

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

*my*  
**medicine**

BlueAdvantage (PPO)<sup>SM</sup>  
2015 Comprehensive Formulary  
(List of Covered Drugs)

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BlueAdvantage Diamond (PPO)<sup>SM</sup>, BlueAdvantage Ruby (PPO)<sup>SM</sup>  
BlueAdvantage Sapphire (PPO)<sup>SM</sup> and BlueAdvantage Garnet  
(PPO)<sup>SM</sup> We have made no changes to this formulary since 10/01/2015.

For more recent information or other questions, please contact BlueAdvantage<sup>SM</sup>  
Member Services, at **1-800-831-BLUE (2583)** or, for TTY users, **711**  
8 a.m. to 9 p.m. ET, 7 days a week, or visit **bcbst-medicare.com**.

# BlueAdvantage Comprehensive Formulary

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**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 BlueCross BlueShield of Tennessee. When it refers to “plan” or “our plan,” it means BlueAdvantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2015. 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, copayments and coinsurance may change on January 1, 2016, and from time to time during the year.

## **WHAT IS THE BLUEADVANTAGE COMPREHENSIVE FORMULARY?**

A formulary is a list of covered drugs selected by BlueAdvantage 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. BlueAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage 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 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, 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 10/01/2015. To get updated information about the drugs covered by BlueAdvantage, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our formulary and distribute copies to our members. Updated formularies are posted to our website at [bcbst-medicare.com](http://bcbst-medicare.com) as required.

## **HOW DO I USE THE FORMULARY?**

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

- **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 1. 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 89. 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?

BlueAdvantage 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:** BlueAdvantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage before you fill your prescriptions. If you don't get approval, BlueAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage limits the amount of the drug that our plan will cover. For example, BlueAdvantage provides 90 per 90 days per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueAdvantage 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueAdvantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BlueAdvantage formulary?" on page iv 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 BlueAdvantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by BlueAdvantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueAdvantage.
- You can ask BlueAdvantage 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 BLUEADVANTAGE FORMULARY?

You can ask BlueAdvantage 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our 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, BlueAdvantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 up to a 98-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.

For a member with a level of care change outside of the transition window, a pharmacy may obtain a one-time supply of a transition-eligible drug by contacting the help desk.

## **FOR MORE INFORMATION**

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

If you have questions about our 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 users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **BLUEADVANTAGE'S FORMULARY**

The comprehensive formulary that begins on the next page provides coverage information about all of the drugs covered by BlueAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

The Drug Tier column indicates the tier level for each drug as follows.

If you are a Diamond (PPO) member, you will pay the following amounts for a 30-day supply of drugs at a retail pharmacy: Tier 1: **\$3**, Tier 2: **\$6**, Tier 3: **\$30**, Tier 4: **\$50**, Tier 5: **33%**.

If you are a Ruby (PPO) member, you will pay the following amounts for a 30-day supply of drugs at a retail pharmacy: Tier 1: **\$3**, Tier 2: **\$6**, Tier 3: **\$30**, Tier 4: **\$65**, Tier 5: **33%**.

If you are a Sapphire or Garnet (PPO) member, you will pay the following amounts for a 30-day supply of drugs at a retail pharmacy: Tier 1: **\$3**, Tier 2: **\$12**, Tier 3: **\$45**, Tier 4: **\$90**, Tier 5: **33%**.

# List of Abbreviations

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**B/D:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**GC=** Medications covered through the coverage gap.

**GEN:** This prescription drug is a Generic for the given Brand Name that is listed.

**HRM=** High Risk Medication for people over age 65, ensure benefits outweigh risk.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**PA NS:** Prior Authorization New Start. The Plan requires you or your physician to get prior authorization for certain drugs only if you have never taken the drug in the last 180 days. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

**SN:** Special Note. Reminders regarding coverage.

**ST:** Step Therapy. In some cases, the 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

**ST NS:** Step Therapy New Start. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition if you are new to therapy. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

**STAR C=** Preferred STAR Medication for the treatment of high Cholesterol

**STAR CH=** Preferred STAR Medication for the treatment of High Blood Pressure and Cholesterol

**STAR D=** Preferred STAR Medication for the treatment of Diabetes

**STAR H=** Preferred STAR Medication for the treatment of High Blood Pressure

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**CURRENT AS OF 10/1/2015**

**Requirements/Limits/Notes**

**B/D**= Before obtaining, BCBST must determine if drug is Part D or Part B

**GC**= This drug is covered in the Coverage Gap

**GEN**= Generic Drug

**HRM**= High Risk Medication

**LA**= Limited Access. You can only obtain drug at certain pharmacies due to manufacturer rules

**PA**= Before obtaining, Prior Authorization is required

**PA NS**= Before obtaining, Prior Authorization Required for New Starts (never taken the drug before)

**QL**= Quantity Limits applies due to Safety (amount of units/pills allowed per day supply)

**SN**= Special Note

**ST**= Step Therapy Applies

**ST NS**= Step Therapy only Applies for New Starts

**STAR C**= Preferred STAR Medication for the treatment of High Cholesterol

**STAR CH**= Preferred STAR Medication for the treatment of High Blood Pressure and Cholesterol

**STAR D**= Preferred STAR Medication for the treatment of Diabetes

**STAR H**= Preferred STAR Medication for the treatment of High Blood Pressure

**Drug Tier**

**Tier 1**= Preferred Generics

**Tier 2**= Non-Preferred Generics

**Tier 3**= Preferred Brands and some Generics

**Tier 4**= Non-Preferred Brands and some Generics

**Tier 5**= Brands and Generics: Cost over \$600 per month

**lowercase italics**= Generic drugs

**UPPERCASE BOLD**= Brand name drugs

| Commonly Prescribed Therapeutic Drug Categories | Drug Tier | Requirements/Limits/Notes |
|---|-----------|---------------------------|
| <b>Anti - Infectives</b>                        |           |                           |

| Commonly Prescribed Therapeutic Drug Categories                           | Drug Tier | Requirements/Limits/Notes                           |
|---|-----------|---|
| <b>Antifungal Agents</b>  |           |   |
| <b>ABELCET INTRAVENOUS SUSPENSION</b>                                     | Tier 5    | B/D   |
| <b>AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION</b>                 | Tier 5    | B/D   |
| <i>amphotericin b injection recon soln</i>                                | Tier 2    | B/D   |
| <b>CANCIDAS INTRAVENOUS RECON SOLN</b>                                    | Tier 5    | B/D   |
| <i>clotrimazole mucous membrane troche</i>                                | Tier 4    | GEN (Generic for Mycelex Troche)                    |
| <b>ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG</b>                | Tier 3    |   |
| <i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i> | Tier 2    | GEN (Generic for Diflucan)                          |
| <i>fluconazole oral suspension for reconstitution</i>                     | Tier 2    | GEN (Generic for Diflucan)                          |
| <i>fluconazole oral tablet</i>  | Tier 2    | GEN (Generic for Diflucan)                          |
| <i>flucytosine oral capsule</i>   | Tier 5    | GEN (Generic for Ancobon)                           |
| <i>griseofulvin microsize oral suspension</i>                             | Tier 2    |   |
| <i>griseofulvin microsize oral tablet</i>                                 | Tier 4    |   |
| <i>griseofulvin ultramicrosize oral tablet 125 mg</i>                     | Tier 2    |   |
| <i>griseofulvin ultramicrosize oral tablet 250 mg</i>                     | Tier 4    |   |
| <i>itraconazole oral capsule</i>  | Tier 4    | GEN (Generic for Sporanox); QL (120 EA per 30 days) |
| <i>ketoconazole oral tablet</i>   | Tier 2    | GEN (Generic for Nizoral)                           |
| <b>LAMISIL ORAL GRANULES IN PACKET</b>                                    | Tier 3    |   |
| <b>NOXAFIL ORAL SUSPENSION</b>  | Tier 5    |   |
| <b>NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)</b>                        | Tier 5    |   |
| <i>nystatin oral suspension</i>   | Tier 2    |   |
| <i>nystatin oral tablet</i>   | Tier 2    |   |
| <b>SPORANOX ORAL SOLUTION</b>   | Tier 3    |   |
| <i>terbinafine hcl oral tablet</i>  | Tier 2    | GEN (Generic for Lamisil)                           |
| <i>voriconazole intravenous solution</i>                                  | Tier 4    | GEN (Generic for VFEND)                             |
| <i>voriconazole oral suspension for reconstitution</i>                    | Tier 5    | GEN (Generic for VFEND)                             |
| <i>voriconazole oral tablet 200 mg</i>                                    | Tier 5    | GEN (Generic for VFEND)                             |
| <i>voriconazole oral tablet 50 mg</i>                                     | Tier 4    | GEN (Generic for VFEND)                             |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>Antivirals</b>                                      |                  |                                  |
| <i>abacavir oral tablet</i>                            | Tier 3           | GEN (Generic for Ziagen)         |
| <i>abacavir-lamivudine-zidovudine oral tablet</i>      | Tier 5           | GEN (Generic for Trizivir)       |
| <i>acyclovir oral capsule</i>                          | Tier 2           | GEN (Generic for Zovirax)        |
| <i>acyclovir oral suspension 200 mg/5 ml</i>           | Tier 2           | GEN (Generic for Zovirax)        |
| <i>acyclovir oral tablet</i>                           | Tier 2           | GEN (Generic for Zovirax)        |
| <i>acyclovir sodium intravenous solution</i>           | Tier 2           | B/D; GEN (Generic for Zovirax)   |
| <i>adefovir oral tablet</i>                            | Tier 5           | GEN (Generic for Hepsera)        |
| <i>amantadine hcl oral capsule</i>                     | Tier 4           | GEN (Generic for Symmetrel)      |
| <i>amantadine hcl oral solution</i>                    | Tier 2           | GEN (Generic for Symmetrel)      |
| <i>amantadine hcl oral tablet</i>                      | Tier 4           | GEN (Generic for Symmetrel)      |
| <b>APTIVUS ORAL CAPSULE</b>                            | Tier 5           |                                  |
| <b>APTIVUS ORAL SOLUTION</b>                           | Tier 5           |                                  |
| <b>ATRIPLA ORAL TABLET</b>                             | Tier 5           |                                  |
| <b>BARACLUDGE ORAL SOLUTION</b>                        | Tier 3           |                                  |
| <b>BARACLUDGE ORAL TABLET</b>                          | Tier 5           |                                  |
| <i>cidofovir intravenous solution</i>                  | Tier 5           | B/D                              |
| <b>COMPLERA ORAL TABLET</b>                            | Tier 5           |                                  |
| <b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>            | Tier 3           |                                  |
| <i>didanosine oral capsule, delayed release(dr/ec)</i> | Tier 3           | GEN (Generic for Videx)          |
| <b>EDURANT ORAL TABLET</b>                             | Tier 5           |                                  |
| <b>EMTRIVA ORAL CAPSULE</b>                            | Tier 3           |                                  |
| <b>EMTRIVA ORAL SOLUTION</b>                           | Tier 3           |                                  |
| <i>entecavir oral tablet</i>                           | Tier 5           | GEN (Generic for Baraclude)      |
| <b>EPIVIR HBV ORAL SOLUTION</b>                        | Tier 3           |                                  |
| <b>EPIVIR ORAL SOLUTION</b>                            | Tier 3           |                                  |
| <b>EPZICOM ORAL TABLET</b>                             | Tier 5           |                                  |
| <b>EVOTAZ ORAL TABLET</b>                              | Tier 5           |                                  |
| <i>famciclovir oral tablet</i>                         | Tier 2           | GEN (Generic for Famvir)         |
| <b>FUZEON SUBCUTANEOUS RECON SOLN</b>                  | Tier 5           |                                  |
| <i>ganciclovir sodium intravenous recon soln</i>       | Tier 2           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <b>HARVONI ORAL TABLET</b>  | Tier 5           | PA; QL (28 EA per 28 days)       |
| <b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>                             | Tier 5           |                                  |
| <b>INTELENCE ORAL TABLET 25 MG</b>                                      | Tier 3           |                                  |
| <b>INVIRASE ORAL CAPSULE</b>  | Tier 3           |                                  |
| <b>INVIRASE ORAL TABLET</b>   | Tier 5           |                                  |
| <b>ISENTRESS ORAL POWDER IN PACKET</b>                                  | Tier 3           |                                  |
| <b>ISENTRESS ORAL TABLET</b>  | Tier 5           |                                  |
| <b>ISENTRESS ORAL TABLET,CHEWABLE 100 MG</b>                            | Tier 5           |                                  |
| <b>ISENTRESS ORAL TABLET,CHEWABLE 25 MG</b>                             | Tier 3           |                                  |
| <b>KALETRA ORAL SOLUTION</b>  | Tier 5           |                                  |
| <b>KALETRA ORAL TABLET 100-25 MG</b>                                    | Tier 3           |                                  |
| <b>KALETRA ORAL TABLET 200-50 MG</b>                                    | Tier 5           |                                  |
| <i>lamivudine oral solution</i>   | Tier 3           |                                  |
| <i>lamivudine oral tablet</i>   | Tier 3           | GEN (Generic for Epivir)         |
| <i>lamivudine-zidovudine oral tablet</i>                                | Tier 4           | GEN (Generic for Combivir)       |
| <b>LEXIVA ORAL SUSPENSION</b>   | Tier 3           |                                  |
| <b>LEXIVA ORAL TABLET</b>   | Tier 5           |                                  |
| <i>moderiba dose pack oral tablets,dose pack 400 mg (7)- 400 mg (7)</i> | Tier 2           |                                  |
| <i>moderiba dose pack oral tablets,dose pack 600 mg (7)- 600 mg (7)</i> | Tier 5           |                                  |
| <i>moderiba oral tablet</i>   | Tier 2           |                                  |
| <i>nevirapine oral suspension</i>                                       | Tier 4           | GEN (Generic for Viramune)       |
| <i>nevirapine oral tablet</i>   | Tier 4           | GEN (Generic for Viramune)       |
| <i>nevirapine oral tablet extended release 24 hr</i>                    | Tier 3           | GEN (Generic for Viramune)       |
| <b>NORVIR ORAL CAPSULE</b>  | Tier 3           |                                  |
| <b>NORVIR ORAL SOLUTION</b>   | Tier 3           |                                  |
| <b>NORVIR ORAL TABLET</b>   | Tier 3           |                                  |
| <b>OLYSIO ORAL CAPSULE</b>  | Tier 5           | PA                               |
| <b>PREZCOBIX ORAL TABLET</b>  | Tier 5           |                                  |

| Commonly Prescribed Therapeutic Drug Categories   | Drug Tier | Requirements/Limits/Notes   |
|---|-----------|-----------------------------|
| <b>PREZISTA ORAL SUSPENSION</b>   | Tier 5    |                             |
| <b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>   | Tier 3    |                             |
| <b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>  | Tier 5    |                             |
| <b>REBETOL ORAL SOLUTION</b>  | Tier 3    |                             |
| <b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE</b>   | Tier 3    | QL (60 EA per 180 days)     |
| <b>RESCRIPTOR ORAL TABLET</b>   | Tier 3    |                             |
| <b>RESCRIPTOR ORAL TABLET, DISPERSIBLE</b>  | Tier 3    |                             |
| <b>RETROVIR INTRAVENOUS SOLUTION</b>  | Tier 3    |                             |
| <b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>  | Tier 5    |                             |
| <b>REYATAZ ORAL POWDER IN PACKET</b>  | Tier 5    |                             |
| <i>ribasphere oral capsule</i>  | Tier 4    |                             |
| <i>ribasphere oral tablet 200 mg, 400 mg</i>  | Tier 4    |                             |
| <i>ribasphere oral tablet 600 mg</i>  | Tier 5    |                             |
| <i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i> | Tier 5    |                             |
| <i>ribavirin oral capsule</i>   | Tier 2    | GEN (Generic for Rebetol)   |
| <i>ribavirin oral tablet 200 mg</i>   | Tier 2    | GEN (Generic for Rebetol)   |
| <i>rimantadine oral tablet</i>  | Tier 2    | GEN (Generic for Flumadine) |
| <b>SELZENTRY ORAL TABLET</b>  | Tier 5    |                             |
| <b>SOVALDI ORAL TABLET</b>  | Tier 5    | PA                          |
| <i>stavudine oral capsule</i>   | Tier 2    | GEN (Generic for Zerit)     |
| <i>stavudine oral recon soln</i>  | Tier 2    | GEN (Generic for Zerit)     |
| <b>STRIBILD ORAL TABLET</b>   | Tier 5    |                             |
| <b>SUSTIVA ORAL CAPSULE</b>   | Tier 3    |                             |
| <b>SUSTIVA ORAL TABLET</b>  | Tier 3    |                             |
| <b>SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML</b>  | Tier 5    | LA                          |
| <b>TAMIFLU ORAL CAPSULE 30 MG</b>   | Tier 3    | QL (84 EA per 180 days)     |
| <b>TAMIFLU ORAL CAPSULE 45 MG, 75 MG</b>  | Tier 3    | QL (42 EA per 180 days)     |

| Commonly Prescribed Therapeutic Drug Categories  | Drug Tier | Requirements/Limits/Notes                         |
|--|-----------|---|
| <b>TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION</b>  | Tier 3    | QL (600 ML per 180 days)                          |
| <b>TIVICAY ORAL TABLET</b>   | Tier 5    |   |
| <b>TRIUMEQ ORAL TABLET</b>   | Tier 5    |   |
| <b>TRUVADA ORAL TABLET</b>   | Tier 5    |   |
| <b>TYZEKA ORAL TABLET</b>  | Tier 5    |   |
| <i>valacyclovir oral tablet</i>  | Tier 2    | GEN (Generic for Valtrex); QL (30 EA per 30 days) |
| <b>VALCYTE ORAL RECON SOLN</b>   | Tier 5    |   |
| <b>VALCYTE ORAL TABLET</b>   | Tier 5    |   |
| <i>valganciclovir oral tablet</i>  | Tier 5    | GEN (Generic for Valcyte)                         |
| <b>VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN</b>  | Tier 3    |   |
| <b>VIRACEPT ORAL TABLET</b>  | Tier 5    |   |
| <b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>                             | Tier 3    |   |
| <b>VIRAZOLE INHALATION RECON SOLN</b>  | Tier 5    |   |
| <b>VIREAD ORAL POWDER</b>  | Tier 5    |   |
| <b>VIREAD ORAL TABLET</b>  | Tier 5    |   |
| <b>VITEKTA ORAL TABLET</b>   | Tier 5    |   |
| <b>ZIAGEN ORAL SOLUTION</b>  | Tier 3    |   |
| <i>zidovudine oral capsule</i>   | Tier 2    | GEN (Generic for Retrovir)                        |
| <i>zidovudine oral syrup</i>   | Tier 2    | GEN (Generic for Retrovir)                        |
| <i>zidovudine oral tablet</i>  | Tier 2    | GEN (Generic for Retrovir)                        |
| <b>Cephalosporins</b>  |           |   |
| <i>cefaclor oral capsule</i>   | Tier 2    | GEN (Generic for Ceclor)                          |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 2    | GEN (Generic for Ceclor)                          |
| <i>cefaclor oral tablet extended release 12 hr</i>                                       | Tier 4    | GEN (Generic for Ceclor)                          |
| <i>cefadroxil oral capsule</i>   | Tier 2    | GEN (Generic for Duricef)                         |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | Tier 2    | GEN (Generic for Duricef)                         |
| <i>cefadroxil oral tablet</i>  | Tier 4    | GEN (Generic for Duricef)                         |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                           |
|--|------------------|--|
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | Tier 2           | GEN (Generic for Ancef)                                    |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>            | Tier 2           | GEN (Generic for Ancef)                                    |
| <i>cefdinir oral capsule</i>   | Tier 2           | GEN (Generic for Omnicef)                                  |
| <i>cefdinir oral suspension for reconstitution</i>                       | Tier 2           | GEN (Generic for Omnicef)                                  |
| <i>cefepime injection recon soln 1 gram</i>                              | Tier 2           | GEN (Generic for Maxipime)                                 |
| <i>cefepime injection recon soln 2 gram</i>                              | Tier 4           | GEN (Generic for Maxipime)                                 |
| <i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>            | Tier 2           | GEN (Generic for Claforan)                                 |
| <i>cefotetan injection recon soln</i>                                    | Tier 2           | GEN (Generic for Cefotan)                                  |
| <i>cefotetan intravenous recon soln</i>                                  | Tier 2           | GEN (Generic for Cefotan)                                  |
| <i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>              | Tier 2           | GEN (Generic for Mefoxin)                                  |
| <i>cefoxitin intravenous recon soln</i>                                  | Tier 2           | GEN (Generic for Mefoxin)                                  |
| <i>cefpodoxime oral suspension for reconstitution</i>                    | Tier 2           | GEN (Generic for Vantin)                                   |
| <i>cefpodoxime oral tablet</i>   | Tier 2           | GEN (Generic for Vantin)                                   |
| <i>cefprozil oral suspension for reconstitution</i>                      | Tier 2           | GEN (Generic for Cefzil)                                   |
| <i>cefprozil oral tablet</i>   | Tier 2           | GEN (Generic for Cefzil)                                   |
| <i>ceftazidime injection recon soln 1 gram</i>                           | Tier 4           | GEN (Generic for Fortaz)                                   |
| <i>ceftazidime injection recon soln 2 gram, 6 gram</i>                   | Tier 2           | GEN (Generic for Fortaz)                                   |
| <i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>          | Tier 2           | GEN (Generic for Rocephin)                                 |
| <i>ceftriaxone intravenous recon soln</i>                                | Tier 2           | GEN (Generic for Rocephin)                                 |
| <i>cefuroxime axetil oral tablet</i>                                     | Tier 2           | GEN (Generic for Ceftin)                                   |
| <i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>           | Tier 2           | GEN (Generic for Ceftin)                                   |
| <i>cefuroxime sodium intravenous recon soln</i>                          | Tier 2           | GEN (Generic for Ceftin)                                   |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                            | Tier 1           | GC; GEN (Generic for Keflex); SN (Tablets are not covered) |
| <i>cephalexin oral capsule 750 mg</i>                                    | Tier 2           | GEN (Generic for Keflex)                                   |
| <i>cephalexin oral suspension for reconstitution</i>                     | Tier 2           | GEN (Generic for Keflex)                                   |
| <b>FORTAZ INJECTION RECON SOLN 6 GRAM</b>                                | Tier 3           |  |

