

Medicaid List of Covered Drugs (Formulary) **2019**

UCare Connect (SNBC)

Families and Children (Prepaid Medical Assistance Program (PMAP))

MinnesotaCare

Minnesota Senior Care Plus (MSC Plus)

UCare Connect counties: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Families and Children (PMAP) counties: Anoka, Blue Earth, Carver, Chippewa, Cottonwood, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Lac qui Parle, Lake of the Woods, LeSueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Ramsey, Redwood, Rice, Rock, St. Louis, Scott, Sibley, Swift, Washington, Watonwan, Winona, Wright, Yellow Medicine.

MinnesotaCare counties: Anoka, Big Stone, Blue Earth, Carver, Chippewa, Cottonwood, Dakota,

Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Isanti, Jackson, Kanabec, Kandiyohi, Lac qui Parle, Lake of the Woods, LeSueur, Lincoln, Lyon, McLeod, Martin, Meeker, Morrison, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Ramsey, Redwood, Renville, Rice, Rock, St. Louis, Scott, Sibley, Steele, Stevens, Swift, Todd, Traverse, Wadena, Waseca, Washington, Watonwan, Winona, Wright, Yellow Medicine.

Minnesota Senior Care Plus counties: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, Yellow Medicine.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. MEMBERS MUST USE NETWORK PHARMACIES TO RECEIVE PRESCRIPTION DRUG BENEFITS.

UCare, 500 Stinson Blvd, Minneapolis, MN 55413

UCare Customer Service: Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free. Hours of operation: 8 am to 5 pm, Monday through Friday. The call is free. For more information visit ucare.org.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year. Please review this document to make sure that it still has the drugs you take. Please contact UCare Customer Service with questions: Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free. Hours of operation: 8 am to 5 pm, Monday through Friday. The call is free. For more information visit **ucare.org**.

Other drug coverage: If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get these services.

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your health plan Primary Care Provider (PCP) prior to the referral.

Toll Free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ما أذلاحة: إرتد مساعدة مجانية لتجرمة هه الوثيقة، ال على الرقم أعلاه

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တိလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (Voice)
800-537-7697 (TDD)
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org

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What is a List of Covered Drugs?

A list of covered drugs includes the prescription drugs covered by UCare. The drugs on the list are selected by UCare with the help of a team of doctors and pharmacists. UCare will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a UCare network pharmacy and other requirements related to the drug are followed.

Does the List of Covered Drugs ever change?

The UCare list of covered drugs can change during the course of a calendar year. If changes occur which will impact the coverage of a medication you are taking, UCare will make reasonable efforts to contact you and your prescriber to inform you and your prescriber about the change and possible alternative medications which will be covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred.
- A drug is removed from the list of covered drugs due to safety reasons.
- Changes in prior authorization requirements.

How are drugs listed in the List of Covered Drugs?

There are two ways to find your prescription drugs in the formulary. You can search by medical condition associated with your drug or by alphabetical listing.

Search by Medical Condition

Drugs listed by medical condition begin on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions they are used to treat. If you know what your drug is used for, look for the category in the list that begins on page 1. Then look under the category name for your drug.

Search by Alphabetical Listing

If you are not sure what category to look under, you can look for your drug in the Index. The Index gives an alphabetical list of all of the drugs included in the formulary. Both brand name 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 within the formulary.

What is a Preferred Drug List?

In Minnesota, all managed care organizations are required to follow the Department of Human Services' Preferred Drug List (PDL). The PDL is created by the Department of Human Services, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are more or less cost effective. Generally, drugs that are listed on the PDL as preferred are more cost effective; and drugs that are listed as non-preferred on PDL are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs will require a prior authorization. To receive a non-preferred drug, your doctor or health care provider must get prior authorization.

The Preferred Drug List is a portion of UCare's list of covered drugs. UCare's list of covered drugs is a complete list of all covered drugs. The Preferred Drug List is available on the department's website: Minnesota Fee-for-Service Medicaid Preferred Drug List (mn.gov/dhs/mhcp/ffs-preferred-drug-list).

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredient as the brand-name drug and produces the same clinical effect as the brand-name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from an already-approved biological product. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options for you.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand-name or non-biosimilar version of the drug.

UCare will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs UCare in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. UCare may prefer the dispensing of the brand-name version over the generic version or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota Law requires the dispensing of the brand-name or non-biosimilar version of the drug.

Within the list of covered drugs, brand-name drugs are capitalized (e.g. EPIPEN) and generic drugs are listed in lower-case italics (e.g. *maprotiline* tablet).

What are over-the-counter (OTC) drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, UCare may cover it.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially-trained pharmacist.

If you are prescribed a drug that is on the UCare Specialty Drug List, your prescriber will need to send the prescription of that specialty drug to UCare's Specialty Pharmacy.

Name of Specialty Pharmacy: Fairview Specialty Pharmacy

Phone and TTY: 612-672-5260 or 1-800-595-7140 (toll free) TTY call the National Relay Center at 711 and ask for 1-800-595-7140.

Fax: 1-866-347-4939

Hours of Operation: 24 hours a day, seven days a week

www.fairviewspecialtyrx.org

You will also need to call the Specialty Pharmacy at 612-672-5260 or 1-800-595-7140 toll free to set up an account. You will need to have your UCare Member Identification (ID) card when you call the Specialty Pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug is not listed in the list of covered drugs, you should contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free and ask if the drug is covered. If not, it is considered a non-formulary drug. If you need a drug that is not included in the list of covered drugs,

- You can ask your health care provider if there is another covered drug that will work for you.
- You and/or your health care provider can ask UCare to make an “exception” and cover the drug for you or remove the restrictions or limits. If your exception request is approved, the drug will be covered at the appropriate generic or brand name copay level.

Generally, UCare will only approve your health care provider’s request for a formulary exception if the alternative drug included on UCare’s list of covered drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If your healthcare provider prescribes a drug that is not on our list of covered drugs or a drug that requires prior authorization, your provider should call Express Scripts or visit our provider website to complete a request form. Members may also find more information on **ucare.org**. Please call UCare Customer Service at the number listed on the front cover for help.

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:** UCare requires you or your doctor or health care provider to get prior authorization for certain drugs. This means that you will need to get approval from UCare before you fill your prescriptions. If you don’t get approval, UCare may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare limits the amount of the drug that UCare will cover.
- **Age requirements:** In some cases, there are age requirements for you to try certain drugs. A prior authorization is needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. A drug restriction or limit can be removed if your doctor submits a statement or documentation supporting the request. Refer to your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free or by visiting our website at **ucare.org**.

- **Excluded Drugs:** Some drugs are excluded from the list of covered drugs. Excluded drugs include the following:
 - Drugs used to treat sexual or erectile dysfunction
 - Drugs used to enhance fertility
 - Drugs used for cosmetic purposes, including drugs to treat hair loss
 - Drugs or products to promote weight loss
 - Drugs not clinically proven to be effective
 - Investigational or experimental drugs
 - Medical cannabis

Can I request an exception to the coverage restrictions?

Yes. Your healthcare provider can obtain the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions from ucare.org or by contacting, UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free. Your provider must return this form to the fax number or address listed on the document. To facilitate a thorough review and to ensure that your healthcare provider receives a response within 24 hours, UCare asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects).

What will a prescription cost?

All copay information for prescriptions is listed in the Member Handbook. If you have additional questions, contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+ Members: 612-676-3200 or 1-800-203-7225 toll free. UCare Connect: 612-676-3395 or 1-877-903-0061 toll free. TTY: 612-676-6810 or 1-800-688-2534 toll free or by visiting our website at ucare.org.

Drug List (formulary) Key

Explanation of Coverage Status		
P	Preferred Drug	Preferred drugs are covered without Prior Authorization
NP	Non-Preferred Drug	Non-preferred drugs require Prior Authorization from UCare
AD	Additional Drugs	Additional drugs covered by UCare
Explanation of Requirements		
PA	Prior Authorization	Drugs that require approval from UCare before you fill your prescription
QL	Quantity Limit	There are limits to the quantity of the drug covered per month
SP	Specialty Drug	Specialty drugs are used for complex conditions and require Fairview Specialty Pharmacy to fill your prescription.

Drug	Tier	Limits or Restrictions
ANTI-HISTAMINE DRUGS		
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET	P	
ALL DAY ALLERGY-D ORAL	P	
ALLERGY AND CONGESTION RELIEF ORAL	P	
ALLERGY COMPLETE-D ORAL	P	
ALLERGY RELIEF (LORATADINE) ORAL	P	
ALLERGY RELIEF D-24HR ORAL	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	P	
ALLER-TEC ORAL	P	
carbinoxamine maleate oral liquid	AD	
carbinoxamine maleate oral tablet 4 mg	AD	
cetirizine oral solution 1 mg/ml	P	
cetirizine oral tablet	P	
cetirizine oral tablet,chewable	P	
cetirizine-pseudoephedrine oral	P	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION	P	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	P	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL	P	
CLARINEX ORAL SYRUP	NP	PA
CLARINEX ORAL TABLET	NP	PA
CLARINEX-D 12 HOUR ORAL	NP	PA
clemastine oral tablet 2.68 mg	AD	
cyproheptadine oral	AD	
desloratadine oral	NP	PA
dimenhydrinate injection solution	AD	
diphenhydramine hcl injection solution 50 mg/ml	AD	
diphenhydramine hcl injection syringe	AD	
hydroxyzine hcl intramuscular	AD	
hydroxyzine hcl oral solution 10 mg/5 ml	AD	
hydroxyzine hcl oral tablet	AD	
hydroxyzine pamoate oral	AD	
levocetirizine oral	P	
LORATA-DINE D ORAL	P	

Drug	Tier	Limits or Restrictions
loratadine oral solution	P	
loratadine oral tablet	P	
LORATADINE-D ORAL	P	
meclizine oral tablet 12.5 mg, 25 mg	AD	
meclizine oral tablet,chewable	AD	
NON-DROWSY ALLERGY ORAL	P	
promethazine injection solution	AD	
promethazine oral	AD	
promethazine rectal suppository 12.5 mg, 25 mg	AD	
SEMPREX-D ORAL	NP	PA
WAL-ZYR (CETIRIZINE) ORAL TABLET	P	
ANTI-INFECTIVE AGENTS		
abacavir oral	AD	
abacavir-lamivudine oral	AD	
abacavir-lamivudine-zidovudine oral	AD	
acyclovir oral capsule	P	
acyclovir oral suspension 200 mg/5 ml	P	
acyclovir oral tablet	P	
acyclovir sodium intravenous	AD	
adefovir oral	P	SP
AEMCOLO ORAL	AD	
albendazole oral	AD	
amantadine hcl oral	AD	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	AD	
amoxicillin oral capsule	AD	
amoxicillin oral suspension for reconstitution	AD	
amoxicillin oral tablet	AD	
amoxicillin oral tablet,chewable 125 mg, 250 mg	AD	
amoxicillin-pot clavulanate oral suspension for reconstitution	P	
amoxicillin-pot clavulanate oral tablet	P	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	NP	PA
amoxicillin-pot clavulanate oral tablet,chewable	NP	PA

Drug	Tier	Limits or Restrictions
amphotericin b injection	AD	
ampicillin oral capsule	AD	
ampicillin sodium injection	AD	
ampicillin sodium intravenous	AD	
ampicillin-sulbactam injection	AD	
ampicillin-sulbactam intravenous	AD	
ANCOBON ORAL	NP	PA
APTIVUS ORAL	AD	
ARIKAYCE INHALATION	AD	PA; SP
atazanavir oral	AD	
atovaquone oral	AD	
atovaquone-proguanil oral	AD	
ATRIPLA ORAL	AD	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	NP	PA
AUGMENTIN XR ORAL	NP	PA
AVELOX ORAL	NP	PA
azithromycin intravenous	AD	
azithromycin oral	P	
AZULFIDINE EN-TABS ORAL	NP	PA
AZULFIDINE ORAL	NP	PA
BACIIM INTRAMUSCULAR	AD	
bacitracin intramuscular	AD	
BARACLUDE ORAL	P	SP
BAXDELA ORAL	NP	PA
BENZNIDAZOLE ORAL	AD	SP
BETHKIS INHALATION	P	SP
BIKTARVY ORAL	AD	
CAYSTON INHALATION	NP	SP; PA; QL (84 per 30 days)
cefaclor oral capsule	P	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	P	
cefaclor oral tablet extended release 12 hr	NP	PA
cefadroxil oral capsule	P	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	P	
cefadroxil oral tablet	NP	PA

Drug	Tier	Limits or Restrictions
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	AD	
cefazolin injection	AD	
cefazolin intravenous	AD	
cefdinir oral	P	
cefditoren pivoxil oral tablet 200 mg	AD	
cefepime in dextrose,iso-osm intravenous	AD	
cefepime injection	AD	
cefixime oral	NP	PA
cefotaxime injection recon soln 1 gram	AD	
cefotetan injection	AD	
cefotetan intravenous	AD	
cefoxitin in dextrose, iso-osm intravenous	AD	
cefoxitin intravenous	AD	
cefpodoxime oral	NP	PA
cefprozil oral	P	
ceftazidime injection	AD	
ceftriaxone in dextrose,iso-os intravenous	AD	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	AD	
ceftriaxone intravenous	AD	
cefuroxime axetil oral tablet	P	
cefuroxime sodium injection recon soln 750 mg	AD	
cefuroxime sodium intravenous	AD	
cephalexin oral capsule	P	
cephalexin oral suspension for reconstitution	P	
cephalexin oral tablet	AD	
chloramphenicol sod succinate intravenous	AD	
chloroquine phosphate oral	AD	
CIMDUO ORAL	AD	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	NP	PA
CIPRO ORAL TABLET 250 MG, 500 MG	NP	PA
CIPRO XR ORAL	NP	PA
ciprofloxacin (mixture) oral	NP	PA
ciprofloxacin hcl oral	P	
ciprofloxacin in 5 % dextrose intravenous	AD	

Drug	Tier	Limits or Restrictions
ciprofloxacin oral	NP	PA
clarithromycin oral suspension for reconstitution	NP	PA
clarithromycin oral tablet	P	
clarithromycin oral tablet extended release 24 hr	NP	PA
clindamycin hcl oral capsule 150 mg, 300 mg	AD	
clindamycin palmitate hcl oral	AD	
CLINDAMYCIN PEDIATRIC ORAL	AD	
clindamycin phosphate injection	AD	
clindamycin phosphate intravenous	AD	
COARTEM ORAL	AD	
colistin (colistimethate na) injection	AD	
COMBIVIR ORAL	NP	PA
COMPLERA ORAL	AD	
CRESEMBA ORAL	NP	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	AD	
DAKLINZA ORAL	NP	PA; SP
dapsone oral	AD	
daptomycin intravenous recon soln 500 mg	AD	
DARAPRIM ORAL	AD	PA
DAXBIA ORAL	NP	PA
DELSTRIGO ORAL	AD	
DESCOVY ORAL	AD	
dicloxacillin oral	AD	
didanosine oral	AD	
DIFLUCAN ORAL	NP	PA
DOVATO ORAL	AD	
doxycycline hyclate oral capsule	AD	
doxycycline hyclate oral tablet 100 mg	AD	
doxycycline monohydrate oral capsule 100 mg, 50 mg	AD	
E.E.S. 400 ORAL TABLET	P	
E.E.S. GRANULES ORAL	NP	PA
EDURANT ORAL	AD	
efavirenz oral capsule	AD	
EMTRIVA ORAL	AD	
entecavir oral	P	SP

Drug	Tier	Limits or Restrictions
EPCLUSA ORAL	NP	PA; SP
EPIVIR HBV ORAL	P	
EPIVIR ORAL	P	
ertapenem injection	AD	
ERYPED 200 ORAL	NP	PA
ERYPED 400 ORAL	NP	PA
ERY-TAB ORAL	NP	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	NP	PA
erythromycin ethylsuccinate oral suspension for reconstitution	NP	PA
erythromycin ethylsuccinate oral tablet	NP	PA
erythromycin oral capsule, delayed release(dr/ec)	P	
erythromycin oral tablet	NP	PA
ethambutol oral	AD	
EVOTAZ ORAL	AD	
famciclovir oral tablet 125 mg, 500 mg	NP	PA; QL (21 per 30 days)
famciclovir oral tablet 250 mg	NP	PA; QL (60 per 30 days)
fluconazole in dextrose(iso-o) intravenous	AD	
fluconazole in nacl (iso-osm) intravenous	AD	
fluconazole oral suspension for reconstitution	P	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	P	
fluconazole oral tablet 150 mg	P	QL (2 Max Qty Per Fill Retail)
flucytosine oral	NP	PA
fosamprenavir oral	AD	
FUZEON SUBCUTANEOUS RECON SOLN	AD	SP
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	AD	
gentamicin injection	AD	
gentamicin sulfate (ped) (pf) injection	AD	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	AD	
GENVOYA ORAL	AD	
GOCOVRI ORAL	NP	PA
griseofulvin microsize oral	NP	PA

Drug	Tier	Limits or Restrictions
griseofulvin ultramicrosize oral	NP	PA
GRIS-PEG (ULTRAMICROSIZE) ORAL	NP	PA
HARVONI ORAL TABLET 90-400 MG	NP	PA; SP
HEPSERA ORAL	P	SP
hydroxychloroquine oral	AD	
HYOPHEN ORAL	AD	
INTELENCE ORAL	AD	
INTRON A INJECTION	AD	SP
INVIRASE ORAL TABLET	AD	
ISENTRESS HD ORAL	AD	
ISENTRESS ORAL TABLET	AD	
ISENTRESS ORAL TABLET,CHEWABLE	AD	
isoniazid injection	AD	
isoniazid oral	AD	
itraconazole oral capsule	NP	PA; QL (30 per 30 days)
itraconazole oral solution	NP	PA
ivermectin oral	AD	
JULUCA ORAL	AD	
KALETRA ORAL TABLET	AD	
KEFLEX ORAL CAPSULE	NP	PA
ketoconazole oral	NP	PA
KITABIS PAK INHALATION	P	SP
lamivudine oral	P	
lamivudine-zidovudine oral	AD	
ledipasvir-sofosbuvir oral	NP	PA; SP
LEVAQUIN ORAL TABLET 500 MG, 750 MG	NP	PA
levofloxacin oral	P	
LEXIVA ORAL SUSPENSION	AD	
linezolid in dextrose 5% intravenous	AD	
linezolid oral	AD	
linezolid-0.9% sodium chloride intravenous	AD	
lopinavir-ritonavir oral	AD	
LUGOLS ORAL	AD	
MAVYRET ORAL	P	PA; SP
mefloquine oral	AD	
meropenem intravenous	AD	
methenamine hippurate oral	AD	
methenamine mandelate oral	AD	

Drug	Tier	Limits or Restrictions
metronidazole in nacl (iso-os) intravenous	AD	
metronidazole oral	AD	
minocycline oral capsule	AD	
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-600 MG (28)-MG (28)	NP	SP; PA
moxifloxacin oral	NP	PA
MYCAMINE INTRAVENOUS	AD	
nafcillin in dextrose iso-osm intravenous	AD	
nafcillin injection	AD	
nafcillin intravenous	AD	
NEBUPENT INHALATION	AD	SP
neomycin oral	AD	
nevirapine oral suspension	AD	
nevirapine oral tablet	AD	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	AD	
nitrofurantoin monohyd/m-cryst oral	AD	
nitrofurantoin oral	AD	
NORVIR ORAL CAPSULE	AD	
NORVIR ORAL SOLUTION	AD	
NOXAFIL ORAL	NP	PA
NUZYRA ORAL	NP	PA
nystatin oral powder 150 million unit, 500 million unit	AD	
nystatin oral suspension	P	
nystatin oral tablet	NP	PA
ODEFSEY ORAL	AD	
ofloxacin oral tablet 300 mg, 400 mg	NP	PA
ONMEL ORAL	NP	PA
oseltamivir oral capsule 30 mg	AD	QL (40 per 30 days)
oseltamivir oral capsule 45 mg, 75 mg	AD	QL (30 per 30 days)
oseltamivir oral suspension for reconstitution	AD	QL (360 per 273 days)
oxacillin in dextrose(iso-osm) intravenous	AD	
oxacillin injection	AD	
oxacillin intravenous	AD	
paromomycin oral	AD	

Drug	Tier	Limits or Restrictions
PCE ORAL	NP	PA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML	AD	SP; QL (4 per 30 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	P	SP; QL (4 per 30 days)
PEGASYS SUBCUTANEOUS	P	SP; QL (4 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	NP	SP; PA
penicillin g potassium injection	AD	
penicillin g procaine intramuscular	AD	
penicillin g sodium injection	AD	
penicillin v potassium oral	AD	
PIFELTRO ORAL	AD	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	AD	
polymyxin b sulfite injection	AD	
praziquantel oral	AD	
PREVYMIS INTRAVENOUS	AD	SP
PREVYMIS ORAL	AD	SP
PREZCOBIX ORAL	AD	
PREZISTA ORAL SUSPENSION	AD	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	AD	
PRIFTIN ORAL	AD	
PYLERA ORAL	AD	
pyrazinamide oral	AD	
quinidine gluconate injection	AD	
quinidine gluconate oral	AD	
quinidine sulfate oral tablet	AD	
quinine sulfate oral	AD	
REBETOL ORAL SOLUTION	NP	SP; PA
RELENZA DISKHALER INHALATION	AD	QL (40 per 273 days)
RESCRIPTOR ORAL	AD	
RETROVIR INTRAVENOUS	AD	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	NP	SP; PA

Drug	Tier	Limits or Restrictions
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	NP	SP; PA
ribavirin oral capsule	P	SP
ribavirin oral tablet 200 mg	P	SP
rifabutin oral	AD	
rifampin intravenous	AD	
rifampin oral	AD	
RIFATER ORAL	AD	
rimantadine oral	AD	
ritonavir oral	AD	
SELZENTRY ORAL SOLUTION	AD	
SELZENTRY ORAL TABLET 150 MG, 300 MG	AD	
SIRTURO ORAL	AD	
SITAVIG BUCCAL	NP	PA
sofosbuvir-velpatasvir oral	NP	PA; SP
SOLOSEC ORAL	NP	PA
SOVALDI ORAL TABLET 400 MG	NP	PA; SP
SPORANOX ORAL	NP	PA
stavudine oral capsule	AD	
STRIBILD ORAL	AD	
STRONG IODINE ORAL	AD	
sulfadiazine oral	AD	
sulfamethoxazole-trimethoprim intravenous	AD	
sulfamethoxazole-trimethoprim oral	AD	
sulfasalazine oral	P	
SUPRAX ORAL CAPSULE	P	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	P	
SUPRAX ORAL TABLET,CHEWABLE	NP	PA
SYLATRON SUBCUTANEOUS	AD	SP
SYMFI LO ORAL	AD	
SYMFI ORAL	AD	
SYMTUZA ORAL	AD	
SYNAGIS INTRAMUSCULAR	AD	PA; SP
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	AD	QL (360 per 273 days)

Drug	Tier	Limits or Restrictions
TECHNIVIE ORAL	NP	PA; SP
tenofovir disoproxil fumarate oral	AD	
terbinafine hcl oral	P	
tetracycline oral	AD	
tinidazole oral	AD	
TIVICAY ORAL	AD	
TOBI INHALATION	NP	SP; PA
TOBI PODHALER INHALATION	NP	SP; PA
tobramycin in 0.225 % nacl inhalation	NP	SP; PA; QL (280 per 30 days)
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	AD	
tobramycin sulfate injection	AD	
TOLSURA ORAL	NP	PA
trimethoprim oral	AD	
TRIUMEQ ORAL	AD	
TROGARZO INTRAVENOUS	AD	
TRUVADA ORAL TABLET 200-300 MG	AD	
UR N-C ORAL	AD	
URIMAR-T ORAL	AD	
UROGESIC-BLUE ORAL	AD	
valacyclovir oral	P	QL (30 per 30 days)
valganciclovir oral	AD	
VALTREX ORAL	NP	PA
VANCOCIN ORAL	NP	PA
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml	AD	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	AD	
vancomycin oral capsule	P	
VEMLIDY ORAL	NP	SP; PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION	NP	PA
VIDEX 2 GRAM PEDIATRIC ORAL	AD	
VIEKIRA PAK ORAL	NP	PA; SP
VIRACEPT ORAL TABLET	AD	
VIREAD ORAL POWDER	AD	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	AD	SP
voriconazole intravenous	AD	

Drug	Tier	Limits or Restrictions
voriconazole oral suspension for reconstitution	NP	PA
voriconazole oral tablet	AD	
VOSEVI ORAL	P	PA; SP
XIFAXAN ORAL	AD	
XOFLUZA ORAL	AD	
ZEPATIER ORAL	NP	PA; SP
zidovudine oral	AD	
ZITHROMAX ORAL PACKET	NP	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	NP	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NP	PA
ZITHROMAX TRI-PAK ORAL	NP	PA
ZOVIRAX ORAL	NP	PA
ANTINEOPLASTIC AGENTS		
abiraterone oral	AD	PA; SP
ADRUCIL INTRAVENOUS	AD	
AFINITOR DISPERZ ORAL	AD	PA; SP
AFINITOR ORAL	AD	PA; SP
ALECENSA ORAL	AD	PA; SP; QL (240 per 30 days)
ALIQOPA INTRAVENOUS	AD	SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	AD	PA; SP
ALUNBRIG ORAL TABLET 30 MG	AD	PA; SP; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	AD	PA; SP
anastrozole oral	AD	
azacitidine injection	AD	SP
BALVERSA ORAL	AD	PA
BAVENCIO INTRAVENOUS	AD	
BELEODAQ INTRAVENOUS	AD	
BESPONSА INTRAVENOUS	AD	SP
bexarotene oral	AD	
bicalutamide oral	AD	
bleomycin injection	AD	
BLINCYTO INTRAVENOUS KIT	AD	
BORTEZOMIB INTRAVENOUS	AD	
BOSULIF ORAL	AD	PA; SP
BRAFTOVI ORAL	AD	PA; SP

