

Group BlueCHiP for Medicare

2014 Formulary (List of Covered Drugs)



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

00013460, Version 5

This formulary was updated on 07/29/2013. For more recent information or other questions, please contact BlueCHiP for Medicare Customer Service, at 1-800-267-0439 or, for TTY users, 711, **October 1 – February 14**: seven days a week, 8:00 a.m. to 8:00 p.m. and **February 15 – September 30**: Monday – Friday, 8:00 a.m. to 8:00 p.m., or visit www.BCBSRI.com.

This information is available for free in other languages. Please call our customer service number at 1-800-267-0439 (TTY users should call 711). Hours are **October 1 – February 14**, seven days a week, 8:00 a.m. to 8:00 p.m.; **February 15 – September 30**, Monday through Friday, 8:00 a.m. to 8:00 p.m. An automated answering system is available outside of these hours.

This information is also available in large print English and large print Spanish.

Esta información está disponible gratis en otros idiomas. Si desea obtener información adicional, llame a Servicio al cliente al 1-800-267-0439. (Los usuarios de TTY deben llamar al 711). El horario es, **del 1 de octubre al 14 de febrero**: los siete días de la semana de 8:00 a.m. a 8:00 p.m. **Del 15 de febrero al 30 de septiembre**: de lunes a viernes de 8:00 a.m. a 8:00 p.m. Fuera de estos horarios, hay un sistema automatizado de respuesta de llamadas disponible. El Servicio al cliente también tiene servicios de intérprete de idiomas gratis disponibles para las personas que no hablan inglés.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross & Blue Shield of Rhode Island. When it refers to “plan” or “our plan,” it means Group BlueCHIP for Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of July 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Group BlueCHiP for Medicare Formulary?

A formulary is a list of covered drugs selected by Group BlueCHiP for Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Group BlueCHiP for Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Group BlueCHiP for Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of July 29, 2013.

To get updated information about the drugs covered by Group BlueCHiP for Medicare, please contact us. Our contact information appears on the front and back cover pages.

In the event of any mid-year non-maintenance formulary changes, you will receive a notice if the drug you are currently using is affected by the change. An updated version of the 2014 Formulary and a listing of the changes will be available on www.BCBSRI.com. The updated Formulary and the listing of changes will also be available upon request by contacting Customer Service.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Group BlueCHiP for Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Group BlueCHiP for Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group BlueCHiP for Medicare before you fill your prescriptions. If you don't get approval, Group BlueCHiP for Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Group BlueCHiP for Medicare limits the amount of the drug that Group BlueCHiP for Medicare will cover. For example, Group BlueCHiP for Medicare provides 4 patches per 28 days per prescription for BUTRANS. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Group BlueCHiP for Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Group BlueCHiP for Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group BlueCHiP for Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Group BlueCHiP for Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Group BlueCHiP for Medicare formulary?" on page II for information about how to request an exception.

What if my drug is not on the Formulary (list of covered drugs)?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Group BlueCHiP for Medicare does not cover your drug, you have two options:

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

How do I request an exception to the Group BlueCHiP for Medicare Formulary?

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

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

Generally, Group BlueCHiP for Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to

72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. During this period, you can discuss alter-

native treatments with your doctor or use the plan's exception process if you wish to continue coverage of the drug after the temporary supply is finished. Our transition policy will not cover drugs that Medicare does not normally cover.

For more information

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

If you have questions about Group BlueCHiP for Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

Group BlueCHiP for Medicare's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Group BlueCHiP for Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

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

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

B/D indicates drugs that may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA stands for Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-267-0439. Hours are October 1 – February 14: seven days a week, 8:00 a.m. to 8:00 p.m.; February 15 - September 30, Monday - Friday, 8:00 a.m. to 8.00 p.m. TTY/TDD users should call 711.

PA stands for Prior Authorization. Refer to page II for more information.

QL stands for Quantity Limits. Refer to page II for more information.

ST stands for Step Therapy. Refer to page II for more information.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
GRALISE TABS 300MG	3	PA
GRALISE TABS 600MG	3	PA
Nonsteroidal Anti-inflammatory Drugs		
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
FLECTOR PTCH 1.3%	3	QL (28 EA per 14 days) PA
<i>mefenamic acid caps 250mg</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
Opioid Analgesics, Long-acting		
AVINZA CP24 120MG	3	QL (30 EA per 30 days)
AVINZA CP24 30MG	3	QL (30 EA per 30 days)
AVINZA CP24 45MG	3	QL (30 EA per 30 days)
AVINZA CP24 60MG	3	QL (30 EA per 30 days)
AVINZA CP24 75MG	3	QL (30 EA per 30 days)
AVINZA CP24 90MG	3	QL (30 EA per 30 days)
<i>duramorph inj 0.5mg/ml</i>	1	B/D
<i>duramorph inj 1mg/ml</i>	1	B/D
<i>fentanyl pt72 100mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 12mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 25mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	2	QL (10 EA per 30 days)
KADIAN CP24 10MG	3	QL (60 EA per 30 days)
KADIAN CP24 200MG	3	QL (60 EA per 30 days)
<i>levorphanol tartrate tabs 2mg</i>	1	
<i>methadone hcl conc 10mg/ml</i>	1	
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	1	
<i>methadose conc 10mg/ml</i>	1	
<i>morphine sulfate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 20mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 30mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 50mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 60mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 80mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er tbc 100mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbc 15mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbc 200mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbc 30mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tbc</i> 60mg	1	QL (90 EA per 30 days)
<i>morphine sulfate inj</i> 0.5mg/ml	1	B/D
<i>morphine sulfate inj</i> 1mg/ml	1	B/D
<i>morphine sulfate soln</i> 10mg/5ml	1	
<i>morphine sulfate soln</i> 20mg/5ml	1	
<i>morphine sulfate soln</i> 20mg/ml	1	
<i>morphine sulfate tabs</i> 15mg	1	
<i>morphine sulfate tabs</i> 30mg	1	
NUCYNTA ER TB12 100MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 150MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 200MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 250MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 50MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) TB12 10MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) TB12 20MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) TB12 30MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) TB12 40MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) TB12 5MG	2	QL (60 EA per 30 days)
OXYCONTIN TB12 10MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 15MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 20MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 30MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 40MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 60MG	3	QL (120 EA per 30 days)
OXYCONTIN TB12 80MG	3	QL (120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 10mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 15mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 20mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 30mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 40mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 5mg	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12</i> 7.5mg	3	QL (60 EA per 30 days)
<i>tramadol hcl er tb24</i> 100mg	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i> 100mg	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i> 200mg	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i> 200mg	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i> 300mg	2	QL (30 EA per 30 days)
ULTRAM ER TB24 300MG	3	QL (30 EA per 30 days)
<i>Opioid Analgesics, Short-acting</i>		
ABSTRAL SUBL 100MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 200MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 300MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 400MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 600MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 800MCG	3	QL (120 EA per 30 days) PA
<i>acetaminophen/codeine #3 tabs</i> 300mg; 30mg	1	
<i>acetaminophen/codeine soln</i> 120mg/5ml; 12mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (10 ML per 30 days)
<i>carisoprodol/aspirin/codeine tabs 325mg; 200mg; 16mg</i>	1	PA
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>endocet tabs 325mg; 10mg</i>	1	
<i>endocet tabs 325mg; 5mg</i>	1	
<i>endocet tabs 325mg; 7.5mg</i>	1	
<i>endocet tabs 500mg; 7.5mg</i>	1	
<i>endocet tabs 650mg; 10mg</i>	1	
EXALGO TB24 12MG	2	QL (160 EA per 30 days) PA
EXALGO TB24 16MG	2	QL (120 EA per 30 days) PA
EXALGO TB24 8MG	2	QL (240 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate inj 0.05mg/ml</i>	1	
FENTORA TABS 100MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 200MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 400MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 600MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 800MCG	3	QL (112 EA per 28 days) PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 2.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 650mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 650mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 660mg; 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	3	
<i>hydromorphone hcl inj 2mg/ml</i>	3	
<i>hydromorphone hcl inj 4mg/ml</i>	3	
<i>hydromorphone hcl inj 500mg/50ml</i>	1	
<i>hydromorphone hcl liqd 1mg/ml</i>	3	
<i>hydromorphone hcl tabs 2mg</i>	1	
<i>hydromorphone hcl tabs 4mg</i>	1	
<i>hydromorphone hcl tabs 8mg</i>	2	
LAZANDA SOLN 100MCG/ACT	3	QL (30 EA per 30 days) PA
LAZANDA SOLN 400MCG/ACT	3	QL (1 EA per 4 days) PA
<i>meperidine hcl inj 25mg/ml</i>	1	PA
<i>meperidine hcl inj 50mg/ml</i>	1	PA
<i>meperidine hcl soln 50mg/5ml</i>	1	PA
<i>meperitab tabs 100mg</i>	1	PA
<i>meperitab tabs 50mg</i>	1	PA
NUCYNTA TABS 100MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 50MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 75MG	2	QL (180 EA per 30 days)
ONSOLIS FILM 1200MCG	2	QL (120 EA per 30 days) PA
ONSOLIS FILM 200MCG	2	QL (120 EA per 30 days) PA
ONSOLIS FILM 400MCG	2	QL (120 EA per 30 days) PA
ONSOLIS FILM 600MCG	2	QL (120 EA per 30 days) PA
ONSOLIS FILM 800MCG	2	QL (120 EA per 30 days) PA
<i>oxycodone hcl caps 5mg</i>	1	
OXYCODONE HCL CONC 20MG/ML	2	
<i>oxycodone hcl tabs 10mg</i>	1	
<i>oxycodone hcl tabs 15mg</i>	1	
<i>oxycodone hcl tabs 20mg</i>	1	
<i>oxycodone hcl tabs 30mg</i>	2	
<i>oxycodone hcl tabs 5mg</i>	1	
<i>oxycodone/acetaminophen caps 500mg; 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	1	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxymorphone hydrochloride tabs 10mg</i>	3	QL (240 EA per 30 days)
<i>oxymorphone hydrochloride tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>pentazocine/acetaminophen tabs 650mg; 25mg</i>	1	PA
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	1	PA
<i>reprexain tabs 10mg; 200mg</i>	1	
ROXICET SOLN 325MG/5ML; 5MG/5ML	2	
<i>stagesic caps 500mg; 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUBSYS LIQD 100MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1600MCG	3	QL (30 EA per 30 days) PA
SUBSYS LIQD 200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 400MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 600MCG	3	QL (30 EA per 30 days) PA
SUBSYS LIQD 800MCG	3	QL (120 EA per 30 days) PA
TALWIN INJ 30MG/ML	3	PA
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	1	QL (240 EA per 30 days)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	
<i>vicodin hp tabs 300mg; 10mg</i>	1	
<i>vicodin tabs 300mg; 5mg</i>	1	
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	
<i>lidocaine oint 5%</i>	1	
LIDODERM PTCH 5%	3	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
CAMPRAL TBEC 333MG	2	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	3	
<i>naltrexone hcl tabs 50mg</i>	1	
<i>Opioid Antagonists</i>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	PA
<i>buprenorphine hcl inj 0.3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg</i>	1	PA
<i>buprenorphine hcl subl 8mg</i>	1	PA
BUTRANS PTWK 10MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 20MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 5MCG/HR	3	QL (4 EA per 28 days) PA
<i>naloxone hcl inj 1mg/ml</i>	1	
SUBOXONE FILM 12MG; 3MG	2	PA
SUBOXONE FILM 2MG; 0.5MG	2	PA
SUBOXONE FILM 4MG; 1MG	2	PA
SUBOXONE FILM 8MG; 2MG	2	PA
<i>Smoking Cessation Agents</i>		
<i>buproban tb12 150mg</i>	1	QL (540 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	2	

