

Meridian Advantage Plan of Michigan (HMO SNP)

2014 Formulary

List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

14350,6

This formulary was updated on 04/10/2014. For more recent information or other questions, please contact Meridian Advantage Plan of Michigan at 877-902-6784 or, for TTY users, 711, 8:00 AM to 8:00 PM, Monday through Sunday, or visit www.medicaremeridian.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Meridian Advantage Plan of Michigan. When it refers to "plan" or "our plan," it means Meridian Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 04/10/2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the Meridian Advantage Plan of Michigan Formulary?

A formulary is a list of covered drugs selected by Meridian Health Plan 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. Meridian Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Meridian Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of 04/10/2014. To get updated information about the drugs covered by Meridian Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, Meridian will place on its website a document titled 'Formulary Changes' which will display changes to the print formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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, Sympatholytic (Adrenergic Blocking) Agents. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

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 201. 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 first column of the list.

What are generic drugs?

Meridian Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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:** Meridian Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Meridian Health Plan before you fill your prescriptions. If you don't get approval, Meridian Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Meridian Health Plan limits the amount of the drug that Meridian Health Plan will cover. For example, Meridian Health Plan provides 30 tablets per prescription for Straterra 100mg. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Meridian Health Plan requires you 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, Meridian Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Meridian Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Meridian Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Meridian Health Plan's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Meridian Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Meridian Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Meridian Health Plan.
- You can ask Meridian Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Meridian Advantage Plan of Michigan Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Meridian Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Meridian Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction 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 believe 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.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary 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 a formulary 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, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

This also applies to situations where your level of care changes, such as when:

1. You are discharged from a hospital to your home
2. You end your skilled nursing facility stay covered under Medicare Part A
3. You give up hospice status and revert to standard Medicare Part A and B benefits
4. You end a long-term care facility stay and return to your home or other community setting
5. You are discharged from a psychiatric hospital without specific medication regimens

For more information

For more detailed information about your Meridian Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Meridian Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Meridian Health Plan's Formulary

The formulary below provides coverage information about some of the drugs covered by Meridian Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 201.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if Meridian Health Plan has any special requirements for coverage of your drug.

Plan Benefit Details

Meridian Advantage LIC1

Tier Code	Copay Amount	Copay %
Tier 1	\$ 2.55	0.00 %
Tier 2	\$ 6.35	0.00 %

Meridian Advantage LIC2

Tier Code	Copay Amount	Copay %
Tier 1	\$ 1.20	0.00 %
Tier 2	\$ 3.60	0.00 %

Meridian Advantage LIC3

Tier Code	Copay Amount	Copay %
Tier 1	\$ 0.00	0.00 %
Tier 2	\$ 0.00	0.00 %

Meridian Advantage NS

Tier Code	Copay Amount	Copay %
Tier 1	\$ 0.00	25.00 %
Tier 2	\$ 0.00	25.00 %

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
<i>ANTHELMINTICS</i>		
ALBENZA (<i>albendazole 200 mg oral tablet</i>)	Tier 2	
BILTRICIDE (<i>praziquantel 600 mg oral tablet</i>)	Tier 2	
STROMEKTOL (<i>ivermectin 3 mg oral tablet</i>)	Tier 2	
<i>ANTIBACTERIALS</i>		
<i>amikacin sulfate 250 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>amoxicillin 1000 mg / clavulanate 62.5 mg extended release tablet</i>	Tier 1	
<i>amoxicillin 120 mg/ml / clavulanate 8.58 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 125 mg chewable tablet</i>	Tier 1	
<i>amoxicillin 200 mg / clavulanate 28.5 mg chewable tablet</i>	Tier 1	
<i>amoxicillin 25 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 250 mg / clavulanate 125 mg oral tablet</i>	Tier 1	
<i>amoxicillin 250 mg chewable tablet</i>	Tier 1	
<i>amoxicillin 250 mg oral capsule</i>	Tier 1	
<i>amoxicillin 40 mg/ml / clavulanate 5.7 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 40 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 400 mg / clavulanate 57 mg chewable tablet</i>	Tier 1	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin 50 mg/ml / clavulanate 12.5 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 50 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 500 mg / clavulanate 125 mg oral tablet</i>	Tier 1	
<i>amoxicillin 500 mg oral capsule</i>	Tier 1	
<i>amoxicillin 500 mg oral tablet</i>	Tier 1	
<i>amoxicillin 80 mg/ml / clavulanate 11.4 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 80 mg/ml oral suspension</i>	Tier 1	
<i>amoxicillin 875 mg / clavulanate 125 mg oral tablet</i>	Tier 1	
<i>amoxicillin 875 mg oral tablet</i>	Tier 1	
<i>ampicillin 100 mg/ml / sulbactam 50 mg/ml injectable solution</i>	Tier 1	
<i>ampicillin 100 mg/ml injectable solution</i>	Tier 1	
<i>ampicillin 125 mg/ml injectable solution</i>	Tier 1	
<i>ampicillin 25 mg/ml oral suspension</i>	Tier 1	
<i>ampicillin 250 mg oral capsule</i>	Tier 1	
<i>ampicillin 250 mg/ml / sulbactam 125 mg/ml injectable solution</i>	Tier 1	
<i>ampicillin 250 mg/ml injectable solution</i>	Tier 1	
<i>ampicillin 50 mg/ml oral suspension</i>	Tier 1	
<i>ampicillin 500 mg oral capsule</i>	Tier 1	
<i>AVELOX (moxifloxacin 1.6 mg/ml injectable solution)</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
AVELOX (<i>moxifloxacin 400 mg oral tablet</i>)	Tier 2	
<i>azithromycin 100 mg/ml injectable solution</i>	Tier 1	
<i>azithromycin 20 mg/ml oral suspension</i>	Tier 1	
<i>azithromycin 250 mg oral tablet</i>	Tier 1	
<i>azithromycin 40 mg/ml oral suspension</i>	Tier 1	
<i>azithromycin 500 mg oral tablet</i>	Tier 1	
<i>azithromycin 600 mg oral tablet</i>	Tier 1	
BICILLIN C-R (<i>penicillin g benzathine 300000 unt/ml / penicillin g procaine 300000 unt/ml prefilled syringe</i>)	Tier 2	
BICILLIN C-R 900/300 (<i>penicillin g benzathine 450000 unt/ml / penicillin g procaine 150000 unt/ml prefilled syringe</i>)	Tier 2	
BICILLIN L-A (<i>penicillin g benzathine 600000 unt/ml prefilled syringe</i>)	Tier 2	
BICILLIN L-A (<i>penicillin g benzathine 600000 unt/ml prefilled syringe</i>)	Tier 2	
BICILLIN L-A (<i>penicillin g benzathine 600000 unt/ml prefilled syringe</i>)	Tier 2	
<i>cefaclor 250 mg oral capsule</i>	Tier 1	
<i>cefaclor 500 mg extended release tablet</i>	Tier 1	
<i>cefaclor 500 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil 100 mg/ml oral suspension</i>	Tier 1	
<i>cefadroxil 1000 mg oral tablet</i>	Tier 1	
<i>cefadroxil 50 mg/ml oral suspension</i>	Tier 1	
<i>cefadroxil 500 mg oral capsule</i>	Tier 1	
<i>cefazolin 20 mg/ml injectable solution</i>	Tier 1	
<i>cefazolin 200 mg/ml injectable solution</i>	Tier 1	
<i>cefazolin 225 mg/ml injectable solution</i>	Tier 1	
<i>cefazolin 330 mg/ml injectable solution</i>	Tier 1	
<i>cefdinir 25 mg/ml oral suspension</i>	Tier 1	
<i>cefdinir 300 mg oral capsule</i>	Tier 1	
<i>cefdinir 50 mg/ml oral suspension</i>	Tier 1	
<i>cefepime 160 mg/ml injectable solution</i>	Tier 1	
<i>cefepime 280 mg/ml injectable solution</i>	Tier 1	
<i>cefotaxime 200 mg/ml injectable solution</i>	Tier 1	
<i>cefotetan 200 mg/ml injectable solution</i>	Tier 1	
<i>cefotetan 400 mg/ml injectable solution</i>	Tier 1	
<i>cefotetan 500 mg/ml injectable solution</i>	Tier 1	
<i>cefoxitin 180 mg/ml injectable solution</i>	Tier 1	
<i>cefoxitin 20 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepime 200 mg/ml injectable solution</i>	Tier 1	
<i>cefepime 40 mg/ml injectable solution</i>	Tier 1	
<i>cefepime 95 mg/ml injectable solution</i>	Tier 1	
<i>cefprozil 10 mg/ml oral suspension</i>	Tier 1	
<i>cefprozil 100 mg oral tablet</i>	Tier 1	
<i>cefprozil 20 mg/ml oral suspension</i>	Tier 1	
<i>cefprozil 200 mg oral tablet</i>	Tier 1	
<i>cefprozil 25 mg/ml oral suspension</i>	Tier 1	
<i>cefprozil 250 mg oral tablet</i>	Tier 1	
<i>cefprozil 50 mg/ml oral suspension</i>	Tier 1	
<i>cefprozil 500 mg oral tablet</i>	Tier 1	
<i>ceftazidime 170 mg/ml injectable solution</i>	Tier 1	
<i>ceftazidime 20 mg/ml injectable solution</i>	Tier 1	
<i>ceftazidime 200 mg/ml injectable solution</i>	Tier 1	
<i>ceftazidime 280 mg/ml injectable solution</i>	Tier 1	
<i>ceftazidime 40 mg/ml injectable solution</i>	Tier 1	
<i>ceftriaxone 100 mg/ml injectable solution</i>	Tier 1	
<i>ceftriaxone 20 mg/ml injectable solution</i>	Tier 1	
<i>ceftriaxone 250 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone 350 mg/ml injectable solution</i>	Tier 1	
<i>ceftriaxone 40 mg/ml injectable solution</i>	Tier 1	
<i>cefuroxime 225 mg/ml injectable suspension</i>	Tier 1	
<i>cefuroxime 250 mg oral tablet</i>	Tier 1	
<i>cefuroxime 500 mg oral tablet</i>	Tier 1	
<i>cefuroxime 90 mg/ml injectable solution</i>	Tier 1	
<i>cefuroxime 95 mg/ml injectable solution</i>	Tier 1	
<i>cephalexin 25 mg/ml oral suspension</i>	Tier 1	
<i>cephalexin 250 mg oral capsule</i>	Tier 1	
<i>cephalexin 250 mg oral tablet</i>	Tier 1	
<i>cephalexin 50 mg/ml oral suspension</i>	Tier 1	
<i>cephalexin 500 mg oral capsule</i>	Tier 1	
<i>cephalexin 500 mg oral tablet</i>	Tier 1	
<i>chloramphenicol 100 mg/ml injectable solution</i>	Tier 1	
<i>cilastatin 2.5 mg/ml / imipenem 2.5 mg/ml injectable solution</i>	Tier 1	• PA
<i>cilastatin 5 mg/ml / imipenem 5 mg/ml injectable solution</i>	Tier 1	• PA
CIPRO (<i>ciprofloxacin 100 mg/ml oral suspension</i>)	Tier 2	
CIPRO (<i>ciprofloxacin 50 mg/ml oral suspension</i>)	Tier 2	
<i>ciprofloxacin 10 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin 100 mg oral tablet</i>	Tier 1	
<i>ciprofloxacin 1000 mg extended release tablet</i>	Tier 1	
<i>ciprofloxacin 250 mg oral tablet</i>	Tier 1	
<i>ciprofloxacin 500 mg extended release tablet</i>	Tier 1	
<i>ciprofloxacin 500 mg oral tablet</i>	Tier 1	
<i>ciprofloxacin 750 mg oral tablet</i>	Tier 1	
<i>clarithromycin 25 mg/ml oral suspension</i>	Tier 1	
<i>clarithromycin 250 mg oral tablet</i>	Tier 1	
<i>clarithromycin 50 mg/ml oral suspension</i>	Tier 1	
<i>clarithromycin 500 mg extended release tablet</i>	Tier 1	
<i>clarithromycin 500 mg oral tablet</i>	Tier 1	
CLEOCIN (<i>clindamycin 75 mg oral capsule</i>)	Tier 2	
<i>clindamycin 150 mg oral capsule</i>	Tier 1	
<i>clindamycin 150 mg/ml injectable solution</i>	Tier 1	
<i>clindamycin 300 mg oral capsule</i>	Tier 1	
<i>colistin 75 mg/ml injectable solution</i>	Tier 1	
CUBICIN (<i>daptomycin 50 mg/ml injectable solution</i>)	Tier 2	• PA
<i>dicloxacillin 250 mg oral capsule</i>	Tier 1	
<i>dicloxacillin 500 mg oral capsule</i>	Tier 1	
DIFICID (<i>fidaxomicin 200 mg oral tablet</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
DORIBAX (<i>doripenem 50 mg/ml injectable solution</i>)	Tier 2	• PA
<i>doxycycline 10 mg/ml injectable solution</i>	Tier 1	
<i>doxycycline 100 mg enteric coated tablet</i>	Tier 1	
<i>doxycycline 100 mg oral capsule</i>	Tier 1	
<i>doxycycline 100 mg oral tablet</i>	Tier 1	
<i>doxycycline 150 mg enteric coated tablet</i>	Tier 1	
<i>doxycycline 150 mg oral tablet</i>	Tier 1	
<i>doxycycline 50 mg oral capsule</i>	Tier 1	
<i>doxycycline 50 mg oral tablet</i>	Tier 1	
<i>doxycycline 75 mg enteric coated tablet</i>	Tier 1	
<i>doxycycline 75 mg oral capsule</i>	Tier 1	
<i>doxycycline 75 mg oral tablet</i>	Tier 1	
E.E.S. (<i>erythromycin ethylsuccinate 40 mg/ml oral suspension</i>)	Tier 2	
ERYPED (<i>erythromycin ethylsuccinate 40 mg/ml oral suspension</i>)	Tier 2	
ERYPED (<i>erythromycin ethylsuccinate 80 mg/ml oral suspension</i>)	Tier 2	
ERYTHROCIN LACTOBIONATE (<i>erythromycin lactobionate 5 mg/ml injectable solution</i>)	Tier 2	
ERYTHROCIN STEARATE (<i>erythromycin stearate 250 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin 250 mg oral tablet</i>	Tier 1	
<i>erythromycin 500 mg oral tablet</i>	Tier 1	
<i>erythromycin ethylsuccinate 400 mg oral tablet</i>	Tier 1	
<i>gentamicin sulfate (usp) 0.8 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 0.9 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 1 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 1.2 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 1.4 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 1.6 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 10 mg/ml injectable solution</i>	Tier 1	
<i>gentamicin sulfate (usp) 40 mg/ml injectable solution</i>	Tier 1	
KETEK (<i>telithromycin 300 mg oral tablet</i>)	Tier 2	• PA
KETEK (<i>telithromycin 400 mg oral tablet</i>)	Tier 2	• PA
<i>levofloxacin 25 mg/ml injectable solution</i>	Tier 1	
<i>levofloxacin 25 mg/ml oral solution</i>	Tier 1	
<i>levofloxacin 250 mg oral tablet</i>	Tier 1	
<i>levofloxacin 5 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin 500 mg oral tablet</i>	Tier 1	
<i>levofloxacin 750 mg oral tablet</i>	Tier 1	
<i>meropenem 50 mg/ml injectable solution</i>	Tier 1	
<i>minocycline 100 mg oral capsule</i>	Tier 1	
<i>minocycline 100 mg oral tablet</i>	Tier 1	
<i>minocycline 135 mg extended release tablet</i>	Tier 1	
<i>minocycline 45 mg extended release tablet</i>	Tier 1	
<i>minocycline 50 mg oral capsule</i>	Tier 1	
<i>minocycline 50 mg oral tablet</i>	Tier 1	
<i>minocycline 75 mg oral capsule</i>	Tier 1	
<i>minocycline 75 mg oral tablet</i>	Tier 1	
<i>minocycline 90 mg extended release tablet</i>	Tier 1	
<i>nafcillin 100 mg/ml injectable solution</i>	Tier 1	
<i>nafcillin 20 mg/ml injectable solution</i>	Tier 1	
<i>nafcillin 250 mg/ml injectable solution</i>	Tier 1	
<i>neomycin sulfate 500 mg oral tablet</i>	Tier 1	
NOROXIN (norfloxacin 400 mg oral tablet)	Tier 2	
<i>ofloxacin 200 mg oral tablet</i>	Tier 1	
<i>ofloxacin 300 mg oral tablet</i>	Tier 1	
<i>ofloxacin 400 mg oral tablet</i>	Tier 1	
<i>oxacillin 100 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin 167 mg/ml injectable solution</i>	Tier 1	
<i>oxacillin 20 mg/ml injectable solution</i>	Tier 1	
<i>oxacillin 40 mg/ml injectable solution</i>	Tier 1	
<i>paromomycin 250 mg oral capsule</i>	Tier 1	
<i>penicillin g potassium 1000000 unt/ml injectable solution</i>	Tier 1	
<i>penicillin g potassium 40000 unt/ml injectable solution</i>	Tier 1	
<i>penicillin g potassium 60000 unt/ml injectable solution</i>	Tier 1	
<i>penicillin g procaine 600000 unt/ml prefilled syringe</i>	Tier 1	
<i>penicillin g sodium 100000 unt/ml injectable solution</i>	Tier 1	
<i>penicillin v potassium 25 mg/ml oral solution</i>	Tier 1	
<i>penicillin v potassium 250 mg oral tablet</i>	Tier 1	
<i>penicillin v potassium 50 mg/ml oral solution</i>	Tier 1	
<i>penicillin v potassium 500 mg oral tablet</i>	Tier 1	
<i>piperacillin 200 mg/ml / tazobactam 25 mg/ml injectable solution</i>	Tier 1	• PA
<i>piperacillin 80 mg/ml / tazobactam 10 mg/ml injectable solution</i>	Tier 1	• PA
RIFAMATE (isoniazid 150 mg / rifampin 300 mg oral capsule)	Tier 2	
<i>rifampin 150 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin 300 mg oral capsule</i>	Tier 1	
<i>rifampin 60 mg/ml injectable solution</i>	Tier 1	
RIFATER (<i>isoniazid 50 mg / pyrazinamide 300 mg / rifampin 120 mg oral tablet</i>)	Tier 2	
<i>streptomycin 400 mg/ml injectable solution</i>	Tier 1	
<i>sulfadiazine 500 mg oral tablet</i>	Tier 1	
<i>sulfamethoxazole 40 mg/ml / trimethoprim 8 mg/ml oral suspension</i>	Tier 1	
<i>sulfamethoxazole 400 mg / trimethoprim 80 mg oral tablet</i>	Tier 1	
<i>sulfamethoxazole 80 mg/ml / trimethoprim 16 mg/ml injectable solution</i>	Tier 1	
<i>sulfamethoxazole 800 mg / trimethoprim 160 mg oral tablet</i>	Tier 1	
<i>sulfasalazine 500 mg enteric coated tablet</i>	Tier 1	
<i>sulfasalazine 500 mg oral tablet</i>	Tier 1	
SUPRAX (<i>cefixime 20 mg/ml oral suspension</i>)	Tier 2	
SUPRAX (<i>cefixime 40 mg/ml oral suspension</i>)	Tier 2	
TOBI (<i>tobramycin 60 mg/ml inhalant solution</i>)	Tier 2	• PA
<i>tobramycin 0.8 mg/ml injectable solution</i>	Tier 1	
<i>tobramycin 10 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin 40 mg/ml injectable solution</i>	Tier 1	
<i>vancomycin 100 mg/ml injectable solution</i>	Tier 1	
<i>vancomycin 125 mg oral capsule</i>	Tier 1	
<i>vancomycin 250 mg oral capsule</i>	Tier 1	
<i>vancomycin 5 mg/ml injectable solution</i>	Tier 1	
<i>vancomycin 50 mg/ml injectable solution</i>	Tier 1	
VIBATIV (<i>telavancin 15 mg/ml injectable solution</i>)	Tier 2	• PA
XIFAXAN (<i>rifaximin 200 mg oral tablet</i>)	Tier 2	• PA
XIFAXAN (<i>rifaximin 550 mg oral tablet</i>)	Tier 2	• PA
ZOSYN 40/5 (<i>piperacillin 40 mg/ml / tazobactam 5 mg/ml injectable solution</i>)	Tier 2	• PA
ZOSYN 60/7.5 (<i>piperacillin 60 mg/ml / tazobactam 7.5 mg/ml injectable solution</i>)	Tier 2	• PA
ZYVOX (<i>linezolid 2 mg/ml injectable solution</i>)	Tier 2	• PA
ZYVOX (<i>linezolid 20 mg/ml oral suspension</i>)	Tier 2	• PA
ZYVOX (<i>linezolid 600 mg oral tablet</i>)	Tier 2	• PA
ANTIFUNGAL (SYSTEMIC)		
ABELCET (<i>amphotericin b liposomal 5 mg/ml injectable suspension</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
AMBISOME (<i>amphotericin b liposomal 4 mg/ml injectable solution</i>)	Tier 2	• PA
<i>amphotericin b 5 mg/ml injectable solution</i>	Tier 1	
CANCIDAS (<i>caspofungin 5 mg/ml injectable solution</i>)	Tier 2	• PA
CANCIDAS (<i>caspofungin 7 mg/ml injectable solution</i>)	Tier 2	• PA
<i>fluconazole 10 mg/ml oral suspension</i>	Tier 1	
<i>fluconazole 100 mg oral tablet</i>	Tier 1	
<i>fluconazole 150 mg oral tablet</i>	Tier 1	
<i>fluconazole 2 mg/ml injectable solution</i>	Tier 1	
<i>fluconazole 200 mg oral tablet</i>	Tier 1	
<i>fluconazole 40 mg/ml oral suspension</i>	Tier 1	
<i>fluconazole 50 mg oral tablet</i>	Tier 1	
<i>flucytosine 250 mg oral capsule</i>	Tier 1	
<i>flucytosine 500 mg oral capsule</i>	Tier 1	
GRIS-PEG (<i>griseofulvin 125 mg oral tablet</i>)	Tier 2	
GRIS-PEG (<i>griseofulvin 250 mg oral tablet</i>)	Tier 2	
<i>griseofulvin 25 mg/ml oral suspension</i>	Tier 1	
<i>itraconazole 100 mg oral capsule</i>	Tier 1	
<i>ketoconazole 200 mg oral tablet</i>	Tier 1	
LAMISIL (<i>terbinafine 125 mg granules</i>)	Tier 2	
LAMISIL (<i>terbinafine 188 mg granules</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL (<i>posaconazole 40 mg/ml oral suspension</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims will process if there is a claim for a 30 day supply of a Tier 1 Antifungal azole agent within the last 60 days.
<i>nystatin 100000 unt/ml oral suspension</i>	Tier 1	
<i>nystatin 500000 unt oral tablet</i>	Tier 1	
SPORANOX (<i>itraconazole 10 mg/ml oral solution</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims will process if there is a claim for a 30 day supply of a Tier 1 Antifungal azole agent within the last 60 days.
<i>terbinafine 250 mg oral tablet</i>	Tier 1	
VFEND (<i>voriconazole 40 mg/ml oral suspension</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims will process if there is a claim for a 30 day supply of a Tier 1 Antifungal azole agent within the last 60 days.
<i>voriconazole 200 mg oral tablet</i>	Tier 1	
<i>voriconazole 50 mg oral tablet</i>	Tier 1	
ANTIMYCOBACTERIALS		
<i>dapsone 100 mg oral tablet</i>	Tier 1	
<i>dapsone 25 mg oral tablet</i>	Tier 1	
<i>ethambutol hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>ethambutol hydrochloride 400 mg oral tablet</i>	Tier 1	
<i>isoniazid 10 mg/ml oral solution</i>	Tier 1	
<i>isoniazid 100 mg oral tablet</i>	Tier 1	
<i>isoniazid 100 mg/ml injectable solution</i>	Tier 1	
<i>isoniazid 300 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOALS		
ALINIA (<i>nitazoxanide 20 mg/ml oral suspension</i>)	Tier 2	
ALINIA (<i>nitazoxanide 500 mg oral tablet</i>)	Tier 2	
<i>atovaquone 250 mg / proguanil hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>chloroquine phosphate 250 mg oral tablet</i>	Tier 1	
<i>chloroquine phosphate 500 mg oral tablet</i>	Tier 1	
COARTEM (<i>artemether 20 mg / lumefantrine 120 mg oral tablet</i>)	Tier 2	
DARAPRIM (<i>pyrimethamine 25 mg oral tablet</i>)	Tier 2	
<i>hydroxychloroquine sulfate 200 mg oral tablet</i>	Tier 1	
<i>mefloquine hydrochloride 250 mg oral tablet</i>	Tier 1	
MEPRON (<i>atovaquone 150 mg/ml oral suspension</i>)	Tier 2	
<i>metronidazole 250 mg oral tablet</i>	Tier 1	
<i>metronidazole 5 mg/ml injectable solution</i>	Tier 1	
<i>metronidazole 500 mg oral tablet</i>	Tier 1	
NEBUPENT (<i>pentamidine isethionate 50 mg/ml inhalant solution</i>)	Tier 2	• PA - B vs. D
PENTAM (<i>pentamidine isethionate 100 mg/ml injectable solution</i>)	Tier 2	
<i>primaquine phosphate 26.3 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate 324 mg oral capsule</i>	Tier 1	
<i>tinidazole 250 mg oral tablet</i>	Tier 1	
<i>tinidazole 500 mg oral tablet</i>	Tier 1	
ANTIVIRALS (SYSTEMIC)		
<i>abacavir 300 mg oral tablet</i>	Tier 1	
<i>acyclovir 200 mg oral capsule</i>	Tier 1	
<i>acyclovir 40 mg/ml oral suspension</i>	Tier 1	
<i>acyclovir 400 mg oral tablet</i>	Tier 1	
<i>acyclovir 50 mg/ml injectable solution</i>	Tier 1	
<i>acyclovir 800 mg oral tablet</i>	Tier 1	
<i>amantadine hydrochloride 10 mg/ml oral solution</i>	Tier 1	
<i>amantadine hydrochloride 100 mg oral capsule</i>	Tier 1	
<i>amantadine hydrochloride 100 mg oral tablet</i>	Tier 1	
APTIVUS (<i>tipranavir 100 mg/ml oral solution</i>)	Tier 2	
APTIVUS (<i>tipranavir 250 mg oral capsule</i>)	Tier 2	
ATRIPLA (<i>efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet</i>)	Tier 2	
BARACLUDE (<i>entecavir 0.05 mg/ml oral solution</i>)	Tier 2	
BARACLUDE (<i>entecavir 0.5 mg oral tablet</i>)	Tier 2	
BARACLUDE (<i>entecavir 1 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir 75 mg/ml injectable solution</i>	Tier 1	
COMPLERA (<i>emtricitabine 200 mg / rilpivirine 25 mg / tenofovir disoproxil fumarate 300 mg oral tablet</i>)	Tier 2	
CRIXIVAN (<i>indinavir 200 mg oral capsule</i>)	Tier 2	
CRIXIVAN (<i>indinavir 400 mg oral capsule</i>)	Tier 2	
<i>didanosine 125 mg enteric coated capsule</i>	Tier 1	
<i>didanosine 200 mg enteric coated capsule</i>	Tier 1	
<i>didanosine 250 mg enteric coated capsule</i>	Tier 1	
<i>didanosine 400 mg enteric coated capsule</i>	Tier 1	
EDURANT (<i>rilpivirine 25 mg oral tablet</i>)	Tier 2	
EMTRIVA (<i>emtricitabine 10 mg/ml oral solution</i>)	Tier 2	
EMTRIVA (<i>emtricitabine 200 mg oral capsule</i>)	Tier 2	
EPIVIR (<i>lamivudine 10 mg/ml oral solution</i>)	Tier 2	
EPIVIR HBV (<i>lamivudine 100 mg oral tablet</i>)	Tier 2	
EPIVIR HBV (<i>lamivudine 5 mg/ml oral solution</i>)	Tier 2	
EPZICOM (<i>abacavir 600 mg / lamivudine 300 mg oral tablet</i>)	Tier 2	
<i>famciclovir 125 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir 250 mg oral tablet</i>	Tier 1	
<i>famciclovir 500 mg oral tablet</i>	Tier 1	
<i>foscarnet sodium 24 mg/ml injectable solution</i>	Tier 1	• PA
FUZEON (<i>enfuvirtide 90 mg/ml injectable solution</i>)	Tier 2	
<i>ganciclovir 50 mg/ml injectable solution</i>	Tier 1	
HEPSERA (<i>adefovir dipivoxil 10 mg oral tablet</i>)	Tier 2	
INCIVEK (<i>telaprevir 375 mg oral tablet</i>)	Tier 2	• PA
INFERGEN (<i>interferon alfacon-1 0.03 mg/ml injectable solution</i>)	Tier 2	• PA
INTELENCE (<i>etravirine 100 mg oral tablet</i>)	Tier 2	
INTELENCE (<i>etravirine 200 mg oral tablet</i>)	Tier 2	
INVIRASE (<i>saquinavir mesylate 200 mg oral capsule</i>)	Tier 2	
INVIRASE (<i>saquinavir mesylate 500 mg oral tablet</i>)	Tier 2	
ISENTRESS (<i>raltegravir 100 mg chewable tablet</i>)	Tier 2	
ISENTRESS (<i>raltegravir 25 mg chewable tablet</i>)	Tier 2	
ISENTRESS (<i>raltegravir 400 mg oral tablet</i>)	Tier 2	
KALETRA 100/25 (<i>lopinavir 100 mg / ritonavir 25 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
KALETRA 200/50 (<i>lopinavir 200 mg / ritonavir 50 mg oral tablet</i>)	Tier 2	
KALETRA SOLUTION (<i>lopinavir 80 mg/ml / ritonavir 20 mg/ml oral solution</i>)	Tier 2	
<i>lamivudine 150 mg / zidovudine 300 mg oral tablet</i>	Tier 1	
<i>lamivudine 150 mg oral tablet</i>	Tier 1	
<i>lamivudine 300 mg oral tablet</i>	Tier 1	
LEXIVA (<i>fosamprenavir 50 mg/ml oral suspension</i>)	Tier 2	
LEXIVA (<i>fosamprenavir 700 mg oral tablet</i>)	Tier 2	
<i>nevirapine 200 mg oral tablet</i>	Tier 1	
NORVIR (<i>ritonavir 100 mg oral capsule</i>)	Tier 2	
NORVIR (<i>ritonavir 100 mg oral tablet</i>)	Tier 2	
NORVIR (<i>ritonavir 80 mg/ml oral solution</i>)	Tier 2	
PEGASYS (<i>peginterferon alfa-2a 0.18 mg/ml injectable solution</i>)	Tier 2	• PA
PEGASYS (<i>peginterferon alfa-2a 0.36 mg/ml prefilled syringe</i>)	Tier 2	• PA
PEGINTRON (<i>peginterferon alfa-2b 0.1 mg/ml injectable solution</i>)	Tier 2	• PA
PEGINTRON (<i>peginterferon alfa-2b 0.1 mg/ml prefilled syringe</i>)	Tier 2	• PA
PEGINTRON (<i>peginterferon alfa-2b 0.16 mg/ml prefilled syringe</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
PEGINTRON (<i>peginterferon alfa-2b 0.24 mg/ml prefilled syringe</i>)	Tier 2	• PA
PEGINTRON (<i>peginterferon alfa-2b 0.3 mg/ml prefilled syringe</i>)	Tier 2	• PA
PREZISTA (<i>darunavir 150 mg oral tablet</i>)	Tier 2	
PREZISTA (<i>darunavir 400 mg oral tablet</i>)	Tier 2	
PREZISTA (<i>darunavir 600 mg oral tablet</i>)	Tier 2	
PREZISTA (<i>darunavir 75 mg oral tablet</i>)	Tier 2	
PREZISTA (<i>darunavir 800 mg oral tablet</i>)	Tier 2	
REBETOL (<i>ribavirin 40 mg/ml oral solution</i>)	Tier 2	• PA
RELENZA (<i>zanamivir 5 mg/actuat dry powder inhaler</i>)	Tier 2	
RESCRIPTOR (<i>delavirdine mesylate 100 mg oral tablet</i>)	Tier 2	
RESCRIPTOR (<i>delavirdine mesylate 200 mg oral tablet</i>)	Tier 2	
RETROVIR (<i>zidovudine 10 mg/ml injectable solution</i>)	Tier 2	
REYATAZ (<i>atazanavir 150 mg oral capsule</i>)	Tier 2	
REYATAZ (<i>atazanavir 200 mg oral capsule</i>)	Tier 2	
REYATAZ (<i>atazanavir 300 mg oral capsule</i>)	Tier 2	
RIBASPHERE (<i>ribavirin 400 mg oral tablet</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
RIBASPHERE (<i>ribavirin 600 mg oral tablet</i>)	Tier 2	• PA
<i>ribavirin 200 mg oral capsule</i>	Tier 1	• PA
<i>ribavirin 200 mg oral tablet</i>	Tier 1	• PA
<i>rimantadine hydrochloride 100 mg oral tablet</i>	Tier 1	
SELZENTRY (<i>maraviroc 150 mg oral tablet</i>)	Tier 2	
SELZENTRY (<i>maraviroc 300 mg oral tablet</i>)	Tier 2	
<i>stavudine 1 mg/ml oral solution</i>	Tier 1	
<i>stavudine 15 mg oral capsule</i>	Tier 1	
<i>stavudine 20 mg oral capsule</i>	Tier 1	
<i>stavudine 30 mg oral capsule</i>	Tier 1	
<i>stavudine 40 mg oral capsule</i>	Tier 1	
STRIBILD (<i>cobicistat 150 mg / elvitegravir 150 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet</i>)	Tier 2	
SUSTIVA (<i>efavirenz 200 mg oral capsule</i>)	Tier 2	
SUSTIVA (<i>efavirenz 50 mg oral capsule</i>)	Tier 2	
SUSTIVA (<i>efavirenz 600 mg oral tablet</i>)	Tier 2	
SYLATRON (<i>peginterferon alfa-2b 0.4 mg/ml injectable solution</i>)	Tier 2	
SYLATRON (<i>peginterferon alfa-2b 0.6 mg/ml injectable solution</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON (<i>peginterferon alfa-2b 1.2 mg/ml injectable solution</i>)	Tier 2	
SYNAGIS (<i>palivizumab 100 mg/ml injectable solution</i>)	Tier 2	• PA
TAMIFLU (<i>oseltamivir 30 mg oral capsule</i>)	Tier 2	
TAMIFLU (<i>oseltamivir 45 mg oral capsule</i>)	Tier 2	
TAMIFLU (<i>oseltamivir 6 mg/ml oral suspension</i>)	Tier 2	
TAMIFLU (<i>oseltamivir 75 mg oral capsule</i>)	Tier 2	
TRIZIVIR (<i>abacavir 300 mg / lamivudine 150 mg / zidovudine 300 mg oral tablet</i>)	Tier 2	
TRUVADA (<i>emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet</i>)	Tier 2	
TYZEKA (<i>telbivudine 600 mg oral tablet</i>)	Tier 2	• PA
<i>valacyclovir 1000 mg oral tablet</i>	Tier 1	
<i>valacyclovir 500 mg oral tablet</i>	Tier 1	
VALCYTE (<i>valganciclovir 450 mg oral tablet</i>)	Tier 2	
VALCYTE (<i>valganciclovir 50 mg/ml oral solution</i>)	Tier 2	
VICTRELIS (<i>boceprevir 200 mg oral capsule</i>)	Tier 2	• PA
VIDEX (<i>didanosine 20 mg/ml oral solution</i>)	Tier 2	
VIRACEPT (<i>nelfinavir 250 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT (<i>nelfinavir 625 mg oral tablet</i>)	Tier 2	
VIRAMUNE (<i>nevirapine 10 mg/ml oral suspension</i>)	Tier 2	
VIRAMUNE (<i>nevirapine 400 mg extended release tablet</i>)	Tier 2	
VIRAZOLE (<i>ribavirin 20 mg/ml inhalant solution</i>)	Tier 2	• PA - B vs. D
VIREAD (<i>tenofovir disoproxil fumarate 0.04 mg/mg oral powder</i>)	Tier 2	
VIREAD (<i>tenofovir disoproxil fumarate 150 mg oral tablet</i>)	Tier 2	
VIREAD (<i>tenofovir disoproxil fumarate 200 mg oral tablet</i>)	Tier 2	
VIREAD (<i>tenofovir disoproxil fumarate 250 mg oral tablet</i>)	Tier 2	
VIREAD (<i>tenofovir disoproxil fumarate 300 mg oral tablet</i>)	Tier 2	
ZIAGEN (<i>abacavir 20 mg/ml oral solution</i>)	Tier 2	
<i>zidovudine 10 mg/ml oral solution</i>	Tier 1	
<i>zidovudine 100 mg oral capsule</i>	Tier 1	
<i>zidovudine 300 mg oral tablet</i>	Tier 1	
URINARY ANTI-INFECTIVES		
MACRODANTIN (<i>nitrofurantoin 25 mg oral capsule</i>)	Tier 2	
<i>methenamine hippurate 1000 mg oral tablet</i>	Tier 1	
<i>nitrofurantoin 100 mg oral capsule</i>	Tier 1	
<i>nitrofurantoin 5 mg/ml oral suspension</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin 50 mg oral capsule</i>	Tier 1	
<i>trimethoprim 100 mg oral tablet</i>	Tier 1	
ANTIHISTAMINE DRUGS		
<i>FIRST GENERATION ANTIHISTAMINES</i>		
<i>clemastine fumarate 2.68 mg oral tablet</i>	Tier 1	
<i>cycloheptadine hydrochloride 0.4 mg/ml oral solution</i>	Tier 1	
<i>cycloheptadine hydrochloride 4 mg oral tablet</i>	Tier 1	
<i>diphenhydramine hydrochloride 50 mg oral capsule</i>	Tier 1	• PA
<i>diphenhydramine hydrochloride 50 mg/ml injectable solution</i>	Tier 1	
<i>meclizine hydrochloride 12.5 mg oral tablet</i>	Tier 1	
<i>meclizine hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>phenylephrine hydrochloride 1 mg/ml / promethazine hydrochloride 1.25 mg/ml oral solution</i>	Tier 1	
<i>SECOND GENERATION ANTIHISTAMINES</i>		
CLARINEX (<i>desloratadine 0.5 mg/ml oral solution</i>)	Tier 2	• ST - Claims for formulary Clarinex will process if there is a claim for a 30-day supply of a formulary generic oral antihistamine within the past 180 days.
<i>desloratadine 2.5 mg disintegrating tablet</i>	Tier 1	
<i>desloratadine 5 mg disintegrating tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine 5 mg oral tablet</i>	Tier 1	
<i>levocetirizine dihydrochloride 0.5 mg/ml oral solution</i>	Tier 1	
<i>levocetirizine dihydrochloride 5 mg oral tablet</i>	Tier 1	
ANTINEOPLASTIC AGENTS		
<i>ANTINEOPLASTIC AGENTS</i>		
<i>ABRAXANE (paclitaxel 5 mg/ml injectable suspension)</i>	Tier 2	• PA - B vs. D
<i>AFINITOR (everolimus 10 mg oral tablet)</i>	Tier 2	• PA
<i>AFINITOR (everolimus 2.5 mg oral tablet)</i>	Tier 2	• PA
<i>AFINITOR (everolimus 5 mg oral tablet)</i>	Tier 2	• PA
<i>AFINITOR (everolimus 7.5 mg oral tablet)</i>	Tier 2	• PA
<i>ALIMTA (pemetrexed 25 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>anastrozole 1 mg oral tablet</i>	Tier 1	
<i>ARRANON (nelarabine 5 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>ARZERRA (ofatumumab 20 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>AVASTIN (bevacizumab 25 mg/ml injectable solution)</i>	Tier 2	• PA
<i>bicalutamide 50 mg oral tablet</i>	Tier 1	
<i>BICNU (carmustine 33.3 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>bleomycin 15 unt/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF (<i>bosutinib 100 mg oral tablet</i>)	Tier 2	• PA
BOSULIF (<i>bosutinib 500 mg oral tablet</i>)	Tier 2	• PA
BUSULFEX (<i>busulfan 6 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
CAPRELSA (<i>vandetanib 100 mg oral tablet</i>)	Tier 2	• PA
CAPRELSA (<i>vandetanib 300 mg oral tablet</i>)	Tier 2	• PA
<i>carboplatin 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
CEENU (<i>lomustine 10 mg oral capsule</i>)	Tier 2	
CEENU (<i>lomustine 40 mg oral capsule</i>)	Tier 2	
<i>cisplatin 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>cladribine 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
CLOLAR (<i>clofarabine 1 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
COSMEGEN (<i>dactinomycin 0.5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>cyclophosphamide 25 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>cyclophosphamide 50 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>cytarabine 100 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>cytarabine 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>cytarabine 50 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
DACOGEN (<i>decitabine 5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>daunorubicin 5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
DOCEFREZ (<i>docetaxel 24 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
DOCEFREZ (<i>docetaxel 25 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>docetaxel 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>docetaxel 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>doxorubicin hydrochloride 2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
DROXIA (<i>hydroxyurea 200 mg oral capsule</i>)	Tier 2	
DROXIA (<i>hydroxyurea 300 mg oral capsule</i>)	Tier 2	
DROXIA (<i>hydroxyurea 400 mg oral capsule</i>)	Tier 2	
ELIGARD (<i>leuprolide acetate 120 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ELIGARD (<i>leuprolide acetate 30 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ELIGARD (<i>leuprolide acetate 60 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ELIGARD (<i>leuprolide acetate 60 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
EMCYT (<i>estramustine 140 mg oral capsule</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin hydrochloride 2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
ERBITUX (<i>cetuximab 2 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ERIVEDGE (<i>vismodegib 150 mg oral capsule</i>)	Tier 2	• PA
<i>etoposide 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>exemestane 25 mg oral tablet</i>	Tier 1	
FARESTON (<i>toremifene 60 mg oral tablet</i>)	Tier 2	
FASLODEX (<i>fulvestrant 50 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
FIRMAGON (<i>degarelix 20 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
FIRMAGON (<i>degarelix 40 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>fludarabine phosphate 25 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>fluorouracil 50 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>flutamide 125 mg oral capsule</i>	Tier 1	
FOLOTYN (<i>pralatrexate 20 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>gemcitabine 38 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
GLEEVEC (<i>imatinib 100 mg oral tablet</i>)	Tier 2	• PA
GLEEVEC (<i>imatinib 400 mg oral tablet</i>)	Tier 2	• PA
HERCEPTIN (<i>trastuzumab 22 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
HEXALEN (<i>altretamine 50 mg oral capsule</i>)	Tier 2	• PA
<i>hydroxyurea 500 mg oral capsule</i>	Tier 1	
<i>idarubicin hydrochloride 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>ifosfamide 50 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
INLYTA (<i>axitinib 1 mg oral tablet</i>)	Tier 2	• PA
INLYTA (<i>axitinib 5 mg oral tablet</i>)	Tier 2	• PA
INTRON A (<i>interferon alfa-2b 10000000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
INTRON A (<i>interferon alfa-2b 6000000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>irinotecan hydrochloride 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
ISTODAX (<i>romidepsin 5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
IXEMPRA (<i>ixabepilone 2 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
JAKAFI (<i>ruxolitinib 10 mg oral tablet</i>)	Tier 2	• PA
JAKAFI (<i>ruxolitinib 15 mg oral tablet</i>)	Tier 2	• PA
JAKAFI (<i>ruxolitinib 20 mg oral tablet</i>)	Tier 2	• PA
JAKAFI (<i>ruxolitinib 25 mg oral tablet</i>)	Tier 2	• PA
JAKAFI (<i>ruxolitinib 5 mg oral tablet</i>)	Tier 2	• PA
JEVTANA (<i>cabazitaxel 10 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
<i>letrozole 2.5 mg oral tablet</i>	Tier 1	
LEUKERAN (<i>chlorambucil 2 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate 5 mg/ml injectable solution</i>	Tier 1	
LUPRON (<i>leuprolide acetate 30 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
LYSODREN (<i>mitotane 500 mg oral tablet</i>)	Tier 2	
MATULANE (<i>procarbazine 50 mg oral capsule</i>)	Tier 2	
MEGACE (<i>megestrol acetate 125 mg/ml oral suspension</i>)	Tier 2	
<i>megestrol acetate 20 mg oral tablet</i>	Tier 1	
<i>megestrol acetate 40 mg oral tablet</i>	Tier 1	
<i>megestrol acetate 40 mg/ml oral suspension</i>	Tier 1	
MEKINIST (<i>trametinib 0.5 mg oral tablet</i>)	Tier 2	• PA
MEKINIST (<i>trametinib 2 mg oral tablet</i>)	Tier 2	• PA
<i>melphalan 5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>mercaptopurine 50 mg oral tablet</i>	Tier 1	
<i>methotrexate 2.5 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>methotrexate 25 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>methotrexate 50 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>mitomycin 0.5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>mitoxantrone 2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN (<i>mechlorethamine hydrochloride 1 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
NEXAVAR (<i>sorafenib 200 mg oral tablet</i>)	Tier 2	• PA
NILANDRON (<i>nilutamide 150 mg oral tablet</i>)	Tier 2	
<i>oxaliplatin 5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>paclitaxel 6 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>pentostatin 2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
PERJETA (<i>pertuzumab 30 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
POMALYST (<i>pomalidomide 1 mg oral capsule</i>)	Tier 2	• PA
POMALYST (<i>pomalidomide 2 mg oral capsule</i>)	Tier 2	• PA
POMALYST (<i>pomalidomide 3 mg oral capsule</i>)	Tier 2	• PA
POMALYST (<i>pomalidomide 4 mg oral capsule</i>)	Tier 2	• PA
PROLEUKIN (<i>aldesleukin 1.1 mg/ml injectable solution</i>)	Tier 2	• PA
REVLIMID (<i>lenalidomide 10 mg oral capsule</i>)	Tier 2	• PA
REVLIMID (<i>lenalidomide 15 mg oral capsule</i>)	Tier 2	• PA
REVLIMID (<i>lenalidomide 25 mg oral capsule</i>)	Tier 2	• PA
REVLIMID (<i>lenalidomide 5 mg oral capsule</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
RITUXAN (<i>rituximab 10 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
SOLTAMOX (<i>tamoxifen 2 mg/ml oral solution</i>)	Tier 2	
SPRYCEL (<i>dasatinib 100 mg oral tablet</i>)	Tier 2	• PA
SPRYCEL (<i>dasatinib 140 mg oral tablet</i>)	Tier 2	• PA
SPRYCEL (<i>dasatinib 20 mg oral tablet</i>)	Tier 2	• PA
SPRYCEL (<i>dasatinib 50 mg oral tablet</i>)	Tier 2	• PA
SPRYCEL (<i>dasatinib 70 mg oral tablet</i>)	Tier 2	• PA
SPRYCEL (<i>dasatinib 80 mg oral tablet</i>)	Tier 2	• PA
STIVARGA (<i>regorafenib 40 mg oral tablet</i>)	Tier 2	• PA
SUTENT (<i>sunitinib 12.5 mg oral capsule</i>)	Tier 2	• PA
SUTENT (<i>sunitinib 25 mg oral capsule</i>)	Tier 2	• PA
SUTENT (<i>sunitinib 50 mg oral capsule</i>)	Tier 2	• PA
SYNRIBO (<i>omacetaxine mepesuccinate 3.5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
TABLOID (<i>thioguanine 40 mg oral tablet</i>)	Tier 2	
TAFINLAR (<i>dabrafenib 50 mg oral capsule</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR (<i>dabrafenib 75 mg oral capsule</i>)	Tier 2	• PA
<i>tamoxifen 10 mg oral tablet</i>	Tier 1	
<i>tamoxifen 20 mg oral tablet</i>	Tier 1	
TARCEVA (<i>erlotinib 100 mg oral tablet</i>)	Tier 2	• PA
TARCEVA (<i>erlotinib 150 mg oral tablet</i>)	Tier 2	• PA
TARCEVA (<i>erlotinib 25 mg oral tablet</i>)	Tier 2	• PA
TARGRETIN (<i>bexarotene 75 mg oral capsule</i>)	Tier 2	
TASIGNA (<i>nilotinib 150 mg oral capsule</i>)	Tier 2	• PA
TASIGNA (<i>nilotinib 200 mg oral capsule</i>)	Tier 2	• PA
<i>thiotepa 10.4 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>topotecan 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
TORISEL (<i>temsirolimus 25 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
TRELSTAR (<i>triptorelin 1.88 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
TRELSTAR (<i>triptorelin 11.3 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
TRELSTAR (<i>triptorelin 5.63 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
<i>tretinoin 10 mg oral capsule</i>	Tier 1	
TREXALL (<i>methotrexate 10 mg oral tablet</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
TREXALL (<i>methotrexate 15 mg oral tablet</i>)	Tier 2	• PA - B vs. D
TREXALL (<i>methotrexate 5 mg oral tablet</i>)	Tier 2	• PA - B vs. D
TREXALL (<i>methotrexate 7.5 mg oral tablet</i>)	Tier 2	• PA - B vs. D
TRISENOX (<i>arsenic trioxide 0.01 mg/ml injectable solution</i>)	Tier 2	
TYKERB (<i>lapatinib 250 mg oral tablet</i>)	Tier 2	• PA
VECTIBIX (<i>panitumumab 20 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
VELCADE (<i>bortezomib 1 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
VIDAZA (<i>azacitidine 25 mg/ml injectable suspension</i>)	Tier 2	• PA
<i>vinblastine 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>vincristine sulfate 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>vinorelbine 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
VOTRIENT (<i>pazopanib 200 mg oral tablet</i>)	Tier 2	• PA
XALKORI (<i>crizotinib 200 mg oral capsule</i>)	Tier 2	• PA
XALKORI (<i>crizotinib 250 mg oral capsule</i>)	Tier 2	• PA
XTANDI (<i>enzalutamide 40 mg oral capsule</i>)	Tier 2	• PA
ZALTRAP (<i>ziv-aflibercept 25 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
ZANOSAR (<i>streptozocin 100 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ZELBORAF (<i>vemurafenib 240 mg oral tablet</i>)	Tier 2	• PA
ZOLINZA (<i>vorinostat 100 mg oral capsule</i>)	Tier 2	• PA
ZYTIGA (<i>abiraterone acetate 250 mg oral tablet</i>)	Tier 2	• PA
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>albuterol 0.83 mg/ml / ipratropium bromide 0.17 mg/ml inhalant solution</i>	Tier 1	• PA - B vs. D
<i>atropine sulfate 0.025 mg / diphenoxylate hydrochloride 2.5 mg oral tablet</i>	Tier 1	
ATROVENT (<i>ipratropium bromide 0.017 mg/actuat metered dose inhaler</i>)	Tier 2	
<i>dicyclomine hydrochloride 10 mg oral capsule</i>	Tier 1	• PA
<i>dicyclomine hydrochloride 2 mg/ml oral solution</i>	Tier 1	• PA
<i>dicyclomine hydrochloride 20 mg oral tablet</i>	Tier 1	• PA
<i>glycopyrrolate 1 mg oral tablet</i>	Tier 1	
<i>glycopyrrolate 2 mg oral tablet</i>	Tier 1	
<i>ipratropium bromide 0.2 mg/ml inhalant solution</i>	Tier 1	• PA - B vs. D
<i>methscopolamine 2.5 mg oral tablet</i>	Tier 1	
<i>methscopolamine 5 mg oral tablet</i>	Tier 1	
<i>propantheline 15 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA (<i>tiotropium 0.018 mg/actuat inhalant powder</i>)	Tier 2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX (<i>varenicline 0.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> QL - 180 for 90 days supply ST - Claims will process for Nicotrol Inhaler or Chantix if there are 3 consecutive fills for a 30-day supply of Buproban in the past 90 days.
CHANTIX (<i>varenicline 1 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> QL - 180 for 90 days supply ST - Claims will process for Nicotrol Inhaler or Chantix if there are 3 consecutive fills for a 30-day supply of Buproban in the past 90 days.
NICOTROL (<i>nicotine 0.5 mg/actuat nasal inhaler</i>)	Tier 2	<ul style="list-style-type: none"> QL - 30 for 30 days supply ST - Claims will process for Nicotrol Inhaler or Chantix if there are 3 consecutive fills for a 30-day supply of Buproban in the past 90 days.
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride 10 mg oral tablet</i>	Tier 1	
<i>bethanechol chloride 25 mg oral tablet</i>	Tier 1	
<i>bethanechol chloride 5 mg oral tablet</i>	Tier 1	
<i>bethanechol chloride 50 mg oral tablet</i>	Tier 1	
<i>cevimeline 30 mg oral capsule</i>	Tier 1	
<i>donepezil hydrochloride 10 mg disintegrating tablet</i>	Tier 1	
<i>donepezil hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>donepezil hydrochloride 5 mg disintegrating tablet</i>	Tier 1	
<i>donepezil hydrochloride 5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
EXELON (<i>rivastigmine 0.192 mg/hr transdermal patch</i>)	Tier 2	
EXELON (<i>rivastigmine 0.396 mg/hr transdermal patch</i>)	Tier 2	
EXELON (<i>rivastigmine 0.554 mg/hr transdermal patch</i>)	Tier 2	<ul style="list-style-type: none"> QL - 30 for 30 days supply
EXELON (<i>rivastigmine 2 mg/ml oral solution</i>)	Tier 2	
<i>galantamine 12 mg oral tablet</i>	Tier 1	
<i>galantamine 4 mg oral tablet</i>	Tier 1	
<i>galantamine 8 mg oral tablet</i>	Tier 1	
<i>galantamine hydrobromide 16 mg extended release capsule</i>	Tier 1	
<i>galantamine hydrobromide 24 mg extended release capsule</i>	Tier 1	
<i>galantamine hydrobromide 4 mg/ml oral solution</i>	Tier 1	
<i>galantamine hydrobromide 8 mg extended release capsule</i>	Tier 1	
MESTINON (<i>pyridostigmine bromide 12 mg/ml oral solution</i>)	Tier 2	
MESTINON (<i>pyridostigmine bromide 180 mg extended release tablet</i>)	Tier 2	
<i>pilocarpine hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>pilocarpine hydrochloride 7.5 mg oral tablet</i>	Tier 1	
<i>pyridostigmine bromide 60 mg oral tablet</i>	Tier 1	
<i>rivastigmine 1.5 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine 3 mg oral capsule</i>	Tier 1	
<i>rivastigmine 4.5 mg oral capsule</i>	Tier 1	
<i>rivastigmine 6 mg oral capsule</i>	Tier 1	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen 10 mg oral tablet</i>	Tier 1	
<i>baclofen 20 mg oral tablet</i>	Tier 1	
BOTOX (<i>onabotulinumtoxina 100 unt/ml injectable solution</i>)	Tier 2	• PA
<i>carisoprodol 350 mg oral tablet</i>	Tier 1	• PA
<i>chlorzoxazone 500 mg oral tablet</i>	Tier 1	
<i>cyclobenzaprine hydrochloride 10 mg oral tablet</i>	Tier 1	• PA
<i>cyclobenzaprine hydrochloride 5 mg oral tablet</i>	Tier 1	• PA
<i>cyclobenzaprine hydrochloride 7.5 mg oral tablet</i>	Tier 1	• PA
<i>dantrolene sodium 100 mg oral capsule</i>	Tier 1	
<i>dantrolene sodium 25 mg oral capsule</i>	Tier 1	
<i>dantrolene sodium 50 mg oral capsule</i>	Tier 1	
<i>methocarbamol 500 mg oral tablet</i>	Tier 1	• PA
<i>methocarbamol 750 mg oral tablet</i>	Tier 1	• PA
<i>orphenadrine citrate 100 mg extended release tablet</i>	Tier 1	• PA
<i>tizanidine 2 mg oral tablet</i>	Tier 1	
<i>tizanidine 4 mg oral tablet</i>	Tier 1	
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hydrochloride 200 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hydrochloride 400 mg oral capsule</i>	Tier 1	
<i>alfuzosin hydrochloride 10 mg extended release tablet</i>	Tier 1	
<i>atenolol 100 mg / chlorthalidone 25 mg oral tablet</i>	Tier 1	
<i>atenolol 100 mg oral tablet</i>	Tier 1	
<i>atenolol 25 mg oral tablet</i>	Tier 1	
<i>atenolol 50 mg / chlorthalidone 25 mg oral tablet</i>	Tier 1	
<i>atenolol 50 mg oral tablet</i>	Tier 1	
<i>bisoprolol fumarate 10 mg / hydrochlorothiazide 6.25 mg oral tablet</i>	Tier 1	
<i>bisoprolol fumarate 10 mg oral tablet</i>	Tier 1	
<i>bisoprolol fumarate 2.5 mg / hydrochlorothiazide 6.25 mg oral tablet</i>	Tier 1	
<i>bisoprolol fumarate 5 mg / hydrochlorothiazide 6.25 mg oral tablet</i>	Tier 1	
<i>bisoprolol fumarate 5 mg oral tablet</i>	Tier 1	
BYSTOLIC (<i>nebivolol 10 mg oral tablet</i>)	Tier 2	
BYSTOLIC (<i>nebivolol 2.5 mg oral tablet</i>)	Tier 2	
BYSTOLIC (<i>nebivolol 20 mg oral tablet</i>)	Tier 2	
BYSTOLIC (<i>nebivolol 5 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol 12.5 mg oral tablet</i>	Tier 1	
<i>carvedilol 25 mg oral tablet</i>	Tier 1	
<i>carvedilol 3.13 mg oral tablet</i>	Tier 1	
<i>carvedilol 6.25 mg oral tablet</i>	Tier 1	
DIBENZYLINE (<i>phenoxybenzamine hydrochloride 10 mg oral capsule</i>)	Tier 2	
<i>dihydroergotamine mesylate 1 mg/ml injectable solution</i>	Tier 1	
<i>doxazosin 1 mg oral tablet</i>	Tier 1	
<i>doxazosin 2 mg oral tablet</i>	Tier 1	
<i>doxazosin 4 mg oral tablet</i>	Tier 1	
<i>doxazosin 8 mg oral tablet</i>	Tier 1	
<i>ergoloid mesylates, usp 1 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / metoprolol tartrate 100 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / metoprolol tartrate 50 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / propranolol hydrochloride 40 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / propranolol hydrochloride 80 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 50 mg / metoprolol tartrate 100 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
JALYN (<i>dutasteride 0.5 mg / tamsulosin hydrochloride 0.4 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Prostatic Hypertrophy Agents will process if there is a claim for at least a 30 day supply of a formulary generic Prostatic Hypertrophy Agent within the past 180 days.
<i>labetalol hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>labetalol hydrochloride 200 mg oral tablet</i>	Tier 1	
<i>labetalol hydrochloride 300 mg oral tablet</i>	Tier 1	
<i>metoprolol succinate 100 mg extended release tablet</i>	Tier 1	
<i>metoprolol succinate 200 mg extended release tablet</i>	Tier 1	
<i>metoprolol succinate 25 mg extended release tablet</i>	Tier 1	
<i>metoprolol succinate 50 mg extended release tablet</i>	Tier 1	
<i>metoprolol tartrate 100 mg oral tablet</i>	Tier 1	
<i>metoprolol tartrate 25 mg oral tablet</i>	Tier 1	
<i>metoprolol tartrate 50 mg oral tablet</i>	Tier 1	
MIGERGOT (<i>caffeine 100 mg / ergotamine tartrate 2 mg rectal suppository</i>)	Tier 2	
<i>nadolol 20 mg oral tablet</i>	Tier 1	
<i>nadolol 40 mg oral tablet</i>	Tier 1	
<i>nadolol 80 mg oral tablet</i>	Tier 1	
<i>pindolol 10 mg oral tablet</i>	Tier 1	
<i>pindolol 5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin 1 mg oral capsule</i>	Tier 1	
<i>prazosin 2 mg oral capsule</i>	Tier 1	
<i>prazosin 5 mg oral capsule</i>	Tier 1	
<i>propranolol hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>propranolol hydrochloride 120 mg extended release capsule</i>	Tier 1	
<i>propranolol hydrochloride 160 mg extended release capsule</i>	Tier 1	
<i>propranolol hydrochloride 20 mg oral tablet</i>	Tier 1	
<i>propranolol hydrochloride 4 mg/ml oral solution</i>	Tier 1	
<i>propranolol hydrochloride 40 mg oral tablet</i>	Tier 1	
<i>propranolol hydrochloride 60 mg extended release capsule</i>	Tier 1	
<i>propranolol hydrochloride 60 mg oral tablet</i>	Tier 1	
<i>propranolol hydrochloride 8 mg/ml oral solution</i>	Tier 1	
<i>propranolol hydrochloride 80 mg extended release capsule</i>	Tier 1	
<i>propranolol hydrochloride 80 mg oral tablet</i>	Tier 1	
RAPAFLO (<i>silodosin 4 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Prostatic Hypertrophy Agents will process if there is a claim for at least a 30 day supply of a formulary generic Prostatic Hypertrophy Agent within the past 180 days.