| Commonly Prescribed Therapeutic Drug Categories                    | Drug Tier | Requirements/Limits/Notes   |
|--|-----------|-----------------------------|
| <b>FORTAZ INTRAVENOUS RECON SOLN 1 GRAM</b>                        | Tier 3    |                             |
| <b>SUPRAX ORAL CAPSULE</b>   | Tier 4    |                             |
| <b>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION</b>                   | Tier 4    |                             |
| <b>TEFLARO INTRAVENOUS RECON SOLN</b>                              | Tier 3    |                             |
| <b>Erythromycins / Other Macrolides</b>                            |           |                             |
| <i>azithromycin intravenous recon soln</i>                         | Tier 2    | GEN (Generic for Zithromax) |
| <i>azithromycin oral suspension for reconstitution</i>             | Tier 2    | GEN (Generic for Zithromax) |
| <i>azithromycin oral tablet</i>                                    | Tier 2    | GEN (Generic for Zithromax) |
| <i>clarithromycin oral suspension for reconstitution</i>           | Tier 2    | GEN (Generic for Biaxin)    |
| <i>clarithromycin oral tablet 250 mg</i>                           | Tier 4    | GEN (Generic for Biaxin)    |
| <i>clarithromycin oral tablet 500 mg</i>                           | Tier 2    | GEN (Generic for Biaxin)    |
| <i>clarithromycin oral tablet extended release 24 hr</i>           | Tier 2    | GEN (Generic for Biaxin)    |
| <i>e.e.s. 400 oral tablet</i>                                      | Tier 3    |                             |
| <b>E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION</b>          | Tier 3    |                             |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | Tier 2    |                             |
| <b>ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG</b>         | Tier 3    |                             |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                 | Tier 4    |                             |
| <b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>                    | Tier 3    |                             |
| <i>erythromycin ethylsuccinate oral tablet</i>                     | Tier 3    |                             |
| <i>erythromycin oral tablet 250 mg</i>                             | Tier 4    |                             |
| <i>erythromycin oral tablet 500 mg</i>                             | Tier 2    |                             |
| <b>ZMAX ORAL SUSPENSION, EXTENDED REL RECON</b>                    | Tier 3    |                             |
| <b>Miscellaneous Antiinfectives</b>                                |           |                             |
| <b>ALBENZA ORAL TABLET</b>   | Tier 3    |                             |
| <b>ALINIA ORAL SUSPENSION FOR RECONSTITUTION</b>                   | Tier 3    |                             |
| <b>ALINIA ORAL TABLET</b>  | Tier 3    |                             |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>amikacin injection solution 500 mg/2 ml</i>  | Tier 2           |                                  |
| <i>atovaquone oral suspension</i>   | Tier 5           | GEN (Generic for Mepron)         |
| <i>atovaquone-proguanil oral tablet</i>   | Tier 4           | GEN (Generic for Malarone)       |
| <b>AZACTAM IN DEXTROSE (ISO-OSM)<br/>INTRAVENOUS PIGGYBACK 1 GRAM/50<br/>ML</b>         | Tier 3           |                                  |
| <b>AZACTAM IN DEXTROSE (ISO-OSM)<br/>INTRAVENOUS PIGGYBACK 2 GRAM/50<br/>ML</b>         | Tier 5           |                                  |
| <i>aztreonam injection recon soln 1 gram</i>  | Tier 2           |                                  |
| <i>baciiim intramuscular recon soln</i>   | Tier 2           |                                  |
| <i>bacitracin intramuscular recon soln</i>  | Tier 2           |                                  |
| <b>BETHKIS INHALATION SOLUTION FOR<br/>NEBULIZATION</b>                                 | Tier 5           | B/D; QL (224 ML per 28 days)     |
| <b>BILTRICIDE ORAL TABLET</b>   | Tier 3           |                                  |
| <b>CAPASTAT INJECTION RECON SOLN</b>  | Tier 4           |                                  |
| <b>CAYSTON INHALATION SOLUTION FOR<br/>NEBULIZATION</b>                                 | Tier 5           | LA; QL (84 ML per 28 days)       |
| <i>chloramphenicol sod succinate intravenous recon<br/>soln</i>                         | Tier 2           |                                  |
| <i>chloroquine phosphate oral tablet</i>  | Tier 2           | GEN (Generic for Aralen)         |
| <i>clindamycin hcl oral capsule 150 mg</i>  | Tier 1           | GC; GEN (Generic for Cleocin)    |
| <i>clindamycin hcl oral capsule 300 mg</i>  | Tier 2           | GEN (Generic for Cleocin)        |
| <i>clindamycin hcl oral capsule 75 mg</i>   | Tier 2           |                                  |
| <i>clindamycin in 5 % dextrose intravenous<br/>piggyback 300 mg/50 ml, 900 mg/50 ml</i> | Tier 2           |                                  |
| <i>clindamycin in 5 % dextrose intravenous<br/>piggyback 600 mg/50 ml</i>               | Tier 4           |                                  |
| <i>clindamycin pediatric oral recon soln</i>  | Tier 2           |                                  |
| <i>clindamycin phosphate intravenous solution 600<br/>mg/4 ml</i>                       | Tier 2           |                                  |
| <b>COARTEM ORAL TABLET</b>  | Tier 3           |                                  |
| <i>colistin (colistimethate na) injection recon soln</i>                                | Tier 2           |                                  |
| <b>CUBICIN INTRAVENOUS RECON SOLN</b>   | Tier 5           |                                  |
| <b>DAPSONE ORAL TABLET</b>  | Tier 3           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>DARAPRIM ORAL TABLET</b>  | Tier 3           |                                  |
| <i>ethambutol oral tablet 100 mg</i>   | Tier 4           | GEN (Generic for Myambutol)      |
| <i>ethambutol oral tablet 400 mg</i>   | Tier 2           | GEN (Generic for Myambutol)      |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> | Tier 2           |                                  |
| <i>gentamicin injection solution 40 mg/ml</i>  | Tier 2           |                                  |
| <i>hydroxychloroquine oral tablet</i>  | Tier 2           | GEN (Generic for Plaquenil)      |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>   | Tier 2           |                                  |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i>   | Tier 4           |                                  |
| <b>INVANZ INJECTION RECON SOLN</b>   | Tier 4           |                                  |
| <i>isoniazid injection solution</i>  | Tier 2           |                                  |
| <i>isoniazid oral solution</i>   | Tier 2           |                                  |
| <i>isoniazid oral tablet 100 mg</i>  | Tier 1           | GC                               |
| <i>isoniazid oral tablet 300 mg</i>  | Tier 2           |                                  |
| <b>KETEK ORAL TABLET</b>   | Tier 3           |                                  |
| <i>linezolid intravenous parenteral solution</i>   | Tier 5           |                                  |
| <i>linezolid oral tablet</i>   | Tier 5           |                                  |
| <i>mefloquine oral tablet</i>  | Tier 3           | GEN (Generic for Lariam)         |
| <i>meropenem intravenous recon soln 500 mg</i>   | Tier 2           |                                  |
| <i>metronidazole in nacl (iso-os) intravenous piggyback</i>  | Tier 2           |                                  |
| <i>metronidazole oral capsule</i>  | Tier 2           | GEN (Generic for Flagyl)         |
| <i>metronidazole oral tablet</i>   | Tier 2           | GEN (Generic for Flagyl)         |
| <b>NEBUPENT INHALATION RECON SOLN</b>  | Tier 3           | B/D; QL (6 EA per 28 days)       |
| <i>neomycin oral tablet</i>  | Tier 2           |                                  |
| <i>paromomycin oral capsule</i>  | Tier 2           | GEN (Generic for Humatin)        |
| <b>PASER ORAL GRANULES DR FOR SUSP IN PACKET</b>   | Tier 3           |                                  |
| <b>PENTAM INJECTION RECON SOLN</b>   | Tier 4           |                                  |
| <i>polymyxin b sulfate injection recon soln</i>  | Tier 2           |                                  |
| <b>PRIMAQUINE ORAL TABLET</b>  | Tier 3           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                      |
|--|------------------|---|
| <i>pyrazinamide oral tablet</i>  | Tier 2           |   |
| <i>quinine sulfate oral capsule</i>  | Tier 4           |   |
| <i>rifabutin oral capsule</i>  | Tier 4           | GEN (Generic for Mycobutin)                           |
| <i>rifampin intravenous recon soln</i>   | Tier 2           | GEN (Generic for Rifadin)                             |
| <i>rifampin oral capsule</i>   | Tier 2           | GEN (Generic for Rifadin)                             |
| <b>SIRTURO ORAL TABLET</b>   | Tier 5           | LA  |
| <b>STREPTOMYCIN INTRAMUSCULAR RECON SOLN</b>   | Tier 3           |   |
| <b>STROMEKTOL ORAL TABLET</b>  | Tier 3           |   |
| <b>SYNERCID INTRAVENOUS RECON SOLN</b>   | Tier 5           |   |
| <i>tinidazole oral tablet</i>  | Tier 2           | GEN (Generic for Tinidazole)                          |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>   | Tier 5           | B/D; GEN (Generic for Tobin); QL (280 ML per 28 days) |
| <i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>   | Tier 2           |   |
| <i>tobramycin sulfate injection solution</i>   | Tier 2           |   |
| <b>TRECTOR ORAL TABLET</b>   | Tier 3           |   |
| <b>TYGACIL INTRAVENOUS RECON SOLN</b>  | Tier 3           |   |
| <b>XIFAXAN ORAL TABLET 200 MG</b>  | Tier 3           |   |
| <b>XIFAXAN ORAL TABLET 550 MG</b>  | Tier 5           |   |
| <b>ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML</b>   | Tier 5           |   |
| <b>ZYVOX ORAL SUSPENSION FOR RECONSTITUTION</b>  | Tier 5           |   |
| <b>ZYVOX ORAL TABLET</b>   | Tier 5           |   |
| <b>Penicillins</b>   |                  |   |
| <i>amoxicillin oral capsule 250 mg</i>   | Tier 2           |   |
| <i>amoxicillin oral capsule 500 mg</i>   | Tier 1           | GC; SN (Tablets are not covered)                      |
| <i>amoxicillin oral suspension for reconstitution</i>  | Tier 2           |   |
| <i>amoxicillin oral tablet 875 mg</i>  | Tier 2           |   |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | Tier 2           |   |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 2           | GEN (Generic for Augmentin)                           |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>               | Tier 4           | GEN (Generic for Augmentin)      |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>  | Tier 4           | GEN (Generic for Augmentin)      |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>                                | Tier 2           | GEN (Generic for Augmentin)      |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>                                | Tier 4           | GEN (Generic for Augmentin)      |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>   | Tier 4           | GEN (Generic for Augmentin)      |
| <i>ampicillin oral capsule</i>   | Tier 1           | GC                               |
| <i>ampicillin oral suspension for reconstitution</i>   | Tier 2           |                                  |
| <i>ampicillin sodium injection recon soln 1 gram, 125 mg</i>   | Tier 2           |                                  |
| <i>ampicillin sodium injection recon soln 10 gram</i>  | Tier 4           |                                  |
| <i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>                                     | Tier 2           |                                  |
| <b>BICILLIN C-R INTRAMUSCULAR SYRINGE</b>  | Tier 3           |                                  |
| <b>BICILLIN L-A INTRAMUSCULAR SYRINGE</b>  | Tier 3           |                                  |
| <i>dicloxacillin oral capsule</i>  | Tier 2           | GEN (Generic for Dynapen)        |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>                              | Tier 4           |                                  |
| <i>nafcillin injection recon soln 1 gram</i>   | Tier 2           |                                  |
| <i>nafcillin injection recon soln 10 gram</i>  | Tier 5           |                                  |
| <i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>                            | Tier 2           |                                  |
| <i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>                            | Tier 5           |                                  |
| <i>oxacillin injection recon soln 10 gram</i>  | Tier 5           |                                  |
| <i>oxacillin intravenous recon soln 2 gram</i>   | Tier 4           |                                  |
| <b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML</b> | Tier 3           |                                  |
| <i>penicillin g potassium injection recon soln 5 million unit</i>                                    | Tier 2           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|-----------------------------------|
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>                           | Tier 2           |                                   |
| <i>penicillin g sodium injection recon soln</i>  | Tier 2           |                                   |
| <i>penicillin v potassium oral recon soln</i>  | Tier 2           |                                   |
| <i>penicillin v potassium oral tablet 250 mg</i>   | Tier 2           |                                   |
| <i>penicillin v potassium oral tablet 500 mg</i>   | Tier 1           | GC                                |
| <i>pfizerpen-g injection recon soln 5 million unit</i>   | Tier 4           |                                   |
| <i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>                         | Tier 2           |                                   |
| <b>ZOSYN IN DEXTROSE (ISO-OSM)<br/>INTRAVENOUS PIGGYBACK 2.25<br/>GRAM/50 ML, 3.375 GRAM/50 ML</b> | Tier 3           |                                   |
| <b>Quinolones</b>  |                  |                                   |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>                                    | Tier 4           | GEN (Generic for Cipro)           |
| <i>ciprofloxacin hcl oral tablet</i>   | Tier 2           | GEN (Generic for Cipro)           |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>                           | Tier 2           |                                   |
| <i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>                                     | Tier 2           |                                   |
| <i>ciprofloxacin oral suspension, microcapsule recon</i>   | Tier 2           | GEN (Generic for Cipro)           |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>                                     | Tier 2           |                                   |
| <i>levofloxacin intravenous solution</i>   | Tier 2           |                                   |
| <i>levofloxacin oral solution</i>  | Tier 4           | GEN (Generic for Levaquin)        |
| <i>levofloxacin oral tablet</i>  | Tier 2           | GEN (Generic for Levaquin)        |
| <i>moxifloxacin oral tablet</i>  | Tier 2           | GEN (Generic for Avelox)          |
| <i>ofloxacin oral tablet 400 mg</i>  | Tier 2           | GEN (Generic for Floxin)          |
| <b>Sulfa's / Related Agents</b>  |                  |                                   |
| <i>sulfadiazine oral tablet</i>  | Tier 2           |                                   |
| <i>sulfamethoxazole-trimethoprim intravenous solution</i>  | Tier 2           |                                   |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>   | Tier 2           | GEN (Generic for Bactrim, Septra) |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>   | Tier 2           | GEN (Generic for Bactrim, Septra) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|---|
| <b>Tetracyclines</b>  |                  |   |
| <i>demeclocycline oral tablet</i>   | Tier 4           | GEN (Generic for Declomycin)  |
| <i>doxycycline hyclate oral capsule</i>                                       | Tier 2           |   |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                 | Tier 4           | SN (Delayed release formulation not covered)  |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                  | Tier 2           |   |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg, 75 mg</i> | Tier 4           |   |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>             | Tier 4           |   |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                             | Tier 4           |   |
| <i>doxycycline monohydrate oral tablet 75 mg</i>                              | Tier 4           | SN (Capsule not covered)  |
| <i>minocycline oral capsule</i>   | Tier 2           |   |
| <i>minocycline oral tablet</i>  | Tier 4           |   |
| <i>minocycline oral tablet extended release 24 hr</i>                         | Tier 4           |   |
| <i>tetracycline oral capsule</i>  | Tier 1           | GC  |
| <b>VIBRAMYCIN ORAL SYRUP</b>  | Tier 3           |   |
| <b>Urinary Tract Agents</b>   |                  |   |
| <b>MACRODANTIN ORAL CAPSULE 25 MG</b>   | Tier 3           |   |
| <b>METHENAMINE HIPPURATE ORAL TABLET</b>                                      | Tier 3           | GEN (Generic for Urex)  |
| <i>nitrofurantoin macrocrystal oral capsule 50 mg</i>                         | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: sulfamethoxazole/trimethoprim, ciprofloxacin) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i>                            | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: sulfamethoxazole/trimethoprim, ciprofloxacin) |
| <i>nitrofurantoin oral suspension</i>   | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: sulfamethoxazole/trimethoprim, ciprofloxacin) |
| <b>PRIMSOL ORAL SOLUTION</b>  | Tier 4           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>             | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>trimethoprim oral tablet</i>                                    | Tier 2           |                                  |
| <b>Vancomycin</b>  |                  |                                  |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i> | Tier 2           |                                  |
| <i>vancomycin oral capsule</i>                                     | Tier 5           |                                  |
| <b>Antineoplastic / Immunosuppressant Drugs</b>                    |                  |                                  |
| <b>Adjunctive Agents</b>   |                  |                                  |
| <i>amifostine crystalline intravenous recon soln</i>               | Tier 5           |                                  |
| <i>dexrazoxane hcl intravenous recon soln 250 mg</i>               | Tier 5           |                                  |
| <b>ELITEK INTRAVENOUS RECON SOLN 1.5 MG</b>                        | Tier 5           |                                  |
| <b>FUSILEV INTRAVENOUS RECON SOLN</b>                              | Tier 5           |                                  |
| <b>KEPIVANCE INTRAVENOUS RECON SOLN</b>                            | Tier 5           |                                  |
| <i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>      | Tier 2           |                                  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>           | Tier 2           |                                  |
| <i>leucovorin calcium oral tablet 25 mg</i>                        | Tier 3           |                                  |
| <i>levoleucovorin calcium intravenous solution</i>                 | Tier 5           |                                  |
| <i>mesna intravenous solution</i>                                  | Tier 2           |                                  |
| <b>MESNEX ORAL TABLET</b>  | Tier 5           |                                  |
| <b>XGEVA SUBCUTANEOUS SOLUTION</b>                                 | Tier 5           |                                  |
| <b>ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG</b>             | Tier 5           |                                  |
| <b>Antineoplastic / Immunosuppressant Drugs</b>                    |                  |                                  |
| <b>ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION</b>          | Tier 5           |                                  |
| <b>AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION</b>                 | Tier 5           | PA NS                            |
| <b>AFINITOR ORAL TABLET 10 MG</b>                                  | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG</b>                   | Tier 5           | PA NS                            |
| <b>ALIMTA INTRAVENOUS RECON SOLN 500 MG</b>                        | Tier 5           |                                  |
| <i>anastrozole oral tablet</i>                                     | Tier 2           | GEN (Generic for Arimidex)       |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>             | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>ARRANON INTRAVENOUS SOLUTION</b>                                | Tier 5           |                                  |
| <b>ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML</b>                    | Tier 5           | B/D                              |
| <b>AVASTIN INTRAVENOUS SOLUTION</b>                                | Tier 3           |                                  |
| <i>azacitidine injection recon soln</i>                            | Tier 5           |                                  |
| <i>azathioprine oral tablet</i>                                    | Tier 2           | B/D; GEN (Generic for Imuran)    |
| <i>bexarotene oral capsule</i>                                     | Tier 5           |                                  |
| <i>bicalutamide oral tablet</i>                                    | Tier 2           | GEN (Generic for Casodex)        |
| <b>BICNU INTRAVENOUS RECON SOLN</b>                                | Tier 4           |                                  |
| <i>bleomycin injection recon soln 30 unit</i>                      | Tier 2           |                                  |
| <b>BOSULIF ORAL TABLET 100 MG</b>                                  | Tier 5           | PA NS                            |
| <b>BOSULIF ORAL TABLET 500 MG</b>                                  | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>BUSULFEX INTRAVENOUS SOLUTION</b>                               | Tier 5           |                                  |
| <b>CAPRELSA ORAL TABLET 100 MG</b>                                 | Tier 5           | LA                               |
| <b>CAPRELSA ORAL TABLET 300 MG</b>                                 | Tier 5           | LA; QL (30 EA per 30 days)       |
| <i>carboplatin intravenous solution</i>                            | Tier 2           |                                  |
| <b>CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN</b>                 | Tier 3           | B/D                              |
| <b>CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION</b>                 | Tier 5           | B/D                              |
| <i>cisplatin intravenous solution</i>                              | Tier 2           |                                  |
| <i>cladribine intravenous solution</i>                             | Tier 5           |                                  |
| <b>CLOLAR INTRAVENOUS SOLUTION</b>                                 | Tier 5           |                                  |
| <b>COMETRIQ ORAL CAPSULE</b>                                       | Tier 5           | PA NS                            |
| <b>COSMEGEN INTRAVENOUS RECON SOLN</b>                             | Tier 5           |                                  |
| <b>CYCLOPHOSPHAMIDE ORAL CAPSULE</b>                               | Tier 4           | B/D; GEN (Generic for Cytosan)   |
| <i>cyclosporine intravenous solution</i>                           | Tier 2           | B/D                              |
| <i>cyclosporine modified oral capsule</i>                          | Tier 4           | B/D                              |
| <i>cyclosporine modified oral solution</i>                         | Tier 4           | B/D                              |
| <i>cyclosporine oral capsule</i>                                   | Tier 4           | B/D                              |
| <b>CYRAMZA INTRAVENOUS SOLUTION</b>                                | Tier 5           | B/D                              |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | Tier 2           |                                  |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>cytarabine injection solution</i>   | Tier 2           |                                  |
| <i>dacarbazine intravenous recon soln 200 mg</i>                                   | Tier 2           |                                  |
| <i>daunorubicin intravenous solution</i>   | Tier 2           |                                  |
| <i>decitabine intravenous recon soln</i>   | Tier 5           |                                  |
| <b>DOCEFREZ INTRAVENOUS RECON SOLN 20 MG</b>                                       | Tier 5           |                                  |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | Tier 5           |                                  |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i>                                | Tier 2           |                                  |
| <b>DROXIA ORAL CAPSULE</b>   | Tier 3           |                                  |
| <b>ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML</b>                                   | Tier 4           |                                  |
| <b>ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML</b>                                  | Tier 5           |                                  |
| <b>EMCYT ORAL CAPSULE</b>  | Tier 3           |                                  |
| <i>epirubicin intravenous solution 50 mg/25 ml</i>                                 | Tier 2           |                                  |
| <b>ERIVEDGE ORAL CAPSULE</b>   | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>ERWINAZE INTRAMUSCULAR RECON SOLN</b>   | Tier 5           |                                  |
| <b>ETOPOPHOS INTRAVENOUS RECON SOLN</b>  | Tier 4           |                                  |
| <i>etoposide intravenous solution</i>  | Tier 2           |                                  |
| <i>exemestane oral tablet</i>  | Tier 4           | GEN (Generic for Aromasin)       |
| <b>FARESTON ORAL TABLET</b>  | Tier 3           |                                  |
| <b>FARYDAK ORAL CAPSULE 10 MG</b>  | Tier 5           | PA NS; QL (12 EA per 21 days)    |
| <b>FARYDAK ORAL CAPSULE 15 MG, 20 MG</b>   | Tier 5           | PA NS; QL (6 EA per 21 days)     |
| <b>FASLODEX INTRAMUSCULAR SYRINGE</b>  | Tier 5           |                                  |
| <b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN</b>                      | Tier 3           |                                  |
| <i>fludarabine intravenous recon soln</i>  | Tier 2           |                                  |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml</i>                            | Tier 2           |                                  |
| <i>flutamide oral capsule</i>  | Tier 2           | GEN (Generic for Eulexin)        |
| <b>FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)</b>                          | Tier 5           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>gemcitabine intravenous recon soln 1 gram</i>  | Tier 5           |                                  |
| <i>gengraf oral capsule</i>   | Tier 4           | B/D                              |
| <i>gengraf oral solution</i>  | Tier 2           | B/D                              |
| <b>GILOTRIF ORAL TABLET 20 MG</b>   | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>GILOTRIF ORAL TABLET 30 MG</b>   | Tier 5           | PA NS; QL (40 EA per 30 days)    |
| <b>GILOTRIF ORAL TABLET 40 MG</b>   | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>GLEEVEC ORAL TABLET 100 MG</b>   | Tier 5           | PA NS                            |
| <b>GLEEVEC ORAL TABLET 400 MG</b>   | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>HALAVEN INTRAVENOUS SOLUTION</b>   | Tier 5           |                                  |
| <b>HERCEPTIN INTRAVENOUS RECON SOLN</b>   | Tier 5           |                                  |
| <b>HEXALEN ORAL CAPSULE</b>   | Tier 5           |                                  |
| <i>hydroxyurea oral capsule</i>   | Tier 2           | GEN (Generic for Hydrea)         |
| <b>IBRANCE ORAL CAPSULE</b>   | Tier 5           | PA NS; QL (21 EA per 28 days)    |
| <b>ICLUSIG ORAL TABLET 15 MG</b>  | Tier 5           | PA NS; QL (90 EA per 30 days)    |
| <b>ICLUSIG ORAL TABLET 45 MG</b>  | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <i>idarubicin intravenous solution</i>  | Tier 2           |                                  |
| <i>ifosfamide intravenous recon soln 1 gram</i>   | Tier 2           |                                  |
| <b>IMBRUVICA ORAL CAPSULE</b>   | Tier 5           | PA NS; QL (120 EA per 30 days)   |
| <b>INLYTA ORAL TABLET 1 MG</b>  | Tier 5           | PA NS                            |
| <b>INLYTA ORAL TABLET 5 MG</b>  | Tier 5           | PA NS; QL (120 EA per 30 days)   |
| <i>irinotecan intravenous solution 100 mg/5 ml</i>  | Tier 5           |                                  |
| <b>ISTODAX INTRAVENOUS RECON SOLN</b>   | Tier 5           |                                  |
| <b>IXEMPRA INTRAVENOUS RECON SOLN 45 MG</b>   | Tier 5           |                                  |
| <b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>   | Tier 5           | PA NS                            |
| <b>JAKAFI ORAL TABLET 25 MG</b>   | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>JEVTANA INTRAVENOUS SOLUTION</b>   | Tier 5           |                                  |
| <b>KEYTRUDA INTRAVENOUS RECON SOLN</b>  | Tier 5           |                                  |
| <b>KEYTRUDA INTRAVENOUS SOLUTION</b>  | Tier 5           |                                  |
| <b>LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG [1]/DAY), 14 MG (10 MG[1] -4 MG[1])/DAY, 20 MG/DAY (10 MG [2]/DAY)</b> | Tier 5           | PA NS; QL (60 EA per 30 days)    |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>    | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <b>LENVIMA ORAL CAPSULE 24 MG (10 MG[2] -4 MG[1])/DAY</b> | Tier 5           | PA NS; QL (90 EA per 30 days)  |
| <i>letrozole oral tablet</i>                              | Tier 2           | GEN (Generic for Femara)   |
| <b>LEUKERAN ORAL TABLET</b>                               | Tier 3           |  |
| <i>leuprolide subcutaneous kit</i>                        | Tier 2           |  |
| <b>LOMUSTINE ORAL CAPSULE</b>                             | Tier 3           | GEN (Generic for CeeNU)  |
| <b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT</b>   | Tier 5           | PA NS  |
| <b>LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT</b>   | Tier 5           | PA NS  |
| <b>LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT</b>   | Tier 5           | PA NS  |
| <b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT</b>             | Tier 5           | PA NS  |
| <b>LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG</b> | Tier 5           | PA NS  |
| <b>LYNPARZA ORAL CAPSULE</b>                              | Tier 5           | PA NS  |
| <b>LYSODREN ORAL TABLET</b>                               | Tier 3           |  |
| <b>MATULANE ORAL CAPSULE</b>                              | Tier 5           |  |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>  | Tier 4           | PA NS; GEN (Generic for Megace); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk.) |
| <i>megestrol oral tablet</i>                              | Tier 4           | PA NS; GEN (Generic for Megace); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk.) |
| <b>MEKINIST ORAL TABLET 0.5 MG</b>                        | Tier 5           | PA NS; QL (120 EA per 30 days)   |
| <b>MEKINIST ORAL TABLET 2 MG</b>                          | Tier 5           | PA NS; QL (30 EA per 30 days)  |
| <i>melfhalan hcl intravenous recon soln</i>               | Tier 5           |  |
| <i>mercaptopurine oral tablet</i>                         | Tier 2           | GEN (Generic for Purinethol)   |
| <i>methotrexate sodium (pf) injection recon soln</i>      | Tier 4           | B/D  |
| <i>methotrexate sodium (pf) injection solution</i>        | Tier 2           | B/D  |
| <i>methotrexate sodium oral tablet</i>                    | Tier 2           |  |
| <i>mitomycin intravenous recon soln 20 mg</i>             | Tier 2           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>mitoxantrone intravenous concentrate</i>                           | Tier 2           |                                  |
| <b>MUSTARGEN INJECTION RECON SOLN</b>                                 | Tier 4           |                                  |
| <i>mycophenolate mofetil oral capsule</i>                             | Tier 2           | B/D; GEN (Generic for CellCept)  |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>       | Tier 4           | B/D; GEN (Generic for CellCept)  |
| <i>mycophenolate mofetil oral tablet</i>                              | Tier 2           | B/D; GEN (Generic for CellCept)  |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>      | Tier 2           | B/D; GEN (Generic for CellCept)  |
| <b>NEORAL ORAL CAPSULE</b>  | Tier 3           | B/D                              |
| <b>NEORAL ORAL SOLUTION</b>   | Tier 3           | B/D                              |
| <b>NEXAVAR ORAL TABLET</b>  | Tier 5           | PA NS; LA                        |
| <b>NILANDRON ORAL TABLET</b>  | Tier 3           |                                  |
| <b>NIPENT INTRAVENOUS RECON SOLN</b>                                  | Tier 5           |                                  |
| <b>NULOJIX INTRAVENOUS RECON SOLN</b>                                 | Tier 5           | B/D                              |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> | Tier 5           |                                  |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>    | Tier 4           |                                  |
| <i>octreotide acetate injection solution 200 mcg/ml</i>               | Tier 2           |                                  |
| <b>ONCASPAR INJECTION SOLUTION</b>                                    | Tier 5           |                                  |
| <b>OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML</b>                         | Tier 5           |                                  |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i>                  | Tier 5           |                                  |
| <i>paclitaxel intravenous concentrate</i>                             | Tier 2           |                                  |
| <b>PERJETA INTRAVENOUS SOLUTION</b>                                   | Tier 5           |                                  |
| <b>POMALYST ORAL CAPSULE</b>  | Tier 5           |                                  |
| <b>PROGRAF INTRAVENOUS SOLUTION</b>                                   | Tier 3           | B/D                              |
| <b>PURIXAN ORAL SUSPENSION</b>  | Tier 5           |                                  |
| <b>RAPAMUNE ORAL SOLUTION</b>   | Tier 3           | B/D                              |
| <b>RAPAMUNE ORAL TABLET 0.5 MG, 1 MG</b>                              | Tier 3           | B/D                              |
| <b>RAPAMUNE ORAL TABLET 2 MG</b>                                      | Tier 5           | B/D                              |
| <b>REVLIMID ORAL CAPSULE</b>  | Tier 5           | PA NS; LA                        |
| <b>RITUXAN INTRAVENOUS CONCENTRATE</b>                                | Tier 5           | PA NS                            |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>SANDIMMUNE INTRAVENOUS SOLUTION</b>                 | Tier 3           | B/D                              |
| <b>SANDIMMUNE ORAL CAPSULE</b>                         | Tier 3           | B/D                              |
| <b>SANDIMMUNE ORAL SOLUTION</b>                        | Tier 3           | B/D                              |
| <b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT</b>         | Tier 5           |                                  |
| <b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>                  | Tier 5           | PA                               |
| <b>SIMULECT INTRAVENOUS RECON SOLN 20 MG</b>           | Tier 3           | B/D                              |
| <i>sirolimus oral tablet</i>                           | Tier 2           | B/D; GEN (Generic for Rapamune)  |
| <b>SOLTAMOX ORAL SOLUTION</b>                          | Tier 3           |                                  |
| <b>SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG</b> | Tier 5           | PA NS                            |
| <b>SPRYCEL ORAL TABLET 140 MG</b>                      | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>SPRYCEL ORAL TABLET 70 MG</b>                       | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>STIVARGA ORAL TABLET</b>                            | Tier 5           | PA NS; QL (84 EA per 28 days)    |
| <b>SUTENT ORAL CAPSULE 12.5 MG</b>                     | Tier 5           | PA NS                            |
| <b>SUTENT ORAL CAPSULE 25 MG, 37.5 MG</b>              | Tier 5           | PA NS; QL (60 EA per 30 days)    |
| <b>SUTENT ORAL CAPSULE 50 MG</b>                       | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>SYNRIBO SUBCUTANEOUS RECON SOLN</b>                 | Tier 5           |                                  |
| <b>TABLOID ORAL TABLET</b>                             | Tier 3           |                                  |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg</i>            | Tier 4           | B/D; GEN (Generic for Prograf)   |
| <i>tacrolimus oral capsule 5 mg</i>                    | Tier 5           | B/D; GEN (Generic for Prograf)   |
| <b>TAFINLAR ORAL CAPSULE 50 MG</b>                     | Tier 5           | PA NS; QL (180 EA per 30 days)   |
| <b>TAFINLAR ORAL CAPSULE 75 MG</b>                     | Tier 5           | PA NS; QL (120 EA per 30 days)   |
| <i>tamoxifen oral tablet</i>                           | Tier 2           | GEN (Generic for Nolvadex)       |
| <b>TARCEVA ORAL TABLET 100 MG, 25 MG</b>               | Tier 5           | PA NS                            |
| <b>TARCEVA ORAL TABLET 150 MG</b>                      | Tier 5           | PA NS; QL (30 EA per 30 days)    |
| <b>TARGRETIN ORAL CAPSULE</b>                          | Tier 5           |                                  |
| <b>TASIGNA ORAL CAPSULE 150 MG</b>                     | Tier 5           | PA NS                            |
| <b>TASIGNA ORAL CAPSULE 200 MG</b>                     | Tier 5           | PA NS; QL (112 EA per 28 days)   |
| <b>THALOMID ORAL CAPSULE</b>                           | Tier 5           | PA NS                            |
| <i>toposar intravenous solution</i>                    | Tier 2           |                                  |
| <i>topotecan intravenous recon soln</i>                | Tier 5           |                                  |

| Commonly Prescribed Therapeutic Drug Categories                   | Drug Tier | Requirements/Limits/Notes          |
|---|-----------|------------------------------------|
| <b>TORISEL INTRAVENOUS RECON SOLN</b>                             | Tier 5    |                                    |
| <b>TREANDA INTRAVENOUS RECON SOLN 100 MG</b>                      | Tier 5    |                                    |
| <b>TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML</b>                  | Tier 5    |                                    |
| <b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>       | Tier 5    |                                    |
| <b>TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML</b> | Tier 5    |                                    |
| <i>tretinoin (chemotherapy) oral capsule</i>                      | Tier 5    |                                    |
| <b>TRISENOX INTRAVENOUS SOLUTION</b>                              | Tier 5    |                                    |
| <b>TYKERB ORAL TABLET</b>   | Tier 5    | PA NS; LA; QL (180 EA per 30 days) |
| <b>VELCADE INJECTION RECON SOLN</b>                               | Tier 5    |                                    |
| <i>vinblastine intravenous solution</i>                           | Tier 2    |                                    |
| <i>vincasar pfs intravenous solution 1 mg/ml</i>                  | Tier 2    |                                    |
| <i>vincristine intravenous solution 1 mg/ml</i>                   | Tier 2    |                                    |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i>                | Tier 2    |                                    |
| <b>VOTRIENT ORAL TABLET</b>                                       | Tier 5    | PA NS; QL (120 EA per 30 days)     |
| <b>XALKORI ORAL CAPSULE 200 MG</b>                                | Tier 5    | PA NS                              |
| <b>XALKORI ORAL CAPSULE 250 MG</b>                                | Tier 5    | PA NS; QL (60 EA per 30 days)      |
| <b>XTANDI ORAL CAPSULE</b>  | Tier 5    | PA NS; QL (120 EA per 30 days)     |
| <b>ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)</b>        | Tier 5    |                                    |
| <b>ZANOSAR INTRAVENOUS RECON SOLN</b>                             | Tier 4    |                                    |
| <b>ZELBORAF ORAL TABLET</b>                                       | Tier 5    | PA NS; QL (240 EA per 30 days)     |
| <b>ZOLINZA ORAL CAPSULE</b>                                       | Tier 5    |                                    |
| <b>ZORTRESS ORAL TABLET 0.25 MG</b>                               | Tier 3    | B/D                                |
| <b>ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG</b>                       | Tier 5    | B/D                                |
| <b>ZYDELIG ORAL TABLET</b>  | Tier 5    | PA NS                              |
| <b>ZYKADIA ORAL CAPSULE</b>                                       | Tier 5    | PA NS; QL (150 EA per 30 days)     |
| <b>ZYTIGA ORAL TABLET</b>   | Tier 5    | PA NS; QL (120 EA per 30 days)     |
| <b>Antineoplastic Agents</b>                                      |           |                                    |
| <b>BELEODAQ INTRAVENOUS RECON SOLN</b>                            | Tier 5    |                                    |