Drug Name	Drug Tier	Requirements/Limits
CHANTIX TABS 0.5MG	2	QL (504 EA per 365 days)
CHANTIX TABS 1MG	2	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	3	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Anti-inflammatory Agents		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CELEBREX CAPS 100MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 200MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 400MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 50MG	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	2	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	1	
<i>diflunisal tabs 500mg</i>	1	
<i>etodolac er tb24 400mg</i>	1	
<i>etodolac er tb24 500mg</i>	1	
<i>etodolac er tb24 600mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>indomethacin er cpcr 75mg</i>	1	
<i>indomethacin caps 25mg</i>	1	
<i>indomethacin caps 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	1	
<i>ketoprofen caps 50mg</i>	1	
<i>ketoprofen caps 75mg</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 5 days)
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp 125mg/5ml</i>	1	
<i>oxaprozin tabs 600mg</i>	3	
<i>piroxicam caps 10mg</i>	1	
<i>piroxicam caps 20mg</i>	1	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 50mg/ml</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	1	B/D
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	1	B/D
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	B/D
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	B/D
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	B/D
<i>gentamicin sulfate inj 40mg/ml</i>	1	B/D
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	B/D
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%</i>	1	B/D
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
STREPTOMYCIN SULFATE INJ 1GM	2	
TOBI PODHALER CAPS 28MG	4	PA
TOBI NEBU 300MG/5ML	4	PA
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	B/D
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 10mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 80mg/2ml</i>	1	B/D
<i>tobramycin sulfate soln 0.3%</i>	1	
TOBEX OINT 0.3%	2	
<i>Antibacterials, Other</i>		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	1	
<i>alcohol preps pads</i>	1	
ALTABAX OINT 1%	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	2	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN PEDIATRIC GRANULES SOLR 75MG/5ML	2	
CLEOCIN SUPP 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl caps 150mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	1	B/D
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate crea 2%</i>	1	
<i>colistimethate sodium inj 150mg</i>	1	B/D
CUBICIN INJ 500MG	2	B/D
MACRODANTIN CAPS 25MG	2	
<i>mafenide acetate pack 5%</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
METROGEL GEL 1%	2	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	1	B/D
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	2	
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	3	
PHISOHEX LIQD 3%	2	
PREVPAC MISC 500MG; 500MG; 30MG	3	
PRIMSOL SOLN 50MG/5ML	3	
<i>silver sulfadiazine crea 1%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	2	
<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
TYGACIL INJ 50MG	2	B/D
<i>vancomycin hcl caps 125mg</i>	3	
<i>vancomycin hcl caps 250mg</i>	3	
<i>vancomycin hcl inj 1000mg</i>	1	B/D
<i>vancomycin hcl inj 10gm</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl inj 500mg</i>	1	B/D
<i>vandazole gel 0.75%</i>	1	
VIBATIV INJ 250MG	2	B/D
XIFAXAN TABS 200MG	2	
XIFAXAN TABS 550MG	2	
ZYVOX INJ 2MG/ML	2	B/D
ZYVOX SUSR 100MG/5ML	2	QL (1800 ML per 30 days)
ZYVOX TABS 600MG	2	QL (60 EA per 30 days)
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	B/D
<i>cefazolin sodium inj 1gm</i>	1	B/D
<i>cefazolin sodium inj 1gm; 5%</i>	1	B/D
<i>cefazolin sodium inj 500mg</i>	1	B/D
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	B/D
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 10gm</i>	1	B/D
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefoxitin sodium inj 2gm</i>	1	B/D
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>ceftazidime inj 1gm</i>	1	B/D
<i>ceftazidime inj 2gm</i>	1	B/D
<i>ceftazidime inj 6gm</i>	1	B/D
<i>ceftriaxone sodium inj 10gm</i>	1	B/D
<i>ceftriaxone sodium inj 1gm</i>	1	B/D
<i>ceftriaxone sodium inj 250mg</i>	1	B/D
<i>ceftriaxone sodium inj 2gm</i>	1	B/D
<i>ceftriaxone sodium inj 500mg</i>	1	B/D
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	B/D
<i>cefuroxime sodium inj 7.5gm</i>	1	B/D
<i>cefuroxime sodium inj 750mg</i>	1	B/D
CEFUROXIME/DEXTROSE INJ 1.5GM; 2.9%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CEFUROXIME/DEXTROSE INJ 750MG; 4.1%	2	B/D
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg</i>	1	
<i>cephalexin tabs 500mg</i>	1	
FORTAZ INJ 1GM/50ML; 5%	2	B/D
FORTAZ INJ 1GM	2	B/D
FORTAZ INJ 2GM/50ML; 5%	2	B/D
SUPRAX CAPS 400MG	3	
SUPRAX SUSR 100MG/5ML	3	
SUPRAX SUSR 200MG/5ML	3	
SUPRAX SUSR 500MG/5ML	3	
SUPRAX TABS 400MG	3	
<i>tazicef inj 1gm</i>	1	B/D
<i>tazicef inj 2gm</i>	1	B/D
<i>tazicef inj 6gm</i>	1	B/D
TEFLARO INJ 400MG	2	B/D
TEFLARO INJ 600MG	2	B/D
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	2	B/D
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	2	B/D
AZACTAM INJ 2GM	3	
<i>aztreonam inj 1gm</i>	1	
CAYSTON SOLR 75MG	4	PA
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	B/D
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	B/D
<i>meropenem inj 500mg</i>	1	B/D
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	3	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/potassium clavulanate susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/potassium clavulanate tabs 500mg; 125mg</i>	1	
<i>amoxicillin/potassium clavulanate tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	B/D
<i>ampicillin sodium inj 125mg</i>	1	B/D
<i>ampicillin sodium inj 1gm</i>	1	B/D
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	2	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML	2	
BICILLIN L-A INJ 2400000UNIT/4ML	2	
BICILLIN L-A INJ 600000UNIT/ML	2	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nallpen/dextrose inj 0; 1gm/50ml</i>	1	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	2	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	2	B/D
<i>penicillin g potassium inj 20mu</i>	1	
<i>penicillin g potassium inj 5mu</i>	1	
<i>penicillin g procaine inj 600000unit/ml</i>	1	
<i>penicillin g sodium inj 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	B/D
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	B/D
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	2	B/D
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	2	B/D
Macrolides		
AZASITE SOLN 1%	2	
<i>azithromycin inj 500mg</i>	1	B/D
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin susr 125mg/5ml</i>	2	
<i>clarithromycin susr 250mg/5ml</i>	2	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID TABS 200MG	2	
<i>e.e.s. 400 tabs 400mg</i>	1	
E.E.S. GRANULES SUSR 200MG/5ML	2	
ERY-TAB TBEC 250MG	2	
ERY-TAB TBEC 333MG	2	
ERY-TAB TBEC 500MG	2	
<i>ery pads 2%</i>	1	
ERYTHROCIN LACTOBIONATE INJ 500MG	2	B/D
<i>erythrocine stearate tabs 250mg</i>	1	
ERYTHROMYCIN BASE TABS 250MG	2	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin soln 2%</i>	1	
KETEK TABS 300MG	2	PA
KETEK TABS 400MG	2	PA
ZMAX SUSR 2GM	2	
Quinolones		
AVELOX ABC PACK TABS 400MG	2	
AVELOX INJ 400MG/250ML; 0.8%	2	B/D
AVELOX TABS 400MG	2	
BESIVANCE SUSP 0.6%	2	
CILOXAN OINT 0.3%	2	
CIPRO HC SUSP 0.2%; 1%	3	
CIPRODEX SUSP 0.3%; 0.1%	2	
<i>ciprofloxacin hcl soln 0.3%</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 250mg</i>	1	
<i>ciprofloxacin hcl tabs 500mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	B/D
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	B/D
<i>ciprofloxacin inj 400mg/40ml</i>	1	B/D
LEVAQUIN INJ 5%; 750MG/150ML	3	B/D
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	3	B/D
<i>levofloxacin inj 25mg/ml</i>	3	B/D
<i>levofloxacin soln 0.5%</i>	1	
<i>levofloxacin soln 25mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXEZA SOLN 0.5%	2	
NOROXIN TABS 400MG	3	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin tabs 200mg</i>	1	
<i>ofloxacin tabs 300mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
VIGAMOX SOLN 0.5%	2	
ZYMAXID SOLN 0.5%	2	
<i>Sulfonamides</i>		
<i>sodium sulfacetamide soln 10%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	B/D
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>Tetracyclines</i>		
<i>demeclocycline hcl tabs 150mg</i>	3	
<i>demeclocycline hcl tabs 300mg</i>	3	
<i>doxycycline hyclate dr tbec 100mg</i>	1	
<i>doxycycline hyclate dr tbec 150mg</i>	1	
<i>doxycycline hyclate dr tbec 75mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	B/D
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl er tb24 135mg</i>	3	
<i>minocycline hcl er tb24 45mg</i>	3	
<i>minocycline hcl er tb24 90mg</i>	3	
<i>minocycline hcl caps 100mg</i>	2	
<i>minocycline hcl caps 50mg</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg</i>	3	
<i>minocycline hcl tabs 50mg</i>	3	
<i>minocycline hcl tabs 75mg</i>	3	
ORACEA CPDR 40MG	3	
SOLODYN TB24 105MG	3	