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Drug Name	Drug Tier	Requirements/Limits
RAPAFLO (<i>silodosin 8 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Prostatic Hypertrophy Agents will process if there is a claim for at least a 30 day supply of a formulary generic Prostatic Hypertrophy Agent within the past 180 days.
<i>sotalol hydrochloride 120 mg oral tablet</i>	Tier 1	
<i>sotalol hydrochloride 160 mg oral tablet</i>	Tier 1	
<i>sotalol hydrochloride 240 mg oral tablet</i>	Tier 1	
<i>sotalol hydrochloride 80 mg oral tablet</i>	Tier 1	
<i>tamsulosin hydrochloride 0.4 mg oral capsule</i>	Tier 1	
<i>terazosin 1 mg oral capsule</i>	Tier 1	
<i>terazosin 10 mg oral capsule</i>	Tier 1	
<i>terazosin 2 mg oral capsule</i>	Tier 1	
<i>terazosin 5 mg oral capsule</i>	Tier 1	
<i>timolol 10 mg oral tablet</i>	Tier 1	
<i>timolol 20 mg oral tablet</i>	Tier 1	
<i>timolol 5 mg oral tablet</i>	Tier 1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol 0.21 mg/ml inhalant solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D
<i>albuterol 0.4 mg/ml oral solution</i>	Tier 1	
<i>albuterol 0.417 mg/ml inhalant solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D
<i>albuterol 0.83 mg/ml inhalant solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D
<i>albuterol 1 mg/ml inhalant solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol 2 mg oral tablet</i>	Tier 1	
<i>albuterol 4 mg extended release tablet</i>	Tier 1	
<i>albuterol 4 mg oral tablet</i>	Tier 1	
<i>albuterol 8 mg extended release tablet</i>	Tier 1	
<i>EPIPEN (epinephrine 0.5 mg/ml prefilled syringe)</i>	Tier 2	
<i>EPIPEN (epinephrine 1 mg/ml prefilled syringe)</i>	Tier 2	
<i>hydrochlorothiazide 15 mg / methyldopa 250 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / methyldopa 250 mg oral tablet</i>	Tier 1	
<i>metaproterenol sulfate 10 mg oral tablet</i>	Tier 1	
<i>metaproterenol sulfate 2 mg/ml oral solution</i>	Tier 1	
<i>metaproterenol sulfate 20 mg oral tablet</i>	Tier 1	
<i>methyldopa 250 mg oral tablet</i>	Tier 1	
<i>methyldopa 500 mg oral tablet</i>	Tier 1	
<i>midodrine hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>midodrine hydrochloride 2.5 mg oral tablet</i>	Tier 1	
<i>midodrine hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>PROAIR HFA (albuterol 0.09 mg/ actuat metered dose inhaler)</i>	Tier 2	<ul style="list-style-type: none"> QL - 17 for 30 days supply