Drug	Tier	Limits or Restrictions
CABOMETYX ORAL	AD	PA; SP
CALQUENCE ORAL	AD	PA; SP
capecitabine oral	AD	SP
CAPRELSA ORAL	AD	PA; SP
carboplatin intravenous	AD	
cisplatin intravenous solution	AD	
cladribine intravenous	AD	
COMETRIQ ORAL	AD	PA; SP
COPIKTRA ORAL	AD	PA; SP
COTELLIC ORAL	AD	PA; SP; QL (63 per 30 days)
cyclophosphamide intravenous	AD	
CYCLOPHOSPHAMIDE ORAL CAPSULE	AD	
CYRAMZA INTRAVENOUS	AD	SP
cytarabine (pf) injection solution	AD	
cytarabine injection	AD	
dacarbazine intravenous	AD	
daunorubicin intravenous	AD	
DAURISMO ORAL	AD	PA; SP
diclofenac sodium topical gel 3 %	NP	PA
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 160 MG/8 ML (20 MG/ML), 20 MG/2 ML (10 MG/ML), 20 MG/ML, 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML), 80 MG/8 ML (10 MG/ML)	AD	
doxorubicin intravenous	AD	
DROXIA ORAL	AD	
EMCYT ORAL	AD	
epirubicin intravenous recon soln	AD	
epirubicin intravenous solution 50 mg/25 ml	AD	
ERIVEDGE ORAL	AD	PA; SP
ERLEADA ORAL	AD	PA; SP
erlotinib oral	AD	PA; SP
etoposide intravenous	AD	
etoposide oral	AD	
exemestane oral	AD	
FARYDAK ORAL	AD	PA; SP
floxuridine injection	AD	SP
FLUOROPLEX TOPICAL	AD	

Drug	Tier	Limits or Restrictions
fluorouracil intravenous	AD	
fluorouracil topical cream 5 %	AD	
fluorouracil topical solution	AD	
flutamide oral	AD	
fulvestrant intramuscular	AD	SP
GILOTRIF ORAL	AD	PA; SP; QL (30 per 30 days)
GLEOSTINE ORAL	AD	
hydroxyurea oral	AD	
IBRANCE ORAL	AD	PA; SP
ICLUSIG ORAL TABLET 15 MG	AD	PA; SP; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	AD	PA; SP; QL (30 per 30 days)
idarubicin intravenous	AD	
IDHIFA ORAL	AD	PA; SP
ifosfamide intravenous	AD	
ifosfamide-mesna intravenous kit 1-1 gram	AD	
imatinib oral tablet 100 mg	AD	PA; SP
imatinib oral tablet 400 mg	AD	PA; SP; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	AD	PA; SP; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	AD	PA; SP
IMBRUVICA ORAL TABLET 140 MG	AD	PA; SP; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	AD	PA; SP
IMFINZI INTRAVENOUS	AD	SP
INLYTA ORAL	AD	PA; SP
INTRON A INJECTION	AD	SP
IRESSA ORAL	AD	PA; SP
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	AD	
JAKAFI ORAL	AD	PA; SP
KADCYLA INTRAVENOUS	AD	PA; SP
KISQALI FEMARA CO-PACK ORAL	AD	PA; SP
KISQALI ORAL	AD	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	AD	PA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	AD	PA; SP

Drug	Tier	Limits or Restrictions
letrozole oral	AD	
LEUKERAN ORAL	AD	
leuprolide subcutaneous kit	AD	SP
LONSURF ORAL	AD	PA; SP
LORBRENA ORAL	AD	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR	AD	PA; SP
LYNPARZA ORAL TABLET	AD	PA; SP
MATULANE ORAL	AD	SP
MEGACE ES ORAL	NP	PA
megestrol oral suspension 400 mg/10 ml (10 ml), 625 mg/5 ml	NP	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	P	PA
megestrol oral tablet	P	PA
MEKINIST ORAL	AD	PA; SP
MEKTOVI ORAL	AD	PA; SP
melphalan hcl intravenous	AD	
mercaptopurine oral	AD	
methotrexate sodium (pf) injection	AD	
methotrexate sodium injection	AD	
methotrexate sodium oral	AD	
mitomycin intravenous	AD	
mitoxantrone intravenous	AD	SP
MYLERAN ORAL	AD	
NERLYNX ORAL	AD	PA; SP
NEXAVAR ORAL	AD	PA; SP
nilutamide oral	AD	
NINLARO ORAL	AD	PA; SP; QL (3 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 22.5 MG/0.4 ML	NP	PA

Drug	Tier	Limits or Restrictions
oxaliplatin intravenous	AD	
paclitaxel intravenous	AD	
PICATO TOPICAL	AD	
PIQRAY ORAL	AD	PA
POMALYST ORAL	AD	SP
POTELIGEO INTRAVENOUS	AD	PA; SP
PROLEUKIN INTRAVENOUS	AD	SP
REVLIMID ORAL	AD	PA; SP
RITUXAN HYCELA SUBCUTANEOUS	AD	PA
RUBRACA ORAL	AD	PA; SP
RYDAPT ORAL	AD	PA; SP
SIKLOS ORAL	AD	
SPRYCEL ORAL	AD	PA; SP
STIVARGA ORAL	AD	PA; SP
SUTENT ORAL	AD	PA; SP
SYLATRON SUBCUTANEOUS	AD	SP
SYLVANT INTRAVENOUS	AD	SP
TABLOID ORAL	AD	
TAFINLAR ORAL	AD	PA; SP; QL (120 per 30 days)
TAGRISSE ORAL	AD	PA; SP; QL (30 per 30 days)
TALZENNA ORAL	AD	PA; SP
tamoxifen oral	AD	
TARGETIN TOPICAL	AD	
TASIGNA ORAL	AD	PA; SP
TECENTRIQ INTRAVENOUS	AD	SP
TEMODAR INTRAVENOUS	AD	SP
temozolomide oral	AD	SP
TIBSOVO ORAL	AD	PA; SP
TICE BCG INTRAVESICAL	AD	SP
TOPOSAR INTRAVENOUS	AD	
toremifene oral	AD	
tretinoin (chemotherapy) oral	AD	
TYKERB ORAL	AD	PA; SP
UNITUXIN INTRAVENOUS	AD	
VALCHLOR TOPICAL	AD	SP
VECTIBIX INTRAVENOUS	AD	SP
VELCADE INJECTION	AD	SP
VENCLEXTA ORAL	AD	PA; SP

Drug	Tier	Limits or Restrictions
VENCLEXTA STARTING PACK ORAL	AD	PA; SP
VERZENIO ORAL	AD	PA; SP
vinblastine intravenous solution	AD	
VINCASAR PFS INTRAVENOUS SOLUTION 2 MG/2 ML	AD	
vincristine intravenous	AD	
vinorelbine intravenous	AD	
VITRAKVI ORAL	AD	PA; SP
VIZIMPRO ORAL	AD	PA; SP
VOTRIENT ORAL	AD	PA; SP
XALKORI ORAL	AD	PA; SP
XOSPATA ORAL	AD	PA; SP
XPOVIO ORAL	AD	PA
XTANDI ORAL	AD	PA; SP
YONDELIS INTRAVENOUS	AD	PA
ZEJULA ORAL	AD	PA; QL (90 per 30 days)
ZELBORAF ORAL	AD	PA; SP
ZOLINZA ORAL	AD	SP
ZYDELIG ORAL	AD	PA
ZYKADIA ORAL CAPSULE	AD	PA; SP
ZYTIGA ORAL TABLET 500 MG	AD	PA; SP
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ACTHIB (PF) INTRAMUSCULAR	AD	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR	AD	
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR	AD	
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR	AD	
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR	AD	
BEXSERO INTRAMUSCULAR	AD	
BOOSTRIX TDAP INTRAMUSCULAR	AD	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR	AD	
ENGERIX-B (PF) INTRAMUSCULAR	AD	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	AD	

Drug	Tier	Limits or Restrictions
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR	AD	
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR	AD	
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR	AD	
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR	AD	
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR	AD	
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR	AD	
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR	AD	
FLUMIST QUAD 2019-2020 NASAL	AD	
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR	AD	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR	AD	
FLUZONE QUAD 2018-2019 INTRAMUSCULAR	AD	
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR	AD	
GAMASTAN S/D INTRAMUSCULAR	AD	SP
GAMMAGARD LIQUID INJECTION	AD	SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS	AD	SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	AD	SP
GARDASIL 9 (PF) INTRAMUSCULAR	AD	
HAVRIX (PF) INTRAMUSCULAR	AD	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	AD	
HIBERIX (PF) INTRAMUSCULAR	AD	
HIZENTRA SUBCUTANEOUS	AD	SP
HYPERHEP B S/D INTRAMUSCULAR	AD	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR	AD	SP
HYPERRAB S/D (PF) INTRAMUSCULAR	AD	SP

Drug	Tier	Limits or Restrictions
HYPERRHO S/D INTRAMUSCULAR	AD	SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR	AD	
INFANRIX (DTAP) (PF) INTRAMUSCULAR	AD	
IPOL INJECTION	AD	
IXIARO (PF) INTRAMUSCULAR	AD	
KINRIX (PF) INTRAMUSCULAR	AD	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	AD	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR	AD	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR	AD	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR	AD	
M-M-R II (PF) SUBCUTANEOUS	AD	
PEDIARIX (PF) INTRAMUSCULAR	AD	
PEDVAX HIB (PF) INTRAMUSCULAR	AD	
PENTACEL (PF) INTRAMUSCULAR	AD	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR	AD	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR	AD	
PNEUMOVAX 23 INJECTION	AD	
PREVNAR 13 (PF) INTRAMUSCULAR	AD	
PRIVIGEN INTRAVENOUS	AD	SP
PROQUAD (PF) SUBCUTANEOUS	AD	
QUADRACEL (PF) INTRAMUSCULAR	AD	
RABAVERT (PF) INTRAMUSCULAR	AD	
RECOMBIVAX HB (PF) INTRAMUSCULAR	AD	
ROTARIX ORAL	AD	
ROTATEQ VACCINE ORAL	AD	
SHINGRIX (PF) INTRAMUSCULAR	AD	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR	AD	
STAMARIL (PF) SUBCUTANEOUS	AD	
TENIVAC (PF) INTRAMUSCULAR	AD	
tetanus,diphtheria tox ped(pf) intramuscular	AD	

Drug	Tier	Limits or Restrictions
tetanus-diphtheria toxoids-td intramuscular	AD	
TICE BCG INTRAVESICAL	AD	SP
TRUMENBA INTRAMUSCULAR	AD	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	AD	
VAQTA (PF) INTRAMUSCULAR	AD	
VARIVAX (PF) SUBCUTANEOUS	AD	
VARIZIG INTRAMUSCULAR SOLUTION	NP	PA
VAXCHORA VACCINE ORAL	AD	
VIVOTIF ORAL	AD	
WINRHO SDF INJECTION	AD	SP
YF-VAX (PF) SUBCUTANEOUS	AD	
ZOSTAVAX (PF) SUBCUTANEOUS	AD	
AUTONOMIC DRUGS		
acebutolol oral	NP	PA
ADVAIR DISKUS INHALATION	NP	PA
ADVAIR HFA INHALATION	P	QL (12 per 30 days)
AIRDUO RESPICLICK INHALATION	NP	PA
albuterol hfa 90 mcg inhaler	NP	PA; Teva
albuterol hfa 90 mcg inhaler	NP	PA; Par
albuterol hfa 90 mcg inhaler	P	Prasco; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization	P	
albuterol sulfate oral syrup	P	
albuterol sulfate oral tablet	NP	PA
albuterol sulfate oral tablet extended release 12 hr	NP	PA
alfuzosin oral	P	
ALL DAY ALLERGY-D ORAL	P	
ALLERGY AND CONGESTION RELIEF ORAL	P	
ALLERGY COMPLETE-D ORAL	P	
ALLERGY RELIEF D-24HR ORAL	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	P	
ANORO ELLIPTA INHALATION	NP	PA
ARCAPTA NEOHALER INHALATION	NP	PA
ARICEPT ORAL	NP	PA
atenolol oral	P	

Drug	Tier	Limits or Restrictions
atenolol-chlorthalidone oral	AD	
atropine injection solution	AD	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	AD	
baclofen oral tablet 10 mg, 20 mg	AD	
benztropine injection	AD	
benztropine oral	AD	
BETAPACE AF ORAL	NP	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
betaxolol oral	NP	PA
bethanechol chloride oral	AD	
BEVESPI AEROSPHERE INHALATION	NP	PA
bisoprolol fumarate oral	P	
bisoprolol-hydrochlorothiazide oral	AD	
BREO ELLIPTA INHALATION	NP	PA
brompheniramine-pseudoeph-dm oral syrup	AD	
BROVANA INHALATION	NP	PA
bupivacaine-epinephrine (pf) injection	AD	
bupivacaine-epinephrine injection	AD	
BYSTOLIC ORAL	NP	PA
BYVALSON ORAL	NP	PA
CARDURA ORAL	NP	PA
CARDURA XL ORAL	NP	PA
carisoprodol-asa-codeine oral	NP	PA
carvedilol oral	P	
carvedilol phosphate oral	NP	PA
cetirizine-pseudoephedrine oral	P	
cevimeline oral	AD	
CHANTIX CONTINUING MONTH BOX ORAL	P	
CHANTIX ORAL TABLET 0.5 MG	P	
CHANTIX ORAL TABLET 1 MG	AD	
CHANTIX STARTING MONTH BOX ORAL	P	
chlorzoxazone oral tablet 500 mg	AD	
CLARINEX-D 12 HOUR ORAL	NP	PA
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	AD	
clonidine hcl oral tablet	AD	

Drug	Tier	Limits or Restrictions
clonidine transdermal	AD	QL (4 per 30 days)
COMBIVENT RESPIMAT INHALATION	P	QL (8 per 30 days)
COREG CR ORAL	NP	PA
COREG ORAL	NP	PA
CORGARD ORAL	NP	PA
CORZIDE ORAL	NP	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	AD	
dantrolene oral	AD	
dicyclomine oral capsule	AD	
dicyclomine oral solution	AD	
dicyclomine oral tablet	AD	
dihydroergotamine injection	AD	
diphenoxylate-atropine oral	AD	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	AD	
dobutamine intravenous	AD	
donepezil oral tablet 10 mg, 5 mg	P	
donepezil oral tablet 23 mg	NP	PA
donepezil oral tablet,disintegrating	P	
dopamine in 5 % dextrose intravenous	AD	
dopamine intravenous solution	AD	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	P	QL (30 per 30 days)
doxazosin oral tablet 8 mg	P	QL (60 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	P	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	P	QL
ED-SPAZ ORAL	AD	
ephedrine sulfate injection solution	AD	
epinephrine injection auto-injector 0.15 mg/0.15 ml	NP	PA; Non-Mylan
epinephrine injection auto-injector 0.15 mg/0.3 ml	P	Mylan; QL (2 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	NP	PA; Non-Mylan
epinephrine injection auto-injector 0.3 mg/0.3 ml	P	Mylan; QL (2 per 30 days)
epinephrine injection solution	AD	

Drug	Tier	Limits or Restrictions
epinephrine injection syringe 0.1 mg/ml	AD	
EPIPEN 2-PAK INJECTION	NP	PA; QL (2 per 30 days)
EPIPEN INJECTION	NP	PA; QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION	NP	PA; QL (2 per 30 days)
EPIPEN JR INJECTION	NP	PA; QL (2 per 30 days)
ergoloid oral	AD	
EXELON TRANSDERMAL	NP	PA
FLOMAX ORAL	NP	PA
fluticasone propion-salmeterol inhalation	NP	PA
galantamine oral	NP	PA
glycopyrrolate injection	AD	
glycopyrrolate oral tablet 1 mg, 2 mg	AD	
guanidine oral	AD	
HEMANGEOL ORAL	NP	PA
hyoscyamine sulfate oral elixir	AD	
hyoscyamine sulfate oral tablet	AD	
hyoscyamine sulfate oral tablet extended release 12 hr	AD	
hyoscyamine sulfate oral tablet, disintegrating	AD	
hyoscyamine sulfate sublingual	AD	
INCRUSE ELLIPTA INHALATION	NP	PA
INDERAL LA ORAL	NP	PA
INDERAL XL ORAL	NP	PA
INNOPRAN XL ORAL	NP	PA
ipratropium bromide inhalation	P	
ipratropium-albuterol inhalation	P	
JALYN ORAL	NP	PA
labetalol intravenous solution	AD	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	AD	
labetalol oral	P	
levalbuterol hcl inhalation	NP	PA
levalbuterol tartrate inhalation	NP	PA
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	AD	
LONHALA MAGNAIR REFILL INHALATION	NP	PA
LONHALA MAGNAIR STARTER INHALATION	NP	PA

Drug	Tier	Limits or Restrictions
LOPRESSOR ORAL	NP	PA
LORATA-DINE D ORAL	P	
LORATADINE-D ORAL	P	
metaproterenol oral syrup	AD	
metaproterenol oral tablet	NP	PA
metaxalone oral tablet 800 mg	AD	
methocarbamol oral	AD	
methscopolamine oral	AD	
methyldopa oral	AD	
methyldopa-hydrochlorothiazide oral	AD	
methyldopate intravenous	AD	
metoprolol succinate oral	P	
metoprolol ta-hydrochlorothiaz oral	AD	
metoprolol tartrate intravenous	AD	
metoprolol tartrate oral	P	
midodrine oral	AD	
nadolol oral	P	
nadolol-bendroflumethiazide oral	AD	
NAMZARIC ORAL	NP	PA
NICODERM CQ TRANSDERMAL	NP	PA
NICORELIEF BUCCAL	P	
NICORETTE BUCCAL	NP	PA
nicotine (polacrilex) buccal	P	
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	P	
NICOTROL INHALATION	NP	PA
NICOTROL NS NASAL	NP	PA
norepinephrine bitartrate intravenous	AD	
orphenadrine citrate injection	AD	
orphenadrine citrate oral	AD	
PERFOROMIST INHALATION	NP	PA
phenylephrine hcl injection	AD	
physostigmine salicylate injection	AD	
pilocarpine hcl oral	AD	
pindolol oral	P	
prazosin oral	AD	
PROAIR HFA INHALATION	P	QL (17 per 30 days)
PROAIR RESPICLICK INHALATION	NP	PA

Drug	Tier	Limits or Restrictions
propantheline oral	AD	
propranolol intravenous	AD	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg	NP	PA
propranolol oral capsule,extended release 24 hr 60 mg, 80 mg	P	
propranolol oral solution	P	
propranolol oral tablet	P	
propranolol-hydrochlorothiazid oral	AD	
PROVENTIL HFA INHALATION	P	
pyridostigmine bromide oral tablet 60 mg	AD	
RAPAFLO ORAL	NP	PA
RAZADYNE ER ORAL	NP	PA
RAZADYNE ORAL TABLET	NP	PA
REVONTO INTRAVENOUS	AD	
rivastigmine tartrate oral	NP	PA
rivastigmine transdermal	NP	PA
SEEBRI NEOHALER INHALATION	NP	PA
SEMPREX-D ORAL	NP	PA
SEREVENT DISKUS INHALATION	P	
silodosin oral	NP	PA
SORINE ORAL	AD	
SOTALOL AF ORAL	P	
sotalol oral	P	
SOTYLIZE ORAL	NP	PA
SPIRIVA RESPIMAT INHALATION	P	
SPIRIVA WITH HANDIHALER INHALATION	P	QL (90 per 30 days)
STIOLTO RESPIMAT INHALATION	P	
STRIVERDI RESPIMAT INHALATION	NP	PA
SYMBICORT INHALATION	P	QL
SYMJEPI INJECTION	P	QL (2 per 30 days)
tamsulosin oral	P	
TENORETIC 100 ORAL	NP	PA
TENORETIC 50 ORAL	NP	PA
TENORMIN ORAL	NP	PA
terazosin oral capsule 1 mg, 2 mg, 5 mg	P	QL (30 per 30 days)
terazosin oral capsule 10 mg	P	QL (60 per 30 days)
terbutaline oral	AD	

Drug	Tier	Limits or Restrictions
terbutaline subcutaneous	AD	
timolol maleate oral	NP	PA
tizanidine oral	AD	
TOPROL XL ORAL	NP	PA
TRELEGY ELLIPTA INHALATION	NP	PA
trihexyphenidyl oral	AD	
UTIBRON NEOHALER INHALATION	NP	PA
VENTOLIN HFA INHALATION	NP	PA; QL (36 per 30 days)
WIXELA INHUB INHALATION	P	QL (60 per 30 days)
XOPENEX CONCENTRATE INHALATION	NP	PA
XOPENEX HFA INHALATION	NP	PA
XOPENEX INHALATION	NP	PA
YUPELRI INHALATION	NP	PA
ZIAC ORAL	NP	PA
BLOOD DERIVATIVES		
albumin, human 25 % intravenous	AD	
ALBURX (HUMAN) 25 % INTRAVENOUS	AD	
ALBUTEIN 25 % INTRAVENOUS	AD	
ALBUTEIN 5 % INTRAVENOUS	AD	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ADVATE INTRAVENOUS	AD	SP
ADYNOVATE INTRAVENOUS	AD	
AFSTYLA INTRAVENOUS	AD	SP
AGGRENOX ORAL	P	
ALPHANATE INTRAVENOUS	AD	SP
ALPHANINE SD INTRAVENOUS	AD	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	AD	
ALPROLIX INTRAVENOUS RECON SOLN 250 UNIT	AD	SP
aminocaproic acid intravenous	AD	
anagrelide oral	AD	
ARANESP (IN POLYSORBATE) INJECTION	P	SP
ARIXTRA SUBCUTANEOUS	P	SP
aspirin-dipyridamole oral	NP	PA
BAL-CARE DHA ORAL	AD	
BENEFIX INTRAVENOUS	AD	SP

Drug	Tier	Limits or Restrictions
BRILINTA ORAL	NP	PA
butalbital-aspirin-caffeine oral	AD	
CABLIVI INJECTION	AD	PA; SP
CATHFLO ACTIVASE INTRA-CATHETER	AD	
cilostazol oral	AD	
clopidogrel oral	P	
COAGADEX INTRAVENOUS	AD	
CORIFACT INTRAVENOUS	AD	SP
desmopressin injection	AD	PA
desmopressin nasal spray,non-aerosol	AD	
desmopressin oral	AD	
dipyridamole intravenous	AD	
dipyridamole oral	P	
EFFIENT ORAL	NP	PA
ELIQUIS ORAL	NP	PA
ELITE-OB 400 ORAL	AD	
ELOCTATE INTRAVENOUS	AD	SP
enoxaparin subcutaneous	P	SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	NP	SP; PA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 400-650 UNIT, 651-1,200 UNIT	AD	SP
FOLIVANE-OB ORAL	AD	
fondaparinux subcutaneous	NP	PA
FRAGMIN SUBCUTANEOUS SYRINGE	P	SP
FULPHILA SUBCUTANEOUS	AD	PA; SP
GRANIX SUBCUTANEOUS	AD	SP
HELIXATE FS INTRAVENOUS	AD	SP
HEMLIBRA SUBCUTANEOUS	AD	PA; SP
HEMOFIL M HIGH INTRAVENOUS	AD	SP
HEMOFIL M LOW INTRAVENOUS	AD	SP
HEMOFIL M MID INTRAVENOUS	AD	SP
HEMOFIL M SUPER HIGH INTRAVENOUS	AD	SP
HEP FLUSH-10 (PF) INTRAVENOUS	AD	

Drug	Tier	Limits or Restrictions
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)	AD	
heparin (porcine) in nacl (pf) intravenous	AD	
heparin (porcine) injection cartridge	AD	
heparin (porcine) injection solution	AD	
heparin flush(porcine)-0.9nacl intravenous	AD	
heparin lock flush (porcine) intravenous syringe 100 unit/ml	AD	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE	AD	
HEPARIN LOCK INTRAVENOUS	AD	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS	AD	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	AD	
heparin, porcine (pf) injection solution	AD	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	AD	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	AD	
HUMATE-P INTRAVENOUS	AD	SP
IDELVION INTRAVENOUS	AD	SP
INFED INJECTION	AD	
IXINITY INTRAVENOUS	AD	SP
JANTOVEN ORAL	P	
JIVI INTRAVENOUS	AD	SP
KOATE INTRAVENOUS	AD	SP
KOGENATE FS INTRAVENOUS	AD	SP
KOVALTRY INTRAVENOUS	AD	SP
LEUKINE INJECTION RECON SOLN	AD	SP
LOVENOX SUBCUTANEOUS	NP	SP; PA
MONOCLATE-P INTRAVENOUS	AD	SP
MONONINE INTRAVENOUS	AD	SP
MOZOBIL SUBCUTANEOUS	AD	SP
MYNATAL ADVANCE ORAL	AD	
MYNATAL ORAL CAPSULE	AD	
MYNATAL PLUS ORAL	AD	