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TB24 115MG	3	
SOLODYN TB24 55MG	3	
SOLODYN TB24 65MG	3	
SOLODYN TB24 80MG	3	
VIBRAMYCIN SYRP 50MG/5ML	2	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
KEPPRA INJ 500MG/5ML	3	B/D
KEPPRA SOLN 100MG/ML	3	
<i>levetiracetam er tb24 500mg</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	B/D
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3	B/D
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg</i>	1	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 16.2mg</i>	1	
<i>phenobarbital tabs 30mg</i>	1	
<i>phenobarbital tabs 32.4mg</i>	1	
<i>phenobarbital tabs 60mg</i>	1	
<i>phenobarbital tabs 64.8mg</i>	1	
<i>phenobarbital tabs 97.2mg</i>	1	
POTIGA TABS 200MG	3	
POTIGA TABS 300MG	3	
POTIGA TABS 400MG	3	
POTIGA TABS 50MG	3	
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPS 300MG	2	
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
LYRICA CAPS 100MG	2	
LYRICA CAPS 150MG	2	
LYRICA CAPS 200MG	2	
LYRICA CAPS 225MG	2	
LYRICA CAPS 25MG	2	
LYRICA CAPS 300MG	2	
LYRICA CAPS 50MG	2	
LYRICA CAPS 75MG	2	
LYRICA SOLN 20MG/ML	2	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt tbdp 0.125mg</i>	1	PA
<i>clonazepam odt tbdp 0.25mg</i>	1	PA
<i>clonazepam odt tbdp 0.5mg</i>	1	PA
<i>clonazepam odt tbdp 1mg</i>	1	PA
<i>clonazepam odt tbdp 2mg</i>	1	PA
<i>clonazepam tabs 0.5mg</i>	1	PA
<i>clonazepam tabs 1mg</i>	1	PA
<i>clonazepam tabs 2mg</i>	1	PA
<i>clorazepate dipotassium tabs 15mg</i>	1	PA
<i>clorazepate dipotassium tabs 3.75mg</i>	1	PA
<i>clorazepate dipotassium tabs 7.5mg</i>	1	PA
<i>diazepam gel 10mg</i>	1	PA
<i>diazepam gel 2.5mg</i>	1	PA
<i>diazepam gel 20mg</i>	1	PA
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	1	
<i>divalproex sodium er tb24 500mg</i>	1	
<i>divalproex sodium cpsp 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	2	
<i>gabapentin tabs 600mg</i>	1	
<i>gabapentin tabs 800mg</i>	1	
GABITRIL TABS 12MG	2	
GABITRIL TABS 16MG	2	
HORIZANT TB24 600MG	3	QL (30 EA per 30 days) PA
ONFI TABS 10MG	2	PA
ONFI TABS 20MG	2	PA
ONFI TABS 5MG	2	PA
<i>primidone tabs 250mg</i>	1	
<i>primidone tabs 50mg</i>	1	
SABRIL PACK 500MG	4	
SABRIL TABS 500MG	4	
STAVZOR CPDR 125MG	3	
STAVZOR CPDR 250MG	3	
STAVZOR CPDR 500MG	3	
<i>tiagabine hydrochloride tabs 2mg</i>	1	
<i>tiagabine hydrochloride tabs 4mg</i>	1	
<i>valproate sodium inj 100mg/ml</i>	1	B/D
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid syrp 250mg/5ml</i>	1	
<i>Glutamate Reducing Agents</i>		
<i>felbamate susp 600mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tabs 400mg</i>	1	
<i>felbamate tabs 600mg</i>	1	
LAMICTAL ODT TBDP 100MG	3	
LAMICTAL ODT TBDP 200MG	3	
LAMICTAL ODT TBDP 25MG	3	
LAMICTAL ODT TBDP 50MG	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR KIT 0	2	
LAMICTAL XR KIT 0	2	
LAMICTAL XR KIT 0	2	
LAMICTAL XR TB24 100MG	3	
LAMICTAL XR TB24 200MG	3	
LAMICTAL XR TB24 250MG	2	
LAMICTAL XR TB24 25MG	3	
LAMICTAL XR TB24 300MG	3	
LAMICTAL XR TB24 50MG	3	
<i>lamotrigine er tb24 100mg</i>	1	
<i>lamotrigine er tb24 200mg</i>	1	
<i>lamotrigine er tb24 250mg</i>	1	
<i>lamotrigine er tb24 25mg</i>	1	
<i>lamotrigine er tb24 300mg</i>	1	
<i>lamotrigine er tb24 50mg</i>	1	
<i>lamotrigine chew 25mg</i>	1	
<i>lamotrigine chew 5mg</i>	1	
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	
<i>Sodium Channel Agents</i>		
BANZEL SUSP 40MG/ML	2	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	2	
<i>carbamazepine er cp12 100mg</i>	2	
<i>carbamazepine er cp12 200mg</i>	2	
<i>carbamazepine er cp12 300mg</i>	2	
<i>carbamazepine er tb12 200mg</i>	2	
<i>carbamazepine er tb12 400mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
CARBATROL CP12 100MG	3	
CARBATROL CP12 200MG	3	
CARBATROL CP12 300MG	3	
DILANTIN INFATABS CHEW 50MG	2	
DILANTIN CAPS 30MG	2	
<i>epitol tabs 200mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>oxcarbazepine susp 60mg/ml</i>	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
PEGANONE TABS 250MG	2	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
TEGRETOL-XR TB12 100MG	2	
TEGRETOL-XR TB12 200MG	3	
TEGRETOL-XR TB12 400MG	3	
TRILEPTAL SUSP 300MG/5ML	3	
VIMPAT INJ 200MG/20ML	2	B/D
VIMPAT SOLN 10MG/ML	2	
VIMPAT TABS 100MG	2	
VIMPAT TABS 150MG	2	
VIMPAT TABS 200MG	2	
VIMPAT TABS 50MG	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>Cholinesterase Inhibitors</i>		
ARICEPT TABS 23MG	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 5mg</i>	1	
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
EXELON PT24 13.3MG/24HR	2	
EXELON PT24 4.6MG/24HR	2	
EXELON PT24 9.5MG/24HR	2	
EXELON SOLN 2MG/ML	2	
<i>galantamine hydrobromide cp24 16mg</i>	1	
<i>galantamine hydrobromide cp24 24mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cp24 8mg</i>	1	
<i>galantamine hydrobromide soln 4mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12mg</i>	1	
<i>galantamine hydrobromide tabs 4mg</i>	1	
<i>galantamine hydrobromide tabs 8mg</i>	1	
<i>rivastigmine tartrate caps 1.5mg</i>	1	
<i>rivastigmine tartrate caps 3mg</i>	1	
<i>rivastigmine tartrate caps 4.5mg</i>	1	
<i>rivastigmine tartrate caps 6mg</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
NAMENDA TITRATION PAK TABS 0	2	
NAMENDA XR TITRATION PACK CP24 0	2	QL (112 EA per 365 days)
NAMENDA XR CP24 14MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 21MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 28MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 7MG	2	QL (30 EA per 30 days)
NAMENDA SOLN 10MG/5ML	2	
NAMENDA TABS 10MG	2	
NAMENDA TABS 5MG	2	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN TB24 174MG	3	
APLENZIN TB24 348MG	3	
APLENZIN TB24 522MG	3	
<i>budeprion sr tb12 100mg</i>	1	
<i>budeprion sr tb12 150mg</i>	1	
<i>bupropion hcl sr tb12 100mg</i>	1	
<i>bupropion hcl sr tb12 150mg</i>	1	
<i>bupropion hcl sr tb12 200mg</i>	1	
<i>bupropion hcl xl tb24 150mg</i>	1	
<i>bupropion hcl xl tb24 300mg</i>	1	
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hcl tabs 75mg</i>	1	
FORFIVO XL TB24 450MG	3	QL (30 EA per 30 days)
<i>maprotiline hcl tabs 25mg</i>	1	
<i>maprotiline hcl tabs 50mg</i>	1	
<i>maprotiline hcl tabs 75mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tbdp 15mg</i>	1	
<i>nefazodone hcl tabs 100mg</i>	1	
<i>nefazodone hcl tabs 150mg</i>	1	
<i>nefazodone hcl tabs 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tabs 250mg</i>	1	
<i>nefazodone hcl tabs 50mg</i>	1	
OLEPTRO TB24 150MG	3	
OLEPTRO TB24 300MG	3	
<i>trazodone hcl tabs 100mg</i>	1	
<i>trazodone hcl tabs 150mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	1	
<i>trazodone hcl tabs 50mg</i>	1	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PT24 12MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 6MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 9MG/24HR	3	QL (30 EA per 30 days) PA
MARPLAN TABS 10MG	2	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	3	
<i>Serotonin/Norepinephrine Reuptake Inhibitors</i>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days)
CYMBALTA CPEP 20MG	2	QL (60 EA per 30 days)
CYMBALTA CPEP 30MG	2	QL (60 EA per 30 days)
CYMBALTA CPEP 60MG	2	QL (60 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	3	QL (600 ML per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs 5mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine dr cpdr 90mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl soln 20mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl tabs 60mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine maleate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 EA per 30 days)
LUVOX CR CP24 100MG	3	QL (60 EA per 30 days) ST
LUVOX CR CP24 150MG	3	QL (60 EA per 30 days) ST
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	
<i>paroxetine hcl er tb24 12.5mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er tb24 25mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days)
PAXIL SUSP 10MG/5ML	3	QL (900 ML per 30 days)
PEXEVA TABS 10MG	3	ST
PEXEVA TABS 20MG	3	ST
PEXEVA TABS 30MG	3	ST
PEXEVA TABS 40MG	3	ST
PRISTIQ TB24 100MG	2	QL (30 EA per 30 days)
PRISTIQ TB24 50MG	2	QL (30 EA per 30 days)
<i>sertraline hcl conc 20mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl tabs 25mg</i>	1	QL (45 EA per 30 days)
<i>sertraline hcl tabs 50mg</i>	1	QL (45 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (60 EA per 30 days)
VENLAFAXINE HCL ER TB24 225MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 75mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 37.5mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 50mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 75mg</i>	1	QL (90 EA per 30 days)
VIIBRYD KIT 0	2	
VIIBRYD TABS 10MG	2	
VIIBRYD TABS 20MG	2	
VIIBRYD TABS 40MG	2	
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	1	PA
<i>amitriptyline hcl tabs 10mg</i>	1	PA
<i>amitriptyline hcl tabs 150mg</i>	1	PA
<i>amitriptyline hcl tabs 25mg</i>	1	PA
<i>amitriptyline hcl tabs 50mg</i>	1	PA
<i>amitriptyline hcl tabs 75mg</i>	1	PA
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	1	PA
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	1	PA
<i>clomipramine hcl caps 25mg</i>	1	PA
<i>clomipramine hcl caps 50mg</i>	1	PA
<i>clomipramine hcl caps 75mg</i>	1	PA
<i>desipramine hcl tabs 100mg</i>	1	
<i>desipramine hcl tabs 10mg</i>	1	
<i>desipramine hcl tabs 150mg</i>	2	
<i>desipramine hcl tabs 25mg</i>	1	
<i>desipramine hcl tabs 50mg</i>	1	
<i>desipramine hcl tabs 75mg</i>	1	
<i>doxepin hcl caps 100mg</i>	1	PA
<i>doxepin hcl caps 10mg</i>	1	PA
<i>doxepin hcl caps 150mg</i>	1	PA
<i>doxepin hcl caps 25mg</i>	1	PA
<i>doxepin hcl caps 50mg</i>	1	PA
<i>doxepin hcl caps 75mg</i>	1	PA
<i>doxepin hcl conc 10mg/ml</i>	1	PA
<i>imipramine hcl tabs 10mg</i>	1	PA
<i>imipramine hcl tabs 25mg</i>	1	PA
<i>imipramine hcl tabs 50mg</i>	1	PA
<i>imipramine pamoate caps 100mg</i>	3	PA
<i>imipramine pamoate caps 125mg</i>	3	PA
<i>imipramine pamoate caps 150mg</i>	3	PA
<i>imipramine pamoate caps 75mg</i>	3	PA
<i>nortriptyline hcl caps 10mg</i>	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 50mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	1	PA
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	1	PA
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	1	PA
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	2	PA
<i>protriptyline hcl tabs 10mg</i>	3	
<i>protriptyline hcl tabs 5mg</i>	3	
<i>trimipramine maleate caps 100mg</i>	1	PA
<i>trimipramine maleate caps 25mg</i>	1	PA
<i>trimipramine maleate caps 50mg</i>	1	PA
Antiemetics		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>phenadoz supp 12.5mg</i>	1	PA
<i>promethazine hcl supp 12.5mg</i>	1	PA
<i>promethazine hcl supp 25mg</i>	1	PA
<i>promethegan supp 25mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan supp 50mg</i>	1	PA
TRANSDERM-SCOP PT72 1.5MG	2	
<i>trimethobenzamide hcl caps 300mg</i>	1	PA
<i>trimethobenzamide hcl inj 100mg/ml</i>	1	PA
<i>Emetogenic Therapy Adjuncts</i>		
ALOXI INJ 0.25MG/5ML	3	B/D
ANZEMET INJ 20MG/ML	3	
ANZEMET TABS 100MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
CESAMET CAPS 1MG	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	3	QL (60 EA per 30 days) PA
EMEND CAPS 0	2	QL (6 EA per 30 days) B/D
EMEND CAPS 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPS 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPS 80MG	2	QL (8 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl tabs 1mg</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl soln 4mg/5ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (21 EA per 30 days) B/D
<i>ondansetron hcl tabs 4mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron hcl tabs 8mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 4mg</i>	3	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 8mg</i>	1	QL (45 EA per 30 days) B/D
SANCUSO PTCH 3.1MG/24HR	2	QL (4 EA per 30 days)
Antifungals		
<i>Antifungals</i>		
AMBISOME INJ 50MG	4	
<i>amphotericin b inj 50mg</i>	1	B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>econazole nitrate crea 1%</i>	1	
ERAXIS INJ 100MG	2	B/D
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	B/D
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	1	
<i>flucytosine caps 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250mg</i>	1	
<i>itraconazole caps 100mg</i>	3	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>ketodan kit kit 2%; 0; 0</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
NAFTIN CREA 1%	2	
NAFTIN GEL 1%	2	
NATACYN SUSP 5%	2	
NOXAFIL SUSP 40MG/ML	2	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>pedi-dri powd 100000unit/gm</i>	1	
SPORANOX SOLN 10MG/ML	2	
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	
VFEND SUSR 40MG/ML	2	
<i>voriconazole inj 200mg</i>	3	B/D
<i>voriconazole tabs 200mg</i>	4	
<i>voriconazole tabs 50mg</i>	4	
<i>zazole crea 0.4%</i>	1	
<i>zazole supp 80mg</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
COLCRYS TABS 0.6MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	2	
ULORIC TABS 80MG	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	
<i>migergot supp 100mg; 2mg</i>	1	
MIGRANAL SOLN 4MG/ML	3	QL (28 ML per 28 days)
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
AXERT TABS 12.5MG	3	QL (12 EA per 30 days)
AXERT TABS 6.25MG	3	QL (12 EA per 30 days)
FROVA TABS 2.5MG	3	QL (12 EA per 30 days)
IMITREX SOLN 20MG/ACT	3	QL (12 EA per 30 days)
IMITREX SOLN 5MG/ACT	3	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 1mg</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 EA per 30 days)
RELPAK TABS 20MG	2	QL (6 EA per 30 days)
RELPAK TABS 40MG	2	QL (6 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tbdp 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tbdp 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (18 EA per 30 days)
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days)
ZOMIG ZMT TBDP 2.5MG	3	QL (12 EA per 30 days)
ZOMIG ZMT TBDP 5MG	3	QL (9 EA per 30 days)
ZOMIG SOLN 5MG	3	QL (12 EA per 30 days)
ZOMIG TABS 2.5MG	3	QL (12 EA per 30 days)
ZOMIG TABS 5MG	3	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl tabs 125mg</i>	1	
MESTINON TIMESPAN TBCR 180MG	2	
MESTINON SYRP 60MG/5ML	2	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 5mg/ml</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	2	
DAPSONE TABS 25MG	2	
MYCOBUTIN CAPS 150MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	3	
<i>ethambutol hcl tabs 100mg</i>	1	
<i>ethambutol hcl tabs 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	2	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	B/D
RIFATER TABS 50MG; 300MG; 120MG	3	
SEROMYCIN CAPS 250MG	2	
SIRTURO TABS 100MG	3	
TRECTOR TABS 250MG	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	2	B/D
CEENU CAPS 10MG	2	
CEENU CAPS 40MG	2	
<i>cyclophosphamide inj 1gm</i>	3	
CYCLOPHOSPHAMIDE INJ 500MG	3	
<i>cyclophosphamide tabs 25mg</i>	2	B/D
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
<i>dacarbazine inj 200mg</i>	1	B/D
HEXALEN CAPS 50MG	4	
IFEX INJ 3GM	3	B/D
IFOSFAMIDE/MESNA INJ 1GM; 1GM	4	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	4	
<i>melphalan hydrochloride inj 50mg</i>	1	B/D
MUSTARGEN INJ 10MG	3	B/D
<i>thiotepa inj 15mg</i>	1	B/D
TREANDA INJ 100MG	4	B/D
ZANOSAR INJ 1GM	3	B/D
<i>Antiangiogenic Agents</i>		
CAPRELSA TABS 100MG	4	QL (90 EA per 30 days) PA
CAPRELSA TABS 300MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPS 10MG	4	PA LA
REVLIMID CAPS 15MG	4	PA LA
REVLIMID CAPS 25MG	4	PA LA
REVLIMID CAPS 5MG	4	PA LA
THALOMID CAPS 100MG	4	