| Commonly Prescribed Therapeutic Drug Categories                | Drug Tier | Requirements/Limits/Notes   |
|--|-----------|---|
| <b>SYLVANT INTRAVENOUS RECON SOLN 100 MG</b>                   | Tier 5    |   |
| <b>Autonomic / Cns Drugs, Neurology / Psych</b>                |           |   |
| <b>Anticonvulsants</b>   |           |   |
| <b>APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG</b>               | Tier 4    |   |
| <b>APTIOM ORAL TABLET 600 MG</b>                               | Tier 5    |   |
| <b>BANZEL ORAL SUSPENSION</b>                                  | Tier 3    |   |
| <b>BANZEL ORAL TABLET 200 MG</b>                               | Tier 3    |   |
| <b>BANZEL ORAL TABLET 400 MG</b>                               | Tier 5    |   |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>         | Tier 4    | GEN (Generic for Tegretol)  |
| <i>carbamazepine oral suspension 100mg/5 ml</i>                | Tier 2    | GEN (Generic for Tegretol)  |
| <i>carbamazepine oral tablet</i>                               | Tier 1    | GC; GEN (Generic for Tegretol)  |
| <i>carbamazepine oral tablet extended release 12 hr 200 mg</i> | Tier 2    | GEN (Generic for Tegretol)  |
| <i>carbamazepine oral tablet extended release 12 hr 400 mg</i> | Tier 4    | GEN (Generic for Tegretol)  |
| <i>carbamazepine oral tablet, chewable</i>                     | Tier 1    | GC; GEN (Generic for Tegretol)  |
| <b>CELONTIN ORAL CAPSULE 300 MG</b>                            | Tier 3    |   |
| <i>clonazepam oral tablet</i>                                  | Tier 2    | PA NS; GEN (Generic for Klonopin)   |
| <i>clonazepam oral tablet, disintegrating</i>                  | Tier 4    | PA NS; GEN (Generic for Klonopin)   |
| <i>diazepam rectal kit</i>                                     | Tier 4    | PA NS   |
| <b>DILANTIN ORAL CAPSULE</b>                                   | Tier 3    | SN (This is only for Dilantin 30mg (not available in generic). Refer to phenytoin for 50mg, 100mg, 200mg, 300mg.) |
| <i>divalproex oral capsule, sprinkle</i>                       | Tier 2    | GEN (Generic for Depakote)  |
| <i>divalproex oral tablet extended release 24 hr 250 mg</i>    | Tier 2    | GEN (Generic for Depakote)  |
| <i>divalproex oral tablet extended release 24 hr 500 mg</i>    | Tier 4    | GEN (Generic for Depakote)  |
| <i>divalproex oral tablet, delayed release (dr/ec)</i>         | Tier 1    | GC; GEN (Generic for Depakote)  |
| <i>epitol oral tablet</i>                                      | Tier 1    | GC  |
| <i>ethosuximide oral capsule</i>                               | Tier 2    | GEN (Generic for Zarontin)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>         | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <i>ethosuximide oral solution</i>                              | Tier 2           | GEN (Generic for Zarontin)   |
| <i>felbamate oral suspension</i>                               | Tier 2           | GEN (Generic for Felbatol)   |
| <i>felbamate oral tablet</i>                                   | Tier 2           | GEN (Generic for Felbatol)   |
| <i>fosphenytoin injection solution 100 mg pe/2 ml</i>          | Tier 2           |  |
| <b>FYCOMPA ORAL TABLET</b>                                     | Tier 3           |  |
| <i>gabapentin oral capsule</i>                                 | Tier 1           | GC; GEN (Generic for Neurontin)  |
| <i>gabapentin oral solution 250 mg/5 ml</i>                    | Tier 2           | GEN (Generic for Neurontin)  |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                   | Tier 1           | GC; GEN (Generic for Neurontin)  |
| <b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>                       | Tier 3           |  |
| <i>lamotrigine oral tablet</i>                                 | Tier 2           | GEN (Generic for Lamictal)   |
| <i>lamotrigine oral tablet extended release 24hr</i>           | Tier 4           | GEN (Generic for Lamictal)   |
| <i>lamotrigine oral tablet, chewable dispersible</i>           | Tier 4           | GEN (Generic for Lamictal)   |
| <i>levetiracetam intravenous solution</i>                      | Tier 2           | GEN (Generic for Keppra)   |
| <i>levetiracetam oral solution 100 mg/ml</i>                   | Tier 2           | GEN (Generic for Keppra)   |
| <i>levetiracetam oral tablet</i>                               | Tier 2           | GEN (Generic for Keppra)   |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg</i> | Tier 2           | GEN (Generic for Keppra)   |
| <i>levetiracetam oral tablet extended release 24 hr 750 mg</i> | Tier 4           | GEN (Generic for Keppra)   |
| <b>LYRICA ORAL CAPSULE</b>                                     | Tier 3           | PA NS  |
| <b>LYRICA ORAL SOLUTION</b>                                    | Tier 3           | PA NS  |
| <b>ONFI ORAL SUSPENSION</b>                                    | Tier 4           | PA NS  |
| <b>ONFI ORAL TABLET 10 MG, 20 MG</b>                           | Tier 3           | PA NS  |
| <i>oxcarbazepine oral suspension</i>                           | Tier 4           | GEN (Generic for Trileptal)  |
| <i>oxcarbazepine oral tablet</i>                               | Tier 2           | GEN (Generic for Trileptal)  |
| <b>PEGANONE ORAL TABLET</b>                                    | Tier 3           |  |
| <i>phenobarbital oral elixir</i>                               | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives:divalproex, levetiracetam, lamotrigine) |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>          | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <i>phenobarbital oral tablet</i>                                | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives:divalproex, levetiracetam, lamotrigine) |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                    | Tier 2           | GEN (Generic for Dilantin)   |
| <i>phenytoin oral tablet, chewable</i>                          | Tier 2           | GEN (Generic for Dilantin)   |
| <i>phenytoin sodium extended oral capsule</i>                   | Tier 2           | GEN (Generic for Dilantin)   |
| <i>phenytoin sodium intravenous solution</i>                    | Tier 2           |  |
| <b>POTIGA ORAL TABLET</b>                                       | Tier 3           |  |
| <i>primidone oral tablet</i>                                    | Tier 2           | GEN (Generic for Mysoline)   |
| <b>SABRIL ORAL POWDER IN PACKET</b>                             | Tier 5           | LA   |
| <b>SABRIL ORAL TABLET</b>                                       | Tier 5           | LA   |
| <b>TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG</b>    | Tier 3           |  |
| <i>tiagabine oral tablet</i>                                    | Tier 4           | GEN (Generic for Gabitril)   |
| <i>topiramate oral capsule, sprinkle 15 mg</i>                  | Tier 2           | GEN (Generic for Topamax)  |
| <i>topiramate oral capsule, sprinkle 25 mg</i>                  | Tier 3           | GEN (Generic for Topamax)  |
| <i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>             | Tier 2           | GEN (Generic for Topamax)  |
| <i>topiramate oral tablet 25 mg</i>                             | Tier 3           | GEN (Generic for Topamax)  |
| <i>valproate sodium intravenous solution</i>                    | Tier 2           |  |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier 2           | GEN (Generic for Depakene)   |
| <i>valproic acid oral capsule</i>                               | Tier 2           | GEN (Generic for Depakene)   |
| <b>VIMPAT INTRAVENOUS SOLUTION</b>                              | Tier 3           |  |
| <b>VIMPAT ORAL SOLUTION</b>                                     | Tier 3           |  |
| <b>VIMPAT ORAL TABLET</b>                                       | Tier 3           |  |
| <i>zonisamide oral capsule 100 mg, 25 mg</i>                    | Tier 2           | GEN (Generic for Zonegran)   |
| <i>zonisamide oral capsule 50 mg</i>                            | Tier 3           | GEN (Generic for Zonegran)   |
| <b>Antiparkinsonism Agents</b>                                  |                  |  |
| <b>APOKYN SUBCUTANEOUS CARTRIDGE</b>                            | Tier 5           | LA   |
| <b>AZILECT ORAL TABLET</b>                                      | Tier 3           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>benztropine injection solution</i>                                      | Tier 2           | GEN (Generic for Cogentin); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives:carbidopa/levodopa, ropinirole, pramipexole, entacapone)        |
| <i>benztropine oral tablet</i>   | Tier 2           | PA NS; GEN (Generic for Cogentin); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives:carbidopa/levodopa, ropinirole, pramipexole, entacapone) |
| <i>bromocriptine oral capsule</i>  | Tier 2           | GEN (Generic for Parlodel)  |
| <i>bromocriptine oral tablet</i>   | Tier 2           | GEN (Generic for Parlodel)  |
| <i>carbidopa oral tablet</i>   | Tier 2           | GEN (Generic for Lodosyn)   |
| <i>carbidopa-levodopa oral tablet</i>                                      | Tier 2           | GEN (Generic for Sinemet)   |
| <i>carbidopa-levodopa oral tablet extended release</i>                     | Tier 2           | GEN (Generic for Sinemet)   |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>            | Tier 2           | GEN (Generic for Sinemet)   |
| <i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i> | Tier 4           | GEN (Generic for Sinemet)   |
| <i>carbidopa-levodopa-entacapone oral tablet</i>                           | Tier 4           | GEN (Generic for Stalevo)   |
| <i>entacapone oral tablet</i>  | Tier 4           | GEN (Generic for Comtan)  |
| <b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>                                    | Tier 4           |   |
| <i>pramipexole oral tablet</i>   | Tier 2           | GEN (Generic for Mirapex)   |
| <i>ropinirole oral tablet</i>  | Tier 2           | GEN (Generic for Requip)  |
| <i>ropinirole oral tablet extended release 24 hr</i>                       | Tier 4           | GEN (Generic for Requip)  |
| <i>selegiline hcl oral capsule</i>   | Tier 2           | GEN (Generic for Eldepryl); SN (Tablets are not covered)  |
| <b>TASMAR ORAL TABLET 100 MG</b>   | Tier 5           |   |
| <i>tolcapone oral tablet</i>   | Tier 5           |   |
| <b>Migraine / Cluster Headache Therapy</b>                                 |                  |   |
| <b>CAFERGOT ORAL TABLET</b>  | Tier 3           |   |
| <i>dihydroergotamine injection solution</i>                                | Tier 3           |   |
| <i>naratriptan oral tablet 1 mg</i>  | Tier 4           | GEN (Generic for Amerge); QL (18 EA per 28 days)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>             | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                  |
|--|------------------|---|
| <i>naratriptan oral tablet 2.5 mg</i>                              | Tier 2           | GEN (Generic for Amerge); QL (18 EA per 28 days)  |
| <b>RELPAK ORAL TABLET</b>  | Tier 3           | QL (18 EA per 28 days)                            |
| <i>rizatriptan oral tablet</i>                                     | Tier 4           | GEN (Generic for Maxalt); QL (36 EA per 28 days)  |
| <i>rizatriptan oral tablet, disintegrating</i>                     | Tier 4           | GEN (Generic for Maxalt); QL (36 EA per 28 days)  |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>        | Tier 4           | GEN (Generic for Imitrex); QL (18 EA per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>         | Tier 4           | GEN (Generic for Imitrex); QL (36 EA per 28 days) |
| <i>sumatriptan succinate oral tablet</i>                           | Tier 2           | GEN (Generic for Imitrex); QL (18 EA per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i>                | Tier 4           | QL (16 ML per 28 days)                            |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | Tier 4           | GEN (Generic for Imitrex); QL (16 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous solution</i>                 | Tier 4           | GEN (Generic for Imitrex); QL (16 ML per 28 days) |
| <i>zolmitriptan oral tablet</i>                                    | Tier 2           | GEN (Generic for Zomig); QL (18 EA per 28 days)   |
| <i>zolmitriptan oral tablet, disintegrating</i>                    | Tier 2           | GEN (Generic for Zomig); QL (18 EA per 28 days)   |
| <b>Miscellaneous Neurological Therapy</b>                          |                  |   |
| <b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR</b>                   | Tier 5           | PA; LA  |
| <b>AUBAGIO ORAL TABLET</b>   | Tier 5           | PA  |
| <b>COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML</b>                      | Tier 5           | PA  |
| <b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>                      | Tier 5           | PA; QL (12 ML per 28 days)                        |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                           | Tier 1           | GC; GEN (Generic for Aricept)                     |
| <i>donepezil oral tablet 23 mg</i>                                 | Tier 4           | GEN (Generic for Aricept)                         |
| <i>donepezil oral tablet, disintegrating</i>                       | Tier 2           | GEN (Generic for Aricept)                         |
| <b>EXELON TRANSDERMAL PATCH 24 HOUR</b>                            | Tier 3           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>               | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg</i> | Tier 4           | GEN (Generic for Razadyne)  |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 8 mg</i>         | Tier 2           | GEN (Generic for Razadyne)  |
| <i>galantamine oral solution</i>                                     | Tier 4           | GEN (Generic for Razadyne)  |
| <i>galantamine oral tablet</i>                                       | Tier 4           | GEN (Generic for Razadyne)  |
| <b>GILENYA ORAL CAPSULE</b>  | Tier 5           | PA  |
| <i>memantine oral tablet</i>   | Tier 2           |   |
| <i>memantine oral tablets, dose pack</i>                             | Tier 2           |   |
| <b>NAMENDA ORAL SOLUTION</b>   | Tier 3           | PA  |
| <b>NAMENDA ORAL TABLET</b>   | Tier 3           | PA  |
| <b>NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK</b>                 | Tier 3           | PA  |
| <b>NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK</b>              | Tier 3           | PA  |
| <b>NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR</b>                    | Tier 3           | PA  |
| <b>NUEDEXTA ORAL CAPSULE</b>   | Tier 3           |   |
| <i>rivastigmine tartrate oral capsule</i>                            | Tier 4           | GEN (Generic for Exelon)  |
| <b>TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)</b>               | Tier 5           | PA  |
| <b>TYSABRI INTRAVENOUS SOLUTION</b>                                  | Tier 5           | PA; LA  |
| <b>XENAZINE ORAL TABLET</b>  | Tier 5           | PA; LA  |
| <b>Muscle Relaxants / Antispasmodic Therapy</b>                      |                  |   |
| <i>baclofen oral tablet</i>  | Tier 2           | GEN (Generic for Lioresal)  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                       | Tier 4           | PA; GEN (Generic for Flexeril); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: baclofen, tizanidine); SN (7.5mg is not covered) |
| <i>dantrolene oral capsule 100 mg</i>                                | Tier 4           | GEN (Generic for Dantrium)  |
| <i>dantrolene oral capsule 25 mg, 50 mg</i>                          | Tier 2           | GEN (Generic for Dantrium)  |
| <b>LIORESAL INTRATHECAL SOLUTION</b>                                 | Tier 3           | B/D   |
| <b>MESTINON ORAL SYRUP</b>   | Tier 3           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>           | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                     |
|--|------------------|--|
| <b>MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE</b>            | Tier 3           |  |
| <i>pyridostigmine bromide oral tablet</i>                        | Tier 2           | GEN (Generic for Mestinon)                           |
| <i>pyridostigmine bromide oral tablet extended release</i>       | Tier 2           |  |
| <i>tizanidine oral capsule 6 mg</i>                              | Tier 2           | GEN (Generic for Zanaflex)                           |
| <i>tizanidine oral tablet</i>                                    | Tier 2           | GEN (Generic for Zanaflex)                           |
| <b>Narcotic Analgesics</b>                                       |                  |  |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i> | Tier 2           | QL (4500 ML per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>    | Tier 2           | QL (360 EA per 30 days)                              |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>               | Tier 2           | QL (180 EA per 30 days)                              |
| <b>BUPRENEX INJECTION SOLUTION</b>                               | Tier 3           | QL (267 ML per 30 days)                              |
| <i>buprenorphine hcl injection syringe</i>                       | Tier 2           | GEN (Generic for Buprenex); QL (267 ML per 30 days)  |
| <i>buprenorphine hcl sublingual tablet 2 mg</i>                  | Tier 2           | GEN (Generic for Buprenex); QL (300 EA per 30 days)  |
| <i>buprenorphine hcl sublingual tablet 8 mg</i>                  | Tier 2           | GEN (Generic for Buprenex); QL (75 EA per 30 days)   |
| <i>codeine sulfate oral tablet</i>                               | Tier 2           | QL (180 EA per 30 days)                              |
| <i>duramorph (pf) injection solution 0.5 mg/ml</i>               | Tier 2           | QL (4000 ML per 30 days)                             |
| <i>duramorph (pf) injection solution 1 mg/ml</i>                 | Tier 1           | GC; QL (2000 ML per 30 days)                         |
| <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>       | Tier 2           | QL (360 EA per 30 days)                              |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>     | Tier 5           | PA; GEN (Generic for Actiq); QL (39 EA per 30 days)  |
| <i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>     | Tier 5           | PA; GEN (Generic for Actiq); QL (29 EA per 30 days)  |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>       | Tier 5           | PA; GEN (Generic for Actiq); QL (120 EA per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>       | Tier 5           | PA; GEN (Generic for Actiq); QL (116 EA per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>       | Tier 5           | PA; GEN (Generic for Actiq); QL (77 EA per 30 days)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                    |
|--|------------------|---|
| <i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>                             | Tier 5           | PA; GEN (Generic for Actiq); QL (58 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>                                   | Tier 2           | GEN (Generic for Duragesic); QL (9 EA per 30 days)  |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>   | Tier 3           | GEN (Generic for Duragesic); QL (10 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                        | Tier 4           | QL (5550 ML per 30 days)                            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>                                 | Tier 4           | QL (360 EA per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>           | Tier 2           | QL (360 EA per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>          | Tier 3           | QL (360 EA per 30 days)                             |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                    | Tier 2           | QL (50 EA per 30 days)                              |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i>                                  | Tier 4           | GEN (Generic for Dilaudid); QL (120 ML per 30 days) |
| <i>hydromorphone oral tablet</i>   | Tier 2           | GEN (Generic for Dilaudid); QL (180 EA per 30 days) |
| <i>ibuprofen-oxycodone oral tablet</i>   | Tier 2           | QL (28 EA per 30 days)                              |
| <i>levorphanol tartrate oral tablet</i>  | Tier 2           | QL (120 EA per 30 days)                             |
| <i>methadone injection solution</i>  | Tier 2           | QL (160 ML per 30 days)                             |
| <i>methadone oral solution 10 mg/5 ml</i>  | Tier 2           | QL (600 ML per 30 days)                             |
| <i>methadone oral solution 5 mg/5 ml</i>   | Tier 2           | QL (1200 ML per 30 days)                            |
| <i>methadone oral tablet 10 mg</i>   | Tier 2           | QL (120 EA per 30 days)                             |
| <i>methadone oral tablet 5 mg</i>  | Tier 2           | QL (240 EA per 30 days)                             |
| <i>morphine concentrate oral solution</i>  | Tier 2           | QL (300 ML per 30 days)                             |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                               | Tier 4           | QL (50 EA per 30 days)                              |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>    | Tier 4           | QL (60 EA per 30 days)                              |
| <i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i> | Tier 4           | QL (90 EA per 30 days)                              |
| <i>morphine oral capsule, extend.release pellets 100 mg</i>                            | Tier 4           | QL (60 EA per 30 days)                              |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                       |
|--|------------------|--|
| <i>morphine oral capsule, extend.release pellets 80 mg</i>                 | Tier 4           | QL (75 EA per 30 days)                                 |
| <i>morphine oral solution</i>  | Tier 2           | QL (900 ML per 30 days)                                |
| <i>morphine oral tablet</i>  | Tier 2           | QL (180 EA per 30 days)                                |
| <i>morphine oral tablet extended release 100 mg</i>                        | Tier 4           | QL (60 EA per 30 days)                                 |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i>                  | Tier 4           | QL (120 EA per 30 days)                                |
| <i>morphine oral tablet extended release 200 mg</i>                        | Tier 4           | QL (30 EA per 30 days)                                 |
| <i>morphine oral tablet extended release 60 mg</i>                         | Tier 4           | QL (100 EA per 30 days)                                |
| <i>oxycodone oral capsule</i>  | Tier 4           | QL (360 EA per 30 days)                                |
| <i>oxycodone oral concentrate</i>  | Tier 2           | QL (180 ML per 30 days)                                |
| <i>oxycodone oral solution</i>   | Tier 2           | QL (1200 ML per 30 days)                               |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>                           | Tier 2           | QL (180 EA per 30 days)                                |
| <i>oxycodone oral tablet 30 mg</i>   | Tier 2           | QL (134 EA per 30 days)                                |
| <i>oxycodone oral tablet 5 mg</i>  | Tier 2           | QL (360 EA per 30 days)                                |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 2           | QL (360 EA per 30 days)                                |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>                      | Tier 4           | QL (360 EA per 30 days)                                |
| <i>oxycodone-aspirin oral tablet</i>                                       | Tier 2           | QL (360 EA per 30 days)                                |
| <i>oxymorphone oral tablet 10 mg</i>                                       | Tier 2           | GEN (Generic for Opana); QL (200 EA per 30 days)       |
| <i>oxymorphone oral tablet 5 mg</i>  | Tier 2           | GEN (Generic for Opana); QL (180 EA per 30 days)       |
| <i>reprexain oral tablet 10-200 mg</i>                                     | Tier 4           | QL (50 EA per 30 days)                                 |
| <i>reprexain oral tablet 2.5-200 mg, 5-200 mg</i>                          | Tier 2           | QL (50 EA per 30 days)                                 |
| <b>Non-Narcotic Analgesics</b>   |                  |  |
| <i>buprenorphine-naloxone sublingual tablet</i>                            | Tier 4           | PA; GEN (Generic for Suboxone); QL (90 EA per 30 days) |
| <i>butorphanol tartrate injection solution 1 mg/ml</i>                     | Tier 2           | GEN (Generic for Stadol); QL (720 ML per 30 days)      |
| <i>butorphanol tartrate injection solution 2 mg/ml</i>                     | Tier 2           | GEN (Generic for Stadol); QL (360 ML per 30 days)      |
| <i>butorphanol tartrate nasal spray, non-aerosol</i>                       | Tier 4           | GEN (Generic for Stadol); QL (40 ML per 30 days)       |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                |
|---|------------------|---|
| <b>CELEBREX ORAL CAPSULE</b>  | Tier 3           |   |
| <i>celecoxib oral capsule</i>   | Tier 3           | GEN (Generic for Celebrex)                      |
| <i>diclofenac potassium oral tablet</i>                                 | Tier 2           | GEN (Generic for Voltaren)                      |
| <i>diclofenac sodium oral tablet extended release 24 hr</i>             | Tier 2           | GEN (Generic for Voltaren)                      |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>           | Tier 2           | GEN (Generic for Voltaren)                      |
| <i>diclofenac sodium topical drops</i>                                  | Tier 4           |   |
| <i>diclofenac-misoprostol oral tablet, ir &amp; delay rel, biphasic</i> | Tier 4           | GEN (Generic for Arthrotec)                     |
| <i>diflunisal oral tablet</i>   | Tier 2           | GEN (Generic for Dolobid)                       |
| <i>etodolac oral capsule</i>  | Tier 2           | GEN (Generic for Lodine)                        |
| <i>etodolac oral tablet</i>   | Tier 2           | GEN (Generic for Lodine)                        |
| <i>etodolac oral tablet extended release 24 hr</i>                      | Tier 4           | GEN (Generic for Lodine)                        |
| <i>fenoprofen oral tablet</i>   | Tier 4           | GEN (Generic for Nalfon)                        |
| <b>FLECTOR TRANSDERMAL PATCH 12 HOUR</b>                                | Tier 4           | PA; QL (60 EA per 30 days)                      |
| <i>flurbiprofen oral tablet</i>   | Tier 2           | GEN (Generic for Ansaid)                        |
| <i>ibuprofen oral suspension</i>  | Tier 2           | GEN (Generic for Motrin)                        |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                     | Tier 1           | GC; GEN (Generic for Motrin)                    |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                             | Tier 2           | GEN (Generic for Orudis)                        |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>           | Tier 4           | GEN (Generic for Orudis)                        |
| <i>meclofenamate oral capsule</i>                                       | Tier 4           | GEN (Generic for Meclomen)                      |
| <i>mefenamic acid oral capsule</i>                                      | Tier 2           | GEN (Generic for Ponstel)                       |
| <i>meloxicam oral suspension</i>  | Tier 4           | GEN (Generic for Mobic)                         |
| <i>meloxicam oral tablet 15 mg</i>                                      | Tier 2           | GEN (Generic for Mobic)                         |
| <i>meloxicam oral tablet 7.5 mg</i>                                     | Tier 2           | GEN (Generic for Mobic); QL (30 EA per 30 days) |
| <i>nabumetone oral tablet</i>   | Tier 2           | GEN (Generic for Relafen)                       |
| <i>nalbuphine injection solution 10 mg/ml</i>                           | Tier 2           | QL (200 ML per 30 days)                         |
| <i>nalbuphine injection solution 20 mg/ml</i>                           | Tier 2           | QL (100 ML per 30 days)                         |
| <i>naloxone injection syringe 1 mg/ml</i>                               | Tier 2           |   |
| <i>naltrexone oral tablet</i>   | Tier 2           | GEN (Generic for Vivitrol)                      |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                    |
|---|------------------|---|
| <i>naproxen oral suspension</i>   | Tier 2           |   |
| <i>naproxen oral tablet</i>   | Tier 1           | GC  |
| <i>naproxen oral tablet, delayed release (dr/ec)</i>                        | Tier 1           | GC  |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                           | Tier 1           | GC  |
| <i>oxaprozin oral tablet</i>  | Tier 4           | GEN (Generic for Daypro)                            |
| <i>piroxicam oral capsule</i>   | Tier 2           | GEN (Generic for Feldene)                           |
| <b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>                                     | Tier 3           | PA; QL (60 EA per 30 days)                          |
| <b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG</b>                    | Tier 3           | PA; QL (90 EA per 30 days)                          |
| <i>sulindac oral tablet</i>   | Tier 1           | GC; GEN (Generic for Clinoril)                      |
| <i>tolmetin oral capsule</i>  | Tier 4           | GEN (Generic for Tolectin)                          |
| <i>tolmetin oral tablet</i>   | Tier 4           | GEN (Generic for Tolectin)                          |
| <i>tramadol oral tablet</i>   | Tier 2           | GEN (Generic for Ultram); QL (240 EA per 30 days)   |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>           | Tier 3           | GEN (Generic for Ultram); QL (30 EA per 30 days)    |
| <i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>                     | Tier 3           | GEN (Generic for Ultram); QL (30 EA per 30 days)    |
| <i>tramadol-acetaminophen oral tablet</i>                                   | Tier 2           | GEN (Generic for Ultracet); QL (240 EA per 30 days) |
| <b>VOLTAREN TOPICAL GEL</b>   | Tier 3           |   |
| <b>Psychotherapeutic Drugs</b>  |                  |   |
| <b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG</b> | Tier 5           |   |
| <b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING</b>       | Tier 5           |   |
| <b>ABILIFY ORAL TABLET 10 MG</b>  | Tier 3           | QL (90 EA per 30 days)                              |
| <b>ABILIFY ORAL TABLET 15 MG</b>  | Tier 3           | QL (60 EA per 30 days)                              |
| <b>ABILIFY ORAL TABLET 2 MG</b>   | Tier 3           | QL (450 EA per 30 days)                             |
| <b>ABILIFY ORAL TABLET 20 MG</b>  | Tier 5           | QL (60 EA per 30 days)                              |
| <b>ABILIFY ORAL TABLET 30 MG</b>  | Tier 5           | QL (30 EA per 30 days)                              |
| <b>ABILIFY ORAL TABLET 5 MG</b>   | Tier 3           | QL (180 EA per 30 days)                             |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>                               | Tier 2           | PA NS; GEN (Generic for Xanax)                      |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>         | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <i>alprazolam oral tablet 1 mg, 2 mg</i>                       | Tier 4           | PA NS; GEN (Generic for Xanax)   |
| <i>amitriptyline oral tablet</i>                               | Tier 4           | PA NS; GEN (Generic for Elavil); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone) |
| <i>amoxapine oral tablet</i>                                   | Tier 2           | GEN (Generic for Asendin)  |
| <i>amphetamine salt combo oral tablet</i>                      | Tier 2           |  |
| <i>aripiprazole oral tablet 10 mg</i>                          | Tier 3           | QL (90 EA per 30 days)   |
| <i>aripiprazole oral tablet 15 mg, 20 mg</i>                   | Tier 3           | QL (60 EA per 30 days)   |
| <i>aripiprazole oral tablet 2 mg</i>                           | Tier 3           | QL (450 EA per 30 days)  |
| <i>aripiprazole oral tablet 30 mg</i>                          | Tier 3           | QL (30 EA per 30 days)   |
| <i>aripiprazole oral tablet 5 mg</i>                           | Tier 3           | QL (180 EA per 30 days)  |
| <b>BRINTELLIX ORAL TABLET 10 MG</b>                            | Tier 3           | QL (60 EA per 30 days)   |
| <b>BRINTELLIX ORAL TABLET 20 MG</b>                            | Tier 3           | QL (30 EA per 30 days)   |
| <b>BRINTELLIX ORAL TABLET 5 MG</b>                             | Tier 3           | QL (120 EA per 30 days)  |
| <i>bupropion hcl oral tablet</i>                               | Tier 2           |  |
| <i>bupropion hcl oral tablet extended release 100 mg</i>       | Tier 2           | QL (120 EA per 30 days)  |
| <i>bupropion hcl oral tablet extended release 150 mg</i>       | Tier 2           | QL (90 EA per 30 days)   |
| <i>bupropion hcl oral tablet extended release 200 mg</i>       | Tier 2           | QL (60 EA per 30 days)   |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | Tier 2           | QL (90 EA per 30 days)   |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | Tier 2           | QL (60 EA per 30 days)   |
| <i>bupropion oral tablet 10 mg, 30 mg, 5 mg, 7.5 mg</i>        | Tier 2           | GEN (Generic for Buspar)   |
| <i>bupropion oral tablet 15 mg</i>                             | Tier 2           | GEN (Generic for Buspar); SN (Take two 15mg = 30mg)  |
| <i>chlorpromazine injection solution</i>                       | Tier 2           | GEN (Generic for Thorazine)  |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg</i> | Tier 2           | GEN (Generic for Thorazine)  |
| <i>chlorpromazine oral tablet 50 mg</i>                        | Tier 4           | GEN (Generic for Thorazine)  |
| <i>citalopram oral solution</i>                                | Tier 2           | GEN (Generic for Celexa)   |
| <i>citalopram oral tablet 10 mg</i>                            | Tier 1           | GC; GEN (Generic for Celexa); QL (120 EA per 30 days)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <i>citalopram oral tablet 20 mg</i>   | Tier 1           | GC; GEN (Generic for Celexa); QL (60 EA per 30 days)   |
| <i>citalopram oral tablet 40 mg</i>   | Tier 1           | GC; GEN (Generic for Celexa); QL (30 EA per 30 days)   |
| <i>clomipramine oral capsule</i>  | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone)                             |
| <i>clonazepam oral tablet, disintegrating</i>                                 | Tier 4           | PA NS; GEN (Generic for Klonopin)  |
| <i>clonidine hcl oral tablet extended release 12 hr</i>                       | Tier 4           |  |
| <i>clorazepate dipotassium oral tablet</i>                                    | Tier 2           | PA NS; GEN (Generic for Tranxene)  |
| <i>clozapine oral tablet 100 mg, 200 mg</i>                                   | Tier 4           | GEN (Generic for Clozaril)   |
| <i>clozapine oral tablet 25 mg, 50 mg</i>                                     | Tier 2           | GEN (Generic for Clozaril)   |
| <i>desipramine oral tablet</i>  | Tier 2           | GEN (Generic for Norpramin)  |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 30 mg, 40 mg</i> | Tier 4           | GEN (Generic for Focalin)  |
| <i>dexmethylphenidate oral tablet</i>   | Tier 2           | GEN (Generic for Focalin)  |
| <i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>          | Tier 4           |  |
| <i>dextroamphetamine oral capsule, extended release 5 mg</i>                  | Tier 2           |  |
| <i>dextroamphetamine oral tablet</i>  | Tier 4           |  |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>      | Tier 4           | GEN (Generic for Adderall)   |
| <i>diazepam intensol oral concentrate</i>                                     | Tier 2           | PA NS  |
| <i>diazepam oral solution 5 mg/5 ml</i>                                       | Tier 2           | PA NS  |
| <i>diazepam oral tablet</i>   | Tier 2           | PA NS; GEN (Generic for Valium)  |
| <i>doxepin oral capsule</i>   | Tier 4           | PA NS; GEN (Generic for Sinequan); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone) |
| <i>doxepin oral concentrate</i>   | Tier 4           | PA NS; GEN (Generic for Sinequan); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i> | Tier 4           | GEN (Generic for Cymbalta); QL (180 EA per 30 days)   |
| <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> | Tier 4           | GEN (Generic for Cymbalta); QL (120 EA per 30 days)   |
| <b>DULOXETINE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG</b> | Tier 4           | QL (90 EA per 30 days)  |
| <i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i> | Tier 4           | GEN (Generic for Cymbalta); QL (60 EA per 30 days)  |
| <b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>                       | Tier 4           |   |
| <i>ergoloid oral tablet</i>                                  | Tier 2           | GEN (Generic for Hydergine); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: galantamine, rivastigmine, donepezil) |
| <i>escitalopram oxalate oral solution</i>                    | Tier 4           | GEN (Generic for Lexapro)   |
| <i>escitalopram oxalate oral tablet 10 mg</i>                | Tier 2           | GEN (Generic for Lexapro); QL (60 EA per 30 days)   |
| <i>escitalopram oxalate oral tablet 20 mg</i>                | Tier 2           | GEN (Generic for Lexapro); QL (30 EA per 30 days)   |
| <i>escitalopram oxalate oral tablet 5 mg</i>                 | Tier 2           | GEN (Generic for Lexapro); QL (120 EA per 30 days)  |
| <b>FANAPT ORAL TABLET 1 MG</b>                               | Tier 4           | QL (720 EA per 30 days)   |
| <b>FANAPT ORAL TABLET 10 MG, 8 MG</b>                        | Tier 4           | QL (90 EA per 30 days)  |
| <b>FANAPT ORAL TABLET 12 MG</b>                              | Tier 4           | QL (60 EA per 30 days)  |
| <b>FANAPT ORAL TABLET 2 MG</b>                               | Tier 4           | QL (360 EA per 30 days)   |
| <b>FANAPT ORAL TABLET 4 MG</b>                               | Tier 4           | QL (180 EA per 30 days)   |
| <b>FANAPT ORAL TABLET 6 MG</b>                               | Tier 4           | QL (120 EA per 30 days)   |
| <b>FANAPT ORAL TABLETS, DOSE PACK</b>                        | Tier 4           | QL (8 EA per 28 days)   |
| <b>FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG</b>    | Tier 4           |   |
| <b>FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK</b>          | Tier 3           | ST NS; QL (28 EA per 28 days)   |
| <b>FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG</b>   | Tier 3           | ST NS; QL (30 EA per 30 days)   |
| <b>FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG</b>    | Tier 3           | ST NS; QL (180 EA per 30 days)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                  |
|--|------------------|---|
| <b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG</b>     | Tier 3           | ST NS; QL (90 EA per 30 days)                     |
| <b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG</b>     | Tier 3           | ST NS; QL (45 EA per 30 days)                     |
| <i>fluoxetine oral capsule 10 mg</i>                         | Tier 2           | GEN (Generic for Prozac); QL (240 EA per 30 days) |
| <i>fluoxetine oral capsule 20 mg</i>                         | Tier 2           | GEN (Generic for Prozac)                          |
| <i>fluoxetine oral capsule 40 mg</i>                         | Tier 2           | GEN (Generic for Prozac); QL (60 EA per 30 days)  |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i>       | Tier 4           | GEN (Generic for Prozac); QL (4 EA per 28 days)   |
| <i>fluoxetine oral solution</i>                              | Tier 2           | GEN (Generic for Prozac)                          |
| <i>fluoxetine oral tablet 10 mg</i>                          | Tier 2           | GEN (Generic for Prozac); QL (240 EA per 30 days) |
| <b>FLUOXETINE ORAL TABLET 20 MG</b>                          | Tier 3           | GEN (Generic for Prozac)                          |
| <i>fluphenazine decanoate injection solution</i>             | Tier 2           | GEN (Generic for Prolixin)                        |
| <i>fluphenazine hcl injection solution</i>                   | Tier 2           | GEN (Generic for Prolixin)                        |
| <i>fluphenazine hcl oral concentrate</i>                     | Tier 2           | GEN (Generic for Prolixin)                        |
| <i>fluphenazine hcl oral elixir</i>                          | Tier 2           | GEN (Generic for Prolixin)                        |
| <i>fluphenazine hcl oral tablet</i>                          | Tier 2           | GEN (Generic for Prolixin)                        |
| <i>fluvoxamine oral capsule,extended release 24hr 100 mg</i> | Tier 4           | GEN (Generic for Luvox); QL (90 EA per 30 days)   |
| <i>fluvoxamine oral capsule,extended release 24hr 150 mg</i> | Tier 4           | GEN (Generic for Luvox); QL (60 EA per 30 days)   |
| <i>fluvoxamine oral tablet 100 mg</i>                        | Tier 2           | GEN (Generic for Luvox); QL (90 EA per 30 days)   |
| <i>fluvoxamine oral tablet 25 mg</i>                         | Tier 2           | GEN (Generic for Luvox); QL (360 EA per 30 days)  |
| <i>fluvoxamine oral tablet 50 mg</i>                         | Tier 2           | GEN (Generic for Luvox); QL (180 EA per 30 days)  |
| <b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR</b>         | Tier 4           | QL (30 EA per 30 days)                            |
| <b>GEODON INTRAMUSCULAR RECON SOLN</b>                       | Tier 4           |   |
| <i>guanidine oral tablet</i>                                 | Tier 2           |   |
| <i>haloperidol decanoate intramuscular solution</i>          | Tier 2           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <i>haloperidol lactate injection solution</i>   | Tier 2           |  |
| <i>haloperidol lactate oral concentrate</i>   | Tier 2           |  |
| <i>haloperidol oral tablet</i>  | Tier 2           |  |
| <i>imipramine hcl oral tablet</i>   | Tier 4           | PA NS; GEN (Generic for Tofranil); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone) |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG</b>                                | Tier 4           | QL (240 EA per 30 days)  |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG</b>                                  | Tier 4           | QL (120 EA per 30 days)  |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG</b>                                  | Tier 4           | QL (60 EA per 30 days)   |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG</b>                                  | Tier 4           | QL (41 EA per 30 days)   |
| <b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML</b> | Tier 5           |  |
| <b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML</b>              | Tier 3           |  |
| <b>LATUDA ORAL TABLET 120 MG</b>  | Tier 5           | QL (30 EA per 30 days)   |
| <b>LATUDA ORAL TABLET 20 MG</b>   | Tier 3           | QL (240 EA per 30 days)  |
| <b>LATUDA ORAL TABLET 40 MG</b>   | Tier 3           | QL (120 EA per 30 days)  |
| <b>LATUDA ORAL TABLET 60 MG, 80 MG</b>  | Tier 3           | QL (60 EA per 30 days)   |
| <i>lithium carbonate oral capsule 150 mg</i>  | Tier 1           | GC   |
| <i>lithium carbonate oral capsule 300 mg, 600 mg</i>                                  | Tier 2           |  |
| <i>lithium carbonate oral tablet</i>  | Tier 1           | GC   |
| <i>lithium carbonate oral tablet extended release</i>                                 | Tier 2           |  |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                       | Tier 2           |  |
| <i>lorazepam intensol oral concentrate</i>  | Tier 2           | PA NS  |
| <i>lorazepam oral tablet</i>  | Tier 2           | PA NS; GEN (Generic for Ativan)  |
| <i>loxapine succinate oral capsule</i>  | Tier 2           |  |
| <i>maprotiline oral tablet</i>  | Tier 2           |  |
| <b>MARPLAN ORAL TABLET</b>  | Tier 3           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                      |
|--|------------------|---|
| <i>metadate er oral tablet extended release</i>                                | Tier 2           |   |
| <i>methamphetamine oral tablet</i>   | Tier 4           |   |
| <i>methylphenidate oral capsule, er biphasic 30-70<br/>10 mg, 50 mg, 60 mg</i> | Tier 4           |   |
| <i>methylphenidate oral capsule, er biphasic 50-50</i>                         | Tier 4           |   |
| <i>methylphenidate oral solution</i>   | Tier 2           |   |
| <i>methylphenidate oral tablet</i>   | Tier 2           |   |
| <i>methylphenidate oral tablet extended release</i>                            | Tier 2           |   |
| <i>methylphenidate oral tablet extended release 24hr</i>                       | Tier 4           |   |
| <i>mirtazapine oral tablet</i>   | Tier 2           | GEN (Generic for Remeron)                             |
| <i>mirtazapine oral tablet, disintegrating 15 mg</i>                           | Tier 2           | GEN (Generic for Remeron)                             |
| <i>mirtazapine oral tablet, disintegrating 30 mg, 45<br/>mg</i>                | Tier 4           | GEN (Generic for Remeron)                             |
| <i>modafinil oral tablet 100 mg</i>  | Tier 4           | PA; GEN (Generic for Provigil)                        |
| <i>modafinil oral tablet 200 mg</i>  | Tier 5           | PA; GEN (Generic for Provigil)                        |
| <i>nefazodone oral tablet</i>  | Tier 2           | GEN (Generic for Serzone)                             |
| <i>nortriptyline oral capsule</i>  | Tier 2           | GEN (Generic for Pamelor)                             |
| <i>nortriptyline oral solution</i>   | Tier 2           | GEN (Generic for Pamelor)                             |
| <i>olanzapine intramuscular recon soln</i>                                     | Tier 3           | GEN (Generic for Zyprexa)                             |
| <i>olanzapine oral tablet 10 mg</i>  | Tier 3           | GEN (Generic for Zyprexa); QL (60<br>EA per 30 days)  |
| <i>olanzapine oral tablet 15 mg, 20 mg</i>                                     | Tier 3           | GEN (Generic for Zyprexa); QL (30<br>EA per 30 days)  |
| <i>olanzapine oral tablet 2.5 mg</i>   | Tier 3           | GEN (Generic for Zyprexa); QL (240<br>EA per 30 days) |
| <i>olanzapine oral tablet 5 mg</i>   | Tier 3           | GEN (Generic for Zyprexa); QL (120<br>EA per 30 days) |
| <i>olanzapine oral tablet 7.5 mg</i>   | Tier 3           | GEN (Generic for Zyprexa); QL (81<br>EA per 30 days)  |
| <i>olanzapine oral tablet, disintegrating 10 mg</i>                            | Tier 3           | GEN (Generic for Zyprexa); QL (60<br>EA per 30 days)  |
| <i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>                     | Tier 3           | GEN (Generic for Zyprexa); QL (30<br>EA per 30 days)  |
| <i>olanzapine oral tablet, disintegrating 5 mg</i>                             | Tier 3           | GEN (Generic for Zyprexa); QL (120<br>EA per 30 days) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>           | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                     |
|--|------------------|--|
| <i>olanzapine-fluoxetine oral capsule</i>                        | Tier 3           | GEN (Generic for Symbyax)                            |
| <b>ORAP ORAL TABLET</b>  | Tier 3           |  |
| <i>oxazepam oral capsule</i>                                     | Tier 2           | PA NS  |
| <i>paroxetine hcl oral tablet 10 mg</i>                          | Tier 1           | GC; GEN (Generic for Paxil); QL (180 EA per 30 days) |
| <i>paroxetine hcl oral tablet 20 mg</i>                          | Tier 1           | GC; GEN (Generic for Paxil); QL (90 EA per 30 days)  |
| <i>paroxetine hcl oral tablet 30 mg</i>                          | Tier 1           | GC; GEN (Generic for Paxil); QL (60 EA per 30 days)  |
| <i>paroxetine hcl oral tablet 40 mg</i>                          | Tier 1           | GC; GEN (Generic for Paxil); QL (45 EA per 30 days)  |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> | Tier 2           | GEN (Generic for Paxil); QL (180 EA per 30 days)     |
| <i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>   | Tier 2           | GEN (Generic for Paxil); QL (90 EA per 30 days)      |
| <i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i> | Tier 4           | GEN (Generic for Paxil); QL (60 EA per 30 days)      |
| <b>PAXIL ORAL SUSPENSION</b>                                     | Tier 3           |  |
| <i>perphenazine oral tablet</i>                                  | Tier 2           |  |
| <i>phenelzine oral tablet</i>                                    | Tier 4           |  |
| <b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>         | Tier 3           | ST NS; QL (120 EA per 30 days)                       |
| <b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG</b>          | Tier 3           | ST NS; QL (480 EA per 30 days)                       |
| <b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG</b>          | Tier 3           | ST NS; QL (240 EA per 30 days)                       |
| <i>procentra oral solution</i>                                   | Tier 2           |  |
| <i>protriptyline oral tablet 10 mg</i>                           | Tier 4           | GEN (Generic for Vivactil)                           |
| <i>protriptyline oral tablet 5 mg</i>                            | Tier 2           | GEN (Generic for Vivactil)                           |
| <i>quetiapine oral tablet 100 mg</i>                             | Tier 2           | GEN (Generic for Seroquel); QL (240 EA per 30 days)  |
| <i>quetiapine oral tablet 200 mg</i>                             | Tier 2           | GEN (Generic for Seroquel); QL (120 EA per 30 days)  |
| <i>quetiapine oral tablet 25 mg</i>                              | Tier 2           | GEN (Generic for Seroquel); QL (902 EA per 30 days)  |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                      |
|--|------------------|---|
| <i>quetiapine oral tablet 300 mg</i>                                   | Tier 2           | GEN (Generic for Seroquel); QL (81 EA per 30 days)    |
| <i>quetiapine oral tablet 400 mg</i>                                   | Tier 2           | GEN (Generic for Seroquel); QL (60 EA per 30 days)    |
| <i>quetiapine oral tablet 50 mg</i>                                    | Tier 2           | GEN (Generic for Seroquel); QL (480 EA per 30 days)   |
| <b>REXULTI ORAL TABLET 0.25 MG</b>                                     | Tier 5           | QL (480 EA per 30 days)                               |
| <b>REXULTI ORAL TABLET 0.5 MG</b>                                      | Tier 5           | QL (240 EA per 30 days)                               |
| <b>REXULTI ORAL TABLET 1 MG</b>  | Tier 5           | QL (120 EA per 30 days)                               |
| <b>REXULTI ORAL TABLET 2 MG</b>  | Tier 5           | QL (60 EA per 30 days)                                |
| <b>REXULTI ORAL TABLET 3 MG</b>  | Tier 5           | QL (40 EA per 30 days)                                |
| <b>REXULTI ORAL TABLET 4 MG</b>  | Tier 5           | QL (30 EA per 30 days)                                |
| <b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML</b> | Tier 3           |   |
| <b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML</b> | Tier 5           |   |
| <i>risperidone oral solution</i>                                       | Tier 2           | GEN (Generic for Risperdal); QL (480 ML per 30 days)  |
| <i>risperidone oral tablet 0.25 mg</i>                                 | Tier 2           | GEN (Generic for Risperdal); QL (1920 EA per 30 days) |
| <i>risperidone oral tablet 0.5 mg</i>                                  | Tier 2           | GEN (Generic for Risperdal); QL (960 EA per 30 days)  |
| <i>risperidone oral tablet 1 mg</i>                                    | Tier 2           | GEN (Generic for Risperdal); QL (480 EA per 30 days)  |
| <i>risperidone oral tablet 2 mg</i>                                    | Tier 2           | GEN (Generic for Risperdal); QL (240 EA per 30 days)  |
| <i>risperidone oral tablet 3 mg</i>                                    | Tier 2           | GEN (Generic for Risperdal); QL (161 EA per 30 days)  |
| <i>risperidone oral tablet 4 mg</i>                                    | Tier 2           | GEN (Generic for Risperdal); QL (120 EA per 30 days)  |
| <i>risperidone oral tablet, disintegrating 0.25 mg</i>                 | Tier 2           | GEN (Generic for Risperdal); QL (1920 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.25 mg</i>                 | Tier 4           | GEN (Generic for Risperdal); QL (1920 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.5 mg</i>                  | Tier 2           | GEN (Generic for Risperdal); QL (960 EA per 30 days)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                     |
|--|------------------|--|
| <i>risperidone oral tablet, disintegrating 0.5 mg</i>        | Tier 4           | GEN (Generic for Risperdal); QL (960 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 1 mg</i>          | Tier 4           | GEN (Generic for Risperdal); QL (480 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 2 mg</i>          | Tier 4           | GEN (Generic for Risperdal); QL (240 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 3 mg</i>          | Tier 4           | GEN (Generic for Risperdal); QL (161 EA per 30 days) |
| <i>risperidone oral tablet, disintegrating 4 mg</i>          | Tier 4           | GEN (Generic for Risperdal); QL (120 EA per 30 days) |
| <b>ROZEREM ORAL TABLET</b>                                   | Tier 3           | QL (30 EA per 30 days)                               |
| <b>SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG</b>        | Tier 3           | QL (60 EA per 30 days)                               |
| <b>SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG</b>       | Tier 3           | QL (240 EA per 30 days)                              |
| <b>SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG</b>         | Tier 3           | QL (120 EA per 30 days)                              |
| <b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG</b> | Tier 3           | QL (161 EA per 30 days)                              |
| <b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG</b> | Tier 3           | QL (120 EA per 30 days)                              |
| <b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b> | Tier 3           | QL (81 EA per 30 days)                               |
| <b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG</b> | Tier 3           | QL (60 EA per 30 days)                               |
| <b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG</b>  | Tier 3           | QL (480 EA per 30 days)                              |
| <i>sertraline oral concentrate</i>                           | Tier 2           | GEN (Generic for Zoloft)                             |
| <i>sertraline oral tablet 100 mg</i>                         | Tier 2           | GEN (Generic for Zoloft); QL (60 EA per 30 days)     |
| <i>sertraline oral tablet 25 mg</i>                          | Tier 2           | GEN (Generic for Zoloft); QL (240 EA per 30 days)    |
| <i>sertraline oral tablet 50 mg</i>                          | Tier 2           | GEN (Generic for Zoloft); QL (120 EA per 30 days)    |
| <b>STRATTERA ORAL CAPSULE</b>                                | Tier 3           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|---|
| <b>SURMONTIL ORAL CAPSULE</b>   | Tier 4           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: nortriptyline, desipramine, trazodone)  |
| <i>temazepam oral capsule</i>   | Tier 4           | PA NS   |
| <i>thioridazine oral tablet</i>                                       | Tier 2           | HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: aripiprazole, olanzapine, lurasidone, asenapine, haloperidol, iloperidone, paliperidone, quetiapine, risperidone, ziprasidone) |
| <i>thiothixene oral capsule</i>                                       | Tier 2           | GEN (Generic for Navane)  |
| <i>tranylcypromine oral tablet</i>                                    | Tier 4           | GEN (Generic for Parnate)   |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                    | Tier 1           | GC; GEN (Generic for Desyrel)   |
| <i>trazodone oral tablet 300 mg</i>                                   | Tier 4           | GEN (Generic for Desyrel)   |
| <i>trifluoperazine oral tablet</i>                                    | Tier 2           | GEN (Generic for Stelazine)   |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i>         | Tier 2           | GEN (Generic for Effexor); QL (60 EA per 30 days)   |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>        | Tier 2           | GEN (Generic for Effexor); QL (180 EA per 30 days)  |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i>          | Tier 2           | GEN (Generic for Effexor); QL (90 EA per 30 days)   |
| <i>venlafaxine oral tablet 100 mg, 75 mg</i>                          | Tier 2           | GEN (Generic for Effexor); QL (90 EA per 30 days)   |
| <i>venlafaxine oral tablet 25 mg</i>                                  | Tier 2           | GEN (Generic for Effexor); QL (270 EA per 30 days)  |
| <i>venlafaxine oral tablet 37.5 mg</i>                                | Tier 2           | GEN (Generic for Effexor); QL (180 EA per 30 days)  |
| <i>venlafaxine oral tablet 50 mg</i>                                  | Tier 2           | GEN (Generic for Effexor); QL (150 EA per 30 days)  |
| <b>VERSACLOZ ORAL SUSPENSION</b>                                      | Tier 5           | LA  |
| <b>VIIBRYD ORAL TABLET 10 MG</b>                                      | Tier 3           | QL (120 EA per 30 days)   |
| <b>VIIBRYD ORAL TABLET 20 MG</b>                                      | Tier 3           | QL (60 EA per 30 days)  |
| <b>VIIBRYD ORAL TABLET 40 MG</b>                                      | Tier 3           | QL (30 EA per 30 days)  |
| <b>VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)</b> | Tier 3           | QL (30 EA per 30 days)  |