Drug	Tier	Limits or Restrictions
MYNATAL-Z ORAL	AD	
NEULASTA SUBCUTANEOUS	AD	PA; SP; QL (2 per 30 days)
NEUPOGEN INJECTION	AD	PA; SP
NIVESTYM INJECTION	AD	PA; SP
NIVESTYM SUBCUTANEOUS	AD	PA; SP
NOVOEIGHT INTRAVENOUS	AD	
NOVOSEVEN RT INTRAVENOUS	AD	SP
NUWIQ INTRAVENOUS	AD	SP
OBIZUR INTRAVENOUS	AD	
pentoxifylline oral	AD	
PLAVIX ORAL	NP	PA
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA + DOCUSATE ORAL	AD	
PNV-DHA ORAL	AD	
PNV-OMEGA ORAL	AD	
PNV-SELECT ORAL	AD	
PR NATAL 400 EC ORAL	AD	
PR NATAL 400 ORAL	AD	
PR NATAL 430 EC ORAL	AD	
PR NATAL 430 ORAL	AD	
PRADAXA ORAL	P	
prasugrel oral	NP	PA
PRENAISSANCE ORAL	AD	
PRENAISSANCE PLUS ORAL	AD	
PRENATABS FA ORAL	AD	
PRENATABS RX ORAL	AD	
PRENATAL LOW IRON ORAL	AD	
PRENATAL PLUS (CALCIUM CARB) ORAL	AD	
PRENATAL PLUS ORAL	AD	
PROCRIT INJECTION	P	PA; SP
PROFILNINE INTRAVENOUS	AD	SP
PROMACTA ORAL	AD	PA; SP
REBINYN INTRAVENOUS	AD	SP
RECOMBINATE INTRAVENOUS	AD	SP
RETACRIT INJECTION	AD	PA; SP
RIXUBIS INTRAVENOUS	AD	SP
SAVAYSA ORAL	NP	PA

Drug	Tier	Limits or Restrictions
SE-NATAL 19 (WITH DOCUSATE) ORAL	AD	
SE-NATAL 19 ORAL	AD	
TARON-C DHA ORAL	AD	
TARON-PREX PRENATAL-DHA ORAL	AD	
TL-SELECT ORAL	AD	
tranexamic acid oral	AD	
TRETEN INTRAVENOUS	AD	SP
TRIADVANCE ORAL	AD	
TRINATAL RX 1 ORAL	AD	
TRINATE ORAL	AD	
TRIVEEN-DUO DHA ORAL	AD	
TRIVEEN-ONE ORAL	AD	
TRIVEEN-PRX RNF ORAL	AD	
UDENYCA SUBCUTANEOUS	AD	PA; SP; QL (2 per 30 days)
VENA-BAL DHA ORAL	AD	
VENOFER INTRAVENOUS	AD	
VINACAL ORAL	AD	
VINATE CARE ORAL	AD	
VINATE GT ORAL	AD	
VINATE M ORAL	AD	
VINATE ONE ORAL	AD	
VINATE ULTRA ORAL	AD	
VIRT-PN DHA ORAL	AD	
VIRT-PN ORAL	AD	
VIRT-PN PLUS ORAL	AD	
VIRT-SELECT ORAL	AD	
VITAFOL-OB ORAL	AD	
VOL-NATE ORAL	AD	
VOL-TAB RX ORAL	AD	
VONVENDI INTRAVENOUS	AD	
warfarin oral	AD	
WILATE INTRAVENOUS	AD	SP
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	P	
XARELTO ORAL TABLET 2.5 MG	NP	PA
XARELTO ORAL TABLETS,DOSE PACK	NP	PA
XYNTHA INTRAVENOUS	AD	SP
XYNTHA SOLOFUSE INTRAVENOUS	AD	SP

Drug	Tier	Limits or Restrictions
YOSPRALA ORAL	NP	PA
ZARXIO INJECTION	AD	PA; SP
ZATEAN-PN DHA ORAL	AD	
ZATEAN-PN PLUS ORAL	AD	
ZONTIVITY ORAL	NP	PA
CARDIOVASCULAR DRUGS		
ACCUPRIL ORAL	NP	PA
ACCURETIC ORAL	NP	PA
acebutolol oral	NP	PA
acetazolamide oral	AD	
acetazolamide sodium injection	AD	
ADALAT CC ORAL	NP	PA
ADCIRCA ORAL	NP	PA; SP
ADEMPAS ORAL	NP	PA
adenosine (diagnostic) intravenous	AD	
adenosine intravenous solution	AD	
AGGRENOX ORAL	P	
aliskiren oral	NP	PA
alprostadil injection	AD	
ALTACE ORAL	NP	PA
ALTOPREV ORAL	NP	PA
ALYQ ORAL	NP	PA
ambrisentan oral	NP	PA
amiloride-hydrochlorothiazide oral	AD	
amiodarone intravenous solution	AD	
amiodarone oral	AD	
amlodipine oral	P	
amlodipine-atorvastatin oral	NP	PA
amlodipine-benazepril oral	P	
amlodipine-olmesartan oral	NP	PA
amlodipine-valsartan oral	P	
amlodipine-valsartan-hcthiiazid oral	P	
ANTARA ORAL CAPSULE 30 MG, 90 MG	NP	PA
aspirin-dipyridamole oral	NP	PA
ATACAND HCT ORAL	NP	PA
ATACAND ORAL	NP	PA
atenolol oral	P	
atenolol-chlorthalidone oral	AD	

Drug	Tier	Limits or Restrictions
atorvastatin oral	P	QL (60 per 30 days)
AVALIDE ORAL	NP	PA
AVAPRO ORAL	NP	PA
AZOR ORAL	NP	PA
benazepril oral	P	
benazepril-hydrochlorothiazide oral	P	
BENICAR HCT ORAL	NP	PA
BENICAR ORAL	NP	PA
BETAPACE AF ORAL	NP	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
betaxolol oral	NP	PA
BIDIL ORAL	AD	
bisoprolol fumarate oral	P	
bisoprolol-hydrochlorothiazide oral	AD	
bosentan oral	NP	PA
bumetanide injection	AD	
bumetanide oral	AD	
BYSTOLIC ORAL	NP	PA
BYVALSON ORAL	NP	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA
CALAN ORAL TABLET 120 MG	NP	PA
CALAN SR ORAL	NP	PA
candesartan oral	NP	PA
candesartan-hydrochlorothiazid oral	NP	PA
captopril oral	P	
captopril-hydrochlorothiazide oral	P	
CARDIZEM CD ORAL	NP	PA
CARDIZEM LA ORAL	NP	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA
CARDURA ORAL	NP	PA
CARDURA XL ORAL	NP	PA
CARTIA XT ORAL	AD	
carvedilol oral	P	
carvedilol phosphate oral	NP	PA
chlorothiazide oral	AD	

Drug	Tier	Limits or Restrictions
chlorthalidone oral tablet 25 mg, 50 mg	AD	
cholestyramine (with sugar) oral	P	
CHOLESTYRAMINE LIGHT ORAL	P	
cilostazol oral	AD	
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	AD	
clonidine hcl oral tablet	AD	
clonidine transdermal	AD	QL (4 per 30 days)
colesevelam oral	NP	PA
COLESTID FLAVORED ORAL PACKET	NP	PA
COLESTID ORAL	NP	PA
colestipol oral	P	
COREG CR ORAL	NP	PA
COREG ORAL	NP	PA
CORGARD ORAL	NP	PA
CORLANOR ORAL	AD	PA
CORZIDE ORAL	NP	PA
COZAAR ORAL	NP	PA
CRESTOR ORAL	NP	PA
DIGOX ORAL	AD	
digoxin injection	AD	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	AD	
digoxin oral tablet	AD	
DILANTIN EXTENDED ORAL	P	
DILANTIN INFATABS ORAL	NP	PA
DILANTIN ORAL	P	
DILANTIN-125 ORAL	NP	PA
diltiazem hcl intravenous	AD	
diltiazem hcl oral	P	
DILT-XR ORAL	P	
DIOVAN HCT ORAL	NP	PA
DIOVAN ORAL	NP	PA
dipyridamole intravenous	AD	
dipyridamole oral	P	
disopyramide phosphate oral capsule	AD	

Drug	Tier	Limits or Restrictions
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	AD	
dobutamine intravenous	AD	
dofetilide oral	AD	
dopamine in 5 % dextrose intravenous	AD	
dopamine intravenous solution	AD	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	P	QL (30 per 30 days)
doxazosin oral tablet 8 mg	P	QL (60 per 30 days)
EDARBI ORAL	NP	PA
EDARBYCLOR ORAL	NP	PA
enalapril maleate oral	P	
enalaprilat intravenous solution	AD	
enalapril-hydrochlorothiazide oral	P	
ENTRESTO ORAL	NP	PA
eplerenone oral	AD	
epoprostenol (glycine) intravenous	AD	SP
eprosartan oral	NP	PA
EXFORGE HCT ORAL	NP	PA
EXFORGE ORAL	NP	PA
EZALLOR SPRINKLE ORAL	NP	PA
ezetimibe oral	P	QL (30 per 30 days)
ezetimibe-simvastatin oral	NP	PA
felodipine oral	P	
fenofibrate micronized oral capsule 130 mg, 43 mg	NP	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	P	
fenofibrate nanocrystallized oral	NP	PA
fenofibrate oral capsule	NP	PA
fenofibrate oral tablet 120 mg, 160 mg, 40 mg	NP	PA
fenofibrate oral tablet 54 mg	P	
fenofibric acid (choline) oral	NP	PA
fenofibric acid oral	NP	PA
FENOGLIDE ORAL	NP	PA
FIBRICOR ORAL	NP	PA

Drug	Tier	Limits or Restrictions
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG-1,200 MG	AD	
flecainide oral	AD	
fluvastatin oral	NP	PA
fosinopril oral	P	
fosinopril-hydrochlorothiazide oral	P	
furosemide injection	AD	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	AD	
furosemide oral tablet	AD	
gemfibrozil oral	P	
guanfacine oral tablet	AD	
guanfacine oral tablet extended release 24 hr	P	
HEMANGEOL ORAL	NP	PA
hydralazine injection	AD	
hydralazine oral	AD	
hydrochlorothiazide oral	AD	
HYZAAR ORAL	NP	PA
indapamide oral	AD	
INDERAL LA ORAL	NP	PA
INDERAL XL ORAL	NP	PA
INNOPRAN XL ORAL	NP	PA
INTUNIV ER ORAL	NP	PA
irbesartan oral	P	
irbesartan-hydrochlorothiazide oral	P	
isosorbide dinitrate oral	AD	
isosorbide mononitrate oral	AD	
isradipine oral	P	
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	NP	PA
labetalol intravenous solution	AD	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	AD	
labetalol oral	P	
LESCOL XL ORAL	NP	PA
LETAIRIS ORAL	P	PA; SP
lidocaine (pf) intravenous	AD	

Drug	Tier	Limits or Restrictions
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	AD	
LIPITOR ORAL	NP	PA
LIPOFEN ORAL	NP	PA
lisinopril oral	P	
lisinopril-hydrochlorothiazide oral	P	
LIVALO ORAL	NP	PA
LOPID ORAL	NP	PA
LOPRESSOR ORAL	NP	PA
losartan oral	P	
losartan-hydrochlorothiazide oral	P	
LOTENSIN HCT ORAL	NP	PA
LOTENSIN ORAL TABLET 20 MG, 40 MG	NP	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA
lovastatin oral tablet 10 mg	P	QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	P	QL (60 per 30 days)
LOVAZA ORAL	NP	PA
magnesium sulfate in water intravenous	AD	
magnesium sulfate injection	AD	
mannitol 10 % intravenous	AD	
mannitol 20 % intravenous	AD	
mannitol 25 % intravenous solution	AD	
mannitol 5 % intravenous	AD	
MATZIM LA ORAL	P	
methyldopa oral	AD	
methyldopa-hydrochlorothiazide oral	AD	
methyldopate intravenous	AD	
metolazone oral	AD	
metoprolol succinate oral	P	
metoprolol ta-hydrochlorothiaz oral	AD	
metoprolol tartrate intravenous	AD	
metoprolol tartrate oral	P	
mexiletine oral	AD	
MICARDIS HCT ORAL	NP	PA
MICARDIS ORAL	NP	PA
milrinone in 5 % dextrose intravenous	AD	
milrinone intravenous	AD	

Drug	Tier	Limits or Restrictions
minoxidil oral	AD	
moexipril oral	P	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg	P	
moexipril-hydrochlorothiazide oral tablet 7.5-12.5 mg	AD	
nadolol oral	P	
nadolol-bendroflumethiazide oral	AD	
niacin oral capsule, extended release 250 mg, 500 mg	P	
niacin oral tablet 100 mg, 500 mg	P	
niacin oral tablet extended release 1,000 mg, 750 mg	P	
niacin oral tablet extended release 24 hr	P	
NIACOR ORAL	NP	PA
NIASPAN EXTENDED-RELEASE ORAL	P	
nicardipine intravenous solution	AD	
nicardipine oral	P	
nifedipine oral	P	
nimodipine oral	NP	PA
nisoldipine oral	NP	PA
NITRO-BID TRANSDERMAL	AD	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	AD	
nitroglycerin intravenous	AD	
nitroglycerin sublingual	AD	
nitroglycerin transdermal patch 24 hour	AD	
nitroglycerin translingual spray,non-aerosol	AD	
NITROMIST TRANSLINGUAL	NP	PA
NORVASC ORAL	NP	PA
NYMALIZE ORAL	NP	PA
olmesartan oral	NP	PA
olmesartan-amlodipin-hcthiiazid oral	NP	PA
olmesartan-hydrochlorothiazide oral	NP	PA
omega-3 acid ethyl esters oral	NP	PA
OPSUMIT ORAL	NP	PA
ORENITRAM ORAL	NP	PA

Drug	Tier	Limits or Restrictions
papaverine injection solution	AD	
perindopril erbumine oral	P	
PHENYTEK ORAL	P	
phenytoin oral suspension	P	
phenytoin oral tablet,chewable	P	
phenytoin sodium extended oral	P	
phenytoin sodium intravenous	AD	
pindolol oral	P	
PRALUENT PEN SUBCUTANEOUS	NP	PA; SP
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	NP	PA
pravastatin oral	P	QL (60 per 30 days)
prazosin oral	AD	
PRESTALIA ORAL	NP	PA
PREVALITE ORAL	P	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	NP	PA
procainamide injection	AD	
PROCARDIA ORAL	NP	PA
PROCARDIA XL ORAL	NP	PA
propafenone oral tablet	AD	
propranolol intravenous	AD	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg	NP	PA
propranolol oral capsule,extended release 24 hr 60 mg, 80 mg	P	
propranolol oral solution	P	
propranolol oral tablet	P	
propranolol-hydrochlorothiazid oral	AD	
QBRELIS ORAL	NP	PA
QUESTRAN LIGHT ORAL POWDER	NP	PA
QUESTRAN ORAL	NP	PA
quinapril oral	P	
quinapril-hydrochlorothiazide oral	P	
quinidine gluconate injection	AD	
quinidine gluconate oral	AD	
quinidine sulfate oral tablet	AD	
ramipril oral	P	
RANEXA ORAL	P	

Drug	Tier	Limits or Restrictions
ranolazine oral	AD	
REPATHA PUSHTRONEX SUBCUTANEOUS	NP	PA; SP
REPATHA SURECLICK SUBCUTANEOUS	NP	PA; SP
REPATHA SYRINGE SUBCUTANEOUS	NP	PA; SP
REVATIO ORAL	NP	PA; SP
rosuvastatin oral	P	QL (30 per 30 days)
sildenafil (antihypertensive) intravenous	AD	PA; SP
sildenafil (antihypertensive) oral suspension for reconstitution	AD	PA
sildenafil (antihypertensive) oral tablet	P	PA; SP; QL
simvastatin oral	P	QL (60 per 30 days)
SORINE ORAL	AD	
SOTALOL AF ORAL	P	
sotalol oral	P	
SOTYLIZE ORAL	NP	PA
spironolactone oral	AD	
spironolacton-hydrochlorothiaz oral	AD	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	NP	PA
tadalafil (antihypertensive) oral	NP	PA; SP; QL (60 per 30 days)
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	NP	PA
TAZTIA XT ORAL	P	
TEKTURNA HCT ORAL	P	
TEKTURNA ORAL	NP	PA
telmisartan oral	NP	PA
telmisartan-amlodipine oral	NP	PA
telmisartan-hydrochlorothiazid oral	NP	PA
TENORETIC 100 ORAL	NP	PA
TENORETIC 50 ORAL	NP	PA
TENORMIN ORAL	NP	PA
terazosin oral capsule 1 mg, 2 mg, 5 mg	P	QL (30 per 30 days)
terazosin oral capsule 10 mg	P	QL (60 per 30 days)
THEOCHRON ORAL	AD	
theophylline oral elixir	AD	
theophylline oral solution	AD	
theophylline oral tablet extended release 12 hr	AD	

Drug	Tier	Limits or Restrictions
theophylline oral tablet extended release 24 hr	AD	
TIAZAC ORAL	NP	PA
timolol maleate oral	NP	PA
TOPROL XL ORAL	NP	PA
torseamide oral	AD	
TRACLEER ORAL TABLET	P	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION	NP	PA; SP; PA
trandolapril oral	P	
triamterene-hydrochlorothiazid oral	AD	
TRIBENZOR ORAL	NP	PA
TRICOR ORAL	NP	PA
TRIGLIDE ORAL TABLET 160 MG	NP	PA
TRILIPIX ORAL	NP	PA
TWYNSTA ORAL	NP	PA
TYVASO INHALATION	NP	PA
TYVASO INSTITUTIONAL START KIT INHALATION	NP	PA
TYVASO REFILL KIT INHALATION	NP	PA
TYVASO STARTER KIT INHALATION	NP	PA
UPTRAVI ORAL	NP	PA
valsartan oral	P	
valsartan-hydrochlorothiazide oral	P	
VASCEPA ORAL	NP	PA
VASERETIC ORAL	NP	PA
VASOTEC ORAL	NP	PA
VELETRI INTRAVENOUS	AD	SP
VENTAVIS INHALATION	NP	PA
verapamil intravenous	AD	
verapamil oral	P	
VERELAN ORAL	NP	PA
VERELAN PM ORAL	NP	PA
VYNDAMAX ORAL	AD	PA
VYNDAQEL ORAL	AD	PA
VYTORIN 10-10 ORAL	NP	PA
VYTORIN 10-20 ORAL	NP	PA
VYTORIN 10-40 ORAL	NP	PA
VYTORIN 10-80 ORAL	NP	PA

Drug	Tier	Limits or Restrictions
WELCHOL ORAL TABLET	NP	PA
ZESTORETIC ORAL	NP	PA
ZESTRIL ORAL	NP	PA
ZETIA ORAL	NP	PA
ZIAC ORAL	NP	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	NP	PA
ZYPITAMAG ORAL	NP	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR	P	
ABILIFY ORAL TABLET	NP	PA
acamprosate oral	AD	
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	AD	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	AD	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	AD	QL (180 per 30 days)
ADDERALL XR ORAL	NP	PA
ADZENYS ER ORAL	NP	PA
ADZENYS XR-ODT ORAL	NP	PA
AGGRENOX ORAL	P	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	NP	PA; QL (1 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	NP	PA; QL (2 per 30 days)
AJOVY SUBCUTANEOUS	NP	PA
almotriptan malate oral	NP	PA
alprazolam oral tablet	AD	
amantadine hcl oral	AD	
AMBIEN CR ORAL	NP	PA
AMBIEN ORAL	NP	PA
AMERGE ORAL	NP	PA
amitriptyline oral	AD	
amitriptyline-chlordiazepoxide oral	AD	
amoxapine oral	AD	
amphetamine sulfate oral	NP	PA
APLENZIN ORAL	NP	PA

Drug	Tier	Limits or Restrictions
APTENSIO XR ORAL	NP	PA
APTIOM ORAL	NP	PA
aripiprazole oral solution	P	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg	P	QL (30 per 30 days)
aripiprazole oral tablet 5 mg	P	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating	NP	PA; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR	NP	PA
ARISTADA INTRAMUSCULAR	NP	PA
armodafinil oral	NP	PA
ARYMO ER ORAL	NP	PA
ASCOMP WITH CODEINE ORAL	AD	QL (180 per 30 days)
aspirin-dipyridamole oral	NP	PA
atomoxetine oral capsule 10 mg	P	QL (300 per 30 days)
atomoxetine oral capsule 100 mg	P	QL (30 per 30 days)
atomoxetine oral capsule 18 mg	P	QL (166 per 30 days)
atomoxetine oral capsule 25 mg	P	QL (120 per 30 days)
atomoxetine oral capsule 40 mg	P	QL (75 per 30 days)
atomoxetine oral capsule 60 mg	P	QL (50 per 30 days)
atomoxetine oral capsule 80 mg	P	QL (37 per 30 days)
AUSTEDO ORAL	AD	PA; SP
BANZEL ORAL	NP	
BELBUCA BUCCAL	NP	PA
belladonna alkaloids-opium rectal suppository 16.2-60 mg	AD	QL (120 per 30 days)
BELSOMRA ORAL	NP	PA
benztropine injection	AD	
benztropine oral	AD	
BRINTELLIX ORAL TABLET 20 MG	NP	PA
BRISDELLE ORAL	NP	PA
BRIVIACT ORAL	NP	PA
bromocriptine oral tablet	AD	
BUNAVAIL BUCCAL	NP	PA
buprenorphine hcl sublingual	NP	PA; QL (90 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	NP	PA; QL (4 per 30 days)
buprenorphine transdermal patch weekly 7.5 mcg/hour	NP	PA

Drug	Tier	Limits or Restrictions
buprenorphine-naloxone sublingual film 12-3 mg	NP	PA; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 8-2 mg	NP	PA
buprenorphine-naloxone sublingual film 4-1 mg	NP	PA; QL (180 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	P	QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	P	QL (90 per 30 days)
bupropion hcl (smoking deter) oral	P	QL (60 per 30 days)
bupropion hcl oral tablet	P	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	P	QL (30 per 30 days)
bupropion hcl oral tablet extended release 24 hr 450 mg	P	
bupropion hcl oral tablet sustained-release 12 hr	P	QL (60 per 30 days)
bupirone oral	AD	
BUTALBITAL COMPOUND W/CODEINE ORAL	AD	QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	AD	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	AD	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	AD	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	AD	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	AD	
BUTRANS TRANSDERMAL	P	PA
cabergoline oral	AD	
caffeine citrate intravenous	AD	
caffeine citrate oral	AD	
CAPITAL WITH CODEINE ORAL	NP	PA
carbamazepine oral capsule, er multiphase 12 hr	NP	PA
carbamazepine oral suspension 100 mg/5 ml	P	
carbamazepine oral tablet	P	
carbamazepine oral tablet extended release 12 hr	P	

Drug	Tier	Limits or Restrictions
carbamazepine oral tablet,chewable	P	
CARBATROL ORAL	NP	PA
carbidopa-levodopa oral	P	
carbidopa-levodopa-entacapone oral	AD	
carisoprodol-asa-codeine oral	NP	PA
CELEBREX ORAL	NP	PA
celecoxib oral	P	
CELEXA ORAL TABLET	NP	PA
CELONTIN ORAL CAPSULE 300 MG	P	
chlordiazepoxide hcl oral	AD	
chlorpromazine injection	AD	
chlorpromazine oral	AD	
choline,magnesium salicylate oral	AD	
citalopram oral solution	P	
citalopram oral tablet	P	QL (30 per 30 days)
clobazam oral suspension	NP	PA
clobazam oral tablet	P	
clomipramine oral	AD	
clonazepam oral	AD	
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	AD	
clorazepate dipotassium oral	AD	
clozapine oral	P	
CLOZARIL ORAL	NP	PA
codeine sulfate oral tablet	AD	QL (180 per 30 days)
COMPRO RECTAL	AD	
CONCERTA ORAL	NP	PA
COTEMPLA XR-ODT ORAL	NP	PA
CYMBALTA ORAL	NP	PA
DAYPRO ORAL	NP	PA
DAYTRANA TRANSDERMAL	NP	PA
DEPAKENE ORAL	NP	PA
DEPAKOTE ER ORAL	NP	PA
DEPAKOTE ORAL	NP	PA
DEPAKOTE SPRINKLES ORAL	NP	PA
desipramine oral	AD	
desvenlafaxine fumarate oral	NP	PA

