxen	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	MO
NUCYNTA ER	3	PA; 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

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Drug Name	Drug Tier	Requirements /Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
piroxicam	1	MO
QMIIZ ODT ORAL TABLET,DISINTEGRATING 15 MG	3	ST; MO
QMIIZ ODT ORAL TABLET,DISINTEGRATING 7.5 MG	3	ST; MO; QL (30 per 30 days)
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
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	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
tramadol oral tablet	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; 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)
VIMOVO	3	ST; MO
VIVITROL	2	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
VOLTAREN TOPICAL	3	ST; MO; QL (1000 per 28 days)
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS ER	3	MO
ADZENYS XR-ODT	3	MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
amphetamine sulfate	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA	2	MO
ARISTADA INITIO	2	MO
armodafinil	1	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
atomoxetine	1	MO
BELSOMRA	3	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 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
chlorpromazine oral	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
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	
CONCERTA	3	MO
COTEMPLA XR-ODT	3	MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
desipramine	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 (30 per 30 days)
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine-amphetamine	1	MO
diazepam oral concentrate	1	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral	1	MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	2	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 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)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 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	3	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 injection	1	MO
haloperidol lactate oral	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA	3	MO
INVEGA TRINZA	3	MO
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 (30 per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO

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Drug Name	Drug Tier	Requirements /Limits
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
maprotiline	1	MO
MARPLAN	2	MO
metadate er	1	MO
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil	1	PA; MO
molindone	1	
MYDAYIS	3	MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
nortriptyline	1	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	3	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
RELEXXII	3	
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS	2	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA	3	MO
SURMONTIL	3	MO
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	MO
thioridazine	1	MO
thiothixene	1	MO
TOFRANIL	3	MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	PA; MO; QL (360 per 30 days)
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR	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 (30 per 30 days)
XYREM	2	PA; MO; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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	1	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
zolpidem oral	1	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral	1	MO
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
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	1	MO
SOTYLIZE	2	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ADALAT CC	3	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN ORAL TABLET 120 MG	3	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
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)
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
CATAPRES	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
chlorothiazide	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSER	2	PA; MO
DIBENZYLINE	3	PA; MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
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	2	MO
EDARBYCLOR	2	MO
EDECRIN	3	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
eprosartan	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; 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

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Drug Name	Drug Tier	Requirements /Limits
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; 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
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR HCT	3	
LOPRESSOR ORAL TABLET 100 MG	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 10 MG, 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
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nadolol-bendroflumethiazide oral tablet 40-5 mg	1	MO
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO
phenoxybenzamine	1	PA; MO
pindolol	1	MO
prazosin	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
QBRELIS	3	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	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 ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
taztia xt	1	MO
TEKTURNA	3	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
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO

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Drug Name	Drug Tier	Requirements /Limits
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
TRIBENZOR	3	ST; MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	3	ST; MO
UPTRAVI	2	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARIXTRA	3	MO
aspirin-dipyridamole	1	MO
BEVYXXA	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; MO; LA
cilostazol	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
COUMADIN ORAL	3	MO
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO
enoxaparin subcutaneous syringe	1	MO
fondaparinux	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX SUBCUTANEOUS SYRINGE	3	MO
MULPLETA	2	PA; MO
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	MO
prasugrel	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PROMACTA	2	PA; MO; LA
SAVAYSA	3	MO
TAVALISSE	3	PA; MO; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO	2	MO
YOSPRALA	3	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	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 ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder	1	MO
colesevelam	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral packet	1	MO
colestipol oral tablet	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; QL (30 per 30 days)
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet	1	MO
fenofibric acid	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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	1	MO
JUXTAPID	2	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)
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	2	PA; MO; QL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA	2	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; MO; QL (3 per 28 days)
rosuvastatin	1	MO; 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	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
digitek	1	MO
digox	1	MO
digoxin oral solution 50 mcg/ml	1	MO
digoxin oral tablet	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 62.5 MCG	2	MO
RANEXA	3	MO
ranolazine	1	MO
VECAMYL	3	
VYNDAQEL	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
GONITRO	3	MO
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral tablet	1	MO
isosorbide dinitrate oral tablet extended release	1	
isosorbide mononitrate	1	MO
MINITRAN	3	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	MO
COSENTYX (2 SYRINGES)	2	PA; MO
COSENTYX PEN (2 PENS)	2	PA; MO
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO
selenium sulfide topical lotion	1	MO
SILIQ	3	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	MO
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	3	PA; MO
STELARA SUBCUTANEOUS	2	PA; MO
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	3	PA; MO
TALTZ SYRINGE	3	PA; MO
TREMFYA	3	PA; MO
VECTICAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	ST; MO
ammonium lactate	1	MO
CARAC	3	ST; MO
CONDYLOX TOPICAL GEL	2	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT	2	PA; MO
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO
imiquimod topical cream in packet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
methoxsalen	1	MO
OXSORALEN ULTRA	3	MO
PANRETIN	2	MO
PICATO	2	MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	MO
podofilox	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
prudoxin	1	MO; QL (45 per 30 days)
REGRANEX	2	MO
SANTYL	2	MO
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	2	MO
VEREGEN	3	MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO
THERAPY FOR ACNE		
ABSORICA	3	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO
ACZONE TOPICAL GEL	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel	1	PA; MO
adapalene topical solution	1	PA
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AKTIPAK	3	MO
ALTRENO	3	PA; MO
amnesteem	1	MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
claravis	1	MO
CLEOCIN T TOPICAL GEL	3	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL SWAB	3	MO
clindacin p	1	MO
CLINDAGEL	3	MO; QL (150 per 30 days)
clindamycin phosphate topical foam	1	MO
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab	1	MO
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
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	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	ST; MO
isotretinoin	1	
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST; MO
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
myorisan	1	MO
neuac	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO
tazarotene	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL CREAM 0.1 %	3	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
tretinoin microspheres topical gel	1	PA; MO
tretinoin topical	1	PA; MO
zenatane	1	MO
ZIANA	3	PA; MO
TOPICAL ANTIBACTERIALS		
BACTROBAN TOPICAL CREAM	3	QL (30 per 30 days)
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO
KLARON	3	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (30 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO

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Drug Name	Drug Tier	Requirements /Limits
SULFAMYLON TOPICAL PACKET	3	MO
XEPI	3	MO; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXELDERM	3	MO
EXTINA	3	MO; QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	3	MO; QL (45 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO
naftifine topical cream	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
NIZORAL TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
nyamyc	1	MO
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO

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Drug Name	Drug Tier	Requirements /Limits
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO
oxiconazole	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	MO
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
amcinonide topical ointment	1	
apexicon e	1	MO; QL (120 per 30 days)
beser	1	

Drug Name	Drug Tier	Requirements /Limits
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	2	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
clodan	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CUTIVATE TOPICAL LOTION	3	MO
DESONATE	3	MO
desonide	1	MO
DESOWEN	3	MO
desoximetasone	1	MO
diflorasone	1	MO; QL (120 per 30 days)
DIPROLENE TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
ELOCON TOPICAL CREAM	3	MO
ELOCON TOPICAL OINTMENT	3	
fluocinolone and shower cap	1	MO
fluocinolone topical cream	1	MO
fluocinolone topical ointment	1	MO
fluocinolone topical solution	1	MO
fluocinonide topical cream 0.1 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-e	1	MO; QL (120 per 30 days)
flurandrenolide	1	MO; QL (120 per 30 days)
fluticasone propionate topical	1	MO
halobetasol propionate topical cream	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
halobetasol propionate topical ointment	1	MO
HALOG	3	MO
hydrocortisone butyrate	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 2.5 %	1	MO

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Drug Name	Drug Tier	Requirements /Limits
hydrocortisone valerate	1	MO
IMPOYZ	3	MO; QL (120 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL LOTION	3	MO
LOCOID TOPICAL SOLUTION	3	MO
LUXIQ	3	MO
mometasone topical	1	MO
nolix topical cream	1	QL (120 per 30 days)
nolix topical lotion	1	MO; QL (120 per 30 days)
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
prednicarbate	1	MO
PSORCON	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
TEXACORT	3	MO
TOPICORT	3	MO

Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
trianex	1	MO
triderm topical cream 0.1 %	1	MO
TRIDESILON	3	MO
ULTRAVATE	3	MO
VANOS	3	MO; QL (120 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	MO
lindane topical shampoo	1	MO
malathion	1	MO
NATROBA	3	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate	1	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 1,000 MG	2	MO; LA
AURYXIA	3	PA; MO
BUPHENYL	3	PA; MO
CARBAGLU	2	PA; MO; LA
CARNITOR ORAL	3	MO
cevimeline	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	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
deferasirox	1	PA; 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%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose with sodium chloride	1	
disulfiram	1	MO
ENDARI	3	PA; MO
EVOXAC	3	MO
EXJADE	2	PA; MO; LA
FERRIPROX	2	PA; MO
FOSRENOL	3	MO
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO
kionex (with sorbitol)	1	MO
lanthanum	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LITHOSTAT	3	MO
LOKELMA	2	MO
midodrine	1	MO
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	PA; LA
ORFADIN ORAL CAPSULE 20 MG	2	PA; MO; LA
ORFADIN ORAL SUSPENSION	2	PA; MO; LA
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	MO; LA
RAVICTI	2	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
RENVELA	3	MO
RILUTEK	3	MO
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate	1	MO
sevelamer hcl	1	MO
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	PA; MO
sodium polystyrene sulfonate oral	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	3	PA; MO
THIOLA	2	MO
TIGLUTIK	3	MO
trientine	1	PA; MO
VELPHORO	3	MO
VELTASSA	2	MO
XURIDEN	2	MO
ZEMAIRA	3	MO; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
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)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO; QL (30 per 30 days)
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)
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
CETRAXAL	3	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO

Drug Name	Drug Tier	Requirements /Limits
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
CORTEF	3	MO
cortisone	1	MO
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
DEXPAK 13 DAY	3	MO
EMFLAZA	3	PA; MO; LA
fludrocortisone	1	MO
hydrocortisone oral	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
millipred oral tablet	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORAPRED ODT	3	PA; MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 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	1	PA; MO
prednisone intensol	1	PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO
prednisone oral tablets,dose pack	1	MO
RAYOS	3	PA; MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO

Drug Name	Drug Tier	Requirements /Limits
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)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	MO
ALCOHOL PADS	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; 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 SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	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)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (60 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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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 (60 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)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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 JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN LISPRO	3	ST; MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKAMET XR	2	MO; QL (60 per 30 days)
INVOKANA	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	3	ST; 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; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; 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 SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; 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)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; 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)