| Commonly Prescribed Therapeutic Drug Categories                            | Drug Tier | Requirements/Limits/Notes  |
|--|-----------|--|
| <b>XYREM ORAL SOLUTION</b>   | Tier 5    | LA   |
| <i>zaleplon oral capsule 10 mg</i>   | Tier 3    | GEN (Generic for Sonata); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: Rozerem®, low dose trazodone, melatonin); QL (60 EA per 30 days)  |
| <i>zaleplon oral capsule 5 mg</i>  | Tier 3    | GEN (Generic for Sonata); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: Rozerem®, low dose trazodone, melatonin); QL (30 EA per 30 days)  |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                     | Tier 2    |  |
| <b>ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG</b>                                  | Tier 4    |  |
| <i>ziprasidone hcl oral capsule 20 mg</i>                                  | Tier 3    | GEN (Generic for Geodon); QL (240 EA per 30 days)  |
| <i>ziprasidone hcl oral capsule 40 mg</i>                                  | Tier 3    | GEN (Generic for Geodon); QL (120 EA per 30 days)  |
| <i>ziprasidone hcl oral capsule 60 mg</i>                                  | Tier 3    | GEN (Generic for Geodon); QL (80 EA per 30 days)   |
| <i>ziprasidone hcl oral capsule 80 mg</i>                                  | Tier 3    | GEN (Generic for Geodon); QL (60 EA per 30 days)   |
| <i>zolpidem oral tablet</i>  | Tier 4    | PA NS; GEN (Generic for Ambien); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: Rozerem®, low dose trazodone, melatonin); SN (Extended release (ER) dosage is not covered); QL (30 EA per 30 days) |
| <b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</b> | Tier 5    |  |
| <b>Cardiovascular, Hypertension / Lipids</b>                               |           |  |
| <b>Antiarrhythmic Agents</b>   |           |  |
| <i>amiodarone intravenous solution</i>                                     | Tier 2    | B/D  |
| <i>amiodarone oral tablet 200 mg, 400 mg</i>                               | Tier 2    | GEN (Generic for Pacerone)   |
| <i>flecainide oral tablet</i>  | Tier 2    | GEN (Generic for Tambocor)   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>mexiletine oral capsule</i>   | Tier 2           | GEN (Generic for Mexitil)   |
| <i>pacerone oral tablet 100 mg</i>   | Tier 4           |   |
| <i>pacerone oral tablet 200 mg</i>   | Tier 3           |   |
| <i>pacerone oral tablet 400 mg</i>   | Tier 2           |   |
| <i>procainamide injection solution</i>   | Tier 2           |   |
| <i>propafenone oral capsule, extended release 12 hr</i>                        | Tier 4           | GEN (Generic for Rythmol)   |
| <i>propafenone oral tablet 150 mg, 225 mg</i>                                  | Tier 2           | GEN (Generic for Rythmol)   |
| <i>propafenone oral tablet 300 mg</i>  | Tier 4           | GEN (Generic for Rythmol)   |
| <i>quinidine gluconate injection solution</i>                                  | Tier 2           |   |
| <i>quinidine gluconate oral tablet extended release</i>                        | Tier 2           |   |
| <i>quinidine sulfate oral tablet</i>   | Tier 2           |   |
| <i>sorine oral tablet</i>  | Tier 2           |   |
| <i>sotalol af oral tablet 120 mg</i>   | Tier 2           | GEN (Generic for Betapace)  |
| <i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>                               | Tier 2           | GEN (Generic for Betapace)  |
| <b>TIKOSYN ORAL CAPSULE</b>  | Tier 3           |   |
| <b>Antihypertensive Therapy</b>  |                  |   |
| <i>acebutolol oral capsule</i>   | Tier 2           | GEN (Generic for Sectral)   |
| <i>afeditab cr oral tablet extended release</i>                                | Tier 2           |   |
| <i>amiloride oral tablet</i>   | Tier 2           | GEN (Generic for Midamor)   |
| <i>amiloride-hydrochlorothiazide oral tablet</i>                               | Tier 1           | GC; GEN (Generic for Amiloride)   |
| <i>amlodipine oral tablet</i>  | Tier 2           | GEN (Generic for Norvasc); STAR H (Preferred drug for high blood pressure treatment)              |
| <i>amlodipine-benazepril oral capsule</i>                                      | Tier 2           | GEN (Generic for Lotrel)  |
| <i>amlodipine-valsartan oral tablet 10-160 mg</i>                              | Tier 3           | GEN (Generic for Exforge); STAR D (STAR H)  |
| <i>amlodipine-valsartan oral tablet 10-320 mg, 5-160 mg, 5-320 mg</i>          | Tier 3           | GEN (Generic for Exforge); STAR H (STAR H)  |
| <i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg</i> | Tier 3           | GEN (Generic for Exforge HCT); STAR H (STAR H)  |
| <i>amlodipine-valsartan-hcthiazyd oral tablet 10-320-25 mg</i>                 | Tier 3           | GEN (Generic for Exforge HCT); STAR H (STAR H (preferred drug for high blood pressure treatment)) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-12.5 mg, 5-160-25 mg</i> | Tier 3           | GEN (Generic for Exforge HCT); STAR H (STAR H (Preferred drug for high blood pressure treatment)) |
| <i>atenolol oral tablet</i>  | Tier 1           | GC; GEN (Generic for Tenormin)  |
| <i>atenolol-chlorthalidone oral tablet</i>                                   | Tier 1           | GC; GEN (Generic for Tenoretic)   |
| <b>AZOR ORAL TABLET</b>  | Tier 3           |   |
| <i>benazepril oral tablet</i>  | Tier 1           | GC; GEN (Generic for Lotensin); STAR H (Preferred drug for high blood pressure treatment)         |
| <i>benazepril-hydrochlorothiazide oral tablet</i>                            | Tier 1           | GC; GEN (Generic for Lotensin HCT); STAR H (Preferred drug for high blood pressure treatment)     |
| <b>BENICAR HCT ORAL TABLET</b>   | Tier 3           |   |
| <b>BENICAR ORAL TABLET</b>   | Tier 3           |   |
| <i>betaxolol oral tablet</i>   | Tier 2           | GEN (Generic for Kerlone)   |
| <b>BIDIL ORAL TABLET</b>   | Tier 3           |   |
| <i>bisoprolol fumarate oral tablet</i>                                       | Tier 2           | GEN (Generic for Zebeta)  |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i>                            | Tier 1           | GC; GEN (Generic for Ziac)  |
| <i>bumetanide injection solution</i>   | Tier 2           |   |
| <i>bumetanide oral tablet</i>  | Tier 2           | GEN (Generic for Bumex)   |
| <b>BYSTOLIC ORAL TABLET</b>  | Tier 3           |   |
| <i>candesartan oral tablet</i>   | Tier 2           | GEN (Generic for Atacand)   |
| <i>candesartan-hydrochlorothiazid oral tablet</i>                            | Tier 2           | GEN (Generic for Atacand HCT)   |
| <i>captopril oral tablet</i>   | Tier 1           | GC; GEN (Generic for Capoten); STAR H (Preferred drug for high blood pressure treatment)          |
| <i>captopril-hydrochlorothiazide oral tablet</i>                             | Tier 1           | GC; GEN (Generic for Capozide); STAR H (Preferred drug for high blood pressure treatment)         |
| <i>cartia xt oral capsule, extended release 24hr</i>                         | Tier 2           |   |
| <i>carvedilol oral tablet</i>  | Tier 1           | GC; GEN (Generic for Coreg)   |
| <i>chlorothiazide oral tablet</i>  | Tier 1           | GC  |
| <i>chlorothiazide sodium intravenous recon soln</i>                          | Tier 2           |   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                               | Tier 1           | GC  |
| <i>clonidine hcl oral tablet</i>   | Tier 1           | GC; GEN (Generic for Catapres)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|---|
| <b>CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR</b>                          | Tier 3           | GEN (Generic for Catapres); QL (4 EA per 28 days)   |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>            | Tier 4           | QL (4 EA per 28 days)   |
| <i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>                                | Tier 2           |   |
| <b>COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR</b>                               | Tier 3           |   |
| <b>DEMSER ORAL CAPSULE</b>  | Tier 3           |   |
| <b>DIBENZYLINE ORAL CAPSULE</b>   | Tier 4           |   |
| <i>diltiazem hcl intravenous recon soln</i>                                     | Tier 2           |   |
| <i>diltiazem hcl intravenous solution</i>                                       | Tier 2           |   |
| <i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>      | Tier 2           |   |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i>                       | Tier 2           |   |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 2           |   |
| <i>diltiazem hcl oral tablet</i>  | Tier 1           | GC  |
| <i>dilt-xr oral capsule, ext release degradable</i>                             | Tier 2           |   |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                                   | Tier 2           | GEN (Generic for Cardura); QL (30 EA per 30 days)   |
| <i>doxazosin oral tablet 8 mg</i>   | Tier 2           | GEN (Generic for Cardura); QL (60 EA per 30 days)   |
| <b>EDECRIIN ORAL TABLET</b>   | Tier 3           |   |
| <i>enalapril maleate oral tablet</i>  | Tier 1           | GC; GEN (Generic for Vasotec); STAR H (Preferred drug for high blood pressure treatment)  |
| <i>enalapril-hydrochlorothiazide oral tablet</i>                                | Tier 1           | GC; GEN (Generic for Vasoretic)   |
| <i>eplerenone oral tablet</i>   | Tier 4           | GEN (Generic for Inspra)  |
| <i>eprosartan oral tablet</i>   | Tier 2           | GEN (Generic for Tevetan)   |
| <i>felodipine oral tablet extended release 24 hr</i>                            | Tier 2           | GEN (Generic for Plendil)   |
| <i>fosinopril oral tablet</i>   | Tier 1           | GC; GEN (Generic for Monopril); STAR H (Preferred drug for high blood pressure treatment) |
| <i>fosinopril-hydrochlorothiazide oral tablet</i>                               | Tier 2           | GEN (Generic for Monopril HCT)  |
| <i>furosemide injection solution</i>  | Tier 2           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>   | Tier 2           |  |
| <i>furosemide oral tablet</i>                          | Tier 1           | GC; GEN (Generic for Lasix)  |
| <i>hydralazine injection solution</i>                  | Tier 2           |  |
| <i>hydralazine oral tablet</i>                         | Tier 2           |  |
| <i>hydrochlorothiazide oral capsule</i>                | Tier 1           | GC   |
| <i>hydrochlorothiazide oral tablet</i>                 | Tier 1           | GC   |
| <i>indapamide oral tablet</i>                          | Tier 1           | GC; GEN (Generic for Lozol)  |
| <i>irbesartan oral tablet</i>                          | Tier 1           | GC; GEN (Generic for Avapro); STAR H (Preferred drug for high blood pressure treatment)              |
| <i>irbesartan-hydrochlorothiazide oral tablet</i>      | Tier 1           | GC; GEN (Generic for Avalide); STAR H (Preferred drug for high blood pressure treatment)             |
| <i>isradipine oral capsule 2.5 mg</i>                  | Tier 2           | GEN (Generic for Dynacirc)   |
| <i>isradipine oral capsule 5 mg</i>                    | Tier 4           | GEN (Generic for Dynacirc)   |
| <i>labetalol intravenous solution</i>                  | Tier 2           |  |
| <i>labetalol oral tablet</i>                           | Tier 2           | GEN (Generic for Trandate)   |
| <i>lisinopril oral tablet</i>                          | Tier 1           | GC; GEN (Generic for Zestril/Prinivil); STAR H (Preferred drug for high blood pressure treatment)    |
| <i>lisinopril-hydrochlorothiazide oral tablet</i>      | Tier 1           | GC; GEN (Generic for Zestoretic/Prinzide); STAR H (Preferred drug for high blood pressure treatment) |
| <i>losartan oral tablet</i>                            | Tier 1           | GC; GEN (Generic for Cozaar); STAR H (Preferred drug for high blood pressure treatment)              |
| <i>losartan-hydrochlorothiazide oral tablet</i>        | Tier 1           | GC; GEN (Generic for Hyzaar); STAR H (Preferred drug for high blood pressure treatment)              |
| <i>matzim la oral tablet extended release 24 hr</i>    | Tier 4           |  |
| <i>methyclothiazide oral tablet</i>                    | Tier 2           | GEN (Generic for Enduron)  |