Drug	Tier	Limits or Restrictions
desvenlafaxine oral tablet extended release 24 hr	NP	PA
desvenlafaxine oral tablet extended release 24hr 50 mg	NP	PA
desvenlafaxine succinate oral	NP	PA; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL	NP	PA
dexmethylphenidate oral capsule,er biphasic 50-50	NP	PA
dexmethylphenidate oral tablet 10 mg	P	QL; QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5 mg	P	QL; QL (240 per 30 days)
dexmethylphenidate oral tablet 5 mg	P	QL; QL (120 per 30 days)
dextroamphetamine oral capsule, extended release 10 mg	P	QL (180 per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	P	QL (120 per 30 days)
dextroamphetamine oral capsule, extended release 5 mg	P	QL (360 per 30 days)
dextroamphetamine oral solution	NP	PA
dextroamphetamine oral tablet 10 mg	P	QL (180 per 30 days)
dextroamphetamine oral tablet 5 mg	P	QL (360 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg	P	QL (180 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 15 mg	P	QL (120 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg	P	QL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 25 mg	P	QL (72 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 30 mg	P	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 5 mg	P	QL (360 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg	P	QL (180 per 30 days)
dextroamphetamine-amphetamine oral tablet 12.5 mg	P	QL (144 per 30 days)
dextroamphetamine-amphetamine oral tablet 15 mg	P	QL (120 per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	P	QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	P	QL (60 per 30 days)

Drug	Tier	Limits or Restrictions
dextroamphetamine-amphetamine oral tablet 5 mg	P	QL (360 per 30 days)
dextroamphetamine-amphetamine oral tablet 7.5 mg	P	QL (240 per 30 days)
DIACOMIT ORAL	NP	PA
DIASTAT ACUDIAL RECTAL	P	
DIASTAT RECTAL	P	
diazepam injection	AD	
DIAZEPAM INTENSOL ORAL	AD	
diazepam oral solution	AD	
diazepam oral tablet	AD	
diazepam rectal	NP	PA
diclofenac epolamine transdermal	NP	PA
diclofenac potassium oral	AD	
diclofenac sodium oral	P	
diclofenac sodium topical gel 1 %	NP	PA
diflunisal oral	AD	
dihydroergotamine injection	AD	
DILANTIN EXTENDED ORAL	P	
DILANTIN INFATABS ORAL	NP	PA
DILANTIN ORAL	P	
DILANTIN-125 ORAL	NP	PA
DISKETS ORAL	AD	QL (30 per 30 days)
divalproex oral	P	
doxepin oral	AD	
droperidol injection solution	AD	
DUEXIS ORAL	NP	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg	P	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg, 40 mg, 60 mg	P	QL (30 per 30 days)
DURAGESIC TRANSDERMAL	NP	PA
DYANAVAL XR ORAL	NP	PA
EC-NAPROXEN ORAL	P	
EDLUAR SUBLINGUAL	NP	PA
EFFEXOR XR ORAL	NP	PA
eletriptan oral	NP	PA
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	NP	PA

Drug	Tier	Limits or Restrictions
EMGALITY PEN SUBCUTANEOUS	P	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	P	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	AD	PA
ENDOCET ORAL TABLET 10-325 MG	AD	QL (180 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	AD	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	AD	QL (240 per 30 days)
entacapone oral	AD	
EPIDIOLEX ORAL	NP	SP; PA
EPITOL ORAL	P	
escitalopram oxalate oral solution	P	
escitalopram oxalate oral tablet	P	QL (30 per 30 days)
estazolam oral	AD	
eszopiclone oral	P	QL (30 per 30 days)
ethosuximide oral	P	
etodolac oral	AD	
EVEKEO ORAL	NP	PA
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	AD	
EXALGO ER ORAL	NP	PA
FANAPT ORAL	P	
FAZACLO ORAL	NP	PA
felbamate oral	P	
FELBATOL ORAL SUSPENSION	P	
FELBATOL ORAL TABLET	NP	PA
fenoprofen oral capsule 400 mg	NP	PA
fenoprofen oral tablet	NP	PA
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	AD	PA; QL (30 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	AD	PA; QL (90 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr	NP	PA; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	P	PA; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	NP	PA

Drug	Tier	Limits or Restrictions
FETZIMA ORAL	NP	PA
FLECTOR TRANSDERMAL	NP	PA
flumazenil intravenous	AD	
fluoxetine oral capsule 10 mg	P	QL (30 per 30 days)
fluoxetine oral capsule 20 mg	P	
fluoxetine oral capsule 40 mg	P	QL (60 per 30 days)
fluoxetine oral capsule, delayed release(dr/ec)	NP	PA
fluoxetine oral solution	P	
fluoxetine oral tablet	NP	PA
fluphenazine decanoate injection	AD	
fluphenazine hcl injection	AD	
fluphenazine hcl oral	AD	
flurazepam oral	AD	
flurbiprofen oral	P	
fluvoxamine oral capsule, extended release 24hr	NP	PA
fluvoxamine oral tablet 100 mg	P	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	P	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	P	QL (60 per 30 days)
FOCALIN ORAL	NP	PA
FOCALIN XR ORAL	P	
FORFIVO XL ORAL	NP	PA
fosphenytoin injection	AD	
FROVA ORAL	NP	PA
frovatriptan oral	NP	PA
FYCOMPA ORAL SUSPENSION	NP	PA
FYCOMPA ORAL TABLET	NP	
gabapentin oral capsule	P	
gabapentin oral solution 250 mg/5 ml (5 ml)	AD	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	P	
gabapentin oral tablet 600 mg, 800 mg	P	
GABITRIL ORAL	P	
GEODON INTRAMUSCULAR	NP	PA
GEODON ORAL	NP	PA
GOCOVRI ORAL	NP	PA
GRALISE 30-DAY STARTER PACK ORAL	NP	PA

Drug	Tier	Limits or Restrictions
GRALISE ORAL	NP	PA
guanfacine oral tablet	AD	
guanfacine oral tablet extended release 24 hr	P	
haloperidol decanoate intramuscular	AD	
haloperidol lactate injection	AD	
haloperidol lactate oral	AD	
haloperidol oral	AD	
HEMANGEOL ORAL	NP	PA
HETLIOZ ORAL	NP	PA
HORIZANT ORAL	NP	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	AD	QL (5400 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	AD	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	AD	QL (270 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	AD	QL (150 per 30 days)
hydromorphone oral liquid	AD	QL (675 per 30 days)
hydromorphone oral tablet 2 mg	AD	QL (180 per 30 days)
hydromorphone oral tablet 4 mg	AD	QL (150 per 30 days)
hydromorphone oral tablet 8 mg	AD	QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr	NP	PA
hydromorphone rectal	AD	QL (120 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml	AD	
hydroxyzine hcl oral solution 10 mg/5 ml	AD	
hydroxyzine hcl oral tablet	AD	
hydroxyzine pamoate oral	AD	
HYSINGLA ER ORAL	NP	PA
ibuprofen oral tablet 400 mg	AD	
ibuprofen oral tablet 600 mg, 800 mg	NP	PA
imipramine hcl oral	AD	
imipramine pamoate oral	AD	
IMITREX NASAL	NP	PA
IMITREX ORAL	NP	PA
INBRIJA INHALATION	NP	PA

Drug	Tier	Limits or Restrictions
INDERAL LA ORAL	NP	PA
INDERAL XL ORAL	NP	PA
indomethacin oral capsule 25 mg	P	
indomethacin oral capsule 50 mg	AD	
INNOPRAN XL ORAL	NP	PA
INTERMEZZO SUBLINGUAL	NP	PA
INTUNIV ER ORAL	NP	PA
INVEGA ORAL	NP	PA
INVEGA SUSTENNA INTRAMUSCULAR	P	
INVEGA TRINZA INTRAMUSCULAR	P	
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	NP	PA
KEPPRA ORAL	NP	PA
KEPPRA XR ORAL	NP	PA
ketoprofen oral capsule	P	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	AD	
ketorolac injection cartridge	AD	
ketorolac injection solution	AD	
ketorolac intramuscular solution	AD	
ketorolac oral	P	QL (20 per 30 days)
KHEDEZLA ORAL	NP	PA
LAMICTAL ODT ORAL	NP	PA
LAMICTAL ODT STARTER (BLUE) ORAL	NP	PA
LAMICTAL ODT STARTER (GREEN) ORAL	NP	PA
LAMICTAL ODT STARTER (ORANGE) ORAL	NP	PA
LAMICTAL ORAL TABLET	NP	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	NP	PA
LAMICTAL STARTER (BLUE) KIT ORAL	NP	PA
LAMICTAL STARTER (GREEN) KIT ORAL	NP	PA
LAMICTAL STARTER (ORANGE) KIT ORAL	NP	PA
LAMICTAL XR ORAL	NP	PA
LAMICTAL XR STARTER (BLUE) ORAL	NP	PA
LAMICTAL XR STARTER (GREEN) ORAL	NP	PA
LAMICTAL XR STARTER (ORANGE) ORAL	NP	PA
lamotrigine oral tablet	P	

Drug	Tier	Limits or Restrictions
lamotrigine oral tablet disintegrating, dose pk	NP	PA
lamotrigine oral tablet extended release 24hr	P	
lamotrigine oral tablet, chewable dispersible	P	
lamotrigine oral tablet, disintegrating	NP	PA
lamotrigine oral tablets, dose pack	P	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	P	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	P	QL (60 per 30 days)
LAZANDA NASAL	NP	PA
levetiracetam intravenous	AD	
levetiracetam oral	P	
levorphanol tartrate oral tablet 2 mg	AD	QL (120 per 30 days)
LEXAPRO ORAL TABLET	NP	PA
lithium carbonate oral	AD	
lithium citrate oral solution 8 meq/5 ml	AD	
lorazepam injection	AD	
LORAZEPAM INTENSOL ORAL	AD	
lorazepam oral	AD	
LORCET (HYDROCODONE) ORAL	AD	QL (360 per 30 days)
LORCET HD ORAL	AD	QL (360 per 30 days)
loxapine succinate oral	AD	
LUNESTA ORAL	NP	PA
LYRICA CR ORAL	NP	PA
LYRICA ORAL CAPSULE	NP	PA; QL (90 per 30 days)
LYRICA ORAL SOLUTION	NP	PA
magnesium chloride injection	AD	
magnesium sulfate in water intravenous	AD	
magnesium sulfate injection	AD	
maprotiline oral	AD	
MAXALT ORAL TABLET 10 MG	NP	PA
MAXALT-MLT ORAL	NP	PA
meclofenamate oral	AD	
mefenamic acid oral	NP	PA
meloxicam oral suspension	AD	
meloxicam oral tablet 15 mg	P	
meloxicam oral tablet 7.5 mg	P	QL (30 per 30 days)

Drug	Tier	Limits or Restrictions
memantine oral capsule,sprinkle,er 24hr	NP	PA
memantine oral solution	NP	PA
memantine oral tablet	P	
memantine oral tablets,dose pack	P	
meperidine oral solution	AD	QL (1200 per 30 days)
meperidine oral tablet 100 mg	AD	QL (120 per 30 days)
meperidine oral tablet 50 mg	AD	QL (240 per 30 days)
meprobamate oral	AD	
METADATE ER ORAL	AD	QL; QL (90 per 30 days)
methadone oral concentrate	NP	PA; QL (60 per 30 days)
methadone oral solution 10 mg/5 ml	NP	PA; QL (300 per 30 days)
methadone oral solution 5 mg/5 ml	NP	PA; QL (600 per 30 days)
methadone oral tablet 10 mg	NP	PA; QL (60 per 30 days)
methadone oral tablet 5 mg	NP	PA; QL (120 per 30 days)
methadone oral tablet,soluble	NP	PA; QL (30 per 30 days)
METHADOSE ORAL CONCENTRATE	AD	QL (60 per 30 days)
METHADOSE ORAL TABLET,SOLUBLE	AD	QL (30 per 30 days)
METHYLIN ORAL SOLUTION	NP	PA; QL
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg	P	QL (180 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 20 mg	P	QL (90 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	P	QL (60 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg	P	QL (45 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 50 mg	P	QL (36 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 60 mg	P	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg	NP	PA
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	NP	PA; QL
methylphenidate hcl oral solution 10 mg/5 ml	NP	PA; QL (180 per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	NP	PA; QL (360 per 30 days)
methylphenidate hcl oral tablet 10 mg	P	QL; QL (180 per 30 days)
methylphenidate hcl oral tablet 20 mg	P	QL; QL (90 per 30 days)

Drug	Tier	Limits or Restrictions
methylphenidate hcl oral tablet 5 mg	P	QL; QL (360 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	P	QL (180 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	P	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg	P	QL (120 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 27 mg	P	QL (80 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	P	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 54 mg	P	QL (40 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 72 mg	P	
methylphenidate hcl oral tablet,chewable 10 mg	P	QL (180 per 30 days)
methylphenidate hcl oral tablet,chewable 2.5 mg	P	QL (720 per 30 days)
methylphenidate hcl oral tablet,chewable 5 mg	P	QL (360 per 30 days)
MIRAPEX ER ORAL	NP	PA
MIRAPEX ORAL	NP	PA
mirtazapine oral	P	
MOBIC ORAL TABLET	NP	PA
modafinil oral	NP	PA
MORPHABOND ER ORAL	NP	PA
morphine concentrate oral solution	AD	QL (135 per 30 days)
morphine oral capsule, er multiphase 24 hr	NP	PA
morphine oral capsule,extend.release pellets	NP	PA
morphine oral solution 10 mg/5 ml	AD	QL (900 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	AD	QL (675 per 30 days)
morphine oral tablet 15 mg	AD	PA; QL (180 per 30 days)
morphine oral tablet 30 mg	AD	QL (90 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	P	PA; QL (30 per 30 days)
morphine oral tablet extended release 15 mg	P	PA; QL (120 per 30 days)

Drug	Tier	Limits or Restrictions
morphine oral tablet extended release 30 mg	P	PA; QL (90 per 30 days)
morphine rectal suppository 10 mg	AD	QL (270 per 30 days)
morphine rectal suppository 20 mg	AD	QL (120 per 30 days)
morphine rectal suppository 30 mg	AD	QL (90 per 30 days)
morphine rectal suppository 5 mg	AD	QL (360 per 30 days)
MS CONTIN ORAL	NP	PA
MYDAYIS ORAL	NP	PA
MYSOLINE ORAL	NP	PA
nabumetone oral	P	
nalbuphine injection	AD	
NALFON ORAL CAPSULE 400 MG	NP	PA
NALFON ORAL TABLET	NP	PA
naloxone injection	P	
naltrexone oral	AD	
NAMENDA ORAL TABLET	NP	PA
NAMENDA TITRATION PAK ORAL	NP	PA
NAMENDA XR ORAL	NP	PA
NAMZARIC ORAL	NP	PA
naproxen oral suspension	AD	
naproxen oral tablet	P	
naproxen oral tablet,delayed release (dr/ec)	P	
naproxen sodium oral tablet 275 mg, 550 mg	P	
naratriptan oral	NP	PA
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	P	
nefazodone oral	P	
NEURONTIN ORAL	NP	PA
nortriptyline oral	AD	
NUCYNTA ER ORAL	NP	PA
NUCYNTA ORAL	NP	PA
NUDEXTA ORAL	AD	PA; QL (60 per 30 days)
NUPLAZID ORAL	NP	PA
olanzapine intramuscular	P	
olanzapine oral tablet	P	QL (30 per 30 days)
olanzapine oral tablet,disintegrating	NP	PA; QL (30 per 30 days)
olanzapine-fluoxetine oral	NP	PA

Drug	Tier	Limits or Restrictions
ONFI ORAL SUSPENSION	NP	PA
ONFI ORAL TABLET 10 MG, 20 MG	NP	PA
ONZETRA XSAIL NASAL	NP	PA
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	NP	PA
oxaprozin oral	NP	PA
oxazepam oral	AD	
oxcarbazepine oral	P	
OXTELLAR XR ORAL	NP	PA
oxycodone oral capsule	AD	QL (360 per 30 days)
oxycodone oral concentrate	AD	QL (90 per 30 days)
oxycodone oral solution	AD	QL (1200 per 30 days)
oxycodone oral tablet 10 mg	AD	QL (180 per 30 days)
oxycodone oral tablet 15 mg	AD	QL (120 per 30 days)
oxycodone oral tablet 20 mg	AD	QL (90 per 30 days)
oxycodone oral tablet 30 mg	AD	QL (60 per 30 days)
oxycodone oral tablet 5 mg	AD	QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG	NP	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	NP	PA; QL (60 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	NP	PA; QL (30 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	AD	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	AD	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	AD	QL (240 per 30 days)
oxycodone-aspirin oral	AD	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG	NP	PA; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	NP	PA; QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	NP	PA; QL (30 per 30 days)

Drug	Tier	Limits or Restrictions
oxymorphone oral tablet extended release 12 hr	NP	PA
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	NP	PA; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	NP	PA; QL (60 per 30 days)
paroxetine hcl oral tablet 10 mg, 40 mg	P	QL (30 per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	P	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	NP	PA; QL (60 per 30 days)
paroxetine mesylate(menop.sym) oral	NP	PA
PAXIL CR ORAL	NP	PA
PAXIL ORAL	NP	PA
PEGANONE ORAL	P	
pentazocine-naloxone oral	AD	
perphenazine oral	AD	
perphenazine-amitriptyline oral	AD	
PEXEVA ORAL	NP	PA
phenelzine oral	AD	
phenobarbital oral	AD	
phenobarbital sodium injection solution	AD	
PHENYTEK ORAL	P	
phenytoin oral suspension	P	
phenytoin oral tablet,chewable	P	
phenytoin sodium extended oral	P	
phenytoin sodium intravenous	AD	
piroxicam oral	AD	
POTIGA ORAL TABLET 200 MG, 400 MG, 50 MG	NP	PA
pramipexole oral tablet	P	
pramipexole oral tablet extended release 24 hr	NP	PA
primidone oral	P	
PRISTIQ ORAL	NP	PA
PROBUPHINE SUBDERMAL	NP	PA
PROCENTRA ORAL	NP	PA
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	AD	
prochlorperazine maleate oral	AD	

Drug	Tier	Limits or Restrictions
prochlorperazine rectal	AD	
promethazine injection solution	AD	
promethazine oral	AD	
promethazine rectal suppository 12.5 mg, 25 mg	AD	
propranolol intravenous	AD	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg	NP	PA
propranolol oral capsule,extended release 24 hr 60 mg, 80 mg	P	
propranolol oral solution	P	
propranolol oral tablet	P	
protriptyline oral	AD	
PROVIGIL ORAL	P	
PROZAC ORAL CAPSULE	NP	PA
QUDEXY XR ORAL	NP	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	P	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	P	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr	P	QL (60 per 30 days)
QUILLICHEW ER ORAL	NP	PA
QUILLIVANT XR ORAL	NP	PA
ramelteon oral	AD	QL (30 per 30 days)
RELPAZ ORAL	P	
REMERON ORAL TABLET 15 MG, 30 MG	NP	PA
REMERON SOLTAB ORAL	NP	PA
REQUIP ORAL	NP	PA
REQUIP XL ORAL	NP	PA
REXULTI ORAL	NP	PA
riluzole oral	AD	
RISPERDAL CONSTA INTRAMUSCULAR	P	
RISPERDAL ORAL	NP	PA
risperidone oral solution	P	
risperidone oral tablet	P	QL (60 per 30 days)
risperidone oral tablet,disintegrating	P	QL (60 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	P	
RITALIN ORAL	NP	PA

Drug	Tier	Limits or Restrictions
rizatriptan oral	P	QL
ropinirole oral tablet	P	
ropinirole oral tablet extended release 24 hr	NP	PA
ROWEEPRA ORAL	P	
ROWEEPRA XR ORAL	P	
ROZEREM ORAL	P	QL (30 per 30 days)
RYTARY ORAL	NP	PA
SABRIL ORAL	NP	PA
salsalate oral	AD	
SAPHRIS SUBLINGUAL	P	
SARAFEM ORAL TABLET 10 MG, 20 MG	NP	PA
SAVELLA ORAL TABLET	P	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	P	QL (55 per 30 days)
SECONAL SODIUM ORAL	AD	
selegiline hcl oral	AD	
SEROQUEL ORAL	NP	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	NP	PA
sertraline oral concentrate	P	
sertraline oral tablet 100 mg	P	QL (60 per 30 days)
sertraline oral tablet 25 mg	P	QL (30 per 30 days)
sertraline oral tablet 50 mg	P	QL; QL (60 per 30 days)
SINEMET CR ORAL	NP	PA
SINEMET ORAL	NP	PA
SONATA ORAL	NP	PA
SPRAVATO NASAL	AD	PA; SP
SPRITAM ORAL	NP	PA
STRATTERA ORAL	NP	PA
SUBLOCADE SUBCUTANEOUS	NP	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG	P	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	P	QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	P	QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	P	QL (90 per 30 days)
sulindac oral	P	
sumatriptan nasal spray,non-aerosol 20 mg/actuation	P	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	P	QL (36 per 30 days)

Drug	Tier	Limits or Restrictions
sumatriptan succinate oral tablet 100 mg, 25 mg	P	QL (18 per 30 days)
sumatriptan succinate oral tablet 50 mg	P	QL
sumatriptan succinate subcutaneous cartridge	AD	QL (8 per 30 days)
sumatriptan succinate subcutaneous pen injector	AD	QL (8 per 30 days)
sumatriptan succinate subcutaneous solution	AD	QL (8 per 30 days)
sumatriptan-naproxen oral	NP	PA
SYMBYAX ORAL	NP	PA
TEGRETOL ORAL SUSPENSION	NP	PA
TEGRETOL ORAL TABLET	NP	PA
TEGRETOL XR ORAL	NP	PA
temazepam oral	AD	
tetrabenazine oral	AD	PA; SP
thioridazine oral	AD	
thiothixene oral	AD	
tiagabine oral	NP	PA
timolol maleate oral	NP	PA
tolmetin oral	AD	
TOPAMAX ORAL	NP	PA
topiramate oral capsule, sprinkle	P	
topiramate oral capsule, sprinkle, er 24hr	NP	PA
topiramate oral tablet	P	
tramadol oral tablet	AD	QL (240 per 30 days)
tramadol-acetaminophen oral	AD	QL (240 per 30 days)
tranylcypromine oral	AD	
trazodone oral	P	
TREXIMET ORAL	NP	PA
triazolam oral	AD	
trifluoperazine oral	AD	
trihexyphenidyl oral	AD	
TRILEPTAL ORAL	NP	PA
TRINTELLIX ORAL	NP	PA; QL (30 per 30 days)
TROKENDI XR ORAL	NP	PA
valproate sodium intravenous	AD	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)	AD	

Drug	Tier	Limits or Restrictions
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	P	
valproic acid oral	P	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	P	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	P	QL
venlafaxine oral tablet	P	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	NP	PA
VERSACLOZ ORAL	NP	PA
vigabatrin oral	NP	PA
VIGADRONE ORAL	NP	PA
VIIBRYD ORAL TABLET	NP	PA; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	NP	PA; QL (30 per 30 days)
VIMOVO ORAL	NP	PA
VIMPAT INTRAVENOUS	AD	
VIMPAT ORAL	NP	PA
VOLTAREN TOPICAL	NP	PA
VRAYLAR ORAL	NP	PA
VYVANSE ORAL CAPSULE 10 MG	P	QL (210 per 30 days)
VYVANSE ORAL CAPSULE 20 MG	P	QL (105 per 30 days)
VYVANSE ORAL CAPSULE 30 MG	P	QL (70 per 30 days)
VYVANSE ORAL CAPSULE 40 MG	P	QL (52 per 30 days)
VYVANSE ORAL CAPSULE 50 MG	P	QL (42 per 30 days)
VYVANSE ORAL CAPSULE 60 MG	P	QL (35 per 30 days)
VYVANSE ORAL CAPSULE 70 MG	P	QL (30 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG	NP	PA; QL (210 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 20 MG	NP	PA; QL (105 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 30 MG	NP	PA; QL (70 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG	NP	PA; QL (52 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 50 MG	NP	PA; QL (42 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 60 MG	NP	PA; QL (35 per 30 days)
WELLBUTRIN SR ORAL	NP	PA
WELLBUTRIN XL ORAL	NP	PA
XADAGO ORAL	NP	PA
XTAMPZA ER ORAL	NP	PA
YOSPRALA ORAL	NP	PA

Drug	Tier	Limits or Restrictions
zaleplon oral capsule 10 mg	P	QL (60 per 30 days)
zaleplon oral capsule 5 mg	P	QL (30 per 30 days)
ZARONTIN ORAL	NP	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS	NP	PA
ZENZEDI ORAL	NP	PA
ziprasidone hcl oral	P	QL (60 per 30 days)
ZIPSOR ORAL	NP	PA
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	NP	PA
zolmitriptan oral	NP	PA; QL (18 per 30 days)
ZOLOFT ORAL	NP	PA
zolpidem oral tablet	P	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase	NP	PA; QL (30 per 30 days)
zolpidem sublingual	NP	PA
ZOLPIMIST ORAL	NP	PA
ZOMIG NASAL	NP	PA
ZOMIG ORAL	NP	PA
ZOMIG ZMT ORAL	NP	PA
zonisamide oral	P	
ZORVOLEX ORAL	NP	PA
ZUBSOLV SUBLINGUAL	NP	PA
ZYBAN ORAL	NP	PA
ZYPREXA INTRAMUSCULAR	NP	PA
ZYPREXA ORAL	NP	PA
ZYPREXA RELPREVV INTRAMUSCULAR	NP	PA
ZYPREXA ZYDIS ORAL	NP	PA
DEVICES		
ACCU-CHEK AVIVA PLUS METER	P	
ACCU-CHEK GUIDE GLUCOSE METER	P	
ACCU-CHEK GUIDE ME GLUCOSE MTR	P	
ACCU-CHEK NANO	P	
ACE AEROSOL CLOUD ENHANCER	AD	
CLEO 90 INFUSION SET 24"	AD	
COMFORT SHORT INFUSION SET 23"	AD	
CONTOUR METER	P	
CONTOUR NEXT EZ METER	P	
CONTOUR NEXT METER	P	
CONTOUR NEXT ONE METER	P	