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Drug Name	Drug Tier	Requirements /Limits
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
OMNIPOD INSULIN MANAGEMENT	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 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
QTERN ORAL TABLET 10-5 MG	2	MO; QL (30 per 30 days)
QTERN ORAL TABLET 5-5 MG	2	QL (30 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	3	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	ST; MO; QL (30 per 30 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 MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
TRUEPLUS PEN NEEDLE	2	MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 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, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANADROL-50	3	PA; MO
ANDRODERM	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
cabergoline	1	MO
calcitonin (salmon)	1	MO
calcitriol oral	1	MO
CERDELGA	2	MO
cinacalcet	1	MO
danazol	1	MO
DDAVP NASAL SOLUTION	2	MO
DDAVP NASAL SPRAY WITH PUMP	3	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol oral	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
JYNARQUE ORAL TABLET	3	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; MO; LA
KORLYM	3	PA; MO
KUVAN	2	PA; MO
METHITEST	3	MO
methyltestosterone oral capsule	1	MO
miglustat	1	MO; LA
MYALEPT	2	PA; MO; LA
NATPARA	2	PA; MO; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
NOCTIVA	3	PA; MO; QL (3.8 per 30 days)
ORILISSA	3	MO
oxandrolone	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)
paricalcitol oral	1	MO
RAYALDEE	3	MO
ROCALTROL	3	MO
SAMSCA	2	PA; MO
SENSIPAR	3	MO
SOMAVERT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
STIMATE	2	MO
STRIANT	3	PA; MO; QL (60 per 30 days)
SYNAREL	2	MO
TESTIM	3	PA; MO; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (300 per 30 days)
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	3	MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVO-T	3	
levothyroxine oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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 oral	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
TIROSINT-SOL	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
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
AKYNZEO (FOSNETUPITANT)	3	MO
alosetron	1	MO
AMITIZA	3	ST; MO
ANUSOL-HC TOPICAL	3	MO
aprepitant	1	PA; MO
APRISO	3	MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
BONJESTA	3	MO
budesonide oral	1	MO
CANASA	3	MO
CESAMET	3	PA; MO
CHENODAL	2	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
CIMZIA	3	PA; MO
CIMZIA POWDER FOR RECONST	3	PA; MO
CLENPIQ	3	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	2	MO
cromolyn oral	1	MO
CYSTADANE	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DICLEGIS	3	MO
DIPENTUM	3	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	PA; MO
EMEND ORAL CAPSULE	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
ENTOCORT EC	3	MO
enulose	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GOLYTELY	3	MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
INFLECTRA	3	PA; MO
KRISTALOSE	3	MO
lactulose oral packet	1	
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	3	MO
LINZESS	3	ST; MO
LOTRONEX	3	MO
MARINOL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine	1	MO
metoclopramide hcl oral	1	MO
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	MO
MOTEGRITY	3	ST; MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
ondansetron	1	PA; MO
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 ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram	1	
peg-electrolyte	1	
PENTASA	2	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PLENVU	3	MO
PREPOPIK	3	MO
prochlorperazine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
procto-pak	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	MO
RELISTOR SUBCUTANEOUS SYRINGE	3	MO
REMICADE	2	PA; MO
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	2	MO
scopolamine base	1	MO
SUCRAID	2	PA; MO
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYMPROIC	2	MO
SYNDROS	3	PA; MO
TRANSDERM-SCOP	3	MO
trilyte with flavor packets	1	MO
TRULANCE	2	MO
UCERIS	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VARUBI INTRAVENOUS	2	
VARUBI ORAL	2	PA; MO
VIBERZI	2	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZOFRAN ORAL TABLET 8 MG	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
cimetidine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	MO
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
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO
misoprostol	1	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
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
nizatidine	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 28 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

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Drug Name	Drug Tier	Requirements /Limits
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	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 TABLET	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
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	MO
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	3	MO
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	1	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sucralfate oral tablet	1	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	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	3	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
FULPHILA	2	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	2	PA; MO
HUMATROPE	3	PA; MO
INTRON A INJECTION	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUPOGEN	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
NIVESTYM INJECTION	3	PA
NIVESTYM SUBCUTANEOUS	3	PA; MO
NORDITROPIN FLEXPRO	2	PA; MO
NUTROPIN AQ NUSPIN	3	PA; MO
OMNITROPE	2	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SAIZEN	3	PA; MO
SAIZEN SAIZENPREP	3	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO
SYLATRON	2	MO

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Drug Name	Drug Tier	Requirements /Limits
UDENYCA	3	PA; MO
ZARXIO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA; MO
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL 9 (PF)	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	3	PA
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	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
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCHICINE	3	ST; MO
COLCRYS	2	MO
MITIGARE	2	MO
probenecid	1	MO
probenecid-colchicine	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)
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	2	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 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)

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Drug Name	Drug Tier	Requirements /Limits
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	3	PA; MO
ACTEMRA ACTPEN	3	PA; MO; QL (4 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	MO
DEPEN TITRATABS	2	MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
KEVZARA	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; MO
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT	3	PA; MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
ORENCIA CLICKJECT	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
penicillamine	1	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO
RIDAURA	3	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	3	PA; MO
XELJANZ	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
amabelz	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; 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 SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
dotti	1	PA; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO
errin	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	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 vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	MO
fyavolv	1	PA; MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
incassia	1	MO
jinteli	1	PA; MO
jolivette	1	MO
lopreeza oral tablet 1-0.5 mg	1	PA; MO
lyza	1	MO
medroxyprogesterone	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	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	
ORTHO MICRONOR	3	MO
PREFEST	3	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	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)
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
AVC	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO

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Drug Name	Drug Tier	Requirements /Limits
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
LUPANETA PACK (1 MONTH)	3	PA; MO
LUPANETA PACK (3 MONTH)	3	PA; MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
NUVARING	3	MO
OSPHENA	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
amethia	1	MO
amethia lo	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra	1	MO
aviane	1	MO
balziva (28)	1	MO
BEYAZ	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
briellyn	1	MO
camrese lo	1	MO
caziant (28)	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred	1	MO
delyla (28)	1	
desog-e.estradiol/e.estradiol	1	MO
desogestrel-ethinyl estradiol	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	MO
drospirenone-ethinyl estradiol	1	MO
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	

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Drug Name	Drug Tier	Requirements /Limits
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
GENERESS FE	3	MO
gianvi (28)	1	MO
hailey 24 fe	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	
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	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad	1	MO
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
larissia	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad	1	MO
levonorg-eth estrad triphasic	1	MO
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
LOESTRIN FE 1/20 (28-DAY)	3	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
melodetta 24 fe	1	MO
mibelas 24 fe	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
mili	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
norethindrone-e.estradiol-iron oral tablet,chewable	1	MO
norgestimate-ethinyl estradiol	1	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
orsythia	1	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia 28	1	MO
previfem	1	MO
QUARTETTE	3	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	
tarina fe 1/20 (28)	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	MO
tri-mili	1	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
tydemy	1	MO
velivet triphasic regimen (28)	1	MO
vienva	1	MO
vyfemla (28)	1	MO
vylibra	1	MO

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Drug Name	Drug Tier	Requirements /Limits
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zarah	1	MO
zovia 1/35e (28)	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b ophthalmic (eye)	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO
gentamicin ophthalmic (eye) drops	1	MO
levofloxacin ophthalmic (eye)	1	MO
MOXEZA	3	MO
moxifloxacin ophthalmic (eye)	1	MO
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
BEPREVE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	MO; QL (60 per 30 days)
cromolyn ophthalmic (eye)	1	MO
CYSTARAN	2	PA; MO
epinastine	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	MO
LASTACAFT	3	MO
olopatadine ophthalmic (eye)	1	MO
OXERVATE	2	PA; MO
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	2	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
XIIDRA	3	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
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO

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Drug Name	Drug Tier	Requirements /Limits
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost ophthalmic (eye)	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
TRUSOPT	3	MO
VYZULTA	3	MO
XALATAN	3	ST; MO
XELPROS	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	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 (eye)	1	MO
DUREZOL	3	MO
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	MO
LOTEMAX SM	2	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO

Drug Name	Drug Tier	Requirements /Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	ST; MO; QL (2 per 30 days)
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)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	ST; MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	2	MO; QL (2 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	2	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR 2-PAK	2	MO; QL (2 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)
promethazine oral	1	PA; MO
SEMPREX-D	3	MO
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine	1	PA; MO
ADCIRCA	3	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	ST; MO; QL (17 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	3	ST; MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; MO; QL (36 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 %), 2.5 mg/0.5 ml	1	PA; MO
albuterol sulfate oral	1	MO
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)
alyq	1	PA; MO; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ARCAPTA NEOHALER	3	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/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 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	3	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA; MO; QL (60 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP ORAL TABLET 250 MCG	3	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)
FASENRA	2	PA; MO
FIRAZYR	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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 AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT 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 propionate nasal	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (60 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	3	ST; MO; QL (60 per 30 days)
HAEGARDA	3	PA; MO; LA
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
levalbuterol hcl	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	3	MO; QL (60 per 30 days)
metaproterenol	1	MO
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	3	PA; MO; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	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	ST; MO; QL (13.4 per 30 days)
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)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
SEEBRI NEOHALER	3	ST; MO; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	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	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (60 per 30 days)
TAKHZYRO	3	PA; MO; LA
terbutaline oral	1	MO
THEO-24	2	MO
theophylline oral solution	1	MO
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER	3	PA; MO; LA
TRELEGY ELLIPTA	3	PA; MO; QL (60 per 30 days)
TUDORZA PRESSAIR	3	ST; MO; QL (1 per 30 days)
UTIBRON NEOHALER	3	MO; QL (60 per 30 days)
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	3	ST; MO; QL (60 per 30 days)
XHANCE	3	MO; QL (32 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	3	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
zileuton	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
ENABLEX	3	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
oxybutynin chloride	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	3	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PROSCAR	3	MO
RAPAFLO	3	ST; MO
silodosin	1	MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	2	PA; MO; LA
ELMIRON	2	MO
potassium citrate	1	MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; MO; QL (30 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate oral capsule	1	MO
calcium acetate oral tablet 667 mg	1	MO
klor-con	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con sprinkle oral capsule, extended release 8 meq	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
k-tab oral tablet extended release 8 meq	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLYRA	3	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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 in water intravenous piggyback 10 meq/100 ml	1	MO
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	1	
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	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	MO
sodium lactate intravenous	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D10W 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
CLINISOL SF 15 %	3	PA; MO
FREAMINE HBC 6.9 %	3	PA
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
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	
plenamine	1	PA
premasol 10 %	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA; MO
travasol 10 %	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO
prenatal vitamin oral tablet	1	MO

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Index

A
abacavir 1
abacavir-lamivudine 1
abacavir-lamivudine-zidovudine 1
ABELCET 1
ABILIFY 34
ABILIFY MAINTENA 34
abiraterone 13
ABSORICA 52
ABSTRAL 27
acamprosate 59
ACANYA 52
acarbose 62
ACCOLATE 94
ACCUPRIL 42
ACCURETIC 42
acebutolol 42
acetaminophen-codeine 27
acetazolamide 91
acetic acid 61
acetylcysteine 94
ACIPHEX 75
acitretin 50
ACTEMRA 83
ACTEMRA ACTPEN 83
ACTHAR 61
ACTHIB (PF) 80
ACTIGALL 72
ACTIMMUNE 78
ACTIQ 27
ACTIVELLA 85
ACTONEL 82
ACTOPLUS MET 62
ACTOS 62
ACULAR 91
ACULAR LS 91
ACUVAIL (PF) 91
acyclovir 1, 56
acyclovir sodium 1
ACZONE 52
ADACEL(TDAP ADOLESN/ADULT)(PF) 80
ADALAT CC 42
adapalene 52
adapalene-benzoyl peroxide 52
ADCIRCA 94
ADDERALL 34
ADDERALL XR 34
adefovir 1
ADEMPAS 94
ADLYXIN 62
ADMELOG SOLOSTAR U-100 INSULIN 62
ADMELOG U-100 INSULIN LISPRO 62
ADVAIR DISKUS 94
ADVAIR HFA 94
ADZENYS ER 34
ADZENYS XR-ODT 34
AFINITOR 13
AFINITOR DISPERZ 13
AFREZZA 62
AGGRENOX 47
AGRYLIN 59
AIMOVIG AUTOINJECTOR 23
AIRDUO RESPICLICK 94
AJOVY 23
AKTIPAK 53
AKYNZEO (FOSNETUPITANT) 72
ala-cort 56
ALA-SCALP 56
albendazole 7
albuterol sulfate 94
ALBUTEROL SULFATE 94
alclometasone 56
ALCOHOL PADS 62
ALDACTAZIDE 42
ALDACTONE 42
ALDARA 51
ALECENSA 14
alendronate 59, 82
alfuzosin 99
ALINIA 7
aliskiren 42
allopurinol 82
almotriptan malate 23
ALOCRIL 91
ALOGLIPTIN 63
ALOGLIPTIN-METFORMIN 63
ALOGLIPTIN-PIOGLITAZONE 63
ALOMIDE 91
ALORA 85
alosetron 72
ALPHAGAN P 93
ALREX 92
ALTACE 42
altavera (28) 87
ALTOPREV 48
ALTRENO 53
ALUNBRIG 14
ALVESCO 94
alyacen 1/35 (28) 87
alyq 94
amabelz 85
amantadine hcl 1
AMARYL 63
AMBIEN 34
AMBIEN CR 34
AMBISOME 1
ambrisentan 94
amcinonide 56
AMERGE 23
amethia 87
amethia lo 87
amikacin 7
amiloride 43
amiloride-hydrochlorothiazide 43
AMINOSYN II 10 % 101
AMINOSYN II 15 % 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 **express-scripts.com**.