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Drug Name	Drug Tier	Requirements/Limits
PROVENTIL (<i>albuterol 0.09 mg/actuat metered dose inhaler</i>)	Tier 2	• QL - 13 for 30 days supply
SEREVENT (<i>salmeterol 0.05 mg/actuat dry powder inhaler</i>)	Tier 2	
<i>terbutaline sulfate 1 mg/ml injectable solution</i>	Tier 1	
<i>terbutaline sulfate 2.5 mg oral tablet</i>	Tier 1	
<i>terbutaline sulfate 5 mg oral tablet</i>	Tier 1	
VENTOLIN (<i>albuterol 0.09 mg/actuat metered dose inhaler</i>)	Tier 2	• QL - 36 for 30 days supply
BLOOD FORMATION,COAGULATION & THROMBOSIS		
ANTIHEMORRHAGIC AGENTS		
<i>desmopressin acetate 0.01 mg/actuat nasal spray</i>	Tier 1	
<i>desmopressin acetate 0.1 mg oral tablet</i>	Tier 1	
<i>desmopressin acetate 0.2 mg oral tablet</i>	Tier 1	
<i>tranexamic acid 100 mg/ml injectable solution</i>	Tier 1	
ANTITHROMBOTIC AGENTS		
<i>anagrelide 0.5 mg oral capsule</i>	Tier 1	
<i>anagrelide 1 mg oral capsule</i>	Tier 1	
<i>cilostazol 100 mg oral tablet</i>	Tier 1	
<i>cilostazol 50 mg oral tablet</i>	Tier 1	
<i>clopidogrel 300 mg oral tablet</i>	Tier 1	
<i>clopidogrel 75 mg oral tablet</i>	Tier 1	
<i>dipyridamole 25 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole 50 mg oral tablet</i>	Tier 1	
<i>dipyridamole 75 mg oral tablet</i>	Tier 1	
EFFIENT (<i>prasugrel 10 mg oral tablet</i>)	Tier 2	
EFFIENT (<i>prasugrel 5 mg oral tablet</i>)	Tier 2	
<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 150 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>enoxaparin sodium 150 mg/ml prefilled syringe</i>	Tier 1	• PA
<i>fondaparinux sodium 12.5 mg/ml prefilled syringe</i>	Tier 1	
<i>fondaparinux sodium 12.5 mg/ml prefilled syringe</i>	Tier 1	
FRAGMIN (<i>dalteparin sodium 10000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 30 for 180 days supply
FRAGMIN (<i>dalteparin sodium 12500 unt/ml prefilled syringe</i>)	Tier 2	• QL - 60 for 180 days supply
FRAGMIN (<i>dalteparin sodium 25000 unt/ml injectable solution</i>)	Tier 2	• QL - 30 for 180 days supply
FRAGMIN (<i>dalteparin sodium 25000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 150 for 180 days supply

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN (<i>dalteparin sodium 25000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 150 for 180 days supply
FRAGMIN (<i>dalteparin sodium 25000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 150 for 180 days supply
FRAGMIN (<i>dalteparin sodium 25000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 150 for 180 days supply
FRAGMIN (<i>dalteparin sodium 25000 unt/ml prefilled syringe</i>)	Tier 2	• QL - 150 for 180 days supply
<i>heparin sodium, porcine 100 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 1000 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 10000 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 2 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 20000 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 40 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 50 unt/ml injectable solution</i>	Tier 1	
<i>heparin sodium, porcine 5000 unt/ml injectable solution</i>	Tier 1	
PRADAXA (<i>dabigatran etexilate 150 mg oral capsule</i>)	Tier 2	• PA
PRADAXA (<i>dabigatran etexilate 75 mg oral capsule</i>)	Tier 2	• PA
<i>ticlopidine 250 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 1 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium 10 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 2 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 2.5 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 3 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 4 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 5 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 6 mg oral tablet</i>	Tier 1	
<i>warfarin sodium 7.5 mg oral tablet</i>	Tier 1	
XARELTO (<i>rivaroxaban 10 mg oral tablet</i>)	Tier 2	
XARELTO (<i>rivaroxaban 15 mg oral tablet</i>)	Tier 2	
XARELTO (<i>rivaroxaban 20 mg oral tablet</i>)	Tier 2	
HEMATOPOIETIC AGENTS		
ARANESP (<i>darbepoetin alfa 0.025 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.04 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.06 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.06 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.1 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.1 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.2 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (<i>darbepoetin alfa 0.2 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.2 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.3 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.5 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.5 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.5 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
ARANESP (<i>darbepoetin alfa 0.5 mg/ml prefilled syringe</i>)	Tier 2	• PA - B vs. D
EPOGEN (<i>epoetin alfa 10000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
EPOGEN (<i>epoetin alfa 2000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
EPOGEN (<i>epoetin alfa 20000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
EPOGEN (<i>epoetin alfa 3000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
EPOGEN (<i>epoetin alfa 4000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
LEUKINE (<i>sargramostim 0.25 mg/ml injectable solution</i>)	Tier 2	• PA
MOZOBIL (<i>plerixafor 20 mg/ml injectable solution</i>)	Tier 2	• PA
NEULASTA (<i>pegfilgrastim 10 mg/ml prefilled syringe</i>)	Tier 2	• PA
NEUMEGA (<i>oprelvekin 5 mg/ml injectable solution</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN (<i>filgrastim 0.3 mg/ml injectable solution</i>)	Tier 2	• PA
NEUPOGEN (<i>filgrastim 0.6 mg/ml prefilled syringe</i>)	Tier 2	• PA
NEUPOGEN (<i>filgrastim 0.6 mg/ml prefilled syringe</i>)	Tier 2	• PA
PROCRIT (<i>epoetin alfa 10000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROCRIT (<i>epoetin alfa 2000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROCRIT (<i>epoetin alfa 20000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROCRIT (<i>epoetin alfa 3000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROCRIT (<i>epoetin alfa 4000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROCRIT (<i>epoetin alfa 40000 unt/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PROMACTA (<i>eltrombopag 25 mg oral tablet</i>)	Tier 2	• PA
PROMACTA (<i>eltrombopag 50 mg oral tablet</i>)	Tier 2	• PA
PROMACTA (<i>eltrombopag 75 mg oral tablet</i>)	Tier 2	• PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline 400 mg extended release tablet</i>	Tier 1	
CARDIOVASCULAR DRUGS		
ANTILIPEMIC AGENTS		
<i>atorvastatin 10 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin 20 mg oral tablet</i>	Tier 1	
<i>atorvastatin 40 mg oral tablet</i>	Tier 1	
<i>atorvastatin 80 mg oral tablet</i>	Tier 1	
<i>cholestyramine resin 66.7 mg/ml oral suspension</i>	Tier 1	
<i>colestipol hydrochloride 1000 mg oral tablet</i>	Tier 1	
<i>colestipol hydrochloride 5000 mg granules</i>	Tier 1	
CRESTOR (<i>rosuvastatin calcium 10 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
CRESTOR (<i>rosuvastatin calcium 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
CRESTOR (<i>rosuvastatin calcium 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
CRESTOR (<i>rosuvastatin calcium 5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
<i>fenofibrate 134 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate 145 mg oral tablet</i>	Tier 1	
<i>fenofibrate 160 mg oral tablet</i>	Tier 1	
<i>fenofibrate 200 mg oral capsule</i>	Tier 1	
<i>fenofibrate 48 mg oral tablet</i>	Tier 1	
<i>fenofibrate 54 mg oral tablet</i>	Tier 1	
<i>fenofibrate 67 mg oral capsule</i>	Tier 1	
<i>fluvastatin 20 mg oral capsule</i>	Tier 1	
<i>fluvastatin 40 mg oral capsule</i>	Tier 1	
<i>gemfibrozil 600 mg oral tablet</i>	Tier 1	
<i>lovastatin 10 mg oral tablet</i>	Tier 1	
<i>lovastatin 20 mg oral tablet</i>	Tier 1	
<i>lovastatin 40 mg oral tablet</i>	Tier 1	
LOVAZA (<i>omega-3 acid ethyl esters (usp) 1000 mg oral capsule</i>)	Tier 2	
NIACOR (<i>niacin 500 mg oral tablet</i>)	Tier 2	
NIASPAN (<i>niacin 1000 mg extended release tablet</i>)	Tier 2	
NIASPAN (<i>niacin 500 mg extended release tablet</i>)	Tier 2	
NIASPAN (<i>niacin 750 mg extended release tablet</i>)	Tier 2	
<i>pravastatin sodium 10 mg oral tablet</i>	Tier 1	
<i>pravastatin sodium 20 mg oral tablet</i>	Tier 1	
<i>pravastatin sodium 40 mg oral tablet</i>	Tier 1	
<i>pravastatin sodium 80 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SIMCOR 1000/40 (<i>niacin 1000 mg / simvastatin 40 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
SIMCOR 500/20 (<i>niacin 500 mg / simvastatin 20 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
SIMCOR 500/40 (<i>niacin 500 mg / simvastatin 40 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
SIMCOR 750/20 (<i>niacin 750 mg / simvastatin 20 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
<i>simvastatin 10 mg oral tablet</i>	Tier 1	
<i>simvastatin 20 mg oral tablet</i>	Tier 1	
<i>simvastatin 40 mg oral tablet</i>	Tier 1	
<i>simvastatin 5 mg oral tablet</i>	Tier 1	
<i>simvastatin 80 mg oral tablet</i>	Tier 1	
TRILIPIX (<i>fenofibric acid 135 mg enteric coated capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
TRILIPIX (<i>fenofibric acid 45 mg enteric coated capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
VYTORIN 10/10 (<i>ezetimibe 10 mg / simvastatin 10 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
VYTORIN 10/20 (<i>ezetimibe 10 mg / simvastatin 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
VYTORIN 10/40 (<i>ezetimibe 10 mg / simvastatin 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
VYTORIN 10/80 (<i>ezetimibe 10 mg / simvastatin 80 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
WELCHOL (<i>colesevelam hydrochloride 31.3 mg/ml oral suspension</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
WELCHOL (<i>colesevelam hydrochloride 625 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Antihyperlipidemics will process if there is a paid claim for a 30-day supply of a formulary Generic Antihyperlipidemic such as Simvastatin within the past 90 days.
ZETIA (<i>ezetimibe 10 mg oral tablet</i>)	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hydrochloride 20 mg oral tablet</i>	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine 10 mg oral tablet</i>	Tier 1	
<i>amlodipine 2.5 mg oral tablet</i>	Tier 1	
<i>amlodipine 5 mg oral tablet</i>	Tier 1	
<i>nifedipine 10 mg oral capsule</i>	Tier 1	
<i>nifedipine 20 mg oral capsule</i>	Tier 1	
<i>nifedipine 30 mg extended release tablet</i>	Tier 1	
<i>nifedipine 60 mg extended release tablet</i>	Tier 1	
<i>nifedipine 90 mg extended release tablet</i>	Tier 1	
<i>verapamil hydrochloride 120 mg extended release tablet</i>	Tier 1	
CARDIAC DRUGS		
<i>amiodarone hydrochloride 200 mg oral tablet</i>	Tier 1	
<i>amiodarone hydrochloride 400 mg oral tablet</i>	Tier 1	
<i>digoxin 0.05 mg/ml oral solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin 0.125 mg oral tablet</i>	Tier 1	
<i>digoxin 0.25 mg oral tablet</i>	Tier 1	
<i>diltiazem hydrochloride 120 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 120 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 120 mg oral tablet</i>	Tier 1	
<i>diltiazem hydrochloride 180 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 240 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 30 mg oral tablet</i>	Tier 1	
<i>diltiazem hydrochloride 300 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 360 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 60 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 60 mg oral tablet</i>	Tier 1	
<i>diltiazem hydrochloride 90 mg extended release capsule</i>	Tier 1	
<i>diltiazem hydrochloride 90 mg oral tablet</i>	Tier 1	
<i>disopyramide 100 mg oral capsule</i>	Tier 1	
<i>disopyramide 150 mg oral capsule</i>	Tier 1	
<i>flecainide acetate 100 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate 150 mg oral tablet</i>	Tier 1	
<i>flecainide acetate 50 mg oral tablet</i>	Tier 1	
<i>mexiletine hydrochloride 150 mg oral capsule</i>	Tier 1	
<i>mexiletine hydrochloride 200 mg oral capsule</i>	Tier 1	
<i>mexiletine hydrochloride 250 mg oral capsule</i>	Tier 1	
MULTAQ (<i>dronedaron 400 mg oral tablet</i>)	Tier 2	• PA
NORPACE (<i>disopyramide 100 mg extended release capsule</i>)	Tier 2	
NORPACE (<i>disopyramide 150 mg extended release capsule</i>)	Tier 2	
<i>phenytoin sodium 100 mg extended release capsule</i>	Tier 1	
<i>phenytoin sodium 200 mg extended release capsule</i>	Tier 1	
<i>phenytoin sodium 300 mg extended release capsule</i>	Tier 1	
<i>propafenone hydrochloride 150 mg oral tablet</i>	Tier 1	
<i>propafenone hydrochloride 225 mg extended release capsule</i>	Tier 1	
<i>propafenone hydrochloride 225 mg oral tablet</i>	Tier 1	
<i>propafenone hydrochloride 300 mg oral tablet</i>	Tier 1	
<i>propafenone hydrochloride 325 mg extended release capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hydrochloride 425 mg extended release capsule</i>	Tier 1	
<i>quinidine gluconate 324 mg extended release tablet</i>	Tier 1	
<i>quinidine sulfate 200 mg oral tablet</i>	Tier 1	
<i>quinidine sulfate 300 mg extended release tablet</i>	Tier 1	
<i>quinidine sulfate 300 mg oral tablet</i>	Tier 1	
RANEXA (<i>ranolazine 1000 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
RANEXA (<i>ranolazine 500 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
TARKA 2/180 (<i>trandolapril 2 mg / verapamil hydrochloride 180 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TIKOSYN (<i>dofetilide 0.125 mg oral capsule</i>)	Tier 2	
TIKOSYN (<i>dofetilide 0.25 mg oral capsule</i>)	Tier 2	
TIKOSYN (<i>dofetilide 0.5 mg oral capsule</i>)	Tier 2	
<i>verapamil hydrochloride 100 mg extended release capsule</i>	Tier 1	
<i>verapamil hydrochloride 120 mg extended release capsule</i>	Tier 1	
<i>verapamil hydrochloride 120 mg oral tablet</i>	Tier 1	
<i>verapamil hydrochloride 180 mg extended release capsule</i>	Tier 1	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride 180 mg extended release tablet</i>	Tier 1	
<i>verapamil hydrochloride 200 mg extended release capsule</i>	Tier 1	
<i>verapamil hydrochloride 240 mg extended release capsule</i>	Tier 1	
<i>verapamil hydrochloride 240 mg extended release tablet</i>	Tier 1	
<i>verapamil hydrochloride 300 mg extended release capsule</i>	Tier 1	
<i>verapamil hydrochloride 40 mg oral tablet</i>	Tier 1	
<i>verapamil hydrochloride 80 mg oral tablet</i>	Tier 1	
VERELAN (<i>verapamil hydrochloride 360 mg extended release capsule</i>)	Tier 2	
HYPOTENSIVE AGENTS		
<i>acetazolamide 125 mg oral tablet</i>	Tier 1	
<i>acetazolamide 250 mg oral tablet</i>	Tier 1	
<i>acetazolamide 500 mg extended release capsule</i>	Tier 1	
<i>amiloride hydrochloride 5 mg / hydrochlorothiazide 50 mg oral tablet</i>	Tier 1	
<i>amlodipine 10 mg / benazepril hydrochloride 20 mg oral capsule</i>	Tier 1	
<i>amlodipine 10 mg / benazepril hydrochloride 40 mg oral capsule</i>	Tier 1	
<i>amlodipine 2.5 mg / benazepril hydrochloride 10 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine 5 mg / benazepril hydrochloride 10 mg oral capsule</i>	Tier 1	
<i>amlodipine 5 mg / benazepril hydrochloride 20 mg oral capsule</i>	Tier 1	
<i>amlodipine 5 mg / benazepril hydrochloride 40 mg oral capsule</i>	Tier 1	
AMTURNIDE (<i>aliskiren 150 mg / amlodipine 5 mg / hydrochlorothiazide 12.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
AMTURNIDE (<i>aliskiren 300 mg / amlodipine 10 mg / hydrochlorothiazide 12.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
AMTURNIDE (<i>aliskiren 300 mg / amlodipine 10 mg / hydrochlorothiazide 25 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
AMTURNIDE (<i>aliskiren 300 mg / amlodipine 5 mg / hydrochlorothiazide 12.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
AMTURNIDE (<i>aliskiren 300 mg / amlodipine 5 mg / hydrochlorothiazide 25 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.

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Drug Name	Drug Tier	Requirements/Limits
AZOR 5/20 (<i>amlodipine 5 mg / olmesartan medoxomil 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
AZOR 5/40 (<i>amlodipine 5 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
<i>benazepril hydrochloride 10 mg / hydrochlorothiazide 12.5 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 20 mg / hydrochlorothiazide 12.5 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 20 mg / hydrochlorothiazide 25 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 20 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 40 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 5 mg / hydrochlorothiazide 6.25 mg oral tablet</i>	Tier 1	
<i>benazepril hydrochloride 5 mg oral tablet</i>	Tier 1	
BENICAR (<i>olmesartan medoxomil 20 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
BENICAR (<i>olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	
BENICAR (<i>olmesartan medoxomil 5 mg oral tablet</i>)	Tier 2	
BENICAR HCT 20/12.5 (<i>hydrochlorothiazide 12.5 mg / olmesartan medoxomil 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
BENICAR HCT 40/12.5 (<i>hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
BENICAR HCT 40/25 (<i>hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
<i>bumetanide 0.5 mg oral tablet</i>	Tier 1	
<i>bumetanide 1 mg oral tablet</i>	Tier 1	
<i>bumetanide 2 mg oral tablet</i>	Tier 1	
<i>captopril 100 mg oral tablet</i>	Tier 1	
<i>captopril 12.5 mg oral tablet</i>	Tier 1	
<i>captopril 25 mg / hydrochlorothiazide 15 mg oral tablet</i>	Tier 1	
<i>captopril 25 mg / hydrochlorothiazide 25 mg oral tablet</i>	Tier 1	
<i>captopril 25 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril 50 mg / hydrochlorothiazide 15 mg oral tablet</i>	Tier 1	
<i>captopril 50 mg / hydrochlorothiazide 25 mg oral tablet</i>	Tier 1	
<i>captopril 50 mg oral tablet</i>	Tier 1	
<i>chlorothiazide 250 mg oral tablet</i>	Tier 1	
<i>chlorothiazide 500 mg oral tablet</i>	Tier 1	
<i>chlorthalidone 25 mg oral tablet</i>	Tier 1	
<i>chlorthalidone 50 mg oral tablet</i>	Tier 1	
<i>clonidine 0.00417 mg/hr transdermal patch</i>	Tier 1	
<i>clonidine 0.00833 mg/hr transdermal patch</i>	Tier 1	
<i>clonidine 0.0125 mg/hr transdermal patch</i>	Tier 1	
<i>clonidine hydrochloride 0.1 mg oral tablet</i>	Tier 1	
<i>clonidine hydrochloride 0.2 mg oral tablet</i>	Tier 1	
<i>clonidine hydrochloride 0.3 mg oral tablet</i>	Tier 1	
CLOPRES 0.1/15 (chlorthalidone 15 mg / clonidine hydrochloride 0.1 mg oral tablet)	Tier 2	
CLOPRES 0.2/15 (chlorthalidone 15 mg / clonidine hydrochloride 0.2 mg oral tablet)	Tier 2	
CLOPRES 0.3/15 (chlorthalidone 15 mg / clonidine hydrochloride 0.3 mg oral tablet)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
DIOVAN (valsartan 160 mg oral tablet)	Tier 2	
DIOVAN (valsartan 320 mg oral tablet)	Tier 2	
DIOVAN (valsartan 40 mg oral tablet)	Tier 2	
DIOVAN (valsartan 80 mg oral tablet)	Tier 2	
DYRENIUM (triamterene 100 mg oral capsule)	Tier 2	
DYRENIUM (triamterene 50 mg oral capsule)	Tier 2	
ELIXOPHYLLIN (theophylline 5.33 mg/ml oral solution)	Tier 2	
enalapril maleate 10 mg / hydrochlorothiazide 25 mg oral tablet	Tier 1	
enalapril maleate 10 mg oral tablet	Tier 1	
enalapril maleate 2.5 mg oral tablet	Tier 1	
enalapril maleate 20 mg oral tablet	Tier 1	
enalapril maleate 5 mg / hydrochlorothiazide 12.5 mg oral tablet	Tier 1	
enalapril maleate 5 mg oral tablet	Tier 1	
eplerenone 25 mg oral tablet	Tier 1	
eplerenone 50 mg oral tablet	Tier 1	
EXFORGE 10/160 (amlodipine 10 mg / valsartan 160 mg oral tablet)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.

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Drug Name	Drug Tier	Requirements/Limits
EXFORGE 10/320 (<i>amlodipine 10 mg / valsartan 320 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE 5/160 (<i>amlodipine 5 mg / valsartan 160 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE 5/320 (<i>amlodipine 5 mg / valsartan 320 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE HCT 10/160/12.5 (<i>amlodipine 10 mg / hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE HCT 10/160/25 (<i>amlodipine 10 mg / hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE HCT 10/320/25 (<i>amlodipine 10 mg / hydrochlorothiazide 25 mg / valsartan 320 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.

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Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT 5/160/12.5 (amlodipine 5 mg / hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
EXFORGE HCT 5/160/25 (amlodipine 5 mg / hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
felodipine 10 mg extended release tablet	Tier 1	
felodipine 2.5 mg extended release tablet	Tier 1	
felodipine 5 mg extended release tablet	Tier 1	
fosinopril sodium 10 mg / hydrochlorothiazide 12.5 mg oral tablet	Tier 1	
fosinopril sodium 10 mg oral tablet	Tier 1	
fosinopril sodium 20 mg / hydrochlorothiazide 12.5 mg oral tablet	Tier 1	
fosinopril sodium 20 mg oral tablet	Tier 1	
fosinopril sodium 40 mg oral tablet	Tier 1	
furosemide 10 mg/ml injectable solution	Tier 1	
furosemide 10 mg/ml oral solution	Tier 1	
furosemide 20 mg oral tablet	Tier 1	
furosemide 40 mg oral tablet	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide 8 mg/ml oral solution</i>	Tier 1	
<i>furosemide 80 mg oral tablet</i>	Tier 1	
<i>guanfacine 1 mg oral tablet</i>	Tier 1	
<i>guanfacine 2 mg oral tablet</i>	Tier 1	
<i>hydralazine hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>hydralazine hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>hydralazine hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>hydralazine hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / irbesartan 150 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / irbesartan 300 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / lisinopril 10 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / lisinopril 20 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / losartan potassium 100 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / losartan potassium 50 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / quinapril 10 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / quinapril 20 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide 12.5 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / lisinopril 20 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / losartan potassium 100 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / quinapril 20 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / spironolactone 25 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / triamterene 37.5 mg oral capsule</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / triamterene 37.5 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 50 mg / triamterene 75 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 50 mg oral tablet</i>	Tier 1	
<i>indapamide 1.25 mg oral tablet</i>	Tier 1	
<i>indapamide 2.5 mg oral tablet</i>	Tier 1	
INTUNIV (guanfacine 3 mg extended release tablet)	Tier 2	• PA
INTUNIV (guanfacine 4 mg extended release tablet)	Tier 2	• PA
<i>isradipine 2.5 mg oral capsule</i>	Tier 1	
<i>isradipine 5 mg oral capsule</i>	Tier 1	
<i>lisinopril 10 mg oral tablet</i>	Tier 1	
<i>lisinopril 2.5 mg oral tablet</i>	Tier 1	
<i>lisinopril 20 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril 30 mg oral tablet</i>	Tier 1	
<i>lisinopril 40 mg oral tablet</i>	Tier 1	
<i>lisinopril 5 mg oral tablet</i>	Tier 1	
<i>methyclothiazide 5 mg oral tablet</i>	Tier 1	
<i>metolazone 10 mg oral tablet</i>	Tier 1	
<i>metolazone 2.5 mg oral tablet</i>	Tier 1	
<i>metolazone 5 mg oral tablet</i>	Tier 1	
MICARDIS (<i>telmisartan 20 mg oral tablet</i>)	Tier 2	
MICARDIS (<i>telmisartan 40 mg oral tablet</i>)	Tier 2	
MICARDIS (<i>telmisartan 80 mg oral tablet</i>)	Tier 2	
MICARDIS-HCT 40/12.5 (<i>hydrochlorothiazide 12.5 mg / telmisartan 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
MICARDIS-HCT 80/12.5 (<i>hydrochlorothiazide 12.5 mg / telmisartan 80 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
MICARDIS-HCT 80/25 (<i>hydrochlorothiazide 25 mg / telmisartan 80 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
<i>minoxidil 10 mg oral tablet</i>	Tier 1	
<i>minoxidil 2.5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hydrochloride 20 mg oral capsule</i>	Tier 1	
<i>nicardipine hydrochloride 30 mg oral capsule</i>	Tier 1	
<i>nimodipine 30 mg oral capsule</i>	Tier 1	
<i>nisoldipine 17 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 20 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 25.5 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 30 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 34 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 40 mg extended release tablet</i>	Tier 1	
<i>nisoldipine 8.5 mg extended release tablet</i>	Tier 1	
<i>perindopril erbumine 2 mg oral tablet</i>	Tier 1	
<i>perindopril erbumine 4 mg oral tablet</i>	Tier 1	
<i>perindopril erbumine 8 mg oral tablet</i>	Tier 1	
<i>quinapril 10 mg oral tablet</i>	Tier 1	
<i>quinapril 20 mg oral tablet</i>	Tier 1	
<i>quinapril 40 mg oral tablet</i>	Tier 1	
<i>quinapril 5 mg oral tablet</i>	Tier 1	
<i>ramipril 1.25 mg oral capsule</i>	Tier 1	
<i>ramipril 10 mg oral capsule</i>	Tier 1	
<i>ramipril 2.5 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril 5 mg oral capsule</i>	Tier 1	
<i>reserpine 0.1 mg oral tablet</i>	Tier 1	
<i>reserpine 0.25 mg oral tablet</i>	Tier 1	
TARKA 2/240 (<i>trandolapril 2 mg / verapamil hydrochloride 240 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TARKA 4/240 (<i>trandolapril 4 mg / verapamil hydrochloride 240 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TEKTURNA HCT 150/12.5 (<i>aliskiren 150 mg / hydrochlorothiazide 12.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TEKTURNA HCT 150/25 (<i>aliskiren 150 mg / hydrochlorothiazide 25 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TEKTURNA HCT 300/12.5 (<i>aliskiren 300 mg / hydrochlorothiazide 12.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.

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Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT 300/25 (<i>aliskiren 300 mg / hydrochlorothiazide 25 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
<i>theophylline 300 mg extended release tablet</i>	Tier 1	
<i>torsemide 10 mg oral tablet</i>	Tier 1	
<i>torsemide 10 mg/ml injectable solution</i>	Tier 1	
<i>torsemide 100 mg oral tablet</i>	Tier 1	
<i>torsemide 20 mg oral tablet</i>	Tier 1	
<i>torsemide 5 mg oral tablet</i>	Tier 1	
<i>trandolapril 1 mg oral tablet</i>	Tier 1	
<i>trandolapril 2 mg oral tablet</i>	Tier 1	
<i>trandolapril 4 mg oral tablet</i>	Tier 1	
TRIBENZOR 20/5/12.5 (<i>amlodipine 5 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TRIBENZOR 40/10/12.5 (<i>amlodipine 10 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TRIBENZOR 40/10/25 (<i>amlodipine 10 mg / hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.

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Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR 40/5/12.5 (<i>amlodipine 5 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TRIBENZOR 40/5/25 (<i>amlodipine 5 mg / hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
<i>hydrochlorothiazide 12.5 mg / moexipril hydrochloride 15 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / moexipril hydrochloride 7.5 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / valsartan 320 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 12.5 mg / valsartan 80 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / moexipril hydrochloride 15 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet</i>	Tier 1	
<i>hydrochlorothiazide 25 mg / valsartan 320 mg oral tablet</i>	Tier 1	
<i>irbesartan 150 mg oral tablet</i>	Tier 1	
<i>irbesartan 300 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan 75 mg oral tablet</i>	Tier 1	
<i>losartan potassium 100 mg oral tablet</i>	Tier 1	
<i>losartan potassium 25 mg oral tablet</i>	Tier 1	
<i>losartan potassium 50 mg oral tablet</i>	Tier 1	
<i>moexipril hydrochloride 15 mg oral tablet</i>	Tier 1	
TARKA 1/240 (<i>trandolapril 1 mg / verapamil hydrochloride 240 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for an ACE Inhibitor (ACEI) combination or Angiotension II Receptor Blocker (ARB) combination agent will process after a Tier 1 ACEI or Tier 1 ARB within the past 120 days.
TEKTURNA (<i>aliskiren 150 mg oral tablet</i>)	Tier 2	
TEKTURNA (<i>aliskiren 300 mg oral tablet</i>)	Tier 2	
VASODILATING AGENTS		
ADCIRCA (<i>tadalafil 20 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
AGGRENOX (<i>aspirin 25 mg / dipyridamole 200 mg oral capsule</i>)	Tier 2	
CIALIS (<i>tadalafil 2.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
CIALIS (<i>tadalafil 5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
<i>isosorbide dinitrate 10 mg oral tablet</i>	Tier 1	
<i>isosorbide dinitrate 2.5 mg sublingual tablet</i>	Tier 1	
<i>isosorbide dinitrate 20 mg oral tablet</i>	Tier 1	
<i>isosorbide dinitrate 30 mg oral tablet</i>	Tier 1	
<i>isosorbide dinitrate 40 mg extended release tablet</i>	Tier 1	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate 5 mg oral tablet</i>	Tier 1	
<i>isosorbide mononitrate 10 mg oral tablet</i>	Tier 1	
<i>isosorbide mononitrate 120 mg extended release tablet</i>	Tier 1	
<i>isosorbide mononitrate 20 mg oral tablet</i>	Tier 1	
<i>isosorbide mononitrate 30 mg extended release tablet</i>	Tier 1	
<i>isosorbide mononitrate 60 mg extended release tablet</i>	Tier 1	
NITRO-BID (<i>nitroglycerin 0.02 mg/mg topical ointment</i>)	Tier 2	
<i>nitroglycerin 0.1 mg/hr transdermal patch</i>	Tier 1	
<i>nitroglycerin 0.2 mg/hr transdermal patch</i>	Tier 1	
<i>nitroglycerin 0.4 mg/hr transdermal patch</i>	Tier 1	
<i>nitroglycerin 0.6 mg/hr transdermal patch</i>	Tier 1	
NITROMIST (<i>nitroglycerin 0.4 mg/actuat mucosal spray</i>)	Tier 2	
NITROSTAT (<i>nitroglycerin 0.3 mg sublingual tablet</i>)	Tier 2	
NITROSTAT (<i>nitroglycerin 0.4 mg sublingual tablet</i>)	Tier 2	
NITROSTAT (<i>nitroglycerin 0.6 mg sublingual tablet</i>)	Tier 2	
REMODULIN (<i>treprostinil 1 mg/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> PA

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN (<i>treprostinil 10 mg/ml injectable solution</i>)	Tier 2	• PA
REMODULIN (<i>treprostinil 2.5 mg/ml injectable solution</i>)	Tier 2	• PA
REMODULIN (<i>treprostinil 5 mg/ml injectable solution</i>)	Tier 2	• PA
<i>sildenafil 20 mg oral tablet</i>	Tier 1	• PA
TEKAMLO 150/10 (<i>aliskiren 150 mg / amlodipine 10 mg oral tablet</i>)	Tier 2	
TEKAMLO 150/5 (<i>aliskiren 150 mg / amlodipine 5 mg oral tablet</i>)	Tier 2	
TEKAMLO 300/10 (<i>aliskiren 300 mg / amlodipine 10 mg oral tablet</i>)	Tier 2	
TEKAMLO 300/5 (<i>aliskiren 300 mg / amlodipine 5 mg oral tablet</i>)	Tier 2	
TRACLEER (<i>bosentan 125 mg oral tablet</i>)	Tier 2	• PA
TRACLEER (<i>bosentan 62.5 mg oral tablet</i>)	Tier 2	• PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen 21.7 mg/ml / hydrocodone bitartrate 0.5 mg/ml oral solution</i>	Tier 1	
<i>acetaminophen 24 mg/ml / codeine phosphate 2.4 mg/ml oral solution</i>	Tier 1	• QL - 5000 for 30 days supply
<i>acetaminophen 300 mg / codeine phosphate 15 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 300 mg / codeine phosphate 30 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen 300 mg / codeine phosphate 60 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 300 mg / hydrocodone bitartrate 5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 300 mg / hydrocodone bitartrate 7.5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / butalbital 50 mg / caffeine 40 mg / codeine phosphate 30 mg oral capsule</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / hydrocodone bitartrate 10 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / hydrocodone bitartrate 5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / hydrocodone bitartrate 7.5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / oxycodone hydrochloride 10 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / oxycodone hydrochloride 2.5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / oxycodone hydrochloride 5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / oxycodone hydrochloride 7.5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 325 mg / tramadol hydrochloride 37.5 mg oral tablet</i>	Tier 1	• QL - 360 for 30 days supply
<i>acetaminophen 33.3 mg/ml / hydrocodone bitartrate 0.5 mg/ml oral solution</i>	Tier 1	• QL - 3600 for 30 days supply
<i>acetaminophen 500 mg / hydrocodone bitartrate 10 mg oral tablet</i>	Tier 1	• QL - 240 for 30 days supply
<i>acetaminophen 500 mg / hydrocodone bitartrate 5 mg oral tablet</i>	Tier 1	• QL - 240 for 30 days supply