Drug	Tier	Limits or Restrictions
DEXCOM G4 RECEIVER	AD	PA
DEXCOM G4 RECEIVER PEDIATRIC	AD	PA
DEXCOM G4 RECEIVER-SHARE (PED)	AD	PA
DEXCOM G4 RECEIVER-SHARE KIT	AD	PA
DEXCOM G4 TRANSMITTER	AD	PA
DEXCOM G5 RECEIVER	AD	PA
DEXCOM G5 TRANSMITTER	AD	PA
DEXCOM G5-G4 SENSOR	AD	PA
DEXCOM G6 RECEIVER	AD	PA
DEXCOM G6 SENSOR	AD	PA
DEXCOM G6 TRANSMITTER	AD	PA
DEXCOM RECEIVER	AD	PA
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	AD	
FORA G20 KIT	NP	PA
FREESTYLE FREEDOM LITE	NP	PA
FREESTYLE INSULINX	NP	PA
FREESTYLE LIBRE 10 DAY READER	AD	PA
FREESTYLE LIBRE 10 DAY SENSOR	AD	PA
FREESTYLE LIBRE 14 DAY READER	AD	PA
FREESTYLE LIBRE 14 DAY SENSOR	AD	PA
FREESTYLE LITE METER	NP	PA
GLUCOCARD EXPRESSION	NP	PA
GLUCOCARD EXPRESSION KIT	NP	PA
GLUCOCARD SHINE METER	NP	PA
GLUCOCARD SHINE METER KIT	NP	PA
GLUCOCARD SHINE XL METER	NP	PA
HEP FLUSH-10 (PF) INTRAVENOUS	AD	
heparin (porcine) in nacl (pf) intravenous	AD	
heparin flush(porcine)-0.9nacl intravenous	AD	
heparin lock flush (porcine) intravenous syringe 100 unit/ml	AD	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE	AD	
HEPARIN LOCK INTRAVENOUS	AD	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS	AD	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	AD	

Drug	Tier	Limits or Restrictions
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1"	AD	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	AD	
NORMAL SALINE FLUSH INJECTION	AD	
ONETOUCH ULTRA2 METER	NP	PA
ONETOUCH ULTRAMINI	NP	PA
ONETOUCH VERIO FLEX	NP	PA
ONETOUCH VERIO IQ METER	NP	PA
ONETOUCH VERIO SYSTEM	NP	PA
POLYFIN QR INFUSION SET	AD	
PRECISION XTRA MONITOR	NP	PA
PRODIGY POCKET METER	NP	PA
PRODIGY VOICE GLUCOSE METER	NP	PA
sodium chloride 0.9 % (flush) injection syringe	AD	
syringe with needle, safety syringe 1 ml 25 gauge x 5/8"	AD	
T:SLIM SUBCUTANEOUS	AD	
TRUE METRIX AIR GLUCOSE METER	NP	PA
TRUE METRIX GLUCOSE METER	NP	PA
WAVESENSE PRESTO	NP	PA
WAVESENSE PRESTO KIT	NP	PA
DIAGNOSTIC AGENTS		
ACCU-CHEK AVIVA PLUS TEST STRP	P	
ACCU-CHEK COMPACT PLUS TEST	P	
ACCU-CHEK GUIDE	P	
ACCU-CHEK SMARTVIEW TEST STRIP	P	
CANDIN INTRADERMAL	AD	
CONTOUR NEXT TEST STRIPS	P	
CONTOUR TEST STRIPS	P	
cosyntropin injection	AD	
cosyntropin intravenous	AD	
E-Z-CAT DRY ORAL	AD	
E-Z-HD BARIUM ORAL	AD	
E-Z-PAQUE ORAL	AD	
fluorescein-proparacaine ophthalmic (eye)	AD	
FORA G20 STRIP	NP	PA
FREESTYLE INSULINX STRIP	NP	PA

Drug	Tier	Limits or Restrictions
FREESTYLE INSULINX TEST STRIPS	NP	PA
FREESTYLE LITE STRIPS	NP	PA
FREESTYLE TEST	NP	PA
GLUCAGEN DIAGNOSTIC KIT INJECTION	AD	
GLUCAGON HCL INJECTION	AD	
GLUCOCARD EXPRESSION STRIP	NP	PA
GLUCOCARD SHINE TEST STRIPS	NP	PA
ISOVUE-300 INTRAVENOUS	AD	
ISOVUE-M 300 INTRATHECAL	AD	
LIQUID E-Z PAQUE ORAL	AD	
mannitol 10 % intravenous	AD	
mannitol 20 % intravenous	AD	
mannitol 25 % intravenous solution	AD	
mannitol 5 % intravenous	AD	
OMNIPAQUE 140 INTRAVENOUS	AD	
OMNIPAQUE 240 INTRAVENOUS	AD	
OMNIPAQUE 300 INTRAVENOUS	AD	
ONETOUCH ULTRA BLUE TEST STRIP	NP	PA
ONETOUCH VERIO	NP	PA
PRECISION XTRA TEST	NP	PA
PRODIGY NO CODING	NP	PA
READI-CAT 2 ORAL SUSPENSION 2.1 % (W/V), 2.0 % (W/W)	AD	
TAGITOL V ORAL	AD	
thallous chloride tl-201 intravenous solution 37 mbq/ml (1 mci/ml)	AD	
THYROGEN INTRAMUSCULAR	AD	SP
TRUE METRIX GLUCOSE TEST STRIP	NP	PA
VARIBAR THIN HONEY ORAL	AD	
VARIBAR THIN LIQUID ORAL	AD	
VISIPAQUE INTRAVENOUS SOLUTION 270 MG IODINE/ML	AD	
VOLUMEN ORAL	AD	
WAVESENSE PRESTO STRIP	NP	PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACCURETIC ORAL	NP	PA
acetazolamide oral	AD	
acetazolamide sodium injection	AD	

Drug	Tier	Limits or Restrictions
acetic acid irrigation	AD	
amiloride-hydrochlorothiazide oral	AD	
amlodipine-valsartan-hcthiazid oral	P	
ammonium chloride intravenous	AD	
ATACAND HCT ORAL	NP	PA
atenolol-chlorthalidone oral	AD	
AURYXIA ORAL	NP	PA
AVALIDE ORAL	NP	PA
BAL-CARE DHA ORAL	AD	
BD PRE-FILLED NORMAL SALINE INJECTION	AD	
benazepril-hydrochlorothiazide oral	P	
BENICAR HCT ORAL	NP	PA
bisoprolol-hydrochlorothiazide oral	AD	
bumetanide injection	AD	
bumetanide oral	AD	
calcium acetate oral capsule	P	
calcium acetate oral tablet 667 mg	P	
calcium chloride intravenous	AD	
calcium gluconate intravenous	AD	
candesartan-hydrochlorothiazid oral	NP	PA
captopril-hydrochlorothiazide oral	P	
CARBAGLU ORAL	AD	SP
chlorothiazide oral	AD	
chlorthalidone oral tablet 25 mg, 50 mg	AD	
chromium chloride intravenous	AD	
CONSTULOSE ORAL	AD	
COPPER CHLORIDE INTRAVENOUS	AD	
CORZIDE ORAL	NP	PA
CRYSVITA SUBCUTANEOUS	AD	PA; SP
CYTRA K CRYSTALS ORAL	AD	
CYTRA-2 ORAL	AD	
CYTRA-3 ORAL	AD	
CYTRA-K ORAL	AD	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL	AD	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL	AD	

Drug	Tier	Limits or Restrictions
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL	AD	
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL	AD	
dextrose 5 % in ringer's intravenous	AD	
dextrose 5 %-lactated ringers intravenous	AD	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL	AD	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL	AD	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL	AD	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL	AD	
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL	AD	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL	AD	
DIOVAN HCT ORAL	NP	PA
EDARBYCLOR ORAL	NP	PA
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	AD	
electrolyte-48 in d5w intravenous	AD	
ELIPHOS ORAL	AD	
enalapril-hydrochlorothiazide oral	P	
ENULOSE ORAL	AD	
EXFORGE HCT ORAL	NP	PA
fosinopril-hydrochlorothiazide oral	P	
FOSRENOL ORAL	NP	PA
furosemide injection	AD	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	AD	
furosemide oral tablet	AD	
GENERLAC ORAL	AD	
glycine urologic solution irrigation	AD	
hetastarch 6 % in 0.9 % nacl intravenous	AD	
hydrochlorothiazide oral	AD	
HYZAAR ORAL	NP	PA
indapamide oral	AD	
IONOSOL-B IN D5W INTRAVENOUS	AD	

Drug	Tier	Limits or Restrictions
IONOSOL-MB IN D5W INTRAVENOUS	AD	
irbesartan-hydrochlorothiazide oral	P	
ISOLYTE S PH 7.4 INTRAVENOUS	AD	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS	AD	
ISOLYTE-S INTRAVENOUS	AD	
JYNARQUE ORAL	AD	PA; SP
K-EFFERVESCENT ORAL	AD	
KIONEX (WITH SORBITOL) ORAL	AD	
KLOR-CON 10 ORAL	AD	
KLOR-CON 8 ORAL	AD	
KLOR-CON M10 ORAL	AD	
KLOR-CON M15 ORAL	AD	
KLOR-CON M20 ORAL	AD	
KLOR-CON ORAL	AD	
KLOR-CON/EF ORAL	AD	
lactated ringers intravenous	AD	
lactated ringers irrigation	AD	
lactulose oral solution	AD	
lanthanum oral	NP	PA
lisinopril-hydrochlorothiazide oral	P	
losartan-hydrochlorothiazide oral	P	
LOTENSIN HCT ORAL	NP	PA
manganese chloride intravenous	AD	
mannitol 10 % intravenous	AD	
mannitol 20 % intravenous	AD	
mannitol 25 % intravenous solution	AD	
mannitol 5 % intravenous	AD	
methyldopa-hydrochlorothiazide oral	AD	
metolazone oral	AD	
metoprolol ta-hydrochlorothiaz oral	AD	
MICARDIS HCT ORAL	NP	PA
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg	P	
moexipril-hydrochlorothiazide oral tablet 7.5-12.5 mg	AD	
MYNATAL ADVANCE ORAL	AD	
MYNATAL ORAL CAPSULE	AD	

Drug	Tier	Limits or Restrictions
MYNATAL PLUS ORAL	AD	
MYNATAL-Z ORAL	AD	
nadolol-bendroflumethiazide oral	AD	
NORMAL SALINE FLUSH INJECTION	AD	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS	AD	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS	AD	
NORMOSOL-R INTRAVENOUS	AD	
NORMOSOL-R PH 7.4 INTRAVENOUS	AD	
NUTRILYTE INTRAVENOUS	AD	
olmesartan-amlodipin-hcthiazid oral	NP	PA
olmesartan-hydrochlorothiazide oral	NP	PA
PHOSLYRA ORAL	P	
PHOSPHA 250 NEUTRAL ORAL	AD	
PHYSIOLYTE IRRIGATION	AD	
PHYSIOSOL IRRIGATION IRRIGATION	AD	
PLASMA-LYTE 148 INTRAVENOUS	AD	
PLASMA-LYTE A INTRAVENOUS	AD	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA + DOCUSATE ORAL	AD	
PNV-OMEGA ORAL	AD	
potassium acetate intravenous solution 2 meq/ml	AD	
potassium bicarb and chloride oral	AD	
potassium bicarb-citric acid oral	AD	
potassium chlorid-d5-0.45%nacl intravenous	AD	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	AD	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	AD	
potassium chloride in lr-d5 intravenous	AD	
potassium chloride in water intravenous piggyback	AD	
potassium chloride intravenous	AD	
potassium chloride oral capsule, extended release	AD	

Drug	Tier	Limits or Restrictions
potassium chloride oral liquid	AD	
potassium chloride oral tablet extended release 10 meq, 8 meq	AD	
potassium chloride oral tablet,er particles/crystals	AD	
potassium chloride-0.45 % nacl intravenous	AD	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	AD	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	AD	
potassium chloride-d5-0.9%nacl intravenous	AD	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	AD	
potassium citrate-citric acid oral solution	AD	
potassium phosphate m-/d-basic intravenous	AD	
PR NATAL 400 EC ORAL	AD	
PR NATAL 400 ORAL	AD	
PR NATAL 430 EC ORAL	AD	
PR NATAL 430 ORAL	AD	
PRENAISSANCE ORAL	AD	
PRENAISSANCE PLUS ORAL	AD	
PRENATABS FA ORAL	AD	
PRENATABS RX ORAL	AD	
PRENATAL LOW IRON ORAL	AD	
PRENATAL PLUS (CALCIUM CARB) ORAL	AD	
PRENATAL PLUS ORAL	AD	
probenecid oral	AD	
probenecid-colchicine oral	AD	
propranolol-hydrochlorothiazid oral	AD	
quinapril-hydrochlorothiazide oral	P	
RAVICTI ORAL	AD	SP
RENAGEL ORAL	P	
REVELA ORAL POWDER IN PACKET	NP	PA
ringer's intravenous	AD	
ringer's irrigation	AD	

Drug	Tier	Limits or Restrictions
selenium intravenous	AD	
sevelamer carbonate oral	NP	PA
sevelamer hcl oral	NP	PA
sodium acetate intravenous	AD	
sodium bicarbonate intravenous	AD	
sodium chlor 0.9% bacteriostat injection	AD	
sodium chloride 0.45 % intravenous	AD	
sodium chloride 0.9 % (flush) injection syringe	AD	
sodium chloride 0.9 % injection	AD	
sodium chloride 0.9 % intravenous	AD	
sodium chloride 3 % intravenous	AD	
sodium chloride 5 % intravenous	AD	
sodium chloride intravenous	AD	
sodium chloride irrigation	AD	
sodium citrate-citric acid oral	AD	
sodium lactate intravenous	AD	
sodium phenylbutyrate oral	AD	
sodium phosphate intravenous	AD	
SODIUM POLYSTYRENE (SORB FREE) ORAL	AD	
sodium polystyrene sulfonate oral powder	AD	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	AD	
spironolactone oral	AD	
spironolacton-hydrochlorothiazid oral	AD	
SPS (WITH SORBITOL) ORAL	AD	
SPS (WITH SORBITOL) RECTAL	AD	
TEKTURNA HCT ORAL	P	
telmisartan-hydrochlorothiazid oral	NP	PA
TENORETIC 100 ORAL	NP	PA
TENORETIC 50 ORAL	NP	PA
THEOCHRON ORAL	AD	
theophylline oral elixir	AD	
theophylline oral solution	AD	
theophylline oral tablet extended release 12 hr	AD	
TL-SELECT ORAL	AD	
torseamide oral	AD	

Drug	Tier	Limits or Restrictions
TRIADVANCE ORAL	AD	
triamterene-hydrochlorothiazid oral	AD	
TRIBENZOR ORAL	NP	PA
TRICITRATES ORAL	AD	
TRINATAL RX 1 ORAL	AD	
TRINATE ORAL	AD	
TRIVEEN-DUO DHA ORAL	AD	
TRIVEEN-ONE ORAL	AD	
TRIVEEN-PRX RNF ORAL	AD	
valsartan-hydrochlorothiazide oral	P	
VASERETIC ORAL	NP	PA
VELPHORO ORAL	NP	PA
VELTASSA ORAL	AD	SP
VENA-BAL DHA ORAL	AD	
VINACAL ORAL	AD	
VINATE ONE ORAL	AD	
VINATE ULTRA ORAL	AD	
VIRT-PN PLUS ORAL	AD	
VIRT-SELECT ORAL	AD	
VITAFOL-OB ORAL	AD	
water for irrigation, sterile irrigation	AD	
ZATEAN-PN PLUS ORAL	AD	
ZESTORETIC ORAL	NP	PA
ZIAC ORAL	NP	PA
zinc chloride intravenous	AD	
zinc sulfate intravenous solution 5 mg/ml	AD	
ENZYMES		
CATHFLO ACTIVASE INTRA-CATHETER	AD	
ELELYSO INTRAVENOUS	AD	PA; SP
FABRAZYME INTRAVENOUS	AD	PA; SP
LUMIZYME INTRAVENOUS	AD	PA; SP
PALYNZIQ SUBCUTANEOUS	AD	PA; SP
PULMOZYME INHALATION	AD	SP
REVCovi INTRAMUSCULAR	AD	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	AD	PA
VIMIZIM INTRAVENOUS	AD	SP
VPRIV INTRAVENOUS	AD	PA; SP

Drug	Tier	Limits or Restrictions
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazolamide oral	AD	
acetazolamide sodium injection	AD	
acetic acid otic (ear)	AD	
ACULAR LS OPHTHALMIC (EYE)	NP	PA
ACULAR OPHTHALMIC (EYE)	NP	PA
ACUVAIL (PF) OPHTHALMIC (EYE)	NP	PA
ALAWAY OPHTHALMIC (EYE)	P	
ALOCRIAL OPHTHALMIC (EYE)	NP	PA
ALOMIDE OPHTHALMIC (EYE)	NP	PA
ALPHAGAN P OPHTHALMIC (EYE)	P	
ALREX OPHTHALMIC (EYE)	NP	PA
apraclonidine ophthalmic (eye)	NP	PA
ASTEPRO NASAL SPRAY, NON-AEROSOL	NP	PA
atropine ophthalmic (eye) drops	AD	
atropine ophthalmic (eye) ointment	AD	
AZASITE OPHTHALMIC (EYE)	NP	PA
azelastine nasal	P	QL (60 per 30 days)
azelastine ophthalmic (eye)	NP	PA
AZOPT OPHTHALMIC (EYE)	NP	PA
bacitracin ophthalmic (eye)	AD	
bacitracin-polymyxin b ophthalmic (eye)	AD	
BACTROBAN NASAL NASAL	AD	
BALANCED SALT INTRAOCULAR	AD	
BECONASE AQ NASAL	NP	PA
BEPREVE OPHTHALMIC (EYE)	NP	PA
BESIVANCE OPHTHALMIC (EYE)	NP	PA
betaxolol ophthalmic (eye)	P	
BETOPTIC S OPHTHALMIC (EYE)	NP	PA
bimatoprost ophthalmic (eye)	NP	PA
BLEPHAMIDE OPHTHALMIC (EYE)	AD	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE)	AD	
brimonidine ophthalmic (eye) drops 0.15 %	NP	PA
brimonidine ophthalmic (eye) drops 0.2 %	P	
bromfenac ophthalmic (eye)	NP	PA
BROMSITE OPHTHALMIC (EYE)	NP	PA

Drug	Tier	Limits or Restrictions
budesonide nasal	NP	PA
carteolol ophthalmic (eye)	NP	PA
CHILDREN'S ALAWAY OPHTHALMIC (EYE)	P	
chlorhexidine gluconate mucous membrane	AD	
CILOXAN OPHTHALMIC (EYE)	NP	PA
CIPRO HC OTIC (EAR)	P	
CIPRODEX OTIC (EAR)	P	
ciprofloxacin hcl ophthalmic (eye)	P	
ciprofloxacin hcl otic (ear)	NP	PA
COMBIGAN OPHTHALMIC (EYE)	P	
COSOPT (PF) OPHTHALMIC (EYE)	NP	PA
COSOPT OPHTHALMIC (EYE)	NP	PA
cromolyn ophthalmic (eye)	P	
cyclopentolate ophthalmic (eye) drops 1 %, 2 %	AD	
CYSTARAN OPHTHALMIC (EYE)	AD	SP
dexamethasone sodium phosphate ophthalmic (eye)	AD	
diclofenac sodium ophthalmic (eye)	P	
dorzolamide ophthalmic (eye)	P	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	NP	PA
dorzolamide-timolol ophthalmic (eye)	P	
doxycycline hyclate oral tablet 20 mg	AD	
DYMISTA NASAL	NP	PA
ELESTAT OPHTHALMIC (EYE)	NP	PA
EMADINE OPHTHALMIC (EYE)	NP	PA
epinastine ophthalmic (eye)	NP	PA
erythromycin ophthalmic (eye)	AD	
EYE ITCH RELIEF OPHTHALMIC (EYE)	P	
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	NP	PA; QL (50 per 30 days)
fluorescein-proparacaine ophthalmic (eye)	AD	
fluorometholone ophthalmic (eye)	AD	
flurbiprofen sodium ophthalmic (eye)	NP	PA
gatifloxacin ophthalmic (eye)	NP	PA
GENTAK OPHTHALMIC (EYE) OINTMENT	AD	
gentamicin ophthalmic (eye)	AD	
hydrocortisone-acetic acid otic (ear)	AD	

Drug	Tier	Limits or Restrictions
IOPIDINE OPHTHALMIC (EYE)	NP	PA
ipratropium bromide nasal	P	QL (30 per 30 days)
ISTALOL OPHTHALMIC (EYE)	NP	PA
ketorolac ophthalmic (eye)	P	
ketotifen fumarate ophthalmic (eye)	P	
LASTACAFT OPHTHALMIC (EYE)	NP	PA
latanoprost ophthalmic (eye)	P	
levobunolol ophthalmic (eye) drops 0.5 %	NP	PA
levofloxacin ophthalmic (eye)	NP	PA
lidocaine hcl mucous membrane jelly	AD	
lidocaine hcl mucous membrane jelly in applicator	AD	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	AD	
loteprednol etabonate ophthalmic (eye)	AD	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	NP	PA
metipranolol ophthalmic (eye)	AD	
mometasone nasal	P	
MOXEZA OPHTHALMIC (EYE)	NP	PA
moxifloxacin ophthalmic (eye)	NP	PA
NASONEX NASAL	NP	PA
NATACYN OPHTHALMIC (EYE)	AD	
neomycin-bacitracin-poly-hc ophthalmic (eye)	AD	
neomycin-bacitracin-polymyxin ophthalmic (eye)	AD	
neomycin-polymyxin b-dexameth ophthalmic (eye)	AD	
neomycin-polymyxin-gramicidin ophthalmic (eye)	AD	
neomycin-polymyxin-hc ophthalmic (eye)	AD	
neomycin-polymyxin-hc otic (ear)	P	
NEO-POLYCIN HC OPHTHALMIC (EYE)	AD	
NEVANAC OPHTHALMIC (EYE)	NP	PA
OCUFLOX OPHTHALMIC (EYE)	NP	PA
ofloxacin ophthalmic (eye)	P	
ofloxacin otic (ear)	AD	
olopatadine nasal	NP	PA

Drug	Tier	Limits or Restrictions
olopatadine ophthalmic (eye)	P	
OMNARIS NASAL	NP	PA
OTIPRIO INTRATYMPANIC	NP	PA
OTOVEL OTIC (EAR)	NP	PA
OXERVATE OPHTHALMIC (EYE)	AD	PA; SP
PATADAY OPHTHALMIC (EYE)	NP	PA
PATANASE NASAL	NP	PA
PATANOL OPHTHALMIC (EYE)	NP	PA
PAZEO OPHTHALMIC (EYE)	P	
PERIOGARD MUCOUS MEMBRANE	AD	
phenylephrine hcl ophthalmic (eye)	AD	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE)	AD	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	AD	
POLYCIN OPHTHALMIC (EYE)	AD	
polymyxin b sulf-trimethoprim ophthalmic (eye)	AD	
PRED MILD OPHTHALMIC (EYE)	AD	
prednisolone acetate ophthalmic (eye)	AD	
prednisolone sodium phosphate ophthalmic (eye)	AD	
PROLENSA OPHTHALMIC (EYE)	NP	PA
proparacaine ophthalmic (eye)	AD	
QNASL NASAL	NP	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE)	AD	PA
RESTASIS OPHTHALMIC (EYE)	AD	PA; QL (60 per 30 days)
RHOPRESSA OPHTHALMIC (EYE)	NP	PA
ROCKLATAN OPHTHALMIC (EYE)	NP	PA
SIMBRINZA OPHTHALMIC (EYE)	NP	PA
SINUVA SINUS	NP	PA
sulfacetamide sodium ophthalmic (eye)	AD	
sulfacetamide-prednisolone ophthalmic (eye)	AD	
TETCAINE OPHTHALMIC (EYE)	AD	
tetracaine hcl (pf) ophthalmic (eye)	AD	
tetracaine hcl ophthalmic (eye)	AD	
TICANASE NASAL	NP	PA
timolol maleate ophthalmic (eye) drops	P	