AMINOSYN-PF 10 % 101
AMINOSYN-PF 7 % (SULFITE-FREE) 101
amiodarone 42
AMITIZA 72
amitriptyline 34
amlodipine 43
amlodipine-atorvastatin 48
amlodipine-benazepril 43
amlodipine-olmesartan 43
amlodipine-valsartan 43
amlodipine-valsartan-hcthiazid 43
ammonium lactate 51
amnesteem 53
amoxapine 34
amoxicil-clarithromy-lansopraz 75
amoxicillin 10
amoxicillin-pot clavulanate 10
amphetamine sulfate 34
amphotericin b 1
ampicillin 10
ampicillin sodium 10
ampicillin-sulbactam 10
AMPYRA 25
ANADROL-50 69
ANAFRANIL 34
anagrelide 59
anastrozole 14
ANCOBON 1
ANDRODERM 69
ANDROGEL 69
ANGELIQ 85
ANORO ELLIPTA 94
ANTABUSE 59
ANTARA 48
ANUSOL-HC 72
apexicon e 56
APIDRA SOLOSTAR U-100 INSULIN 63
APIDRA U-100 INSULIN 63
APLENZIN 34
APOKYN 22
apraclonidine 93
aprepitant 72
apri 87
APRISO 72
APTENSIO XR 34
APTIOM 19
APTIVUS 1, 2
ARALAST NP 59
aranelle (28) 87
ARANESP (IN POLYSORBATE) 78
ARAVA 83
ARCALYST 78
ARCAPTA NEOHALER 95
ARICEPT 25
ARIKAYCE 7
ARIMIDEX 14
aripiprazole 34
ARISTADA 34
ARISTADA INITIO 34
ARIXTRA 47
armodafinil 34
ARNUITY ELLIPTA 95
AROMASIN 14
ARTHROTEC 50 31
ARTHROTEC 75 31
ARYMO ER 27
ASACOL HD 72
ashlyna 87
ASMANEX HFA 95
ASMANEX TWISTHALER 95
aspirin-dipyridamole 47
ASTAGRAF XL 14
ASTEPRO 61
ATACAND 43
ATACAND HCT 43
atazanavir 2
ATELVIA 82
atenolol 43
atenolol-chlorthalidone 43
ATIVAN 34
atomoxetine 34
atorvastatin 48
atovaquone 7
atovaquone-proguanil 7
ATRALIN 53
ATRIPLA 2
atropine 91
ATROVENT HFA 95
AUBAGIO 25
aubra 87
AUGMENTIN 10
AURYXIA 59
AUSTEDO 25
AUVI-Q 93
AVALIDE 43
AVANDIA 63
AVAPRO 43
AVC 86
AVEED 69
AVELOX 11
aviane 87
avita 53
AVITA 53
AVODART 99
AVONEX 78
AVONEX (WITH ALBUMIN) 78
AVYCAZ 5
AYGESTIN 85
AZACTAM 7
AZASAN 14
AZASITE 90
azathioprine 14
azelaic acid 53
azelastine 61, 91
AZELEX 53
AZILECT 22
azithromycin 6
AZOPT 92
AZOR 43
aztreonam 7
AZULFIDINE 72
AZULFIDINE EN-TABS 72

B

bacitracin 90
bacitracin-polymyxin b 90
baclofen 26
BACLOFEN 26
BACTRIM 12
BACTRIM DS 12

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BACTROBAN 54
BACTROBAN NASAL 61
balsalazide 72
BALVERSA 14
balziva (28) 87
BANZEL 19
BARACLUDE 2
BASAGLAR KWIKPEN U-100 INSULIN 63
BAXDELA 11
BCG VACCINE, LIVE (PF) 80
BECONASE AQ 95
BELBUCA 27
BELSOMRA 34
benazepril 43
benazepril-hydrochlorothiazide 43
BENICAR 43
BENICAR HCT 43
BENLYSTA 83
BENZACLIN PUMP 53
BENZAMYCIN 53
BENZNIDAZOLE 7
benztropine 22
BEPREVE 91
BERINERT 95
beser 56
BESIVANCE 90
betamethasone dipropionate . 56
betamethasone valerate 56
betamethasone, augmented ... 56
BETAPACE AF 42
BETASERON 78
betaxolol 43, 90
bethanechol chloride 100
BETHKIS 7
BETIMOL 90
BETOPTIC S 90
BEVESPI AEROSPHERE ... 95
BEVYXXA 47
bexarotene 14
BEXSERO 80
BEYAZ 87
bicalutamide 14
BICILLIN C-R 10
BICILLIN L-A 10
BIDIL 43
BIJUVA 85
BIKTARVY 2
BILTRICIDE 7
bimatoprost 92
BINOSTO 82
bisoprolol fumarate 43
bisoprolol-hydrochlorothiazide 43
BIVIGAM 80
BLEPH-10 91
BLEPHAMIDE 91
BLEPHAMIDE S.O.P. 91
blisovi 24 fe 87
blisovi fe 1.5/30 (28) 87
BONIVA 82
BONJESTA 72
BOOSTRIX TDAP 80
bosentan 95
BOSULIF 14
BRAFTOVI 14
BREO ELLIPTA 95
briellyn 87
BRILINTA 47
brimonidine 93
BRISDELLE 34
BRIVIACT 19
bromfenac 91
bromocriptine 22
BROMSITE 91
BROVANA 95
BRYHALI 56
budesonide 72, 95
bumetanide 43
BUNAVAIL 31
BUPHENYL 59
buprenorphine 27
BUPRENORPHINE 27
buprenorphine hcl 27
buprenorphine-naloxone 31
bupropion hcl 34, 35
BUPROPION HCL 34
bupropion hcl (smoking deter) 60
buspirone 35
butorphanol tartrate 31
BUTRANS 27
BYDUREON 63
BYDUREON BCISE 63
BYETTA 63
BYSTOLIC 43

C

cabergoline 70
CABLIVI 47
CABOMETYX 14
CADUET 48
CAFERGOT 23
CALAN 43
CALAN SR 43
calcipotriene 50
calcipotriene-betamethasone 51
calcitonin (salmon) 70
calcitriol 51, 70
calcium acetate 100
CALQUENCE 14
CAMBIA 31
camila 85
camrese lo 87
CANASA 72
CANCIDAS 1
candesartan 43
candesartan-hydrochlorothiazid 43
CAPEX 56
CAPRELSA 14
captopril 43
captopril-hydrochlorothiazide 43
CARAC 51
CARAFATE 75
CARBAGLU 59
carbamazepine 19
CARBATROL 19
carbidopa 22
carbidopa-levodopa 22
carbidopa-levodopa-entacapone 22
CARDIZEM 43
CARDIZEM CD 43

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CARDIZEM LA....43
CARDURA....43
CARDURA XL....43
CARNITOR....59
CAROSPIR....43
carteolol....90
cartia xt....43
carvedilol....43
carvedilol phosphate....43
CASODEX....14
caspofungin....1
CATAPRES....43
CATAPRES-TTS-1....44
CATAPRES-TTS-2....44
CATAPRES-TTS-3....44
CAYSTON....7
caziant (28)....87
cefaclor....5
cefadroxil....5
cefazolin....5
cefdinir....5
cefepime....5
cefixime....5
cefotetan....5
cefoxitin....5
cefpodoxime....5
cefprozil....5
ceftazidime....5
ceftriaxone....5
cefuroxime axetil....5
cefuroxime sodium....5, 6
CELEBREX....31
celecoxib....31
CELEXA....35
CELLCEPT....14
CELONTIN....19
cephalexin....6
CEQUA....91
CERDELGA....70
CESAMET....72
cetirizine....93
CETRAXAL....61
cevimeline....59
CHANTIX....60
CHANTIX CONTINUING MONTH BOX....60
CHANTIX STARTING MONTH BOX....60
CHEMET....59
CHENODAL....72
chlorhexidine gluconate....61
chloroquine phosphate....7
chlorothiazide....44
chlorpromazine....35
chlorthalidone....44
CHOLBAM....73
cholestyramine (with sugar)....48
cholestyramine light....48
CIALIS....100
ciclopirox....55
cilostazol....47
CILOXAN....90
CIMDUO....2
cimetidine....75
cimetidine hcl....76
CIMZIA....73
CIMZIA POWDER FOR RECONST....73
cinacalcet....70
CINRYZE....95
CIPRO....11
CIPRO HC....61
CIPRODEX....61
ciprofloxacin....12
ciprofloxacin hcl....11, 61, 90
ciprofloxacin in 5 % dextrose....11
citalopram....35
claravis....53
CLARINEX....93
CLARINEX-D 12 HOUR....93
clarithromycin....6
CLENPIQ....73
CLEOCIN....7, 86
CLEOCIN HCL....7
CLEOCIN IN 5 % DEXTROSE....7
CLEOCIN PEDIATRIC....7
CLEOCIN T....53
CLIMARA....85
CLIMARA PRO....85
clindacin p....53
CLINDAGEL....53
clindamycin hcl....8
clindamycin in 5 % dextrose....8
clindamycin pediatric....8
clindamycin phosphate....8, 53, 87
clindamycin-benzoyl peroxide....53
clindamycin-tretinoin....53
CLINDESSE....87
CLINIMIX 5%/D15W SULFITE FREE....101
CLINIMIX 4.25%/D10W SULF FREE....101
CLINIMIX 4.25%/D5W SULFIT FREE....59
CLINIMIX 5%-D20W(SULFITE-FREE)102
CLINIMIX E 2.75%/D5W SULF FREE....59
CLINIMIX E 4.25%/D10W SUL FREE....102
CLINIMIX E 4.25%/D5W SULF FREE....102
CLINIMIX E 5%/D15W SULFIT FREE....102
CLINIMIX E 5%/D20W SULFIT FREE....102
CLINISOL SF 15 %....102
clobazam....19
clobetasol....56
clobetasol-emollient....56
CLOBEX....56, 57
clodan....57
clomipramine....35
clonazepam....19
clonidine....44
clonidine hcl....35, 44
clopidogrel....47
clorazepate dipotassium....35
clotrimazole....1, 55
clotrimazole-betamethasone....55