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen 500 mg / hydrocodone bitartrate 7.5 mg oral tablet</i>	Tier 1	• QL - 240 for 30 days supply
<i>acetaminophen 500 mg / oxycodone hydrochloride 5 mg oral capsule</i>	Tier 1	• QL - 240 for 30 days supply
<i>acetaminophen 500 mg / oxycodone hydrochloride 7.5 mg oral tablet</i>	Tier 1	• QL - 240 for 30 days supply
<i>acetaminophen 650 mg / hydrocodone bitartrate 10 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>acetaminophen 650 mg / hydrocodone bitartrate 7.5 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>acetaminophen 650 mg / oxycodone hydrochloride 10 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>acetaminophen 650 mg / pentazocine 25 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>acetaminophen 660 mg / hydrocodone bitartrate 10 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>acetaminophen 750 mg / hydrocodone bitartrate 10 mg oral tablet</i>	Tier 1	• QL - 150 for 30 days supply
<i>acetaminophen 750 mg / hydrocodone bitartrate 7.5 mg oral tablet</i>	Tier 1	• QL - 150 for 30 days supply
<i>aspirin 325 mg / oxycodone hydrochloride 4.84 mg oral tablet</i>	Tier 1	
<i>AVINZA (morphine sulfate 90 mg extended release capsule)</i>	Tier 2	
<i>buprenorphine 2 mg sublingual tablet</i>	Tier 1	
<i>buprenorphine 8 mg sublingual tablet</i>	Tier 1	
<i>butorphanol tartrate 1 mg/ml injectable solution</i>	Tier 1	
<i>butorphanol tartrate 10 mg/ml nasal spray</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate 2 mg/ml injectable solution</i>	Tier 1	
CELEBREX (<i>celecoxib 100 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Celebrex will process if there is a claim for at least a 30 day supply of two separate Tier 1 formulary NSAID products within the past 180 days.
CELEBREX (<i>celecoxib 200 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Celebrex will process if there is a claim for at least a 30 day supply of two separate Tier 1 formulary NSAID products within the past 180 days.
CELEBREX (<i>celecoxib 400 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Celebrex will process if there is a claim for at least a 30 day supply of two separate Tier 1 formulary NSAID products within the past 180 days.
CELEBREX (<i>celecoxib 50 mg oral capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Celebrex will process if there is a claim for at least a 30 day supply of two separate Tier 1 formulary NSAID products within the past 180 days.
<i>codeine sulfate 15 mg oral tablet</i>	Tier 1	
<i>codeine sulfate 30 mg oral tablet</i>	Tier 1	
<i>codeine sulfate 60 mg oral tablet</i>	Tier 1	
<i>diclofenac potassium 50 mg oral tablet</i>	Tier 1	
<i>diclofenac sodium 100 mg extended release tablet</i>	Tier 1	
<i>diclofenac sodium 25 mg enteric coated tablet</i>	Tier 1	
<i>diclofenac sodium 50 mg enteric coated tablet</i>	Tier 1	
<i>diclofenac sodium 75 mg enteric coated tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal 500 mg oral tablet</i>	Tier 1	
<i>DILAUDID (hydromorphone hydrochloride 1 mg/ml injectable solution)</i>	Tier 2	
<i>DILAUDID (hydromorphone hydrochloride 1 mg/ml oral solution)</i>	Tier 2	
<i>etodolac 200 mg oral capsule</i>	Tier 1	
<i>etodolac 400 mg extended release tablet</i>	Tier 1	
<i>etodolac 400 mg oral tablet</i>	Tier 1	
<i>etodolac 500 mg extended release tablet</i>	Tier 1	
<i>etodolac 500 mg oral tablet</i>	Tier 1	
<i>etodolac 600 mg extended release tablet</i>	Tier 1	
<i>fenoprofen 600 mg oral tablet</i>	Tier 1	
<i>fentanyl 0.012 mg/hr transdermal patch</i>	Tier 1	
<i>fentanyl 0.025 mg/hr transdermal patch</i>	Tier 1	
<i>fentanyl 0.05 mg/hr transdermal patch</i>	Tier 1	
<i>fentanyl 0.075 mg/hr transdermal patch</i>	Tier 1	
<i>fentanyl 0.1 mg/hr transdermal patch</i>	Tier 1	
<i>fentanyl 0.2 mg lozenge</i>	Tier 1	
<i>fentanyl 0.4 mg lozenge</i>	Tier 1	
<i>fentanyl 0.6 mg lozenge</i>	Tier 1	
<i>fentanyl 0.8 mg lozenge</i>	Tier 1	
<i>fentanyl 1.2 mg lozenge</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl 1.6 mg lozenge</i>	Tier 1	
<i>flurbiprofen 100 mg oral tablet</i>	Tier 1	
<i>flurbiprofen 50 mg oral tablet</i>	Tier 1	
<i>gabapentin 100 mg oral capsule</i>	Tier 1	
<i>gabapentin 300 mg oral capsule</i>	Tier 1	
<i>gabapentin 400 mg oral capsule</i>	Tier 1	
<i>gabapentin 50 mg/ml oral solution</i>	Tier 1	
<i>gabapentin 600 mg oral tablet</i>	Tier 1	
<i>gabapentin 800 mg oral tablet</i>	Tier 1	
HORIZANT (<i>gabapentin enacarbil 600 mg extended release tablet</i>)	Tier 2	
<i>hydrocodone bitartrate 7.5 mg / ibuprofen 200 mg oral tablet</i>	Tier 1	
<i>hydromorphone hydrochloride 10 mg/ml injectable solution</i>	Tier 1	
<i>hydromorphone hydrochloride 2 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>hydromorphone hydrochloride 4 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>hydromorphone hydrochloride 8 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>ibuprofen 400 mg / oxycodone hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>ibuprofen 400 mg oral tablet</i>	Tier 1	
<i>ibuprofen 600 mg oral tablet</i>	Tier 1	
<i>ibuprofen 800 mg oral tablet</i>	Tier 1	
INDOCIN (<i>indomethacin 5 mg/ml oral suspension</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin 25 mg oral capsule</i>	Tier 1	
<i>indomethacin 50 mg oral capsule</i>	Tier 1	
<i>indomethacin 75 mg extended release capsule</i>	Tier 1	
<i>ketoprofen 200 mg extended release capsule</i>	Tier 1	
<i>ketoprofen 50 mg oral capsule</i>	Tier 1	
<i>ketoprofen 75 mg oral capsule</i>	Tier 1	
<i>ketorolac tromethamine 10 mg oral tablet</i>	Tier 1	
LAZANDA (fentanyl 0.1 mg/actuat nasal spray)	Tier 2	• PA
LAZANDA (fentanyl 0.4 mg/actuat nasal spray)	Tier 2	• PA
<i>levorphanol 2 mg oral tablet</i>	Tier 1	
<i>meclofenamate 100 mg oral capsule</i>	Tier 1	
<i>meclofenamate 50 mg oral capsule</i>	Tier 1	
<i>meloxicam 1.5 mg/ml oral suspension</i>	Tier 1	
<i>meloxicam 15 mg oral tablet</i>	Tier 1	
<i>meloxicam 7.5 mg oral tablet</i>	Tier 1	
<i>meperidine hydrochloride 10 mg/ml oral solution</i>	Tier 1	
<i>meperidine hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>meperidine hydrochloride 100 mg/ml injectable solution</i>	Tier 1	
<i>meperidine hydrochloride 25 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hydrochloride 50 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>meperidine hydrochloride 50 mg/ml injectable solution</i>	Tier 1	
<i>methadone hydrochloride 0.333 mg/ml oral solution</i>	Tier 1	
<i>methadone hydrochloride 1 mg/ml oral solution</i>	Tier 1	
<i>methadone hydrochloride 10 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>methadone hydrochloride 2 mg/ml oral solution</i>	Tier 1	
<i>methadone hydrochloride 5 mg oral tablet</i>	Tier 1	• QL - 180 for 30 days supply
<i>morphine sulfate 100 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 100 mg extended release tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 15 mg extended release tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 15 mg oral tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 2 mg/ml oral solution</i>	Tier 1	
<i>morphine sulfate 20 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 20 mg/ml oral solution</i>	Tier 1	
<i>morphine sulfate 200 mg extended release tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 30 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate 30 mg extended release tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 30 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>morphine sulfate 4 mg/ml oral solution</i>	Tier 1	
<i>morphine sulfate 50 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 60 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 60 mg extended release tablet</i>	Tier 1	• QL - 60 for 30 days supply
<i>morphine sulfate 80 mg extended release capsule</i>	Tier 1	• QL - 60 for 30 days supply
<i>nabumetone 500 mg oral tablet</i>	Tier 1	
<i>nabumetone 750 mg oral tablet</i>	Tier 1	
<i>nalbuphine hydrochloride 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>nalbuphine hydrochloride 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>naloxone 0.5 mg / pentazocine 50 mg oral tablet</i>	Tier 1	
<i>naproxen 250 mg oral tablet</i>	Tier 1	• PA
<i>naproxen 375 mg enteric coated tablet</i>	Tier 1	• PA
<i>naproxen 375 mg oral tablet</i>	Tier 1	• PA
<i>naproxen 500 mg enteric coated tablet</i>	Tier 1	• PA
<i>naproxen 500 mg oral tablet</i>	Tier 1	• PA
<i>naproxen sodium 275 mg oral tablet</i>	Tier 1	• PA
<i>naproxen sodium 550 mg oral tablet</i>	Tier 1	• PA

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA (<i>tapentadol 100 mg extended release tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 100 mg oral tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 150 mg extended release tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 200 mg extended release tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 250 mg extended release tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 50 mg extended release tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 50 mg oral tablet</i>)	Tier 2	
NUCYNTA (<i>tapentadol 75 mg oral tablet</i>)	Tier 2	
<i>oxaprozin 600 mg oral tablet</i>	Tier 1	• PA
<i>oxycodone hydrochloride 10 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>oxycodone hydrochloride 15 mg oral tablet</i>	Tier 1	
<i>oxycodone hydrochloride 20 mg oral tablet</i>	Tier 1	• QL - 120 for 30 days supply
<i>oxycodone hydrochloride 20 mg/ml oral solution</i>	Tier 1	
<i>oxycodone hydrochloride 30 mg oral tablet</i>	Tier 1	
<i>oxycodone hydrochloride 5 mg oral capsule</i>	Tier 1	
<i>oxycodone hydrochloride 5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
PENNSAID (<i>diclofenac sodium 15 mg/ml topical solution</i>)	Tier 2	
<i>piroxicam 10 mg oral capsule</i>	Tier 1	
<i>piroxicam 20 mg oral capsule</i>	Tier 1	
PONSTEL (<i>mefenamic acid 250 mg oral capsule</i>)	Tier 2	
ROXICET (<i>acetaminophen 65 mg/ml / oxycodone hydrochloride 1 mg/ml oral solution</i>)	Tier 2	<ul style="list-style-type: none"> QL - 1846 for 30 days supply
SPRIX (<i>ketorolac tromethamine 15.8 mg/actuat nasal inhaler</i>)	Tier 2	
SUBOXONE (<i>buprenorphine 2 mg / naloxone 0.5 mg oral strip</i>)	Tier 2	
SUBOXONE (<i>buprenorphine 8 mg / naloxone 2 mg oral strip</i>)	Tier 2	
<i>sulindac 150 mg oral tablet</i>	Tier 1	
<i>sulindac 200 mg oral tablet</i>	Tier 1	
<i>tolmetin 200 mg oral tablet</i>	Tier 1	
<i>tolmetin 400 mg oral capsule</i>	Tier 1	
<i>tolmetin 600 mg oral tablet</i>	Tier 1	
<i>tramadol hydrochloride 50 mg oral tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 240 for 30 days supply
TREXIMET (<i>naproxen sodium 500 mg / sumatriptan 85 mg oral tablet</i>)	Tier 2	
VOLTAREN (<i>diclofenac sodium 0.01 mg/mg topical gel</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
ADDERALL (amphetamine aspartate 6.25 mg / amphetamine sulfate 6.25 mg / dextroamphetamine saccharate 6.25 mg / dextroamphetamine sulfate 6.25 mg extended release capsule)	Tier 2	
amphetamine aspartate 1.25 mg / amphetamine sulfate 1.25 mg / dextroamphetamine saccharate 1.25 mg / dextroamphetamine sulfate 1.25 mg oral tablet	Tier 1	
amphetamine aspartate 1.88 mg / amphetamine sulfate 1.88 mg / dextroamphetamine saccharate 1.88 mg / dextroamphetamine sulfate 1.88 mg oral tablet	Tier 1	
amphetamine aspartate 2.5 mg / amphetamine sulfate 2.5 mg / dextroamphetamine saccharate 2.5 mg / dextroamphetamine sulfate 2.5 mg oral tablet	Tier 1	
amphetamine aspartate 3.13 mg / amphetamine sulfate 3.13 mg / dextroamphetamine saccharate 3.13 mg / dextroamphetamine sulfate 3.13 mg oral tablet	Tier 1	
amphetamine aspartate 3.75 mg / amphetamine sulfate 3.75 mg / dextroamphetamine saccharate 3.75 mg / dextroamphetamine sulfate 3.75 mg oral tablet	Tier 1	
amphetamine aspartate 5 mg / amphetamine sulfate 5 mg / dextroamphetamine saccharate 5 mg / dextroamphetamine sulfate 5 mg oral tablet	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine aspartate 7.5 mg / amphetamine sulfate 7.5 mg / dextroamphetamine saccharate 7.5 mg / dextroamphetamine sulfate 7.5 mg oral tablet</i>	Tier 1	
CONCERTA (<i>methylphenidate hydrochloride 18 mg extended release tablet</i>)	Tier 2	• PA
CONCERTA (<i>methylphenidate hydrochloride 27 mg extended release tablet</i>)	Tier 2	• PA
CONCERTA (<i>methylphenidate hydrochloride 36 mg extended release tablet</i>)	Tier 2	• PA
CONCERTA (<i>methylphenidate hydrochloride 54 mg extended release tablet</i>)	Tier 2	• PA
DAYTRANA (<i>methylphenidate 1.67 mg/hr transdermal patch</i>)	Tier 2	• PA
<i>dexmethylphenidate hydrochloride 10 mg oral tablet</i>	Tier 1	• PA
<i>dexmethylphenidate hydrochloride 2.5 mg oral tablet</i>	Tier 1	• PA
<i>dexmethylphenidate hydrochloride 5 mg oral tablet</i>	Tier 1	• PA
<i>dextroamphetamine sulfate 10 mg extended release capsule</i>	Tier 1	• PA
<i>dextroamphetamine sulfate 10 mg oral tablet</i>	Tier 1	• PA
<i>dextroamphetamine sulfate 15 mg extended release capsule</i>	Tier 1	• PA
<i>dextroamphetamine sulfate 5 mg extended release capsule</i>	Tier 1	• PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate 5 mg oral tablet</i>	Tier 1	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 10 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 15 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 20 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 25 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 30 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 35 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 40 mg extended release capsule</i>)	Tier 2	• PA
FOCALIN (<i>dexmethylphenidate hydrochloride 5 mg extended release capsule</i>)	Tier 2	• PA
METADATE (<i>methylphenidate hydrochloride 30 mg extended release capsule</i>)	Tier 2	• PA
METADATE (<i>methylphenidate hydrochloride 40 mg extended release capsule</i>)	Tier 2	• PA
METHYLIN (<i>methylphenidate hydrochloride 10 mg chewable tablet</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
METHYLIN (<i>methylphenidate hydrochloride 2.5 mg chewable tablet</i>)	Tier 2	• PA
METHYLIN (<i>methylphenidate hydrochloride 5 mg chewable tablet</i>)	Tier 2	• PA
<i>methylphenidate hydrochloride 1 mg/ml oral solution</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 10 mg extended release capsule</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 10 mg oral tablet</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 2 mg/ml oral solution</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 20 mg extended release tablet</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 20 mg oral tablet</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 5 mg oral tablet</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 50 mg extended release capsule</i>	Tier 1	• PA
<i>methylphenidate hydrochloride 60 mg extended release capsule</i>	Tier 1	• PA
<i>modafinil 100 mg oral tablet</i>	Tier 1	
<i>modafinil 200 mg oral tablet</i>	Tier 1	
RITALIN (<i>methylphenidate hydrochloride 20 mg extended release capsule</i>)	Tier 2	• PA
RITALIN (<i>methylphenidate hydrochloride 30 mg extended release capsule</i>)	Tier 2	• PA

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
RITALIN (<i>methylphenidate hydrochloride 40 mg extended release capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 20 mg oral capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 30 mg oral capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 40 mg oral capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 50 mg oral capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 60 mg oral capsule</i>)	Tier 2	• PA
VYVANSE (<i>lisdexamfetamine dimesylate 70 mg oral capsule</i>)	Tier 2	• PA
ANTICONVULSANTS		
BANZEL (<i>rufinamide 200 mg oral tablet</i>)	Tier 2	
BANZEL (<i>rufinamide 40 mg/ml oral suspension</i>)	Tier 2	
BANZEL (<i>rufinamide 400 mg oral tablet</i>)	Tier 2	
<i>carbamazepine 100 mg chewable tablet</i>	Tier 1	
<i>carbamazepine 100 mg extended release capsule</i>	Tier 1	
<i>carbamazepine 20 mg/ml oral suspension</i>	Tier 1	
<i>carbamazepine 200 mg extended release capsule</i>	Tier 1	
<i>carbamazepine 200 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine 300 mg extended release capsule</i>	Tier 1	
CELONTIN (<i>methsuximide 300 mg oral capsule</i>)	Tier 2	
<i>clonazepam 0.125 mg disintegrating tablet</i>	Tier 1	
<i>clonazepam 0.25 mg disintegrating tablet</i>	Tier 1	
<i>clonazepam 0.5 mg disintegrating tablet</i>	Tier 1	
<i>clonazepam 0.5 mg oral tablet</i>	Tier 1	
<i>clonazepam 1 mg disintegrating tablet</i>	Tier 1	
<i>clonazepam 1 mg oral tablet</i>	Tier 1	
<i>clonazepam 2 mg disintegrating tablet</i>	Tier 1	
<i>clonazepam 2 mg oral tablet</i>	Tier 1	
<i>clorazepate dipotassium 15 mg oral tablet</i>	Tier 1	
<i>clorazepate dipotassium 3.75 mg oral tablet</i>	Tier 1	
<i>clorazepate dipotassium 7.5 mg oral tablet</i>	Tier 1	
<i>diazepam 0.005 mg/mg prefilled applicator</i>	Tier 1	
<i>diazepam 0.005 mg/mg prefilled applicator</i>	Tier 1	
<i>diazepam 0.005 mg/mg prefilled applicator</i>	Tier 1	
<i>diazepam 1 mg/ml oral solution</i>	Tier 1	
<i>diazepam 10 mg oral tablet</i>	Tier 1	
<i>diazepam 2 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam 5 mg oral tablet</i>	Tier 1	
DILANTIN (<i>phenytoin 50 mg chewable tablet</i>)	Tier 2	
<i>divalproex sodium 125 mg enteric coated capsule</i>	Tier 1	
<i>divalproex sodium 125 mg enteric coated tablet</i>	Tier 1	
<i>divalproex sodium 250 mg enteric coated tablet</i>	Tier 1	
<i>divalproex sodium 250 mg extended release tablet</i>	Tier 1	
<i>divalproex sodium 500 mg enteric coated tablet</i>	Tier 1	
<i>divalproex sodium 500 mg extended release tablet</i>	Tier 1	
<i>ethosuximide 250 mg oral capsule</i>	Tier 1	
<i>ethosuximide 50 mg/ml oral solution</i>	Tier 1	
<i>felbamate 120 mg/ml oral suspension</i>	Tier 1	
<i>felbamate 400 mg oral tablet</i>	Tier 1	
<i>felbamate 600 mg oral tablet</i>	Tier 1	
GABITRIL (<i>tiagabine hydrochloride 12 mg oral tablet</i>)	Tier 2	
GABITRIL (<i>tiagabine hydrochloride 16 mg oral tablet</i>)	Tier 2	
<i>lamotrigine 100 mg oral tablet</i>	Tier 1	
<i>lamotrigine 150 mg oral tablet</i>	Tier 1	
<i>lamotrigine 200 mg oral tablet</i>	Tier 1	
<i>lamotrigine 25 mg chewable tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine 25 mg oral tablet</i>	Tier 1	
<i>lamotrigine 250 mg extended release enteric coated tablet</i>	Tier 1	
<i>lamotrigine 5 mg chewable tablet</i>	Tier 1	
<i>levetiracetam 100 mg/ml injectable solution</i>	Tier 1	
<i>levetiracetam 100 mg/ml oral solution</i>	Tier 1	
<i>levetiracetam 1000 mg oral tablet</i>	Tier 1	
<i>levetiracetam 250 mg oral tablet</i>	Tier 1	
<i>levetiracetam 500 mg extended release tablet</i>	Tier 1	
<i>levetiracetam 500 mg oral tablet</i>	Tier 1	
<i>levetiracetam 750 mg extended release tablet</i>	Tier 1	
<i>levetiracetam 750 mg oral tablet</i>	Tier 1	
<i>LYRICA (pregabalin 100 mg oral capsule)</i>	Tier 2	
<i>LYRICA (pregabalin 150 mg oral capsule)</i>	Tier 2	
<i>LYRICA (pregabalin 20 mg/ml oral solution)</i>	Tier 2	
<i>LYRICA (pregabalin 200 mg oral capsule)</i>	Tier 2	
<i>LYRICA (pregabalin 225 mg oral capsule)</i>	Tier 2	
<i>LYRICA (pregabalin 25 mg oral capsule)</i>	Tier 2	
<i>LYRICA (pregabalin 300 mg oral capsule)</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
LYRICA (<i>pregabalin 50 mg oral capsule</i>)	Tier 2	
LYRICA (<i>pregabalin 75 mg oral capsule</i>)	Tier 2	
ONFI (<i>clobazam 10 mg oral tablet</i>)	Tier 2	
ONFI (<i>clobazam 20 mg oral tablet</i>)	Tier 2	
ONFI (<i>clobazam 5 mg oral tablet</i>)	Tier 2	
<i>oxcarbazepine 150 mg oral tablet</i>	Tier 1	
<i>oxcarbazepine 300 mg oral tablet</i>	Tier 1	
<i>oxcarbazepine 60 mg/ml oral suspension</i>	Tier 1	
<i>oxcarbazepine 600 mg oral tablet</i>	Tier 1	
PEGANONE (<i>ethotoin 250 mg oral tablet</i>)	Tier 2	
<i>phenytoin 25 mg/ml oral suspension</i>	Tier 1	
POTIGA (<i>ezogabine 200 mg oral tablet</i>)	Tier 2	
POTIGA (<i>ezogabine 300 mg oral tablet</i>)	Tier 2	
POTIGA (<i>ezogabine 400 mg oral tablet</i>)	Tier 2	
POTIGA (<i>ezogabine 50 mg oral tablet</i>)	Tier 2	
<i>primidone 250 mg oral tablet</i>	Tier 1	
<i>primidone 50 mg oral tablet</i>	Tier 1	
SABRIL (<i>vigabatrin 50 mg/ml oral solution</i>)	Tier 2	
SABRIL (<i>vigabatrin 500 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride 2 mg oral tablet</i>	Tier 1	
<i>tiagabine hydrochloride 4 mg oral tablet</i>	Tier 1	
<i>topiramate 100 mg oral tablet</i>	Tier 1	
<i>topiramate 15 mg oral capsule</i>	Tier 1	
<i>topiramate 200 mg oral tablet</i>	Tier 1	
<i>topiramate 25 mg oral capsule</i>	Tier 1	
<i>topiramate 25 mg oral tablet</i>	Tier 1	
<i>topiramate 50 mg oral tablet</i>	Tier 1	
<i>valproic acid 100 mg/ml injectable solution</i>	Tier 1	
<i>valproic acid 250 mg oral capsule</i>	Tier 1	
<i>valproic acid 50 mg/ml oral solution</i>	Tier 1	
VIMPAT (<i>lacosamide 10 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
VIMPAT (<i>lacosamide 10 mg/ml oral solution</i>)	Tier 2	
VIMPAT (<i>lacosamide 100 mg oral tablet</i>)	Tier 2	
VIMPAT (<i>lacosamide 150 mg oral tablet</i>)	Tier 2	
VIMPAT (<i>lacosamide 200 mg oral tablet</i>)	Tier 2	
VIMPAT (<i>lacosamide 50 mg oral tablet</i>)	Tier 2	
<i>zonisamide 100 mg oral capsule</i>	Tier 1	
<i>zonisamide 25 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide 50 mg oral capsule</i>	Tier 1	
ANTIMANIC AGENTS		
<i>lithium carbonate 150 mg oral capsule</i>	Tier 1	
<i>lithium carbonate 300 mg extended release tablet</i>	Tier 1	
<i>lithium carbonate 300 mg oral capsule</i>	Tier 1	
<i>lithium carbonate 300 mg oral tablet</i>	Tier 1	
<i>lithium carbonate 450 mg extended release tablet</i>	Tier 1	
<i>lithium carbonate 60 mg/ml oral solution</i>	Tier 1	
<i>lithium carbonate 600 mg oral capsule</i>	Tier 1	
ANTIMIGRAINE AGENTS		
<i>IMITREX (sumatriptan 20 mg/actuat nasal spray)</i>	Tier 2	
<i>IMITREX (sumatriptan 5 mg/actuat nasal spray)</i>	Tier 2	
<i>naratriptan 1 mg oral tablet</i>	Tier 1	• QL - 9 for 30 days supply
<i>naratriptan 2.5 mg oral tablet</i>	Tier 1	• QL - 9 for 30 days supply
<i>rizatriptan 10 mg disintegrating tablet</i>	Tier 1	
<i>rizatriptan 10 mg oral tablet</i>	Tier 1	
<i>rizatriptan 5 mg disintegrating tablet</i>	Tier 1	
<i>rizatriptan 5 mg oral tablet</i>	Tier 1	
<i>sumatriptan 100 mg oral tablet</i>	Tier 1	• QL - 9 for 30 days supply
<i>sumatriptan 12 mg/ml injectable solution</i>	Tier 1	
<i>sumatriptan 12 mg/ml prefilled syringe</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan 25 mg oral tablet</i>	Tier 1	• QL - 9 for 30 days supply
<i>sumatriptan 50 mg oral tablet</i>	Tier 1	• QL - 9 for 30 days supply
<i>ZOMIG (zolmitriptan 2.5 mg disintegrating tablet)</i>	Tier 2	• QL - 9 for 30 days supply
<i>ZOMIG (zolmitriptan 2.5 mg oral tablet)</i>	Tier 2	• QL - 9 for 30 days supply
<i>ZOMIG (zolmitriptan 5 mg disintegrating tablet)</i>	Tier 2	• QL - 9 for 30 days supply
<i>ZOMIG (zolmitriptan 5 mg oral tablet)</i>	Tier 2	• QL - 9 for 30 days supply
<i>ZOMIG (zolmitriptan 5 mg/actuat nasal spray)</i>	Tier 2	
ANTIPARKINSONIAN AGENTS (CNS)		
<i>APOKYN (apomorphine 10 mg/ml prefilled syringe)</i>	Tier 2	
<i>AZILECT (rasagiline 0.5 mg oral tablet)</i>	Tier 2	
<i>AZILECT (rasagiline 1 mg oral tablet)</i>	Tier 2	
<i>benztropine mesylate 0.5 mg oral tablet</i>	Tier 1	
<i>benztropine mesylate 1 mg oral tablet</i>	Tier 1	
<i>benztropine mesylate 2 mg oral tablet</i>	Tier 1	
<i>bromocriptine 2.5 mg oral tablet</i>	Tier 1	
<i>bromocriptine 5 mg oral capsule</i>	Tier 1	
<i>carbidopa 10 mg / levodopa 100 mg disintegrating tablet</i>	Tier 1	
<i>carbidopa 10 mg / levodopa 100 mg oral tablet</i>	Tier 1	
<i>carbidopa 25 mg / levodopa 100 mg disintegrating tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa 25 mg / levodopa 100 mg extended release tablet</i>	Tier 1	
<i>carbidopa 25 mg / levodopa 100 mg oral tablet</i>	Tier 1	
<i>carbidopa 25 mg / levodopa 250 mg disintegrating tablet</i>	Tier 1	
<i>carbidopa 25 mg / levodopa 250 mg oral tablet</i>	Tier 1	
<i>carbidopa 50 mg / levodopa 200 mg extended release tablet</i>	Tier 1	
COMTAN (<i>entacapone 200 mg oral tablet</i>)	Tier 2	
CYCLOSET (<i>bromocriptine 0.8 mg oral tablet</i>)	Tier 2	
MIRAPEX (<i>pramipexole dihydrochloride 0.375 mg extended release tablet</i>)	Tier 2	
MIRAPEX (<i>pramipexole dihydrochloride 0.75 mg extended release tablet</i>)	Tier 2	
MIRAPEX (<i>pramipexole dihydrochloride 1.5 mg extended release tablet</i>)	Tier 2	
MIRAPEX (<i>pramipexole dihydrochloride 3 mg extended release tablet</i>)	Tier 2	
MIRAPEX (<i>pramipexole dihydrochloride 4.5 mg extended release tablet</i>)	Tier 2	
<i>pramipexole dihydrochloride 0.125 mg oral tablet</i>	Tier 1	
<i>pramipexole dihydrochloride 0.25 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride 0.5 mg oral tablet</i>	Tier 1	
<i>pramipexole dihydrochloride 0.75 mg oral tablet</i>	Tier 1	
<i>pramipexole dihydrochloride 1 mg oral tablet</i>	Tier 1	
<i>pramipexole dihydrochloride 1.5 mg oral tablet</i>	Tier 1	
<i>ropinirole 0.25 mg oral tablet</i>	Tier 1	
<i>ropinirole 0.5 mg oral tablet</i>	Tier 1	
<i>ropinirole 1 mg oral tablet</i>	Tier 1	
<i>ropinirole 12 mg extended release tablet</i>	Tier 1	
<i>ropinirole 2 mg extended release tablet</i>	Tier 1	
<i>ropinirole 2 mg oral tablet</i>	Tier 1	
<i>ropinirole 3 mg oral tablet</i>	Tier 1	
<i>ropinirole 4 mg extended release tablet</i>	Tier 1	
<i>ropinirole 4 mg oral tablet</i>	Tier 1	
<i>ropinirole 5 mg oral tablet</i>	Tier 1	
<i>ropinirole 6 mg extended release tablet</i>	Tier 1	
<i>ropinirole 8 mg extended release tablet</i>	Tier 1	
STALEVO 100 (<i>carbidopa 25 mg / entacapone 200 mg / levodopa 100 mg oral tablet</i>)	Tier 2	
STALEVO 125 (<i>carbidopa 31.3 mg / entacapone 200 mg / levodopa 125 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 (<i>carbidopa 37.5 mg / entacapone 200 mg / levodopa 150 mg oral tablet</i>)	Tier 2	
STALEVO 200 (<i>carbidopa 50 mg / entacapone 200 mg / levodopa 200 mg oral tablet</i>)	Tier 2	
STALEVO 50 (<i>carbidopa 12.5 mg / entacapone 200 mg / levodopa 50 mg oral tablet</i>)	Tier 2	
STALEVO 75 (<i>carbidopa 18.8 mg / entacapone 200 mg / levodopa 75 mg oral tablet</i>)	Tier 2	
TASMAR (<i>tolcapone 100 mg oral tablet</i>)	Tier 2	
<i>trihexyphenidyl hydrochloride 0.4 mg/ml oral solution</i>	Tier 1	
<i>trihexyphenidyl hydrochloride 2 mg oral tablet</i>	Tier 1	
<i>trihexyphenidyl hydrochloride 5 mg oral tablet</i>	Tier 1	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
<i>alprazolam 0.25 mg oral tablet</i>	Tier 1	
<i>alprazolam 0.5 mg oral tablet</i>	Tier 1	
<i>alprazolam 1 mg oral tablet</i>	Tier 1	
<i>alprazolam 2 mg oral tablet</i>	Tier 1	
<i>buspirone hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>buspirone hydrochloride 15 mg oral tablet</i>	Tier 1	
<i>buspirone hydrochloride 30 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>buspirone hydrochloride 7.5 mg oral tablet</i>	Tier 1	
<i>EDLUAR (zolpidem tartrate 10 mg sublingual tablet)</i>	Tier 2	
<i>EDLUAR (zolpidem tartrate 5 mg sublingual tablet)</i>	Tier 2	
<i>hydroxyzine hydrochloride 10 mg oral tablet</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 100 mg oral capsule</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 2 mg/ml oral solution</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 25 mg oral capsule</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 25 mg oral tablet</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 25 mg/ml injectable solution</i>	Tier 1	
<i>hydroxyzine hydrochloride 50 mg oral capsule</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 50 mg oral tablet</i>	Tier 1	• PA
<i>hydroxyzine hydrochloride 50 mg/ml injectable solution</i>	Tier 1	
<i>lorazepam 0.5 mg oral tablet</i>	Tier 1	
<i>lorazepam 1 mg oral tablet</i>	Tier 1	
<i>lorazepam 2 mg oral tablet</i>	Tier 1	
<i>lorazepam 2 mg/ml oral solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate 200 mg oral tablet</i>	Tier 1	
<i>meprobamate 400 mg oral tablet</i>	Tier 1	
<i>phenobarbital 100 mg oral tablet</i>	Tier 1	
<i>phenobarbital 15 mg oral tablet</i>	Tier 1	
<i>phenobarbital 16.2 mg oral tablet</i>	Tier 1	
<i>phenobarbital 30 mg oral tablet</i>	Tier 1	
<i>phenobarbital 32.4 mg oral tablet</i>	Tier 1	
<i>phenobarbital 4 mg/ml oral solution</i>	Tier 1	
<i>phenobarbital 60 mg oral tablet</i>	Tier 1	
<i>phenobarbital 64.8 mg oral tablet</i>	Tier 1	
<i>phenobarbital 97.2 mg oral tablet</i>	Tier 1	
<i>promethazine hydrochloride 1.25 mg/ml oral solution</i>	Tier 1	• PA
<i>promethazine hydrochloride 12.5 mg oral tablet</i>	Tier 1	• PA
<i>promethazine hydrochloride 12.5 mg rectal suppository</i>	Tier 1	• PA
<i>promethazine hydrochloride 25 mg oral tablet</i>	Tier 1	• PA
<i>promethazine hydrochloride 25 mg rectal suppository</i>	Tier 1	• PA
<i>promethazine hydrochloride 25 mg/ml injectable solution</i>	Tier 1	
<i>promethazine hydrochloride 50 mg oral tablet</i>	Tier 1	• PA
<i>promethazine hydrochloride 50 mg/ml injectable solution</i>	Tier 1	
ROZEREM (<i>ramelteon 8 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon 10 mg oral capsule</i>	Tier 1	
<i>zaleplon 5 mg oral capsule</i>	Tier 1	
<i>zolpidem tartrate 10 mg oral tablet</i>	Tier 1	
<i>zolpidem tartrate 12.5 mg extended release tablet</i>	Tier 1	
<i>zolpidem tartrate 5 mg oral tablet</i>	Tier 1	
<i>zolpidem tartrate 6.25 mg extended release tablet</i>	Tier 1	
ZOLPIMIST (zolpidem tartrate 5 mg/actuat oral spray)	Tier 2	
<i>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</i>		
NAMENDA (memantine hydrochloride 10 mg oral tablet)	Tier 2	
NAMENDA (memantine hydrochloride 2 mg/ml oral solution)	Tier 2	
NAMENDA (memantine hydrochloride 5 mg oral tablet)	Tier 2	
NUEDEXTA (dextromethorphan hydrobromide 20 mg / quinidine sulfate 10 mg oral capsule)	Tier 2	• PA
RILUTEK (riluzole 50 mg oral tablet)	Tier 2	
STRATTERA (atomoxetine 10 mg oral capsule)	Tier 2	• QL - 60 for 30 days supply
STRATTERA (atomoxetine 100 mg oral capsule)	Tier 2	• QL - 30 for 30 days supply
STRATTERA (atomoxetine 18 mg oral capsule)	Tier 2	• QL - 60 for 30 days supply
STRATTERA (atomoxetine 25 mg oral capsule)	Tier 2	• QL - 60 for 30 days supply
STRATTERA (atomoxetine 40 mg oral capsule)	Tier 2	• QL - 60 for 30 days supply