Drug	Tier	Limits or Restrictions
timolol maleate ophthalmic (eye) drops, once daily	NP	PA
timolol maleate ophthalmic (eye) gel forming solution	P	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE)	NP	PA
TIMOPTIC OPHTHALMIC (EYE)	NP	PA
TIMOPTIC-XE OPHTHALMIC (EYE)	NP	PA
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	P	
tobramycin ophthalmic (eye)	AD	
tobramycin-dexamethasone ophthalmic (eye)	AD	
TRAVATAN Z OPHTHALMIC (EYE)	P	
tropicamide ophthalmic (eye)	AD	
TRUSOPT OPHTHALMIC (EYE)	NP	PA
VERAMYST NASAL	NP	PA
VIGAMOX OPHTHALMIC (EYE)	P	
VYZULTA OPHTHALMIC (EYE)	NP	PA
XALATAN OPHTHALMIC (EYE)	NP	PA
XHANCE NASAL	NP	PA
ZADITOR OPHTHALMIC (EYE)	NP	PA
ZETONNA NASAL	NP	PA
ZIOPTAN (PF) OPHTHALMIC (EYE)	NP	PA
ZIRGAN OPHTHALMIC (EYE)	AD	
ZYLET OPHTHALMIC (EYE)	AD	
ZYMAXID OPHTHALMIC (EYE)	NP	PA
GASTROINTESTINAL DRUGS		
ACIPHEX ORAL	NP	PA
ACIPHEX SPRINKLE ORAL	NP	PA
AKYNZEO (NETUPITANT) ORAL	NP	PA
alosetron oral	AD	
AMITIZA ORAL	AD	
ANZEMET ORAL	NP	PA
aprepitant oral capsule 125 mg, 40 mg	AD	QL (1 per 30 days)
aprepitant oral capsule 80 mg	AD	QL (2 per 30 days)
aprepitant oral capsule,dose pack	AD	QL (3 per 30 days)
APRISO ORAL	NP	PA
ASACOL HD ORAL	NP	PA

Drug	Tier	Limits or Restrictions
AZULFIDINE EN-TABS ORAL	NP	PA
AZULFIDINE ORAL	NP	PA
balsalazide oral	P	
CANASA RECTAL	P	
CARAFATE ORAL SUSPENSION	AD	
CESAMET ORAL	NP	PA
cimetidine hcl oral	NP	PA
cimetidine oral tablet 300 mg, 400 mg, 800 mg	NP	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS	NP	SP; PA
CIMZIA STARTER KIT SUBCUTANEOUS	NP	SP; PA
CIMZIA SUBCUTANEOUS	NP	SP; PA
COLAZAL ORAL	NP	PA
COMPRO RECTAL	AD	
CREON ORAL	P	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	P	
DEXILANT ORAL	NP	PA
dimenhydrinate injection solution	AD	
DIPENTUM ORAL	NP	PA
diphenoxylate-atropine oral	AD	
dronabinol oral	AD	
DUEXIS ORAL	NP	PA
ENTYVIO INTRAVENOUS	NP	SP; PA
esomeprazole magnesium oral	NP	PA
esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg	NP	PA
famotidine (pf) intravenous	AD	
famotidine (pf)-nacl (iso-os) intravenous	AD	
famotidine intravenous solution	AD	
famotidine oral suspension	P	
famotidine oral tablet 10 mg	AD	
famotidine oral tablet 20 mg, 40 mg	P	
GAVILYTE-C ORAL	AD	
GAVILYTE-G ORAL	AD	
GAVILYTE-N ORAL	AD	
GIAZO ORAL	NP	PA
granisetron (pf) intravenous	AD	

Drug	Tier	Limits or Restrictions
granisetron hcl intravenous	AD	
granisetron hcl oral	NP	PA; QL (6 per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
INFLECTRA INTRAVENOUS	NP	SP; PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	NP	PA
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	NP	PA; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel	NP	PA
LIALDA ORAL	NP	PA
LINZESS ORAL	AD	
meclizine oral tablet 12.5 mg, 25 mg	AD	
meclizine oral tablet,chewable	AD	
mesalamine oral	NP	PA
mesalamine rectal enema	P	
mesalamine rectal suppository	NP	PA
mesalamine with cleansing wipe rectal	P	
metoclopramide hcl injection	AD	
metoclopramide hcl oral solution	AD	
metoclopramide hcl oral tablet	AD	
misoprostol oral	AD	

Drug	Tier	Limits or Restrictions
MOVANTIK ORAL	AD	PA
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	NP	PA
NEXIUM ORAL	NP	PA
NEXIUM PACKET ORAL	P	
nizatidine oral	NP	PA
OICALIVA ORAL	AD	PA; SP
omeprazole oral capsule,delayed release(dr/ec) 10 mg	P	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	P	
omeprazole-sodium bicarbonate oral	NP	PA
ondansetron hcl (pf) injection	AD	
ondansetron hcl intravenous	AD	
ondansetron hcl oral solution	P	
ondansetron hcl oral tablet 24 mg	AD	
ondansetron hcl oral tablet 4 mg	P	
ondansetron hcl oral tablet 8 mg	P	QL
ondansetron oral	P	QL
palonosetron intravenous solution	AD	
palonosetron intravenous syringe	NP	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200-24,600 UNIT	NP	PA
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	P	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	P	
peg 3350-electrolytes oral	AD	
peg-electrolyte soln oral	AD	
PENTASA ORAL	P	
PEPCID ORAL	NP	PA
PERTZYE ORAL	NP	PA
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA + DOCUSATE ORAL	AD	
PRENAISSANCE ORAL	AD	

Drug	Tier	Limits or Restrictions
PRENAISSANCE PLUS ORAL	AD	
PREVACID ORAL	NP	PA
PREVACID SOLUTAB ORAL	NP	PA
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	NP	PA
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	AD	
prochlorperazine maleate oral	AD	
prochlorperazine rectal	AD	
PROTONIX ORAL	NP	PA
PYLERA ORAL	AD	
rabeprazole oral tablet, delayed release (dr/ec)	NP	PA
ranitidine hcl oral capsule	P	
ranitidine hcl oral syrup	P	
ranitidine hcl oral tablet 150 mg, 300 mg	P	
ranitidine hcl oral tablet 75 mg	AD	
REMICADE INTRAVENOUS	NP	SP; PA
RENFLEXIS INTRAVENOUS	NP	PA
ROWASA RECTAL	NP	PA
SANCUSO TRANSDERMAL	NP	PA
SE-NATAL 19 (WITH DOCUSATE) ORAL	AD	
SFROWASA RECTAL	NP	PA
SIMPONI ARIA INTRAVENOUS	NP	SP; PA
SIMPONI SUBCUTANEOUS	NP	SP; PA
sucralfate oral	AD	
sulfasalazine oral	P	
TARON-PREX PRENATAL-DHA ORAL	AD	
TL-SELECT ORAL	AD	
trimethobenzamide oral	AD	
TRIVEEN-PRX RNF ORAL	AD	
ursodiol oral	AD	
VIBERZI ORAL	AD	
VIMOVO ORAL	NP	PA
VINACAL ORAL	AD	
VINATE ULTRA ORAL	AD	
VIOKACE ORAL	NP	PA
VIRT-SELECT ORAL	AD	

Drug	Tier	Limits or Restrictions
XERMELO ORAL	AD	PA
YOSPRALA ORAL	NP	PA
ZANTAC ORAL TABLET 300 MG	NP	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	P	
ZOFRAN ODT ORAL	NP	PA
ZOFRAN ORAL	NP	PA
ZUPLENZ ORAL	NP	PA
HEAVY METAL ANTAGONISTS		
CHEMET ORAL	AD	
deferasirox oral	AD	PA; SP
deferoxamine injection	AD	
FERRIPROX ORAL TABLET 1,000 MG	AD	PA
FERRIPROX ORAL TABLET 500 MG	AD	PA; SP
JADENU ORAL	AD	PA; SP
JADENU SPRINKLE ORAL	AD	PA
penicillamine oral	AD	
HORMONES AND SYNTHETIC SUBSTITUTES		
acarbose oral	P	
ACTOPLUS MET XR ORAL	NP	PA
ADLYXIN SUBCUTANEOUS	NP	PA
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS	NP	PA
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS	NP	PA
ADVAIR DISKUS INHALATION	NP	PA
ADVAIR HFA INHALATION	P	QL (12 per 30 days)
AEROSPAN INHALATION	NP	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	NP	PA
AIRDUO RESPICLICK INHALATION	NP	PA
alogliptin oral	NP	PA
alogliptin-metformin oral	NP	PA

Drug	Tier	Limits or Restrictions
alogliptin-pioglitazone oral	NP	PA
ALTAVERA (28) ORAL	AD	
ALVESCO INHALATION	NP	PA
ALYACEN 1/35 (28) ORAL	AD	
ALYACEN 7/7/7 (28) ORAL	AD	
AMARYL ORAL	NP	PA
AMETHIA LO ORAL	AD	QL
AMETHIA ORAL	AD	QL
AMETHYST (28) ORAL	AD	
anastrozole oral	AD	
ANDRODERM TRANSDERMAL	P	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	P	PA
ANDROGEL TRANSDERMAL GEL IN PACKET	P	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS	NP	PA
APIDRA U-100 INSULIN SUBCUTANEOUS	NP	PA
APRI ORAL	AD	
ARANELLE (28) ORAL	AD	
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	AD	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	NP	PA
ASMANEX HFA INHALATION	NP	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	P	
AUBRA ORAL	AD	
AVANDIA ORAL TABLET 2 MG, 4 MG	NP	PA
AVIANE ORAL	AD	
AXIRON TRANSDERMAL	NP	PA
AZURETTE (28) ORAL	AD	

Drug	Tier	Limits or Restrictions
BALZIVA (28) ORAL	AD	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS	NP	PA
betamethasone acet,sod phos injection	AD	
BLISOVI 24 FE ORAL	AD	
BLISOVI FE 1.5/30 (28) ORAL	AD	
BLISOVI FE 1/20 (28) ORAL	AD	
BREO ELLIPTA INHALATION	NP	PA
BRIELLYN ORAL	AD	
budesonide inhalation	P	
budesonide oral	NP	PA
BYDUREON BCISE SUBCUTANEOUS	NP	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR	P	
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	P	QL (4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	P	QL (3 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	P	QL (2 per 30 days)
calcitonin (salmon) nasal	P	
CAMILA ORAL	AD	
CAMRESE LO ORAL	AD	QL (84 per 84 days)
CAMRESE ORAL	AD	
CAZIAN (28) ORAL	AD	
CHATEAL (28) ORAL	AD	
chlorpropamide oral	AD	
colesevelam oral tablet	NP	PA
cortisone oral	AD	
CRYSELLE (28) ORAL	AD	
CYCLAFEM 1/35 (28) ORAL	AD	
CYCLAFEM 7/7/7 (28) ORAL	AD	
cyred oral	AD	
danazol oral	AD	
DASETTA 1/35 (28) ORAL	AD	
DASETTA 7/7/7 (28) ORAL	AD	
DAYSEE ORAL	AD	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	AD	

Drug	Tier	Limits or Restrictions
desmopressin injection	AD	PA
desmopressin nasal spray,non-aerosol	AD	
desmopressin oral	AD	
desogestrel-ethinyl estradiol oral	AD	
DEXAMETHASONE INTENSOL ORAL	AD	
dexamethasone oral elixir	AD	
dexamethasone oral solution	AD	
dexamethasone oral tablet	AD	
dexamethasone sodium phos (pf) injection	AD	
dexamethasone sodium phosphate injection solution	AD	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	AD	
DUETACT ORAL	NP	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	P	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	P	QL
ECONTRA EZ ORAL	AD	QL (1 Max Qty Per Fill Retail)
ELINEST ORAL	AD	
ELLA ORAL	AD	QL (1 per 30 days)
EMOQUETTE ORAL	AD	
ENPRESSE ORAL	AD	
ENSKYCE ORAL	AD	
ERRIN ORAL	AD	
ESTARYLLA ORAL	AD	
estradiol oral	AD	
estradiol transdermal patch semiweekly	AD	QL (8 per 28 days)
estradiol vaginal cream	AD	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	AD	
estradiol-norethindrone acet oral	AD	
estropipate oral tablet 0.75 mg	AD	
EVAMIST TRANSDERMAL	AD	QL (17 per 30 days)
EVISTA ORAL	NP	PA
exemestane oral	AD	
FALMINA (28) ORAL	AD	
FARXIGA ORAL	P	
FEMHRT LOW DOSE ORAL	AD	

Drug	Tier	Limits or Restrictions
FEMYNOR ORAL	AD	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS	NP	PA
FIASP U-100 INSULIN SUBCUTANEOUS	NP	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	P	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	P	QL (4 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	P	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	P	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	P	QL (11 per 30 days)
fludrocortisone oral	AD	
fluticasone propion-salmeterol inhalation	NP	PA
FORTEO SUBCUTANEOUS	P	
FORTESTA TRANSDERMAL	NP	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS	NP	PA; SP
GENOTROPIN SUBCUTANEOUS	NP	PA; SP
GIANVI (28) ORAL	AD	
glimepiride oral tablet 1 mg	P	QL (240 per 30 days)
glimepiride oral tablet 2 mg	P	QL (120 per 30 days)
glimepiride oral tablet 4 mg	P	QL (60 per 30 days)
glipizide oral tablet 10 mg	P	QL (180 per 30 days)
glipizide oral tablet 5 mg	P	QL
glipizide oral tablet extended release 24hr 10 mg, 5 mg	P	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	P	QL (300 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	AD	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	AD	QL (120 per 30 days)
GLUCAGEN DIAGNOSTIC KIT INJECTION	AD	
GLUCAGEN HYPOKIT INJECTION	AD	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION	AD	
GLUCAGON HCL INJECTION	AD	
GLUCOTROL ORAL	NP	PA

Drug	Tier	Limits or Restrictions
GLUCOTROL XL ORAL	NP	PA
glyburide micronized oral tablet 1.5 mg, 3 mg	P	QL
glyburide micronized oral tablet 6 mg	P	QL (60 per 30 days)
glyburide oral	P	QL
glyburide-metformin oral tablet 1.25-250 mg	AD	QL (240 per 30 days)
glyburide-metformin oral tablet 2.5-500 mg	AD	QL (180 per 30 days)
glyburide-metformin oral tablet 5-500 mg	AD	QL (120 per 30 days)
GLYNASE ORAL	NP	PA
GLYSET ORAL	P	
GLYXAMBI ORAL	NP	PA
HEATHER ORAL	AD	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS	NP	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS	NP	PA
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS	P	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS	NP	PA
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS	NP	PA
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS	P	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	NP	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	P	
HUMATROPE INJECTION	NP	PA; SP
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS	P	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS	NP	PA
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS	NP	PA
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS	P	
HUMULIN R REGULAR U-100 INSULN INJECTION	P	

Drug	Tier	Limits or Restrictions
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS	P	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS	NP	PA
hydrocortisone oral	AD	
hydroxyprogesterone (pf)(preg presv) intramuscular	AD	PA; SP
hydroxyprogesterone cap(ppres) intramuscular	AD	PA; SP
hydroxyprogesterone capr(bulk)	AD	PA; SP
hydroxyprogesterone caproate intramuscular	AD	PA; SP
insulin lispro subcutaneous	NP	PA
INTROVALE ORAL	AD	
INVOKAMET ORAL	NP	PA
INVOKAMET XR ORAL	NP	PA
INVOKANA ORAL	P	QL (30 per 30 days)
JANUMET ORAL	P	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	NP	PA; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	NP	PA; QL (60 per 30 days)
JANUVIA ORAL	P	QL (30 per 30 days)
JARDIANCE ORAL	P	
JENCYCLA ORAL	AD	
JENTADUETO ORAL	P	
JENTADUETO XR ORAL	NP	PA
JINTELI ORAL	AD	
JOLESSA ORAL	AD	
JOLIVETTE ORAL	AD	
JULEBER ORAL	AD	
JUNEL 1.5/30 (21) ORAL	AD	
JUNEL 1/20 (21) ORAL	AD	
JUNEL FE 1.5/30 (28) ORAL	AD	
JUNEL FE 1/20 (28) ORAL	AD	
JUNEL FE 24 ORAL	AD	
KAITLIB FE ORAL	AD	
KARIVA (28) ORAL	AD	
KAZANO ORAL	NP	PA

Drug	Tier	Limits or Restrictions
KELNOR 1/35 (28) ORAL	AD	
KISQALI FEMARA CO-PACK ORAL	AD	PA; SP
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	P	QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	P	QL (30 per 30 days)
KURVELO (28) ORAL	AD	
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	AD	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS	P	
LANTUS U-100 INSULIN SUBCUTANEOUS	P	
LARIN 1.5/30 (21) ORAL	AD	
LARIN 1/20 (21) ORAL	AD	
LARIN 24 FE ORAL	AD	
LARIN FE 1.5/30 (28) ORAL	AD	
LARIN FE 1/20 (28) ORAL	AD	
LARISSIA ORAL	AD	
LAYOLIS FE ORAL	AD	
LEENA 28 ORAL	AD	
LESSINA ORAL	AD	
letrozole oral	AD	
leuprolide subcutaneous kit	AD	SP
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS	P	
LEVEMIR U-100 INSULIN SUBCUTANEOUS	P	
LEVONEST (28) ORAL	AD	
levonorgestrel oral tablet 1.5 mg	AD	QL (1 Max Qty Per Fill Retail)
levonorgestrel-ethinyl estradiol oral	AD	
levonorgestrel-ethinyl estradiol triphasic oral	AD	
LEVORA-28 ORAL	AD	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	AD	
levothyroxine oral	AD	
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	AD	

Drug	Tier	Limits or Restrictions
LILETTA INTRAUTERINE	AD	
liothyronine intravenous	AD	
liothyronine oral	AD	
LORYNA (28) ORAL	AD	
LOW-OGESTREL (28) ORAL	AD	
LUGOLS ORAL	AD	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR	AD	PA; SP
LUTERA (28) ORAL	AD	
LYZA ORAL	AD	
MARLISSA (28) ORAL	AD	
medroxyprogesterone intramuscular suspension	AD	
medroxyprogesterone intramuscular syringe	AD	QL (1 per 30 days)
medroxyprogesterone oral	AD	
MEGACE ES ORAL	NP	PA
megestrol oral suspension 400 mg/10 ml (10 ml)	NP	PA; PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	P	PA
megestrol oral suspension 625 mg/5 ml	NP	PA
megestrol oral tablet	P	PA
metformin oral tablet 1,000 mg	AD	
metformin oral tablet 500 mg	AD	QL (150 per 30 days)
metformin oral tablet 850 mg	AD	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	AD	QL (150 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	AD	
metformin oral tablet extended release 24hr 500 mg	AD	QL (150 per 30 days)

Drug	Tier	Limits or Restrictions
methimazole oral tablet 10 mg, 5 mg	AD	
METHITEST ORAL	AD	
methylprednisolone acetate injection	AD	
methylprednisolone oral	AD	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	AD	
methylprednisolone sodium succ intravenous	AD	
MIACALCIN INJECTION	P	
MICROGESTIN 1.5/30 (21) ORAL	AD	
MICROGESTIN 1/20 (21) ORAL	AD	
MICROGESTIN FE 1.5/30 (28) ORAL	AD	
MICROGESTIN FE 1/20 (28) ORAL	AD	
miglitol oral	NP	PA
MIMVEY ORAL	AD	
MONO-LINYAH ORAL	AD	
MONONESSA (28) ORAL	AD	
MY WAY ORAL	AD	QL (1 Max Qty Per Fill Retail)
MYALEPT SUBCUTANEOUS	AD	PA
MYZILRA ORAL	AD	
nateglinide oral	P	
NATPARA SUBCUTANEOUS	AD	PA
NECON 0.5/35 (28) ORAL	AD	
NESINA ORAL	NP	PA
NEXPLANON SUBDERMAL	AD	SP
nikki (28) oral	AD	
NORA-BE ORAL	AD	
NORDITROPIN FLEXPPO SUBCUTANEOUS	P	PA; SP
noreth-ethinyl estradiol-iron oral	AD	
norethindrone (contraceptive) oral	AD	
norethindrone acetate oral	AD	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg	AD	
norethindrone-e.estradiol-iron oral tablet	AD	
norgestimate-ethinyl estradiol oral	AD	
NORTREL 0.5/35 (28) ORAL	AD	
NORTREL 1/35 (21) ORAL	AD	
NORTREL 1/35 (28) ORAL	AD	

Drug	Tier	Limits or Restrictions
NORTREL 7/7/7 (28) ORAL	AD	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS	P	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS	NP	PA
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS	P	
NOVOLIN R REGULAR U-100 INSULIN INJECTION	P	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS	P	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS	P	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS	P	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS	P	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS	P	
NP THYROID ORAL	AD	
NUTROPIN AQ NUSPIN SUBCUTANEOUS	P	PA; SP
NUVARING VAGINAL	AD	
OCELLA ORAL	AD	
octreotide acetate injection	AD	SP
OGESTREL (28) ORAL	AD	
OMNITROPE SUBCUTANEOUS	NP	PA; SP
ONGLYZA ORAL	P	QL (30 per 30 days)
OPCICON ONE-STEP ORAL	AD	QL (1 Max Qty Per Fill Retail)
ORILISSA ORAL	AD	PA; SP
ORSYTHIA ORAL	AD	
OSENI ORAL	NP	PA
oxandrolone oral	AD	PA
OZEMPIC SUBCUTANEOUS	NP	PA
PHILITH ORAL	AD	
PIMTREA (28) ORAL	AD	
pioglitazone oral	P	QL (30 per 30 days)
pioglitazone-glimepiride oral	NP	PA
pioglitazone-metformin oral	NP	PA; QL (90 per 30 days)
PIRMELLA ORAL	AD	
PORTIA 28 ORAL	AD	

Drug	Tier	Limits or Restrictions
PRANDIN ORAL	P	
PRECOSE ORAL	NP	PA
prednisolone oral solution 15 mg/5 ml	AD	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	AD	
PREDNISON INTENSOL ORAL	AD	
prednisone oral	AD	
PREMARIN INJECTION	AD	
PREMARIN VAGINAL	AD	
PREMPHASE ORAL	AD	
PREMPRO ORAL	AD	
PREVIFEM ORAL	AD	
progesterone intramuscular	AD	
progesterone micronized oral	AD	
PROGLYCEM ORAL	AD	
propylthiouracil oral	AD	
PULMICORT FLEXHALER INHALATION	P	
PULMICORT INHALATION	NP	PA
QTERN ORAL TABLET 10-5 MG	NP	PA
QUASENSE ORAL	AD	
QVAR REDHALER INHALATION	NP	PA
raloxifene oral	P	
RECLIPSEN (28) ORAL	AD	
repaglinide oral	P	
repaglinide-metformin oral	NP	PA; QL
SAIZEN SAIZENPREP SUBCUTANEOUS	NP	PA
SAIZEN SUBCUTANEOUS	NP	PA; SP
SEGLUROMET ORAL	NP	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	NP	PA; SP
SETLAKIN ORAL	AD	
SIGNIFOR SUBCUTANEOUS	AD	SP
SOLIQUA 100/33 SUBCUTANEOUS	NP	PA
SOLU-CORTEF (PF) INJECTION	AD	
SOLU-CORTEF INJECTION	AD	
SOLU-MEDROL (PF) INJECTION	AD	
SOLU-MEDROL (PF) INTRAVENOUS	AD	

Drug	Tier	Limits or Restrictions
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	AD	
SOMATULINE DEPOT SUBCUTANEOUS	AD	SP
SPRINTEC (28) ORAL	AD	
SRONYX ORAL	AD	
STEGLATRO ORAL	NP	PA
STEGLUJAN ORAL	NP	PA
STRIANT BUCCAL	NP	PA
STRONG IODINE ORAL	AD	
SYEDA ORAL	AD	
SYMBICORT INHALATION	P	QL
SYMLINPEN 120 SUBCUTANEOUS	P	
SYMLINPEN 60 SUBCUTANEOUS	P	
SYNAREL NASAL	AD	
SYNJARDY ORAL	NP	PA
SYNJARDY XR ORAL	NP	PA
tamoxifen oral	AD	
tarina fe 1/20 (28) oral	AD	
TESTIM TRANSDERMAL	NP	PA
testosterone cypionate intramuscular	AD	
testosterone enanthate intramuscular	AD	
TESTOSTERONE TRANSDERMAL GEL	NP	PA
testosterone transdermal gel in metered-dose pump	NP	PA
testosterone transdermal gel in packet	NP	PA
testosterone transdermal solution in metered pump w/app	NP	PA
THYROLAR-1 ORAL	AD	
THYROLAR-1/2 ORAL	AD	
THYROLAR-1/4 ORAL	AD	
THYROLAR-2 ORAL	AD	
THYROLAR-3 ORAL	AD	
TILIA FE ORAL	AD	
tolazamide oral tablet 250 mg	AD	QL (120 per 30 days)
tolazamide oral tablet 500 mg	AD	QL (60 per 30 days)
tolbutamide oral	AD	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS	NP	PA

Drug	Tier	Limits or Restrictions
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS	NP	PA
TRADJENTA ORAL	P	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS	NP	PA
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS	NP	PA
TRI-ESTARYLLA ORAL	AD	
TRI-LEGEST FE ORAL	AD	
TRI-LINYAH ORAL	AD	
tri-lo-estarylla oral	AD	
tri-lo-sprintec oral	AD	
TRI-PREVIFEM (28) ORAL	AD	
TRIPTODUR INTRAMUSCULAR	AD	PA; SP
TRI-SPRINTEC (28) ORAL	AD	
TRIVORA (28) ORAL	AD	
TRULICITY SUBCUTANEOUS	NP	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	NP	SP; PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	NP	PA; SP; PA
UCERIS ORAL	NP	PA
UCERIS RECTAL	NP	PA
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	AD	
unithroid oral tablet 137 mcg	AD	
vasopressin injection	AD	
VELIVET TRIPHASIC REGIMEN (28) ORAL	AD	
VICTOZA 2-PAK SUBCUTANEOUS	P	QL (6 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS	P	QL (9 per 30 days)
VIENVA ORAL	AD	
VIORELE (28) ORAL	AD	
VOGELXO TRANSDERMAL	NP	PA
WELCHOL ORAL	NP	PA
WERA (28) ORAL	AD	
WIXELA INHUB INHALATION	P	QL (60 per 30 days)
WYMZYA FE ORAL	AD	
XIGDUO XR ORAL	NP	PA