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clozapine....35
CLOZAPINE....35
CLOZARIL....35
COARTEM....8
codeine sulfate....27
COLAZAL....73
COLCHICINE....82
COLCRYS....82
colesevelam....48
COLESTID....48
colestipol....48
colistin (colistimethate na)....8
colocort....73
COLYTE WITH FLAVOR PACKS....73
COMBIGAN....92
COMBIPATCH....85
COMBIVENT RESPIMAT....95
COMBIVIR....2
COMETRIQ....14
COMPLERA....2
compro....73
COMTAN....22
CONCERTA....35
CONDYLOX....51
constulose....73
CONZIP....31
COPAXONE....25
COPIKTRA....14
CORDRAN TAPE LARGE ROLL....57
COREG....44
COREG CR....44
CORGARD....44
CORLANOR....50
CORTEF....61
CORTIFOAM....73
cortisone....61
CORTISPORIN....54
COSENTYX (2 SYRINGES)....51
COSENTYX PEN (2 PENS)....51
COSOPT....92
COSOPT (PF)....92
COTELLIC....14
COTEMPLA XR-ODT....35
COUMADIN....47
COZAAR....44
CREON....73
CRESEMBA....1
CRESTOR....48
CRINONE....85
CRIXIVAN....2
cromolyn....73, 91, 95
cryselle (28)....87
CUBICIN....8
CUPRIMINE....83
CUTIVATE....57
CUVPOSA....72
cyclafem 1/35 (28)....87
cyclafem 7/7/7 (28)....87
cyclobenzaprine....26
cyclophosphamide....14
CYCLOSET....63
cyclosporine....14
cyclosporine modified....14
CYMBALTA....35
cyred....87
CYSTADANE....73
CYSTAGON....100
CYSTARAN....91
CYTOMEL....71
CYTOTEC....76

D

d10 %-0.45 % sodium chloride....59
d2.5 %-0.45 % sodium chloride....59
d5 % and 0.9 % sodium chloride....59
d5 %-0.45 % sodium chloride....59
DAKLINZA....2
dalfampridine....25
DALIRESP....95
DALVANCE....8
danazol....70
DANTRIUM....26
dantrolene....26
dapsone....8, 53
DAPTACEL (DTAP PEDIATRIC) (PF)....80
daptomycin....8
DAPTOMYCIN....8
DARAPRIM....8
darifenacin....99
DAURISMO....14
DAYPRO....31
DAYTRANA....35
DDAVP....70
deblitane....85
deferasirox....59
DELESTROGEN....85
DELSTRIGO....2
delyla (28)....87
DELZICOL....73
demeclocycline....12
DEMSER....44
DENAVIR....56
DEPAKOTE....19
DEPAKOTE ER....19
DEPAKOTE SPRINKLES....19
DEPEN TITRATABS....83
DEPO-ESTRADIOL....85
DEPO-PROVERA....85
DEPO-SUBQ PROVERA 104....85
DEPO-TESTOSTERONE....70
DESCOVY....2
desipramine....35
desloratadine....93
desmopressin....70
desog-e.estradiol/e.estradiol....87
desogestrel-ethinyl estradiol....87
DESONATE....57
desonide....57
DESOWEN....57
desoximetasone....57
DESOXYN....35
DESVENLAFAXINE....35
desvenlafaxine succinate....35
DETROL....99
DETROL LA....99
dexamethasone....61
dexamethasone intensol....61

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 **express-scripts.com**.

dexamethasone sodium phosphate....92
DEXEDRINE SPANSULE..35
DEXILANT....76
dexmethylphenidate....35
DEXPAK 13 DAY....61
dextroamphetamine....35
dextroamphetamine-amphetamine....35
dextrose 10 % and 0.2 % nacl....59
dextrose 10 % in water (d10w)....59
dextrose 5 % in water (d5w) 59
dextrose 5%-0.2 % sod chloride....59
dextrose 5%-0.3 % sod.chloride....59
dextrose with sodium chloride....59
DIASTAT....19
DIASTAT ACUDIAL....19
diazepam....35, 36
DIBENZYLINE....44
DICLEGIS....73
DICLOFENAC EPOLAMINE....31
diclofenac potassium....31
diclofenac sodium....31, 51, 91
diclofenac-misoprostol....31
dicloxacillin....10
dicyclomine....72
didanosine....2
DIFFERIN....53
DIFICID....6
diflorasone....57
DIFLUCAN....1
diflunisal....31
digitek....50
digox....50
digoxin....50
dihydroergotamine....23
DILANTIN 30 MG....19
DILANTIN EXTENDED 100 MG....19
DILANTIN INFATABS 50 MG....19
DILANTIN-125 125 MG/5 ML....19
DILAUDID....27
diltiazem hcl....44
dilt-xr....44
DIOVAN....44
DIOVAN HCT....44
DIPENTUM....73
diphenoxylate-atropine....72
DIPROLENE....57
dipyridamole....47
disulfiram....59
DITROPAN XL....99
DIURIL....44
divalproex....20
DIVIGEL....85
dofetilide....42
DOLOPHINE....27
donepezil....25
DOPTELET (10 TAB PACK)....47
DOPTELET (15 TAB PACK)....47
DORYX....12
DORYX MPC....12
dorzolamide....92
dorzolamide-timolol....92
dorzolamide-timolol (pf)....92
dotti....85
DOVATO....2
DOVONEX....51
doxazosin....44
doxepin....36, 51
doxercalciferol....70
doxy-100....12
doxycycline hyclate....12
doxycycline monohydrate....12
doxylamine-pyridoxine (vit b6)....73
dronabinol....73
drospirenone-e.estradiol-lm.fa....87
drospirenone-ethinyl estradiol....87
DROXIA....14
DUAC....53
DUAVEE....85
DUETACT....63
DUEXIS....32
DULERA....95
duloxetine....36
DUOBRII....57
DUOPA....22
DUPIXENT....51
DURAGESIC....27
duramorph (pf)....27, 28
DUREZOL....92
dutasteride....99
dutasteride-tamsulosin....99
DUTOPROL....44
dvorah....28
DYANAVEL XR....36
DYAZIDE....44
DYMISTA....95
DYRENIUM....44

E

e.e.s. 400....6
E.E.S. GRANULES....6
econazole....55
EDARBI....44
EDARBYCLOR....44
EDECRIN....44
EDURANT....2
efavirenz....2
EFFEXOR XR....36
EFFIENT....47
EFUDEX....51
ELESTRIN....85
eletriptan....23
ELIDEL....51
ELIGARD....14
ELIGARD (3 MONTH)....14
ELIGARD (4 MONTH)....14
ELIGARD (6 MONTH)....14
ELIMITE....58
ELIQUIS....47
ELMIRON....100

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 **express-scripts.com**.

ELOCON....57
EMBEDA....28
EMCYT....15
EMEND....73
EMFLAZA....61
EMGALITY PEN....23
EMGALITY SYRINGE....23
emoquette....87
EMSAM....36
EMTRIVA....2
EMVERM....8
ENABLEX....99
enalapril maleate....44
enalapril-hydrochlorothiazide....44
ENBREL....83
ENBREL MINI....83
ENBREL SURECLICK....83
ENDARI....59
endocet....28
ENGERIX-B (PF)....80
ENGERIX-B PEDIATRIC (PF)....80
enoxaparin....47
enpresse....87
enskyce....87
ENSTILAR....51
entacapone....22
entecavir....2
ENTOCORT EC....73
ENTRESTO....50
enulose....73
ENVARSUS XR....15
EPCLUSA....2
EPIDIOLEX....20
EPIDUO....53
EPIDUO FORTE....53
epinastine....91
epinephrine....93
EPINEPHRINE....93
EPIPEN 2-PAK....93
EPIPEN JR 2-PAK....94
epitol....20
EPIVIR....2
EPIVIR HBV....2
eplerenone....44
EPOGEN....78
eprosartan....44
EPZICOM....2
EQUETRO....20
ERAXIS(WATER DILUENT)....1
ergoloid....36
ergotamine-caffeine....24
ERIVEDGE....15
ERLEADA....15
erlotinib....15
errin....85
ERTACZO....55
ertapenem....8
ery pads....53
erygel....53
ERYPED 200....6
ERYPED 400....6
ery-tab....6
ERY-TAB....6
ERYTHROCIN....7
erythrocin (as stearate)....6
erythromycin....7, 90
erythromycin ethylsuccinate....7
erythromycin with ethanol....53
erythromycin-benzoyl peroxide....54
ESBRIET....95
escitalopram oxalate....36
esomeprazole magnesium....76
ESOMEPRAZOLE STRONTIUM....76
estarylla....87
ESTRACE....85
estradiol....85
estradiol valerate....85
estradiol-norethindrone acet.86
ESTRING....86
eszopiclone....36
ethacrynic acid....44
ethambutol....8
ethosuximide....20
ethynodiol diac-eth estradiol 87
etodolac....32
EUCRISA....51
EURAX....58
EVAMIST....86
EVEKEO....36
EVENITY....82
EVISTA....82
EVOCLIN....54
EVOTAZ....2
EVOXAC....59
EVZIO....32
EXELDERM....55
EXELON....25
exemestane....15
EXFORGE....44
EXFORGE HCT....44
EXJADE....59
EXTAVIA....78
EXTINA....55
EZALLOR SPRINKLE....48
ezetimibe....48
ezetimibe-simvastatin....48

F

FABIOR....54
falmina (28)....88
famciclovir....2
famotidine....76
FANAPT....36
FARESTON....15
FARXIGA....63
FARYDAK....15
FASENRA....95
fayosim....88
FAZACLO....36
felbamate....20
FELBATOL....20
FELDENE....32
felodipine....44
FEMARA....15
FEMHRT LOW DOSE....86
FEMRING....86
femynor....88
fenofibrate....48
FENOFIBRATE....48
fenofibrate micronized....48
fenofibrate nanocrystallized .48

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 **express-scripts.com**.

fenofibric acid 48
fenofibric acid (choline) 48
FENOGLIDE 48
fenoprofen 32
FENOPROFEN 32
fentanyl 28
fentanyl citrate 28
FENTANYL CITRATE 28
FENTORA 28
FERRIPROX 59
FETZIMA 36
FEXMID 26
FIASP FLEXTOUCH U-100 INSULIN 63
FIASP U-100 INSULIN 63
FIBRICOR 48
FINACEA 54
finasteride 99
FIRAZYR 95
FIRDAPSE 25
FIRMAGON KIT W DILUENT SYRINGE 15
FIRVANQ 8
flac otic oil 61
FLAGYL 8
FLAREX 92
flavoxate 99
FLEBOGAMMA DIF 80
flecainide 42
FLECTOR 32
FLOLIPID 48
FLOMAX 99
FLOVENT DISKUS 96
FLOVENT HFA 96
fluconazole 1
fluconazole in nacl (iso-osm) . 1
flucytosine 1
fludrocortisone 61
FLUMADINE 2
flunisolide 96
fluocinolone 57
fluocinolone acetonide oil 61
fluocinolone and shower cap 57
fluocinonide 57
fluocinonide-e 57
fluoride (sodium) 102
fluorometholone 92
fluorouracil 51
FLUOROURACIL 51
fluoxetine 36
fluphenazine decanoate 36
fluphenazine hcl 36
flurandrenolide 57
flurbiprofen 32
flurbiprofen sodium 91
flutamide 15
fluticasone propionate 57, 96
fluticasone propion-salmeterol 96
FLUTICASONE PROPION-SALMETEROL 96
fluvastatin 48, 49
fluvoxamine 36, 37
FML FORTE 92
FML LIQUIFILM 92
FML S.O.P. 92
FOCALIN 37
FOCALIN XR 37
fondaparinux 47
FORFIVO XL 37
FORTAMET 63
FORTEO 82
FORTESTA 70
FOSAMAX 82
FOSAMAX PLUS D 82
fosamprenavir 2
fosinopril 44
fosinopril-hydrochlorothiazide 44
FOSRENOL 59
FRAGMIN 47
FREAMINE HBC 6.9 % 102
FROVA 24
frovatriptan 24
FULPHILA 78
FURADANTIN 13
furosemide 44, 45
FUZEON 2
fyavolv 86
FYCOMPA 20

G

gabapentin 20
GABITRIL 20
GALAFOLD 70
galantamine 25
GAMMAGARD LIQUID 80
GAMMAGARD S-D (IGA < 1 MCG/ML) 80
GAMMAKED 80
GAMMAPLEX 80
GAMMAPLEX (WITH SORBITOL) 80
GAMUNEX-C 80
GARDASIL 9 (PF) 80
GASTROCROM 73
gatifloxacin 90
GATTEX 30-VIAL 73
GAUZE PAD 63
gavilyte-c 73
gavilyte-g 73
gavilyte-n 73
GELNIQUE 99
gemfibrozil 49
GENERESS FE 88
generlac 73
gengraf 15
GENOTROPIN 78
GENOTROPIN MINIQUICK 78
gentak 90
gentamicin 8, 54, 90
gentamicin in nacl (iso-osm) .. 8
GENVOYA 2
GEODON 37
gianvi (28) 88
GILENYA 25
GILOTRIF 15
GLASSIA 59
glatiramer 25
glatopa 25
GLEEVEC 15
GLEOSTINE 15
glimepiride 63
glipizide 64
glipizide-metformin 64

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 **express-scripts.com**.