| Commonly Prescribed Therapeutic Drug Categories                               | Drug Tier | Requirements/Limits/Notes   |
|---|-----------|---|
| <i>methyldopa oral tablet</i>   | Tier 2    | GEN (Generic for Aldomet); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: hydrochlorothiazide; generic ACE, lisinopril, ramipril, losartan, atenolol, metoprolol, amlodipine) |
| <i>metolazone oral tablet</i>   | Tier 2    | GEN (Generic for Zaroxolyn)   |
| <i>metoprolol succinate oral tablet extended release 24 hr</i>                | Tier 2    | GEN (Generic for Lopressor)   |
| <i>metoprolol ta-hydrochlorothiaz oral tablet</i>                             | Tier 2    |   |
| <i>metoprolol tartrate intravenous solution</i>                               | Tier 2    |   |
| <i>metoprolol tartrate oral tablet</i>  | Tier 1    | GC; GEN (Generic for Lopressor)   |
| <i>minoxidil oral tablet</i>  | Tier 2    | GEN (Generic for Loniten)   |
| <i>moexipril oral tablet</i>  | Tier 2    | GEN (Generic for Univasc)   |
| <i>moexipril-hydrochlorothiazide oral tablet</i>                              | Tier 2    | GEN (Generic for Uniretic)  |
| <i>nadolol oral tablet 20 mg, 40 mg</i>                                       | Tier 2    | GEN (Generic for Corgard)   |
| <b>NADOLOL ORAL TABLET 80 MG</b>  | Tier 3    | GEN (Generic for Corgard)   |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>                        | Tier 4    | GEN (Generic for Corzide)   |
| <i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>                        | Tier 2    | GEN (Generic for Corzide)   |
| <i>nicardipine intravenous solution</i>                                       | Tier 2    |   |
| <i>nicardipine oral capsule</i>   | Tier 2    | GEN (Generic for Cardene)   |
| <i>nifedical xl oral tablet extended release 24hr</i>                         | Tier 2    |   |
| <i>nifedipine oral tablet extended release 24hr</i>                           | Tier 2    | GEN (Generic for Procardia XR)  |
| <i>nimodipine oral capsule</i>  | Tier 2    | GEN (Generic for Nimotop)   |
| <i>nisoldipine oral tablet extended release 24 hr</i>                         | Tier 4    | GEN (Generic for Sular)   |
| <i>perindopril erbumine oral tablet</i>                                       | Tier 2    |   |
| <i>pindolol oral tablet</i>   | Tier 2    | GEN (Generic for Viskin)  |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                 | Tier 2    | GEN (Generic for Minipres)  |
| <i>propranolol intravenous solution</i>                                       | Tier 2    |   |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 80 mg</i> | Tier 4    |   |
| <i>propranolol oral capsule, extended release 24 hr 60 mg</i>                 | Tier 2    | GEN (Generic for Inderal LA)  |
| <i>propranolol oral solution</i>  | Tier 2    |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>propranolol oral tablet</i>   | Tier 1           | GC; GEN (Generic for Inderal)   |
| <i>propranolol-hydrochlorothiazid oral tablet</i>                      | Tier 1           | GC; GEN (Generic for Inderide)  |
| <i>quinapril oral tablet</i>   | Tier 1           | GC; GEN (Generic for Accupril); STAR H (Preferred drug for high blood pressure treatment)     |
| <i>quinapril-hydrochlorothiazide oral tablet</i>                       | Tier 2           | GEN (Generic for Accuretic)   |
| <i>ramipril oral capsule</i>   | Tier 1           | GC; GEN (Generic for Altace); STAR H (Preferred drug for high blood pressure treatment)       |
| <b>REMODULIN INJECTION SOLUTION</b>                                    | Tier 5           | PA; LA  |
| <i>spironolactone oral tablet</i>                                      | Tier 1           | GC  |
| <i>spironolacton-hydrochlorothiaz oral tablet</i>                      | Tier 1           | GC  |
| <i>taztia xt oral capsule, extended release</i>                        | Tier 2           |   |
| <i>telmisartan oral tablet</i>   | Tier 1           | GC; GEN (Generic for Micardis); STAR H (Preferred drug for high blood pressure treatment)     |
| <i>telmisartan-amlodipine oral tablet</i>                              | Tier 2           | GEN (Generic for Twynsta)   |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg</i>           | Tier 1           | GC; GEN (Generic for Micardis HCT)  |
| <i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg</i> | Tier 1           | GC; GEN (Generic for Micardis HCT); STAR H (Preferred drug for high blood pressure treatment) |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                         | Tier 1           | GC; GEN (Generic for Hytrin); QL (30 EA per 30 days)  |
| <i>terazosin oral capsule 10 mg</i>                                    | Tier 1           | GC; GEN (Generic for Hytrin); QL (60 EA per 30 days)  |
| <i>timolol maleate oral tablet</i>                                     | Tier 2           |   |
| <i>torse mide oral tablet</i>  | Tier 2           | GEN (Generic for Demadex)   |
| <i>trandolapril oral tablet</i>  | Tier 1           | GC; GEN (Generic for Mavik); STAR H (Preferred drug for high blood pressure treatment)        |
| <i>trandolapril-verapamil oral tablet, ir &amp; er, biphasic 24hr</i>  | Tier 2           | GEN (Generic for Tarka)   |
| <i>triamterene-hydrochlorothiazid oral capsule</i>                     | Tier 1           | GC  |
| <i>triamterene-hydrochlorothiazid oral tablet</i>                      | Tier 1           | GC  |
| <b>TRIBENZOR ORAL TABLET</b>   | Tier 3           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <i>valsartan oral tablet</i>  | Tier 2           | GEN (Generic for Diovan)   |
| <i>valsartan-hydrochlorothiazide oral tablet</i>                                  | Tier 2           | GEN (Generic for Diovan HCT)   |
| <i>verapamil intravenous solution</i>   | Tier 2           |  |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>                                 | Tier 2           |  |
| <i>verapamil oral capsule, ext rel. pellets 24 hr</i>                             | Tier 2           |  |
| <i>verapamil oral tablet</i>  | Tier 1           | GC   |
| <i>verapamil oral tablet extended release</i>                                     | Tier 2           |  |
| <b>Cardiac Glycosides</b>   |                  |  |
| <i>digoxin oral solution 50 mcg/ml</i>  | Tier 2           | PA NS; GEN (Generic for Lanoxin); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk.)  |
| <i>digoxin oral tablet</i>  | Tier 2           | PA NS; GEN (Generic for Lanoxin); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk.)  |
| <b>Coagulation Therapy</b>  |                  |  |
| <b>AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR</b>                                 | Tier 3           |  |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>                     | Tier 3           |  |
| <b>BRILINTA ORAL TABLET</b>   | Tier 3           |  |
| <i>cilostazol oral tablet</i>   | Tier 2           | GEN (Generic for Pletal)   |
| <i>clopidogrel oral tablet 300 mg</i>   | Tier 4           | GEN (Generic for Plavix)   |
| <i>clopidogrel oral tablet 75 mg</i>  | Tier 2           | GEN (Generic for Plavix)   |
| <i>dipyridamole oral tablet</i>   | Tier 2           | GEN (Generic for Persantine); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: clopidogrel, prasugrel, ticagrelor) |
| <b>EFFIENT ORAL TABLET</b>  | Tier 3           |  |
| <b>ELIQUIS ORAL TABLET</b>  | Tier 3           |  |
| <i>enoxaparin subcutaneous solution</i>   | Tier 4           | GEN (Generic for Lovenox)  |
| <i>enoxaparin subcutaneous syringe</i>  | Tier 4           | GEN (Generic for Lovenox)  |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | Tier 5           | GEN (Generic for Arixtra)  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|---|------------------|--|
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>  | Tier 4           | GEN (Generic for Arixtra)  |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | Tier 2           |  |
| <i>heparin (porcine) injection solution</i>   | Tier 2           |  |
| <i>jantoven oral tablet</i>   | Tier 1           | GC; GEN (Generic for Coumadin)   |
| <i>pentoxifylline oral tablet extended release</i>  | Tier 2           | GEN (Generic for Trental)  |
| <b>PRADAXA ORAL CAPSULE</b>   | Tier 3           |  |
| <b>PROMACTA ORAL TABLET</b>   | Tier 5           | PA; LA   |
| <i>tranexamic acid intravenous solution</i>   | Tier 2           |  |
| <i>warfarin oral tablet</i>   | Tier 1           | GC; GEN (Generic for Coumadin, Jantoven)   |
| <b>XARELTO ORAL TABLET</b>  | Tier 3           |  |
| <b>XARELTO ORAL TABLETS,DOSE PACK</b>   | Tier 3           |  |
| <b>Lipid/Cholesterol Lowering Agents</b>  |                  |  |
| <i>amlodipine-atorvastatin oral tablet</i>  | Tier 1           | GC; GEN (Generic for Caduet); STAR CH (Preferred for the treatment of high blood pressure and cholesterol) |
| <i>atorvastatin oral tablet</i>   | Tier 1           | GC; GEN (Generic for Lipitor); STAR C (Preferred drug for cholesterol treatment)                           |
| <i>cholestyramine light oral powder in packet</i>   | Tier 2           |  |
| <i>colestipol oral granules</i>   | Tier 2           | GEN (Generic for Colestid)   |
| <i>colestipol oral tablet</i>   | Tier 2           | GEN (Generic for Colestid)   |
| <b>CRESTOR ORAL TABLET</b>  | Tier 3           |  |
| <i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>   | Tier 4           |  |
| <i>fenofibrate micronized oral capsule 134 mg, 43 mg, 67 mg</i>   | Tier 2           |  |
| <i>fenofibrate nanocrystallized oral tablet 145 mg</i>  | Tier 4           |  |
| <i>fenofibrate nanocrystallized oral tablet 48 mg</i>   | Tier 2           |  |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>  | Tier 2           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i> | Tier 4           | GEN (Generic for Trilipix)   |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>  | Tier 3           | GEN (Generic for Trilipix)   |
| <i>fluvastatin oral capsule</i>  | Tier 2           | GEN (Generic for Lescol)   |
| <i>gemfibrozil oral tablet</i>   | Tier 2           | GEN (Generic for Lopid)  |
| <b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG</b>                              | Tier 5           | LA   |
| <b>JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG</b>                             | Tier 5           |  |
| <b>KYNAMRO SUBCUTANEOUS SYRINGE</b>  | Tier 5           | LA   |
| <b>LIPOFEN ORAL CAPSULE</b>  | Tier 4           |  |
| <i>lofibra oral tablet 160 mg</i>  | Tier 2           |  |
| <i>lovastatin oral tablet</i>  | Tier 1           | GC; GEN (Generic for Mevacor); STAR C (Preferred drug for cholesterol treatment)   |
| <i>niacin oral tablet extended release 24 hr</i>                             | Tier 4           | GEN (Generic for Niaspan)  |
| <i>omega-3 acid ethyl esters oral capsule</i>                                | Tier 2           | GEN (Generic for Lovaza)   |
| <i>pravastatin oral tablet</i>   | Tier 1           | GC; GEN (Generic for Pravachol); STAR C (Preferred drug for cholesterol treatment) |
| <i>prevalite oral powder</i>   | Tier 2           |  |
| <i>simvastatin oral tablet</i>   | Tier 1           | GC; GEN (Generic for Zocor); STAR C (Preferred drug for cholesterol treatment)     |
| <b>VASCEPA ORAL CAPSULE</b>  | Tier 3           |  |
| <b>WELCHOL ORAL POWDER IN PACKET</b>   | Tier 3           |  |
| <b>WELCHOL ORAL TABLET</b>   | Tier 3           |  |
| <b>ZETIA ORAL TABLET</b>   | Tier 3           |  |
| <b>Miscellaneous Cardiovascular Agents</b>                                   |                  |  |
| <b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR</b>                             | Tier 3           |  |
| <b>VECAMYL ORAL TABLET</b>   | Tier 5           |  |
| <b>Nitrates</b>  |                  |  |
| <i>isosorbide dinitrate oral tablet</i>                                      | Tier 2           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>           | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>isosorbide dinitrate oral tablet extended release</i>         | Tier 2           |                                  |
| <i>isosorbide mononitrate oral tablet</i>                        | Tier 1           | GC                               |
| <i>isosorbide mononitrate oral tablet extended release 24 hr</i> | Tier 1           | GC                               |
| <i>nitro-bid transdermal ointment</i>                            | Tier 2           |                                  |
| <b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>  | Tier 3           |                                  |
| <i>nitroglycerin intravenous solution</i>                        | Tier 2           | B/D                              |
| <i>nitroglycerin transdermal patch 24 hour</i>                   | Tier 2           |                                  |
| <i>nitroglycerin translingual spray,non-aerosol</i>              | Tier 2           |                                  |
| <b>NITROSTAT SUBLINGUAL TABLET</b>                               | Tier 3           |                                  |
| <b>Dermatologicals/Topical Therapy</b>                           |                  |                                  |
| <b>Antipsoriatic / Antiseborrheic</b>                            |                  |                                  |
| <i>acitretin oral capsule</i>                                    | Tier 5           | GEN (Generic for Soriatane)      |
| <i>calcipotriene topical cream</i>                               | Tier 2           | GEN (Generic for Dovonex)        |
| <i>calcipotriene topical ointment</i>                            | Tier 2           | GEN (Generic for Dovonex)        |
| <i>calcipotriene topical solution</i>                            | Tier 4           | GEN (Generic for Dovonex)        |
| <i>calcipotriene-betamethasone topical ointment</i>              | Tier 2           | GEN (Generic for Taclonex)       |
| <i>selenium sulfide topical suspension</i>                       | Tier 2           |                                  |
| <b>Burn Therapy</b>  |                  |                                  |
| <i>silver sulfadiazine topical cream</i>                         | Tier 2           | GEN (Generic for Silvadene)      |
| <i>ssd topical cream</i>   | Tier 2           |                                  |
| <b>Miscellaneous Dermatologicals</b>                             |                  |                                  |
| <b>8-MOP ORAL CAPSULE</b>  | Tier 3           |                                  |
| <i>ammonium lactate topical cream</i>                            | Tier 2           | GEN (Generic for Lac-Hydrin)     |
| <i>ammonium lactate topical lotion</i>                           | Tier 2           | GEN (Generic for Lac-Hydrin)     |
| <b>CARAC TOPICAL CREAM</b>                                       | Tier 3           |                                  |
| <b>CONDYLOX TOPICAL GEL</b>                                      | Tier 3           |                                  |
| <i>diclofenac sodium topical gel</i>                             | Tier 2           | GEN (Generic for Voltaren)       |
| <i>fluorouracil topical cream 5 %</i>                            | Tier 2           | GEN (Generic for Efudex)         |
| <i>fluorouracil topical solution</i>                             | Tier 2           | GEN (Generic for Efudex)         |
| <i>imiquimod topical cream in packet</i>                         | Tier 4           | GEN (Generic for Aldara)         |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>methoxsalen rapid oral capsule</i>                   | Tier 5           |                                  |
| <b>PANRETIN TOPICAL GEL</b>                             | Tier 5           |                                  |
| <i>podofilox topical solution</i>                       | Tier 2           | GEN (Generic for Condylox)       |
| <b>PROTOPIC TOPICAL OINTMENT</b>                        | Tier 3           | PA                               |
| <i>pradoxin topical cream</i>                           | Tier 4           |                                  |
| <b>REGANEX TOPICAL GEL</b>                              | Tier 3           | QL (15 GM per 30 days)           |
| <i>tacrolimus topical ointment</i>                      | Tier 3           | PA; GEN (Generic for Protopic)   |
| <b>UVADEX INJECTION SOLUTION</b>                        | Tier 4           |                                  |
| <b>VALCHLOR TOPICAL GEL</b>                             | Tier 5           |                                  |
| <b>ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %</b> | Tier 3           |                                  |
| <b>ZYCLARA TOPICAL CREAM IN PACKET</b>                  | Tier 3           |                                  |
| <b>Therapy For Acne</b>                                 |                  |                                  |
| <i>adapalene topical cream</i>                          | Tier 2           | PA; GEN (Generic for Differin)   |
| <i>adapalene topical gel 0.1 %</i>                      | Tier 4           | PA; GEN (Generic for Differin)   |
| <i>adapalene topical gel 0.3 %</i>                      | Tier 2           | PA; GEN (Generic for Differin)   |
| <i>amneesteem oral capsule 10 mg, 40 mg</i>             | Tier 4           |                                  |
| <i>amneesteem oral capsule 20 mg</i>                    | Tier 2           |                                  |
| <i>avita topical cream</i>                              | Tier 2           | PA                               |
| <b>AZELEX TOPICAL CREAM</b>                             | Tier 3           |                                  |
| <i>claravis oral capsule</i>                            | Tier 4           |                                  |
| <i>clindamycin phosphate topical foam</i>               | Tier 4           | GEN (Generic for Cleocin)        |
| <i>clindamycin phosphate topical gel</i>                | Tier 2           | GEN (Generic for Cleocin T)      |
| <i>clindamycin phosphate topical lotion</i>             | Tier 2           | GEN (Generic for Cleocin T)      |
| <i>clindamycin phosphate topical solution</i>           | Tier 2           | GEN (Generic for Cleocin)        |
| <i>clindamycin phosphate topical swab</i>               | Tier 2           |                                  |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>   | Tier 4           |                                  |
| <i>ery pads topical swab</i>                            | Tier 2           |                                  |
| <i>erythromycin with ethanol topical gel</i>            | Tier 2           |                                  |
| <i>erythromycin with ethanol topical solution</i>       | Tier 2           |                                  |
| <i>erythromycin-benzoyl peroxide topical gel</i>        | Tier 2           | GEN (Generic for Benzamycin)     |
| <i>metronidazole topical cream</i>                      | Tier 4           | GEN (Generic for MetroCream)     |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>metronidazole topical gel 0.75 %</i>                  | Tier 4           | GEN (Generic for MetroGel)       |
| <i>metronidazole topical gel 1 %</i>                     | Tier 4           |                                  |
| <i>metronidazole topical lotion</i>                      | Tier 4           |                                  |
| <i>myorisan oral capsule 10 mg</i>                       | Tier 4           |                                  |
| <i>myorisan oral capsule 20 mg, 40 mg</i>                | Tier 2           |                                  |
| <b>TAZORAC TOPICAL CREAM</b>                             | Tier 3           | PA                               |
| <b>TAZORAC TOPICAL GEL</b>                               | Tier 3           | PA                               |
| <i>tretinoin topical cream</i>                           | Tier 2           | PA; GEN (Generic for Retin-A)    |
| <i>tretinoin topical gel</i>                             | Tier 2           | PA; GEN (Generic for Retin-A)    |
| <i>zenatane oral capsule 10 mg</i>                       | Tier 4           |                                  |
| <i>zenatane oral capsule 20 mg, 40 mg</i>                | Tier 2           |                                  |
| <b>Topical Anesthetics</b>                               |                  |                                  |
| <i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i> | Tier 2           |                                  |
| <i>lidocaine hcl mucous membrane gel</i>                 | Tier 2           |                                  |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | Tier 2           |                                  |
| <i>lidocaine hcl mucous membrane solution</i>            | Tier 2           |                                  |
| <i>lidocaine topical adhesive patch,medicated</i>        | Tier 2           | PA; GEN (Generic for Lidoderm)   |
| <b>LIDOCAINE TOPICAL OINTMENT</b>                        | Tier 3           |                                  |
| <i>lidocaine-prilocaine topical cream</i>                | Tier 2           | GEN (Generic for Emla)           |
| <b>Topical Antibacterials</b>                            |                  |                                  |
| <b>ALTABAX TOPICAL OINTMENT</b>                          | Tier 3           |                                  |
| <i>gentamicin topical cream</i>                          | Tier 2           | GEN (Generic for Garamycin)      |
| <i>gentamicin topical ointment</i>                       | Tier 2           | GEN (Generic for Garamycin)      |
| <i>mupirocin calcium topical cream</i>                   | Tier 4           |                                  |
| <i>mupirocin topical ointment</i>                        | Tier 2           | GEN (Generic for Bactroban)      |
| <i>sulfacetamide sodium (acne) topical suspension</i>    | Tier 2           | GEN (Generic for Klaron)         |
| <b>SULFAMYLON TOPICAL CREAM</b>                          | Tier 3           |                                  |
| <b>Topical Antifungals</b>                               |                  |                                  |
| <i>ciclopirox topical cream</i>                          | Tier 2           | GEN (Generic for Loprox)         |
| <i>ciclopirox topical gel</i>                            | Tier 2           | GEN (Generic for Loprox)         |
| <i>ciclopirox topical shampoo</i>                        | Tier 4           | GEN (Generic for Loprox)         |



| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>ciclopirox topical solution</i>                     | Tier 2           | GEN (Generic for Loprox)         |
| <i>ciclopirox topical suspension</i>                   | Tier 2           |                                  |
| <i>clotrimazole topical cream</i>                      | Tier 2           | GEN (Generic for Lotrimin)       |
| <i>clotrimazole topical solution</i>                   | Tier 2           | GEN (Generic for Lotrimin)       |
| <i>clotrimazole-betamethasone topical cream</i>        | Tier 2           | GEN (Generic for Lotrisone)      |
| <i>clotrimazole-betamethasone topical lotion</i>       | Tier 4           | GEN (Generic for Lotrisone)      |
| <i>econazole topical cream</i>                         | Tier 2           | GEN (Generic for Spectazole)     |
| <i>ketoconazole topical cream</i>                      | Tier 2           | GEN (Generic for Nizoral)        |
| <i>ketoconazole topical shampoo</i>                    | Tier 2           | GEN (Generic for Nizoral)        |
| <b>NAFTIN TOPICAL CREAM</b>                            | Tier 3           |                                  |
| <b>NAFTIN TOPICAL GEL</b>                              | Tier 3           |                                  |
| <i>nyamyc topical powder</i>                           | Tier 2           |                                  |
| <i>nystatin topical cream</i>                          | Tier 2           |                                  |
| <i>nystatin topical ointment</i>                       | Tier 2           |                                  |
| <i>nystatin topical powder</i>                         | Tier 2           |                                  |
| <i>nystatin-triamcinolone topical cream</i>            | Tier 4           | GEN (Generic for Mycolog)        |
| <i>nystatin-triamcinolone topical ointment</i>         | Tier 4           | GEN (Generic for Mycolog)        |
| <i>nystop topical powder</i>                           | Tier 2           |                                  |
| <b>Topical Antivirals</b>                              |                  |                                  |
| <i>acyclovir topical ointment</i>                      | Tier 4           | GEN (Generic for Zovirax)        |
| <b>DENAVIR TOPICAL CREAM</b>                           | Tier 3           |                                  |
| <b>XERESE TOPICAL CREAM</b>                            | Tier 4           |                                  |
| <b>ZOVIRAX TOPICAL CREAM</b>                           | Tier 4           |                                  |
| <b>Topical Corticosteroids</b>                         |                  |                                  |
| <i>ala-cort topical cream</i>                          | Tier 2           |                                  |
| <i>alclometasone topical cream</i>                     | Tier 2           | GEN (Generic for Aclovate)       |
| <i>alclometasone topical ointment</i>                  | Tier 2           | GEN (Generic for Aclovate)       |
| <i>amcinonide topical cream</i>                        | Tier 4           |                                  |
| <i>amcinonide topical lotion</i>                       | Tier 2           |                                  |
| <i>amcinonide topical ointment</i>                     | Tier 4           |                                  |
| <i>apexicon e topical cream</i>                        | Tier 2           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>betamethasone dipropionate topical cream</i>        | Tier 4           |                                  |
| <i>betamethasone dipropionate topical lotion</i>       | Tier 2           | GEN (Generic for Diprolene)      |
| <i>betamethasone dipropionate topical ointment</i>     | Tier 2           |                                  |
| <i>betamethasone valerate topical cream</i>            | Tier 2           | GEN (Generic for Celestone)      |
| <i>betamethasone valerate topical foam</i>             | Tier 4           | GEN (Generic for Celestone)      |
| <i>betamethasone valerate topical lotion</i>           | Tier 2           | GEN (Generic for Celestone)      |
| <i>betamethasone valerate topical ointment</i>         | Tier 2           | GEN (Generic for Celestone)      |
| <i>betamethasone, augmented topical cream</i>          | Tier 2           |                                  |
| <i>betamethasone, augmented topical gel</i>            | Tier 4           |                                  |
| <i>betamethasone, augmented topical lotion</i>         | Tier 4           |                                  |
| <i>betamethasone, augmented topical ointment</i>       | Tier 4           |                                  |
| <b>CAPEX TOPICAL SHAMPOO</b>                           | Tier 3           |                                  |
| <i>clobetasol topical foam</i>                         | Tier 4           | GEN (Generic for Temovate)       |
| <i>clobetasol topical gel</i>                          | Tier 2           | GEN (Generic for Temovate)       |
| <i>clobetasol topical lotion</i>                       | Tier 4           | GEN (Generic for Temovate)       |
| <i>clobetasol topical ointment</i>                     | Tier 2           | GEN (Generic for Temovate)       |
| <i>clobetasol topical shampoo</i>                      | Tier 4           | GEN (Generic for Clobex)         |
| <i>clobetasol topical solution</i>                     | Tier 2           | GEN (Generic for Clobex)         |
| <i>clobetasol-emollient topical cream</i>              | Tier 2           | GEN (Generic for Temovate-E)     |
| <b>CORDRAN TAPE LARGE ROLL TOPICAL TAPE</b>            | Tier 3           |                                  |
| <i>desonide topical cream</i>                          | Tier 4           | GEN (Generic for Desonate)       |
| <i>desonide topical lotion</i>                         | Tier 4           | GEN (Generic for Desonate)       |
| <i>desonide topical ointment</i>                       | Tier 4           | GEN (Generic for Desonate)       |
| <i>desoximetasone topical cream 0.05 %</i>             | Tier 4           | GEN (Generic for Topicort)       |
| <i>desoximetasone topical cream 0.25 %</i>             | Tier 2           | GEN (Generic for Topicort)       |
| <i>desoximetasone topical gel</i>                      | Tier 4           | GEN (Generic for Topicort)       |
| <i>desoximetasone topical ointment</i>                 | Tier 4           | GEN (Generic for Topicort)       |
| <i>diflorasone topical cream</i>                       | Tier 4           |                                  |
| <i>diflorasone topical ointment</i>                    | Tier 4           |                                  |
| <i>fluocinolone topical cream 0.01 %</i>               | Tier 4           | GEN (Generic for Synalar)        |
| <i>fluocinolone topical cream 0.025 %</i>              | Tier 2           | GEN (Generic for Synalar)        |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|-----------------------------------|
| <i>fluocinolone topical oil</i>                                       | Tier 2           | GEN (Generic for Derma-Smooth/FS) |
| <i>fluocinolone topical ointment</i>                                  | Tier 2           | GEN (Generic for Synalar)         |
| <i>fluocinolone topical solution</i>                                  | Tier 4           | GEN (Generic for Synalar)         |
| <i>fluocinonide topical cream 0.1 %</i>                               | Tier 4           | GEN (Generic for Vanos)           |
| <i>fluocinonide topical gel</i>                                       | Tier 2           |                                   |
| <i>fluocinonide topical ointment</i>                                  | Tier 2           |                                   |
| <i>fluocinonide topical solution</i>                                  | Tier 2           |                                   |
| <i>fluocinonide-e topical cream</i>                                   | Tier 2           |                                   |
| <i>fluticasone topical cream</i>                                      | Tier 2           |                                   |
| <i>fluticasone topical lotion</i>                                     | Tier 4           |                                   |
| <i>fluticasone topical ointment</i>                                   | Tier 2           |                                   |
| <i>halobetasol propionate topical cream</i>                           | Tier 4           | GEN (Generic for Ultravate)       |
| <i>halobetasol propionate topical ointment</i>                        | Tier 4           | GEN (Generic for Ultravate)       |
| <i>hydrocortisone butyrate topical ointment</i>                       | Tier 2           | GEN (Generic for Locoid)          |
| <i>hydrocortisone butyrate topical solution</i>                       | Tier 2           | GEN (Generic for Locoid)          |
| <i>hydrocortisone butyr-emollient topical cream</i>                   | Tier 3           |                                   |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                        | Tier 2           |                                   |
| <i>hydrocortisone topical lotion 2.5 %</i>                            | Tier 2           |                                   |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                     | Tier 2           |                                   |
| <i>hydrocortisone valerate topical cream</i>                          | Tier 3           | GEN (Generic for Westcort)        |
| <i>hydrocortisone valerate topical ointment</i>                       | Tier 4           | GEN (Generic for Westcort)        |
| <i>mometasone topical cream</i>                                       | Tier 2           | GEN (Generic for Elocon)          |
| <i>mometasone topical ointment</i>                                    | Tier 2           | GEN (Generic for Elocon)          |
| <i>mometasone topical solution</i>                                    | Tier 2           | GEN (Generic for Elocon)          |
| <b>PANDEL TOPICAL CREAM</b>   | Tier 3           |                                   |
| <i>prednicarbate topical cream</i>                                    | Tier 2           | GEN (Generic for Dermatop)        |
| <i>prednicarbate topical ointment</i>                                 | Tier 2           | GEN (Generic for Dermatop)        |
| <i>triamcinolone acetonide topical cream</i>                          | Tier 2           | GEN (Generic for Kenalog)         |
| <i>triamcinolone acetonide topical lotion</i>                         | Tier 2           | GEN (Generic for Kenalog)         |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 2           | GEN (Generic for Kenalog)         |
| <i>triderm topical cream</i>  | Tier 2           |                                   |