Drug	Tier	Limits or Restrictions
XULANE TRANSDERMAL	AD	
XULTOPHY 100/3.6 SUBCUTANEOUS	NP	PA
yuvafem vaginal	AD	
ZARAH ORAL	AD	
ZENCHENT (28) ORAL	AD	
ZOMACTON SUBCUTANEOUS	NP	PA; SP
ZORBTIVE SUBCUTANEOUS	NP	PA; SP
ZOVIA 1/35E (28) ORAL	AD	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine (pf) injection solution	AD	
bupivacaine injection	AD	
bupivacaine-dextrose-water(pf) injection	AD	
bupivacaine-epinephrine (pf) injection	AD	
bupivacaine-epinephrine injection	AD	
lidocaine (pf) in d7.5w intrathecal	AD	
lidocaine (pf) injection solution	AD	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	AD	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	AD	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine	AD	
ACTEMRA ACTPEN SUBCUTANEOUS	AD	PA; SP
ACTEMRA INTRAVENOUS	NP	SP; PA
ACTEMRA SUBCUTANEOUS	AD	PA; SP
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	NP	PA
alendronate oral solution	P	QL (300 per 30 days)
alendronate oral tablet 10 mg, 40 mg, 5 mg	P	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	P	QL (4 per 30 days)
allopurinol oral	AD	
amifostine crystalline intravenous	AD	
AMPYRA ORAL	NP	PA
ASTAGRAF XL ORAL	NP	SP; PA
ATELVIA ORAL	NP	PA
ATGAM INTRAVENOUS	AD	SP

Drug	Tier	Limits or Restrictions
AUBAGIO ORAL	P	PA; SP
AVODART ORAL	NP	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR	P	PA; SP; QL (4 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	P	PA; SP; QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	P	PA; SP; QL (4 per 30 days)
AZASAN ORAL	NP	PA
azathioprine oral	P	
AZULFIDINE EN-TABS ORAL	NP	PA
AZULFIDINE ORAL	NP	PA
BERINERT INTRAVENOUS KIT	P	PA; SP
BERINERT INTRAVENOUS RECON SOLN	P	PA
BETASERON SUBCUTANEOUS KIT	P	PA; SP; QL
BETASERON SUBCUTANEOUS RECON SOLN	P	PA
BINOSTO ORAL	NP	PA
BONIVA INTRAVENOUS	NP	SP; PA
BONIVA ORAL	NP	PA
calcitonin (salmon) nasal	P	
CELLCEPT ORAL	NP	SP; PA
CERDELGA ORAL	AD	
CHEMET ORAL	AD	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS	NP	SP; PA
CIMZIA STARTER KIT SUBCUTANEOUS	NP	SP; PA
CIMZIA SUBCUTANEOUS	NP	SP; PA
cinacalcet oral	AD	
CINRYZE INTRAVENOUS	NP	PA; SP
colchicine oral	AD	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	P	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	NP	SP; PA
cyclophosphamide intravenous	AD	
CYCLOPHOSPHAMIDE ORAL CAPSULE	AD	
cyclosporine intravenous	AD	
cyclosporine modified oral	P	SP
cyclosporine oral capsule	P	
CYSTAGON ORAL	AD	SP

Drug	Tier	Limits or Restrictions
dalfampridine oral	AD	PA; SP
deferoxamine injection	AD	
DENTA 5000 PLUS DENTAL	AD	
DENTAGEL DENTAL	AD	
dexrazoxane hcl intravenous	AD	
disulfiram oral	AD	
dutasteride oral	P	
dutasteride-tamsulosin oral	NP	PA
EC-NAPROXEN ORAL	P	
ELIDEL TOPICAL	P	
ELMIRON ORAL	AD	
ENBREL MINI SUBCUTANEOUS	NP	SP; PA; QL (4 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN	P	PA; SP; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	P	PA; SP; QL (5 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS	P	PA; SP; QL (4 per 30 days)
ENTYVIO INTRAVENOUS	NP	SP; PA
ENVARBUS XR ORAL	NP	SP; PA
etidronate disodium oral	NP	PA
EVISTA ORAL	NP	PA
EVOTAZ ORAL	AD	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	AD	
EXTAVIA SUBCUTANEOUS KIT	NP	SP; PA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	NP	SP; PA
finasteride oral tablet 5 mg	P	
FIRAZYR SUBCUTANEOUS	NP	PA; SP; QL (9 Max Qty Per Fill Retail)
FIRDAPSE ORAL	AD	PA; SP
flumazenil intravenous	AD	
fluoride (sodium) dental gel	AD	
fluoride (sodium) oral drops	AD	
fluoride (sodium) oral tablet,chewable	AD	
FLUORITAB ORAL TABLET,CHEWABLE	AD	
fomepizole intravenous	AD	
FOSAMAX ORAL TABLET 70 MG	NP	PA
FOSAMAX PLUS D ORAL	NP	PA

Drug	Tier	Limits or Restrictions
FOSRENOL ORAL	NP	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION	P	
GILENYA ORAL CAPSULE 0.5 MG	P	PA
glatiramer subcutaneous syringe 20 mg/ml	NP	SP; PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	NP	SP; PA; QL (12 per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	NP	SP; PA; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	NP	SP; PA; QL (12 per 30 days)
GLUCAGEN HYPOKIT INJECTION	AD	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION	AD	
HAEGARDA SUBCUTANEOUS	NP	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
hydroxychloroquine oral	AD	
ibandronate oral	P	PA; QL (1 per 30 days)
icatibant subcutaneous	NP	PA
IMURAN ORAL	NP	PA
indomethacin oral capsule 25 mg	P	
indomethacin oral capsule 50 mg	AD	
INFLECTRA INTRAVENOUS	NP	SP; PA

Drug	Tier	Limits or Restrictions
INTRON A INJECTION	AD	SP
JALYN ORAL	NP	PA
KALBITOR SUBCUTANEOUS	NP	PA
KEVZARA SUBCUTANEOUS	NP	SP; PA
KINERET SUBCUTANEOUS	NP	SP; PA
KIONEX (WITH SORBITOL) ORAL	AD	
KRYSTEXXA INTRAVENOUS	AD	PA; SP
lanthanum oral	NP	PA
leflunomide oral	AD	QL (30 per 30 days)
LEMTRADA INTRAVENOUS	AD	PA
leucovorin calcium injection recon soln	AD	SP
leucovorin calcium oral	AD	SP
levocarnitine (with sugar) oral	AD	
levocarnitine oral tablet	AD	
levoleucovorin calcium intravenous recon soln 175 mg	AD	SP
LUDENT FLUORIDE ORAL	AD	
LUGOLS ORAL	AD	
magnesium sulfate in water intravenous	AD	
magnesium sulfate injection	AD	
MAVENCLAD (10 TABLET PACK) ORAL	NP	PA
MAVENCLAD (4 TABLET PACK) ORAL	NP	PA
MAVENCLAD (5 TABLET PACK) ORAL	NP	PA
MAVENCLAD (6 TABLET PACK) ORAL	NP	PA
MAVENCLAD (7 TABLET PACK) ORAL	NP	PA
MAVENCLAD (8 TABLET PACK) ORAL	NP	PA
MAVENCLAD (9 TABLET PACK) ORAL	NP	PA
MAYZENT ORAL	NP	PA
MAYZENT STARTER PACK ORAL	NP	PA
mercaptopurine oral	AD	
mesna intravenous	AD	
MESNEX ORAL	AD	SP
methotrexate sodium (pf) injection	AD	
methotrexate sodium injection	AD	
methotrexate sodium oral	AD	
methylene blue (antidote) intravenous	AD	
MIACALCIN INJECTION	P	
miglustat oral	AD	SP

Drug	Tier	Limits or Restrictions
MITIGARE ORAL	AD	
MULTIVITAMIN WITH FLUORIDE ORAL	AD	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE	AD	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	AD	
mycophenolate mofetil hcl intravenous	AD	SP
mycophenolate mofetil oral capsule	P	SP
mycophenolate mofetil oral suspension for reconstitution	NP	SP; PA
mycophenolate mofetil oral tablet	P	SP
mycophenolate sodium oral	NP	SP; PA
MYFORTIC ORAL	NP	SP; PA
naloxone injection	P	
naltrexone oral	AD	
naproxen oral suspension	AD	
naproxen oral tablet	P	
naproxen oral tablet,delayed release (dr/ec)	P	
naproxen sodium oral tablet 275 mg, 550 mg	P	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	P	
NATPARA SUBCUTANEOUS	AD	PA
NEORAL ORAL	NP	SP; PA
OCREVUS INTRAVENOUS	AD	PA
octreotide acetate injection	AD	SP
ORENCIA (WITH MALTOSE) INTRAVENOUS	NP	SP; PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	NP	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	NP	SP; PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	NP	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	NP	SP; PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	AD	SP
OTEZLA ORAL	NP	SP; PA; QL (60 per 30 days)
OTEZLA STARTER ORAL	NP	SP; PA; QL (1 per 273 days)

Drug	Tier	Limits or Restrictions
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	NP	PA
pamidronate intravenous	AD	
penicillamine oral	AD	
physostigmine salicylate injection	AD	
phytonadione (vitamin k1) oral tablet 5 mg	AD	
pimecrolimus topical	NP	PA
PLEGRIDY SUBCUTANEOUS	NP	SP; PA
POMALYST ORAL	AD	SP
PREZCOBIX ORAL	AD	
probenecid oral	AD	
probenecid-colchicine oral	AD	
PROGRAF ORAL CAPSULE	NP	SP; PA
PROGRAF ORAL GRANULES IN PACKET 1 MG	NP	PA
PROLEUKIN INTRAVENOUS	AD	SP
PROLIA SUBCUTANEOUS	NP	SP; PA
PROSCAR ORAL	NP	PA
raloxifene oral	P	
RAPAMUNE ORAL	NP	SP; PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS	P	PA; SP; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	P	PA; SP; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	P	PA; SP; QL (5 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS	P	PA; SP; QL (5 per 30 days)
REMICADE INTRAVENOUS	NP	SP; PA
RENAGEL ORAL	P	
RENFLEXIS INTRAVENOUS	NP	PA
REVELA ORAL POWDER IN PACKET	NP	PA
REVLIMID ORAL	AD	PA; SP
risedronate oral	NP	PA
RUCONEST INTRAVENOUS	NP	PA
RUZURGI ORAL	AD	PA
SANDIMMUNE ORAL	NP	SP; PA
sevelamer carbonate oral tablet	NP	PA
SF 5000 PLUS DENTAL	AD	
SF DENTAL	AD	

Drug	Tier	Limits or Restrictions
SIMPONI ARIA INTRAVENOUS	NP	SP; PA
SIMPONI SUBCUTANEOUS	NP	SP; PA
sirolimus oral	NP	PA
SODIUM POLYSTYRENE (SORB FREE) ORAL	AD	
sodium polystyrene sulfonate oral powder	AD	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	AD	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	AD	
SPS (WITH SORBITOL) ORAL	AD	
SPS (WITH SORBITOL) RECTAL	AD	
STELARA INTRAVENOUS	NP	SP; PA
STELARA SUBCUTANEOUS	NP	SP; PA
STRONG IODINE ORAL	AD	
sulfasalazine oral	P	
tacrolimus oral	P	SP
TAKHZYRO SUBCUTANEOUS	AD	PA; SP
TECFIDERA ORAL	NP	SP; PA
THALOMID ORAL	AD	PA; SP
TRI-VITAMIN WITH FLUORIDE ORAL	AD	
TYMLOS SUBCUTANEOUS	NP	PA; SP; PA
VISTOGARD ORAL	AD	
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	AD	
XELJANZ ORAL	NP	SP; PA; QL (60 per 30 days)
XELJANZ XR ORAL	NP	SP; PA; QL (30 per 30 days)
XGEVA SUBCUTANEOUS	AD	SP
ZORTRESS ORAL	NP	SP; PA
OXYTOCICS		
mifepristone oral	AD	
oxytocin injection solution	AD	
PHARMACEUTICAL AIDS		
DILUENT FOR ACTHIB INTRAMUSCULAR	AD	
DILUENT FOR IMOVAX INTRAMUSCULAR	AD	
DILUENT FOR RABAVERT INTRAMUSCULAR	AD	
DILUENT FOR ROTARIX ORAL	AD	
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR	AD	

Drug	Tier	Limits or Restrictions
RESPIRATORY TRACT AGENTS		
ACCOLATE ORAL	NP	PA
acetylcysteine	AD	
ADCIRCA ORAL	NP	PA; SP
ADEMPAS ORAL	NP	PA
ADVAIR DISKUS INHALATION	NP	PA
ADVAIR HFA INHALATION	P	QL (12 per 30 days)
AEROSPAN INHALATION	NP	PA
AIRDUO RESPICLICK INHALATION	NP	PA
albuterol hfa 90 mcg inhaler	NP	PA; Teva
albuterol hfa 90 mcg inhaler	NP	PA; Par
albuterol hfa 90 mcg inhaler	P	Prasco; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization	P	
albuterol sulfate oral syrup	P	
albuterol sulfate oral tablet	NP	PA
albuterol sulfate oral tablet extended release 12 hr	NP	PA
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET	P	
ALL DAY ALLERGY-D ORAL	P	
ALLERGY AND CONGESTION RELIEF ORAL	P	
ALLERGY COMPLETE-D ORAL	P	
ALLERGY RELIEF (LORATADINE) ORAL	P	
ALLERGY RELIEF D-24HR ORAL	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	P	
ALLER-TEC ORAL	P	
ALOCRILOPHthalmic (EYE)	NP	PA
ALVESCO INHALATION	NP	PA
ALYQ ORAL	NP	PA
ambrisentan oral	NP	PA
aminophylline intravenous	AD	
ARCAPTA NEOHALER INHALATION	NP	PA
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA

Drug	Tier	Limits or Restrictions
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	NP	PA
ASMANEX HFA INHALATION	NP	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	P	
atropine injection solution	AD	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	AD	
ATROVENT HFA INHALATION	P	QL (26 per 30 days)
BECONASE AQ NASAL	NP	PA
BEVESPI AEROSPHERE INHALATION	NP	PA
bosentan oral	NP	PA
BREO ELLIPTA INHALATION	NP	PA
brompheniramine-pseudoeph-dm oral syrup	AD	
BROVANA INHALATION	NP	PA
budesonide inhalation	P	
budesonide nasal	NP	PA
carbinoxamine maleate oral liquid	AD	
carbinoxamine maleate oral tablet 4 mg	AD	
cetirizine oral solution 1 mg/ml	P	
cetirizine oral tablet	P	
cetirizine oral tablet,chewable	P	
cetirizine-pseudoephedrine oral	P	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION	P	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	P	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL	P	
CLARINEX ORAL SYRUP	NP	PA
CLARINEX ORAL TABLET	NP	PA
CLARINEX-D 12 HOUR ORAL	NP	PA
clemastine oral tablet 2.68 mg	AD	
codeine sulfate oral tablet	AD	QL (180 per 30 days)
COMBIVENT RESPIMAT INHALATION	P	QL (8 per 30 days)

Drug	Tier	Limits or Restrictions
cromolyn ophthalmic (eye)	P	
cromolyn oral	AD	
cyproheptadine oral	AD	
DALIRESP ORAL	NP	PA
desloratadine oral	NP	PA
dimenhydrinate injection solution	AD	
diphenhydramine hcl injection solution 50 mg/ml	AD	
diphenhydramine hcl injection syringe	AD	
diphenoxylate-atropine oral	AD	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	P	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	P	QL
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	NP	PA; SP
DYMISTA NASAL	NP	PA
ephedrine sulfate injection solution	AD	
epinephrine injection auto-injector 0.15 mg/0.15 ml	NP	PA; Non-Mylan
epinephrine injection auto-injector 0.15 mg/0.3 ml	P	Mylan; QL (2 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	NP	PA; Non-Mylan
epinephrine injection auto-injector 0.3 mg/0.3 ml	P	Mylan; QL (2 per 30 days)
epinephrine injection solution	AD	
epinephrine injection syringe 0.1 mg/ml	AD	
EPIPEN 2-PAK INJECTION	NP	PA; QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION	NP	PA; QL (2 per 30 days)
epoprostenol (glycine) intravenous	AD	SP
ESBRIET ORAL CAPSULE	AD	PA; SP; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	AD	PA; SP; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	AD	PA; SP; QL (90 per 30 days)
FASENRA SUBCUTANEOUS	AD	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	P	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	P	QL (4 per 30 days)

Drug	Tier	Limits or Restrictions
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	P	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	P	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	P	QL (11 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	NP	PA; QL (50 per 30 days)
fluticasone propionate nasal	P	QL (16 per 30 days)
fluticasone propion-salmeterol inhalation	NP	PA
GASTROCROM ORAL	AD	
INCRUSE ELLIPTA INHALATION	NP	PA
ipratropium bromide inhalation	P	
ipratropium-albuterol inhalation	P	
KALYDECO ORAL TABLET	AD	PA; SP
LETAIRIS ORAL	P	PA; SP
levalbuterol hcl inhalation	NP	PA
levalbuterol tartrate inhalation	NP	PA
levocetirizine oral	P	
LORATA-DINE D ORAL	P	
loratadine oral solution	P	
loratadine oral tablet	P	
LORATADINE-D ORAL	P	
LUGOLS ORAL	AD	
metaproterenol oral syrup	AD	
metaproterenol oral tablet	NP	PA
mometasone nasal	P	
montelukast oral granules in packet	NP	PA
montelukast oral tablet	P	
montelukast oral tablet,chewable	P	
NASONEX NASAL	NP	PA
NON-DROWSY ALLERGY ORAL	P	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	AD	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	AD	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	AD	PA; SP
NUCALA SUBCUTANEOUS SYRINGE	AD	PA; SP
NUEDEXTA ORAL	AD	PA; QL (60 per 30 days)

Drug	Tier	Limits or Restrictions
OFEV ORAL	AD	PA; SP; QL (60 per 30 days)
OMNARIS NASAL	NP	PA
OPSUMIT ORAL	NP	PA
ORENITRAM ORAL	NP	PA
ORKAMBI ORAL	AD	PA; SP
PERFOROMIST INHALATION	NP	PA
PROAIR HFA INHALATION	P	QL (17 per 30 days)
PROAIR RESPICLICK INHALATION	NP	PA
PROLASTIN-C INTRAVENOUS RECON SOLN	AD	SP
PROLASTIN-C INTRAVENOUS SOLUTION	AD	
promethazine injection solution	AD	
promethazine oral	AD	
PROVENTIL HFA INHALATION	P	
PULMICORT FLEXHALER INHALATION	P	
PULMICORT INHALATION	NP	PA
PULMOZYME INHALATION	AD	SP
QNASL NASAL	NP	PA
QVAR REDHALER INHALATION	NP	PA
REVATIO ORAL	NP	PA; SP
SEMPREX-D ORAL	NP	PA
SEREVENT DISKUS INHALATION	P	
sildenafil (antihypertensive) intravenous	AD	PA; SP
sildenafil (antihypertensive) oral tablet	P	PA; SP; QL
SINGULAIR ORAL	NP	PA
SINUVA SINUS	NP	PA
SPIRIVA RESPIMAT INHALATION	P	
SPIRIVA WITH HANDIHALER INHALATION	P	QL (90 per 30 days)
STRIVERDI RESPIMAT INHALATION	NP	PA
STRONG IODINE ORAL	AD	
SYMBICORT INHALATION	P	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	AD	PA; SP
SYMJEPI INJECTION	P	
tadalafil (antihypertensive) oral	NP	PA; SP; QL (60 per 30 days)
terbutaline oral	AD	
terbutaline subcutaneous	AD	
THEOCHRON ORAL	AD	
theophylline oral elixir	AD	

Drug	Tier	Limits or Restrictions
theophylline oral solution	AD	
theophylline oral tablet extended release 12 hr	AD	
TICANASE NASAL	NP	PA
TRACLEER ORAL TABLET	P	SP
TRACLEER ORAL TABLET FOR SUSPENSION	NP	PA
TRELEGY ELLIPTA INHALATION	NP	PA
TUDORZA PRESSAIR INHALATION	P	QL (1 per 30 days)
TYVASO INHALATION	NP	PA
TYVASO INSTITUTIONAL START KIT INHALATION	NP	PA
TYVASO REFILL KIT INHALATION	NP	PA
TYVASO STARTER KIT INHALATION	NP	PA
UPTRAVI ORAL	NP	PA
UTIBRON NEOHALER INHALATION	NP	PA
VELETRI INTRAVENOUS	AD	SP
VENTAVIS INHALATION	NP	PA
VENTOLIN HFA INHALATION	NP	PA; QL (36 per 30 days)
VERAMYST NASAL	NP	PA
WAL-ZYR (CETIRIZINE) ORAL TABLET	P	
WIXELA INHUB INHALATION	P	QL (60 per 30 days)
XHANCE NASAL	NP	PA
XOLAIR SUBCUTANEOUS	AD	PA; SP
XOPENEX CONCENTRATE INHALATION	NP	PA
XOPENEX HFA INHALATION	NP	PA
XOPENEX INHALATION	NP	PA
zafirlukast oral	P	QL
ZETONNA NASAL	NP	PA
zileuton oral	NP	PA
ZYFLO CR ORAL	NP	PA
ZYFLO ORAL	NP	PA
SKIN AND MUCOUS MEMBRANE AGENTS		
acitretin oral	AD	SP
ACNE MEDICATION TOPICAL GEL 5 %	P	
ACNE MEDICATION TOPICAL LOTION	P	
acyclovir topical cream	NP	PA
acyclovir topical ointment	P	

Drug	Tier	Limits or Restrictions
adapalene topical cream	NP	PA
adapalene topical gel	NP	PA
adapalene topical gel with pump	NP	PA
adapalene topical solution	NP	PA
alclometasone topical	AD	
AVAR-E LS TOPICAL	NP	PA
AVITA TOPICAL	NP	PA
azelaic acid topical	AD	
AZELEX TOPICAL	P	
BENZACLIN PUMP TOPICAL	NP	PA
BENZACLIN TOPICAL	NP	PA
BENZAMYCIN TOPICAL	NP	PA
benzoyl peroxide topical cleanser 10 %, 5 %, 6 %	P	
benzoyl peroxide topical foam	P	
benzoyl peroxide topical gel 5 %	P	
betamethasone dipropionate topical cream	AD	
betamethasone dipropionate topical lotion	AD	
betamethasone valerate topical cream	AD	
betamethasone valerate topical lotion	AD	
betamethasone valerate topical ointment	AD	
betamethasone, augmented topical	AD	
BP 10-1 TOPICAL	AD	
BPO TOPICAL GEL	P	
calcipotriene topical cream	AD	
CENTANY AT TOPICAL	NP	PA
CENTANY TOPICAL	NP	PA
ciclopirox topical cream	AD	
ciclopirox topical solution	AD	
ciclopirox topical suspension	AD	
CLARAVIS ORAL	AD	
CLEANSING WASH TOPICAL CLEANSER	AD	
CLINDACIN ETZ TOPICAL SWAB	AD	
CLINDACIN P TOPICAL	AD	
clindamycin phosphate topical foam	AD	
clindamycin phosphate topical gel	AD	
clindamycin phosphate topical lotion	AD	
clindamycin phosphate topical solution	AD	

Drug	Tier	Limits or Restrictions
clindamycin phosphate topical swab	AD	
clindamycin phosphate vaginal	AD	
clindamycin-benzoyl peroxide topical	NP	PA
clindamycin-tretinoin topical	NP	PA
clobetasol scalp	AD	
clobetasol topical cream	AD	
clobetasol topical foam	AD	
clobetasol topical gel	AD	
clobetasol topical ointment	AD	
clobetasol-emollient topical	AD	
clotrimazole mucous membrane	AD	
clotrimazole-betamethasone topical cream	AD	
CORMAX SCALP	AD	
COSENTYX (2 SYRINGES) SUBCUTANEOUS	NP	SP; PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS	NP	SP; PA
COSENTYX PEN SUBCUTANEOUS	NP	SP; PA
COSENTYX SUBCUTANEOUS	NP	SP; PA
CROTAN TOPICAL	AD	
DENAVIR TOPICAL	P	
desonide topical	AD	
diclofenac epolamine transdermal	NP	PA
diclofenac sodium topical gel 1 %	NP	PA
diclofenac sodium topical gel 3 %	NP	PA
DIFFERIN TOPICAL	P	
diflorasone topical	AD	
DOVONEX TOPICAL	AD	
DUAC TOPICAL	NP	PA
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	NP	PA; SP
econazole topical	AD	
ELIDEL TOPICAL	P	
ENBREL MINI SUBCUTANEOUS	NP	SP; PA; QL (4 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN	P	PA; SP; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	P	PA; SP; QL (5 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS	P	PA; SP; QL (4 per 30 days)