GLUCAGEN HYPOKIT 64
GLUCAGON EMERGENCY KIT (HUMAN) 64
GLUCOPHAGE.....64
GLUCOPHAGE XR 64
GLUCOTROL.....64
GLUCOTROL XL 64
GLUMETZA.....64
glycopyrrolate.....72
GLYSET 65
GLYXAMBI 65
GOCOVRI.....22, 23
GOLYTELY.....73
GONITRO.....50
GRALISE.....20
GRALISE 30-DAY STARTER PACK 20
granisetron hcl.....73
GRANIX 78
griseofulvin microsize.....1
griseofulvin ultramicrosize.....1
guanidine.....37
GYNAZOLE-1.....87
H
HAEGARDA 96
hailey 24 fe.....88
HALDOL 37
HALDOL DECANOATE.....37
halobetasol propionate.....57
HALOBETASOL PROPIONATE.....57
HALOG.....57
haloperidol.....37
haloperidol decanoate.....37
haloperidol lactate 37
HARVONI 2
HAVRIX (PF) 80
heparin (porcine) 47
HEPATAMINE 8% 102
HEPSERA.....2
HETLIOZ.....37
HIBERIX (PF) 80
HIPREX 13
HORIZANT 25
HUMALOG JUNIOR KWIKPEN U-100 65
HUMALOG KWIKPEN INSULIN.....65
HUMALOG MIX 50-50 INSULN U-100 65
HUMALOG MIX 50-50 KWIKPEN.....65
HUMALOG MIX 75-25 KWIKPEN.....65
HUMALOG MIX 75-25(U-100)INSULN.....65
HUMALOG U-100 INSULIN 65
HUMATROPE 78
HUMIRA.....83
HUMIRA PEDIATRIC CROHNS START 83
HUMIRA PEN 83
HUMIRA PEN CROHNS-UC-HS START 83
HUMIRA PEN PSOR-UVEITS-ADOL HS 83
HUMIRA(CF) 84
HUMIRA(CF) PEDI CROHNS STARTER.....83
HUMIRA(CF) PEN.....84
HUMIRA(CF) PEN CROHNS-UC-HS 84
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....84
HUMULIN 70/30 U-100 INSULIN.....65
HUMULIN 70/30 U-100 KWIKPEN.....65
HUMULIN N NPH INSULIN KWIKPEN.....65
HUMULIN N NPH U-100 INSULIN.....65
HUMULIN R REGULAR U-100 INSULN 65
HUMULIN R U-500 (CONC) INSULIN.....65
HUMULIN R U-500 (CONC) KWIKPEN.....65
hydralazine 45
HYDREA 15
hydrochlorothiazide.....45
hydrocodone-acetaminophen28
hydrocodone-ibuprofen 28
hydrocortisone 57, 61, 73
hydrocortisone butyrate.....57
hydrocortisone valerate 58
hydrocortisone-acetic acid....61
hydrocortisone-pramoxine....73
hydromorphone.....28
hydromorphone (pf).....28
hydroxychloroquine.....8
hydroxyurea.....15
hydroxyzine hcl 94
HYSINGLA ER.....28
HYZAAR 45
I
ibandronate 82
IBRANCE.....15
ibu.....32
ibuprofen.....32
ibuprofen-oxycodone.....28
ICLUSIG 15
IDHIFA.....15
ILEVRO 91
ILUMYA 51
imatinib.....15
IMBRUVICA 15
imipenem-cilastatin 8
imipramine hcl.....37
imipramine pamoate 37
imiquimod.....51
IMIQUIMOD 51
IMITREX 24
IMITREX STATDOSE PEN24
IMITREX STATDOSE REFILL.....24
IMOVAX RABIES VACCINE (PF).....80
IMPOYZ.....58
IMURAN.....15
IMVEXXY MAINTENANCE PACK 86

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 **express-scripts.com**.

IMVEXXY STARTER PACK 86
INBRIJA 23
incassia 86
INCRELEX 59
INCRUSE ELLIPTA 96
indapamide 45
INDERAL LA 45
INFANRIX (DTAP) (PF) 80
INFLECTRA 73
INGREZZA 25
INGREZZA INITIATION PACK 25
INLYTA 15, 16
INNOPRAN XL 45
INSPRA 45
INSULIN LISPRO 65
INSULIN PEN NEEDLE 65
INSULIN SYRINGE-NEEDLE U-100 65
INTELENCE 2
intralipid 102
INTRALIPID 102
INTRAROSA 87
INTRON A 78
introvale 88
INVANZ 8
INVEGA 37
INVEGA SUSTENNA 37
INVEGA TRINZA 37
INVELTYS 92
INVIRASE 2
INVOKAMET 65
INVOKAMET XR 65
INVOKANA 65
IONOSOL-MB IN D5W 102
IOPIDINE 93
IPOL 80
ipratropium bromide 61, 96
ipratropium-albuterol 96
irbesartan 45
irbesartan-hydrochlorothiazide 45
IRESSA 16
ISENTRESS 2
ISENTRESS HD 2
isibloom 88
ISOLYTE-P IN 5 % DEXTROSE 102
ISOLYTE-S 102
isoniazid 8
ISOPTO CARPINE 91
ISORDIL 50
ISORDIL TITRADOSE 50
isosorbide dinitrate 50
isosorbide mononitrate 50
isotretinoin 54
isradipine 45
ISTALOL 90
itraconazole 1
ivermectin 8
IXIARO (PF) 80
J
JADENU 59
JADENU SPRINKLE 59
JAKAFI 16
JALYN 99
jantoven 47
JANUMET 65
JANUMET XR 65
JANUVIA 65
JARDIANCE 65
jasmiel (28) 88
JENTADUETO 66
JENTADUETO XR 66
jinteli 86
jolivette 86
JUBLIA 55
juleber 88
JULUCA 2
junel 1.5/30 (21) 88
junel 1/20 (21) 88
junel fe 1.5/30 (28) 88
junel fe 1/20 (28) 88
junel fe 24 88
JUXTAPID 49
JYNARQUE 70
K
KADIAN 28
kaitlib fe 88
KALETRA 2
KALYDECO 96
KAPVAY 37
kariva (28) 88
KAZANO 66
kelnor 1/35 (28) 88
kelnor 1-50 88
KENALOG 58
KEPPRA 20
KEPPRA XR 20
KERYDIN 55
ketoconazole 1, 55
ketoprofen 32
ketorolac 91
KEVEYIS 25
KEVZARA 84
KHEDEZLA 37
KINERET 84
KINRIX (PF) 81
kionex (with sorbitol) 59
KISQALI 16
KISQALI FEMARA CO-PACK 16
KITABIS PAK 8
KLARON 54
KLONOPIN 20
klor-con 100
klor-con 10 100
klor-con 8 100
klor-con m10 100
klor-con m15 100
klor-con m20 100
klor-con sprinkle 100
KOMBIGLYZE XR 66
KORLYM 70
KRINTAFEL 8
KRISTALOSE 73
k-tab 100
K-TAB 100
kurvelo (28) 88
KUVAN 70
L
l norgest/e.estradiol-e.estrad 88
labetalol 45
LACRISERT 91

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 **express-scripts.com**.

lactulose....73
LAMICTAL....20
LAMICTAL ODT....20
LAMICTAL STARTER (BLUE) KIT....20
LAMICTAL STARTER (GREEN) KIT....20
LAMICTAL STARTER (ORANGE) KIT....20
LAMICTAL XR....20
LAMICTAL XR STARTER (BLUE)....20
LAMICTAL XR STARTER (GREEN)....20
LAMICTAL XR STARTER (ORANGE)....21
lamivudine....2
lamivudine-zidovudine....2
lamotrigine....21
LANOXIN....50
lansoprazole....76
lanthanum....59
LANTUS SOLOSTAR U-100 INSULIN....66
LANTUS U-100 INSULIN....66
larin 1.5/30 (21)....88
larin 1/20 (21)....88
larin fe 1.5/30 (28)....88
larin fe 1/20 (28)....88
larissia....88
LASIX....45
LASTACAFT....91
latanoprost....92
LATUDA....37
layolis fe....88
LAZANDA....28, 29
LEDIPASVIR-SOFOSBUVIR....3
leena 28....88
leflunomide....84
LENVIMA....16
LESCOL XL....49
lessina....88
LETAIRIS....96
letrozole....16
leucovorin calcium....13
LEUKERAN....16
LEUKINE....78
leuprolide....16
levalbuterol hcl....96
LEVALBUTEROL TARTRATE....96
LEVEMIR FLEXTOUCH U-100 INSULN....66
LEVEMIR U-100 INSULIN 66
levetiracetam....21
levobunolol....90
levocarnitine....59
levocarnitine (with sugar)....59
levocetirizine....94
levofloxacin....12, 90
levofloxacin in d5w....12
levonest (28)....88
levonorgestrel-ethinyl estrad 88
levonorg-eth estrad triphasic 88
levora-28....88
levorphanol tartrate....29
LEVORPHANOL TARTRATE....29
LEVO-T....71
levothyroxine....71
levoxyl....72
LEXAPRO....37
LEXETTE....58
LEXIVA....3
LIALDA....73
lidocaine....52
lidocaine hcl....52
lidocaine viscous....52
lidocaine-prilocaine....52
LIDODERM....52
lindane....58
linezolid....8
linezolid in dextrose 5%....8
LINZESS....73
liothyronine....72
LIPITOR....49
LIPOFEN....49
lisinopril....45
lisinopril-hydrochlorothiazide....45
lithium carbonate....37
lithium citrate....37
LITHOBID....37
LITHOSTAT....60
LIVALO....49
LO LOESTRIN FE....88
LOCOID....58
LOCOID LIPOCREAM....58
LODINE....32
LODOSYN....23
LOESTRIN 1.5/30 (21)....88
LOESTRIN 1/20 (21)....88
LOESTRIN FE 1.5/30 (28-DAY)....88
LOESTRIN FE 1/20 (28-DAY)....88
LOKELMA....60
LOMOTIL....72
LONHALA MAGNAIR REFILL....96
LONSURF....16
loperamide....72
LOPID....49
lopinavir-ritonavir....3
lopreeza....86
LOPRESSOR....45
LOPRESSOR HCT....45
LOPROX....55
LOPROX (AS OLAMINE)....55
lorazepam....38
LORBRENA....16
lorcet (hydrocodone)....29
lorcet hd....29
lorcet plus....29
loryna (28)....88
losartan....45
losartan-hydrochlorothiazide 45
LOSEASONIQUE....88
LOTEMAX....92, 93
LOTEMAX SM....93
LOTENSIN....45
loteprednol etabonate....93
LOTREL....45

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 **express-scripts.com**.