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Drug Name	Drug Tier	Requirements/Limits
STRATTERA (<i>atomoxetine 60 mg oral capsule</i>)	Tier 2	• QL - 30 for 30 days supply
STRATTERA (<i>atomoxetine 80 mg oral capsule</i>)	Tier 2	• QL - 30 for 30 days supply
XENAZINE (<i>tetrabenazine 12.5 mg oral tablet</i>)	Tier 2	• PA
XENAZINE (<i>tetrabenazine 25 mg oral tablet</i>)	Tier 2	• PA
XYREM (<i>sodium oxybate 500 mg/ml oral solution</i>)	Tier 2	
FIBROMYALGIA AGENTS		
SAVELLA (<i>milnacipran hydrochloride 100 mg oral tablet</i>)	Tier 2	
SAVELLA (<i>milnacipran hydrochloride 12.5 mg oral tablet</i>)	Tier 2	
SAVELLA (<i>milnacipran hydrochloride 25 mg oral tablet</i>)	Tier 2	
SAVELLA (<i>milnacipran hydrochloride 50 mg oral tablet</i>)	Tier 2	
OPIATE ANTAGONISTS		
<i>naloxone hydrochloride 1 mg/ml prefilled syringe</i>	Tier 1	
<i>naltrexone 50 mg oral tablet</i>	Tier 1	
VIVITROL (<i>naltrexone 112 mg/ml injectable suspension</i>)	Tier 2	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY (<i>aripiprazole 1 mg/ml oral solution</i>)	Tier 2	
ABILIFY (<i>aripiprazole 10 mg disintegrating tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY (<i>aripiprazole 10 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 15 mg disintegrating tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 15 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 2 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 20 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 200 mg/ml injectable suspension</i>)	Tier 2	
ABILIFY (<i>aripiprazole 30 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 5 mg oral tablet</i>)	Tier 2	
ABILIFY (<i>aripiprazole 7.5 mg/ml injectable solution</i>)	Tier 2	
<i>amitriptyline hydrochloride 10 mg / perphenazine 2 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 10 mg / perphenazine 4 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 12.5 mg / chlordiazepoxide 5 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 150 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hydrochloride 25 mg / chlordiazepoxide 10 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 25 mg / perphenazine 2 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 25 mg / perphenazine 4 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 50 mg / perphenazine 4 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>amitriptyline hydrochloride 75 mg oral tablet</i>	Tier 1	
<i>amoxapine 100 mg oral tablet</i>	Tier 1	
<i>amoxapine 150 mg oral tablet</i>	Tier 1	
<i>amoxapine 25 mg oral tablet</i>	Tier 1	
<i>amoxapine 50 mg oral tablet</i>	Tier 1	
BUPROBAN (<i>bupropion hydrochloride 150 mg extended release tablet</i>)	Tier 2	
<i>bupropion hydrochloride 100 mg extended release tablet</i>	Tier 1	
<i>bupropion hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>bupropion hydrochloride 150 mg extended release tablet</i>	Tier 1	
<i>bupropion hydrochloride 150 mg extended release tablet</i>	Tier 1	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride 200 mg extended release tablet</i>	Tier 1	
<i>bupropion hydrochloride 300 mg extended release tablet</i>	Tier 1	
<i>bupropion hydrochloride 75 mg oral tablet</i>	Tier 1	
<i>chlorpromazine hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>chlorpromazine hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>chlorpromazine hydrochloride 200 mg oral tablet</i>	Tier 1	
<i>chlorpromazine hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>chlorpromazine hydrochloride 25 mg/ml injectable solution</i>	Tier 1	
<i>chlorpromazine hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>citalopram 10 mg oral tablet</i>	Tier 1	
<i>citalopram 2 mg/ml oral solution</i>	Tier 1	
<i>citalopram 20 mg oral tablet</i>	Tier 1	
<i>citalopram 40 mg oral tablet</i>	Tier 1	
<i>clomipramine hydrochloride 25 mg oral capsule</i>	Tier 1	
<i>clomipramine hydrochloride 50 mg oral capsule</i>	Tier 1	
<i>clomipramine hydrochloride 75 mg oral capsule</i>	Tier 1	
<i>clozapine 100 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine 200 mg oral tablet</i>	Tier 1	
<i>clozapine 25 mg oral tablet</i>	Tier 1	
<i>clozapine 50 mg oral tablet</i>	Tier 1	
CYMBALTA (<i>duloxetine 20 mg enteric coated capsule</i>)	Tier 2	
CYMBALTA (<i>duloxetine 30 mg enteric coated capsule</i>)	Tier 2	
CYMBALTA (<i>duloxetine 60 mg enteric coated capsule</i>)	Tier 2	
<i>desipramine hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>desipramine hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>desipramine hydrochloride 150 mg oral tablet</i>	Tier 1	
<i>desipramine hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>desipramine hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>desipramine hydrochloride 75 mg oral tablet</i>	Tier 1	
<i>doxepin hydrochloride 10 mg oral capsule</i>	Tier 1	
<i>doxepin hydrochloride 10 mg/ml oral solution</i>	Tier 1	
<i>doxepin hydrochloride 100 mg oral capsule</i>	Tier 1	
<i>doxepin hydrochloride 150 mg oral capsule</i>	Tier 1	
<i>doxepin hydrochloride 25 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hydrochloride 50 mg oral capsule</i>	Tier 1	
<i>doxepin hydrochloride 75 mg oral capsule</i>	Tier 1	
EMSAM (<i>selegiline hydrochloride 0.25 mg/hr transdermal patch</i>)	Tier 2	
EMSAM (<i>selegiline hydrochloride 0.375 mg/hr transdermal patch</i>)	Tier 2	
EMSAM (<i>selegiline hydrochloride 0.5 mg/hr transdermal patch</i>)	Tier 2	
<i>escitalopram 1 mg/ml oral solution</i>	Tier 1	
<i>escitalopram 10 mg oral tablet</i>	Tier 1	
<i>escitalopram 20 mg oral tablet</i>	Tier 1	
<i>escitalopram 5 mg oral tablet</i>	Tier 1	
FANAPT (<i>iloperidone 1 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 10 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 12 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 2 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 4 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 6 mg oral tablet</i>)	Tier 2	
FANAPT (<i>iloperidone 8 mg oral tablet</i>)	Tier 2	
FAZACLO (<i>clozapine 12.5 mg disintegrating tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
FAZACLO (<i>clozapine 150 mg disintegrating tablet</i>)	Tier 2	
<i>fluoxetine 10 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 10 mg oral tablet</i>	Tier 1	• PA
<i>fluoxetine 20 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 20 mg oral tablet</i>	Tier 1	• PA
<i>fluoxetine 25 mg / olanzapine 12 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 25 mg / olanzapine 3 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 25 mg / olanzapine 6 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 4 mg/ml oral solution</i>	Tier 1	• PA
<i>fluoxetine 40 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 50 mg / olanzapine 12 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 50 mg / olanzapine 6 mg oral capsule</i>	Tier 1	• PA
<i>fluoxetine 60 mg oral tablet</i>	Tier 1	
<i>fluoxetine 90 mg enteric coated capsule</i>	Tier 1	• PA
<i>fluphenazine decanoate 25 mg/ml injectable solution</i>	Tier 1	
<i>fluphenazine hydrochloride 0.5 mg/ml oral solution</i>	Tier 1	
<i>fluphenazine hydrochloride 1 mg oral tablet</i>	Tier 1	
<i>fluphenazine hydrochloride 10 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hydrochloride 2.5 mg oral tablet</i>	Tier 1	
<i>fluphenazine hydrochloride 2.5 mg/ml injectable solution</i>	Tier 1	
<i>fluphenazine hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>fluphenazine hydrochloride 5 mg/ml oral solution</i>	Tier 1	
<i>fluvoxamine maleate 100 mg oral tablet</i>	Tier 1	
<i>fluvoxamine maleate 25 mg oral tablet</i>	Tier 1	
<i>fluvoxamine maleate 50 mg oral tablet</i>	Tier 1	
FORFIVO (<i>bupropion hydrochloride 450 mg extended release tablet</i>)	Tier 2	
GEODON (<i>ziprasidone 20 mg/ml injectable solution</i>)	Tier 2	
<i>haloperidol 0.5 mg oral tablet</i>	Tier 1	
<i>haloperidol 1 mg oral tablet</i>	Tier 1	
<i>haloperidol 10 mg oral tablet</i>	Tier 1	
<i>haloperidol 2 mg oral tablet</i>	Tier 1	
<i>haloperidol 2 mg/ml oral solution</i>	Tier 1	
<i>haloperidol 20 mg oral tablet</i>	Tier 1	
<i>haloperidol 5 mg oral tablet</i>	Tier 1	
<i>haloperidol 5 mg/ml injectable solution</i>	Tier 1	
<i>haloperidol decanoate 100 mg/ml injectable solution</i>	Tier 1	
<i>haloperidol decanoate 50 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>imipramine hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>imipramine hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>imipramine pamoate 100 mg oral capsule</i>	Tier 1	
<i>imipramine pamoate 125 mg oral capsule</i>	Tier 1	
<i>imipramine pamoate 150 mg oral capsule</i>	Tier 1	
<i>imipramine pamoate 75 mg oral capsule</i>	Tier 1	
INVEGA (<i>paliperidone 1.5 mg extended release tablet</i>)	Tier 2	
INVEGA (<i>paliperidone 3 mg extended release tablet</i>)	Tier 2	
INVEGA (<i>paliperidone 6 mg extended release tablet</i>)	Tier 2	
INVEGA (<i>paliperidone 9 mg extended release tablet</i>)	Tier 2	
INVEGA (<i>paliperidone palmitate 156 mg/ml prefilled syringe</i>)	Tier 2	
INVEGA (<i>paliperidone palmitate 156 mg/ml prefilled syringe</i>)	Tier 2	
INVEGA (<i>paliperidone palmitate 156 mg/ml prefilled syringe</i>)	Tier 2	
INVEGA (<i>paliperidone palmitate 156 mg/ml prefilled syringe</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA (<i>paliperidone palmitate 156 mg/ml prefilled syringe</i>)	Tier 2	
LATUDA (<i>lurasidone hydrochloride 120 mg oral tablet</i>)	Tier 2	
LATUDA (<i>lurasidone hydrochloride 40 mg oral tablet</i>)	Tier 2	
LATUDA (<i>lurasidone hydrochloride 80 mg oral tablet</i>)	Tier 2	
<i>loxapine 10 mg oral capsule</i>	Tier 1	
<i>loxapine 25 mg oral capsule</i>	Tier 1	
<i>loxapine 5 mg oral capsule</i>	Tier 1	
<i>loxapine 50 mg oral capsule</i>	Tier 1	
<i>maprotiline hydrochloride 25 mg oral tablet</i>	Tier 1	
<i>maprotiline hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>maprotiline hydrochloride 75 mg oral tablet</i>	Tier 1	
MARPLAN (<i>isocarboxazid 10 mg oral tablet</i>)	Tier 2	
<i>mirtazapine 15 mg disintegrating tablet</i>	Tier 1	
<i>mirtazapine 15 mg oral tablet</i>	Tier 1	
<i>mirtazapine 30 mg disintegrating tablet</i>	Tier 1	
<i>mirtazapine 30 mg oral tablet</i>	Tier 1	
<i>mirtazapine 45 mg disintegrating tablet</i>	Tier 1	
<i>mirtazapine 45 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine 7.5 mg oral tablet</i>	Tier 1	
<i>nefazodone hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>nefazodone hydrochloride 150 mg oral tablet</i>	Tier 1	
<i>nefazodone hydrochloride 200 mg oral tablet</i>	Tier 1	
<i>nefazodone hydrochloride 250 mg oral tablet</i>	Tier 1	
<i>nefazodone hydrochloride 50 mg oral tablet</i>	Tier 1	
NORPRAMIN (<i>desipramine hydrochloride 10 mg oral tablet</i>)	Tier 2	
NORPRAMIN (<i>desipramine hydrochloride 100 mg oral tablet</i>)	Tier 2	
NORPRAMIN (<i>desipramine hydrochloride 150 mg oral tablet</i>)	Tier 2	
NORPRAMIN (<i>desipramine hydrochloride 25 mg oral tablet</i>)	Tier 2	
NORPRAMIN (<i>desipramine hydrochloride 50 mg oral tablet</i>)	Tier 2	
NORPRAMIN (<i>desipramine hydrochloride 75 mg oral tablet</i>)	Tier 2	
<i>nortriptyline 10 mg oral capsule</i>	Tier 1	
<i>nortriptyline 25 mg oral capsule</i>	Tier 1	
<i>nortriptyline 50 mg oral capsule</i>	Tier 1	
<i>nortriptyline 75 mg oral capsule</i>	Tier 1	
<i>olanzapine 10 mg disintegrating tablet</i>	Tier 1	
<i>olanzapine 10 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine 15 mg disintegrating tablet</i>	Tier 1	
<i>olanzapine 15 mg oral tablet</i>	Tier 1	
<i>olanzapine 2.5 mg oral tablet</i>	Tier 1	
<i>olanzapine 20 mg disintegrating tablet</i>	Tier 1	
<i>olanzapine 20 mg oral tablet</i>	Tier 1	
<i>olanzapine 5 mg disintegrating tablet</i>	Tier 1	
<i>olanzapine 5 mg oral tablet</i>	Tier 1	
<i>olanzapine 5 mg/ml injectable solution</i>	Tier 1	
<i>olanzapine 7.5 mg oral tablet</i>	Tier 1	
OLEPTRO (trazodone hydrochloride 150 mg extended release tablet)	Tier 2	
OLEPTRO (trazodone hydrochloride 300 mg extended release tablet)	Tier 2	
ORAP (pimozide 1 mg oral tablet)	Tier 2	
ORAP (pimozide 2 mg oral tablet)	Tier 2	
<i>paroxetine 10 mg oral tablet</i>	Tier 1	
<i>paroxetine 12.5 mg extended release tablet</i>	Tier 1	
<i>paroxetine 20 mg oral tablet</i>	Tier 1	
<i>paroxetine 25 mg extended release tablet</i>	Tier 1	
<i>paroxetine 30 mg oral tablet</i>	Tier 1	
<i>paroxetine 37.5 mg extended release tablet</i>	Tier 1	
<i>paroxetine 40 mg oral tablet</i>	Tier 1	
PAXIL (paroxetine 2 mg/ml oral suspension)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine 16 mg oral tablet</i>	Tier 1	
<i>perphenazine 2 mg oral tablet</i>	Tier 1	
<i>perphenazine 4 mg oral tablet</i>	Tier 1	
<i>perphenazine 8 mg oral tablet</i>	Tier 1	
<i>phenelzine 15 mg oral tablet</i>	Tier 1	
PRISTIQ (<i>desvenlafaxine 100 mg extended release tablet</i>)	Tier 2	
PRISTIQ (<i>desvenlafaxine 50 mg extended release tablet</i>)	Tier 2	
<i>prochlorperazine 10 mg oral tablet</i>	Tier 1	
<i>prochlorperazine 25 mg rectal suppository</i>	Tier 1	
<i>prochlorperazine 5 mg oral tablet</i>	Tier 1	
<i>prochlorperazine 5 mg/ml injectable solution</i>	Tier 1	
<i>protriptyline hydrochloride 10 mg oral tablet</i>	Tier 1	
<i>protriptyline hydrochloride 5 mg oral tablet</i>	Tier 1	
<i>quetiapine 100 mg oral tablet</i>	Tier 1	
<i>quetiapine 200 mg oral tablet</i>	Tier 1	
<i>quetiapine 25 mg oral tablet</i>	Tier 1	
<i>quetiapine 300 mg oral tablet</i>	Tier 1	
<i>quetiapine 400 mg oral tablet</i>	Tier 1	
<i>quetiapine 50 mg oral tablet</i>	Tier 1	
RISPERDAL (<i>risperidone 12.5 mg/ml injectable suspension</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL (<i>risperidone 18.8 mg/ml injectable suspension</i>)	Tier 2	
RISPERDAL (<i>risperidone 25 mg/ml injectable suspension</i>)	Tier 2	
<i>risperidone 0.25 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 0.25 mg oral tablet</i>	Tier 1	
<i>risperidone 0.5 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 0.5 mg oral tablet</i>	Tier 1	
<i>risperidone 1 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 1 mg oral tablet</i>	Tier 1	
<i>risperidone 1 mg/ml oral solution</i>	Tier 1	
<i>risperidone 2 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 2 mg oral tablet</i>	Tier 1	
<i>risperidone 3 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 3 mg oral tablet</i>	Tier 1	
<i>risperidone 4 mg disintegrating tablet</i>	Tier 1	
<i>risperidone 4 mg oral tablet</i>	Tier 1	
SAPHRIS (<i>asenapine 10 mg sublingual tablet</i>)	Tier 2	
SAPHRIS (<i>asenapine 5 mg sublingual tablet</i>)	Tier 2	
<i>selegiline hydrochloride 5 mg oral capsule</i>	Tier 1	
<i>selegiline hydrochloride 5 mg oral tablet</i>	Tier 1	
SEROQUEL (<i>quetiapine 150 mg extended release tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL (<i>quetiapine 200 mg extended release tablet</i>)	Tier 2	
SEROQUEL (<i>quetiapine 300 mg extended release tablet</i>)	Tier 2	
SEROQUEL (<i>quetiapine 400 mg extended release tablet</i>)	Tier 2	
SEROQUEL (<i>quetiapine 50 mg extended release tablet</i>)	Tier 2	
<i>sertraline 100 mg oral tablet</i>	Tier 1	
<i>sertraline 20 mg/ml oral solution</i>	Tier 1	
<i>sertraline 25 mg oral tablet</i>	Tier 1	
<i>sertraline 50 mg oral tablet</i>	Tier 1	
<i>thioridazine 10 mg oral tablet</i>	Tier 1	• PA
<i>thioridazine 100 mg oral tablet</i>	Tier 1	• PA
<i>thioridazine 25 mg oral tablet</i>	Tier 1	• PA
<i>thioridazine 50 mg oral tablet</i>	Tier 1	• PA
<i>thiothixene 1 mg oral capsule</i>	Tier 1	
<i>thiothixene 10 mg oral capsule</i>	Tier 1	
<i>thiothixene 2 mg oral capsule</i>	Tier 1	
<i>thiothixene 5 mg oral capsule</i>	Tier 1	
<i>tranylcypromine 10 mg oral tablet</i>	Tier 1	
<i>trazodone hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>trazodone hydrochloride 150 mg oral tablet</i>	Tier 1	
<i>trazodone hydrochloride 300 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hydrochloride 50 mg oral tablet</i>	Tier 1	
<i>trifluoperazine 1 mg oral tablet</i>	Tier 1	
<i>trifluoperazine 10 mg oral tablet</i>	Tier 1	
<i>trifluoperazine 2 mg oral tablet</i>	Tier 1	
<i>trifluoperazine 5 mg oral tablet</i>	Tier 1	
<i>trimipramine 100 mg oral capsule</i>	Tier 1	
<i>trimipramine 25 mg oral capsule</i>	Tier 1	
<i>trimipramine 50 mg oral capsule</i>	Tier 1	
<i>venlafaxine 100 mg oral tablet</i>	Tier 1	
<i>venlafaxine 150 mg extended release capsule</i>	Tier 1	
<i>venlafaxine 150 mg extended release tablet</i>	Tier 1	
<i>venlafaxine 225 mg extended release tablet</i>	Tier 1	
<i>venlafaxine 25 mg oral tablet</i>	Tier 1	
<i>venlafaxine 37.5 mg extended release capsule</i>	Tier 1	
<i>venlafaxine 37.5 mg extended release tablet</i>	Tier 1	
<i>venlafaxine 37.5 mg oral tablet</i>	Tier 1	
<i>venlafaxine 50 mg oral tablet</i>	Tier 1	
<i>venlafaxine 75 mg extended release capsule</i>	Tier 1	
<i>venlafaxine 75 mg extended release tablet</i>	Tier 1	
<i>venlafaxine 75 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD (<i>vilazodone hydrochloride 10 mg oral tablet</i>)	Tier 2	
VIIBRYD (<i>vilazodone hydrochloride 20 mg oral tablet</i>)	Tier 2	
VIIBRYD (<i>vilazodone hydrochloride 40 mg oral tablet</i>)	Tier 2	
ZELAPAR (<i>selegiline hydrochloride 1.25 mg disintegrating tablet</i>)	Tier 2	
<i>ziprasidone 20 mg oral capsule</i>	Tier 1	
<i>ziprasidone 40 mg oral capsule</i>	Tier 1	
<i>ziprasidone 60 mg oral capsule</i>	Tier 1	
<i>ziprasidone 80 mg oral capsule</i>	Tier 1	
DEVICES		
<i>DEVICES</i>		
NA (<i>insulin pen needle na</i>)	Tier 1	
NA (<i>insulin syringe (disp) u-100 0.3 ml na</i>)	Tier 1	
NA (<i>insulin syringe (disp) u-100 1/2 ml na</i>)	Tier 2	
NA (<i>needles, insulin disp., safety na</i>)	Tier 1	
DIAGNOSTIC AGENTS		
<i>ADRENOCORTICAL INSUFFICIENCY</i>		
ACTHAR (<i>corticotropin 80 unt/ml injectable solution</i>)	Tier 2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>ALKALINIZING AGENTS</i>		
<i>potassium citrate 10 meq extended release tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate 5 meq extended release tablet</i>	Tier 1	
<i>sodium lactate 5 meq/ml injectable solution</i>	Tier 1	
AMMONIA DETOXICANTS		
BUPHENYL (<i>sodium phenylbutyrate 0.94 mg/mg oral powder</i>)	Tier 2	
BUPHENYL (<i>sodium phenylbutyrate 500 mg oral tablet</i>)	Tier 2	
<i>lactulose 667 mg/ml oral solution</i>	Tier 1	
CALORIC AGENTS		
AMINOSYN 3.5 % M, SULFITE FREE (<i>alanine 4.48 mg/ml / arginine 3.43 mg/ml / glycine 4.48 mg/ml / histidine 1.05 mg/ml / isoleucine 2.52 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
AMINOSYN 8.5 % WITH ELECTROLYTES, SULFITE-FREE (<i>alanine 11 mg/ml / arginine 8.5 mg/ml / glycine 11 mg/ml / histidine 2.6 mg/ml / isoleucine 6.2 mg/ml injectable solution</i>)	Tier 2	
AMINOSYN II 10 % (<i>alanine 9.93 mg/ml / arginine 10.2 mg/ml / aspartate 7 mg/ml / glutamate 7.38 mg/ml / glycine 5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
AMINOSYN II 15% (<i>alanine 14.9 mg/ml / arginine 15.3 mg/ml / aspartate 10.5 mg/ml / glutamate 11.1 mg/ml / glycine 7.5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 7 %, SULFITE-FREE (alanine 6.95 mg/ml / arginine 7.13 mg/ml / aspartate 4.9 mg/ml / glutamate 5.17 mg/ml / glycine 3.5 mg/ml injectable solution)	Tier 2	
AMINOSYN II 8.5 % WITH ELECTROLYTES, SULFITE-FREE (alanine 8.44 mg/ml / arginine 8.65 mg/ml / aspartate 5.95 mg/ml / glutamate 6.27 mg/ml / glycine 4.25 mg/ml injectable solution)	Tier 2	
AMINOSYN II 8.5 %, SULFITE-FREE (alanine 8.44 mg/ml / arginine 8.65 mg/ml / aspartate 5.95 mg/ml / glutamate 6.27 mg/ml / glycine 4.25 mg/ml injectable solution)	Tier 2	• PA - B vs. D
AMINOSYN-HBC 7 %, SULFITE-FREE (alanine 6.6 mg/ml / arginine 5.07 mg/ml / glycine 6.6 mg/ml / histidine 1.54 mg/ml / isoleucine 7.89 mg/ml injectable solution)	Tier 2	
AMINOSYN-PF 10 %, SULFITE-FREE (alanine 6.98 mg/ml / arginine 12.3 mg/ml / aspartate 5.27 mg/ml / glutamate 8.2 mg/ml / glycine 3.85 mg/ml injectable solution)	Tier 2	• PA - B vs. D
AMINOSYN-PF 7% (alanine 4.9 mg/ml / arginine 8.61 mg/ml / aspartate 3.7 mg/ml / glutamate 5.76 mg/ml / glycine 2.7 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 2.75/5 (alanine 5.7 mg/ml / arginine 3.16 mg/ml / glucose 50 mg/ml / glycine 2.83 mg/ml / histidine 1.32 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 4.25/10 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / glucose 100 mg/ml / glycine 4.38 mg/ml / histidine 2.04 mg/ml injectable solution)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25/20 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / glucose 200 mg/ml / glycine 4.38 mg/ml / histidine 2.04 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 4.25/25 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / glucose 250 mg/ml / glycine 4.38 mg/ml / histidine 2.04 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 4.25/5 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / glucose 50 mg/ml / glycine 4.38 mg/ml / histidine 2.04 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 5/15 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / glucose 150 mg/ml / glycine 5.15 mg/ml / histidine 2.4 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 5/20 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / glucose 200 mg/ml / glycine 5.15 mg/ml / histidine 2.4 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX 5/25 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / glucose 250 mg/ml / glycine 5.15 mg/ml / histidine 2.4 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 2.75/10 (alanine 5.7 mg/ml / arginine 3.16 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 100 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 2.75/5 (alanine 5.7 mg/ml / arginine 3.16 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 50 mg/ml injectable solution)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25/25 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 250 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 4.25/5 (alanine 8.8 mg/ml / arginine 4.89 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 50 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 5/15 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 150 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 5/20 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 200 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINIMIX E 5/25 (alanine 10.4 mg/ml / arginine 5.75 mg/ml / calcium chloride 0.004 meq/ml / dibasic potassium phosphate 2.61 mg/ml / glucose 250 mg/ml injectable solution)	Tier 2	• PA - B vs. D
CLINISOL 15 (alanine 21.7 mg/ml / arginine 14.7 mg/ml / aspartate 4.34 mg/ml / glutamate 7.49 mg/ml / glycine 10.4 mg/ml injectable solution)	Tier 2	• PA - B vs. D
glucose 100 mg/ml / sodium chloride 0.0342 meq/ml injectable solution	Tier 1	
glucose 100 mg/ml / sodium chloride 0.0769 meq/ml injectable solution	Tier 1	
glucose 100 mg/ml injectable solution	Tier 1	
glucose 25 mg/ml / sodium chloride 0.0769 meq/ml injectable solution	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glucose 50 mg/ml / sodium chloride 0.0342 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / sodium chloride 0.0385 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / sodium chloride 0.0564 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml injectable solution</i>	Tier 1	
HEPATAMINE 8 (<i>alanine 7.7 mg/ml / arginine 6 mg/ml / cysteine 0.2 mg/ml / glycine 9 mg/ml / histidine 2.4 mg/ml injectable solution</i>)	Tier 2	
HEPATASOL 8 (<i>alanine 1.54 mg/ml / arginine 1.2 mg/ml / cysteine 0.04 mg/ml / histidine 0.48 mg/ml / isoleucine 1.8 mg/ml injectable solution</i>)	Tier 2	
INTRALIPID (<i>egg yolk phospholipids 12 mg/ml / glycerin 16.7 mg/ml / soybean oil 300 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
INTRALIPID (<i>egg yolk phospholipids 12 mg/ml / glycerin 22.5 mg/ml / soybean oil 200 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
LIPOSYN III 10 % (<i>egg yolk phospholipids 12 mg/ml / glycerin 25 mg/ml / soybean oil 100 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
LIPOSYN III 20 % (egg yolk phospholipids 12 mg/ml / glycerin 25 mg/ml / soybean oil 200 mg/ml injectable suspension)	Tier 2	• PA - B vs. D
PREMASOL (alanine 3.2 mg/ml / arginine 7.3 mg/ml / aspartate 1.9 mg/ml / cysteine 0.14 mg/ml / glutamate 3 mg/ml injectable solution)	Tier 2	• PA - B vs. D
PREMASOL (alanine 5.4 mg/ml / arginine 12 mg/ml / aspartate 3.2 mg/ml / cysteine 0.16 mg/ml / glutamate 5 mg/ml injectable solution)	Tier 2	• PA - B vs. D
PROCALAMINE 3 (alanine 2.1 mg/ml / arginine 2.9 mg/ml / calcium acetate 0.003 meq/ml / cysteine 0.2 mg/ml / glycerin 30 mg/ml injectable solution)	Tier 2	• PA - B vs. D
PROSOL (alanine 27.6 mg/ml / arginine 19.6 mg/ml / aspartate 6 mg/ml / glutamate 10.2 mg/ml / glycine 20.6 mg/ml injectable solution)	Tier 2	• PA - B vs. D
TRAVASOL 10 (alanine 2.07 mg/ml / arginine 11.5 mg/ml / glycine 10.3 mg/ml / histidine 4.8 mg/ml / isoleucine 6 mg/ml injectable solution)	Tier 2	• PA - B vs. D
TROPHAMINE 10 % (alanine 5.4 mg/ml / arginine 12 mg/ml / aspartate 3.2 mg/ml / cysteine 0.24 mg/ml / glutamate 5 mg/ml injectable solution)	Tier 2	• PA - B vs. D
TROPHAMINE 6 % (alanine 3.2 mg/ml / arginine 7.3 mg/ml / aspartate 1.9 mg/ml / cysteine 0.2 mg/ml / glutamate 3 mg/ml injectable solution)	Tier 2	• PA - B vs. D
DIURETICS		
amiloride hydrochloride 5 mg oral tablet	Tier 1	
SAMSCA (tolvaptan 15 mg oral tablet)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA (<i>tolvaptan 30 mg oral tablet</i>)	Tier 2	
<i>spironolactone 100 mg oral tablet</i>	Tier 1	
<i>spironolactone 25 mg oral tablet</i>	Tier 1	
<i>spironolactone 50 mg oral tablet</i>	Tier 1	
ION-REMOVING AGENTS		
<i>calcium acetate 667 mg oral capsule</i>	Tier 1	
FOSRENOL (<i>lanthanum carbonate 1000 mg chewable tablet</i>)	Tier 2	
FOSRENOL (<i>lanthanum carbonate 500 mg chewable tablet</i>)	Tier 2	
FOSRENOL (<i>lanthanum carbonate 750 mg chewable tablet</i>)	Tier 2	
RENAGEL (<i>sevelamer hydrochloride 400 mg oral tablet</i>)	Tier 2	
RENAGEL (<i>sevelamer hydrochloride 800 mg oral tablet</i>)	Tier 2	
RENVELA (<i>sevelamer carbonate 26.7 mg/ml oral suspension</i>)	Tier 2	
RENVELA (<i>sevelamer carbonate 40 mg/ml oral suspension</i>)	Tier 2	
RENVELA (<i>sevelamer carbonate 800 mg oral tablet</i>)	Tier 2	
<i>sodium polystyrene sulfonate 250 mg/ml oral suspension</i>	Tier 1	
IRRIGATING SOLUTIONS		
<i>sodium chloride 0.154 meq/ml irrigation solution</i>	Tier 1	
<i>water 1000 mg/ml irrigation solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
REPLACEMENT PREPARATIONS		
<i>calcium chloride 0.001 meq/ml / glucose 50 mg/ml / potassium chloride 0.004 meq/ml / sodium chloride 0.103 meq/ml / sodium lactate 0.028 meq/ml injectable solution</i>	Tier 1	
<i>calcium chloride 0.0014 meq/ml / glucose 50 mg/ml / potassium chloride 0.024 meq/ml / sodium chloride 0.103 meq/ml / sodium lactate 0.028 meq/ml injectable solution</i>	Tier 1	
<i>calcium chloride 0.0014 meq/ml / potassium chloride 0.004 meq/ml / sodium chloride 0.103 meq/ml / sodium lactate 0.028 meq/ml injectable solution</i>	Tier 1	
<i>calcium chloride 0.002 meq/ml / potassium chloride 0.004 meq/ml / sodium chloride 0.147 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.01 meq/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 0.0342 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 0.0385 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 0.056 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.02 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.03 meq/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.04 meq/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.04 meq/ml / sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	
<i>glucose 50 mg/ml / potassium chloride 0.04 meq/ml injectable solution</i>	Tier 1	
IONOSOL-MB (<i>glucose 50 mg/ml / magnesium chloride 0.00361 meq/ml / monobasic potassium phosphate 0.15 mg/ml / potassium chloride 0.0189 meq/ml / sodium lactate 0.0232 meq/ml injectable solution</i>)	Tier 2	
ISOLYTE S (<i>magnesium chloride 0.00148 meq/ml / monobasic potassium phosphate 0.0082 mg/ml / potassium chloride 0.00497 meq/ml / sodium acetate 0.0272 meq/ml / sodium chloride 0.0906 meq/ml injectable solution</i>)	Tier 2	
KLOR-CON (<i>potassium chloride 15 meq extended release tablet</i>)	Tier 2	
NORMOSOL-M (<i>glucose 50 mg/ml / magnesium acetate 0.000979 meq/ml / potassium acetate 0.013 meq/ml / sodium chloride 0.04 meq/ml injectable solution</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R (<i>magnesium chloride 0.00148 meq/ml / potassium chloride 0.0497 meq/ml / sodium acetate 0.0163 meq/ml / sodium chloride 0.0899 meq/ml / sodium gluconate 5.02 mg/ml injectable solution</i>)	Tier 2	
NORMOSOL-R IN 5 % DEXTROSE (<i>glucose 50 mg/ml / magnesium chloride 0.00148 meq/ml / potassium chloride 0.00497 meq/ml / sodium acetate 0.027 meq/ml / sodium chloride 0.0899 meq/ml injectable solution</i>)	Tier 2	
PLASMA-LYTE 148 (<i>magnesium chloride 0.00148 meq/ml / potassium chloride 0.00497 meq/ml / sodium acetate 0.027 meq/ml / sodium chloride 0.0899 meq/ml / sodium gluconate 5.02 mg/ml injectable solution</i>)	Tier 2	
PLASMA-LYTE 56 IN 5 % DEXTROSE (<i>glucose 50 mg/ml / magnesium acetate 0.0015 meq/ml / potassium acetate 0.013 meq/ml / sodium chloride 0.04 meq/ml injectable solution</i>)	Tier 2	
PLASMA-LYTE A (<i>magnesium chloride 0.00148 meq/ml / potassium chloride 0.00497 meq/ml / sodium acetate 0.027 meq/ml / sodium chloride 0.0899 meq/ml / sodium gluconate 5.02 mg/ml injectable solution</i>)	Tier 2	
<i>potassium chloride 0.02 meq/ml / sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 0.02 meq/ml / sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 0.04 meq/ml / sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 0.1 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 0.2 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 0.3 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 0.4 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 10 meq extended release capsule</i>	Tier 1	
<i>potassium chloride 10 meq extended release tablet</i>	Tier 1	
<i>potassium chloride 2 meq/ml injectable solution</i>	Tier 1	
<i>potassium chloride 20 meq extended release tablet</i>	Tier 1	
<i>potassium chloride 8 meq extended release capsule</i>	Tier 1	
<i>sodium chloride 0.0769 meq/ml injectable solution</i>	Tier 1	
<i>sodium chloride 0.154 meq/ml injectable solution</i>	Tier 1	
<i>sodium chloride 0.513 meq/ml injectable solution</i>	Tier 1	
<i>sodium chloride 0.854 meq/ml injectable solution</i>	Tier 1	
<i>sodium chloride 2.5 meq/ml injectable solution</i>	Tier 1	
URICOSURIC AGENTS		
<i>colchicine 0.5 mg / probenecid 500 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid 500 mg oral tablet</i>	Tier 1	
ENZYMES		
<i>ENZYMES</i>		
<i>ADAGEN (pegademase bovine 250 unt/ml injectable solution)</i>	Tier 2	
<i>ELITEK (rasburicase 1.5 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>FABRAZYME (agalsidase beta 5 mg/ml injectable solution)</i>	Tier 2	
<i>NAGLAZYME (galsulfase 1 mg/ml injectable solution)</i>	Tier 2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
<i>ANTI-INFECTIVES (EENT)</i>		
<i>acetic acid 20 mg/ml / hydrocortisone 10 mg/ml otic solution</i>	Tier 1	
<i>acetic acid 20 mg/ml otic solution</i>	Tier 1	
<i>bacitracin 0.4 unt/mg / neomycin 0.0035 mg/mg / polymyxin b 10 unt/mg ophthalmic ointment</i>	Tier 1	
<i>bacitracin 0.5 unt/mg ophthalmic ointment</i>	Tier 1	
<i>bacitracin zinc 0.4 unt/mg / hydrocortisone acetate 0.01 mg/mg / neomycin sulfate 0.0035 mg/mg / polymyxin b sulfate 10 unt/mg ophthalmic ointment</i>	Tier 1	
<i>BACTROBAN (mupirocin 0.02 mg/mg nasal ointment)</i>	Tier 2	
<i>BLEPHAMIDE (prednisolone acetate 0.002 mg/mg / sulfacetamide sodium 0.1 mg/mg ophthalmic ointment)</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE (<i>prednisolone acetate 2 mg/ml / sulfacetamide sodium 100 mg/ml ophthalmic suspension</i>)	Tier 2	
CILOXAN (<i>ciprofloxacin 0.003 mg/mg ophthalmic ointment</i>)	Tier 2	
CIPRO HC (<i>ciprofloxacin 2 mg/ml / hydrocortisone 10 mg/ml otic suspension</i>)	Tier 2	
CIPRODEX (<i>ciprofloxacin 3 mg/ml / dexamethasone 1 mg/ml otic suspension</i>)	Tier 2	
<i>ciprofloxacin 3 mg/ml ophthalmic solution</i>	Tier 1	
<i>dexamethasone 1 mg/ml / tobramycin 3 mg/ml ophthalmic suspension</i>	Tier 1	
<i>doxycycline 20 mg oral tablet</i>	Tier 1	
<i>erythromycin 0.005 mg/mg ophthalmic ointment</i>	Tier 1	
GENTAK (<i>gentamicin sulfate (usp) 0.003 mg/mg ophthalmic ointment</i>)	Tier 2	
<i>gentamicin sulfate (usp) 3 mg/ml ophthalmic solution</i>	Tier 1	
<i>hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic solution</i>	Tier 1	
<i>hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic suspension</i>	Tier 1	
MOXEZA (<i>moxifloxacin 5 mg/ml ophthalmic solution</i>)	Tier 2	
<i>ofloxacin 3 mg/ml ophthalmic solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 3 mg/ml otic solution</i>	Tier 1	
<i>polymyxin b 10000 unt/ml / trimethoprim 1 mg/ml ophthalmic solution</i>	Tier 1	
PRED-G (<i>gentamicin sulfate (usp) 3 mg/ml / prednisolone 10 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>prednisolone sodium phosphate 2.5 mg/ml / sulfacetamide sodium 100 mg/ml ophthalmic solution</i>	Tier 1	
<i>sulfacetamide sodium 0.1 mg/mg ophthalmic ointment</i>	Tier 1	
<i>sulfacetamide sodium 100 mg/ml ophthalmic solution</i>	Tier 1	
TOBRADEX (<i>dexamethasone 0.001 mg/mg / tobramycin 0.003 mg/mg ophthalmic ointment</i>)	Tier 2	
TOBRADEX (<i>dexamethasone 0.5 mg/ml / tobramycin 3 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>tobramycin 3 mg/ml ophthalmic solution</i>	Tier 1	
TOBREX (<i>tobramycin 0.003 mg/mg ophthalmic ointment</i>)	Tier 2	
<i>trifluridine 10 mg/ml ophthalmic solution</i>	Tier 1	
VIGAMOX (<i>moxifloxacin 5 mg/ml ophthalmic solution</i>)	Tier 2	
ZYMAXID (<i>gatifloxacin 5 mg/ml ophthalmic solution</i>)	Tier 2	
ANTI-INFLAMMATORY AGENTS (EENT)		
ACUVAIL (<i>ketorolac tromethamine 4.5 mg/ml ophthalmic solution</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac 0.9 mg/ml ophthalmic solution</i>	Tier 1	
<i>dexamethasone 1 mg/ml ophthalmic solution</i>	Tier 1	
DUREZOL (<i>difluprednate 0.5 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>flurbiprofen sodium 0.3 mg/ml ophthalmic solution</i>	Tier 1	
<i>hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml ophthalmic suspension</i>	Tier 1	
<i>ketorolac tromethamine 4 mg/ml ophthalmic solution</i>	Tier 1	
<i>ketorolac tromethamine 5 mg/ml ophthalmic solution</i>	Tier 1	
NEVANAC (<i>nepafenac 1 mg/ml ophthalmic suspension</i>)	Tier 2	
OMNARIS (<i>ciclesonide 0.05 mg/ actuat nasal inhaler</i>)	Tier 2	
PRED MILD (<i>prednisolone 1.2 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>prednisolone 10 mg/ml ophthalmic solution</i>	Tier 1	
<i>prednisolone 10 mg/ml ophthalmic suspension</i>	Tier 1	
RESTASIS (<i>cyclosporine 0.5 mg/ml ophthalmic suspension</i>)	Tier 2	
ANTIALLERGIC AGENTS		
ALOCRIIL (<i>nedocromil sodium 20 mg/ml ophthalmic solution</i>)	Tier 2	
ALOMIDE (<i>lodoxamide 1 mg/ml ophthalmic solution</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hydrochloride 0.137 mg/actuat nasal inhaler</i>	Tier 1	
<i>azelastine hydrochloride 0.5 mg/ml ophthalmic solution</i>	Tier 1	
<i>epinastine hydrochloride 0.5 mg/ml ophthalmic solution</i>	Tier 1	
ANTI GLAUCOMA AGENTS		
ALPHAGAN (<i>brimonidine tartrate 1 mg/ml ophthalmic solution</i>)	Tier 2	
AZOPT (<i>brinzolamide 10 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>betaxolol 5 mg/ml ophthalmic solution</i>	Tier 1	
BETOPTIC S (<i>betaxolol 2.5 mg/ml ophthalmic suspension</i>)	Tier 2	
<i>brimonidine tartrate 1.5 mg/ml ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate 2 mg/ml ophthalmic solution</i>	Tier 1	
COMBIGAN (<i>brimonidine tartrate 2 mg/ml / timolol 5 mg/ml ophthalmic solution</i>)	Tier 2	
<i>dorzolamide 20 mg/ml / timolol 5 mg/ml ophthalmic solution</i>	Tier 1	
<i>dorzolamide 20 mg/ml ophthalmic solution</i>	Tier 1	
ISOPTOCARPINE (<i>pilocarpine hydrochloride 10 mg/ml ophthalmic solution</i>)	Tier 2	
ISOPTOCARPINE (<i>pilocarpine hydrochloride 20 mg/ml ophthalmic solution</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ISOPTOCARPINE (<i>pilocarpine hydrochloride 40 mg/ml ophthalmic solution</i>)	Tier 2	
<i>latanoprost 0.05 mg/ml ophthalmic solution</i>	Tier 1	
<i>levobunolol hydrochloride 5 mg/ml ophthalmic solution</i>	Tier 1	
LUMIGAN (<i>bimatoprost 0.1 mg/ml ophthalmic solution</i>)	Tier 2	• QL - 2.5 for 30 days supply
<i>methazolamide 25 mg oral tablet</i>	Tier 1	
<i>methazolamide 50 mg oral tablet</i>	Tier 1	
PILOPINE (<i>pilocarpine hydrochloride 0.04 mg/mg ophthalmic gel</i>)	Tier 2	
<i>timolol 0.0025 mg/mg ophthalmic gel</i>	Tier 1	
<i>timolol 0.005 mg/mg ophthalmic gel</i>	Tier 1	
<i>timolol 2.5 mg/ml ophthalmic solution</i>	Tier 1	
<i>timolol 5 mg/ml ophthalmic solution</i>	Tier 1	
TRAVATAN (<i>travoprost 0.04 mg/ml ophthalmic solution</i>)	Tier 2	
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine 5 mg/ml ophthalmic solution</i>	Tier 1	
<i>ipratropium bromide 0.021 mg/actuat nasal inhaler</i>	Tier 1	
<i>ipratropium bromide 0.042 mg/actuat nasal inhaler</i>	Tier 1	
LOCAL ANESTHETICS (EENT)		
<i>lidocaine hydrochloride 0.02 mg/mg topical gel</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hydrochloride 20 mg/ml mucous membrane topical solution</i>	Tier 1	
<i>lidocaine hydrochloride 40 mg/ml mucous membrane topical solution</i>	Tier 1	
<i>proparacaine hydrochloride 5 mg/ml ophthalmic solution</i>	Tier 1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>APRISO (mesalamine 375 mg extended release capsule)</i>	Tier 2	
<i>ASACOL (mesalamine 800 mg enteric coated tablet)</i>	Tier 2	
<i>balsalazide disodium 750 mg oral capsule</i>	Tier 1	
<i>CANASA (mesalamine 1000 mg rectal suppository)</i>	Tier 2	
<i>DIPENTUM (olsalazine sodium 250 mg oral capsule)</i>	Tier 2	
<i>LIALDA (mesalamine 1200 mg enteric coated tablet)</i>	Tier 2	
<i>mesalamine 66.7 mg/ml enema</i>	Tier 1	
<i>PENTASA (mesalamine 250 mg extended release capsule)</i>	Tier 2	
<i>PENTASA (mesalamine 500 mg extended release capsule)</i>	Tier 2	
ANTIDIARRHEA AGENTS		
<i>atropine sulfate 0.005 mg/ml / diphenoxylate hydrochloride 0.5 mg/ ml oral solution</i>	Tier 1	
<i>loperamide hydrochloride 2 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
<i>ALOXI (palonosetron 0.05 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>ANZEMET (dolasetron 100 mg oral tablet)</i>	Tier 2	• PA - B vs. D
<i>ANZEMET (dolasetron 20 mg/ml injectable solution)</i>	Tier 2	• PA - B vs. D
<i>ANZEMET (dolasetron 50 mg oral tablet)</i>	Tier 2	• PA - B vs. D
<i>CESAMET (nabilone 1 mg oral capsule)</i>	Tier 2	• PA - B vs. D
<i>EMEND (aprepitant 125 mg oral capsule)</i>	Tier 2	• PA - B vs. D
<i>EMEND (aprepitant 40 mg oral capsule)</i>	Tier 2	• PA - B vs. D
<i>EMEND (aprepitant 80 mg oral capsule)</i>	Tier 2	• PA - B vs. D
<i>granisetron 0.1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>granisetron 1 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>granisetron 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>ondansetron 0.8 mg/ml oral solution</i>	Tier 1	• PA - B vs. D
<i>ondansetron 2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>ondansetron 24 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>ondansetron 4 mg disintegrating tablet</i>	Tier 1	• PA - B vs. D
<i>ondansetron 4 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>ondansetron 8 mg disintegrating tablet</i>	Tier 1	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron 8 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>SANCUSO (granisetron 0.129 mg/hr transdermal patch)</i>	Tier 2	
<i>tetrahydrocannabinol 10 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>tetrahydrocannabinol 2.5 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>tetrahydrocannabinol 5 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>trimethobenzamide hydrochloride 300 mg oral capsule</i>	Tier 1	• PA
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>CARAFATE (sucralfate 100 mg/ml oral suspension)</i>	Tier 2	
<i>cimetidine 200 mg oral tablet</i>	Tier 1	
<i>cimetidine 300 mg oral tablet</i>	Tier 1	
<i>cimetidine 400 mg oral tablet</i>	Tier 1	
<i>cimetidine 60 mg/ml oral solution</i>	Tier 1	
<i>cimetidine 800 mg oral tablet</i>	Tier 1	
<i>DEXILANT (dexlansoprazole 30 mg enteric coated capsule)</i>	Tier 2	• ST - Claims for formulary brand Dexilant will process if there is a claim for a 30 day supply of a formulary generic Oral Proton Pump Inhibitor within the past 90 days.
<i>DEXILANT (dexlansoprazole 60 mg enteric coated capsule)</i>	Tier 2	• ST - Claims for formulary brand Dexilant will process if there is a claim for a 30 day supply of a formulary generic Oral Proton Pump Inhibitor within the past 90 days.
<i>famotidine 0.4 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine 10 mg/ml injectable solution</i>	Tier 1	
<i>famotidine 20 mg oral tablet</i>	Tier 1	
<i>famotidine 40 mg oral tablet</i>	Tier 1	
<i>famotidine 8 mg/ml oral suspension</i>	Tier 1	
<i>lansoprazole 15 mg enteric coated capsule</i>	Tier 1	
<i>lansoprazole 30 mg enteric coated capsule</i>	Tier 1	
<i>misoprostol 0.2 mg oral tablet</i>	Tier 1	
NEXIUM (<i>esomeprazole 4 mg/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Nexium IV will process if there is a paid claim for Protonix IV within the past 30 days.
NEXIUM (<i>esomeprazole 8 mg/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for Nexium IV will process if there is a paid claim for Protonix IV within the past 30 days.
<i>nizatidine 15 mg/ml oral solution</i>	Tier 1	
<i>nizatidine 150 mg oral capsule</i>	Tier 1	
<i>nizatidine 300 mg oral capsule</i>	Tier 1	
<i>omeprazole 10 mg enteric coated capsule</i>	Tier 1	
<i>omeprazole 20 mg enteric coated capsule</i>	Tier 1	
<i>omeprazole 40 mg enteric coated capsule</i>	Tier 1	
<i>pantoprazole 20 mg enteric coated tablet</i>	Tier 1	
<i>pantoprazole 4 mg/ml injectable solution</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole 40 mg enteric coated tablet</i>	Tier 1	
<i>ranitidine 15 mg/ml oral solution</i>	Tier 1	
<i>ranitidine 150 mg oral capsule</i>	Tier 1	
<i>ranitidine 150 mg oral tablet</i>	Tier 1	
<i>ranitidine 25 mg/ml injectable solution</i>	Tier 1	
<i>ranitidine 300 mg oral capsule</i>	Tier 1	
<i>ranitidine 300 mg oral tablet</i>	Tier 1	
<i>sucralfate 1000 mg oral tablet</i>	Tier 1	
ZEGERID REFORMULATED AUG 2006 (<i>omeprazole 1.33 mg/ml / sodium bicarbonate 1.33 meq/ml oral suspension</i>)	Tier 2	
ZEGERID REFORMULATED AUG 2006 (<i>omeprazole 2.67 mg/ml / sodium bicarbonate 1.33 meq/ml oral suspension</i>)	Tier 2	
CATHARTICS AND LAXATIVES		
AMITIZA (<i>lubiprostone 0.008 mg oral capsule</i>)	Tier 2	
AMITIZA (<i>lubiprostone 0.024 mg oral capsule</i>)	Tier 2	
OSMOPREP (<i>sodium phosphate 1500 mg oral tablet</i>)	Tier 2	
<i>polyethylene glycol 3350 142 mg/ml oral solution</i>	Tier 1	
CHOLELITHOLYTIC AGENTS		
CHENODAL (<i>chenodeoxycholate 250 mg oral tablet</i>)	Tier 2	
<i>ursodiol 250 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol 300 mg oral capsule</i>	Tier 1	
<i>ursodiol 500 mg oral tablet</i>	Tier 1	
DIGESTANTS		
<i>CREON 12 (amylases 60000 unt / endopeptidases 38000 unt / lipase 12000 unt enteric coated capsule)</i>	Tier 2	
<i>CREON 24 (amylases 120000 unt / endopeptidases 76000 unt / lipase 24000 unt enteric coated capsule)</i>	Tier 2	
<i>CREON 6 (amylases 30000 unt / endopeptidases 19000 unt / lipase 6000 unt enteric coated capsule)</i>	Tier 2	
<i>PANCREAZE 10 (amylases 43800 unt / endopeptidases 25000 unt / lipase 10500 unt enteric coated capsule)</i>	Tier 2	
<i>PANCREAZE 16 (amylases 70000 unt / endopeptidases 40000 unt / lipase 16800 unt enteric coated capsule)</i>	Tier 2	
<i>PANCREAZE 20 (amylases 61000 unt / endopeptidases 37000 unt / lipase 21000 unt enteric coated capsule)</i>	Tier 2	
<i>PANCREAZE 4 (amylases 17500 unt / endopeptidases 10000 unt / lipase 4200 unt enteric coated capsule)</i>	Tier 2	
<i>ZENPEP 10 (amylases 55000 unt / endopeptidases 34000 unt / lipase 10000 unt enteric coated capsule)</i>	Tier 2	
<i>ZENPEP 15 (amylases 82000 unt / endopeptidases 51000 unt / lipase 15000 unt enteric coated capsule)</i>	Tier 2	
<i>ZENPEP 20 (amylases 109000 unt / endopeptidases 68000 unt / lipase 20000 unt enteric coated capsule)</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP 25 (<i>amylases 136000 unt / endopeptidases 85000 unt / lipase 25000 unt enteric coated capsule</i>)	Tier 2	
ZENPEP 3 (<i>amylases 16000 unt / endopeptidases 10000 unt / lipase 3000 unt enteric coated capsule</i>)	Tier 2	
ZENPEP 5 (<i>amylases 27000 unt / endopeptidases 17000 unt / lipase 5000 unt enteric coated capsule</i>)	Tier 2	
GI DRUGS, MISCELLANEOUS		
RELISTOR (<i>methylnaltrexone bromide 20 mg/ml injectable solution</i>)	Tier 2	
PROKINETIC AGENTS		
<i>metoclopramide 1 mg/ml oral solution</i>	Tier 1	• PA - B vs. D
<i>metoclopramide 10 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>metoclopramide 5 mg oral tablet</i>	Tier 1	• PA - B vs. D
<i>metoclopramide 5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA (<i>auranofin 3 mg oral capsule</i>)	Tier 2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET (<i>succimer 100 mg oral capsule</i>)	Tier 2	
EXJADE (<i>deferasirox 1.25 mg/ml oral suspension</i>)	Tier 2	• PA
EXJADE (<i>deferasirox 2.5 mg/ml oral suspension</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
EXJADE (<i>deferasirox 5 mg/ml oral suspension</i>)	Tier 2	• PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (<i>mometasone furoate 0.1 mg/actuat dry powder inhaler</i>)	Tier 2	
ASMANEX (<i>mometasone furoate 0.2 mg/actuat dry powder inhaler</i>)	Tier 2	
ASMANEX (<i>mometasone furoate 0.2 mg/actuat dry powder inhaler</i>)	Tier 2	
ASMANEX (<i>mometasone furoate 0.2 mg/actuat dry powder inhaler</i>)	Tier 2	
<i>budesonide 0.125 mg/ml inhalant solution</i>	Tier 1	• PA - B vs. D
<i>budesonide 0.25 mg/ml inhalant solution</i>	Tier 1	• PA - B vs. D
<i>budesonide 3 mg extended release enteric coated capsule</i>	Tier 1	
<i>dexamethasone 0.1 mg/ml oral solution</i>	Tier 1	
<i>dexamethasone 0.5 mg oral tablet</i>	Tier 1	
<i>dexamethasone 0.75 mg oral tablet</i>	Tier 1	
<i>dexamethasone 1 mg oral tablet</i>	Tier 1	
<i>dexamethasone 1.5 mg oral tablet</i>	Tier 1	
<i>dexamethasone 2 mg oral tablet</i>	Tier 1	
<i>dexamethasone 4 mg oral tablet</i>	Tier 1	
<i>dexamethasone 4 mg/ml injectable solution</i>	Tier 1	
<i>dexamethasone 6 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT (<i>fluticasone propionate 0.044 mg/actuat metered dose inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
FLOVENT (<i>fluticasone propionate 0.05 mg/actuat dry powder inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
FLOVENT (<i>fluticasone propionate 0.1 mg/actuat dry powder inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
FLOVENT (<i>fluticasone propionate 0.11 mg/actuat metered dose inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
FLOVENT (<i>fluticasone propionate 0.22 mg/actuat metered dose inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
FLOVENT (<i>fluticasone propionate 0.25 mg/actuat dry powder inhaler</i>)	Tier 2	• QL - 120 for 30 days supply
<i>fludrocortisone 0.1 mg oral tablet</i>	Tier 1	
<i>hydrocortisone 10 mg oral tablet</i>	Tier 1	
<i>hydrocortisone 20 mg oral tablet</i>	Tier 1	
<i>hydrocortisone 5 mg oral tablet</i>	Tier 1	
<i>methylprednisolone 16 mg oral tablet</i>	Tier 1	
<i>methylprednisolone 32 mg oral tablet</i>	Tier 1	
<i>methylprednisolone 4 mg oral tablet</i>	Tier 1	
<i>methylprednisolone 4 mg pack</i>	Tier 1	
<i>methylprednisolone 40 mg/ml injectable solution</i>	Tier 1	
<i>methylprednisolone 62.5 mg/ml injectable solution</i>	Tier 1	
<i>methylprednisolone 8 mg oral tablet</i>	Tier 1	
<i>methylprednisolone acetate 40 mg/ml injectable suspension</i>	Tier 1	
<i>methylprednisolone acetate 80 mg/ml injectable suspension</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone 1 mg/ml oral solution</i>	Tier 1	
<i>prednisolone 3 mg/ml oral solution</i>	Tier 1	
<i>prednisone 1 mg oral tablet</i>	Tier 1	
<i>prednisone 1 mg/ml oral solution</i>	Tier 1	
<i>prednisone 10 mg oral tablet</i>	Tier 1	
<i>prednisone 2.5 mg oral tablet</i>	Tier 1	
<i>prednisone 20 mg oral tablet</i>	Tier 1	
<i>prednisone 5 mg oral tablet</i>	Tier 1	
<i>prednisone 50 mg oral tablet</i>	Tier 1	
SOLU-CORTEF (<i>hydrocortisone 125 mg/ml injectable solution</i>)	Tier 2	
SOLU-MEDROL (<i>methylprednisolone 65.4 mg/ml injectable solution</i>)	Tier 2	
ANDROGENS		
ANDROGEL (<i>testosterone 0.01 mg/mg topical gel</i>)	Tier 2	
ANDROGEL (<i>testosterone 0.0162 mg/mg topical gel</i>)	Tier 2	
ANDROID (<i>methyltestosterone 10 mg oral capsule</i>)	Tier 2	• PA
ANDROXY (<i>fluoxymesterone 10 mg oral tablet</i>)	Tier 2	
AXIRON (<i>testosterone 20 mg/ml topical solution</i>)	Tier 2	
<i>danazol 100 mg oral capsule</i>	Tier 1	
<i>danazol 200 mg oral capsule</i>	Tier 1	
<i>danazol 50 mg oral capsule</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
FORTESTA (<i>testosterone 0.02 mg/mg topical gel</i>)	Tier 2	
<i>oxandrolone 10 mg oral tablet</i>	Tier 1	
TESTIM (<i>testosterone 0.01 mg/mg topical gel</i>)	Tier 2	
<i>testosterone cypionate 100 mg/ml injectable solution</i>	Tier 1	
<i>testosterone cypionate 200 mg/ml injectable solution</i>	Tier 1	
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg oral tablet</i>	Tier 1	
<i>acarbose 25 mg oral tablet</i>	Tier 1	
<i>acarbose 50 mg oral tablet</i>	Tier 1	
ACTOPLUS MET 15/1000 (<i>metformin hydrochloride 1000 mg / pioglitazone 15 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
ACTOPLUS MET 30/1000 (<i>metformin hydrochloride 1000 mg / pioglitazone 30 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
APIDRA (<i>insulin, glulisine, human 100 unt/ml injectable solution</i>)	Tier 2	
APIDRA (<i>insulin, glulisine, human 100 unt/ml prefilled syringe</i>)	Tier 2	
AVANDAMET 2/1000 (<i>metformin hydrochloride 1000 mg / rosiglitazone 2 mg oral tablet</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
AVANDAMET 2/500 (<i>metformin hydrochloride 500 mg / rosiglitazone 2 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDAMET 4/1000 (<i>metformin hydrochloride 1000 mg / rosiglitazone 4 mg oral tablet</i>)	Tier 2	
AVANDAMET 4/500 (<i>metformin hydrochloride 500 mg / rosiglitazone 4 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDARYL 4/1 (<i>glimepiride 1 mg / rosiglitazone 4 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDARYL 4/2 (<i>glimepiride 2 mg / rosiglitazone 4 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDARYL 4/4 (<i>glimepiride 4 mg / rosiglitazone 4 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDARYL 8/2 (<i>glimepiride 2 mg / rosiglitazone 8 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonyleurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
AVANDARYL 8/4 (<i>glimepiride 4 mg / rosiglitazone 8 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
AVANDIA (<i>rosiglitazone 2 mg oral tablet</i>)	Tier 2	
AVANDIA (<i>rosiglitazone 4 mg oral tablet</i>)	Tier 2	
AVANDIA (<i>rosiglitazone 8 mg oral tablet</i>)	Tier 2	
BYETTA (<i>exenatide 0.005 mg/actuat prefilled syringe</i>)	Tier 2	<ul style="list-style-type: none"> PA
BYETTA (<i>exenatide 0.01 mg/actuat prefilled syringe</i>)	Tier 2	<ul style="list-style-type: none"> PA
<i>chlorpropamide 100 mg oral tablet</i>	Tier 1	
<i>chlorpropamide 250 mg oral tablet</i>	Tier 1	
<i>glimepiride 1 mg oral tablet</i>	Tier 1	
<i>glimepiride 2 mg / pioglitazone 30 mg oral tablet</i>	Tier 1	
<i>glimepiride 2 mg oral tablet</i>	Tier 1	
<i>glimepiride 4 mg / pioglitazone 30 mg oral tablet</i>	Tier 1	
<i>glimepiride 4 mg oral tablet</i>	Tier 1	
<i>glipizide 10 mg extended release tablet</i>	Tier 1	
<i>glipizide 10 mg oral tablet</i>	Tier 1	
<i>glipizide 2.5 mg / metformin hydrochloride 250 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide 2.5 mg / metformin hydrochloride 500 mg oral tablet</i>	Tier 1	
<i>glipizide 2.5 mg extended release tablet</i>	Tier 1	
<i>glipizide 5 mg / metformin hydrochloride 500 mg oral tablet</i>	Tier 1	
<i>glipizide 5 mg extended release tablet</i>	Tier 1	
<i>glipizide 5 mg oral tablet</i>	Tier 1	
<i>glyburide 1.25 mg / metformin hydrochloride 250 mg oral tablet</i>	Tier 1	
<i>glyburide 1.25 mg oral tablet</i>	Tier 1	
<i>glyburide 1.5 mg oral tablet</i>	Tier 1	
<i>glyburide 2.5 mg / metformin hydrochloride 500 mg oral tablet</i>	Tier 1	
<i>glyburide 2.5 mg oral tablet</i>	Tier 1	
<i>glyburide 3 mg oral tablet</i>	Tier 1	
<i>glyburide 5 mg / metformin hydrochloride 500 mg oral tablet</i>	Tier 1	
<i>glyburide 5 mg oral tablet</i>	Tier 1	
<i>glyburide 6 mg oral tablet</i>	Tier 1	
HUMULIN 70/30 (nph insulin, human 70 unt/ml / regular insulin, human 30 unt/ml injectable suspension)	Tier 2	
HUMULIN 70/30 (nph insulin, human 70 unt/ml / regular insulin, human 30 unt/ml prefilled syringe)	Tier 2	
HUMULIN N (nph insulin, human 100 unt/ml injectable suspension)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N (<i>nph insulin, human 100 unt/ml prefilled syringe</i>)	Tier 2	
HUMULIN R (<i>regular insulin, human 100 unt/ml injectable solution</i>)	Tier 2	
HUMULIN R (<i>regular insulin, human 500 unt/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
JANUMET 50/1000 (<i>metformin hydrochloride 1000 mg / sitagliptin 50 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
JANUMET 50/500 (<i>metformin hydrochloride 500 mg / sitagliptin 50 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
JANUVIA (<i>sitagliptin 100 mg oral tablet</i>)	Tier 2	
JANUVIA (<i>sitagliptin 25 mg oral tablet</i>)	Tier 2	
JANUVIA (<i>sitagliptin 50 mg oral tablet</i>)	Tier 2	
KOMBIGLYZE 2.5/1000 (<i>metformin hydrochloride 1000 mg / saxagliptin 2.5 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE 5/1000 (<i>metformin hydrochloride 1000 mg / saxagliptin 5 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
KOMBIGLYZE 5/500 (<i>metformin hydrochloride 500 mg / saxagliptin 5 mg extended release tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
LANTUS (<i>insulin glargine 100 unt/ml injectable solution</i>)	Tier 2	
LANTUS (<i>insulin glargine 100 unt/ml prefilled syringe</i>)	Tier 2	
LEVEMIR (<i>insulin detemir 100 unt/ml injectable solution</i>)	Tier 2	
LEVEMIR (<i>insulin detemir 100 unt/ml prefilled syringe</i>)	Tier 2	
<i>metformin hydrochloride 1000 mg oral tablet</i>	Tier 1	
<i>metformin hydrochloride 500 mg / pioglitazone 15 mg oral tablet</i>	Tier 1	
<i>metformin hydrochloride 500 mg extended release tablet</i>	Tier 1	
<i>metformin hydrochloride 500 mg oral tablet</i>	Tier 1	
<i>metformin hydrochloride 750 mg extended release tablet</i>	Tier 1	
<i>metformin hydrochloride 850 mg / pioglitazone 15 mg oral tablet</i>	Tier 1	
<i>metformin hydrochloride 850 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide 120 mg oral tablet</i>	Tier 1	
<i>nateglinide 60 mg oral tablet</i>	Tier 1	
NOVOLIN 70/30 (<i>nph insulin, human 70 unt/ml / regular insulin, human 30 unt/ml injectable suspension</i>)	Tier 2	
NOVOLIN N (<i>nph insulin, human 100 unt/ml injectable suspension</i>)	Tier 2	
NOVOLIN R (<i>regular insulin, human 100 unt/ml injectable solution</i>)	Tier 2	
NOVOLOG (<i>insulin, aspart, human 100 unt/ml injectable solution</i>)	Tier 2	
NOVOLOG (<i>insulin, aspart, human 100 unt/ml prefilled syringe</i>)	Tier 2	
NOVOLOG MIX 70/30 (<i>insulin, aspart protamine, human 70 unt/ml / insulin, aspart, human 30 unt/ml injectable suspension</i>)	Tier 2	
NOVOLOG MIX 70/30 (<i>insulin, aspart protamine, human 70 unt/ml / insulin, aspart, human 30 unt/ml prefilled syringe</i>)	Tier 2	
ONGLYZA (<i>saxagliptin 2.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
ONGLYZA (<i>saxagliptin 5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
<i>pioglitazone 15 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone 30 mg oral tablet</i>	Tier 1	
<i>pioglitazone 45 mg oral tablet</i>	Tier 1	
PRANDIMET 1/500 (<i>metformin hydrochloride 500 mg / repaglinide 1 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
PRANDIMET 2/500 (<i>metformin hydrochloride 500 mg / repaglinide 2 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
PRANDIN (<i>repaglinide 0.5 mg oral tablet</i>)	Tier 2	
PRANDIN (<i>repaglinide 1 mg oral tablet</i>)	Tier 2	
PRANDIN (<i>repaglinide 2 mg oral tablet</i>)	Tier 2	
RIOMET (<i>metformin hydrochloride 100 mg/ml oral solution</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary Brand Diabetes agents will process if there is a paid claim for a 30-day supply of formulary metformin, sulfonylurea or Brand Avandamet 2/1000 mg or 4/1000 mg within the past 90 days.
SYMLIN (<i>pramlintide acetate 1 mg/ml prefilled syringe</i>)	Tier 2	<ul style="list-style-type: none"> PA
SYMLIN (<i>pramlintide acetate 1 mg/ml prefilled syringe</i>)	Tier 2	<ul style="list-style-type: none"> PA
<i>tolazamide 250 mg oral tablet</i>	Tier 1	
<i>tolazamide 500 mg oral tablet</i>	Tier 1	
<i>tolbutamide 500 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA (<i>liraglutide 6 mg/ml prefilled syringe</i>)	Tier 2	• PA
CONTRACEPTIVES		
ARANELLE 28 (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg / norethindrone 1 mg pack</i>)	Tier 2	
AVIANE 28 (<i>ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack</i>)	Tier 2	
BALZIVA 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.4 mg pack</i>)	Tier 2	
CRYSELLE 28 (<i>ethinyl estradiol 0.03 mg / inert ingredients 1 mg / norgestrel 0.3 mg pack</i>)	Tier 2	
ELLA (<i>ulipristal acetate 30 mg oral tablet</i>)	Tier 2	
ENPRESSE 28 DAY (<i>ethinyl estradiol 0.03 mg / ethinyl estradiol 0.04 mg / inert ingredients 1 mg / levonorgestrel 0.05 mg / levonorgestrel 0.075 mg pack</i>)	Tier 2	
<i>ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack</i>	Tier 1	
JUNEL 1.5/30 21 DAY (<i>ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack</i>)	Tier 2	
JUNEL 1/20 21 DAY (<i>ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
JUNEL FE 1.5/30 28 DAY (<i>ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack</i>)	Tier 2	
JUNEL FE 1/20 28 DAY (<i>ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack</i>)	Tier 2	
LEENA 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg / norethindrone 1 mg pack</i>)	Tier 2	
LESSINA 28 DAY (<i>ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack</i>)	Tier 2	
LOW-OGESTREL 28 DAY (<i>ethinyl estradiol 0.03 mg / inert ingredients 1 mg / norgestrel 0.3 mg pack</i>)	Tier 2	
LUTERA 28 DAY (<i>ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack</i>)	Tier 2	
MICROGESTIN 1.5/30 21 DAY (<i>ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack</i>)	Tier 2	
MICROGESTIN 1/20 21 DAY (<i>ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack</i>)	Tier 2	
MICROGESTIN FE 1.5/30 28 DAY (<i>ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack</i>)	Tier 2	
MICROGESTIN FE 1/20 28 DAY (<i>ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
MONONESSA 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack</i>)	Tier 2	
NECON 0.5/35 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg pack</i>)	Tier 2	
NORTREL 0.5/35 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg pack</i>)	Tier 2	
OGESTREL 28 DAY (<i>ethinyl estradiol 0.05 mg / inert ingredients 1 mg / norgestrel 0.5 mg pack</i>)	Tier 2	
ORTHO EVRA (<i>ethinyl estradiol 0.000833 mg/hr / norelgestromin 0.00625 mg/hr transdermal patch</i>)	Tier 2	
OVCON 35 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.4 mg pack</i>)	Tier 2	
SPRINTEC 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack</i>)	Tier 2	
TRI-SPRINTEC 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack</i>)	Tier 2	
TRINESSA 28 DAY (<i>ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack</i>)	Tier 2	
TRIVORA 28 DAY (<i>ethinyl estradiol 0.03 mg / ethinyl estradiol 0.04 mg / inert ingredients 1 mg / levonorgestrel 0.05 mg / levonorgestrel 0.075 mg pack</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS AND ANTIESTROGENS		
ELESTRIN (<i>estradiol 0.0006 mg/mg topical gel</i>)	Tier 2	
<i>estradiol 0.5 mg oral tablet</i>	Tier 1	
<i>estradiol 1 mg / norethindrone acetate 0.5 mg pack</i>	Tier 1	
<i>estradiol 1 mg oral tablet</i>	Tier 1	
<i>estradiol 2 mg oral tablet</i>	Tier 1	
EVISTA (<i>raloxifene 60 mg oral tablet</i>)	Tier 2	
JINTELI (<i>ethinyl estradiol 0.005 mg / norethindrone acetate 1 mg oral tablet</i>)	Tier 2	
MENEST (<i>estrogens, esterified (usp) 0.3 mg oral tablet</i>)	Tier 2	
MENEST (<i>estrogens, esterified (usp) 0.625 mg oral tablet</i>)	Tier 2	
MENEST (<i>estrogens, esterified (usp) 1.25 mg oral tablet</i>)	Tier 2	
MENEST (<i>estrogens, esterified (usp) 2.5 mg oral tablet</i>)	Tier 2	
MENOSTAR (<i>estradiol 0.000583 mg/hr transdermal patch</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 0.3 mg oral tablet</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 0.45 mg oral tablet</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 0.625 mg oral tablet</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 0.625 mg/ml vaginal cream</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN (<i>estrogens, conjugated (usp) 0.9 mg oral tablet</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 1.25 mg oral tablet</i>)	Tier 2	
PREMARIN (<i>estrogens, conjugated (usp) 5 mg/ml injectable solution</i>)	Tier 2	
GONADOTROPINS		
<i>chorionic gonadotropin 10000 unt/ml injectable solution</i>	Tier 1	
SYNAREL (<i>nafarelin 0.2 mg/actuat nasal spray</i>)	Tier 2	
PARATHYROID		
FORTEO (<i>teriparatide 0.2 mg/actuat prefilled syringe</i>)	Tier 2	
MIACALCIN (<i>salmon calcitonin 200 unt/ml injectable solution</i>)	Tier 2	
<i>salmon calcitonin 200 unt/actuat nasal spray</i>	Tier 1	
PITUITARY		
GENOTROPIN (<i>somatropin 0.8 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 1.6 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 12 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 2.4 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 3.2 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 4 mg/ml prefilled syringe</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN (<i>somatropin 4.8 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 5 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 5.6 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 6.4 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 7.2 mg/ml prefilled syringe</i>)	Tier 2	• PA
GENOTROPIN (<i>somatropin 8 mg/ml prefilled syringe</i>)	Tier 2	• PA
OMNITROPE (<i>somatropin 3.33 mg/ml prefilled syringe</i>)	Tier 2	• PA
OMNITROPE (<i>somatropin 5 mg/ml injectable solution</i>)	Tier 2	• PA
OMNITROPE (<i>somatropin 6.67 mg/ml prefilled syringe</i>)	Tier 2	• PA
PROGESTINS		
DEPO-SUBQ PROVERA (<i>medroxyprogesterone acetate 160 mg/ml prefilled syringe</i>)	Tier 2	
<i>medroxyprogesterone acetate 10 mg oral tablet</i>	Tier 1	
<i>medroxyprogesterone acetate 150 mg/ml injectable suspension</i>	Tier 1	
<i>medroxyprogesterone acetate 2.5 mg oral tablet</i>	Tier 1	
<i>medroxyprogesterone acetate 5 mg oral tablet</i>	Tier 1	
<i>norethindrone acetate 5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone 100 mg oral capsule</i>	Tier 1	
<i>progesterone 200 mg oral capsule</i>	Tier 1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
<i>octreotide 0.05 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>octreotide 0.1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>octreotide 0.2 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>octreotide 0.5 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>octreotide 1 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
SANDOSTATIN (<i>octreotide 12 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
SANDOSTATIN (<i>octreotide 4 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
SANDOSTATIN (<i>octreotide 8 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
SOMATULINE (<i>lanreotide 240 mg/ml prefilled syringe</i>)	Tier 2	• PA
SOMATULINE (<i>lanreotide 300 mg/ml prefilled syringe</i>)	Tier 2	• PA
SOMATULINE (<i>lanreotide 300 mg/ml prefilled syringe</i>)	Tier 2	• PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
INCRELEX (<i>mecasermin 10 mg/ml injectable solution</i>)	Tier 2	• PA
SOMAVERT (<i>pegvisomant 10 mg/ml injectable solution</i>)	Tier 2	• PA
SOMAVERT (<i>pegvisomant 15 mg/ml injectable solution</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT (<i>pegvisomant 20 mg/ml injectable solution</i>)	Tier 2	• PA
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium 0.025 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.05 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.075 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.088 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.1 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.112 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.125 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.137 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.15 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.175 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.2 mg oral tablet</i>	Tier 1	
<i>levothyroxine sodium 0.3 mg oral tablet</i>	Tier 1	
<i>liothyronine sodium 0.005 mg oral tablet</i>	Tier 1	
<i>liothyronine sodium 0.025 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium 0.05 mg oral tablet</i>	Tier 1	
<i>methimazole 10 mg oral tablet</i>	Tier 1	
<i>methimazole 5 mg oral tablet</i>	Tier 1	
<i>propylthiouracil 50 mg oral tablet</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>AVODART (dutasteride 0.5 mg oral capsule)</i>	Tier 2	
<i>finasteride 5 mg oral tablet</i>	Tier 1	
ALCOHOL DETERRENTS		
<i>disulfiram 250 mg oral tablet</i>	Tier 1	
<i>disulfiram 500 mg oral tablet</i>	Tier 1	
ANTIDOTES		
<i>FUSILEV (levoleucovorin 10 mg/ml injectable solution)</i>	Tier 2	
<i>leucovorin 10 mg oral tablet</i>	Tier 1	
<i>leucovorin 10 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>leucovorin 15 mg oral tablet</i>	Tier 1	
<i>leucovorin 20 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>leucovorin 25 mg oral tablet</i>	Tier 1	
<i>leucovorin 5 mg oral tablet</i>	Tier 1	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg oral tablet</i>	Tier 1	
<i>allopurinol 300 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
COLCRYS (<i>colchicine 0.6 mg oral tablet</i>)	Tier 2	
ULORIC (<i>febuxostat 40 mg oral tablet</i>)	Tier 2	
ULORIC (<i>febuxostat 80 mg oral tablet</i>)	Tier 2	
BONE RESORPTION INHIBITORS		
ACTONEL (<i>risedronate sodium 150 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary step 2 Bone Resorption Inhibitors-Bisphosphonates and Combinations will process after a paid claim for at least a 30-day supply of a formulary step 1 Bone Resorption Inhibitors-Bisphosphonates and Combinations within the past 90 days.
ACTONEL (<i>risedronate sodium 30 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary step 2 Bone Resorption Inhibitors-Bisphosphonates and Combinations will process after a paid claim for at least a 30-day supply of a formulary step 1 Bone Resorption Inhibitors-Bisphosphonates and Combinations within the past 90 days.
ACTONEL (<i>risedronate sodium 5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary step 2 Bone Resorption Inhibitors-Bisphosphonates and Combinations will process after a paid claim for at least a 30-day supply of a formulary step 1 Bone Resorption Inhibitors-Bisphosphonates and Combinations within the past 90 days.
<i>alendronic acid 10 mg oral tablet</i>	Tier 1	
<i>alendronic acid 35 mg oral tablet</i>	Tier 1	
<i>alendronic acid 40 mg oral tablet</i>	Tier 1	
<i>alendronic acid 5 mg oral tablet</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronic acid 70 mg oral tablet</i>	Tier 1	
BONIVA (<i>ibandronic acid 1 mg/ml prefilled syringe</i>)	Tier 2	
<i>etidronate disodium 200 mg oral tablet</i>	Tier 1	
<i>etidronate disodium 400 mg oral tablet</i>	Tier 1	
<i>ibandronic acid 150 mg oral tablet</i>	Tier 1	
<i>pamidronate disodium 3 mg/ml injectable solution</i>	Tier 1	
<i>pamidronate disodium 6 mg/ml injectable solution</i>	Tier 1	
<i>pamidronate disodium 9 mg/ml injectable solution</i>	Tier 1	
PROLIA (<i>denosumab 60 mg/ml prefilled syringe</i>)	Tier 2	• PA
RECLAST (<i>zoledronic acid 0.05 mg/ml injectable solution</i>)	Tier 2	• PA
XGEVA (<i>denosumab 70 mg/ml injectable solution</i>)	Tier 2	• PA
ZOMETA (<i>zoledronic acid 0.8 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA (<i>tocilizumab 20 mg/ml injectable solution</i>)	Tier 2	• PA
ENBREL (<i>etanercept 25 mg/ml injectable solution</i>)	Tier 2	• PA
ENBREL (<i>etanercept 50 mg/ml prefilled syringe</i>)	Tier 2	• PA
ENBREL (<i>etanercept 50 mg/ml prefilled syringe</i>)	Tier 2	• PA
HUMIRA (<i>adalimumab 50 mg/ml prefilled syringe</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA (<i>adalimumab 50 mg/ml prefilled syringe</i>)	Tier 2	• PA
<i>leflunomide 10 mg oral tablet</i>	Tier 1	
<i>leflunomide 20 mg oral tablet</i>	Tier 1	
REMICADE (<i>infliximab 10 mg/ml injectable solution</i>)	Tier 2	• PA
SIMPONI (<i>golimumab 100 mg/ml prefilled syringe</i>)	Tier 2	• PA
IMMUNOMODULATORY AGENTS		
ACTIMMUNE (<i>interferon gamma-1b 0.2 mg/ml injectable solution</i>)	Tier 2	
AVONEX (<i>interferon beta-1a 0.03 mg/ml injectable solution</i>)	Tier 2	• PA
AVONEX (<i>interferon beta-1a 0.06 mg/ml prefilled syringe</i>)	Tier 2	• PA
BETASERON (<i>interferon beta-1b 0.25 mg/ml injectable solution</i>)	Tier 2	• PA
COPAXONE (<i>glatiramer acetate 20 mg/ml prefilled syringe</i>)	Tier 2	
EXTAVIA (<i>interferon beta-1b 0.25 mg/ml injectable solution</i>)	Tier 2	• PA
GILENYA (<i>fingolimod 0.5 mg oral capsule</i>)	Tier 2	• PA
REBIF (<i>interferon beta-1a 0.044 mg/ml prefilled syringe</i>)	Tier 2	• PA
REBIF (<i>interferon beta-1a 0.088 mg/ml prefilled syringe</i>)	Tier 2	• PA
THALOMID (<i>thalidomide 100 mg oral capsule</i>)	Tier 2	• PA
THALOMID (<i>thalidomide 150 mg oral capsule</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID (<i>thalidomide 200 mg oral capsule</i>)	Tier 2	• PA
THALOMID (<i>thalidomide 50 mg oral capsule</i>)	Tier 2	• PA
TYSABRI (<i>natalizumab 20 mg/ml injectable solution</i>)	Tier 2	• PA
IMMUNOSUPPRESSIVE AGENTS		
AZASAN (<i>azathioprine 100 mg oral tablet</i>)	Tier 2	• PA - B vs. D
AZASAN (<i>azathioprine 75 mg oral tablet</i>)	Tier 2	• PA - B vs. D
<i>azathioprine 50 mg oral tablet</i>	Tier 1	• PA - B vs. D
BENLYSTA (<i>belimumab 80 mg/ml injectable solution</i>)	Tier 2	• PA
CELLCEPT (<i>mycophenolate mofetil 200 mg/ml oral suspension</i>)	Tier 2	• PA - B vs. D
<i>cyclosporine 100 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>cyclosporine 25 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>cyclosporine 50 mg/ml injectable solution</i>	Tier 1	• PA - B vs. D
<i>cyclosporine, modified 100 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>cyclosporine, modified 100 mg/ml oral solution</i>	Tier 1	• PA - B vs. D
<i>cyclosporine, modified 25 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>cyclosporine, modified 50 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>mycophenolate mofetil 250 mg oral capsule</i>	Tier 1	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil 500 mg oral tablet</i>	Tier 1	• PA - B vs. D
PROGRAF (<i>tacrolimus 5 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
RAPAMUNE (<i>sirolimus 0.5 mg oral tablet</i>)	Tier 2	• PA - B vs. D
RAPAMUNE (<i>sirolimus 1 mg oral tablet</i>)	Tier 2	• PA - B vs. D
RAPAMUNE (<i>sirolimus 1 mg/ml oral solution</i>)	Tier 2	• PA - B vs. D
RAPAMUNE (<i>sirolimus 2 mg oral tablet</i>)	Tier 2	• PA - B vs. D
<i>tacrolimus 0.5 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>tacrolimus 1 mg oral capsule</i>	Tier 1	• PA - B vs. D
<i>tacrolimus 5 mg oral capsule</i>	Tier 1	• PA - B vs. D
ZORTRESS (<i>everolimus 0.25 mg oral tablet</i>)	Tier 2	• PA - B vs. D
ZORTRESS (<i>everolimus 0.5 mg oral tablet</i>)	Tier 2	• PA - B vs. D
ZORTRESS (<i>everolimus 0.75 mg oral tablet</i>)	Tier 2	• PA - B vs. D
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA (<i>dalfampridine 10 mg extended release tablet</i>)	Tier 2	• PA
ARCALYST (<i>rilonacept 80 mg/ml injectable solution</i>)	Tier 2	
CYSTADANE (<i>betaine 10 mg/ml oral solution</i>)	Tier 2	
KUVAN (<i>sapropterin dihydrochloride 0.833 mg/ml oral solution</i>)	Tier 2	• PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine 100 mg/ml oral solution</i>	Tier 1	• PA - B vs. D
<i>levocarnitine 330 mg oral tablet</i>	Tier 1	• PA - B vs. D
ORFADIN (<i>nitisinone 10 mg oral capsule</i>)	Tier 2	
ORFADIN (<i>nitisinone 2 mg oral capsule</i>)	Tier 2	
ORFADIN (<i>nitisinone 5 mg oral capsule</i>)	Tier 2	
SENSIPAR (<i>cinacalcet 30 mg oral tablet</i>)	Tier 2	
SENSIPAR (<i>cinacalcet 60 mg oral tablet</i>)	Tier 2	
SENSIPAR (<i>cinacalcet 90 mg oral tablet</i>)	Tier 2	
ZAVESCA (<i>miglustat 100 mg oral capsule</i>)	Tier 2	
PROTECTIVE AGENTS		
<i>amifostine 50 mg/ml injectable solution</i>	Tier 1	
<i>dexrazoxane 10 mg/ml injectable solution</i>	Tier 1	• PA
<i>mesna 100 mg/ml injectable solution</i>	Tier 1	
MESNEX (<i>mesna 400 mg oral tablet</i>)	Tier 2	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate 0.2 mg oral tablet</i>	Tier 1	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
NA (<i>gauze pads & dressings - pads 2 x 2 na</i>)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY TRACT AGENTS		
<i>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</i>		
<i>cromolyn sodium 10 mg/ml inhalant solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D
DULERA 100/5 (<i>formoterol fumarate 0.005 mg/actuat / mometasone furoate 0.1 mg/actuat metered dose inhaler</i>)	Tier 2	<ul style="list-style-type: none"> QL - 60 for 30 days supply ST - Claims will process if there is a claim for a 30-day supply of Qvar , Flovent HFA or Serevent in the past 90 days.
DULERA 200/5 (<i>formoterol fumarate 0.005 mg/actuat / mometasone furoate 0.2 mg/actuat metered dose inhaler</i>)	Tier 2	<ul style="list-style-type: none"> QL - 60 for 30 days supply ST - Claims will process if there is a claim for a 30-day supply of Qvar , Flovent HFA or Serevent in the past 90 days.
<i>flunisolide 0.029 mg/actuat nasal inhaler</i>	Tier 1	
<i>fluticasone propionate 0.05 mg/actuat nasal inhaler</i>	Tier 1	<ul style="list-style-type: none"> QL - 120 for 30 days supply
<i>montelukast 10 mg oral tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 30 for 30 days supply
<i>montelukast 4 mg chewable tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 30 for 30 days supply
<i>montelukast 4 mg granules</i>	Tier 1	<ul style="list-style-type: none"> QL - 30 for 30 days supply
<i>montelukast 5 mg chewable tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 30 for 30 days supply
NASONEX (<i>mometasone furoate 0.05 mg/actuat nasal inhaler</i>)	Tier 2	
QVAR (<i>beclomethasone dipropionate 0.04 mg/actuat metered dose inhaler</i>)	Tier 2	
QVAR (<i>beclomethasone dipropionate 0.08 mg/actuat metered dose inhaler</i>)	Tier 2	
SYMBICORT 160/4.5 (<i>budesonide 0.16 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims will process if there is a claim for a 30-day supply of Qvar , Flovent HFA or Serevent in the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
SYMBICORT 80/4.5 (<i>budesonide 0.08 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims will process if there is a claim for a 30-day supply of Qvar , Flovent HFA or Serevent in the past 90 days.
<i>triamcinolone acetanide 0.055 mg/ actuat nasal inhaler</i>	Tier 1	
VERAMYST (<i>fluticasone furoate 0.0275 mg/actuat nasal inhaler</i>)	Tier 2	
<i>zafirlukast 10 mg oral tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 60 for 30 days supply
<i>zafirlukast 20 mg oral tablet</i>	Tier 1	<ul style="list-style-type: none"> QL - 60 for 30 days supply
ZYFLO (<i>zileuton 600 mg extended release tablet</i>)	Tier 2	
ANTI-HISTAMINES (RESPIRATORY TRACT AGENTS)		
<i>cetirizine hydrochloride 1 mg/ml oral solution</i>	Tier 1	
MUCOLYTIC AGENTS		
<i>acetylcysteine 100 mg/ml inhalant solution</i>	Tier 1	
<i>acetylcysteine 200 mg/ml inhalant solution</i>	Tier 1	
PULMOZYME (<i>dornase alfa 1 mg/ml inhalant solution</i>)	Tier 2	<ul style="list-style-type: none"> PA - B vs. D
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP (<i>roflumilast 0.5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> PA
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
PROLASTIN (<i>alpha 1-proteinase inhibitor, human 50 mg/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> PA
XOLAIR (<i>omalizumab 125 mg/ml injectable solution</i>)	Tier 2	<ul style="list-style-type: none"> PA