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150MG	4	
THALOMID CAPS 200MG	4	
THALOMID CAPS 50MG	4	
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPS 140MG	2	
FARESTON TABS 60MG	3	
FASLODEX INJ 250MG/5ML	4	
SOLTAMOX SOLN 10MG/5ML	3	
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<i>Antimetabolites</i>		
<i>cladribine inj 1mg/ml</i>	1	B/D
CLOLAR INJ 1MG/ML	3	B/D
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DROXIA CAPS 200MG	2	
DROXIA CAPS 300MG	2	
DROXIA CAPS 400MG	2	
ELITEK INJ 1.5MG	4	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
FOLOTYN INJ 40MG/2ML	3	
<i>gemcitabine hcl inj 1gm</i>	1	B/D
<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine tabs 50mg</i>	1	
<i>pentostatin inj 10mg</i>	1	B/D
TABLOID TABS 40MG	2	
<i>Antineoplastics, Other</i>		
ABRAXANE INJ 100MG	3	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
ALIMTA INJ 500MG	4	B/D
<i>amifostine inj 500mg</i>	1	B/D
ARRANON INJ 5MG/ML	3	B/D
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>carboplatin inj 150mg/15ml</i>	1	B/D
<i>cisplatin inj 100mg/100ml</i>	1	B/D
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 20MG	4	PA
COSMEGEN INJ 0.5MG	3	B/D
DACOGEN INJ 50MG	2	B/D
<i>dactinomycin inj 0.5mg</i>	1	B/D
<i>daunorubicin hcl inj 5mg/ml</i>	1	B/D
<i>dexrazoxane inj 500mg</i>	1	B/D
DOCEFREZ INJ 20MG	4	B/D
DOCEFREZ INJ 80MG	4	B/D
<i>docetaxel inj 80mg/4ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel inj 80mg/8ml</i>	1	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
ELLENCE INJ 200MG/100ML	3	B/D
ELSPAR INJ 10000UNIT	3	B/D
<i>epirubicin hcl inj 50mg/25ml</i>	1	B/D
ERIVEDGE CAPS 150MG	4	PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	3	
<i>fludarabine phosphate inj 50mg</i>	1	B/D
FUSILEV INJ 50MG	4	
HALAVEN INJ 1MG/2ML	4	B/D
ICLUSIG TABS 15MG	4	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	4	PA
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D
<i>irinotecan inj 100mg/5ml</i>	1	B/D
ISTODAX INJ 10MG	2	B/D
IXEMPRA KIT INJ 45MG	4	B/D
JAKAFI TABS 10MG	4	PA
JAKAFI TABS 15MG	4	PA
JAKAFI TABS 20MG	4	PA
JAKAFI TABS 25MG	4	PA
JAKAFI TABS 5MG	4	PA
JEVTANA INJ 60MG/1.5ML	4	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
MEKINIST TABS 0.5MG	4	PA
MEKINIST TABS 2MG	4	PA
<i>mesna inj 100mg/ml</i>	1	B/D
MESNEX TABS 400MG	4	
<i>mitomycin inj 20mg</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
ONTAK INJ 150MCG/ML	3	B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<i>paclitaxel inj 300mg/50ml</i>	1	B/D
POMALYST CAPS 1MG	4	PA
POMALYST CAPS 2MG	4	PA
POMALYST CAPS 3MG	4	PA
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	B/D
SYLATRON INJ 296MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYLATRON INJ 444MCG	4	PA
SYLATRON INJ 888MCG	4	PA
SYNRIBO INJ 3.5MG	4	PA
TAXOTERE INJ 80MG/2ML	4	B/D
TAXOTERE INJ 80MG/4ML	4	B/D
TRISENOX INJ 10MG/10ML	2	B/D
VELCADE INJ 3.5MG	3	B/D
VIDAZA INJ 100MG	4	B/D
<i>vinblastine sulfate inj 10mg</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	B/D
ZALTRAP INJ 100MG/4ML	4	PA
ZINECARD INJ 250MG	3	B/D
ZOLINZA CAPS 100MG	4	PA
ZYTIGA TABS 250MG	4	QL (120 EA per 30 days) PA
<i>Antineoplastics</i>		
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS INJ 100MG	3	B/D
<i>etoposide inj 20mg/ml</i>	1	B/D
<i>toposar inj 20mg/ml</i>	1	B/D
<i>topotecan hcl inj 4mg</i>	1	B/D
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ TBSO 2MG	4	PA
AFINITOR DISPERZ TBSO 3MG	4	PA
AFINITOR DISPERZ TBSO 5MG	4	PA
AFINITOR TABS 10MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 2.5MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 5MG	4	QL (120 EA per 30 days) PA
AFINITOR TABS 7.5MG	4	QL (60 EA per 30 days) PA
BOSULIF TABS 100MG	4	PA
BOSULIF TABS 500MG	4	PA
GLEEVEC TABS 100MG	4	QL (240 EA per 30 days) PA
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
INLYTA TABS 1MG	4	PA
INLYTA TABS 5MG	4	PA
NEXAVAR TABS 200MG	4	QL (120 EA per 30 days) PA LA
SPRYCEL TABS 100MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 140MG	4	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	4	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 50MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 70MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 80MG	4	QL (60 EA per 30 days) PA
STIVARGA TABS 40MG	4	PA
SUTENT CAPS 12.5MG	4	QL (120 EA per 30 days) PA
SUTENT CAPS 25MG	4	QL (60 EA per 30 days) PA
SUTENT CAPS 50MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	4	QL (120 EA per 30 days) PA
TASIGNA CAPS 200MG	4	QL (120 EA per 30 days) PA
TYKERB TABS 250MG	4	QL (180 EA per 30 days) PA
VOTRIENT TABS 200MG	4	QL (120 EA per 30 days) PA
XALKORI CAPS 200MG	4	QL (60 EA per 30 days) PA
XALKORI CAPS 250MG	4	QL (60 EA per 30 days) PA
ZELBORAF TABS 240MG	4	QL (240 EA per 30 days) PA
<i>Monoclonal Antibodies</i>		
ARZERRA INJ 100MG/5ML	2	B/D
AVASTIN INJ 100MG/4ML	4	B/D
ERBITUX INJ 100MG/50ML	3	B/D
HERCEPTIN INJ 440MG	3	B/D
KADCYLA INJ 100MG	4	PA
PERJETA INJ 420MG/14ML	4	PA
RITUXAN INJ 10MG/ML	2	B/D
VECTIBIX INJ 100MG/5ML	4	B/D
YERVOY INJ 50MG/10ML	4	
<i>Retinoids</i>		
PANRETIN GEL 0.1%	4	
TARGRETIN CAPS 75MG	4	PA
TARGRETIN GEL 1%	4	PA
<i>tretinoin caps 10mg</i>	1	
Antiparasitics		
<i>Anthelmintics</i>		
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
STROMEKTOL TABS 3MG	2	
<i>Antiprotozoals</i>		
ALINIA SUSR 100MG/5ML	2	
ALINIA TABS 500MG	2	
<i>atovaquone/proguanil hel tabs 250mg; 100mg</i>	2	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	2	
DARAPRIM TABS 25MG	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
MALARONE TABS 62.5MG; 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl tabs 250mg</i>	1	
MEPRON SUSP 750MG/5ML	4	
NEBUPENT SOLR 300MG	2	B/D
NEUTREXIN INJ 25MG	2	B/D
PENTAM 300 INJ 300MG	3	
PRIMAQUINE PHOSPHATE TABS 26.3MG	2	
QUALAQUIN CAPS 324MG	2	QL (42 EA per 30 days) PA
<i>quinine sulfate caps 324mg</i>	3	QL (42 EA per 30 days) PA
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
<i>Pediculicides/Scabicides</i>		
EURAX CREA 10%	2	
EURAX LOTN 10%	2	
<i>lindane lotn 1%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	1	
SKLICE LOTN 0.5%	2	
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOTN 5%	3	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate inj 1mg/ml</i>	1	PA
<i>benztropine mesylate tabs 0.5mg</i>	1	PA
<i>benztropine mesylate tabs 1mg</i>	1	PA
<i>benztropine mesylate tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl elix 0.4mg/ml</i>	1	PA
<i>trihexyphenidyl hcl tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl tabs 5mg</i>	1	PA
<i>Antiparkinson Agents, Other</i>		
<i>entacapone tabs 200mg</i>	1	
TASMAR TABS 100MG	3	
<i>Dopamine Agonists</i>		
APOKYN INJ 10MG/ML	4	
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	2	
MIRAPEX ER TB24 0.375MG	2	
MIRAPEX ER TB24 0.75MG	2	
MIRAPEX ER TB24 1.5MG	2	
MIRAPEX ER TB24 2.25MG	2	
MIRAPEX ER TB24 3.75MG	2	
MIRAPEX ER TB24 3MG	2	
MIRAPEX ER TB24 4.5MG	2	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
<i>ropinirole er tb24 12mg</i>	3	
<i>ropinirole er tb24 2mg</i>	3	
<i>ropinirole er tb24 4mg</i>	2	
<i>ropinirole er tb24 6mg</i>	3	
<i>ropinirole er tb24 8mg</i>	3	
<i>ropinirole hcl tabs 0.25mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 3mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa er tbcr 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbcr 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	2	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 25MG; 200MG; 100MG	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 31.25MG; 200MG; 125MG	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 37.5MG; 200MG; 150MG	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 50MG; 200MG; 200MG	2	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
LODOSYN TABS 25MG	2	
STALEVO 100 TABS 25MG; 200MG; 100MG	2	
STALEVO 125 TABS 31.25MG; 200MG; 125MG	2	
STALEVO 150 TABS 37.5MG; 200MG; 150MG	2	
STALEVO 200 TABS 50MG; 200MG; 200MG	2	
STALEVO 50 TABS 12.5MG; 200MG; 50MG	2	
STALEVO 75 TABS 18.75MG; 200MG; 75MG	2	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
AZILECT TABS 0.5MG	2	
AZILECT TABS 1MG	2	
<i>selegiline hcl caps 5mg</i>	1	
<i>selegiline hcl tabs 5mg</i>	1	
ZELAPAR TBDP 1.25MG	2	
Antipsychotics		

Drug Name	Drug Tier	Requirements/Limits
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	
<i>chlorpromazine hcl tabs 10mg</i>	1	
<i>chlorpromazine hcl tabs 200mg</i>	1	
<i>chlorpromazine hcl tabs 25mg</i>	1	
<i>chlorpromazine hcl tabs 50mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5mg/ml</i>	1	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	1	
<i>haloperidol tabs 10mg</i>	1	
<i>haloperidol tabs 1mg</i>	1	
<i>haloperidol tabs 20mg</i>	1	
<i>haloperidol tabs 2mg</i>	1	
<i>haloperidol tabs 5mg</i>	1	
<i>loxapine succinate caps 10mg</i>	1	
<i>loxapine succinate caps 25mg</i>	1	
<i>loxapine succinate caps 50mg</i>	1	
<i>loxapine succinate caps 5mg</i>	1	
ORAP TABS 1MG	2	
ORAP TABS 2MG	2	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
2nd Generation/Atypical		
ABILIFY DISCMELT TBDP 10MG	3	
ABILIFY DISCMELT TBDP 15MG	3	
ABILIFY MAINTENA INJ 300MG	3	
ABILIFY INJ 9.75MG/1.3ML	3	
ABILIFY SOLN 1MG/ML	3	
ABILIFY TABS 10MG	3	
ABILIFY TABS 15MG	3	
ABILIFY TABS 20MG	3	
ABILIFY TABS 2MG	3	
ABILIFY TABS 30MG	3	
ABILIFY TABS 5MG	3	
FANAPT TITRATION PACK TABS 0	3	
FANAPT TABS 10MG	3	
FANAPT TABS 12MG	3	
FANAPT TABS 1MG	3	
FANAPT TABS 2MG	3	
FANAPT TABS 4MG	3	
FANAPT TABS 6MG	3	
FANAPT TABS 8MG	3	
GEODON INJ 20MG	3	
INVEGA SUSTENNA INJ 117MG/0.75ML	2	
INVEGA SUSTENNA INJ 156MG/ML	2	
INVEGA SUSTENNA INJ 234MG/1.5ML	2	
INVEGA SUSTENNA INJ 39MG/0.25ML	2	
INVEGA SUSTENNA INJ 78MG/0.5ML	2	
INVEGA TB24 1.5MG	3	
INVEGA TB24 3MG	3	
INVEGA TB24 6MG	3	
INVEGA TB24 9MG	3	
LATUDA TABS 120MG	2	
LATUDA TABS 20MG	2	
LATUDA TABS 40MG	2	
LATUDA TABS 80MG	2	
<i>olanzapine odt tbdp 10mg</i>	2	
<i>olanzapine odt tbdp 15mg</i>	2	
<i>olanzapine odt tbdp 20mg</i>	2	
<i>olanzapine odt tbdp 5mg</i>	2	
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 10mg</i>	2	
<i>olanzapine tabs 15mg</i>	2	
<i>olanzapine tabs 2.5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tabs 20mg</i>	2	
<i>olanzapine tabs 5mg</i>	2	
<i>olanzapine tabs 7.5mg</i>	2	
<i>quetiapine fumarate tabs 100mg</i>	1	
<i>quetiapine fumarate tabs 200mg</i>	1	
<i>quetiapine fumarate tabs 25mg</i>	1	
<i>quetiapine fumarate tabs 300mg</i>	1	
<i>quetiapine fumarate tabs 400mg</i>	1	
<i>quetiapine fumarate tabs 50mg</i>	1	
RISPERDAL CONSTA INJ 12.5MG	2	
RISPERDAL CONSTA INJ 25MG	2	
RISPERDAL CONSTA INJ 37.5MG	2	
RISPERDAL CONSTA INJ 50MG	2	
<i>risperidone odt tbdp 0.25mg</i>	2	
<i>risperidone odt tbdp 0.5mg</i>	2	
<i>risperidone odt tbdp 1mg</i>	1	
<i>risperidone odt tbdp 2mg</i>	3	
<i>risperidone odt tbdp 3mg</i>	3	
<i>risperidone odt tbdp 4mg</i>	3	
<i>risperidone soln 1mg/ml</i>	2	
<i>risperidone tabs 0.25mg</i>	1	
<i>risperidone tabs 0.5mg</i>	1	
<i>risperidone tabs 1mg</i>	1	
<i>risperidone tabs 2mg</i>	1	
<i>risperidone tabs 3mg</i>	1	
<i>risperidone tabs 4mg</i>	1	
SAPHRIS SUBL 10MG	2	
SAPHRIS SUBL 5MG	2	
SEROQUEL XR TB24 150MG	2	
SEROQUEL XR TB24 200MG	2	
SEROQUEL XR TB24 300MG	2	
SEROQUEL XR TB24 400MG	2	
SEROQUEL XR TB24 50MG	2	
<i>ziprasidone hcl caps 20mg</i>	2	
<i>ziprasidone hcl caps 40mg</i>	2	
<i>ziprasidone hcl caps 60mg</i>	2	
<i>ziprasidone hcl caps 80mg</i>	2	
Treatment-Resistant		
<i>clozapine odt tbdp 100mg</i>	3	
<i>clozapine odt tbdp 12.5mg</i>	3	
<i>clozapine odt tbdp 25mg</i>	3	
<i>clozapine tabs 100mg</i>	1	
<i>clozapine tabs 200mg</i>	3	
<i>clozapine tabs 25mg</i>	1	
<i>clozapine tabs 50mg</i>	1	
FAZACLO TBDP 100MG	3	
FAZACLO TBDP 12.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 150MG	3	
FAZACLO TBDP 200MG	3	
FAZACLO TBDP 25MG	3	
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tabs 10mg</i>	1	
<i>dantrolene sodium caps 100mg</i>	2	
<i>dantrolene sodium caps 25mg</i>	2	
<i>dantrolene sodium caps 50mg</i>	2	
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	
LIORESAL INTRATHECAL INJ 10MG/20ML	2	
LIORESAL INTRATHECAL INJ 10MG/5ML	2	
<i>tizanidine hcl caps 2mg</i>	3	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl caps 6mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hcl tabs 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir inj 75mg/ml</i>	4	B/D
<i>foscarnet sodium inj 24mg/ml</i>	1	B/D
<i>ganciclovir inj 500mg</i>	1	B/D
VALCYTE SOLR 50MG/ML	4	
VALCYTE TABS 450MG	4	
ZIRGAN GEL 0.15%	3	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>		
COMPLERA TABS 200MG; 25MG; 300MG	4	
EDURANT TABS 25MG	4	
INTELENCE TABS 100MG	4	
INTELENCE TABS 200MG	4	
<i>nevirapine susp 50mg/5ml</i>	1	
<i>nevirapine tabs 200mg</i>	3	
RESCRIPTOR TABS 100MG	3	
RESCRIPTOR TABS 200MG	3	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	4	QL (30 EA per 30 days)
SUSTIVA CAPS 200MG	2	
SUSTIVA CAPS 50MG	2	
SUSTIVA TABS 600MG	2	
VIRAMUNE XR TB24 400MG	2	
VIRAMUNE SUSP 50MG/5ML	2	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>		
<i>abacavir tabs 300mg</i>	2	
ATRIPLA TABS 600MG; 200MG; 300MG	4	
<i>didanosine cpdr 125mg</i>	1	
<i>didanosine cpdr 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr 250mg</i>	1	
<i>didanosine cpdr 400mg</i>	1	
EMTRIVA CAPS 200MG	2	
EMTRIVA SOLN 10MG/ML	2	
EPIVIR HBV SOLN 5MG/ML	2	
EPIVIR HBV TABS 100MG	2	
EPIVIR SOLN 10MG/ML	2	
EPZICOM TABS 600MG; 300MG	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	1	
<i>lamivudine tabs 150mg</i>	3	
<i>lamivudine tabs 300mg</i>	3	
RETROVIR IV INFUSION INJ 10MG/ML	2	
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
<i>stavudine solr 1mg/ml</i>	1	
TRIZIVIR TABS 300MG; 150MG; 300MG	4	
TRUVADA TABS 200MG; 300MG	4	
VIDEX PEDIATRIC SOLR 2GM	2	
VIREAD POWD 40MG/GM	2	
VIREAD TABS 150MG	2	
VIREAD TABS 200MG	2	
VIREAD TABS 250MG	2	
VIREAD TABS 300MG	2	
ZIAGEN SOLN 20MG/ML	2	
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrp 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON INJ 90MG	4	QL (60 EA per 30 days)
ISENTRESS CHEW 100MG	4	
ISENTRESS CHEW 25MG	2	
ISENTRESS TABS 400MG	4	
SELZENTRY TABS 150MG	4	
SELZENTRY TABS 300MG	4	
<i>Anti-HIV Agents, Protease Inhibitors</i>		
APTIVUS CAPS 250MG	4	
APTIVUS SOLN 100MG/ML	4	
CRIXIVAN CAPS 200MG	2	
CRIXIVAN CAPS 400MG	2	
INVIRASE CAPS 200MG	3	
INVIRASE TABS 500MG	4	
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	4	
LEXIVA SUSP 50MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TABS 700MG	4	
NORVIR CAPS 100MG	2	
NORVIR SOLN 80MG/ML	2	
NORVIR TABS 100MG	2	
PREZISTA SUSP 100MG/ML	2	
PREZISTA TABS 150MG	2	
PREZISTA TABS 400MG	4	
PREZISTA TABS 600MG	4	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	4	
REYATAZ CAPS 100MG	2	
REYATAZ CAPS 150MG	2	
REYATAZ CAPS 200MG	2	
REYATAZ CAPS 300MG	2	
VIRACEPT TABS 250MG	4	
VIRACEPT TABS 625MG	4	
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	1	
<i>amantadine hcl syrp 50mg/5ml</i>	1	
AMANTADINE HCL TABS 100MG	2	
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (112 EA per 365 days)
<i>rimantadine hcl tabs 100mg</i>	1	
TAMIFLU CAPS 30MG	2	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	2	QL (56 EA per 365 days)
TAMIFLU CAPS 75MG	2	QL (56 EA per 365 days)
TAMIFLU SUSR 6MG/ML	2	QL (900 ML per 365 days)
Antihepatitis Agents		
BARACLUDE SOLN 0.05MG/ML	2	PA
BARACLUDE TABS 0.5MG	2	PA
BARACLUDE TABS 1MG	2	PA
HEPSERA TABS 10MG	4	PA
INCIVEK TABS 375MG	4	PA
INFERGEN INJ 15MCG/0.5ML	3	PA
INTRON-A W/DILUENT INJ 10MU	4	
INTRON-A W/DILUENT INJ 18MU	4	
INTRON-A W/DILUENT INJ 50MU	4	
INTRON-A INJ 6000000UNIT/ML	2	
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 80MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	4	PA
PEG-INTRON INJ 50MCG/0.5ML	4	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA
PEGASYS INJ 180MCG/0.5ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ 180MCG/ML	4	PA
REBETOL SOLN 40MG/ML	2	
RIBAPAK TABS 0	4	
<i>ribapak tabs 400mg</i>	1	
<i>ribapak tabs 600mg</i>	1	
<i>ribasphere caps 200mg</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribasphere tabs 400mg</i>	1	
<i>ribasphere tabs 600mg</i>	1	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
TYZEKA TABS 600MG	4	PA
VICTRELIS CAPS 200MG	4	PA
VIRAZOLE SOLR 6GM	4	B/D
<i>Antitherpetic Agents</i>		
<i>acyclovir sodium inj 500mg</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir oint 5%</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	2	
<i>famciclovir tabs 125mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 250mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 500mg</i>	3	QL (30 EA per 90 days)
<i>trifluridine soln 1%</i>	1	
<i>valacyclovir hcl tabs 1000mg</i>	2	QL (30 EA per 30 days)
<i>valacyclovir hcl tabs 500mg</i>	2	QL (60 EA per 30 days)
ZOVIRAX CREA 5%	3	
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>alprazolam er tb24 0.5mg</i>	1	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	PA
<i>alprazolam odt tbdp 0.25mg</i>	1	PA
<i>alprazolam odt tbdp 0.5mg</i>	1	PA
<i>alprazolam odt tbdp 1mg</i>	2	PA
<i>alprazolam odt tbdp 2mg</i>	2	PA
<i>alprazolam xr tb24 1mg</i>	1	PA
<i>alprazolam xr tb24 2mg</i>	1	PA
<i>alprazolam xr tb24 3mg</i>	1	PA
<i>alprazolam tabs 0.25mg</i>	1	PA
<i>alprazolam tabs 0.5mg</i>	1	PA
<i>alprazolam tabs 1mg</i>	1	PA
<i>alprazolam tabs 2mg</i>	1	PA
<i>bupirone hcl tabs 10mg</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tabs 5mg</i>	1	
BUSPIRONE HCL TABS 7.5MG	2	
<i>chlordiazepoxide hcl caps 10mg</i>	1	PA
<i>chlordiazepoxide hcl caps 25mg</i>	1	PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	PA
<i>diazepam intensol conc 5mg/ml</i>	1	PA
<i>diazepam soln 1mg/ml</i>	1	PA
<i>diazepam tabs 10mg</i>	1	PA
<i>diazepam tabs 2mg</i>	1	PA
<i>diazepam tabs 5mg</i>	1	PA
<i>estazolam tabs 1mg</i>	1	PA
<i>estazolam tabs 2mg</i>	1	PA
<i>lorazepam intensol conc 2mg/ml</i>	1	PA
<i>lorazepam tabs 0.5mg</i>	1	PA
<i>lorazepam tabs 1mg</i>	1	PA
<i>lorazepam tabs 2mg</i>	1	PA
<i>meprobamate tabs 200mg</i>	2	PA
<i>meprobamate tabs 400mg</i>	2	PA
<i>oxazepam caps 10mg</i>	1	PA
<i>oxazepam caps 15mg</i>	1	PA
<i>oxazepam caps 30mg</i>	1	PA
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tbcr 300mg</i>	1	
<i>lithium carbonate er tbcr 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium citrate soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
AVANDAMET TABS 1000MG; 2MG	2	
AVANDAMET TABS 1000MG; 4MG	2	
AVANDAMET TABS 500MG; 2MG	2	
AVANDAMET TABS 500MG; 4MG	2	
AVANDARYL TABS 1MG; 4MG	2	
AVANDARYL TABS 2MG; 4MG	2	
AVANDARYL TABS 2MG; 8MG	2	
AVANDARYL TABS 4MG; 4MG	2	
AVANDARYL TABS 4MG; 8MG	2	
AVANDIA TABS 2MG	2	
AVANDIA TABS 4MG	2	
AVANDIA TABS 8MG	2	