LOTRISONE....55
LOTRONEX....73
lovastatin....49
LOVAZA....49
LOVENOX....47
low-ogestrel (28)....88
loxapine succinate....38
LUCEMYRA....32
LULICONAZOLE....55
LUMIGAN....92
LUNESTA....38
LUPANETA PACK (1 MONTH)....87
LUPANETA PACK (3 MONTH)....87
LUPRON DEPOT....16
LUPRON DEPOT (3 MONTH)....16
LUPRON DEPOT (4 MONTH)....16
LUPRON DEPOT (6 MONTH)....16
lutera (28)....88
LUXIQ....58
LUZU....55
LYNPARZA....16
LYRICA....21
LYRICA CR....21
LYSODREN....16
LYSTEDA....87
lyza....86
M
MACROBID....13
MACRODANTIN....13
mafenide acetate....54
magnesium sulfate....100
MALARONE....8
MALARONE PEDIATRIC....8
malathion....58
maprotiline....38
MARINOL....73
marlissa (28)....88
MARPLAN....38
MATULANE....16
matzim la....45
MAVENCLAD (10 TABLET PACK)....25
MAVENCLAD (4 TABLET PACK)....25
MAVENCLAD (5 TABLET PACK)....25
MAVENCLAD (6 TABLET PACK)....26
MAVENCLAD (7 TABLET PACK)....26
MAVENCLAD (8 TABLET PACK)....26
MAVENCLAD (9 TABLET PACK)....26
MAVYRET....3
MAXALT....24
MAXALT-MLT....24
MAXIDEX....93
MAXIPIME....6
MAXITROL....92
MAXZIDE....45
MAXZIDE-25MG....45
MAYZENT....26
meclizine....74
meclofenamate....32
MEDROL....61
MEDROL (PAK)....61
medroxyprogesterone....86
mefenamic acid....32
mefloquine....8
megestrol....16
MEKINIST....16
MEKTOVI....16
melodetta 24 fe....88
meloxicam....32
memantine....26
MEMANTINE....26
MENACTRA (PF)....81
MENEST....86
MENOSTAR....86
MENTAX....55
MENVEO A-C-Y-W-135-DIP (PF)....81
MEPRON....8
mercaptopurine....16
meropenem....8
MERREM....8
mesalamine....74
MESNEX....13
MESTINON....26
MESTINON TIMESPAN....27
metadate er....38
metaproterenol....96
metformin....66
methadone....29
methamphetamine....38
methazolamide....92
methenamine hippurate....13
methimazole....62
METHITEST....70
methotrexate sodium....16
methotrexate sodium (pf)....16
methoxsalen....52
methscopolamine....72
methyclothiazide....45
methyldopa....45
METHYLIN....38
methylphenidate hcl....38
METHYLPHENIDATE HCL....38
methylprednisolone....61
methyltestosterone....70
metoclopramide hcl....74
metolazone....45
metoprolol succinate....45
metoprolol ta-hydrochlorothiaz....45
metoprolol tartrate....45
METROCREAM....54
METROGEL....54
METROGEL VAGINAL....87
METROLOTION....54
metronidazole....9, 54, 87
metronidazole in nacl (iso-os) 9
mexiletine....42
mibelas 24 fe....88
MICARDIS....45
MICARDIS HCT....45
miconazole-3....87
MICORT-HC....74

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 **express-scripts.com**.

microgestin 1.5/30 (21) 88
microgestin 1/20 (21) 88
microgestin fe 1.5/30 (28) 88
microgestin fe 1/20 (28) 88
midodrine 60
migergot 24
miglitol 66
miglustat 70
MIGRANAL 24
mili 88
millipred 61
mimvey 86
mimvey lo 86
MINASTRIN 24 FE 89
MINIPRESS 45
MINITRAN 50
MINIVELLE 86
MINOCIN 12
minocycline 12
minoxidil 45
MIRAPEX 23
MIRAPEX ER 23
mirtazapine 38
MIRVASO 54
misoprostol 76
MITIGARE 82
M-M-R II (PF) 81
MOBIC 32
modafinil 38
moexipril 45
molindone 38
mometasone 58, 96
mondoxyne nl 13
montelukast 96
MONUROL 13
morgidox 13
MORPHABOND ER 29
morphine 29
MORPHINE 29
morphine concentrate 29
MOTEGRITY 74
MOTOFEN 72
MOVANTIK 74
MOVIPREP 74
MOXEZA 90
moxifloxacin 12, 90
moxifloxacin-sod.chloride(iso) 12
MS CONTIN 29
MULPLETA 47
MULTAQ 42
mupirocin 54
mupirocin calcium 54
MYALEPT 70
MYAMBUTOL 9
MYCAMINE 1
MYCOBUTIN 9
mycophenolate mofetil 16
mycophenolate sodium 16
MYDAYIS 38
MYFORTIC 16
myorisan 54
MYRBETRIQ 99
MYSOLINE 21
MYTESI 72

N

nabumetone 32
nadolol 45
nadolol-bendroflumethiazide 45
nafcillin 10
naftifine 55
NAFTIN 55
NALFON 32
naloxone 32
naltrexone 32
NAMENDA 26
NAMENDA TITRATION PAK 26
NAMENDA XR 26
NAMZARIC 26
NAPRELAN CR 32
naproxen 32
naproxen sodium 32
naratriptan 24
NARCAN 32
NARDIL 38
NASONEX 96
NATACYN 90
NATAZIA 89
nateglinide 66
NATPARA 70
NATROBA 58
NEBUPENT 9
necon 0.5/35 (28) 89
NEEDLES, INSULIN DISP.,SAFETY 67
nefazodone 38
neomycin 9
neomycin-bacitracin-poly-hc 92
neomycin-bacitracin-polymyxin 90
neomycin-polymyxin b-dexameth 92
neomycin-polymyxin-gramicidin 90
neomycin-polymyxin-hc. 61, 92
NEORAL 16
NEO-SYNALAR 54
NEPHRAMINE 5.4 % 102
NERLYNX 16
NESINA 67
neuac 54
NEULASTA 78
NEUPOGEN 78
NEUPRO 23
NEURONTIN 21
NEVANAC 91
nevirapine 3
NEXAVAR 16
NEXIUM 76
NEXIUM PACKET 76
niacin 49
NIACOR 49
NIASPAN EXTENDED-RELEASE 49
nicardipine 45
NICOTROL 60
NICOTROL NS 60
nifedipine 45
nikki (28) 89
NILANDRON 16
nilutamide 16
nimodipine 45
NINLARO 17
nisoldipine 45

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 **express-scripts.com**.

nitro-bid....50
NITRO-DUR....50
nitrofurantoin....13
nitrofurantoin macrocrystal..13
nitrofurantoin monohyd/m-cryst....13
nitroglycerin....50
NITROSTAT....50
NITYR....60
NIVESTYM....79
nizatidine....76
NIZORAL....55
NOCDURNA (MEN)....70
NOCDURNA (WOMEN)....70
NOCTIVA....70
nolix....58
nora-be....86
NORCO....29
NORDITROPIN FLEXPRO 79
noreth-ethinyl estradiol-iron. 89
norethindrone (contraceptive)....86
norethindrone acetate....86
norethindrone ac-eth estradiol....86, 89
norethindrone-e.estradiol-iron....89
norgestimate-ethinyl estradiol....89
NORITATE....54
norlyroc....86
NORMOSOL-M IN 5 % DEXTROSE....102
NORMOSOL-R IN 5 % DEXTROSE....100
NORMOSOL-R PH 7.4....102
NORPRAMIN....38
NORTHERA....60
nortrel 0.5/35 (28)....89
nortrel 1/35 (21)....89
nortrel 1/35 (28)....89
nortrel 7/7/7 (28)....89
nortriptyline....38
NORVASC....45
NORVIR....3
NOVOFINE 32....67
NOVOLIN 70/30 U-100 INSULIN....67
NOVOLIN N NPH U-100 INSULIN....67
NOVOLIN R REGULAR U-100 INSULN....67
NOVOLOG FLEXPEN U-100 INSULIN....67
NOVOLOG MIX 70-30 U-100 INSULN....67
NOVOLOG MIX 70-30FLEXPEN U-100....67
NOVOLOG PENFILL U-100 INSULIN....67
NOVOLOG U-100 INSULIN ASPART....67
NOXAFIL....1
NUCALA....96
NUCYNTA....32
NUCYNTA ER....32
NUEDEXTA....26
NULYTELY WITH FLAVOR PACKS....74
NUPLAZID....38
NUTRILIPID....102
NUTROPIN AQ NUSPIN....79
NUVARING....87
NUVIGIL....38
NUZYRA....13
NUZYRA (7 DAY WITH LOAD DOSE)....13
NUZYRA (7 DAY)....13
nyamyc....55
NYMALIZE....46
nystatin....1, 55
nystatin-triamcinolone....56
nystop....56
O
OCALIVA....74
ocella....89
OCTAGAM....81
octreotide acetate....17
OCUFLOX....90
ODEFSEY....3
ODOMZO....17
OFEV....97
ofloxacin....12, 61, 90
olanzapine....39
olanzapine-fluoxetine....39
olmesartan....46
olmesartan-amlodipin-hcthiazid....46
olmesartan-hydrochlorothiazide....46
olopatadine....61, 91
OLUMIANT....84
OLUX....58
OLUX-E....58
OMECLAMOX-PAK....76
omega-3 acid ethyl esters....49
omeprazole....76
omeprazole-sodium bicarbonate....77
OMNARIS....97
OMNIPOD INSULIN MANAGEMENT....67
OMNIPRED....93
OMNITROPE....79
ondansetron....74
ondansetron hcl....74
ONEXTON....54
ONFI....21
ONGLYZA....67
ONZETRA XSAIL....24
OPANA....29
OPSUMIT....97
ORACEA....13
ORALAIR....81
ORAPRED ODT....62
ORAVIG....1
ORENCIA....84
ORENCIA (WITH MALTOSE)....84
ORENCIA CLICKJECT....84
ORENITRAM....46
ORFADIN....60
ORILISSA....70
ORKAMBI....97
orsythia....89

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 **express-scripts.com**.