Drug	Tier	Limits or Restrictions
EPIDUO FORTE TOPICAL	NP	PA
EPIDUO TOPICAL GEL WITH PUMP	NP	PA
ERY PADS TOPICAL	AD	
erythromycin with ethanol topical	AD	
ethyl chloride topical	AD	
EUCRISA TOPICAL	NP	PA
EURAX TOPICAL CREAM	AD	
FABIOR TOPICAL	NP	PA
FEM PH VAGINAL	AD	
finasteride oral tablet 1 mg	P	
FLECTOR TRANSDERMAL	NP	PA
fluocinolone and shower cap scalp	AD	
fluocinolone topical	AD	
fluocinonide topical	AD	
FLUOCINONIDE-E TOPICAL	AD	
FLUOROPLEX TOPICAL	AD	
fluorouracil topical cream 5 %	AD	
fluorouracil topical solution	AD	
fluticasone propionate topical cream	AD	
fluticasone propionate topical ointment	AD	
FORMADON TOPICAL	AD	
gentamicin topical	AD	
halobetasol propionate topical cream	AD	
halobetasol propionate topical ointment	AD	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA PEN SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS	P	PA; SP; QL (3 per 30 days)

Drug	Tier	Limits or Restrictions
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	P	PA; SP; QL (2 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 per 30 days)
HUMIRA(CF) SUBCUTANEOUS	P	PA; SP; QL (2 per 30 days)
hydrocortisone acetate rectal	AD	
hydrocortisone rectal	AD	
hydrocortisone topical cream 2.5 %	AD	
hydrocortisone topical lotion 2.5 %	AD	
hydrocortisone topical ointment 2.5 %	AD	
imiquimod topical cream in packet	AD	
INFLECTRA INTRAVENOUS	NP	SP; PA
isotretinoin oral	AD	
JUBLIA TOPICAL	NP	PA
KEPIVANCE INTRAVENOUS	AD	
ketoconazole topical cream	AD	
ketoconazole topical shampoo	AD	
LICE KILLING TOPICAL	P	
LICE SOLUTION TOPICAL	P	
LICE TREATMENT (PERMETHRIN) TOPICAL	P	
LICE TREATMENT TOPICAL SHAMPOO	P	
lidocaine hcl laryngotracheal	AD	
lidocaine hcl topical cream 3 %	AD	
lidocaine hcl topical lotion	AD	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	AD	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	AD	
lidocaine hcl-hydrocortison ac topical	AD	
LIDOCAINE PAIN RELIEF TOPICAL	AD	
lidocaine topical adhesive patch,medicated	NP	PA
lidocaine topical ointment	AD	
lidocaine-hydrocortisone-aloe rectal	AD	
lidocaine-prilocaine topical	AD	
LIDODERM TOPICAL	NP	PA
LIDOPURE PATCH TOPICAL	NP	PA
lindane topical shampoo	NP	PA
LTA PRE-ATTACHED LARYNGOTRACHEAL	AD	
malathion topical	NP	PA

Drug	Tier	Limits or Restrictions
methoxsalen oral	AD	SP
metronidazole topical cream	AD	
metronidazole topical gel 0.75 %	AD	
metronidazole topical lotion	AD	
metronidazole vaginal	AD	
MICONAZOLE-3 VAGINAL SUPPOSITORY	AD	QL (3 per 30 days)
mometasone topical	AD	
mupirocin calcium topical	NP	PA
mupirocin topical	P	
MYORISAN ORAL	AD	
naftifine topical cream	NP	PA
NAFTIN TOPICAL CREAM 2 %	NP	PA
NATROBA TOPICAL	P	
neomycin-polymyxin b gu irrigation	AD	
NEUAC KIT TOPICAL	NP	PA
NEUAC TOPICAL	NP	PA
NYAMYC TOPICAL	AD	
nystatin topical	AD	
nystatin-triamcinolone topical	AD	
NYSTOP TOPICAL	AD	
ONEXTON TOPICAL	NP	PA
ORAVIG BUCCAL	NP	PA
OTEZLA ORAL	NP	SP; PA; QL (60 per 30 days)
OTEZLA STARTER ORAL	NP	SP; PA; QL (1 per 273 days)
OVIDE TOPICAL	NP	PA
oxiconazole topical	NP	PA
OXISTAT TOPICAL CREAM	NP	PA
permethrin topical cream	P	
phenazopyridine oral tablet 100 mg, 200 mg	AD	
PICATO TOPICAL	AD	
pimecrolimus topical	NP	PA
podofilox topical	AD	
prednicarbate topical	AD	
PROCTOFOAM HC RECTAL	AD	
PROCTO-PAK TOPICAL	AD	
PROCTOZONE-HC TOPICAL	AD	
PROTOPIC TOPICAL	P	

Drug	Tier	Limits or Restrictions
QUTENZA TOPICAL	NP	PA
RECTIV RECTAL	AD	
REMICADE INTRAVENOUS	NP	SP; PA
RENFLEXIS INTRAVENOUS	NP	PA
RETIN-A MICRO PUMP TOPICAL	NP	PA
RETIN-A MICRO TOPICAL	NP	PA
RETIN-A TOPICAL	NP	PA
ROSADAN TOPICAL CREAM	AD	
ROSADAN TOPICAL GEL	AD	
salicylic acid er-ceramides topical kit,cleanser and cream er	AD	
salicylic acid topical cream	AD	
salicylic acid topical cream,extended release	AD	
salicylic acid topical gel	AD	
salicylic acid topical lotion	AD	
salicylic acid topical lotion,extended release	AD	
salicylic acid topical shampoo	AD	
SANTYL TOPICAL	AD	PA; SP; QL (90 per 30 days)
selenium sulfide topical shampoo 2.25 %	AD	
SILIQ SUBCUTANEOUS	NP	SP; PA
silver nitrate topical ointment	AD	
silver nitrate topical solution 0.5 %, 25 %, 50 %	AD	
silver sulfadiazine topical	AD	
SKLICE TOPICAL	NP	PA
spinosad topical	NP	PA
SSD TOPICAL	AD	
SSS 10-5 TOPICAL CREAM	AD	
STELARA INTRAVENOUS	NP	SP; PA
STELARA SUBCUTANEOUS	NP	SP; PA
sulfacetamide sodium (acne) topical	AD	
sulfacetamide sodium topical cleanser	AD	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	AD	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	AD	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	AD	

Drug	Tier	Limits or Restrictions
sulfacetamide sodium-sulfur topical suspension 10-5 %	AD	
sulfacetamide sod-sulfur-urea topical cleanser	AD	
tacrolimus topical	NP	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS	NP	SP; PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS	NP	SP; PA
TALTZ AUTOINJECTOR SUBCUTANEOUS	NP	SP; PA
TALTZ SYRINGE SUBCUTANEOUS	NP	SP; PA
TARGRETIN TOPICAL	AD	
tazarotene topical	NP	PA
TAZORAC TOPICAL	P	PA
terconazole vaginal cream	AD	QL
terconazole vaginal suppository	AD	QL (3 per 30 days)
TREMFYA SUBCUTANEOUS	NP	SP; PA
tretinoin microspheres topical	NP	PA
tretinoin topical cream	P	
tretinoin topical gel 0.01 %, 0.025 %	P	
tretinoin topical gel 0.05 %	NP	PA
triamcinolone acetonide topical cream	AD	
triamcinolone acetonide topical lotion	AD	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	AD	
UREA NAIL STICK TOPICAL	AD	
urea topical cream 50 %	AD	
urea topical lotion 40 %	AD	
VALCHLOR TOPICAL	AD	SP
VANDAZOLE VAGINAL	AD	
VOLTAREN TOPICAL	NP	PA
XERESE TOPICAL	NP	PA
ZENATANE ORAL	AD	
ZIANA TOPICAL	NP	PA
ZOVIRAX TOPICAL	NP	PA
ZYCLARA TOPICAL	AD	
SMOOTH MUSCLE RELAXANTS		
aminophylline intravenous	AD	
darifenacin oral	NP	PA

Drug	Tier	Limits or Restrictions
DETROL LA ORAL	NP	PA
DETROL ORAL	NP	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	NP	PA
ENABLEX ORAL	NP	PA
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	NP	PA
GELNIQUE TRANSDERMAL GEL IN PACKET	NP	PA
MYRBETRIQ ORAL	NP	PA
oxybutynin chloride oral	P	
OXYTROL TRANSDERMAL	P	
solifenacin oral	NP	PA
THEOCHRON ORAL	AD	
theophylline oral elixir	AD	
theophylline oral solution	AD	
theophylline oral tablet extended release 12 hr	AD	
tolterodine oral	P	
TOVIAZ ORAL	P	
tropium oral	NP	PA
VESICARE ORAL	P	
VITAMINS		
ascorbic acid (vitamin c) injection	AD	
B COMPLEX 100 INJECTION	AD	
BAL-CARE DHA ORAL	AD	
calcitriol intravenous solution 1 mcg/ml	AD	
calcitriol oral	AD	
COMPLETE NATAL DHA ORAL	AD	
COMPLETENATE ORAL	AD	
cyanocobalamin (vitamin b-12) injection	AD	
ELITE OB WITH DHA ORAL	AD	
ELITE-OB 400 ORAL	AD	
ergocalciferol (vitamin d2) oral capsule 50,000 unit	AD	
FOLBIC ORAL	AD	
FOLBIC RF ORAL	AD	
folic acid injection	AD	
FOLIVANE-OB ORAL	AD	

Drug	Tier	Limits or Restrictions
FOSAMAX PLUS D ORAL	NP	PA
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	AD	
hydroxocobalamin intramuscular	AD	
M.V.I. ADULT INTRAVENOUS	AD	
MULTIVITAMIN WITH FLUORIDE ORAL	AD	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE	AD	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	AD	
MYNATAL ADVANCE ORAL	AD	
MYNATAL ORAL	AD	
MYNATAL PLUS ORAL	AD	
MYNATAL-Z ORAL	AD	
MYNATE 90 PLUS ORAL	AD	
MYNEPHROCAPS ORAL	AD	
phytonadione (vitamin k1) oral tablet 5 mg	AD	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA + DOCUSATE ORAL	AD	
PNV-DHA ORAL	AD	
PNV-OMEGA ORAL	AD	
PNV-SELECT ORAL	AD	
PR NATAL 400 EC ORAL	AD	
PR NATAL 400 ORAL	AD	
PR NATAL 430 EC ORAL	AD	
PR NATAL 430 ORAL	AD	
PRENAISSANCE ORAL	AD	
PRENAISSANCE PLUS ORAL	AD	
PRENATABS FA ORAL	AD	
PRENATABS RX ORAL	AD	
PRENATAL LOW IRON ORAL	AD	
PRENATAL PLUS (CALCIUM CARB) ORAL	AD	
PRENATAL PLUS ORAL	AD	
PRENATAL-U ORAL	AD	
pyridoxine (vitamin b6) injection	AD	
RENAL CAPS ORAL	AD	
RENA-VITE RX ORAL	AD	
RENO CAPS ORAL	AD	

Drug	Tier	Limits or Restrictions
SE-NATAL 19 (WITH DOCUSATE) ORAL	AD	
SE-NATAL 19 ORAL	AD	
TARON-C DHA ORAL	AD	
TARON-PREX PRENATAL-DHA ORAL	AD	
TL-SELECT ORAL	AD	
TRIADVANCE ORAL	AD	
TRINATAL RX 1 ORAL	AD	
TRINATE ORAL	AD	
TRIVEEN-DUO DHA ORAL	AD	
TRIVEEN-ONE ORAL	AD	
TRIVEEN-PRX RNF ORAL	AD	
TRI-VITAMIN WITH FLUORIDE ORAL	AD	
VENA-BAL DHA ORAL	AD	
VINACAL ORAL	AD	
VINATE CARE ORAL	AD	
VINATE GT ORAL	AD	
VINATE II ORAL	AD	
VINATE M ORAL	AD	
VINATE ONE ORAL	AD	
VINATE PN CARE ORAL	AD	
VINATE ULTRA ORAL	AD	
VIRT-PN DHA ORAL	AD	
VIRT-PN ORAL	AD	
VIRT-PN PLUS ORAL	AD	
VIRT-SELECT ORAL	AD	
VITAFOL-OB ORAL	AD	
VITAMIN D2 ORAL	AD	
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	AD	
VOL-NATE ORAL	AD	
VOL-TAB RX ORAL	AD	
ZATEAN-PN DHA ORAL	AD	
ZATEAN-PN PLUS ORAL	AD	

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VINACAL.....	30, 71, 80, 118	WELCHOL.....	41, 94	ZENCHENT (28).....	95
VINATE CARE.....	30, 118	WELLBUTRIN SR.....	60	ZENPEP.....	81
VINATE GT.....	30, 118	WELLBUTRIN XL.....	60	ZENZEDI.....	61
VINATE II.....	118	WERA (28).....	94	ZEPATIER.....	12
VINATE M.....	30, 118	WILATE.....	30	ZESTORETIC.....	41, 71
VINATE ONE.....	30, 71, 118	WINRHO SDF.....	20	ZESTRIL.....	41
VINATE PN CARE.....	118	WIXELA INHUB.....	26, 94, 108	ZETIA.....	41
VINATE ULTRA 30, 71, 80,	118	WYMZYA FE.....	94	ZETONNA.....	76, 108
vinblastine.....	17	XADAGO.....	60	ZIAC.....	26, 41, 71
VINCASAR PFS.....	17	XALATAN.....	76	ZIANA.....	115
vincristine.....	17	XALKORI.....	17	zidovudine.....	12
vinorelbine.....	17	XARELTO.....	30	zileuton.....	108
VIOKACE.....	80	XELJANZ.....	102	zinc chloride.....	71
VIORELE (28).....	94	XELJANZ XR.....	102	zinc sulfate.....	71
VIRACEPT.....	11	XERESE.....	115	ZIOPTAN (PF).....	76
VIREAD.....	11	XERMELO.....	81	ziprasidone hcl.....	61
VIRT-PN.....	30, 118	XGEVA.....	102	ZIPSOR.....	61
VIRT-PN DHA.....	30, 118	XHANCE.....	76, 108	ZIRGAN.....	76
VIRT-PN PLUS.....	30, 71, 118	XIFAXAN.....	12	ZITHROMAX.....	12
VIRT-SELECT..	30, 71, 80, 118	XIGDUO XR.....	94	ZITHROMAX TRI-PAK.....	12
VISIPAQUE.....	64	XOFLUZA.....	12	ZOCOR.....	41
VISTOGARD.....	102	XOLAIR.....	108	ZOFRAN.....	81
VITAFOL-OB.....	30, 71, 118	XOPENEX.....	26, 108	ZOFRAN ODT.....	81
VITAMIN D2.....	118	XOPENEX CONCENTRATE		ZOHYDRO ER.....	61
VITAMINS A,C,D AND		26, 108	ZOLINZA.....	17
FLUORIDE.....	102, 118	XOPENEX HFA.....	26, 108	zolmitriptan.....	61
VITRAKVI.....	17	XOSPATA.....	17	ZOLOFT.....	61
VIVOTIF.....	20	XPOVIO.....	17	zolpidem.....	61
VIZIMPRO.....	17	XTAMPZA ER.....	60	ZOLPIMIST.....	61
VOGELXO.....	94	XTANDI.....	17	ZOMACTON.....	95
VOL-NATE.....	30, 118	XULANE.....	95	ZOMIG.....	61
VOL-TAB RX.....	30, 118	XULTOPHY 100/3.6.....	95	ZOMIG ZMT.....	61
VOLTAREN.....	60, 115	XYNTHA.....	30	zonisamide.....	61
VOLUMEN.....	64	XYNTHA SOLOFUSE.....	30	ZONTIVITY.....	31
VONVENDI.....	30	YF-VAX (PF).....	20	ZORBTIVE.....	95

ZORTRESS.....	102
ZORVOLEX.....	61
ZOSTAVAX (PF).....	20
ZOVIA 1/35E (28).....	95
ZOVIRAX.....	12, 115
ZUBSOLV.....	61
ZUPLENZ.....	81
ZYBAN.....	61
ZYCLARA.....	115
ZYDELIG.....	17
ZYFLO.....	108
ZYFLO CR.....	108
ZYKADIA.....	17
ZYLET.....	76
ZYMAXID.....	76
ZYPITAMAG.....	41
ZYPREXA.....	61
ZYPREXA RELPREVV.....	61
ZYPREXA ZYDIS.....	61
ZYTIGA.....	17

Over-the-Counter (OTC) Drug List



The following list of over-the-counter (OTC) drugs are covered by UCare for State Public Program members. The list only includes the generic version of products. Some brand products are listed in parentheses for reference purposes only. This list is subject to change.

ANALGESICS AND ANTI-INFLAMMATORY DRUGS

acetaminophen (TYLENOL)
acetaminophen / pyrilamine / caffeine
aspirin (BAYER)
aspirin / acetaminophen/ caffeine (EXCEDRIN)
aspirin / buffers (BUFFERIN)
ibuprofen (MOTRIN)
naproxen (ALEVE)

COUGH AND COLD MEDICATIONS

ANTI-HISTAMINES

cetirizine (ZYRTEC)
chlorpheniramine (CHLOR-TRIMETON)
diphenhydramine (BENADRYL)
loratadine (CLARITIN)

DECONGESTANTS

phenylephrine (SUDAFED PE)
pseudoephedrine (SUDAFED)

ANTI-HISTAMINE / DECONGESTANT COMBINATIONS

brompheniramine / pseudoephedrine
brompheniramine / phenylephrine
cetirizine / pseudoephedrine (ZYRTEC - D)
chlorpheniramine / phenylephrine
chlorpheniramine / phenylephrine / acetaminophen
chlorpheniramine / phenylephrine / dextromethorphan / acetaminophen
chlorpheniramine / pseudoephedrine
chlorpheniramine / pseudoephedrine / acetaminophen
chlorpheniramine / pseudoephedrine / dextromethorphan / acetaminophen
diphenhydramine / pseudoephedrine / acetaminophen
diphenhydramine / pseudoephedrine
loratadine / pseudoephedrine (CLARITIN - D)
phenylephrine / acetaminophen
phenylephrine / guaifenesin
pseudoephedrine / ibuprofen
pseudoephedrine / acetaminophen

ANTI-TUSSIVES AND EXPECTORANT DRUGS

dextromethorphan (ROBITUSSIN)
dextromethorphan / chlorpheniramine
dextromethorphan / phenylephrine

Over-the-Counter (OTC) Drug List

ANTITUSSIVES AND EXPECTORANT DRUGS (continued)

dextromethorphan / phenylephrine / acetaminophen
dextromethorphan / pseudoephedrine
dextromethorphan / pseudoephedrine / acetaminophen
dextromethorphan / pseudoephedrine / brompheniramine
dextromethorphan / pseudoephedrine / chlorpheniramine
guaifenesin (MUCINEX)
guaifenesin / dextromethorphan (MUCINEX DM)
guaifenesin / dextromethorphan / phenylephrine
guaifenesin / dextromethorphan / pseudoephedrine
guaifenesin / dextromethorphan / pseudoephedrine / acetaminophen
guaifenesin / phenylephrine
guaifenesin / pseudoephedrine

DERMATOLOGICAL DRUGS

ANTIACNE DRUGS

benzoyl peroxide
benzoyl peroxide / aloe vera

KEROLYTIC DRUGS

salicylic acid
salicylic acid / acetic acid (COMPOUND W)

SCABICIDES

permethrin (NIX)
piperonyl / pyrethrins (RID)

TOPICAL ANESTHETICS

pramoxine (PROCTO-FOAM)

TOPICAL ANTIBACTERIAL DRUGS

bacitracin
bacitracin / polymyxin b (POLYSPORIN)
chlorhexidine
neomycin / bacitracin / polymixin (NEOSPORIN)
neomycin / bacitracin / polymixin / pramoxine (NEOSPORIN PLUS)

TOPICAL ANTIFUNGALS

clotrimazole (LOTRIMIN)
miconazole (MICATIN)
terbinafine (LAMISIL)
tolnaftate (TINACTIN)

TOPICAL CORTICOSTEROIDS

hydrocortisone / aloe vera
hydrocortisone

Over-the-Counter (OTC) Drug List

OTHER TOPICAL DERMATOLOGICAL DRUGS

ammonium lactate (AMLACTIN)
calamine
calamine / zinc oxide
capsaicin (ZOSTRIX)
chloroxylenol

OTHER TOPICAL DERMATOLOGICAL DRUGS (continued)

Diphenhydramine
diphenhydramine / calamine
diphenhydramine / zinc
glyceryl / dimethicone / petrolatum (CETAPHIL)
hydrogen peroxide
methyl salicylate / menthol / camphor (BENGAY)
salonpas
mineral oil / petrolatum (AQUAPHOR, EUCERIN)
petrolatum (VASELINE)
pramoxine / calamine
povidone-iodine (BETADINE)
trolamine salicylate (MYOFLEX)
urea (CARMOL)
zinc oxide (DESITIN)

EAR / NOSE / THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

carbamide peroxide (DEBROX)

DRUGS AFFECTING THE NOSE

cromolyn (NASALCROM)
Nasacort AQ 24hr
oxymetazoline (AFRIN)
phenylephrine (NEO-SYNEPHRINE)
sodium chloride

DRUGS AFFECTING THE THROAT

zinc

GASTROINTESTINAL DRUGS

ANTACIDS

aluminum hydroxide (ALTERNAGEL)
calcium carbonate (TUMS)
calcium carbonate / magnesium hydroxide (MYLANTA SUPREME)
magnesium carbonate / aluminum hydroxide (GAVISCON)
magnesium hydroxide / aluminum hydroxide / simethicone (MYLANTA)
magnesium hydroxide / aluminum hydroxide (MAALOX)
magnesium oxide (URO-MAG)
sodium bicarbonate

ANTIDIARRHEAL DRUGS

bismuth subsalicylate (PEPTO-BISMOL)
loperamide (IMMODIUM)

Over-the-Counter (OTC) Drug List

ANTIULCER DRUGS

famotidine (PEPCID)
lansoprazole (PREVACID)
ranitidine (ZANTAC)
omeprazole (PRILOSEC)

LAXATIVES AND CATHARTICS

bisacodyl (DULCOLAX)
docusate calcium (SURFAK)
docusate sodium (COLACE)
glycerin
magnesium citrate (CITROMA)
magnesium hydroxide (PHILLIPS' MOM)
methylcellulose (CITRUCEL)
mineral oil
polycarbophil
polyethylene glycol 3350 (MIRALAX)
psyllium (METAMUCIL)
senna / docusate sodium (PERI-COLACE)
sennosides / calcium (EX-LAX)

OTHER GI DRUGS

hamamelis leaf / glycerin (TUCKS)
lactase (LACTAID)
phenylephrine
phenylephrine / shark liver / petrolatum (PREPARATION H)
simethicone (MYLICON)
sorbitol
witch hazel

MISCELLANEOUS (OTHER) PRODUCTS

dimenhydrinate (DRAMAMINE)
levorgestrel (PLAN B)
meclizine
phenazopyridine (AZO)

OPHTHALMIC DRUGS

propylene glycol PEGS (SYSTANE ULTRA)
sodium chloride
sodium chloride / petrolatum / mineral oil (REFRESH PM)
tetrahydrozoline drops (VISINE)

SEDATIVE / HYPNOTIC DRUGS

acetaminophen / diphenhydramine (TYLENOL PM)
doxylamine (UNISOM)

Over-the-Counter (OTC) Drug List

SMOKING CESSATION PRODUCTS

nicotine (NICODERM)
nicotine gum
nicotine polacrilex (COMMIT)

VAGINAL ANTIFUNGALS

clotrimazole (GYNE-LOTRIMIN)
miconazole (MONISTAT)

VITAMINS AND RELATED PRODUCTS

MINERALS/ELECTROLYTES

calcium carbonate
calcium citrate
calcium glubionate
calcium gluconate
calcium lactate
calcium / magnesium
calcium / magnesium / zinc
chromium
electrolyte solution (pediatric)
ferrous gluconate
ferrous sulfate
magnesium chloride
magnesium gluconate
magnesium oxide
potassium chloride
potassium gluconate
selenium
sodium chloride
zinc gluconate
zinc sulfate

MISCELLANEOUS NUTRIENTS

beta-carotene
biotin
glucose

VITAMINS

cyanocobalmin (vitamin b12)
folic acid niacin
niacinamide
pantothenic acid
pyridoxine (vitamin b6)
riboflavin (vitamin b2)
thiamine (vitamin b1)
vitamin a
vitamin c
vitamin d
vitamin e

Over-the-Counter (OTC) Drug List

VITAMIN COMBINATION PRODUCTS

beta carotene / vitamin c / vitamin e / minerals

calcium carbonate / vitamin d

calcium carbonate / vitamin d / minerals

folic acid / vitamin b complex / vitamin c

multivitamins

multivitamins / iron

multivitamins / minerals

multivitamins / minerals / iron

prenatal vitamin

vitamin a / vitamin c / vitamin d

vitamin a / vitamin d

vitamin b complex

vitamin b complex / folic acid

vitamin b complex / minerals

vitamin b complex / vitamin c

vitamin b complex / vitamin c / vitamin e / zinc

vitamin c / vitamin e



PO Box 52
Minneapolis, MN 55440-0052

612-676-3200
1-800-203-7225 toll free

TTY/Hearing impaired
612-676-6810
1-800-688-2534 toll free

8 am to 5 pm
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