Drug Name	Drug Tier	Requirements/Limits
BYDUREON INJ 2MG	2	
BYETTA INJ 10MCG/0.04ML	2	
BYETTA INJ 5MCG/0.02ML	2	
<i>chlorpropamide tabs 100mg</i>	1	PA
<i>chlorpropamide tabs 250mg</i>	1	PA
CYCLOSET TABS 0.8MG	3	
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	
<i>glipizide er tb24 10mg</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide er tb24 5mg</i>	1	
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hcl tabs 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hcl tabs 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg</i>	1	PA
<i>glyburide micronized tabs 3mg</i>	1	PA
<i>glyburide micronized tabs 6mg</i>	1	PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	1	PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg</i>	1	PA
<i>glyburide/metformin hcl tabs 5mg; 500mg</i>	1	PA
<i>glyburide tabs 1.25mg</i>	1	PA
<i>glyburide tabs 2.5mg</i>	1	PA
<i>glyburide tabs 5mg</i>	1	PA
GLYSET TABS 100MG	3	
GLYSET TABS 25MG	3	
GLYSET TABS 50MG	3	
JANUMET XR TB24 1000MG; 100MG	2	
JANUMET XR TB24 1000MG; 50MG	2	
JANUMET XR TB24 500MG; 50MG	2	
JANUMET TABS 1000MG; 50MG	2	
JANUMET TABS 500MG; 50MG	2	
JANUVIA TABS 100MG	2	
JANUVIA TABS 25MG	2	
JANUVIA TABS 50MG	2	
JENTADUETO TABS 2.5MG; 1000MG	2	
JENTADUETO TABS 2.5MG; 500MG	2	
JENTADUETO TABS 2.5MG; 850MG	2	
JUVISYNC TABS 10MG; 100MG	2	
JUVISYNC TABS 10MG; 50MG	2	
JUVISYNC TABS 20MG; 100MG	2	
JUVISYNC TABS 20MG; 50MG	2	
JUVISYNC TABS 40MG; 100MG	2	
JUVISYNC TABS 40MG; 50MG	2	
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	

Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 1000MG; 5MG	2	
KOMBIGLYZE XR TB24 500MG; 5MG	2	
<i>metformin hcl er tb24 1000mg</i>	1	
<i>metformin hcl er tb24 500mg</i>	1	
<i>metformin hcl er tb24 500mg</i>	1	
<i>metformin hcl er tb24 750mg</i>	1	
<i>metformin hcl tabs 1000mg</i>	1	
<i>metformin hcl tabs 500mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	
<i>nateglinide tabs 120mg</i>	2	
<i>nateglinide tabs 60mg</i>	1	
ONGLYZA TABS 2.5MG	2	
ONGLYZA TABS 5MG	2	
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	1	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	2	
<i>pioglitazone hcl tabs 15mg</i>	1	
<i>pioglitazone hcl tabs 30mg</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
PRANDIN TABS 0.5MG	2	
PRANDIN TABS 1MG	2	
PRANDIN TABS 2MG	2	
SYMLINPEN 120 INJ 2700MCG/2.7ML	3	
SYMLINPEN 60 INJ 1500MCG/1.5ML	3	
<i>tolazamide tabs 250mg</i>	1	
<i>tolazamide tabs 500mg</i>	1	
<i>tolbutamide tabs 500mg</i>	1	
TRADJENTA TABS 5MG	2	
VICTOZA INJ 18MG/3ML	2	
Glycemic Agents		
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	1	B/D
<i>dextrose 10% flex container inj 10%</i>	1	B/D
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	1	B/D
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	1	B/D
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	1	B/D
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	1	B/D
<i>dextrose 5% inj 5%</i>	1	B/D
GLUCAGEN HYPOKIT INJ 1MG	2	
GLUCAGON EMERGENCY KIT INJ 1MG	2	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	2	B/D
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	B/D
<i>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	B/D
<i>normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.33% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex inj 5%; 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%</i>	1	B/D
PROGLYCEM SUSP 50MG/ML	2	
Insulins		
APIDRA SOLOSTAR INJ 100UNIT/ML	3	
APIDRA INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJ 100UNIT/ML	2	
HUMULIN 70/30 PEN INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N U-100 PEN INJ 100UNIT/ML	2	
HUMULIN N INJ 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	2	
HUMULIN R INJ 100UNIT/ML	2	
LANTUS SOLOSTAR INJ 100UNIT/ML	2	
LANTUS INJ 100UNIT/ML	2	
LEVEMIR FLEXPEN INJ 100UNIT/ML	2	
LEVEMIR INJ 100UNIT/ML	2	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N INJ 100UNIT/ML	2	
NOVOLIN R INJ 100UNIT/ML	2	
NOVOLOG FLEXPEN INJ 100UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG INJ 100UNIT/ML	2	
Blood Products/Modifiers/Volume Expanders		
<i>Anticoagulants</i>		
COUMADIN INJ 5MG	3	B/D
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	2	QL (60 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml</i>	3	QL (30 ML per 30 days)
<i>enoxaparin sodium inj 120mg/0.8ml</i>	3	QL (24 ML per 30 days)
<i>enoxaparin sodium inj 150mg/ml</i>	3	QL (30 ML per 30 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	3	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	3	QL (9 ML per 30 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	3	QL (12 ML per 30 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	3	QL (18 ML per 30 days)
<i>enoxaparin sodium inj 80mg/0.8ml</i>	3	QL (24 ML per 30 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	3	QL (28 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	3	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	3	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	3	QL (21 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	2	QL (35 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	2	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	2	QL (21 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	2	QL (25.3 ML per 90 days)
FRAGMIN INJ 25000UNIT/ML	2	QL (11.4 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	2	QL (10.5 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 50unit/ml</i>	1	B/D
<i>heparin sodium/nacl 0.45% inj 100unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	B/D
<i>heparin sodium inj 1000unit/ml</i>	1	B/D
<i>heparin sodium inj 20000unit/ml</i>	1	B/D
HEPARIN SODIUM INJ 2000UNIT/ML	3	B/D
HEPARIN SODIUM INJ 2500UNIT/ML	2	B/D
<i>heparin sodium inj 5000unit/ml</i>	1	B/D
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 150MG	2	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	2	QL (60 EA per 30 days)
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO TABS 10MG	3	QL (35 EA per 90 days)
XARELTO TABS 15MG	3	QL (30 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride caps 0.5mg</i>	1	
<i>anagrelide hydrochloride caps 1mg</i>	1	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	2	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	2	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	2	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	2	PA
EPOGEN INJ 10000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	3	PA
EPOGEN INJ 2000UNIT/ML	3	PA
EPOGEN INJ 3000UNIT/ML	3	PA
EPOGEN INJ 4000UNIT/ML	3	PA
LEUKINE INJ 250MCG	4	PA
LEUKINE INJ 500MCG/ML	4	PA
MOZOBIL INJ 24MG/1.2ML	4	QL (9.6 ML per 30 days) PA
NEULASTA INJ 6MG/0.6ML	3	PA
NEUMEGA INJ 5MG	4	
NEUPOGEN INJ 300MCG/0.5ML	4	PA
NEUPOGEN INJ 480MCG/0.8ML	4	PA
NEUPOGEN INJ 480MCG/1.6ML	4	PA
PROCRIT INJ 10000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML	4	PA
PROCRIT INJ 2000UNIT/ML	2	PA
PROCRIT INJ 3000UNIT/ML	2	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROCRIT INJ 4000UNIT/ML	2	PA
PROMACTA TABS 12.5MG	4	QL (180 EA per 30 days) PA LA
PROMACTA TABS 25MG	4	QL (90 EA per 30 days) PA LA
PROMACTA TABS 50MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 75MG	4	QL (30 EA per 30 days) PA LA
<i>Blood Products/Modifiers/Volume Expanders</i>		
CINRYZE INJ 500UNIT	4	
<i>Coagulants</i>		
BRILINTA TABS 90MG	2	
<i>tranexamic acid inj 100mg/ml</i>	1	B/D
<i>tranexamic acid tabs 650mg</i>	1	
<i>Platelet Modifying Agents</i>		
AGGRENOX CP12 25MG; 200MG	2	
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs 25mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs 50mg</i>	1	PA
<i>dipyridamole tabs 75mg</i>	1	PA
EFFIENT TABS 10MG	2	
EFFIENT TABS 5MG	2	
<i>ticlopidine hcl tabs 250mg</i>	1	PA
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>guanfacine hcl tabs 1mg</i>	1	PA
<i>guanfacine hcl tabs 2mg</i>	1	PA
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg</i>	1	
<i>Alpha-adrenergic Blocking Agents</i>		
DIBENZYLINE CAPS 10MG	3	
<i>prazosin hcl caps 1mg</i>	1	
<i>prazosin hcl caps 2mg</i>	1	
<i>prazosin hcl caps 5mg</i>	1	
<i>reserpine tabs 0.1mg</i>	1	
<i>reserpine tabs 0.25mg</i>	1	PA
<i>Angiotensin II Receptor Antagonists</i>		
BENICAR HCT TABS 12.5MG; 20MG	2	
BENICAR HCT TABS 12.5MG; 40MG	2	
BENICAR HCT TABS 25MG; 40MG	2	
BENICAR TABS 20MG	3	
BENICAR TABS 40MG	3	
BENICAR TABS 5MG	3	
DIOVAN TABS 160MG	2	ST
DIOVAN TABS 320MG	2	ST
DIOVAN TABS 40MG	2	ST
DIOVAN TABS 80MG	2	ST
<i>eprosartan mesylate tabs 600mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tabs 50mg</i>	1	
MICARDIS HCT TABS 12.5MG; 40MG	3	ST
MICARDIS HCT TABS 12.5MG; 80MG	3	ST
MICARDIS HCT TABS 25MG; 80MG	3	ST
MICARDIS TABS 20MG	3	ST
MICARDIS TABS 40MG	3	ST
MICARDIS TABS 80MG	3	ST
TEVETEN HCT TABS 600MG; 12.5MG	3	ST
TEVETEN HCT TABS 600MG; 25MG	3	ST
TEVETEN TABS 400MG	3	ST
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 20mg</i>	1	
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hcl tabs 10mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
TARKA TBCR 1MG; 240MG	3	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml</i>	2	B/D
<i>amiodarone hcl tabs 200mg</i>	1	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>disopyramide phosphate caps 100mg</i>	1	
<i>disopyramide phosphate caps 150mg</i>	1	
<i>flecainide acetate tabs 100mg</i>	1	
<i>flecainide acetate tabs 150mg</i>	1	
<i>flecainide acetate tabs 50mg</i>	1	
<i>mexiletine hcl caps 150mg</i>	1	
<i>mexiletine hcl caps 200mg</i>	1	
<i>mexiletine hcl caps 250mg</i>	1	
MULTAQ TABS 400MG	2	
NORPACE CR CP12 100MG	2	
NORPACE CR CP12 150MG	2	
PACERONE TABS 100MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl er cp12 225mg</i>	3	
<i>propafenone hcl er cp12 325mg</i>	3	
<i>propafenone hcl er cp12 425mg</i>	3	
<i>propafenone hcl tabs 150mg</i>	1	
<i>propafenone hcl tabs 225mg</i>	1	
<i>propafenone hcl tabs 300mg</i>	1	
<i>quinidine sulfate er tbcr 300mg</i>	1	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	
<i>sorine tabs 120mg</i>	1	
<i>sorine tabs 160mg</i>	1	
<i>sorine tabs 240mg</i>	1	
<i>sorine tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 120mg</i>	1	
<i>sotalol hcl tabs 160mg</i>	1	
<i>sotalol hcl tabs 240mg</i>	1	
<i>sotalol hcl tabs 80mg</i>	1	
TIKOSYN CAPS 125MCG	3	
TIKOSYN CAPS 250MCG	3	
TIKOSYN CAPS 500MCG	3	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl caps 200mg</i>	1	
<i>acebutolol hcl caps 400mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	
BYSTOLIC TABS 10MG	2	
BYSTOLIC TABS 2.5MG	2	
BYSTOLIC TABS 20MG	2	
BYSTOLIC TABS 5MG	2	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
COREG CR CP24 10MG	2	
COREG CR CP24 20MG	2	
COREG CR CP24 40MG	2	
COREG CR CP24 80MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl inj 5mg/ml</i>	1	B/D
<i>labetalol hcl tabs 100mg</i>	1	
<i>labetalol hcl tabs 200mg</i>	1	
<i>labetalol hcl tabs 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 1mg/ml</i>	1	B/D
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	1	
<i>nadolol tabs 20mg</i>	1	
<i>nadolol tabs 40mg</i>	1	
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 10mg</i>	1	
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl er cp24 120mg</i>	1	
<i>propranolol hcl er cp24 160mg</i>	1	
<i>propranolol hcl er cp24 60mg</i>	1	
<i>propranolol hcl er cp24 80mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	B/D
<i>propranolol hcl soln 20mg/5ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 10mg</i>	1	
<i>propranolol hcl tabs 20mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hcl tabs 60mg</i>	1	
<i>propranolol hcl tabs 80mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>timolol maleate tabs 10mg</i>	2	
<i>timolol maleate tabs 20mg</i>	2	
<i>timolol maleate tabs 5mg</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	1	
<i>afeditab cr tb24 60mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
AZOR TABS 10MG; 20MG	2	
AZOR TABS 10MG; 40MG	2	
AZOR TABS 5MG; 20MG	2	
AZOR TABS 5MG; 40MG	2	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-cd cp24 120mg</i>	1	
<i>dilt-cd cp24 300mg</i>	1	
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem cd cp24 300mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	1	
<i>diltiazem hcl er cp12 120mg</i>	1	
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 360mg</i>	1	
<i>diltiazem hcl er cp24 360mg</i>	1	
<i>diltiazem hcl er cp24 420mg</i>	1	
<i>diltiazem hcl inj 100mg</i>	1	B/D
<i>diltiazem hcl inj 50mg/10ml</i>	1	B/D
<i>diltiazem hcl tabs 120mg</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hcl tabs 90mg</i>	1	
EXFORGE HCT TABS 10MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 320MG	3	
EXFORGE HCT TABS 5MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 5MG; 25MG; 160MG	3	
EXFORGE TABS 10MG; 160MG	3	
EXFORGE TABS 10MG; 320MG	3	
EXFORGE TABS 5MG; 160MG	3	
EXFORGE TABS 5MG; 320MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
<i>isradipine caps 2.5mg</i>	1	
ISRADIPINE CAPS 5MG	2	
<i>matzim la tb24 180mg</i>	1	
<i>matzim la tb24 240mg</i>	2	
<i>matzim la tb24 300mg</i>	2	
<i>matzim la tb24 360mg</i>	2	
<i>matzim la tb24 420mg</i>	2	
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	3	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifedical xl tb24 30mg</i>	1	
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine caps 10mg</i>	1	PA
<i>nifedipine caps 20mg</i>	1	PA
<i>nisoldipine er tb24 25.5mg</i>	2	
<i>nisoldipine tb24 17mg</i>	2	
<i>nisoldipine tb24 20mg</i>	2	
<i>nisoldipine tb24 30mg</i>	2	
<i>nisoldipine tb24 34mg</i>	2	
<i>nisoldipine tb24 40mg</i>	2	
<i>nisoldipine tb24 8.5mg</i>	2	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
TRIBENZOR TABS 10MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 10MG; 25MG; 40MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 20MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 5MG; 25MG; 40MG	2	
TWYNSTA TABS 10MG; 40MG	2	
TWYNSTA TABS 10MG; 80MG	2	
TWYNSTA TABS 5MG; 40MG	2	
TWYNSTA TABS 5MG; 80MG	2	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 200mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er tbcr 180mg</i>	1	
<i>verapamil hcl er tbcr 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	B/D
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
Cardiovascular Agents, Other		
AMTURNIDE TABS 150MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 25MG	2	
AMTURNIDE TABS 300MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 5MG; 25MG	2	
DEMSER CAPS 250MG	2	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	
<i>digoxin tabs 0.125mg</i>	1	
<i>digoxin tabs 0.25mg</i>	1	
LANOXIN TABS 0.125MG	3	
LANOXIN TABS 0.25MG	3	
<i>pentoxifylline er tbcr 400mg</i>	1	
RANEXA TB12 1000MG	2	
RANEXA TB12 500MG	2	
TEKAMLO TABS 150MG; 10MG	2	
TEKAMLO TABS 150MG; 5MG	2	
TEKAMLO TABS 300MG; 10MG	2	
TEKAMLO TABS 300MG; 5MG	2	
TEKTURNA HCT TABS 150MG; 12.5MG	2	
TEKTURNA HCT TABS 150MG; 25MG	2	
TEKTURNA HCT TABS 300MG; 12.5MG	2	
TEKTURNA HCT TABS 300MG; 25MG	2	
TEKTURNA TABS 150MG	2	
TEKTURNA TABS 300MG	2	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium inj 500mg</i>	1	
<i>acetazolamide tabs 125mg</i>	1	
<i>acetazolamide tabs 250mg</i>	1	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
EDECIN TABS 25MG	2	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
SODIUM EDECRIN INJ 50MG	3	B/D
<i>torseamide inj 20mg/2ml</i>	1	B/D
<i>torseamide tabs 100mg</i>	1	
<i>torseamide tabs 10mg</i>	1	
<i>torseamide tabs 20mg</i>	1	
<i>torseamide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
<i>eplerenone tabs 25mg</i>	2	
<i>eplerenone tabs 50mg</i>	1	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
Diuretics, Thiazide		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>chlorothiazide sodium inj 500mg</i>	1	B/D
<i>chlorothiazide tabs 250mg</i>	1	
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPS 130MG	3	
ANTARA CAPS 43MG	3	
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 48mg</i>	1	
<i>fenofibrate tabs 54mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LIPOFEN CAPS 150MG	2	
LIPOFEN CAPS 50MG	2	
TRILIPIX CPDR 135MG	2	
TRILIPIX CPDR 45MG	2	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ADVICOR TB24 20MG; 1000MG	3	
ADVICOR TB24 20MG; 500MG	3	
ADVICOR TB24 20MG; 750MG	3	
ADVICOR TB24 40MG; 1000MG	3	
ALTOPREV TB24 20MG	3	
ALTOPREV TB24 40MG	3	
ALTOPREV TB24 60MG	3	
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
CRESTOR TABS 10MG	2	
CRESTOR TABS 20MG	2	
CRESTOR TABS 40MG	2	
CRESTOR TABS 5MG	2	
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LIVALO TABS 1MG	3	
LIVALO TABS 2MG	3	
LIVALO TABS 4MG	3	
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
SIMCOR TB24 1000MG; 20MG	2	
SIMCOR TB24 1000MG; 40MG	2	
SIMCOR TB24 500MG; 20MG	2	
SIMCOR TB24 500MG; 40MG	2	
SIMCOR TB24 750MG; 20MG	2	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
JUXTAPID CAPS 10MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	4	QL (90 EA per 30 days) PA
JUXTAPID CAPS 5MG	4	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	4	QL (4 ML per 28 days) PA
LOVAZA CAPS 375MG; 465MG; 1GM	2	
NIASPAN TBCR 1000MG	2	
NIASPAN TBCR 500MG	2	
NIASPAN TBCR 750MG	2	
<i>prevalite pack 4gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
VYTORIN TABS 10MG; 10MG	3	
VYTORIN TABS 10MG; 20MG	3	
VYTORIN TABS 10MG; 40MG	3	
VYTORIN TABS 10MG; 80MG	3	PA
WELCHOL PACK 3.75GM	2	
WELCHOL TABS 625MG	2	
ZETIA TABS 10MG	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
BIDIL TABS 37.5MG; 20MG	2	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate subl 2.5mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>nitro-bid oint 2%</i>	1	
NITRO-DUR PT24 0.3MG/HR	2	
NITRO-DUR PT24 0.8MG/HR	2	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	B/D
<i>nitroglycerin pt24 0.2mg/hr</i>	1	
<i>nitroglycerin pt24 0.4mg/hr</i>	1	
<i>nitroglycerin pt24 0.6mg/hr</i>	1	
NITROLINGUAL PUMPSPRAY SOLN 0.4MG/SPRAY	2	
NITROSTAT SUBL 0.3MG	2	
NITROSTAT SUBL 0.4MG	2	
NITROSTAT SUBL 0.6MG	2	
<i>Vasodilators, Direct-acting Arterial</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 100mg</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hcl tabs 25mg</i>	1	
<i>hydralazine hcl tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	
DESOXYN TABS 5MG	3	
<i>dextroamphetamine sulfate er cp24 10mg</i>	3	
<i>dextroamphetamine sulfate er cp24 15mg</i>	3	
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	
<i>dextroamphetamine sulfate tabs 10mg</i>	2	
<i>dextroamphetamine sulfate tabs 5mg</i>	2	
<i>methamphetamine hcl tabs 5mg</i>	1	
<i>procentra soln 5mg/5ml</i>	1	
VYVANSE CAPS 30MG	3	
VYVANSE CAPS 50MG	3	
VYVANSE CAPS 70MG	3	
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
CONCERTA TBCR 18MG	3	