| Commonly Prescribed Therapeutic Drug Categories                           | Drug Tier | Requirements/Limits/Notes |
|---|-----------|---------------------------|
| <b>Topical Enzymes</b>  |           |                           |
| <b>SANTYL TOPICAL OINTMENT</b>  | Tier 3    |                           |
| <b>Topical Scabicides / Pediculicides</b>                                 |           |                           |
| <b>EURAX TOPICAL CREAM</b>  | Tier 4    |                           |
| <b>EURAX TOPICAL LOTION</b>   | Tier 4    |                           |
| <i>lindane topical lotion</i>   | Tier 4    | GEN (Generic for Kwell)   |
| <i>lindane topical shampoo</i>  | Tier 4    | GEN (Generic for Kwell)   |
| <i>malathion topical lotion</i>   | Tier 2    | GEN (Generic for Ovide)   |
| <i>permethrin topical cream</i>   | Tier 2    | GEN (Generic for Elimite) |
| <b>SKLICE TOPICAL LOTION</b>  | Tier 3    |                           |
| <b>Diagnostics / Miscellaneous Agents</b>                                 |           |                           |
| <b>Irrigating Solutions</b>   |           |                           |
| <i>lactated ringers irrigation solution</i>                               | Tier 2    |                           |
| <i>neomycin-polymyxin b gu irrigation solution</i>                        | Tier 2    |                           |
| <i>ringers irrigation solution</i>  | Tier 2    |                           |
| <b>Miscellaneous Agents</b>   |           |                           |
| <i>acamprosate oral tablet, delayed release (dr/ec)</i>                   | Tier 4    | GEN (Generic for Campral) |
| <b>ADAGEN INTRAMUSCULAR SOLUTION</b>                                      | Tier 5    |                           |
| <i>anagrelide oral capsule</i>  | Tier 2    | GEN (Generic for Agrylin) |
| <b>ARALAST NP INTRAVENOUS RECON SOLN 500 MG</b>                           | Tier 5    | LA                        |
| <b>CARBAGLU ORAL TABLET, DISPERSIBLE</b>                                  | Tier 5    | LA                        |
| <i>cevimeline oral capsule</i>  | Tier 4    | GEN (Generic for Evoxac)  |
| <b>CHEMET ORAL CAPSULE</b>  | Tier 3    |                           |
| <b>CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION</b>     | Tier 3    | B/D                       |
| <i>d10 % &amp; 0.45 % sodium chloride intravenous parenteral solution</i> | Tier 2    |                           |
| <i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>      | Tier 2    |                           |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>     | Tier 2    |                           |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>    | Tier 2           |                                  |
| <i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>   | Tier 2           |                                  |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>  | Tier 2           |                                  |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>    | Tier 2           |                                  |
| <i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>  | Tier 2           |                                  |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | Tier 2           |                                  |
| <i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i> | Tier 2           |                                  |
| <i>disulfiram oral tablet 250 mg</i>                                  | Tier 4           | GEN (Generic for Antabuse)       |
| <i>disulfiram oral tablet 500 mg</i>                                  | Tier 2           | GEN (Generic for Antabuse)       |
| <b>EXJADE ORAL TABLET, DISPERSIBLE 125 MG</b>                         | Tier 3           | LA                               |
| <b>EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG</b>                 | Tier 5           | LA                               |
| <b>FERRIPROX ORAL TABLET</b>  | Tier 5           |                                  |
| <b>INCRELEX SUBCUTANEOUS SOLUTION</b>                                 | Tier 5           | LA                               |
| <i>kionex oral powder</i>   | Tier 2           |                                  |
| <i>levocarnitine (with sugar) oral solution</i>                       | Tier 2           | GEN (Generic for Carnitor)       |
| <i>levocarnitine intravenous solution</i>                             | Tier 2           |                                  |
| <i>levocarnitine oral tablet</i>                                      | Tier 4           | GEN (Generic for Carnitor)       |
| <i>midodrine oral tablet 10 mg</i>                                    | Tier 4           |                                  |
| <i>midodrine oral tablet 2.5 mg</i>                                   | Tier 2           | GEN (Generic for ProAmatine)     |
| <b>MIDODRINE ORAL TABLET 5 MG</b>                                     | Tier 3           | GEN (Generic for ProAmatine)     |
| <b>ORFADIN ORAL CAPSULE</b>   | Tier 5           |                                  |
| <i>pilocarpine hcl oral tablet</i>                                    | Tier 2           |                                  |
| <b>PROLASTIN-C INTRAVENOUS RECON SOLN</b>                             | Tier 5           | LA                               |
| <b>RAVICTI ORAL LIQUID</b>  | Tier 5           |                                  |
| <b>REVELA ORAL POWDER IN PACKET</b>                                   | Tier 4           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>       | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                     |
|--|------------------|--|
| <b>RENVELA ORAL TABLET</b>                                   | Tier 4           |  |
| <i>riluzole oral tablet</i>                                  | Tier 5           | GEN (Generic for Rilutek)                            |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | Tier 2           |  |
| <i>sodium chloride irrigation solution</i>                   | Tier 2           |  |
| <i>sodium phenylbutyrate oral powder</i>                     | Tier 5           | GEN (Generic for Buphenyl )                          |
| <i>sodium polystyrene (sorb free) oral suspension</i>        | Tier 2           |  |
| <b>SYPRINE ORAL CAPSULE</b>                                  | Tier 5           |  |
| <b>THIOLA ORAL TABLET</b>                                    | Tier 3           |  |
| <i>water for irrigation, sterile irrigation solution</i>     | Tier 2           |  |
| <b>Smoking Deterrents</b>                                    |                  |  |
| <i>buproban oral tablet extended release</i>                 | Tier 2           |  |
| <b>CHANTIX CONTINUING MONTH BOX ORAL TABLET</b>              | Tier 3           |  |
| <b>CHANTIX ORAL TABLET</b>                                   | Tier 3           |  |
| <b>CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK</b>     | Tier 3           |  |
| <b>NICOTROL INHALATION CARTRIDGE</b>                         | Tier 4           |  |
| <b>NICOTROL NS NASAL SPRAY,NON-AEROSOL</b>                   | Tier 4           |  |
| <b>Ear, Nose / Throat Medications</b>                        |                  |  |
| <b>Miscellaneous Agents</b>                                  |                  |  |
| <b>AZELASTINE NASAL AEROSOL,SPRAY</b>                        | Tier 3           | GEN (Generic for Astelin); QL (60 ML per 30 days)    |
| <i>azelastine nasal spray,non-aerosol</i>                    | Tier 4           | GEN (Generic for Astelin)                            |
| <b>BACTROBAN NASAL NASAL OINTMENT</b>                        | Tier 3           |  |
| <i>chlorhexidine gluconate mucous membrane mouthwash</i>     | Tier 2           | GEN (Generic for Periogard)                          |
| <i>ipratropium bromide nasal spray,non-aerosol</i>           | Tier 2           | GEN (Generic for Atrovent); QL (30 ML per 30 days)   |
| <i>olopatadine nasal spray,non-aerosol</i>                   | Tier 4           | GEN (Generic for Patanase); QL (30.5 GM per 30 days) |
| <i>perio gard mucous membrane mouthwash</i>                  | Tier 2           |  |
| <i>triamcinolone acetonide dental paste</i>                  | Tier 2           | GEN (Generic for Trianex)                            |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|------------------------------------|
| <b>TYZINE NASAL DROPS 0.05 %</b>   | Tier 3           |                                    |
| <b>Miscellaneous Otic Preparations</b>   |                  |                                    |
| <i>acetazol hc otic drops</i>  | Tier 4           |                                    |
| <i>acetic acid otic solution</i>   | Tier 2           | GEN (Generic for Vosol HC)         |
| <i>fluocinolone acetonide oil otic drops</i>                                     | Tier 2           |                                    |
| <i>hydrocortisone-acetic acid otic drops</i>                                     | Tier 4           |                                    |
| <i>ofloxacin otic drops</i>  | Tier 2           | GEN (Generic for Ocuflax)          |
| <b>Otic Steroid / Antibiotic</b>   |                  |                                    |
| <b>CIPRODEX OTIC DROPS,SUSPENSION</b>  | Tier 3           |                                    |
| <i>neomycin-polymyxin-hc otic drops,suspension</i>                               | Tier 2           | GEN (Generic for Cortisporin OTIC) |
| <i>neomycin-polymyxin-hc otic solution</i>                                       | Tier 2           | GEN (Generic for Cortisporin OTIC) |
| <b>Endocrine/Diabetes</b>  |                  |                                    |
| <b>Adrenal Hormones</b>  |                  |                                    |
| <i>a-hydrocort injection recon soln</i>  | Tier 2           |                                    |
| <i>cortisone oral tablet</i>   | Tier 2           | GEN (Generic for Cortone Acetate)  |
| <b>DEPO-MEDROL INJECTION SUSPENSION</b>  | Tier 3           |                                    |
| <i>dexamethasone intensol oral drops</i>   | Tier 2           |                                    |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                     | Tier 2           | GEN (Generic for Decadron)         |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1           | GC; GEN (Generic for Decadron)     |
| <i>dexamethasone sodium phosphate injection solution</i>                         | Tier 2           | GEN (Generic for Decadron)         |
| <i>fludrocortisone oral tablet</i>   | Tier 2           | GEN (Generic for Florinef)         |
| <i>hydrocortisone oral tablet</i>  | Tier 2           |                                    |
| <i>methylprednisolone acetate injection suspension</i>                           | Tier 2           | GEN (Generic for Medrol)           |
| <i>methylprednisolone oral tablet 16 mg, 32 mg</i>                               | Tier 2           | GEN (Generic for Medrol)           |
| <i>methylprednisolone oral tablet 4 mg, 8 mg</i>                                 | Tier 1           | GC; GEN (Generic for Medrol)       |
| <i>methylprednisolone oral tablets,dose pack</i>                                 | Tier 1           | GC; GEN (Generic for Medrol)       |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>         | Tier 2           | GEN (Generic for Solu-Medrol)      |
| <i>millipred oral tablet</i>   | Tier 1           | GC                                 |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                          |
|---|------------------|---|
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 2           | GEN (Generic for Prelone)                                 |
| <i>prednisone intensol oral concentrate</i>   | Tier 2           |   |
| <i>prednisone oral solution</i>   | Tier 2           | GEN (Generic for Deltasone)                               |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>  | Tier 1           | GC; GEN (Generic for Deltasone)                           |
| <i>prednisone oral tablet 50 mg</i>   | Tier 2           | GEN (Generic for Deltasone)                               |
| <b>SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML</b>   | Tier 3           |   |
| <b>SOLU-MEDROL (PF) INJECTION RECON SOLN</b>  | Tier 3           |   |
| <b>SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML</b>  | Tier 3           |   |
| <b>SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM</b>  | Tier 3           |   |
| <i>triamcinolone acetate injection suspension</i>   | Tier 4           | GEN (Generic for Kenalog)                                 |
| <i>veripred 20 oral solution</i>  | Tier 2           |   |
| <b>Antithyroid Agents</b>   |                  |   |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | Tier 2           | GEN (Generic for Tapazole)                                |
| <i>propylthiouracil oral tablet</i>   | Tier 1           | GC  |
| <b>Diabetes Therapy</b>   |                  |   |
| <i>acarbose oral tablet 100 mg</i>  | Tier 4           | GEN (Generic for Precose); QL (90 EA per 30 days)         |
| <i>acarbose oral tablet 25 mg</i>   | Tier 2           | GEN (Generic for Precose); QL (360 EA per 30 days)        |
| <i>acarbose oral tablet 50 mg</i>   | Tier 2           | GEN (Generic for Precose); QL (180 EA per 30 days)        |
| <i>alcohol pads topical pads, medicated</i>   | Tier 2           |   |
| <b>ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 X 1/2"</b>  | Tier 3           |   |
| <b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>   | Tier 3           | PA NS; QL (4 EA per 28 days)                              |
| <b>BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON</b>   | Tier 3           | PA NS; GEN (Generic for Exenatide); QL (4 EA per 28 days) |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b> | Tier 3           | PA NS; QL (2.4 ML per 30 days)   |
| <b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b> | Tier 3           | PA NS; QL (1.2 ML per 30 days)   |
| <b>CURITY GAUZE TOPICAL BANDAGE 2 X 2 "</b>                            | Tier 3           |  |
| <b>CYCLOSET ORAL TABLET</b>  | Tier 4           | QL (180 EA per 30 days)  |
| <b>FARXIGA ORAL TABLET 10 MG</b>                                       | Tier 3           | QL (30 EA per 30 days)   |
| <b>FARXIGA ORAL TABLET 5 MG</b>  | Tier 3           | QL (60 EA per 30 days)   |
| <i>glimepiride oral tablet 1 mg</i>                                    | Tier 1           | GC; GEN (Generic for Amaryl); STAR D (Preferred for diabetes treatment); QL (240 EA per 30 days)       |
| <i>glimepiride oral tablet 2 mg</i>                                    | Tier 1           | GC; GEN (Generic for Amaryl); STAR D (Preferred for diabetes treatment); QL (120 EA per 30 days)       |
| <i>glimepiride oral tablet 4 mg</i>                                    | Tier 1           | GC; GEN (Generic for Amaryl); STAR D (Preferred for diabetes treatment); QL (60 EA per 30 days)        |
| <i>glipizide oral tablet 10 mg</i>                                     | Tier 1           | GC; GEN (Generic for Glucotrol); STAR D (Preferred for diabetes treatment); QL (120 EA per 30 days)    |
| <i>glipizide oral tablet 5 mg</i>                                      | Tier 1           | GC; GEN (Generic for Glucotrol); STAR D (Preferred for diabetes treatment); QL (240 EA per 30 days)    |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>               | Tier 1           | GC; GEN (Generic for Glucotrol XL); STAR D (Preferred for diabetes treatment); QL (60 EA per 30 days)  |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i>              | Tier 1           | GC; GEN (Generic for Glucotrol XL); STAR D (Preferred for diabetes treatment); QL (240 EA per 30 days) |
| <i>glipizide oral tablet extended release 24hr 5 mg</i>                | Tier 1           | GC; GEN (Generic for Glucotrol XL); STAR D (Preferred for diabetes treatment); QL (120 EA per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                      | Tier 2           | GEN (Generic for Glucovance); QL (240 EA per 30 days)  |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>            | Tier 2           | GEN (Generic for Glucovance); QL (120 EA per 30 days)  |
| <b>GLUCAGEN HYPOKIT INJECTION RECON SOLN</b>                           | Tier 3           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>             | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT</b>                | Tier 3           |                                  |
| <b>HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN</b>                    | Tier 3           |                                  |
| <b>HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>          | Tier 3           |                                  |
| <b>HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION</b>                   | Tier 3           |                                  |
| <b>HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>          | Tier 3           |                                  |
| <b>HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION</b>                   | Tier 3           |                                  |
| <b>HUMALOG SUBCUTANEOUS CARTRIDGE</b>                              | Tier 3           |                                  |
| <b>HUMALOG SUBCUTANEOUS SOLUTION</b>                               | Tier 3           |                                  |
| <b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>              | Tier 3           |                                  |
| <b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>                       | Tier 3           |                                  |
| <b>HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN</b>                  | Tier 3           |                                  |
| <b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>                           | Tier 3           |                                  |
| <b>HUMULIN R INJECTION SOLUTION</b>                                | Tier 3           |                                  |
| <b>HUMULIN R U-500 "CONCENTRATED" SUBCUTANEOUS SOLUTION</b>        | Tier 3           |                                  |
| <b>INSULIN SYRINGE NEEDLELESS SYRINGE</b>                          | Tier 3           |                                  |
| <b>INSULIN SYRINGE SYRINGE 1/2 ML 29 X 1/2"</b>                    | Tier 3           |                                  |
| <b>INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 X 5/16"</b>      | Tier 3           |                                  |
| <b>INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG</b> | Tier 3           | QL (60 EA per 30 days)           |
| <b>INVOKAMET ORAL TABLET 50-500 MG</b>                             | Tier 3           | QL (120 EA per 30 days)          |
| <b>INVOKANA ORAL TABLET</b>  | Tier 3           | QL (30 EA per 30 days)           |
| <b>JANUMET ORAL TABLET</b>   | Tier 3           | QL (60 EA per 30 days)           |

| Commonly Prescribed Therapeutic Drug Categories                            | Drug Tier | Requirements/Limits/Notes   |
|--|-----------|---|
| <b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG</b> | Tier 3    | QL (30 EA per 30 days)  |
| <b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG</b>             | Tier 3    | QL (60 EA per 30 days)  |
| <b>JANUVIA ORAL TABLET</b>   | Tier 3    | QL (30 EA per 30 days)  |
| <b>JENTADUETO ORAL TABLET</b>  | Tier 4    | QL (60 EA per 30 days)  |
| <b>KAZANO ORAL TABLET</b>  | Tier 4    | QL (60 EA per 30 days)  |
| <b>KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG</b>         | Tier 3    | QL (60 EA per 30 days)  |
| <b>KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG</b> | Tier 3    | QL (30 EA per 30 days)  |
| <b>LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN</b>                            | Tier 3    |   |
| <b>LANTUS SUBCUTANEOUS SOLUTION</b>  | Tier 3    |   |
| <b>LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN</b>                          | Tier 3    |   |
| <b>LEVEMIR SUBCUTANEOUS SOLUTION</b>                                       | Tier 3    |   |
| <i>metformin oral tablet 1,000 mg</i>                                      | Tier 1    | GC; GEN (Generic for Glucophage); STAR D (Preferred for diabetes treatment); QL (75 EA per 30 days)     |
| <i>metformin oral tablet 500 mg</i>  | Tier 1    | GC; GEN (Generic for Glucophage); STAR D (Preferred for diabetes treatment); QL (150 EA per 30 days)    |
| <i>metformin oral tablet 850 mg</i>  | Tier 1    | GC; GEN (Generic for Glucophage); STAR D (Preferred for diabetes treatment); QL (90 EA per 30 days)     |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                 | Tier 1    | GC; GEN (Generic for Glucophage XR); STAR D (Preferred for diabetes treatment); QL (120 EA per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                 | Tier 1    | GC; GEN (Generic for Glucophage XR); STAR D (Preferred for diabetes treatment); QL (75 EA per 30 days)  |
| <i>metformin oral tablet extended release 24hr 1,000 mg</i>                | Tier 2    | GEN (Generic for Glucophage XR); QL (75 EA per 30 days)   |
| <i>nateglinide oral tablet 120 mg</i>                                      | Tier 1    | GC; GEN (Generic for Starlix); STAR D (Preferred for diabetes treatment); QL (90 EA per 30 days)        |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>    | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|---|
| <i>nateglinide oral tablet 60 mg</i>                      | Tier 1           | GC; GEN (Generic for Starlix); STAR D (Preferred for diabetes treatment); QL (180 EA per 30 days) |
| <b>NESINA ORAL TABLET</b>                                 | Tier 4           | QL (30 EA per 30 days)  |
| <b>NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN</b>           | Tier 3           |   |
| <b>NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN</b> | Tier 3           |   |
| <b>NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION</b>            | Tier 3           |   |
| <b>NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE</b>             | Tier 3           |   |
| <b>NOVOLOG SUBCUTANEOUS SOLUTION</b>                      | Tier 3           |   |
| <b>ONGLYZA ORAL TABLET</b>                                | Tier 3           | QL (30 EA per 30 days)  |
| <b>PEN NEEDLE, DIABETIC NEEDLE 31</b>                     | Tier 3           |   |
| <i>pioglitazone oral tablet</i>                           | Tier 1           | GC; GEN (Generic for Actos); STAR D (Preferred for diabetes treatment); QL (30 EA per 30 days)    |
| <i>pioglitazone-glimepiride oral tablet</i>               | Tier 2           | GEN (Generic for Duetact); QL (30 EA per 30 days)   |
| <i>pioglitazone-metformin oral tablet</i>                 | Tier 2           | GEN (Generic for ActoPlus Met); QL (90 EA per 30 days)  |
| <b>PROGLYCEM ORAL SUSPENSION</b>                          | Tier 3           |   |
| <i>repaglinide oral tablet 0.5 mg</i>                     | Tier 2           | GEN (Generic for Prandin); QL (960 EA per 30 days)  |
| <i>repaglinide oral tablet 1 mg</i>                       | Tier 4           | GEN (Generic for Prandin); QL (480 EA per 30 days)  |
| <i>repaglinide oral tablet 2 mg</i>                       | Tier 4           | GEN (Generic for Prandin); QL (240 EA per 30 days)  |
| <b>RIOMET ORAL SOLUTION</b>                               | Tier 3           | QL (765 ML per 30 days)   |
| <b>SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR</b>            | Tier 3           | PA; QL (18.9 ML per 30 days)  |
| <b>SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR</b>             | Tier 3           | PA; QL (10.5 ML per 30 days)  |
| <i>tolazamide oral tablet 250 mg</i>                      | Tier 2           | GEN (Generic for Tolinase); QL (120 EA per 30 days)   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>        | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                   |
|---|------------------|--|
| <i>tolazamide oral tablet 500 mg</i>                          | Tier 2           | GEN (Generic for Tolinase); QL (60 EA per 30 days) |
| <i>tolbutamide oral tablet</i>                                | Tier 2           | GEN (Generic for Orinase); QL (180 EA per 30 days) |
| <b>TRADJENTA ORAL TABLET</b>                                  | Tier 4           | QL (30 EA per 30 days)                             |
| <b>VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR</b>                | Tier 3           | PA NS; QL (9 ML per 30 days)                       |
| <b>Miscellaneous Hormones</b>                                 |                  |  |
| <b>ALDURAZYME INTRAVENOUS SOLUTION</b>                        | Tier 5           |  |
| <b>ANADROL-50 ORAL TABLET</b>                                 | Tier 5           | PA   |
| <b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>                    | Tier 3           | PA   |
| <b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP</b>          | Tier 3           | PA   |
| <b>ANDROGEL TRANSDERMAL GEL IN PACKET</b>                     | Tier 3           | PA   |
| <b>AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP</b>      | Tier 4           | PA   |
| <i>cabergoline oral tablet</i>                                | Tier 4           | GEN (Generic for Dostinex); QL (16 EA per 28 days) |
| <i>calcitonin (salmon) nasal spray,non-aerosol</i>            | Tier 4           | GEN (Generic for Miacalcin)                        |
| <i>calcitriol intravenous solution 1 mcg/ml</i>               | Tier 2           |  |
| <i>calcitriol oral capsule</i>                                | Tier 2           | GEN (Generic for Rocaltrol)                        |
| <i>calcitriol oral solution</i>                               | Tier 2           | GEN (Generic for Rocaltrol)                        |
| <b>CERDELGA ORAL CAPSULE</b>                                  | Tier 5           |  |
| <b>CEREZYME INTRAVENOUS RECON SOLN 400 UNIT</b>               | Tier 5           |  |
| <i>chorionic gonadotropin, human intramuscular recon soln</i> | Tier 2           | PA   |
| <i>danazol oral capsule</i>                                   | Tier 2           | GEN (Generic for Danocrine)                        |
| <i>desmopressin injection solution</i>                        | Tier 4           | GEN (Generic for DDAVP)                            |
| <i>desmopressin nasal solution</i>                            | Tier 2           | GEN (Generic for DDAVP)                            |
| <i>desmopressin nasal spray,non-aerosol</i>                   | Tier 2           | GEN (Generic for DDAVP)                            |
| <i>desmopressin oral tablet</i>                               | Tier 4           | GEN (Generic for DDAVP)                            |
| <i>doxercalciferol intravenous solution</i>                   | Tier 4           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>      | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>    |
|---|------------------|-------------------------------------|
| <i>doxercalciferol oral capsule</i>                         | Tier 4           | GEN (Generic for Hectorol)          |
| <b>ELAPRASE INTRAVENOUS SOLUTION</b>                        | Tier 5           |                                     |
| <b>FABRAZYME INTRAVENOUS RECON SOLN 35 MG</b>               | Tier 5           |                                     |
| <b>FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP</b>        | Tier 4           | PA                                  |
| <i>fortical nasal spray,non-aerosol</i>                     | Tier 4           |                                     |
| <b>KUVAN ORAL TABLET,SOLUBLE</b>                            | Tier 5           | LA                                  |
| <b>LUMIZYME INTRAVENOUS RECON SOLN</b>                      | Tier 5           | LA                                  |
| <b>MIACALCIN INJECTION SOLUTION</b>                         | Tier 4           |                                     |
| <b>MYOZYME INTRAVENOUS RECON SOLN</b>                       | Tier 5           |                                     |
| <b>NAGLAZYME INTRAVENOUS SOLUTION</b>                       | Tier 5           | LA                                  |
| <i>oxandrolone oral tablet 10 mg</i>                        | Tier 5           | PA; GEN (Generic for Anavar)        |
| <i>oxandrolone oral tablet 2.5 mg</i>                       | Tier 3           | PA; GEN (Generic for Anavar)        |
| <i>pamidronate intravenous solution</i>                     | Tier 2           |                                     |
| <i>paricalcitol oral capsule</i>                            | Tier 4           | GEN (Generic for Zemplar)           |
| <b>SAMSCA ORAL TABLET 15 MG</b>                             | Tier 5           | PA; QL (30 EA per 30 days)          |
| <b>SAMSCA ORAL TABLET 30 MG</b>                             | Tier 5           | PA; QL (60 EA per 30 days)          |
| <b>SENSIPAR ORAL TABLET 30 MG</b>                           | Tier 3           |                                     |
| <b>SENSIPAR ORAL TABLET 60 MG, 90 MG</b>                    | Tier 5           |                                     |
| <b>SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG</b> | Tier 5           | LA                                  |
| <b>SOMAVERT SUBCUTANEOUS RECON SOLN 25 MG, 30 MG</b>        | Tier 5           |                                     |
| <b>STIMATE NASAL SPRAY,NON-AEROSOL</b>                      | Tier 3           |                                     |
| <b>SYNAREL NASAL SPRAY,NON-AEROSOL</b>                      | Tier 5           |                                     |
| <b>TESTIM TRANSDERMAL GEL</b>                               | Tier 4           | PA                                  |
| <i>testosterone cypionate intramuscular oil 200 mg/ml</i>   | Tier 2           | GEN (Generic for Depo-Testosterone) |
| <i>testosterone enanthate intramuscular oil</i>             | Tier 4           |                                     |
| <b>ZAVESCA ORAL CAPSULE</b>                                 | Tier 5           | LA                                  |
| <b>ZEMPLAR INTRAVENOUS SOLUTION</b>                         | Tier 3           |                                     |
| <i>zoledronic acid intravenous solution</i>                 | Tier 4           |                                     |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>zoledronic acid-mannitol-water intravenous solution</i>   | Tier 4           | PA                               |
| <b>Thyroid Hormones</b>  |                  |                                  |
| <i>levothyroxine oral tablet</i>   | Tier 1           | GC; GEN (Generic for Synthroid)  |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>   | Tier 1           | GC                               |
| <i>liothyronine intravenous solution</i>   | Tier 2           |                                  |
| <i>liothyronine oral tablet</i>  | Tier 2           | GEN (Generic for Triostat)       |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1           | GC                               |
| <b>Gastroenterology</b>  |                  |                                  |
| <b>Antidiarrheals / Antispasmodics</b>   |                  |                                  |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>  | Tier 2           |                                  |
| <i>dicyclomine oral capsule</i>  | Tier 2           | GEN (Generic for Bentyl)         |
| <i>dicyclomine oral solution</i>   | Tier 2           | GEN (Generic for Bentyl)         |
| <i>dicyclomine oral tablet</i>   | Tier 2           | GEN (Generic for Bentyl)         |
| <i>diphenoxylate-atropine oral liquid</i>  | Tier 2           | GEN (Generic for Lomotil)        |
| <i>diphenoxylate-atropine oral tablet</i>  | Tier 1           | GC; GEN (Generic for Lomotil)    |
| <i>glycopyrrolate injection solution</i>   | Tier 2           |                                  |
| <i>glycopyrrolate oral tablet</i>  | Tier 2           | GEN (Generic for Robinul)        |
| <i>loperamide oral capsule</i>   | Tier 2           | GEN (Generic for Imodium)        |
| <b>Miscellaneous Gastrointestinal Agents</b>   |                  |                                  |
| <b>ALOXI INTRAVENOUS SOLUTION</b>  | Tier 3           | QL (10 ML per 30 days)           |
| <b>AMITIZA ORAL CAPSULE</b>  | Tier 3           |                                  |
| <b>APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR</b>   | Tier 4           |                                  |
| <b>ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)</b>   | Tier 3           |                                  |
| <i>balsalazide oral capsule</i>  | Tier 2           | GEN (Generic for Colazal)        |
| <i>budesonide oral capsule,delayered,extend.release</i>  | Tier 5           |                                  |
| <b>CANASA RECTAL SUPPOSITORY</b>   | Tier 3           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>     | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>CHENODAL ORAL TABLET</b>                                | Tier 5           | PA; LA                           |
| <b>CIMZIA POWDER FOR RECONST<br/>SUBCUTANEOUS KIT</b>      | Tier 5           | PA NS                            |
| <b>CIMZIA SUBCUTANEOUS SYRINGE KIT</b>                     | Tier 5           | PA NS                            |
| <i>colocort rectal enema</i>                               | Tier 2           |                                  |
| <i>compro rectal suppository</i>                           | Tier 4           |                                  |
| <i>constulose oral solution</i>                            | Tier 2           |                                  |
| <b>CORTIFOAM RECTAL FOAM</b>                               | Tier 3           |                                  |
| <b>CREON ORAL CAPSULE,DELAYED<br/>RELEASE(DR/EC)</b>       | Tier 3           |                                  |
| <i>cromolyn oral concentrate</i>                           | Tier 2           |                                  |
| <b>CYSTADANE ORAL POWDER</b>                               | Tier 5           |                                  |
| <b>DELZICOL ORAL CAPSULE,DELAYED<br/>RELEASE(DR/EC)</b>    | Tier 3           |                                  |
| <b>DIPENTUM ORAL CAPSULE</b>                               | Tier 4           |                                  |
| <i>dronabinol oral capsule 10 mg</i>                       | Tier 5           | B/D; GEN (Generic for Marinol)   |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>                | Tier 4           | B/D; GEN (Generic for Marinol)   |
| <b>EMEND ORAL CAPSULE</b>                                  | Tier 3           | B/D                              |
| <b>EMEND ORAL CAPSULE,DOSE PACK</b>                        | Tier 3           | B/D                              |
| <i>enulose oral solution</i>                               | Tier 2           |                                  |
| <i>gavilyte-c oral recon soln</i>                          | Tier 2           |                                  |
| <i>gavilyte-g oral recon soln</i>                          | Tier 2           |                                  |
| <i>gavilyte-n oral recon soln</i>                          | Tier 2           |                                  |
| <i>generlac oral solution</i>                              | Tier 2           |                                  |
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i>    | Tier 2           | GEN (Generic for Kytril)         |
| <i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i> | Tier 2           | GEN (Generic for Kytril)         |
| <i>granisetron hcl oral tablet</i>                         | Tier 2           | B/D; GEN (Generic for Kytril)    |
| <i>hydrocortisone rectal enema</i>                         | Tier 2           | GEN (Generic for Cortenema)      |
| <i>lactulose oral solution 10 gram/15 ml</i>               | Tier 2           | GEN (Generic for Chronulac)      |
| <b>LIALDA ORAL TABLET,DELAYED<br/>RELEASE (DR/EC)</b>      | Tier 3           |                                  |
| <b>LINZESS ORAL CAPSULE</b>                                | Tier 3           |                                  |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>           |
|---|------------------|--|
| <b>LOTRONEX ORAL TABLET</b>   | Tier 5           |  |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                               | Tier 2           | GEN (Generic for Antivert)                 |
| <i>mesalamine with cleansing wipe rectal enema kit</i>                    | Tier 2           | GEN (Generic for Asacol)                   |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                      | Tier 2           | GEN (Generic for Reglan)                   |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                         | Tier 2           | GEN (Generic for Reglan)                   |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                         | Tier 1           | GC; GEN (Generic for Reglan)               |
| <b>MOVIPREP ORAL POWDER IN PACKET</b>                                     | Tier 4           |  |
| <i>ondansetron hcl (pf) injection solution</i>                            | Tier 2           | GEN (Generic for Zofran)                   |
| <i>ondansetron hcl oral solution</i>                                      | Tier 2           | B/D; GEN (Generic for Zofran)              |
| <i>ondansetron hcl oral tablet</i>  | Tier 2           | B/D; GEN (Generic for Zofran)              |
| <i>ondansetron oral tablet, disintegrating</i>                            | Tier 2           | B/D; GEN (Generic for Zofran)              |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>    | Tier 2           | GEN (Generic for Polyethylene Glycol 3350) |
| <b>PENTASA ORAL CAPSULE, EXTENDED RELEASE</b>                             | Tier 3           |  |
| <i>polyethylene glycol 3350 oral powder</i>                               | Tier 2           | GEN (Generic for Miralax)                  |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier 2           |  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                   | Tier 2           | GEN (Generic for Compazine)                |
| <i>prochlorperazine rectal suppository</i>                                | Tier 2           |  |
| <i>procto-pak rectal cream</i>  | Tier 2           |  |
| <i>proctosol hc rectal cream</i>  | Tier 2           |  |
| <i>proctozone-hc rectal cream</i>   | Tier 2           |  |
| <b>RECTIV RECTAL OINTMENT</b>   | Tier 3           |  |
| <b>RELISTOR SUBCUTANEOUS SOLUTION</b>                                     | Tier 3           |  |
| <b>RELISTOR SUBCUTANEOUS SYRINGE</b>                                      | Tier 3           |  |
| <b>REMICADE INTRAVENOUS RECON SOLN</b>                                    | Tier 5           | PA NS                                      |
| <b>SANCUSO TRANSDERMAL PATCH WEEKLY</b>                                   | Tier 5           |  |
| <b>SUCRAID ORAL SOLUTION</b>  | Tier 5           |  |
| <i>sulfasalazine oral tablet</i>  | Tier 2           | GEN (Generic for Azulfidine)               |
| <i>sulfazine ec oral tablet, delayed release (dr/ec)</i>                  | Tier 2           |  |