ORTHO MICRONOR.....86
ORTHO TRI-CYCLEN LO (28).....89
ORTHO-NOVUM 1/35 (28) 89
ORTHO-NOVUM 7/7/7 (28).....89
oseltamivir.....3
OSENI.....67
OSMOLEX ER.....23
OSMOPREP.....74
OSPHENA.....87
OTEZLA.....84
OTEZLA STARTER.....84
OTOVEL.....61
OTREXUP (PF).....84
OVIDE.....58
oxacillin.....10
oxacillin in dextrose(iso-osm).....10
oxandrolone.....70
oxaprozin.....32
OXAYDO.....29
oxcarbazepine.....21
OXERVATE.....91
oxiconazole.....56
OXISTAT.....56
OXSORALEN ULTRA.....52
OXTELLAR XR.....21
oxybutynin chloride.....99
oxycodone.....29, 30
OXYCODONE.....30
oxycodone-acetaminophen...30
oxycodone-aspirin.....30
OXYCONTIN.....30
oxymorphone.....30
OXYTROL.....99
OZEMPIC.....67
P
pacerone.....42
paliperidone.....39
PALYNZIQ.....70
PAMELOR.....39
PANCREAZE.....74
PANDEL.....58
PANRETIN.....52
pantoprazole.....77
PANZYGA.....81
paricalcitol.....70
PARLODEL.....23
PARNATE.....39
paromomycin.....9
paroxetine hcl.....39
paroxetine mesylate(menop.sym).....39
PASER.....9
PATADAY.....91
PATANASE.....61
PATANOL.....91
PAXIL.....39
PAXIL CR.....39
PAZEO.....91
PEDIARIX (PF).....81
PEDVAX HIB (PF).....81
peg 3350-electrolytes.....74
PEGANONE.....21
PEGASYS.....79
PEGASYS PROCLICK.....79
peg-electrolyte.....74
penicillamine.....84
PENICILLIN G POT IN DEXTROSE.....11
penicillin g potassium.....11
penicillin g procaine.....11
penicillin g sodium.....11
penicillin v potassium.....11
PENNSAID.....33
PENTAM.....9
PENTASA.....74
pentoxifylline.....47
PEPCID.....77
PERCOCET.....30
PERFOROMIST.....97
perindopril erbumine.....46
permethrin.....58
perphenazine.....39
PERSERIS.....39
PERTZYE.....74
PEXEVA.....39
phenelzine.....39
phenobarbital.....21
phenoxybenzamine.....46
PHENYTEK.....21
phenytoin.....21, 22
phenytoin sodium extended..22
PHOSLYRA.....100
PHOSPHOLINE IODIDE....91
PICATO.....52
PIFELTRO.....3
pilocarpine hcl.....60, 91
pimecrolimus.....52
pimozide.....39
pimtrea (28).....89
pindolol.....46
pioglitazone.....67
pioglitazone-glimepiride.....67
pioglitazone-metformin.....67
piperacillin-tazobactam.....11
PIQRAY.....17
pirmella.....89
piroxicam.....33
PLAQUENIL.....9
PLASMA-LYTE 148.....102
PLASMA-LYTE A.....102
PLAVIX.....47
PLEGRIDY.....79
plenamine.....102
PLENVU.....74
PLIAGLIS.....52
podofilox.....52
polymyxin b sulfate.....9
polymyxin b sulf-trimethoprim.....90
POLYTRIM.....90
POMALYST.....17
portia 28.....89
potassium chlorid-d5-0.45%nacl.....100
potassium chloride.....100
potassium chloride in 0.9%nacl.....101
potassium chloride in 5 % dex.....101
potassium chloride in lr-d5.101
potassium chloride in water101

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 **express-scripts.com**.

potassium chloride-0.45 % nacl 101
potassium chloride-d5-0.2%nacl....101
potassium chloride-d5-0.3%nacl....101
potassium chloride-d5-0.9%nacl....101
potassium citrate....100
PRADAXA 47
PRALUENT PEN 49
pramipexole....23
PRANDIN 67
prasugrel....47
PRAVACHOL 49
pravastatin 49
praziquantel 9
prazosin 46
PRECOSE 67
PRED FORTE....93
PRED MILD 93
PRED-G 92
PRED-G S.O.P. 92
prednicarbate 58
prednisolone 62
prednisolone acetate 93
prednisolone sodium phosphate 62, 93
prednisone 62
prednisone intensol....62
PREFEST 86
PREMARIN 86
premasol 10 %....102
PREMASOL 6 % 102
PREMPHASE 86
PREMPRO 86
prenatal vitamin oral tablet.102
PREPOPIK....74
PREVACID....77
PREVACID SOLUTAB 77
prevalite....49
previfem 89
PREVYMIS....3
PREZCOBIX....3
PREZISTA 3
PRIFTIN....9
PRILOSEC 77
PRIMAQUINE....9
PRIMAXIN IV 9
primidone....22
PRIMLEV 30
PRINIVIL....46
PRISTIQ....39
PRIVIGEN 81
PROAIR HFA 97
PROAIR RESPICLICK 97
probenecid 82
probenecid-colchicine 82
PROCALAMINE 3%....102
PROCARDIA XL....46
procentra....39
prochlorperazine....74
prochlorperazine maleate oral 75
PROCRIT 79
procto-med hc....75
procto-pak....75
proctosol hc 75
proctozone-hc 75
progesterone micronized 86
PROGLYCEM 67
PROGRAF....17
PROLASTIN-C 60
PROLENSA 91
PROLIA....82
PROMACTA....48
promethazine 94
PROMETRIUM 86
propafenone....42
propranolol 46
propranolol-hydrochlorothiazid 46
propylthiouracil 62
PROQUAD (PF)....81
PROSCAR....100
PROSOL 20 % 102
PROTONIX....77
PROTOPIC....52
protriptyline....39
PROVENTIL HFA....97
PROVERA 86
PROVIGIL 39
PROZAC 39
prudoxin....52
PSORCON....58
PULMICORT 97
PULMICORT FLEXHALER 97
PULMOZYME....97
PURIXAN 17
PYLERA....77
pyrazinamide 9
pyridostigmine bromide....27
PYRIDOSTIGMINE BROMIDE....27

Q

QBRELIS 46
QMIIZ ODT 33
QNASL....97
QTERN....67
QUADRACEL (PF) 81
QUALAQUIN 9
QUARTETTE....89
QUDEXY XR....22
QUESTRAN....49
QUESTRAN LIGHT....49
quetiapine 39
QUILLICHEW ER....40
QUILLIVANT XR 40
quinapril....46
quinapril-hydrochlorothiazide 46
quinidine gluconate 42
quinidine sulfate 42
quinine sulfate 9
QVAR REDIHALER 97

R

RABAVERT (PF) 81
rabeprazole 77
raloxifene....82
ramipril 46
RANEXA 50
ranitidine hcl....77
ranolazine 50
RAPAFLO....100

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 **express-scripts.com**.

RAPAMUNE 17
rasagiline 23
RASUVO (PF) 84
RAVICTI 60
RAYALDEE 70
RAYOS 62
RAZADYNE 26
RAZADYNE ER 26
REBETOL 3
REBIF (WITH ALBUMIN) 79
REBIF REBIDOSE 79
REBIF TITRATION PACK 79
reclipsen (28) 89
RECOMBIVAX HB (PF) 81
RECTIV 75
REGLAN 75
REGRANEX 52
RELENZA DISKHALER 3
RELEXXII 40
RELISTOR 75
RELPAX 24
REMERON 40
REMERON SOLTAB 40
REMICADE 75
RENAGEL 60
RENVELA 60
repaglinide 67, 68
repaglinide-metformin 68
REPATHA 49
REPATHA PUSHTRONEX 49
REPATHA SURECLICK 49
REQUIP XL 23
RESCRIPTOR 3
RESTASIS 91
RESTASIS MULTIDOSE 91
RETACRIT 79
RETIN-A 54
RETIN-A MICRO 54
RETROVIR 3
REVATIO 97, 98
REVLIMID 17
REXULTI 40
REYATAZ 3
RHOFADE 54
RHOPRESSA 92
ribasphere 3
ribasphere ribapak 3
ribavirin 3
RIDAURA 84
rifabutin 9
RIFADIN 9
RIFAMATE 9
rifampin 9
RIFATER 9
RILUTEK 60
riluzole 60
rimantadine 3
RIOMET 68
risedronate 60, 82, 83
RISPERDAL 40
RISPERDAL CONSTA 40
risperidone 40
RITALIN 40
RITALIN LA 40
ritonavir 3
rivastigmine 26
rivastigmine tartrate 26
rivelsa 89
rizatriptan 24
ROCALTROL 70
ROCKLATAN 92
ropinirole 23
rosuvastatin 49
ROTARIX 81
ROTATEQ VACCINE 81
ROWASA 75
roweepra 22
roweepra xr 22
ROXICODONE 30
ROXYBOND 30, 31
ROZEREM 40
RUBRACA 17
RUCONEST 98
RYDAPT 17
RYTARY 23
RYTHMOL SR 42
S
SABRIL 22
SAFYRAL 89
SAIZEN 79
SAIZEN SAIZENPREP 79
SALAGEN (PILOCARPINE) 60
SAMSCA 70
SANCUSO 75
SANDIMMUNE 17
SANDOSTATIN 17
SANTYL 52
SAPHRIS 40
SARAFEM 40
SAVAYSA 48
SAVELLA 84, 85
scopolamine base 75
SEASONIQUE 89
SEEBRI NEOHALER 98
SEGLUROMET 68
selegiline hcl 23
selenium sulfide 51
SELZENTRY 4
SEMPREX-D 94
SENSIPAR 70
SEREVENT DISKUS 98
SEROQUEL 40
SEROQUEL XR 40
SEROSTIM 79
sertraline 40, 41
setlakin 89
sevelamer carbonate 60
sevelamer hcl 60
sharobel 86
SHINGRIX (PF) 81
SIGNIFOR 17
sildenafil (pulmonary arterial hypertension) 98
SILENOR 41
SILIQ 51
silodosin 100
SILVADENE 52
silver sulfadiazine 52
SIMBRINZA 92
SIMPONI 85
simvastatin 49
SINEMET 23
SINEMET CR 23
SINGULAIR 98

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 **express-scripts.com**.

sirolimus 17
SIRTURO 9
SIVEXTRO 9
SKLICE 58
SKYRIZI 51
sodium chloride 60
sodium chloride 0.45 % 101
sodium chloride 0.9 % 60
sodium chloride 3 % 101
sodium chloride 5 % 101
sodium lactate intravenous . 101
sodium phenylbutyrate 60
sodium polystyrene sulfonate 60
SOFOSBUVIR-VELPATASVIR 4
solifenacin 99
SOLIQUA 100/33 68
SOLODYN 13
SOLOSEC 9
soloxide 13
SOLTAMOX 17
SOMATULINE DEPOT 17
SOMAVERT 70
SOOLANTRA 54
SORIATANE 51
SORILUX 51
sorine 42
sotalol 42
sotalol af 42
SOTYLIZE 42
SOVALDI 4
SPIRIVA RESPIMAT 98
SPIRIVA WITH HANDIHALER 98
spironolactone 46
spironolacton-hydrochlorothiaz 46
SPORANOX 1
sprintec (28) 89
SPRITAM 22
SPRIX 33
SPRYCEL 17
sps (with sorbitol) 60
sronyx 89
ssd 52
STALEVO 100 23
STALEVO 125 23
STALEVO 150 23
STALEVO 200 23
STALEVO 50 23
STALEVO 75 23
STARLIX 68
stavudine 4
STEGLATRO 68
STEGLUJAN 68
STELARA 51
STIMATE 71
STIOLTO RESPIMAT 98
STIVARGA 17
STRATTERA 41
STREPTOMYCIN 9
STRIANT 71
STRIBILD 4
STRIVERDI RESPIMAT 98
STROMECTOL 9
SUBOXONE 33
SUBSYS 31
SUCRAID 75
sucralfate 78
SULAR 46
sulfacetamide sodium 91
sulfacetamide sodium (acne) 54
sulfacetamide-prednisolone .. 91
sulfadiazine 12
sulfamethoxazole-trimethoprim 12
SULFAMYLON 54, 55
sulfasalazine 75
sulindac 33
sumatriptan 24
sumatriptan succinate 24
sumatriptan-naproxen 24
SUPRAX 6
SUPREP BOWEL PREP KIT 75
SURMONTIL 41
SUSTIVA 4
SUTENT 17
syeda 89
SYLATRON 79
SYMBICORT 98
SYMBYAX 41
SYMDEKO 98
SYMFI 4
SYMFI LO 4
SYMLINPEN 120 68
SYMLINPEN 60 68
SYMPAZAN 22
SYMPROIC 75
SYMTUZA 4
SYNALAR 58
SYNAREL 71
SYNDROS 75
SYNJARDY 68
SYNJARDY XR 68
SYNRIBO 17
SYNTHROID 72
SYPRINE 60

T

TABLOID 17
TACLONEX 51
tacrolimus 17, 52
tadalafil 100
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 98
TAFINLAR 17
TAGRISSO 17
TAKHZYRO 98
TALTZ AUTOINJECTOR .. 51
TALTZ SYRINGE 51
TALZENNA 17
TAMIFLU 4
tamoxifen 17
tamsulosin 100
TAPAZOLE 62
TAPERDEX 62
TARCEVA 17, 18
TARGADOX 13
TARGRETIN 18
tarina 24 fe 89
tarina fe 1/20 (28) 89
TARKA 46
TASIGNA 18

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 **express-scripts.com**.