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Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA (<i>alpha 1-proteinase inhibitor, human 50 mg/ml injectable solution</i>)	Tier 2	• PA
VASODILATING AGENTS (RESPIRATORY TRACT)		
LETAIRIS (<i>ambrisentan 10 mg oral tablet</i>)	Tier 2	• PA
LETAIRIS (<i>ambrisentan 5 mg oral tablet</i>)	Tier 2	• PA
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE (<i>immunoglobulins, intravenous 120 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
GAMMAGARD (<i>immunoglobulins, intravenous 100 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
GAMMAPLEX (<i>immunoglobulins, intravenous 50 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
GAMUNEX (<i>immunoglobulins, intravenous 100 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D
PRIVIGEN (<i>immunoglobulins, intravenous 100 mg/ml injectable solution</i>)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
TOXOIDS		
ADACEL (<i>bordetella pertussis</i> filamentous hemagglutinin vaccine, inactivated 0.01 mg/ml / <i>bordetella pertussis fimbriae</i> 2/3 vaccine, inactivated 0.01 mg/ml / <i>bordetella pertussis pertactin</i> vaccine, inactivated 0.006 mg/ml / <i>bordetella pertussis</i> toxoid vaccine, in injectable suspension)	Tier 2	
BOOSTRIX (<i>bordetella pertussis</i> filamentous hemagglutinin vaccine, inactivated 0.016 mg/ml / <i>bordetella pertussis pertactin</i> vaccine, inactivated 0.005 mg/ml / <i>bordetella pertussis</i> toxoid vaccine, inactivated 0.016 mg/ml / <i>diphtheria</i> toxoid vaccine, inactivated 5 unt injectable suspension)	Tier 2	
BOOSTRIX (<i>bordetella pertussis</i> filamentous hemagglutinin vaccine, inactivated 0.016 mg/ml / <i>bordetella pertussis pertactin</i> vaccine, inactivated 0.005 mg/ml / <i>bordetella pertussis</i> toxoid vaccine, inactivated 0.016 mg/ml / <i>diphtheria</i> toxoid vaccine, inactivated 5 unt prefilled syringe)	Tier 2	
DAPTACEL (<i>bordetella pertussis</i> filamentous hemagglutinin vaccine, inactivated 0.01 mg/ml / <i>bordetella pertussis fimbriae</i> 2/3 vaccine, inactivated 0.01 mg/ml / <i>bordetella pertussis pertactin</i> vaccine, inactivated 0.006 mg/ml / <i>bordetella pertussis</i> toxoid vaccine, in injectable suspension)	Tier 2	
<i>diphtheria</i> toxoid vaccine, inactivated 4 unt/ml / <i>tetanus</i> toxoid vaccine, inactivated 4 unt/ml injectable suspension	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (<i>bordetella pertussis</i> filamentous hemagglutinin vaccine, inactivated 0.05 mg/ml / <i>bordetella pertussis</i> pertactin vaccine, inactivated 0.016 mg/ml / <i>bordetella pertussis</i> toxoid vaccine, inactivated 0.05 mg/ml / diphtheria toxoid vaccine, inactivated 50 unt/ injectable suspension)	Tier 2	
tetanus toxoid vaccine, inactivated 10 unt/ml injectable suspension	Tier 1	
VACCINES		
ACTHIB (<i>haemophilus influenzae</i> type b strain 1482, capsular polysaccharide inactivated tetanus toxoid conjugate vaccine 0.068 mg/ml injectable solution)	Tier 2	
CERVARIX (human papillomavirus type 16, II capsid protein (residues 2-471) vaccine 0.04 mg/ml / human papillomavirus type 18, II capsid protein (residues 2-472) vaccine 0.04 mg/ml prefilled syringe)	Tier 2	
COMVAX (<i>haemophilus influenzae</i> b (ross strain) capsular polysaccharide meningococcal protein conjugate vaccine 0.265 mg/ml / hepatitis b surface antigen vaccine 0.01 mg/ml injectable suspension)	Tier 2	
ENGRIX-B (hepatitis b surface antigen vaccine 0.02 mg/ml injectable suspension)	Tier 2	• PA - B vs. D
ENGRIX-B (hepatitis b surface antigen vaccine 0.02 mg/ml prefilled syringe)	Tier 2	• PA - B vs. D
ENGRIX-B (hepatitis b surface antigen vaccine 0.02 mg/ml prefilled syringe)	Tier 2	• PA - B vs. D