| Commonly Prescribed Therapeutic Drug Categories  | Drug Tier | Requirements/Limits/Notes                          |
|--|-----------|--|
| <b>SUPREP BOWEL PREP KIT ORAL RECON SOLN</b>   | Tier 3    |  |
| <b>TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY</b>  | Tier 3    |  |
| <i>trilyte with flavor packets oral recon soln</i>   | Tier 2    |  |
| <b>UCERIS ORAL TABLET, DELAYED &amp; EXT.RELEASE</b>   | Tier 5    |  |
| <i>ursodiol oral capsule</i>   | Tier 4    | GEN (Generic for Actigall)                         |
| <i>ursodiol oral tablet</i>  | Tier 4    | GEN (Generic for Actigall)                         |
| <b>VIOKACE ORAL TABLET</b>   | Tier 3    |  |
| <b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 5,000-17,000 -27,000 UNIT</b> | Tier 3    |  |
| <b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000- 218,000 UNIT</b>   | Tier 5    |  |
| <b>Ulcer Therapy</b>   |           |  |
| <i>amoxicil-clarithromy-lansopraz oral combo pack</i>  | Tier 4    | GEN (Generic for Prevpak); QL (112 EA per 30 days) |
| <b>CARAFATE ORAL SUSPENSION</b>  | Tier 4    |  |
| <i>cimetidine hcl oral solution</i>  | Tier 2    | GEN (Generic for Tagamet)                          |
| <i>cimetidine oral tablet</i>  | Tier 2    | GEN (Generic for Tagamet)                          |
| <b>DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG</b>  | Tier 4    | QL (30 EA per 30 days)                             |
| <b>DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG</b>  | Tier 4    |  |
| <i>esomeprazole sodium intravenous recon soln</i>  | Tier 2    | GEN (Generic for Nexium)                           |
| <i>famotidine (pf) intravenous solution</i>  | Tier 2    |  |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>   | Tier 2    |  |
| <i>famotidine oral suspension</i>  | Tier 4    | GEN (Generic for Pepcid)                           |
| <i>famotidine oral tablet 20 mg, 40 mg</i>   | Tier 1    | GC; GEN (Generic for Pepcid)                       |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                       |
|---|------------------|--|
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>                      | Tier 4           | GEN (Generic for Prevacid); QL (30 EA per 30 days)     |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>                      | Tier 4           | GEN (Generic for Prevacid)                             |
| <i>misoprostol oral tablet 100 mcg</i>  | Tier 2           |  |
| <i>misoprostol oral tablet 200 mcg</i>  | Tier 2           | GEN (Generic for Cytotec)                              |
| <b>NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG</b>                            | Tier 3           | QL (30 EA per 30 days)                                 |
| <b>NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG</b>                            | Tier 3           |  |
| <b>NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</b> | Tier 3           | QL (30 EA per 30 days)                                 |
| <b>NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG</b>                      | Tier 3           |  |
| <i>nizatidine oral capsule</i>  | Tier 2           | GEN (Generic for Axid)                                 |
| <i>nizatidine oral solution</i>   | Tier 4           | GEN (Generic for Axid)                                 |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>                 | Tier 2           | GEN (Generic for Prilosec); QL (30 EA per 30 days)     |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>                        | Tier 2           | GEN (Generic for Prilosec)                             |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>                      | Tier 1           | GC; GEN (Generic for Protonix); QL (30 EA per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>                      | Tier 1           | GC; GEN (Generic for Protonix)                         |
| <b>PYLERA ORAL CAPSULE</b>  | Tier 3           |  |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i>                             | Tier 4           | GEN (Generic for Aciphex)                              |
| <i>ranitidine hcl injection solution 25 mg/ml</i>                                   | Tier 2           | GEN (Generic for Zantac)                               |
| <i>ranitidine hcl oral capsule 150 mg</i>   | Tier 1           | GC; GEN (Generic for Zantac)                           |
| <i>ranitidine hcl oral syrup</i>  | Tier 2           | GEN (Generic for Zantac)                               |
| <i>ranitidine hcl oral tablet 150 mg</i>  | Tier 1           | GC; GEN (Generic for Zantac)                           |
| <i>ranitidine hcl oral tablet 300 mg</i>  | Tier 1           | GC; GEN (Generic for Zantac); SN (Capsule not covered) |
| <i>sucralfate oral tablet</i>   | Tier 2           | GEN (Generic for Carafate)                             |

## Immunology, Vaccines / Biotechnology

| <b>Commonly Prescribed Therapeutic Drug Categories</b>   | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <b>Biotechnology Drugs</b>   |                  |                                  |
| <b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>   | Tier 5           |                                  |
| <b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML</b>  | Tier 5           | PA                               |
| <b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>   | Tier 3           | PA                               |
| <b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML</b>                | Tier 3           | PA                               |
| <b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML</b> | Tier 5           | PA                               |
| <b>ARCALYST SUBCUTANEOUS RECON SOLN</b>  | Tier 5           | PA                               |
| <b>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT</b>   | Tier 5           | PA; QL (4 EA per 28 days)        |
| <b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>   | Tier 5           | PA; QL (4 EA per 28 days)        |
| <b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>  | Tier 5           | PA; QL (4 EA per 28 days)        |
| <b>BETASERON SUBCUTANEOUS KIT</b>  | Tier 5           | PA; QL (15 EA per 28 days)       |
| <b>EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>               | Tier 4           | PA                               |
| <b>EXTAVIA SUBCUTANEOUS KIT</b>  | Tier 5           | PA; QL (15 EA per 28 days)       |
| <b>ILARIS (PF) SUBCUTANEOUS RECON SOLN</b>   | Tier 5           | PA; LA                           |
| <b>INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)</b>  | Tier 3           |                                  |
| <b>INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)</b>  | Tier 5           |                                  |
| <b>INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML</b>   | Tier 3           |                                  |
| <b>LEUKINE INJECTION RECON SOLN</b>  | Tier 5           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <b>MOZOBIL SUBCUTANEOUS SOLUTION</b>  | Tier 5           |                                  |
| <b>NEULASTA SUBCUTANEOUS SYRINGE</b>  | Tier 5           | PA; QL (2 ML per 30 days)        |
| <b>NEUMEGA SUBCUTANEOUS RECON SOLN</b>  | Tier 5           |                                  |
| <b>NEUPOGEN INJECTION SOLUTION</b>  | Tier 5           | PA                               |
| <b>NEUPOGEN INJECTION SYRINGE</b>   | Tier 5           | PA                               |
| <b>NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR</b>  | Tier 5           | PA                               |
| <b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR</b>   | Tier 5           | QL (4 ML per 28 days)            |
| <b>PEGASYS SUBCUTANEOUS SOLUTION</b>  | Tier 5           | QL (4 ML per 28 days)            |
| <b>PEGASYS SUBCUTANEOUS SYRINGE</b>   | Tier 5           | QL (4 ML per 28 days)            |
| <b>PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT</b>  | Tier 5           | QL (4 EA per 28 days)            |
| <b>PEGINTRON SUBCUTANEOUS KIT</b>   | Tier 5           | QL (4 EA per 28 days)            |
| <b>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b> | Tier 3           | PA                               |
| <b>PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</b>                              | Tier 5           | PA                               |
| <b>PROLEUKIN INTRAVENOUS RECON SOLN</b>   | Tier 5           |                                  |
| <b>REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE</b>  | Tier 5           | PA; QL (6 ML per 28 days)        |
| <b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</b>                  | Tier 5           | PA; QL (6 ML per 28 days)        |
| <b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)</b>                 | Tier 5           | PA; QL (12 ML per 28 days)       |
| <b>REBIF TITRATION PACK SUBCUTANEOUS SYRINGE</b>  | Tier 5           | PA; QL (12 ML per 28 days)       |
| <b>SYLATRON SUBCUTANEOUS KIT</b>  | Tier 5           |                                  |
| <b>Vaccines / Miscellaneous Immunologicals</b>  |                  |                                  |
| <b>ACTHIB (PF) INTRAMUSCULAR RECON SOLN</b>   | Tier 3           |                                  |

| Commonly Prescribed Therapeutic Drug Categories                          | Drug Tier | Requirements/Limits/Notes |
|--|-----------|---------------------------|
| <b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION</b>           | Tier 3    |                           |
| <b>BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION</b> | Tier 3    |                           |
| <b>BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION</b>                            | Tier 3    |                           |
| <b>BOOSTRIX TDAP INTRAMUSCULAR SYRINGE</b>                               | Tier 3    |                           |
| <b>BOTOX INJECTION RECON SOLN 100 UNIT</b>                               | Tier 3    | PA                        |
| <b>CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE</b>                       | Tier 3    |                           |
| <b>COMVAX (PF) INTRAMUSCULAR SUSPENSION</b>                              | Tier 3    |                           |
| <b>DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION</b>           | Tier 3    |                           |
| <b>ENGERIX-B (PF) INTRAMUSCULAR SYRINGE</b>                              | Tier 3    | B/D                       |
| <b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION</b>                 | Tier 3    | B/D                       |
| <b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</b>                    | Tier 3    | B/D                       |
| <i>fomepizole intravenous solution</i>                                   | Tier 2    |                           |
| <b>GAMASTAN S/D INTRAMUSCULAR SOLUTION</b>                               | Tier 3    |                           |
| <b>GARDASIL (PF) INTRAMUSCULAR SUSPENSION</b>                            | Tier 3    |                           |
| <b>GARDASIL (PF) INTRAMUSCULAR SYRINGE</b>                               | Tier 3    |                           |
| <b>GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION</b>                          | Tier 3    |                           |
| <b>GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE</b>                             | Tier 3    |                           |
| <b>HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML</b>          | Tier 3    |                           |
| <b>HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML</b>           | Tier 3    |                           |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <b>IMOVAX RABIES VACCINE (PF)<br/>INTRAMUSCULAR RECON SOLN</b>              | Tier 3           |                                  |
| <b>INFANRIX (DTAP) (PF) INTRAMUSCULAR<br/>SUSPENSION</b>                    | Tier 3           |                                  |
| <b>IPOL INJECTION SUSPENSION</b>  | Tier 3           |                                  |
| <b>IXIARO (PF) INTRAMUSCULAR SYRINGE</b>                                    | Tier 3           |                                  |
| <b>MENACTRA (PF) INTRAMUSCULAR<br/>SOLUTION</b>                             | Tier 3           |                                  |
| <b>MENOMUNE - A/C/Y/W-135 (PF)<br/>SUBCUTANEOUS RECON SOLN</b>              | Tier 3           |                                  |
| <b>MENVEO A-C-Y-W-135-DIP (PF)<br/>INTRAMUSCULAR KIT</b>                    | Tier 3           |                                  |
| <b>M-M-R II (PF) SUBCUTANEOUS RECON<br/>SOLN</b>                            | Tier 3           |                                  |
| <b>PEDVAX HIB (PF) INTRAMUSCULAR<br/>SOLUTION</b>                           | Tier 3           |                                  |
| <b>PRIVIGEN INTRAVENOUS SOLUTION</b>  | Tier 5           | PA                               |
| <b>PROQUAD (PF) SUBCUTANEOUS<br/>SUSPENSION FOR RECONSTITUTION</b>          | Tier 3           |                                  |
| <b>QUADRACEL (PF) INTRAMUSCULAR<br/>SUSPENSION</b>                          | Tier 3           |                                  |
| <b>RABAVERT (PF) INTRAMUSCULAR<br/>SUSPENSION FOR RECONSTITUTION</b>        | Tier 3           |                                  |
| <b>RAGWITEK SUBLINGUAL TABLET</b>   | Tier 3           |                                  |
| <b>RECOMBIVAX HB (PF) INTRAMUSCULAR<br/>SUSPENSION 10 MCG/ML, 40 MCG/ML</b> | Tier 3           | B/D                              |
| <b>RECOMBIVAX HB (PF) INTRAMUSCULAR<br/>SYRINGE</b>                         | Tier 3           | B/D                              |
| <b>ROTARIX ORAL SUSPENSION FOR<br/>RECONSTITUTION</b>                       | Tier 3           |                                  |
| <b>ROTATEQ VACCINE ORAL SUSPENSION</b>                                      | Tier 3           |                                  |
| <b>TENIVAC (PF) INTRAMUSCULAR<br/>SYRINGE</b>                               | Tier 3           |                                  |
| <b>TETANUS, DIPHThERIA TOX PED (PF)<br/>INTRAMUSCULAR SUSPENSION</b>        | Tier 3           |                                  |
| <b>TETANUS-DIPHThERIA TOXOIDS-TD<br/>INTRAMUSCULAR SUSPENSION</b>           | Tier 3           |                                  |

| Commonly Prescribed Therapeutic Drug Categories                 | Drug Tier | Requirements/Limits/Notes                           |
|---|-----------|---|
| <b>THYMOGLOBULIN INTRAVENOUS RECON SOLN</b>                     | Tier 5    | B/D   |
| <b>TRUMENBA INTRAMUSCULAR SYRINGE</b>                           | Tier 3    |   |
| <b>TWINRIX (PF) INTRAMUSCULAR SUSPENSION</b>                    | Tier 3    |   |
| <b>TYPHIM VI INTRAMUSCULAR SOLUTION</b>                         | Tier 3    |   |
| <b>TYPHIM VI INTRAMUSCULAR SYRINGE</b>                          | Tier 3    |   |
| <b>VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML</b>       | Tier 3    |   |
| <b>VAQTA (PF) INTRAMUSCULAR SYRINGE</b>                         | Tier 3    |   |
| <b>VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>  | Tier 3    |   |
| <b>VARIZIG INTRAMUSCULAR SOLUTION</b>                           | Tier 5    |   |
| <b>YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>   | Tier 3    |   |
| <b>ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b> | Tier 3    |   |
| <b>Musculoskeletal / Rheumatology</b>                           |           |   |
| <b>Gout Therapy</b>   |           |   |
| <i>allopurinol oral tablet</i>                                  | Tier 2    | GEN (Generic for Zyloprim)                          |
| <i>aloprim intravenous recon soln</i>                           | Tier 2    |   |
| <b>COLCHICINE ORAL TABLET</b>                                   | Tier 4    | GEN (Generic for Colrys)                            |
| <i>colchicine-probenecid oral tablet</i>                        | Tier 2    | GEN (Generic for Col-Benemid)                       |
| <b>COLCRYS ORAL TABLET</b>                                      | Tier 3    |   |
| <i>probenecid oral tablet</i>                                   | Tier 2    | GEN (Generic for Benemid)                           |
| <b>ULORIC ORAL TABLET</b>                                       | Tier 3    | ST  |
| <b>Osteoporosis Therapy</b>                                     |           |   |
| <i>alendronate oral solution</i>                                | Tier 2    | GEN (Generic for Fosamax); QL (1286 ML per 30 days) |
| <i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>               | Tier 2    | GEN (Generic for Fosamax); QL (30 EA per 30 days)   |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                     | Tier 2    | GEN (Generic for Fosamax); QL (4 EA per 28 days)    |
| <i>etidronate disodium oral tablet</i>                          | Tier 4    | GEN (Generic for Didronel)                          |



| Commonly Prescribed Therapeutic Drug Categories                   | Drug Tier | Requirements/Limits/Notes                       |
|---|-----------|---|
| <b>FORTEO SUBCUTANEOUS PEN INJECTOR</b>                           | Tier 5    | PA; QL (2.4 ML per 28 days)                     |
| <b>FOSAMAX PLUS D ORAL TABLET</b>                                 | Tier 4    | QL (4 EA per 28 days)                           |
| <i>ibandronate intravenous solution</i>                           | Tier 3    | PA  |
| <i>ibandronate oral tablet</i>                                    | Tier 4    | GEN (Generic for Boniva); QL (1 EA per 30 days) |
| <b>PROLIA SUBCUTANEOUS SYRINGE</b>                                | Tier 3    | PA  |
| <i>raloxifene oral tablet</i>                                     | Tier 2    | GEN (Generic for Evista)                        |
| <b>Other Rheumatologicals</b>                                     |           |   |
| <b>ACTEMRA INTRAVENOUS SOLUTION</b>                               | Tier 5    | PA  |
| <b>ACTEMRA SUBCUTANEOUS SYRINGE</b>                               | Tier 5    | PA  |
| <b>BENLYSTA INTRAVENOUS RECON SOLN 120 MG</b>                     | Tier 3    |   |
| <b>CUPRIMINE ORAL CAPSULE</b>                                     | Tier 5    |   |
| <b>DEPEN TITRATABS ORAL TABLET</b>                                | Tier 3    |   |
| <b>ENBREL SUBCUTANEOUS RECON SOLN</b>                             | Tier 5    | PA NS; QL (8 EA per 28 days)                    |
| <b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)</b>             | Tier 5    | PA NS; QL (8 ML per 28 days)                    |
| <b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)</b>             | Tier 5    | PA NS; QL (4 ML per 28 days)                    |
| <b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR</b>                 | Tier 5    | PA NS; QL (4 ML per 28 days)                    |
| <b>HUMIRA CROHN'S DIS START PCK SUBCUTANEOUS PEN INJECTOR KIT</b> | Tier 5    | PA NS; QL (4.8 EA per 180 days)                 |
| <b>HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML</b>               | Tier 5    | PA NS   |
| <b>HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML</b>               | Tier 5    | PA NS; QL (2 EA per 28 days)                    |
| <b>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>               | Tier 5    | PA NS; QL (3.2 EA per 28 days)                  |
| <i>leflunomide oral tablet</i>                                    | Tier 2    | GEN (Generic for Arava); QL (30 EA per 30 days) |
| <b>ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN</b>              | Tier 5    | PA NS   |
| <b>ORENCIA SUBCUTANEOUS SYRINGE</b>                               | Tier 5    | PA NS   |
| <b>OTEZLA ORAL TABLET</b>   | Tier 5    | PA  |

| Commonly Prescribed Therapeutic Drug Categories                            | Drug Tier | Requirements/Limits/Notes  |
|--|-----------|--|
| <b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)</b> | Tier 5    | PA   |
| <b>RIDAURA ORAL CAPSULE</b>  | Tier 4    |  |
| <b>SAVELLA ORAL TABLET</b>   | Tier 3    | QL (60 EA per 30 days)   |
| <b>SAVELLA ORAL TABLETS,DOSE PACK</b>                                      | Tier 3    | QL (1 EA per 30 days)  |
| <b>SIMPONI ARIA INTRAVENOUS SOLUTION</b>                                   | Tier 5    | PA NS  |
| <b>SIMPONI SUBCUTANEOUS PEN INJECTOR</b>                                   | Tier 5    | PA NS  |
| <b>SIMPONI SUBCUTANEOUS SYRINGE</b>  | Tier 5    | PA NS  |
| <b>XELJANZ ORAL TABLET</b>   | Tier 5    | PA   |
| <b>Obstetrics / Gynecology</b>   |           |  |
| <b>Estrogens / Progestins</b>  |           |  |
| <i>camila oral tablet</i>  | Tier 2    |  |
| <b>CRINONE VAGINAL GEL 4 %</b>   | Tier 4    |  |
| <b>CRINONE VAGINAL GEL 8 %</b>   | Tier 4    | PA   |
| <b>DEPO-PROVERA INTRAMUSCULAR SOLUTION</b>                                 | Tier 3    |  |
| <b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE</b>                          | Tier 4    |  |
| <i>errin oral tablet</i>   | Tier 2    |  |
| <b>ESTRACE VAGINAL CREAM</b>   | Tier 3    |  |
| <i>estradiol oral tablet</i>   | Tier 4    | PA NS; GEN (Generic for Estrace); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: For hot flashes: fluoxetine, venlafaxine, gabapentin. For bone density: alendronate, raloxifene, calcium, vitamin D. For vaginal symptoms or recurrent urinary infections: Estrace® topical cream, Premarin® topical cream) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>estradiol transdermal patch weekly</i>              | Tier 4           | PA NS; GEN (Generic for Estraderm); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: For hot flashes: fluoxetine, venlafaxine, gabapentin. For bone density: alendronate, raloxifene, calcium, vitamin D. For vaginal symptoms or recurrent urinary infections: Estrace® topical cream, Premarin® topical cream); QL (4 EA per 28 days) |
| <i>estradiol valerate intramuscular oil 20 mg/ml</i>   | Tier 4           | HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: For hot flashes: fluoxetine, venlafaxine, gabapentin. For bone density: alendronate, raloxifene, calcium, vitamin D. For vaginal symptoms or recurrent urinary infections: Estrace® topical cream, Premarin® topical cream)  |
| <i>estradiol-norethindrone acet oral tablet</i>        | Tier 4           | GEN (Generic for Activella); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: For hot flashes: fluoxetine, venlafaxine, gabapentin. For bone density: alendronate, raloxifene, calcium, vitamin D. For vaginal symptoms or recurrent urinary infections: Estrace® topical cream, Premarin® topical cream)                               |
| <b>ESTRING VAGINAL RING</b>                            | Tier 4           |   |
| <i>jolivette oral tablet</i>                           | Tier 2           |   |
| <i>lyza oral tablet</i>                                | Tier 2           |   |
| <i>medroxyprogesterone intramuscular suspension</i>    | Tier 2           |   |
| <i>medroxyprogesterone oral tablet 10 mg, 5 mg</i>     | Tier 2           | GEN (Generic for Provera)   |
| <i>medroxyprogesterone oral tablet 2.5 mg</i>          | Tier 1           | GC; GEN (Generic for Provera)   |
| <b>MENEST ORAL TABLET</b>                              | Tier 4           |   |
| <i>mimvey oral tablet</i>                              | Tier 4           |   |
| <i>norethindrone (contraceptive) oral tablet</i>       | Tier 2           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>   |
|--|------------------|--|
| <i>norethindrone acetate oral tablet</i>               | Tier 2           | GEN (Generic for Aygestin)   |
| <b>PREMARIN ORAL TABLET</b>                            | Tier 3           | HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: For hot flashes: fluoxetine, venlafaxine, gabapentin. For bone density: alendronate, raloxifene, calcium, vitamin D. For vaginal symptoms or recurrent urinary infections: Estrace® topical cream, Premarin® topical cream) |
| <b>PREMARIN VAGINAL CREAM</b>                          | Tier 3           |  |
| <i>progesterone micronized oral capsule 100 mg</i>     | Tier 2           | GEN (Generic for Prometrium)   |
| <i>progesterone micronized oral capsule 200 mg</i>     | Tier 4           | GEN (Generic for Prometrium)   |
| <b>VAGIFEM VAGINAL TABLET</b>                          | Tier 3           |  |
| <b>Miscellaneous Ob/Gyn</b>                            |                  |  |
| <b>CLEOCIN VAGINAL SUPPOSITORY</b>                     | Tier 3           |  |
| <i>clindamycin phosphate vaginal cream</i>             | Tier 2           |  |
| <i>metronidazole vaginal gel</i>                       | Tier 2           | GEN (Generic for MetroGel)   |
| <i>miconazole-3 vaginal suppository</i>                | Tier 2           |  |
| <b>NUVARING VAGINAL RING</b>                           | Tier 4           |  |
| <i>terconazole vaginal cream</i>                       | Tier 2           | GEN (Generic for Terazol)  |
| <i>terconazole vaginal suppository</i>                 | Tier 2           | GEN (Generic for Terazol)  |
| <i>tranexamic acid oral tablet</i>                     | Tier 2           |  |
| <i>vandazole vaginal gel</i>                           | Tier 2           |  |
| <i>xulane transdermal patch weekly</i>                 | Tier 4           |  |
| <b>Oral Contraceptives / Related Agents</b>            |                  |  |
| <i>amethia oral tablets, dose pack, 3 month</i>        | Tier 2           |  |
| <i>amethyst oral tablet</i>                            | Tier 2           |  |
| <i>apri oral tablet</i>                                | Tier 2           |  |
| <i>aranelle (28) oral tablet</i>                       | Tier 2           |  |
| <i>aviane oral tablet</i>                              | Tier 2           |  |
| <i>balziva (28) oral tablet</i>                        | Tier 2           |  |
| <i>briellyn oral tablet</i>                            | Tier 2           |  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>              | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>cryselle (28) oral tablet</i>                                    | Tier 2           |                                  |
| <i>cyclafem 1/35 (28) oral tablet</i>                               | Tier 2           |                                  |
| <i>cyclafem 7/7/7 (28) oral tablet</i>                              | Tier 2           |                                  |
| <i>drospirenone-ethinyl estradiol oral tablet</i>                   | Tier 4           | GEN (Generic for Yaz)            |
| <b>ELLA ORAL TABLET</b>   | Tier 3           |                                  |
| <i>emoquette oral tablet</i>  | Tier 2           |                                  |
| <i>enpresse oral tablet</i>   | Tier 2           |                                  |
| <i>gildagia oral tablet</i>   | Tier 2           |                                  |
| <i>introvale oral tablets,dose pack,3 month</i>                     | Tier 2           |                                  |
| <i>junel 1.5/30 (21) oral tablet</i>                                | Tier 2           |                                  |
| <i>junel 1/20 (21) oral tablet</i>                                  | Tier 2           |                                  |
| <i>junel fe 1.5/30 (28) oral tablet</i>                             | Tier 2           |                                  |
| <i>junel fe 1/20 (28) oral tablet</i>                               | Tier 2           |                                  |
| <i>kariva (28) oral tablet</i>                                      | Tier 2           |                                  |
| <i>kelnor 1/35 (28) oral tablet</i>                                 | Tier 2           |                                  |
| <i>lessina oral tablet</i>  | Tier 2           |                                  |
| <i>levonest (28) oral tablet</i>                                    | Tier 2           |                                  |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> | Tier 4           |                                  |
| <i>levora-28 oral tablet</i>  | Tier 2           |                                  |
| <i>loryna (28) oral tablet</i>                                      | Tier 2           |                                  |
| <i>low-ogestrel (28) oral tablet</i>                                | Tier 2           |                                  |
| <i>lutera (28) oral tablet</i>                                      | Tier 2           |                                  |
| <i>marlissa oral tablet</i>   | Tier 2           |                                  |
| <i>microgestin 1.5/30 (21) oral tablet</i>                          | Tier 2           |                                  |
| <i>microgestin 1/20 (21) oral tablet</i>                            | Tier 2           |                                  |
| <i>microgestin fe 1.5/30 (28) oral tablet</i>                       | Tier 2           |                                  |
| <i>microgestin fe 1/20 (28) oral tablet</i>                         | Tier 2           |                                  |
| <i>mononessa (28) oral tablet</i>                                   | Tier 2           |                                  |
| <i>necon 0.5/35 (28) oral tablet</i>                                | Tier 2           |                                  |
| <i>necon 1/35 (28) oral tablet</i>                                  | Tier 2           |                                  |
| <i>necon 1/50 (28) oral tablet</i>                                  | Tier 2           |                                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>necon 10/11 (28) oral tablet</i>                    | Tier 2           |                                  |
| <i>necon 7/7/7 (28) oral tablet</i>                    | Tier 2           |                                  |
| <i>nortrel 0.5/35 (28) oral tablet</i>                 | Tier 2           |                                  |
| <i>nortrel 1/35 (21) oral tablet</i>                   | Tier 2           |                                  |
| <i>nortrel 1/35 (28) oral tablet</i>                   | Tier 2           |                                  |
| <i>nortrel 7/7/7 (28) oral tablet</i>                  | Tier 2           |                                  |
| <i>ogestrel (28) oral tablet</i>                       | Tier 4           |                                  |
| <i>orsythia oral tablet</i>                            | Tier 2           |                                  |
| <i>pimtrex (28) oral tablet</i>                        | Tier 2           |                                  |
| <i>pirmella oral tablet 1-35 mg-mcg</i>                | Tier 2           |                                  |
| <i>portia oral tablet</i>                              | Tier 2           |                                  |
| <i>previfem oral tablet</i>                            | Tier 2           |                                  |
| <i>quasense oral tablets,dose pack,3 month</i>         | Tier 4           |                                  |
| <i>reclipsen (28) oral tablet</i>                      | Tier 2           |                                  |
| <i>sprintec (28) oral tablet</i>                       | Tier 2           |                                  |
| <i>sronyx oral tablet</i>                              | Tier 2           |                                  |
| <i>tri-legest fe oral tablet</i>                       | Tier 2           |                                  |
| <i>trinessa (28) oral tablet</i>                       | Tier 2           |                                  |
| <i>tri-previfem (28) oral tablet</i>                   | Tier 2           |                                  |
| <i>tri-sprintec (28) oral tablet</i>                   | Tier 2           |                                  |
| <i>trivora (28) oral tablet</i>                        | Tier 2           |                                  |
| <i>velivet triphasic regimen (28) oral tablet</i>      | Tier 2           |                                  |
| <i>vestura (28) oral tablet</i>                        | Tier 2           |                                  |
| <i>vyfemla (28) oral tablet</i>                        | Tier 2           |                                  |
| <i>zenchent (28) oral tablet</i>                       | Tier 2           |                                  |
| <i>zenchent fe oral tablet,chewable</i>                | Tier 2           |                                  |
| <i>zovia 1/35e (28) oral tablet</i>                    | Tier 2           |                                  |
| <i>zovia 1/50e (28) oral tablet</i>                    | Tier 2           |                                  |
| <b>Oxytocics</b>                                       |                  |                                  |
| <i>methylergonovine oral tablet</i>                    | Tier 4           | GEN (Generic for Methergine)     |