TASMAR 23
TAVALISSE 48
tazarotene 54
tazicef 6
TAZORAC 54
taztia xt 46
TDVAX 81
TECFIDERA 26
TEFLARO 6
TEGRETOL 22
TEGRETOL XR 22
TEGSEDI 26
TEKTURNA 46
TEKTURNA HCT 46
telmisartan 46
telmisartan-amlodipine 46
telmisartan-hydrochlorothiazid 46
TENIVAC (PF) 81
tenofovir disoproxil fumarate . 4
TENORETIC 100 46
TENORETIC 50 46
TENORMIN 46
terazosin 46
terbinafine hcl 1
terbutaline 98
terconazole 87
TESTIM 71
testosterone 71
TESTOSTERONE 71
testosterone cypionate 71
testosterone enanthate 71
TETANUS,DIPHTHERIA TOX PED(PF) 81
tetrabenazine 26
tetracycline 13
TEXACORT 58
THALOMID 18
THEO-24 98
theophylline 98
THIOLA 60
thioridazine 41
thiothixene 41
THYROLAR-1 72
THYROLAR-1/2 72
THYROLAR-1/4 72
THYROLAR-2 72
THYROLAR-3 72
tiagabine 22
TIAZAC 46
TIBSOVO 18
tigecycline 9
TIGLUTIK 60
TIKOSYN 42
timolol maleate 46, 90
TIMOPTIC OCUDOSE (PF) 91
TIMOPTIC-XE 91
tinidazole 9
TIROSINT 72
TIROSINT-SOL 72
TIVICAY 4
TIVORBEX 33
tizanidine 27
TOBI 9
TOBI PODHALER 9
TOBRADEX 92
TOBRADEX ST 92
tobramycin 90
tobramycin in 0.225 % nacl 9
tobramycin sulfate 9
tobramycin-dexamethasone .. 92
TOBREX 90
TOFRANIL 41
TOLAK 52
tolazamide 68
tolbutamide 68
tolcapone 23
tolmetin 33
TOLSURA 1
tolterodine 99
TOPAMAX 22
TOPICORT 58
topiramate 22
TOPIRAMATE 22
TOPROL XL 46
toremifene 18
torsemide 46
TOUJEO MAX U-300 SOLOSTAR 68
TOUJEO SOLOSTAR U-300 INSULIN 68
TOVIAZ 99
TPN ELECTROLYTES 101
TRACLEER 98
TRADJENTA 68
tramadol 33
TRAMADOL 33
tramadol-acetaminophen 33
trandolapril 46
trandolapril-verapamil 46
tranexamic acid 87
TRANSDERM-SCOP 75
TRANXENE T-TAB 41
tranylcypromine 41
travasol 10 % 102
TRAVATAN Z 92
trazodone 41
TRECATOR 9
TRELEGY ELLIPTA 98
TRELSTAR 18
TREMFYA 51
TRESIBA FLEXTOUCH U-100 68
TRESIBA FLEXTOUCH U-200 68
TRESIBA U-100 INSULIN . 68
tretinoin (chemotherapy) 18
tretinoin microspheres 54
tretinoin topical 54
TREXALL 18
TREXIMET 24, 25
TREZIX 31
triamcinolone acetonide .. 58, 61
triamterene-hydrochlorothiazid 47
trianex 58
TRIBENZOR 47
TRICOR 49
triderm 58
TRIDESILON 58
trientine 60
tri-estarylla 89
trifluoperazine 41
trifluridine 90

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 **express-scripts.com**.

TRIGLIDE 49
tri-legest fe 89
TRILEPTAL 22
TRILIPIX 49
tri-lo-estarylla 89
tri-lo-sprintec 89
trilyte with flavor packets 75
trimethoprim 13
tri-mili 89
trimipramine 41
TRINTELLIX 41
tri-previfem (28) 89
tri-sprintec (28) 89
TRIUMEQ 4
trivora (28) 89
tri-vylibra 89
tri-vylibra lo 89
TRIZIVIR 4
TROKENDI XR 22
TROPHAMINE 10 % 102
TROPHAMINE 6% 102
trospium 99
TRUEPLUS INSULIN 69
TRUEPLUS PEN NEEDLE 69
TRULANCE 75
TRULICITY 69
TRUMENBA 81
TRUSOPT 92
TRUVADA 4
TUDORZA PRESSAIR 98
TWINRIX (PF) 81
TWYNSTA 47
TYBOST 4
tydemy 89
TYGACIL 9
TYKERB 18
TYLENOL-CODEINE #3 31
TYMLOS 83
TYPHIM VI 81
U
UCERIS 75
UDENYCA 80
ULORIC 82
ULTRACET 33
ULTRAM 33
ULTRAVATE 58
UNASYN 11
unithroid 72
UPTRAVI 47
URECHOLINE 100
UROCIT-K 10 100
UROCIT-K 15 100
UROCIT-K 5 100
UROXATRAL 100
URSO 250 75
URSO FORTE 75
ursodiol 75
UTIBRON NEOHALER 98
V
VABOMERE 9
VAGIFEM 86
valacyclovir 4
VALCHLOR 52
VALCYTE 4
valganciclovir 4
VALIUM 41
valproic acid 22
valproic acid (as sodium salt) 22
valsartan 47
valsartan-hydrochlorothiazide 47
VALTREX 4
VANCOCIN 9
vancomycin 9, 10
VANCOMYCIN 10
vandazole 87
VANOS 58
VAQTA (PF) 82
VARIVAX (PF) 82
VARIZIG 82
VARUBI 75
VASCEPA 49
VASERETIC 47
VASOTEC 47
VECAMYL 50
VECTICAL 51
velivet triphasic regimen (28) 89
VELPHORO 60
VELTASSA 60
VEMLIDY 4
VENCLEXTA 18
VENCLEXTA STARTING PACK 18
venlafaxine 41
VENLAFAXINE 41
VENTAVIS 98
VENTOLIN HFA 98
verapamil 47
VEREGEN 52
VERELAN 47
VERELAN PM 47
VERSACLOZ 41
VERZENIO 18
VESICARE 99
VFEND 1
VFEND IV 1
V-GO 20 69
V-GO 30 69
V-GO 40 69
VIBERZI 75
VIBRAMYCIN 13
VICTOZA 3-PAK 69
VIDEX 4 GRAM PEDIATRIC 4
VIDEX EC 4
VIEKIRA PAK 4
vienva 89
vigabatrin 22
vigadrone 22
VIGAMOX 90
VIIBRYD 41
VIMOVO 33
VIMPAT 22
VIOKACE 75
VIRACEPT 4
VIRAMUNE 4
VIRAMUNE XR 4
VIREAD 4
VITRAKVI 18
VIVELLE-DOT 86
VIVITROL 33
VIVLODEX 33
VIZIMPRO 18

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 **express-scripts.com**.

VOGELXO....71
VOLTAREN....33
voriconazole....1
VOSEVI....4
VOTRIENT....18
VRAYLAR....41
vyfemla (28)....89
vylibra....89
VYNDAQEL....50
VYTORIN 10-10....49
VYTORIN 10-20....49
VYTORIN 10-40....50
VYTORIN 10-80....50
VYVANSE....41
VYZULTA....92
W
warfarin....48
WELCHOL....50
WELLBUTRIN SR....41
WELLBUTRIN XL....41
wixela inhub....98
wymzya fe....90
X
XADAGO....23
XALATAN....92
XALKORI....18
XARELTO....48
XATMEP....18
XELJANZ....85
XELJANZ XR....85
XELPROS....92
XENAZINE....26
XEPI....55
XERESE....56
XERMELO....18
XGEVA....13
XHANCE....98
XIFAXAN....10
XIGDUO XR....69
XIIDRA....91
XIMINO....13
XOFLUZA....4
XOLAIR....99
XOPENEX....99
XOPENEX CONCENTRATE....99
XOPENEX HFA....99
XOSPATA....18
XTAMPZA ER....31
XTANDI....18
xulane....87
XULTOPHY 100/3.6....69
XURIDEN....60
XYOSTED....71
XYREM....41
Y
YASMIN (28)....90
YAZ (28)....90
YF-VAX (PF)....82
YONSA....18
YOSPRALA....48
YUPELRI....99
yuvafem....86
Z
zafirlukast....99
zaleplon....41
ZANAFLEX....27
zarah....90
ZARONTIN....22
ZARXIO....80
ZAVESCA....71
ZEGERID....78
ZEJULA....18
ZELAPAR....23
ZELBORAF....18
ZEMAIRA....60
ZEMBRACE SYMTOUCH....25
ZEMPLAR....71
zenatane....54
ZENPEP....75
zenzedi....42
ZENZEDI....42
ZEPATIER....5
ZERBAXA....6
ZESTORETIC....47
ZESTRIL....47
ZETIA....50
ZETONNA....99
ZIAC....47
ZIAGEN....5
ZIANA....54
zidovudine....5
zileuton....99
ZIOPTAN (PF)....92
ziprasidone hcl....42
ZIPSOR....33
ZIRGAN....90
ZITHROMAX....7
ZITHROMAX TRI-PAK....7
ZITHROMAX Z-PAK....7
ZOCOR....50
ZOFRAN....75
ZOHYDRO ER....31
ZOLINZA....18
zolmitriptan....25
ZOLOFT....42
zolpidem....42
ZOMACTON....80
ZOMIG....25
ZOMIG ZMT....25
ZONALON....52
ZONEGRAN....22
zonisamide....22
ZONTIVITY....48
ZORBTIVE....80
ZORTRESS....19
ZORVOLEX....33
ZOSTAVAX (PF)....82
ZOSYN....11
ZOSYN IN DEXTROSE (ISO-OSM)....11
zovia 1/35e (28)....90
ZOVIRAX....5, 56
ZTLIDO....52
ZUBSOLV....34
ZUPLENZ....75
ZYBAN....60
ZYCLARA....52
ZYDELIG....19
ZYFLO....99
ZYFLO CR....99
ZYKADIA....19
ZYLET....92
ZYLOPRIM....82

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ZYMAXID 90
ZYPITAMAG 50
ZYPREXA 42
ZYPREXA RELPREVV 42
ZYPREXA ZYDIS 42
ZYTIGA 19
ZYVOX 10

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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/19/2019. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can 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.

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