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL (11 protein, human papillomavirus type 11 vaccine 0.08 mg/ml / 11 protein, human papillomavirus type 16 vaccine 0.08 mg/ml / 11 protein, human papillomavirus type 18 vaccine 0.04 mg/ml / 11 protein, human papillomavirus type 6 vaccine 0.04 mg/ml injectable suspension)	Tier 2	
HAVRIX (hepatitis a vaccine (inactivated) strain hm175 1440 unt/ml injectable suspension)	Tier 2	
HAVRIX (hepatitis a vaccine (inactivated) strain hm175 1440 unt/ml prefilled syringe)	Tier 2	
IMOVAX RABIES (rabies virus vaccine wistar strain pm-1503-3m (human), inactivated 2.5 unt/ml injectable suspension)	Tier 2	
IPOL (poliovirus vaccine inactivated, type 1 (mahoney) 80 unt/ml / poliovirus vaccine inactivated, type 2 (mef-1) 16 unt/ml / poliovirus vaccine inactivated, type 3 (saukett) 64 unt/ml injectable solution)	Tier 2	
IXIARO (japanese encephalitis virus vaccine nakayama-nih strain, inactivated 0.012 mg/ml prefilled syringe)	Tier 2	
M-M-R II (measles virus vaccine live, enders' attenuated edmonston strain 2000 unt/ml / mumps virus vaccine live, jeryl lynn strain 25000 unt/ml / rubella virus vaccine live (wistar ra 27-3 strain) 2000 unt/ml injectable solution)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (<i>neisseria meningitidis</i> serogroup a capsular polysaccharide diphtheria toxoid protein conjugate vaccine 0.104 mg/ml / <i>neisseria meningitidis</i> serogroup c capsular polysaccharide diphtheria toxoid protein conjugate vaccine 0.104 mg/ml / <i>neisseria meningitidis</i> injectable solution)	Tier 2	
MENOMUNE A/C/Y/W-135 (<i>meningococcal</i> group a polysaccharide 0.1 mg/ml / <i>meningococcal</i> group c polysaccharide 0.1 mg/ml / <i>meningococcal</i> polysaccharide vaccine group w-135 0.1 mg/ml / <i>meningococcal</i> polysaccharide vaccine group y 0.1 mg/ml injectable solution)	Tier 2	
MENVEO (<i>neisseria meningitidis</i> serogroup a oligosaccharide diphtheria <i>crm197</i> protein conjugate vaccine 0.02 mg/ml / <i>neisseria meningitidis</i> serogroup c oligosaccharide diphtheria <i>crm197</i> protein conjugate vaccine 0.01 mg/ml / <i>neisseria meningitidis</i> serogroup w-135 injectable solution)	Tier 2	
PEDVAXHIB (<i>haemophilus influenzae b</i> (ross strain) capsular polysaccharide meningococcal protein conjugate vaccine 0.265 mg/ml injectable suspension)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD (<i>measles virus vaccine live, enders' attenuated edmonston strain 2000 unt/ml / mumps virus vaccine live, jeryl lynn strain 40000 unt/ml / rubella virus vaccine live (wistar ra 27-3 strain) 2000 unt/ml / varicella-zoster virus vaccine live (oka-merck) strai injectable suspension</i>)	Tier 2	
RABAVERT (<i>rabies virus vaccine flury-lep strain 2.5 unt/ml injectable suspension</i>)	Tier 2	
RECOMBIVAX HB (<i>hepatitis b surface antigen vaccine 0.01 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
RECOMBIVAX HB (<i>hepatitis b surface antigen vaccine 0.04 mg/ml injectable suspension</i>)	Tier 2	• PA - B vs. D
ROTATEQ (<i>human-bovine reassortant rotavirus strain g1 vaccine 1100000 unt/ml / human-bovine reassortant rotavirus strain g2 vaccine 1400000 unt/ml / human-bovine reassortant rotavirus strain g3 vaccine 1100000 unt/ml / human-bovine reassortant rotavirus strain g4 oral suspension</i>)	Tier 2	
TWINRIX (<i>hepatitis a vaccine (inactivated) strain hm175 720 unt/ml / hepatitis b surface antigen vaccine 0.02 mg/ml injectable suspension</i>)	Tier 2	
TYPHIM VI (<i>typhoid vi polysaccharide vaccine, s typhi ty2 strain 0.05 mg/ml injectable solution</i>)	Tier 2	
VAQTA (<i>hepatitis a vaccine, inactivated 50 unt/ml injectable suspension</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX (<i>varicella-zoster virus vaccine live (oka-merck) strain 2700 unt/ml injectable suspension</i>)	Tier 2	
YF-VAX (<i>yellow-fever virus vaccine, 17d-204 strain 4000 unt/ml injectable suspension</i>)	Tier 2	
ZOSTAVAX (<i>varicella-zoster virus vaccine live (oka-merck) strain 29800 unt/ml injectable suspension</i>)	Tier 2	
SKIN AND MUCOUS MEMBRANE AGENTS		
<i>ANTI-INFECTIVES (SKIN & MUCOUS MEMBRANE)</i>		
ALTABAX (<i>retapamulin 0.01 mg/mg topical ointment</i>)	Tier 2	
BACTROBAN (<i>mupirocin 20 mg/ml topical cream</i>)	Tier 2	
<i>benzoyl peroxide 0.05 mg/mg / erythromycin 0.03 mg/mg topical gel</i>	Tier 1	
<i>ciclopirox 0.0077 mg/mg topical gel</i>	Tier 1	
<i>ciclopirox 7.7 mg/ml topical cream</i>	Tier 1	
<i>ciclopirox 7.7 mg/ml topical lotion</i>	Tier 1	
<i>ciclopirox 80 mg/ml topical solution</i>	Tier 1	
<i>clindamycin 0.01 mg/mg topical gel</i>	Tier 1	
<i>clindamycin 10 mg/ml medicated pad</i>	Tier 1	
<i>clindamycin 10 mg/ml topical lotion</i>	Tier 1	
<i>clindamycin 10 mg/ml topical solution</i>	Tier 1	
<i>clindamycin 20 mg/ml vaginal cream</i>	Tier 1	
<i>clotrimazole 10 mg lozenge</i>	Tier 1	
<i>clotrimazole 10 mg/ml topical cream</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole 10 mg/ml topical solution</i>	Tier 1	
CORTISPORIN (<i>hydrocortisone 5 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml topical cream</i>)	Tier 2	
DENAVIR (<i>penciclovir 10 mg/ml topical cream</i>)	Tier 2	
<i>econazole nitrate 10 mg/ml topical cream</i>	Tier 1	
<i>erythromycin 0.02 mg/mg topical gel</i>	Tier 1	
<i>erythromycin 20 mg/ml topical solution</i>	Tier 1	
EXELDERM (<i>sulconazole 10 mg/ml topical cream</i>)	Tier 2	
EXELDERM (<i>sulconazole 10 mg/ml topical solution</i>)	Tier 2	
<i>gentamicin sulfate (usp) 0.001 mg/mg topical ointment</i>	Tier 1	
<i>gentamicin sulfate (usp) 1 mg/ml topical cream</i>	Tier 1	
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	Tier 1	
<i>ketoconazole 20 mg/ml medicated shampoo</i>	Tier 1	
<i>ketoconazole 20 mg/ml topical cream</i>	Tier 1	
<i>ketoconazole 20 mg/ml topical foam</i>	Tier 1	
<i>lindane 10 mg/ml medicated shampoo</i>	Tier 1	
<i>lindane 10 mg/ml topical lotion</i>	Tier 1	
<i>malathion 5 mg/ml topical lotion</i>	Tier 1	
<i>metronidazole 0.0075 mg/mg topical gel</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole 0.0075 mg/mg vaginal gel</i>	Tier 1	
<i>metronidazole 7.5 mg/ml topical cream</i>	Tier 1	
<i>metronidazole 7.5 mg/ml topical lotion</i>	Tier 1	
<i>miconazole nitrate 200 mg vaginal suppository</i>	Tier 1	
<i>mupirocin 0.02 mg/mg topical ointment</i>	Tier 1	
NAFTIN (<i>naftifine hydrochloride 0.01 mg/mg topical gel</i>)	Tier 2	
NAFTIN (<i>naftifine hydrochloride 10 mg/ml topical cream</i>)	Tier 2	
<i>neomycin 40 mg/ml / polymyxin b 200000 unt/ml irrigation solution</i>	Tier 1	
<i>nystatin 100 unt/mg / triamcinolone acetonide 0.001 mg/mg topical ointment</i>	Tier 1	
<i>nystatin 100 unt/mg topical ointment</i>	Tier 1	
<i>nystatin 100 unt/mg topical powder</i>	Tier 1	
<i>nystatin 100000 unt/ml / triamcinolone acetonide 1 mg/ml topical cream</i>	Tier 1	
<i>nystatin 100000 unt/ml topical cream</i>	Tier 1	
OXISTAT (<i>oxiconazole 10 mg/ml topical cream</i>)	Tier 2	
OXISTAT (<i>oxiconazole 10 mg/ml topical lotion</i>)	Tier 2	
<i>permethrin 50 mg/ml topical cream</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine 10 mg/ml topical cream</i>	Tier 1	
<i>sulfacetamide sodium 100 mg/ml topical lotion</i>	Tier 1	
<i>terconazole 4 mg/ml vaginal cream</i>	Tier 1	
<i>terconazole 8 mg/ml vaginal cream</i>	Tier 1	
<i>terconazole 80 mg vaginal suppository</i>	Tier 1	
ZOVIRAX (acyclovir 0.05 mg/mg topical ointment)	Tier 2	
ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)		
<i>betamethasone 0.0005 mg/mg augmented topical ointment</i>	Tier 1	
<i>betamethasone 0.0005 mg/mg topical ointment</i>	Tier 1	
<i>betamethasone 0.001 mg/mg topical ointment</i>	Tier 1	
<i>betamethasone 0.5 mg/ml augmented topical cream</i>	Tier 1	
<i>betamethasone 0.5 mg/ml augmented topical lotion</i>	Tier 1	
<i>betamethasone 0.5 mg/ml topical cream</i>	Tier 1	
<i>betamethasone 0.5 mg/ml topical lotion</i>	Tier 1	
<i>betamethasone 1 mg/ml topical cream</i>	Tier 1	
<i>betamethasone 1 mg/ml topical lotion</i>	Tier 1	
<i>clobetasol propionate 0.0005 mg/mg topical gel</i>	Tier 1	
<i>clobetasol propionate 0.0005 mg/mg topical ointment</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate 0.5 mg/ml medicated shampoo</i>	Tier 1	
<i>clobetasol propionate 0.5 mg/ml topical cream</i>	Tier 1	
<i>clobetasol propionate 0.5 mg/ml topical foam</i>	Tier 1	
<i>clobetasol propionate 0.5 mg/ml topical lotion</i>	Tier 1	
<i>clobetasol propionate 0.5 mg/ml topical solution</i>	Tier 1	
<i>desonide 0.0005 mg/mg topical ointment</i>	Tier 1	
<i>desonide 0.5 mg/ml topical cream</i>	Tier 1	
<i>desonide 0.5 mg/ml topical lotion</i>	Tier 1	
<i>desoximetasone 0.0005 mg/mg topical gel</i>	Tier 1	
<i>desoximetasone 0.0025 mg/mg topical ointment</i>	Tier 1	
<i>desoximetasone 0.5 mg/ml topical cream</i>	Tier 1	
<i>desoximetasone 2.5 mg/ml topical cream</i>	Tier 1	
<i>diflorasone diacetate 0.0005 mg/mg topical ointment</i>	Tier 1	
<i>diflorasone diacetate 0.5 mg/ml topical cream</i>	Tier 1	
<i>fluocinolone acetonide 0.00025 mg/mg topical ointment</i>	Tier 1	
<i>fluocinolone acetonide 0.1 mg/ml topical cream</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide 0.1 mg/ml topical oil</i>	Tier 1	
<i>fluocinolone acetonide 0.1 mg/ml topical solution</i>	Tier 1	
<i>fluocinolone acetonide 0.25 mg/ml topical cream</i>	Tier 1	
<i>fluocinonide 0.0005 mg/mg topical gel</i>	Tier 1	
<i>fluocinonide 0.0005 mg/mg topical ointment</i>	Tier 1	
<i>fluocinonide 0.5 mg/ml topical cream</i>	Tier 1	
<i>fluocinonide 0.5 mg/ml topical solution</i>	Tier 1	
<i>fluticasone propionate 0.00005 mg/mg topical ointment</i>	Tier 1	
<i>fluticasone propionate 0.5 mg/ml topical cream</i>	Tier 1	
<i>halobetasol propionate 0.0005 mg/mg topical ointment</i>	Tier 1	
<i>halobetasol propionate 0.5 mg/ml topical cream</i>	Tier 1	
<i>hydrocortisone 0.01 mg/mg topical ointment</i>	Tier 1	
<i>hydrocortisone 0.025 mg/mg topical ointment</i>	Tier 1	
<i>hydrocortisone 1.67 mg/ml enema</i>	Tier 1	
<i>hydrocortisone 10 mg/ml topical cream</i>	Tier 1	
<i>hydrocortisone 25 mg/ml topical cream</i>	Tier 1	
<i>hydrocortisone 25 mg/ml topical lotion</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate 0.002 mg/mg topical ointment</i>	Tier 1	
<i>hydrocortisone valerate 2 mg/ml topical cream</i>	Tier 1	
KENALOG (<i>triamcinolone acetonide 0.147 mg/ml topical spray</i>)	Tier 2	
<i>mometasone furoate 0.001 mg/mg topical ointment</i>	Tier 1	
<i>mometasone furoate 1 mg/ml topical cream</i>	Tier 1	
PROCTOCREAM (<i>hydrocortisone 25 mg/ml rectal cream</i>)	Tier 2	
TACLONEX (<i>betamethasone 0.0005 mg/mg / calcipotriene 0.00005 mg/mg topical ointment</i>)	Tier 2	
TACLONEX (<i>betamethasone 0.5 mg/ml / calcipotriene 0.05 mg/ml topical lotion</i>)	Tier 2	
<i>triamcinolone acetonide 0.00025 mg/mg topical ointment</i>	Tier 1	
<i>triamcinolone acetonide 0.001 mg/mg oral paste</i>	Tier 1	
<i>triamcinolone acetonide 0.001 mg/mg topical ointment</i>	Tier 1	
<i>triamcinolone acetonide 0.005 mg/mg topical ointment</i>	Tier 1	
<i>triamcinolone acetonide 0.25 mg/ml topical cream</i>	Tier 1	
<i>triamcinolone acetonide 0.25 mg/ml topical lotion</i>	Tier 1	
<i>triamcinolone acetonide 1 mg/ml topical cream</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide 1 mg/ml topical lotion</i>	Tier 1	
<i>triamcinolone acetonide 5 mg/ml topical cream</i>	Tier 1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine 25 mg/ml / prilocaine 25 mg/ml topical cream</i>	Tier 1	
<i>lidocaine hydrochloride 0.05 mg/mg topical ointment</i>	Tier 1	
LIDODERM (<i>lidocaine hydrochloride 0.05 mg/mg transdermal patch</i>)	Tier 2	
ZONALON (<i>doxepin hydrochloride 50 mg/ml topical cream</i>)	Tier 2	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE (<i>palifermin 5 mg/ml injectable solution</i>)	Tier 2	
<i>tretinoin 0.0001 mg/mg topical gel</i>	Tier 1	
<i>tretinoin 0.00025 mg/mg topical gel</i>	Tier 1	
<i>tretinoin 0.25 mg/ml topical cream</i>	Tier 1	
<i>tretinoin 0.5 mg/ml topical cream</i>	Tier 1	
<i>tretinoin 1 mg/ml topical cream</i>	Tier 1	
DEPIGMENTING AND PIGMENTING AGENTS		
OXSORALEN (<i>methoxsalen 10 mg/ml topical lotion</i>)	Tier 2	• PA
OXSORALEN-ULTRA (<i>methoxsalen 10 mg oral capsule</i>)	Tier 2	• PA
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
<i>ammonium lactate 120 mg/ml topical lotion</i>	Tier 1	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
<i>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</i>		
<i>adapalene 0.001 mg/mg topical gel</i>	Tier 1	
<i>adapalene 1 mg/ml topical cream</i>	Tier 1	
AMNESTEEM (<i>isotretinoin 10 mg oral capsule</i>)	Tier 2	
AMNESTEEM (<i>isotretinoin 20 mg oral capsule</i>)	Tier 2	
AMNESTEEM (<i>isotretinoin 40 mg oral capsule</i>)	Tier 2	
<i>calcipotriene 0.00005 mg/mg topical ointment</i>	Tier 1	
<i>calcipotriene 0.05 mg/ml topical solution</i>	Tier 1	
CLARAVIS (<i>isotretinoin 10 mg oral capsule</i>)	Tier 2	
CLARAVIS (<i>isotretinoin 20 mg oral capsule</i>)	Tier 2	
CLARAVIS (<i>isotretinoin 30 mg oral capsule</i>)	Tier 2	
CLARAVIS (<i>isotretinoin 40 mg oral capsule</i>)	Tier 2	
ELIDEL (<i>pimecrolimus 10 mg/ml topical cream</i>)	Tier 2	
<i>fluorouracil 50 mg/ml topical cream</i>	Tier 1	
<i>imiquimod 50 mg/ml topical cream</i>	Tier 1	
PANRETIN (<i>alitretinoin 0.001 mg/mg topical gel</i>)	Tier 2	
<i>podofilox 5 mg/ml topical solution</i>	Tier 1	
PROTOPIC (<i>tacrolimus 0.0003 mg/mg topical ointment</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
PROTOPIC (<i>tacrolimus 0.001 mg/mg topical ointment</i>)	Tier 2	
SANTYL (<i>collagenase 0.25 unt/mg topical ointment</i>)	Tier 2	
SORIATANE (<i>acitretin 10 mg oral capsule</i>)	Tier 2	
SORIATANE (<i>acitretin 17.5 mg oral capsule</i>)	Tier 2	
SORIATANE (<i>acitretin 25 mg oral capsule</i>)	Tier 2	
TARGRETIN (<i>bexarotene 0.01 mg/mg topical gel</i>)	Tier 2	
TAZORAC (<i>tazarotene 0.0005 mg/mg topical gel</i>)	Tier 2	
TAZORAC (<i>tazarotene 0.001 mg/mg topical gel</i>)	Tier 2	
TAZORAC (<i>tazarotene 0.5 mg/ml topical cream</i>)	Tier 2	
TAZORAC (<i>tazarotene 1 mg/ml topical cream</i>)	Tier 2	
ZYCLARA (<i>imiquimod 37.5 mg/ml topical cream</i>)	Tier 2	
SMOOTH MUSCLE RELAXANTS		
<i>GENITOURINARY SMOOTH MUSCLE RELAXANTS</i>		
DETROL (<i>tolterodine tartrate 2 mg extended release capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary brand Urinary Antispasmodics will process if there is a paid claim for a formulary generic Urinary Antispasmodic within the past 90 days.