## Ophthalmology

| Commonly Prescribed Therapeutic Drug Categories          | Drug Tier | Requirements/Limits/Notes                       |
|--|-----------|---|
| <b>Antibiotics</b>                                       |           |   |
| <i>bacitracin ophthalmic ointment</i>                    | Tier 2    | GEN (Generic for Ocu-Tracin)                    |
| <i>bacitracin-polymyxin b ophthalmic ointment</i>        | Tier 2    | GEN (Generic for Polysporin)                    |
| <b>BESIVANCE OPHTHALMIC DROPS,SUSPENSION</b>             | Tier 3    |   |
| <b>CILOXAN OPHTHALMIC OINTMENT</b>                       | Tier 3    |   |
| <i>ciprofloxacin hcl ophthalmic drops</i>                | Tier 2    | GEN (Generic for Ciloxan)                       |
| <i>erythromycin ophthalmic ointment</i>                  | Tier 1    | GC; GEN (Generic for Ilotycin)                  |
| <i>garamycin ophthalmic drops</i>                        | Tier 1    | GC  |
| <i>gatifloxacin ophthalmic drops</i>                     | Tier 2    | GEN (Generic for Zymar)                         |
| <i>gentak ophthalmic ointment</i>                        | Tier 2    |   |
| <i>gentamicin ophthalmic drops</i>                       | Tier 1    | GC; GEN (Generic for Garamycin)                 |
| <i>gentamicin ophthalmic ointment</i>                    | Tier 3    | GEN (Generic for Garamycin)                     |
| <i>levofloxacin ophthalmic drops</i>                     | Tier 2    | GEN (Generic for Quixin)                        |
| <b>NATACYN OPHTHALMIC DROPS,SUSPENSION</b>               | Tier 3    |   |
| <i>neomycin-bacitracin-polymyxin ophthalmic ointment</i> | Tier 2    | GEN (Generic for Neosporin Ophthalmic Ointment) |
| <i>neomycin-polymyxin-gramicidin ophthalmic drops</i>    | Tier 2    | GEN (Generic for AK-spore)                      |
| <i>ofloxacin ophthalmic drops</i>                        | Tier 2    | GEN (Generic for Ocuflax)                       |
| <i>polymyxin b sulf-trimethoprim ophthalmic drops</i>    | Tier 1    | GC; GEN (Generic for Polytrim)                  |
| <i>tobramycin ophthalmic drops</i>                       | Tier 1    | GC; GEN (Generic for Tobrex)                    |
| <b>TOBREX OPHTHALMIC OINTMENT</b>                        | Tier 3    |   |
| <b>Antivirals</b>  |           |   |
| <i>trifluridine ophthalmic drops</i>                     | Tier 4    | GEN (Generic for Viroptic)                      |
| <b>ZIRGAN OPHTHALMIC GEL</b>                             | Tier 4    |   |
| <b>Beta-Blockers</b>                                     |           |   |
| <i>betaxolol ophthalmic drops</i>                        | Tier 2    | GEN (Generic for Betoptic)                      |
| <i>carteolol ophthalmic drops</i>                        | Tier 1    | GC; GEN (Generic for Ocupress)                  |
| <i>levobunolol ophthalmic drops 0.5 %</i>                | Tier 1    | GC; GEN (Generic for AK-Beta)                   |
| <i>metipranolol ophthalmic drops</i>                     | Tier 2    | GEN (Generic for Optipranolol)                  |
| <i>timolol maleate ophthalmic drops</i>                  | Tier 1    | GC; GEN (Generic for Timoptic)                  |

| <b>Commonly Prescribed Therapeutic Drug Categories</b> | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|--|------------------|----------------------------------|
| <i>timolol maleate ophthalmic gel forming solution</i> | Tier 1           | GC; GEN (Generic for Timoptic)   |
| <b>Cholinesterase Inhibitor Miotics</b>                |                  |                                  |
| <b>PHOSPHOLINE IODIDE OPHTHALMIC DROPS</b>             | Tier 4           |                                  |
| <b>Cycloplegic Mydriatics</b>                          |                  |                                  |
| <i>atropine ophthalmic drops</i>                       | Tier 2           |                                  |
| <b>Miscellaneous Ophthalmologics</b>                   |                  |                                  |
| <i>azelastine ophthalmic drops</i>                     | Tier 4           | GEN (Generic for Optivar)        |
| <b>BEPREVE OPHTHALMIC DROPS</b>                        | Tier 3           |                                  |
| <i>cromolyn ophthalmic drops</i>                       | Tier 2           | GEN (Generic for Crolom)         |
| <b>CYSTARAN OPHTHALMIC DROPS</b>                       | Tier 5           |                                  |
| <i>epinastine ophthalmic drops</i>                     | Tier 2           | GEN (Generic for Elestat)        |
| <b>LACRISERT OPHTHALMIC INSERT</b>                     | Tier 3           |                                  |
| <b>LASTACFT OPHTHALMIC DROPS</b>                       | Tier 3           |                                  |
| <b>PATADAY OPHTHALMIC DROPS</b>                        | Tier 3           |                                  |
| <b>PATANOL OPHTHALMIC DROPS</b>                        | Tier 3           |                                  |
| <b>RESTASIS OPHTHALMIC DROPPERETTE</b>                 | Tier 3           | QL (60 EA per 30 days)           |
| <b>Non-Steroidal Anti-Inflammatory Agents</b>          |                  |                                  |
| <i>bromfenac ophthalmic drops</i>                      | Tier 4           | GEN (Generic for Xibrom)         |
| <i>diclofenac sodium ophthalmic drops</i>              | Tier 2           | GEN (Generic for Voltaren)       |
| <i>flurbiprofen sodium ophthalmic drops</i>            | Tier 2           | GEN (Generic for Ocufer)         |
| <b>ILEVRO OPHTHALMIC DROPS,SUSPENSION</b>              | Tier 3           |                                  |
| <i>ketorolac ophthalmic drops</i>                      | Tier 2           | GEN (Generic for Acular)         |
| <b>NEVANAC OPHTHALMIC DROPS,SUSPENSION</b>             | Tier 3           |                                  |
| <b>PROLENSA OPHTHALMIC DROPS</b>                       | Tier 3           |                                  |
| <b>Oral Drugs For Glaucoma</b>                         |                  |                                  |
| <i>acetazolamide oral capsule, extended release</i>    | Tier 4           | GEN (Generic for Diamox)         |
| <i>acetazolamide oral tablet 125 mg</i>                | Tier 2           |                                  |
| <i>acetazolamide oral tablet 250 mg</i>                | Tier 2           | GEN (Generic for Diamox)         |
| <i>acetazolamide sodium injection recon soln</i>       | Tier 2           | GEN (Generic for Diamox)         |



| <b>Commonly Prescribed Therapeutic Drug Categories</b>           | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                 |
|--|------------------|--|
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                    | Tier 4           | GEN (Generic for Neptazane)                      |
| <b>Other Glaucoma Drugs</b>                                      |                  |  |
| <i>bimatoprost ophthalmic drops</i>                              | Tier 2           |  |
| <b>COMBIGAN OPHTHALMIC DROPS</b>                                 | Tier 3           |  |
| <i>dorzolamide ophthalmic drops</i>                              | Tier 2           | GEN (Generic for Trusopt)                        |
| <i>dorzolamide-timolol ophthalmic drops</i>                      | Tier 2           | GEN (Generic for Cosopt)                         |
| <i>latanoprost ophthalmic drops</i>                              | Tier 2           | GEN (Generic for Xalatan)                        |
| <b>LUMIGAN OPHTHALMIC DROPS 0.01 %</b>                           | Tier 3           |  |
| <b>SIMBRINZA OPHTHALMIC DROPS,SUSPENSION</b>                     | Tier 4           |  |
| <b>TRAVATAN Z OPHTHALMIC DROPS</b>                               | Tier 3           |  |
| <i>travoprost (benzalkonium) ophthalmic drops</i>                | Tier 2           | GEN (Generic for Travatan)                       |
| <b>ZIOPTAN (PF) OPHTHALMIC DROPPERETTE</b>                       | Tier 4           | ST   |
| <b>Steroid-Antibiotic Combinations</b>                           |                  |  |
| <i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>           | Tier 2           | GEN (Generic for Corisporin Ophthalmic Ointment) |
| <i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension</i> | Tier 1           | GC; GEN (Generic for Maxitrol)                   |
| <i>neomycin-polymyxin b-dexameth ophthalmic ointment</i>         | Tier 2           | GEN (Generic for Maxitrol)                       |
| <i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>         | Tier 4           |  |
| <i>tobramycin-dexamethasone ophthalmic drops,suspension</i>      | Tier 3           | GEN (Generic for Tobradex)                       |
| <b>ZYLET OPHTHALMIC DROPS,SUSPENSION</b>                         | Tier 3           |  |
| <b>Steroids</b>  |                  |  |
| <b>ALREX OPHTHALMIC DROPS,SUSPENSION</b>                         | Tier 3           |  |
| <i>dexamethasone sodium phosphate ophthalmic drops</i>           | Tier 2           | GEN (Generic for Maxidex)                        |
| <i>fluorometholone ophthalmic drops,suspension</i>               | Tier 2           | GEN (Generic for FML Liquifilm )                 |
| <b>FML S.O.P. OPHTHALMIC OINTMENT</b>                            | Tier 3           |  |
| <b>LOTEMAX OPHTHALMIC DROPS,GEL</b>                              | Tier 3           |  |

| Commonly Prescribed Therapeutic Drug Categories             | Drug Tier | Requirements/Limits/Notes                          |
|---|-----------|--|
| <b>LOTEMAX OPHTHALMIC DROPS,SUSPENSION</b>                  | Tier 3    |  |
| <b>LOTEMAX OPHTHALMIC OINTMENT</b>                          | Tier 3    |  |
| <i>prednisolone acetate ophthalmic drops,suspension</i>     | Tier 2    |  |
| <i>prednisolone sodium phosphate ophthalmic drops</i>       | Tier 2    | GEN (Generic for Omnipred)                         |
| <b>Steroid-Sulfonamide Combinations</b>                     |           |  |
| <b>BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION</b>               | Tier 4    |  |
| <b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>                | Tier 4    |  |
| <i>sulfacetamide-prednisolone ophthalmic drops</i>          | Tier 2    | GEN (Generic for Sodium Sulamyd)                   |
| <b>Sulfonamides</b>   |           |  |
| <b>BLEPH-10 OPHTHALMIC DROPS</b>                            | Tier 3    |  |
| <i>sulfacetamide sodium ophthalmic drops</i>                | Tier 1    | GC   |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>        | Tier 2    | GEN (Generic for Sodium Sulamyd)                   |
| <b>Sympathomimetics</b>                                     |           |  |
| <b>ALPHAGAN P OPHTHALMIC DROPS 0.1 %</b>                    | Tier 3    |  |
| <i>apraclonidine ophthalmic drops</i>                       | Tier 2    | GEN (Generic for Iopidine)                         |
| <i>brimonidine ophthalmic drops 0.15 %</i>                  | Tier 4    | GEN (Generic for Alphagan P)                       |
| <i>brimonidine ophthalmic drops 0.2 %</i>                   | Tier 1    | GC; GEN (Generic for Alphagan P)                   |
| <b>IOPIDINE OPHTHALMIC DROPPERETTE</b>                      | Tier 4    |  |
| <b>Vasoconstrictor Decongestants</b>                        |           |  |
| <i>naphazoline ophthalmic drops</i>                         | Tier 2    | GEN (Generic for Naphcon-A)                        |
| <b>Respiratory And Allergy</b>                              |           |  |
| <b>Antihistamine / Antiallergenic Agents</b>                |           |  |
| <i>adrenalin injection solution 1 mg/ml (1:1,000) (1ml)</i> | Tier 2    |  |
| <i>cetirizine oral solution 1 mg/ml</i>                     | Tier 2    | GEN (Generic for Zyrtec)                           |
| <i>desloratadine oral tablet</i>                            | Tier 4    | GEN (Generic for Clarinex); QL (30 EA per 30 days) |
| <i>desloratadine oral tablet, disintegrating</i>            | Tier 4    | GEN (Generic for Clarinex); QL (30 EA per 30 days) |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>               | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|--|------------------|---|
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>               | Tier 2           | GEN (Generic for Benadryl); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine)   |
| <i>diphenhydramine hcl oral elixir</i>                               | Tier 2           | PA; GEN (Generic for Benadryl); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine)   |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml (1:1,000)</i> | Tier 2           | GEN (Generic for EpiPen); QL (4 EA per 30 days)   |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml (1:1,000)</i>   | Tier 2           | QL (4 EA per 30 days)   |
| <b>EPIPEN 2-PAK INJECTION AUTO-INJECTOR</b>                          | Tier 3           | QL (4 EA per 30 days)   |
| <b>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR</b>                       | Tier 3           | QL (4 EA per 30 days)   |
| <i>hydroxyzine hcl oral tablet 10 mg</i>                             | Tier 4           | PA; GEN (Generic for Atarax); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine); SN (Capsules not covered.)                       |
| <i>hydroxyzine hcl oral tablet 25 mg</i>                             | Tier 4           | PA; GEN (Generic for Atarax); HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine); SN (Capsules not covered. Use TWO pills = 50mg.) |
| <i>levocetirizine oral solution</i>                                  | Tier 2           | GEN (Generic for Xyzal)   |
| <i>levocetirizine oral tablet</i>                                    | Tier 2           | GEN (Generic for Xyzal); QL (30 EA per 30 days)   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>  |
|---|------------------|---|
| <i>promethazine injection solution 25 mg/ml</i>   | Tier 2           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: prochlorperazine, ondansetron, granisetron); SN (Tabs, Syrup, and Suppositories are not covered.) |
| <i>promethazine injection solution 50 mg/ml</i>   | Tier 2           | PA NS; HRM (High Risk Medication for people over age 65, ensure benefits outweigh risk. Alternatives: prochlorperazine, ondansetron, granisetron); SN (Tabs, Syrup & Suppositories are not covered.)    |
| <b>Pulmonary Agents</b>   |                  |   |
| <i>acetylcysteine solution</i>  | Tier 2           | B/D; GEN (Generic for Mucomyst)   |
| <b>ADCIRCA ORAL TABLET</b>  | Tier 5           | PA; QL (60 EA per 30 days)  |
| <b>ADEMPAS ORAL TABLET</b>  | Tier 5           | PA; LA  |
| <b>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE</b>   | Tier 3           | QL (60 EA per 30 days)  |
| <b>ADVAIR HFA INHALATION HFA AEROSOL INHALER</b>  | Tier 3           | QL (12 GM per 30 days)  |
| <b>AEROSPAN INHALATION HFA AEROSOL INHALER</b>  | Tier 3           |   |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>                                  | Tier 4           | B/D; GEN (Generic for Proventil/Ventolin)   |
| <i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i> | Tier 2           | B/D; GEN (Generic for Proventil/Ventolin)   |
| <i>albuterol sulfate oral syrup</i>   | Tier 2           | GEN (Generic for Proventil/Ventolin)  |
| <i>albuterol sulfate oral tablet</i>  | Tier 4           | GEN (Generic for Proventil/Ventolin)  |
| <i>albuterol sulfate oral tablet extended release 12 hr</i>   | Tier 3           | GEN (Generic for Proventil/Ventolin)  |
| <i>aminophylline intravenous solution 250 mg/10 ml</i>  | Tier 2           |   |
| <b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE</b>   | Tier 3           | QL (60 EA per 30 days)  |
| <b>ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>   | Tier 4           | QL (30 EA per 30 days)  |
| <b>ASMANEX HFA INHALATION HFA AEROSOL INHALER</b>   | Tier 3           |   |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                      |
|---|------------------|---|
| <b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)</b> | Tier 3           |   |
| <b>ATROVENT HFA INHALATION HFA AEROSOL INHALER</b>  | Tier 3           | QL (25.8 GM per 30 days)                              |
| <b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</b>  | Tier 3           | QL (60 EA per 30 days)                                |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>  | Tier 4           | B/D; GEN (Generic for Pulmicort)                      |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>  | Tier 4           | B/D   |
| <i>budesonide nasal spray,non-aerosol</i>   | Tier 4           | GEN (Generic for Rhinocort); QL (17.2 GM per 30 days) |
| <b>CINRYZE INTRAVENOUS RECON SOLN</b>   | Tier 5           | PA  |
| <b>COMBIVENT RESPIMAT INHALATION MIST</b>   | Tier 3           | QL (8 GM per 30 days)                                 |
| <i>cromolyn inhalation solution for nebulization</i>  | Tier 2           | B/D; GEN (Generic for Intal)                          |
| <b>DALIRESP ORAL TABLET</b>   | Tier 3           | PA  |
| <b>DULERA INHALATION HFA AEROSOL INHALER</b>  | Tier 3           | QL (13 GM per 30 days)                                |
| <b>DYMISTA NASAL SPRAY,NON-AEROSOL</b>  | Tier 3           | QL (23 GM per 30 days)                                |
| <b>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML</b>   | Tier 4           |   |
| <b>ESBRIET ORAL CAPSULE</b>   | Tier 5           | PA  |
| <b>FIRAZYR SUBCUTANEOUS SYRINGE</b>   | Tier 5           | PA  |
| <b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE</b>  | Tier 3           |   |
| <b>FLOVENT HFA INHALATION HFA AEROSOL INHALER</b>   | Tier 3           |   |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>   | Tier 2           | GEN (Generic for Nasalide); QL (50 ML per 30 days)    |
| <i>fluticasone nasal spray,suspension</i>   | Tier 2           | GEN (Generic for Flovent); QL (16 GM per 30 days)     |
| <b>FORADIL AEROLIZER INHALATION CAPSULE, WINHALATION DEVICE</b>   | Tier 3           | QL (60 EA per 30 days)                                |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>  | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b>                      |
|---|------------------|---|
| <i>ipratropium bromide inhalation solution</i>  | Tier 2           | B/D; GEN (Generic for Atrovent)                       |
| <i>ipratropium-albuterol inhalation solution for nebulization</i>                                       | Tier 2           | B/D; GEN (Generic for Duo-Neb)                        |
| <b>KALYDECO ORAL TABLET</b>   | Tier 5           |   |
| <b>LETAIRIS ORAL TABLET</b>   | Tier 5           | PA; LA  |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i> | Tier 2           | B/D; GEN (Generic for Xopenex)                        |
| <i>metaproterenol oral syrup</i>  | Tier 2           | GEN (Generic for Alupent)                             |
| <i>metaproterenol oral tablet</i>   | Tier 2           | GEN (Generic for Alupent)                             |
| <i>montelukast oral granules in packet</i>  | Tier 2           | GEN (Generic for Singular)                            |
| <i>montelukast oral tablet</i>  | Tier 2           | GEN (Generic for Singular)                            |
| <i>montelukast oral tablet, chewable</i>  | Tier 2           | GEN (Generic for Singular)                            |
| <b>NASONEX NASAL SPRAY, NON-AEROSOL</b>   | Tier 3           | QL (34 GM per 30 days)                                |
| <b>OFEV ORAL CAPSULE</b>  | Tier 5           | PA; QL (60 EA per 30 days)                            |
| <b>OPSUMIT ORAL TABLET</b>  | Tier 5           | PA; LA  |
| <b>PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION</b>   | Tier 3           | B/D   |
| <b>PROAIR HFA INHALATION HFA AEROSOL INHALER</b>  | Tier 3           | QL (17 GM per 30 days)                                |
| <b>PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED</b>                                      | Tier 3           | QL (17 EA per 30 days)                                |
| <b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED</b>                                    | Tier 3           |   |
| <b>PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML</b>                                       | Tier 3           | B/D   |
| <b>PULMOZYME INHALATION SOLUTION</b>  | Tier 5           | B/D   |
| <b>QVAR INHALATION AEROSOL</b>  | Tier 3           |   |
| <b>REVATIO INTRAVENOUS SOLUTION</b>   | Tier 5           | PA  |
| <b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</b>   | Tier 3           | QL (60 EA per 30 days)                                |
| <i>sildenafil intravenous solution</i>  | Tier 5           | PA  |
| <i>sildenafil oral tablet</i>   | Tier 3           | PA; GEN (Generic for Revatio); QL (90 EA per 30 days) |
| <b>SPIRIVA RESPIMAT INHALATION MIST</b>   | Tier 3           | QL (60 GM per 30 days)                                |

| Commonly Prescribed Therapeutic Drug Categories                          | Drug Tier | Requirements/Limits/Notes                               |
|--|-----------|---|
| <b>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>   | Tier 3    | QL (90 EA per 30 days)                                  |
| <b>SYMBICORT INHALATION HFA AEROSOL INHALER</b>                          | Tier 3    | QL (10.2 GM per 30 days)                                |
| <i>terbutaline oral tablet</i>   | Tier 2    | GEN (Generic for Brethine)                              |
| <i>terbutaline subcutaneous solution</i>                                 | Tier 2    |   |
| <b>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR</b>                       | Tier 4    |   |
| <i>theophylline oral solution</i>  | Tier 2    | GEN (Generic for Theodur)                               |
| <i>theophylline oral tablet extended release</i>                         | Tier 2    | GEN (Generic for Theo-24)                               |
| <i>theophylline oral tablet extended release 12 hr</i>                   | Tier 2    | GEN (Generic for Theo-24)                               |
| <b>TRACLEER ORAL TABLET</b>  | Tier 5    | PA; LA  |
| <b>TRIAMCINOLONE ACETONIDE NASAL AEROSOL, SPRAY</b>                      | Tier 3    | GEN (Generic for Nasacort AQ); QL (16.5 GM per 30 days) |
| <b>TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED</b>        | Tier 3    | QL (1 EA per 30 days)                                   |
| <b>TYVASO INHALATION SOLUTION FOR NEBULIZATION</b>                       | Tier 5    | B/D   |
| <b>XOLAIR SUBCUTANEOUS RECON SOLN</b>                                    | Tier 5    | PA; LA; QL (6 EA per 28 days)                           |
| <i>zafirlukast oral tablet</i>   | Tier 4    | GEN (Generic for Accolate)                              |
| <b>ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR</b>                         | Tier 4    |   |
| <b>ZYFLO ORAL TABLET</b>   | Tier 4    |   |
| <b>Urologicals</b>   |           |   |
| <b>Anticholinergics / Antispasmodics</b>                                 |           |   |
| <b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR</b>                        | Tier 3    |   |
| <i>flavoxate oral tablet</i>   | Tier 2    | GEN (Generic for Uripas)                                |
| <b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</b>                      | Tier 3    |   |
| <i>oxybutynin chloride oral syrup</i>                                    | Tier 2    | GEN (Generic for Ditropan)                              |
| <i>oxybutynin chloride oral tablet</i>                                   | Tier 2    | GEN (Generic for Ditropan)                              |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> | Tier 2    | GEN (Generic for Ditropan)                              |

| <b>Commonly Prescribed Therapeutic Drug Categories</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>              | Tier 4           | GEN (Generic for Ditropan)       |
| <i>tolterodine oral capsule, extended release 24hr</i>                          | Tier 2           | GEN (Generic for Detrol LA)      |
| <i>tolterodine oral tablet 1 mg</i>   | Tier 4           | GEN (Generic for Detrol)         |
| <i>tolterodine oral tablet 2 mg</i>   | Tier 2           | GEN (Generic for Detrol)         |
| <b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR</b>                                | Tier 3           |                                  |
| <i>trospium oral capsule, extended release 24hr</i>                             | Tier 4           | GEN (Generic for Sanctura)       |
| <i>trospium oral tablet</i>   | Tier 4           | GEN (Generic for Sanctura)       |
| <b>VESICARE ORAL TABLET</b>   | Tier 3           |                                  |
| <b>Benign Prostatic Hyperplasia(Bph) Therapy</b>                                |                  |                                  |
| <b>ALFUZOSIN ORAL TABLET EXTENDED RELEASE 24 HR</b>                             | Tier 3           | GEN (Generic for Uroxatral)      |
| <b>AVODART ORAL CAPSULE</b>   | Tier 3           |                                  |
| <i>finasteride oral tablet 5 mg</i>   | Tier 2           | GEN (Generic for Proscar)        |
| <b>JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR</b>                                  | Tier 3           |                                  |
| <b>RAPAFLO ORAL CAPSULE</b>   | Tier 3           | ST                               |
| <i>tamsulosin oral capsule, extended release 24hr</i>                           | Tier 1           | GC; GEN (Generic for Flomax)     |
| <b>Cholinergic Stimulants</b>   |                  |                                  |
| <i>bethanechol chloride oral tablet</i>   | Tier 2           | GEN (Generic for Urecholine)     |
| <b>Miscellaneous Urologicals</b>  |                  |                                  |
| <b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>  | Tier 3           | PA; QL (30 EA per 30 days)       |
| <b>CYSTAGON ORAL CAPSULE</b>  | Tier 3           | LA                               |
| <b>ELMIRON ORAL CAPSULE</b>   | Tier 3           |                                  |
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| <b>Commonly Prescribed Therapeutic Drug Categories</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
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| <i>klor-con 8 oral tablet extended release</i>  | Tier 1           | GC; GEN (Generic for Potassium)  |
| <i>klor-con m15 oral tablet, er particles/crystals</i>                                      | Tier 1           | GC; GEN (Generic for Potassium)  |
| <i>klor-con m20 oral tablet, er particles/crystals</i>                                      | Tier 1           | GC; GEN (Generic for Potassium)  |
| <b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ</b>  | Tier 4           | GEN (Generic for Potassium)      |
| <i>k-tab oral tablet extended release 20 meq</i>  | Tier 4           | GEN (Generic for Potassium)      |
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| <b>NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION</b>                           | Tier 3           |                                  |
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| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>    | Tier 2           |                                  |
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| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>                 | Tier 2           |                                  |
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| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
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| <b>Commonly Prescribed Therapeutic Drug Categories</b>                | <b>Drug Tier</b> | <b>Requirements/Limits/Notes</b> |
|---|------------------|----------------------------------|
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| Commonly Prescribed Therapeutic Drug Categories        | Drug Tier | Requirements/Limits/Notes |
|--|-----------|---------------------------|
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We have made no changes to this formulary since 10/01/2015.

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1 Cameron Hill Circle | Chattanooga, TN 37402  
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