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA PTCH 10MG/9HR	3	
DAYTRANA PTCH 15MG/9HR	3	
DAYTRANA PTCH 20MG/9HR	3	
DAYTRANA PTCH 30MG/9HR	3	
<i>dexmethylphenidate hcl tabs 10mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5mg</i>	1	
<i>dexmethylphenidate hcl tabs 5mg</i>	1	
FOCALIN XR CP24 10MG	2	
FOCALIN XR CP24 15MG	2	
FOCALIN XR CP24 20MG	2	
FOCALIN XR CP24 25MG	2	
FOCALIN XR CP24 30MG	2	
FOCALIN XR CP24 35MG	2	
FOCALIN XR CP24 40MG	2	
FOCALIN XR CP24 5MG	2	
INTUNIV TB24 1MG	3	
INTUNIV TB24 2MG	3	
INTUNIV TB24 3MG	3	
INTUNIV TB24 4MG	3	
<i>metadate er tbc 20mg</i>	2	
<i>methylin chew 10mg</i>	1	
<i>methylin chew 2.5mg</i>	1	
<i>methylin chew 5mg</i>	1	
<i>methylphenidate hcl cd cpcr 10mg</i>	2	
<i>methylphenidate hcl cd cpcr 20mg</i>	2	
<i>methylphenidate hcl cd cpcr 30mg</i>	2	
<i>methylphenidate hcl cd cpcr 40mg</i>	2	
<i>methylphenidate hcl cd cpcr 50mg</i>	2	
<i>methylphenidate hcl cd cpcr 60mg</i>	2	
<i>methylphenidate hcl er cp24 20mg</i>	2	
<i>methylphenidate hcl er cp24 30mg</i>	2	
<i>methylphenidate hcl er cp24 40mg</i>	2	
<i>methylphenidate hcl er tbc 20mg</i>	2	
<i>methylphenidate hcl er tbc 27mg</i>	2	
<i>methylphenidate hcl er tbc 36mg</i>	2	
<i>methylphenidate hcl er tbc 54mg</i>	2	
<i>methylphenidate hcl tabs 10mg</i>	1	
<i>methylphenidate hcl tabs 20mg</i>	1	
<i>methylphenidate hcl tabs 5mg</i>	1	
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	1	
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	1	
RITALIN LA CP24 10MG	3	
STRATTERA CAPS 100MG	2	
STRATTERA CAPS 10MG	2	
STRATTERA CAPS 18MG	2	
STRATTERA CAPS 25MG	2	
STRATTERA CAPS 40MG	2	

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAPS 60MG	2	
STRATTERA CAPS 80MG	2	
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
NUEDEXTA CAPS 20MG; 10MG	2	
<i>riluzole tabs 50mg</i>	2	
XENAZINE TABS 12.5MG	4	QL (240 EA per 30 days) PA
XENAZINE TABS 25MG	4	QL (120 EA per 30 days) PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 365 days) PA
SAVELLA TABS 100MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 12.5MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 25MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 50MG	2	QL (60 EA per 30 days) PA
Multiple Sclerosis Agents		
AMPYRA TB12 10MG	4	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	4	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	4	QL (30 EA per 30 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 EA per 30 days) PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl caps 30mg</i>	2	
<i>chlorhexidine gluconate oral rinse soln 0.12%</i>	1	
KEPIVANCE INJ 6.25MG	3	B/D
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride tabs 5mg</i>	1	
<i>triamcinolone in orabase pste 0.1%</i>	1	
Dermatological Agents		
Dermatological Agents		
8-MOP CAPS 10MG	2	
<i>adapalene crea 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>amnesteam caps 10mg</i>	2	
<i>amnesteam caps 20mg</i>	2	
<i>amnesteam caps 40mg</i>	2	
<i>avita crea 0.025%</i>	1	PA
<i>avita gel 0.025%</i>	1	PA
AZELEX CREA 20%	2	
<i>calcipotriene crea 0.005%</i>	3	
CALCIPOTRIENE OINT 0.005%	3	
<i>calcipotriene soln 0.005%</i>	3	
CARAC CREA 0.5%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>claravis caps 10mg</i>	2	
<i>claravis caps 20mg</i>	2	
CLARAVIS CAPS 30MG	2	
<i>claravis caps 40mg</i>	2	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
CONDYLOX GEL 0.5%	2	
CURITY GAUZE PADS 2"X2" PADS	2	
DIFFERIN GEL 0.3%	2	PA
DIFFERIN LOTN 0.1%	2	PA
ELIDEL CREA 1%	3	
EPIDUO GEL 0.1%; 2.5%	3	PA
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod crea 5%</i>	3	
<i>myorisan caps 10mg</i>	2	
<i>myorisan caps 20mg</i>	2	
<i>myorisan caps 40mg</i>	2	
OXSORALEN ULTRA CAPS 10MG	4	
PENNSAID SOLN 1.5%	2	
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OINT 0.03%	3	
PROTOPIC OINT 0.1%	3	
<i>prudoxin crea 5%</i>	1	
RETIN-A MICRO GEL 0.04%	3	PA
RETIN-A MICRO GEL 0.1%	3	PA
SANTYL OINT 250UNIT/GM	2	
<i>selenium sulfide lotn 2.5%</i>	1	
SOLARAZE GEL 3%	3	
SORIATANE CAPS 10MG	2	
SORIATANE CAPS 17.5MG	2	
SORIATANE CAPS 25MG	2	
STELARA INJ 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	3	QL (1 ML per 28 days) PA
<i>sulfacetamide sodium susp 10%</i>	1	
TACLONEX OINT 0.064%; 0.005%	3	QL (400 GM per 30 days) PA
TACLONEX SUSP 0.064%; 0.005%	3	QL (120 GM per 30 days) PA
TAZORAC CREA 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC CREA 0.1%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.1%	3	QL (100 GM per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
TRETIN-X KIT 0; 0; 0; 0; 0; 0.025%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.05%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.1%	3	PA
<i>tretinoin crea 0.025%</i>	1	PA
<i>tretinoin crea 0.05%</i>	1	PA
<i>tretinoin crea 0.1%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OINT 15%	3	
VOLTAREN GEL 1%	2	
ZIANA GEL 1.2%; 0.025%	3	PA
Enzyme Replacement/Modifiers		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN INJ 250UNIT/ML	4	PA
ALDURAZYME INJ 2.9MG/5ML	4	PA LA
BUPHENYL TABS 500MG	2	
CARBAGLU TABS 200MG	4	
CEREZYME INJ 200UNIT	4	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	
CYSTADANE POWD 0	2	
CYSTAGON CAPS 150MG	2	LA
CYSTAGON CAPS 50MG	2	LA
ELELYSO INJ 200UNIT	4	PA
FABRAZYME INJ 35MG	4	PA LA
KUVAN TBSO 100MG	4	PA
LUMIZYME INJ 50MG	3	PA
MYOZYME INJ 50MG	3	PA
NAGLAZYME INJ 1MG/ML	4	PA LA
ORFADIN CAPS 10MG	4	LA
ORFADIN CAPS 2MG	4	LA
ORFADIN CAPS 5MG	4	LA
RAVICTI LIQD 1.1GM/ML	4	PA
<i>sodium phenylbutyrate powd 0</i>	2	
SUCRAID SOLN 8500UNIT/ML	4	
VPRIV INJ 400UNIT	4	PA
ZAVESCA CAPS 100MG	4	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	2	
ZENPEP CPEP 136000UNIT; 25000UNIT; 85000UNIT	2	
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT	2	
ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT	2	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>atropine sulfate inj 0.05mg/ml</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>dicyclomine hcl caps 10mg</i>	1	
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20mg</i>	1	
<i>glycopyrrolate inj 4mg/20ml</i>	2	
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	1	
<i>Gastrointestinal Agents, Other</i>		
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
GATTEX INJ 5MG	4	PA
HALFLYTELY BOWEL PREP/FLAVOR PACKS KIT 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	2	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	PA
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 10mg</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
MOTOFEN TABS 0.025MG; 1MG	3	
PYLERA CAPS 140MG; 125MG; 125MG	2	
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 EA per 28 days) PA
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	
<i>Histamine2 (H2) receptor Antagonists</i>		
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	B/D
<i>famotidine inj 10mg/ml</i>	1	B/D
<i>famotidine susr 40mg/5ml</i>	3	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
<i>nizatidine soln 15mg/ml</i>	1	
<i>ranitidine hcl caps 150mg</i>	1	
<i>ranitidine hcl caps 300mg</i>	1	
<i>ranitidine hcl syrp 15mg/ml</i>	3	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
AMITIZA CAPS 24MCG	2	
AMITIZA CAPS 8MCG	2	

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS 145MCG	2	QL (30 EA per 30 days) PA
LINZESS CAPS 290MCG	2	QL (30 EA per 30 days) PA
LOTRONEX TABS 0.5MG	2	
LOTRONEX TABS 1MG	2	
<i>Laxatives</i>		
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>polyethylene glycol 3350 pack 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>Protectants</i>		
CARAFATE SUSP 1GM/10ML	2	
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
<i>sucralfate tabs 1gm</i>	1	
<i>Proton Pump Inhibitors</i>		
ACIPHEX TBEC 20MG	3	ST
DEXILANT CPDR 30MG	3	ST
DEXILANT CPDR 60MG	3	ST
<i>lansoprazole cpdr 15mg</i>	1	
<i>lansoprazole cpdr 30mg</i>	1	
NEXIUM I.V. INJ 20MG	2	B/D
NEXIUM I.V. INJ 40MG	2	B/D
NEXIUM CPDR 20MG	2	
NEXIUM CPDR 40MG	2	
NEXIUM PACK 10MG	2	
NEXIUM PACK 2.5MG	2	
NEXIUM PACK 20MG	2	
NEXIUM PACK 40MG	2	
NEXIUM PACK 5MG	2	
<i>omeprazole cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg</i>	1	
<i>omeprazole cpdr 40mg</i>	1	
<i>pantoprazole sodium inj 40mg</i>	1	B/D
<i>pantoprazole sodium tbec 20mg</i>	1	
<i>pantoprazole sodium tbec 40mg</i>	1	
PREVACID SOLUTAB TBDP 15MG	3	ST
PREVACID SOLUTAB TBDP 30MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
PROTONIX PACK 40MG	3	
VIMOVO TBEC 20MG; 375MG	2	QL (60 EA per 30 days)
VIMOVO TBEC 20MG; 500MG	2	QL (60 EA per 30 days)
ZEGERID PACK 20MG; 1680MG	3	ST
ZEGERID PACK 40MG; 1680MG	3	ST
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DETROL LA CP24 2MG	2	
DETROL LA CP24 4MG	2	
ENABLEX TB24 15MG	2	
ENABLEX TB24 7.5MG	2	
<i>flavoxate hcl tabs 100mg</i>	1	
GELNIQUE GEL 10%	2	
GELNIQUE GEL 3%	2	
MYRBETRIQ TB24 25MG	2	ST
MYRBETRIQ TB24 50MG	2	ST
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride syrp 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
OXYTROL PTTW 3.9MG/24HR	2	QL (8 EA per 28 days)
<i>tolterodine tartrate tabs 1mg</i>	2	
<i>tolterodine tartrate tabs 2mg</i>	2	
TOVIAZ TB24 4MG	2	
TOVIAZ TB24 8MG	2	
<i>trospium chloride er cp24 60mg</i>	2	
<i>trospium chloride tabs 20mg</i>	2	
VESICARE TABS 10MG	2	
VESICARE TABS 5MG	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	2	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
JALYN CAPS 0.5MG; 0.4MG	2	
RAPAFLO CAPS 4MG	2	
RAPAFLO CAPS 8MG	2	
<i>tamsulosin hcl caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 2mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
Genitourinary Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
CIALIS TABS 2.5MG	2	PA
CIALIS TABS 5MG	2	PA
ELMIRON CAPS 100MG	2	
<i>Phosphate Binders</i>		
FOSRENOL CHEW 1000MG	2	
FOSRENOL CHEW 500MG	2	
FOSRENOL CHEW 750MG	2	
RENVELA PACK 0.8GM	2	
RENVELA PACK 2.4GM	2	
RENVELA TABS 800MG	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Glucocorticoids/Mineralocorticoids</i>		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>ala cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide crea 0.1%</i>	2	
<i>amcinonide lotn 0.1%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
<i>augmented betamethasone dipropionate crea 0.05%</i>	1	
<i>augmented betamethasone dipropionate gel 0.05%</i>	1	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	1	
<i>augmented betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate foam 0.12%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
CAPEX SHAM 0.01%	2	
CELESTONE SOLN 0.6MG/5ML	3	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	3	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	3	
<i>clobetasol propionate soln 0.05%</i>	1	
CLODERM PUMP CREA 0.1%	3	
CORDRAN TAPE TAPE 4MCG/SQCM	2	