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Drug Name	Drug Tier	Requirements/Limits
DETROL (<i>tolterodine tartrate 4 mg extended release capsule</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary brand Urinary Antispasmodics will process if there is a paid claim for a formulary generic Urinary Antispasmodic within the past 90 days.
<i>flavoxate hydrochloride 100 mg oral tablet</i>	Tier 1	
<i>oxybutynin chloride 1 mg/ml oral solution</i>	Tier 1	
<i>oxybutynin chloride 10 mg extended release tablet</i>	Tier 1	
<i>oxybutynin chloride 15 mg extended release tablet</i>	Tier 1	
<i>oxybutynin chloride 5 mg extended release tablet</i>	Tier 1	
<i>oxybutynin chloride 5 mg oral tablet</i>	Tier 1	
OXYTROL (<i>oxybutynin 0.162 mg/hr transdermal patch</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary brand Urinary Antispasmodics will process if there is a paid claim for a formulary generic Urinary Antispasmodic within the past 90 days.
<i>tolterodine tartrate 1 mg oral tablet</i>	Tier 1	
<i>tolterodine tartrate 2 mg oral tablet</i>	Tier 1	
<i>trospium chloride 20 mg oral tablet</i>	Tier 1	
<i>trospium chloride 60 mg extended release capsule</i>	Tier 1	
VESICARE (<i>solifenacin succinate 10 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary brand Urinary Antispasmodics will process if there is a paid claim for a formulary generic Urinary Antispasmodic within the past 90 days.

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

Drug Name	Drug Tier	Requirements/Limits
VESICARE (<i>solifenacin succinate 5 mg oral tablet</i>)	Tier 2	<ul style="list-style-type: none"> ST - Claims for formulary brand Urinary Antispasmodics will process if there is a paid claim for a formulary generic Urinary Antispasmodic within the past 90 days.
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
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<i>theophylline 200 mg extended release tablet</i>	Tier 1	
<i>theophylline 400 mg extended release tablet</i>	Tier 1	
<i>theophylline 450 mg extended release tablet</i>	Tier 1	
<i>theophylline 600 mg extended release tablet</i>	Tier 1	
VITAMINS		
VITAMIN D		
<i>calcitriol 0.00025 mg oral capsule</i>	Tier 1	
<i>calcitriol 0.0005 mg oral capsule</i>	Tier 1	
<i>calcitriol 0.001 mg/ml oral solution</i>	Tier 1	<ul style="list-style-type: none"> PA - B vs. D
ZEMPLAR (<i>paricalcitol 0.002 mg/ml injectable solution</i>)	Tier 2	
ZEMPLAR (<i>paricalcitol 0.005 mg/ml injectable solution</i>)	Tier 2	

• PA: Prior Authorization is required • ST: Step Therapy is required • QL: Quantity Limits apply

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BICILLIN L-A (<i>penicillin g benzathine 600000 unt/ml prefilled syringe</i>)	11
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<i>cefotetan 400 mg/ml injectable solution</i>	12
<i>cefotetan 500 mg/ml injectable solution</i>	12
<i>cefoxitin 180 mg/ml injectable solution</i>	12

<i>cefoxitin 20 mg/ml injectable solution</i>	12
<i>cefoxitin 200 mg/ml injectable solution</i>	13
<i>cefoxitin 40 mg/ml injectable solution</i>	13
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<i>enoxaparin sodium 100 mg/ml prefilled syringe</i>	55
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<i>ethambutol hydrochloride 400 mg oral tablet</i>	23
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<i>fentanyl 0.05 mg/hr transdermal patch</i>	89
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<i>heparin sodium, porcine 2 unt/ml injectable solution</i>	56
<i>heparin sodium, porcine 20000 unt/ml injectable solution</i>	56
<i>heparin sodium, porcine 40 unt/ml injectable solution</i>	56
<i>heparin sodium, porcine 50 unt/ml injectable solution</i>	56
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<i>HEPATASOL 8 (alanine 1.54 mg/ml / arginine 1.2 mg/ml / cysteine 0.04 mg/ml / histidine 0.48 mg/ml / isoleucine 1.8 mg/ml injectable solution)</i>	135
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<i>hydralazine hydrochloride 25 mg oral tablet</i>	76
<i>hydralazine hydrochloride 50 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / irbesartan 150 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / irbesartan 300 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / lisinopril 10 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / lisinopril 20 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / losartan potassium 100 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / losartan potassium 50 mg oral tablet</i>	76
<i>hydrochlorothiazide 12.5 mg / moexipril hydrochloride 15 mg oral tablet</i>	82
<i>hydrochlorothiazide 12.5 mg / moexipril hydrochloride 7.5 mg oral tablet</i>	82
<i>hydrochlorothiazide 12.5 mg / quinapril 10 mg oral tablet</i>	76
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<i>hydrochlorothiazide 12.5 mg / valsartan 320 mg oral tablet</i>	82
<i>hydrochlorothiazide 12.5 mg / valsartan 80 mg oral tablet</i>	82
<i>hydrochlorothiazide 12.5 mg oral capsule</i>	76
<i>hydrochlorothiazide 12.5 mg oral tablet</i>	77
<i>hydrochlorothiazide 15 mg / methyldopa 250 mg oral tablet</i>	53
<i>hydrochlorothiazide 25 mg / lisinopril 20 mg oral tablet</i>	77
<i>hydrochlorothiazide 25 mg / losartan potassium 100 mg oral tablet</i>	77
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<i>hydrochlorothiazide 25 mg / metoprolol tartrate 50 mg oral tablet</i>	49
<i>hydrochlorothiazide 25 mg / moexipril hydrochloride 15 mg oral tablet</i>	82
<i>hydrochlorothiazide 25 mg / propranolol hydrochloride 40 mg oral tablet</i>	49
<i>hydrochlorothiazide 25 mg / propranolol hydrochloride 80 mg oral tablet</i>	49
<i>hydrochlorothiazide 25 mg / quinapril 20 mg oral tablet</i>	77
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<i>hydrochlorothiazide 25 mg oral tablet</i>	77
<i>hydrochlorothiazide 50 mg / metoprolol tartrate 100 mg oral tablet</i>	49
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<i>hydrochlorothiazide 50 mg oral tablet</i>	77
<i>hydrocodone bitartrate 7.5 mg / ibuprofen 200 mg oral tablet</i>	90
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<i>hydrocortisone 0.025 mg/mg topical ointment</i>	194
<i>hydrocortisone 1.67 mg/ml enema</i>	194
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<i>hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic solution</i>	143
<i>hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic suspension</i>	143
<i>hydrocortisone 10 mg/ml topical cream</i>	194
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<i>hydromorphone hydrochloride 2 mg oral tablet</i>	90
<i>hydromorphone hydrochloride 4 mg oral tablet</i>	90
<i>hydromorphone hydrochloride 8 mg oral tablet</i>	90
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<i>hydroxyzine hydrochloride 10 mg oral tablet</i>	111
<i>hydroxyzine hydrochloride 100 mg oral capsule</i>	111
<i>hydroxyzine hydrochloride 2 mg/ml oral solution</i>	111
<i>hydroxyzine hydrochloride 25 mg oral capsule</i>	111
<i>hydroxyzine hydrochloride 25 mg oral tablet</i>	111
<i>hydroxyzine hydrochloride 25 mg/ml injectable solution</i>	111
<i>hydroxyzine hydrochloride 50 mg oral capsule</i>	111
<i>hydroxyzine hydrochloride 50 mg oral tablet</i>	111

<i>hydroxyzine hydrochloride 50 mg/ml injectable solution</i>	111
<i>ibandronic acid 150 mg oral tablet</i>	176
<i>ibuprofen 400 mg / oxycodone hydrochloride 5 mg oral tablet</i>	90
<i>ibuprofen 400 mg oral tablet</i>	90
<i>ibuprofen 600 mg oral tablet</i>	90
<i>ibuprofen 800 mg oral tablet</i>	90
<i>idarubicin hydrochloride 1 mg/ml injectable solution</i>	38
<i>ifosfamide 50 mg/ml injectable solution</i>	38
<i>imipramine hydrochloride 10 mg oral tablet</i>	122
<i>imipramine hydrochloride 25 mg oral tablet</i>	122
<i>imipramine hydrochloride 50 mg oral tablet</i>	122
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<i>imipramine pamoate 125 mg oral capsule</i>	122
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<i>indomethacin 25 mg oral capsule</i>	91
<i>indomethacin 50 mg oral capsule</i>	91
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INTRALIPID (egg yolk phospholipids 12 mg/ml / glycerin 22.5 mg/ml / soybean oil 200 mg/ml injectable suspension)	135
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INTRON A (interferon alfa-2b 60000000 unt/ml injectable solution)	38
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INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	122
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	123
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<i>isosorbide dinitrate 20 mg oral tablet</i>	83
<i>isosorbide dinitrate 30 mg oral tablet</i>	83
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<i>isosorbide dinitrate 5 mg oral tablet</i>	84
<i>isosorbide mononitrate 10 mg oral tablet</i>	84
<i>isosorbide mononitrate 120 mg extended release tablet</i>	84
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<i>lamivudine 150 mg oral tablet</i>	28
<i>lamivudine 300 mg oral tablet</i>	28
<i>lamotrigine 100 mg oral tablet</i>	102
<i>lamotrigine 150 mg oral tablet</i>	102
<i>lamotrigine 200 mg oral tablet</i>	102
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<i>lidocaine hydrochloride 0.02 mg/mg topical gel</i>	147
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<i>lindane 10 mg/ml medicated shampoo</i>	190
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<i>liothyronine sodium 0.025 mg oral tablet</i>	173
<i>liothyronine sodium 0.05 mg oral tablet</i>	174
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<i>lisinopril 20 mg oral tablet</i>	77
<i>lisinopril 30 mg oral tablet</i>	78
<i>lisinopril 40 mg oral tablet</i>	78
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<i>risperidone 0.5 mg disintegrating tablet</i>	127
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<i>risperidone 1 mg disintegrating tablet</i>	127
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<i>ropinirole 2 mg extended release tablet</i>	109
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<i>sodium chloride 0.513 meq/ml injectable solution</i>	141
<i>sodium chloride 0.854 meq/ml injectable solution</i>	141
<i>sodium chloride 2.5 meq/ml injectable solution</i>	141
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<i>sulfasalazine 500 mg enteric coated tablet</i>	20
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<i>triamcinolone acetonide 0.25 mg/ml topical cream</i>	195
<i>triamcinolone acetonide 0.25 mg/ml topical lotion</i>	195
<i>triamcinolone acetonide 1 mg/ml topical cream</i>	195
<i>triamcinolone acetonide 1 mg/ml topical lotion</i>	196
<i>triamcinolone acetonide 5 mg/ml topical cream</i>	196
TRIBENZOR 20/5/12.5 (<i>amlodipine 5 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 20 mg oral tablet</i>)	81
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trifluoperazine 2 mg oral tablet	129
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trihexyphenidyl hydrochloride 0.4 mg/ml oral solution	110
trihexyphenidyl hydrochloride 2 mg oral tablet	110
trihexyphenidyl hydrochloride 5 mg oral tablet	110
TRILIPIX (fenofibric acid 135 mg enteric coated capsule)	62
TRILIPIX (fenofibric acid 45 mg enteric coated capsule)	63
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trimipramine 100 mg oral capsule	129
trimipramine 25 mg oral capsule	129
trimipramine 50 mg oral capsule	129
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TRISENOX (arsenic trioxide 0.01 mg/ml injectable solution)	43
TRIVORA 28 DAY (ethinyl estradiol 0.03 mg / ethinyl estradiol 0.04 mg / inert ingredients 1 mg / levonorgestrel 0.05 mg / levonorgestrel 0.075 mg pack)	168
TRIZIVIR (abacavir 300 mg / lamivudine 150 mg / zidovudine 300 mg oral tablet)	31
TROPHAMINE 10 % (alanine 5.4 mg/ml / arginine 12 mg/ml / aspartate 3.2 mg/ml / cysteine 0.24 mg/ml / glutamate 5 mg/ml injectable solution)	136
TROPHAMINE 6 % (alanine 3.2 mg/ml / arginine 7.3 mg/ml / aspartate 1.9 mg/ml / cysteine 0.2 mg/ml / glutamate 3 mg/ml injectable solution)	136
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TRUVADA (emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet)	31
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<i>ursodiol 250 mg oral tablet</i>	152
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<i>valacyclovir 1000 mg oral tablet</i>	31
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VALCYTE (<i>valganciclovir 450 mg oral tablet</i>)	31
VALCYTE (<i>valganciclovir 50 mg/ml oral solution</i>)	31
<i>valproic acid 100 mg/ml injectable solution</i>	105
<i>valproic acid 250 mg oral capsule</i>	105
<i>valproic acid 50 mg/ml oral solution</i>	105
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<i>vancomycin 125 mg oral capsule</i>	21
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<i>venlafaxine 150 mg extended release tablet</i>	129
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<i>venlafaxine 25 mg oral tablet</i>	129
<i>venlafaxine 37.5 mg extended release capsule</i>	129
<i>venlafaxine 37.5 mg extended release tablet</i>	129
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<i>venlafaxine 75 mg extended release capsule</i>	129
<i>venlafaxine 75 mg extended release tablet</i>	129
<i>venlafaxine 75 mg oral tablet</i>	129
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VYVANSE (<i>lisdexamfetamine dimesylate 50 mg oral capsule</i>)	100
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<i>zidovudine 300 mg oral tablet</i>	32
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<i>ziprasidone 60 mg oral capsule</i>	130
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This formulary was updated on 04/10/2014. For more recent information or other questions, please contact us, Meridian Advantage Plan of Michigan (HMO SNP), Member Services, at 877-902-6784 or, for TTY users, 711, 8:00 AM to 8:00 PM, Monday through Sunday, or visit www.medicaremeridian.com.

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