Drug Name	Drug Tier	Requirements/Limits
CORTIFOAM FOAM 90MG	2	
<i>cortisone acetate tabs 25mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
DESONATE GEL 0.05%	3	
<i>desonide crea 0.05%</i>	1	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	1	
DESOXIMETASONE CREA 0.05%	3	
<i>desoximetasone crea 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	3	
DESOXIMETASONE OINT 0.05%	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>diflorasone diacetate crea 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	3	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide-e crea 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CREA 0.1%	3	
HALOG OINT 0.1%	3	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
LOCOID LOTN 0.1%	2	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tabs 4mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
PANDEL CREA 0.1%	2	
<i>prednicarbate crea 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
SOLU-CORTEF INJ 250MG	2	
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 500MG	2	
<i>triamcinolone acetamide crea 0.025%</i>	1	
<i>triamcinolone acetamide crea 0.1%</i>	1	
<i>triamcinolone acetamide crea 0.5%</i>	1	
<i>triamcinolone acetamide lotn 0.025%</i>	1	
<i>triamcinolone acetamide lotn 0.1%</i>	1	
<i>triamcinolone acetamide oint 0.025%</i>	1	
<i>triamcinolone acetamide oint 0.1%</i>	1	
<i>triamcinolone acetamide oint 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triderm crea 0.1%</i>	1	
<i>u-cort crea 1%; 10%</i>	1	
UCERIS TB24 9MG	4	
VERDESO FOAM 0.05%	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
ACTHAR HP INJ 80UNIT/ML	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg</i>	2	
<i>desmopressin acetate tabs 0.2mg</i>	2	
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 0.4MG	4	PA
GENOTROPIN MINIQUICK INJ 0.6MG	4	PA
GENOTROPIN MINIQUICK INJ 0.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1.2MG	4	PA
GENOTROPIN MINIQUICK INJ 1.4MG	4	PA
GENOTROPIN MINIQUICK INJ 1.6MG	4	PA
GENOTROPIN MINIQUICK INJ 1.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1MG	4	PA
GENOTROPIN MINIQUICK INJ 2MG	4	PA
GENOTROPIN INJ 12MG	4	PA
GENOTROPIN INJ 5MG	4	PA
HUMATROPE COMBO PACK INJ 5MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
HUMATROPE INJ 6MG	4	PA
INCRELEX INJ 40MG/4ML	4	PA
NORDITROPIN FLEXPPO INJ 10MG/1.5ML	4	PA
NORDITROPIN FLEXPPO INJ 15MG/1.5ML	4	PA
NORDITROPIN FLEXPPO INJ 5MG/1.5ML	4	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	4	PA
NUTROPIN AQ PEN INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN INJ 10MG	3	PA
OMNITROPE INJ 5MG/1.5ML	3	PA
SAIZEN CLICK.EASY INJ 8.8MG	3	PA
SAIZEN INJ 5MG	3	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABS 300MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 TABS 50MG	4	QL (210 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	1	QL (60 EA per 30 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (240 EA per 30 days) PA
Androgens		
ANDRODERM PT24 2MG/24HR	2	PA
ANDRODERM PT24 4MG/24HR	2	PA
ANDROGEL PUMP GEL 1.62%	2	
ANDROGEL GEL 50MG/5GM	2	
ANDROID CAPS 10MG	2	
ANDROXY TABS 10MG	2	
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
METHITEST TABS 10MG	3	
TESTIM GEL 1%	3	
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
TESTRED CAPS 10MG	3	
Estrogens		
ALORA PTTW 0.025MG/24HR	2	PA
ALORA PTTW 0.05MG/24HR	2	PA
ALORA PTTW 0.075MG/24HR	2	PA
ALORA PTTW 0.1MG/24HR	2	PA
<i>amethia tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	1	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>aranelle tabs 0; 0</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
CENESTIN TABS 0.3MG	3	PA
CENESTIN TABS 0.45MG	3	PA
CENESTIN TABS 0.625MG	3	PA
CENESTIN TABS 0.9MG	3	PA
CENESTIN TABS 1.25MG	3	PA
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	2	PA
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem 7/7/7 tabs 0; 0</i>	1	
DELESTROGEN INJ 10MG/ML	3	PA
DIVIGEL GEL 1MG/GM	2	PA
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>emoquette tabs 0.15mg; 30mcg</i>	1	
ENJUVIA TABS 0.3MG	3	PA
ENJUVIA TABS 0.45MG	3	PA
ENJUVIA TABS 0.625MG	3	PA
ENJUVIA TABS 0.9MG	3	PA
ENJUVIA TABS 1.25MG	3	PA
<i>enpresse-28 tabs 0; 0</i>	1	
ESTRACE CREA 0.1MG/GM	2	
<i>estradiol valerate inj 20mg/ml</i>	1	PA
<i>estradiol valerate inj 40mg/ml</i>	1	PA
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	PA
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	PA
<i>estradiol tabs 0.5mg</i>	1	PA
<i>estradiol tabs 1mg</i>	1	PA
<i>estradiol tabs 2mg</i>	1	PA
ESTRING RING 2MG	3	
<i>estropipate tabs 0.75mg</i>	1	PA
<i>estropipate tabs 1.5mg</i>	1	PA
<i>estropipate tabs 3mg</i>	1	PA
<i>gianvi tabs 3mg; 0.02mg</i>	1	
<i>gildagia tabs 35mcg; 0.4mg</i>	1	
<i>introvale tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>jinteli tabs 5mcg; 1mg</i>	1	PA
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>leena tabs 0; 0</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28 tabs 30mcg; 0.15mg</i>	1	
<i>loryna tabs 3mg; 0.02mg</i>	1	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutera tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENEST TABS 0.3MG	3	PA
MENEST TABS 0.625MG	3	PA
MENEST TABS 1.25MG	3	PA
MENEST TABS 2.5MG	3	PA
MENOSTAR PTWK 14MCG/24HR	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>mononessa tabs 35mcg; 0.25mg</i>	1	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>necon 1/35 tabs 35mcg; 1mg</i>	1	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	1	
<i>necon 10/11-28 tabs 35mcg; 0</i>	1	
<i>necon 7/7/7 tabs 0; 0</i>	1	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 0; 0</i>	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	
<i>ocella tabs 3mg; 0.03mg</i>	1	
<i>ogestrel tabs 50mcg; 0.5mg</i>	1	
<i>orsythia tabs 20mcg; 0.1mg</i>	1	
ORTHO EVRA PTWK 20MCG/24HR; 150MCG/24HR	3	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREFEST TABS 0; 0	3	PA
PREMARIN CREA 0.625MG/GM	2	
PREMARIN TABS 0.3MG	2	PA
PREMARIN TABS 0.45MG	2	PA
PREMARIN TABS 0.625MG	2	PA
PREMARIN TABS 0.9MG	2	PA
PREMARIN TABS 1.25MG	2	PA
PREMPRO TABS 0.3MG; 1.5MG	2	PA
PREMPRO TABS 0.45MG; 1.5MG	2	PA
PREMPRO TABS 0.625MG; 2.5MG	2	PA
PREMPRO TABS 0.625MG; 5MG	2	PA
<i>previfem tabs 35mcg; 0.25mg</i>	1	
<i>quasense tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>reclipsen tabs 0.15mg; 30mcg</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-previfem tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trinessa tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
VAGIFEM TABS 10MCG	2	
<i>velivet tabs 0; 0</i>	1	
VIVELLE-DOT PTTW 0.025MG/24HR	2	PA
VIVELLE-DOT PTTW 0.0375MG/24HR	2	PA
VIVELLE-DOT PTTW 0.05MG/24HR	2	PA
VIVELLE-DOT PTTW 0.075MG/24HR	2	PA

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.1MG/24HR	2	PA
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	1	
<i>zovia 1/35e tabs 35mcg; 1mg</i>	1	
<i>zovia 1/50e tabs 50mcg; 1mg</i>	1	
Progesterone Agonists/Antagonists		
ELLA TABS 30MG	2	
Progestins		
<i>camila tabs 0.35mg</i>	1	
CRINONE GEL 4%	2	
CRINONE GEL 8%	2	
DEPO-PROVERA INJ 400MG/ML	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
<i>errin tabs 0.35mg</i>	1	
<i>jolivette tabs 0.35mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
MEGACE ES SUSP 625MG/5ML	2	PA
<i>megestrol acetate susp 40mg/ml</i>	1	PA
<i>megestrol acetate tabs 20mg</i>	1	PA
<i>megestrol acetate tabs 40mg</i>	1	PA
<i>next choice one dose tabs 1.5mg</i>	1	QL (24 EA per 365 days)
<i>nora-be tabs 0.35mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	2	
PLAN B TABS 0.75MG	3	QL (24 EA per 365 days)
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
EVISTA TABS 60MG	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
<i>levoxyl tabs 100mcg</i>	1	
<i>levoxyl tabs 112mcg</i>	1	
<i>levoxyl tabs 125mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 137mcg</i>	1	
<i>levoxyl tabs 150mcg</i>	1	
<i>levoxyl tabs 175mcg</i>	1	
<i>levoxyl tabs 200mcg</i>	1	
<i>levoxyl tabs 25mcg</i>	1	
<i>levoxyl tabs 50mcg</i>	1	
<i>levoxyl tabs 75mcg</i>	1	
<i>levoxyl tabs 88mcg</i>	1	
<i>liothyronine sodium inj 10mcg/ml</i>	1	B/D
<i>liothyronine sodium tabs 25mcg</i>	1	
<i>liothyronine sodium tabs 50mcg</i>	1	
<i>liothyronine sodium tabs 5mcg</i>	1	
SYNTHROID TABS 100MCG	2	
SYNTHROID TABS 112MCG	2	
SYNTHROID TABS 125MCG	2	
SYNTHROID TABS 137MCG	2	
SYNTHROID TABS 150MCG	2	
SYNTHROID TABS 175MCG	2	
SYNTHROID TABS 200MCG	2	
SYNTHROID TABS 25MCG	2	
SYNTHROID TABS 300MCG	2	
SYNTHROID TABS 50MCG	2	
SYNTHROID TABS 75MCG	2	
SYNTHROID TABS 88MCG	2	
THYROLAR-1/2 TABS 30MG	2	
THYROLAR-1/4 TABS 15MG	2	
THYROLAR-1 TABS 60MG	2	
THYROLAR-2 TABS 120MG	2	
THYROLAR-3 TABS 180MG	2	
<i>unithroid tabs 100mcg</i>	1	
<i>unithroid tabs 112mcg</i>	1	
<i>unithroid tabs 125mcg</i>	1	
<i>unithroid tabs 137mcg</i>	1	
<i>unithroid tabs 150mcg</i>	1	
<i>unithroid tabs 175mcg</i>	1	
<i>unithroid tabs 200mcg</i>	1	
<i>unithroid tabs 25mcg</i>	1	
<i>unithroid tabs 300mcg</i>	1	
<i>unithroid tabs 50mcg</i>	1	
<i>unithroid tabs 75mcg</i>	1	
<i>unithroid tabs 88mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABS 500MG	2	
Hormonal Agents, Suppressant (Parathyroid)		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABS 30MG	2	

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TABS 60MG	4	
SENSIPAR TABS 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	3	
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	4	QL (2 EA per 365 days) PA
FIRMAGON INJ 80MG	2	QL (1 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	PA
LUPRON DEPOT-PED INJ 11.25MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED INJ 11.25MG	4	PA
LUPRON DEPOT-PED INJ 15MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT INJ 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT INJ 7.5MG	4	QL (1 EA per 28 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	3	PA
<i>octreotide acetate inj 100mcg/ml</i>	3	PA
<i>octreotide acetate inj 200mcg/ml</i>	3	PA
<i>octreotide acetate inj 500mcg/ml</i>	3	PA
<i>octreotide acetate inj 50mcg/ml</i>	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG	3	PA
SANDOSTATIN LAR DEPOT INJ 20MG	3	PA
SANDOSTATIN LAR DEPOT INJ 30MG	3	PA
SIGNIFOR INJ 0.3MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.6MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.9MG/ML	4	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	4	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	4	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	4	PA
SOMAVERT INJ 10MG	4	PA LA
SOMAVERT INJ 15MG	4	PA LA
SOMAVERT INJ 20MG	4	PA LA
SYNAREL SOLN 2MG/ML	3	
TRELSTAR DEPOT MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR LA MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)		
<i>Antiandrogens</i>		
<i>bicalutamide tabs 50mg</i>	1	
<i>flutamide caps 125mg</i>	2	
NILANDRON TABS 150MG	3	
XTANDI CAPS 40MG	4	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
Immunological Agents		
<i>Immune Suppressants</i>		
AZASAN TABS 100MG	3	B/D
AZASAN TABS 75MG	3	B/D
<i>azathioprine sodium inj 100mg</i>	1	B/D
<i>azathioprine tabs 50mg</i>	1	B/D
CELLCEPT INTRAVENOUS INJ 500MG	2	B/D
CELLCEPT CAPS 250MG	3	B/D
CELLCEPT SUSR 200MG/ML	2	B/D
CELLCEPT TABS 500MG	3	B/D
CIMZIA INJ 200MG/ML	4	QL (6 EA per 28 days) PA
CIMZIA INJ 200MG	4	QL (6 EA per 28 days) PA
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	B/D
ENBREL SURECLICK INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (8.16 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8.16 EA per 28 days) PA
ENBREL INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
<i>gengraf caps 100mg</i>	2	B/D
<i>gengraf caps 25mg</i>	2	B/D
<i>gengraf soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	2	B/D
<i>hecoria caps 1mg</i>	2	B/D
<i>hecoria caps 5mg</i>	2	B/D
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA INJ 20MG/0.4ML	4	QL (6 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	B/D
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D
MYFORTIC TBEC 180MG	2	B/D
MYFORTIC TBEC 360MG	2	B/D

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS 100MG	3	B/D
NEORAL CAPS 25MG	3	B/D
NEORAL SOLN 100MG/ML	3	B/D
NULOJIX INJ 250MG	4	B/D
ORENCIA INJ 125MG/ML	4	PA
ORENCIA INJ 250MG	4	PA
PROGRAF CAPS 0.5MG	3	B/D
PROGRAF CAPS 1MG	3	B/D
PROGRAF CAPS 5MG	3	B/D
PROGRAF INJ 5MG/ML	2	B/D
RAPAMUNE SOLN 1MG/ML	2	B/D
RAPAMUNE TABS 0.5MG	2	B/D
RAPAMUNE TABS 1MG	2	B/D
RAPAMUNE TABS 2MG	2	B/D
REMICADE INJ 100MG	4	PA
RHEUMATREX TABS 2.5MG	3	
SANDIMMUNE SOLN 100MG/ML	2	B/D
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
<i>tacrolimus caps 0.5mg</i>	2	B/D
<i>tacrolimus caps 1mg</i>	2	B/D
<i>tacrolimus caps 5mg</i>	2	B/D
TORISEL INJ 25MG/ML	4	B/D
TREXALL TABS 10MG	2	B/D
TREXALL TABS 15MG	2	B/D
TREXALL TABS 5MG	2	B/D
TREXALL TABS 7.5MG	2	B/D
ZORTRESS TABS 0.25MG	2	B/D
ZORTRESS TABS 0.5MG	4	B/D
ZORTRESS TABS 0.75MG	4	B/D
<i>Immunizing Agents, Passive</i>		
ATGAM INJ 50MG/ML	3	B/D
CARIMUNE NANOFILTERED INJ 3GM	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
PRIVIGEN INJ 20GM/200ML	4	PA
THYMOGLOBULIN INJ 25MG	2	B/D
<i>Immunomodulators</i>		
ACTEMRA INJ 200MG/10ML	4	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	4	LA
ARCALYST INJ 220MG	4	PA
AVONEX INJ 30MCG/0.5ML	4	QL (2 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	4	QL (2 EA per 28 days) PA
BETASERON INJ 0.3MG	4	QL (15 EA per 30 days) PA
ILARIS INJ 180MG	3	PA
<i>leflunomide tabs 10mg</i>	1	
<i>leflunomide tabs 20mg</i>	1	
REBIF TITRATION PACK INJ 0	4	QL (4.2 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
REBIF INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
RIDAURA CAPS 3MG	3	
SIMULECT INJ 20MG	2	B/D
SYNAGIS INJ 50MG/0.5ML	3	PA
TECFIDERA STARTER PACK MISC 0	4	QL (1 EA per 365 days) PA
TECFIDERA CPDR 120MG	4	QL (14 EA per 365 days) PA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA
TYSABRI INJ 300MG/15ML	4	QL (15 ML per 28 days) PA LA
<i>Vaccines</i>		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
CERVARIX INJ 0	2	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	2	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ 0	2	
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
M-M-R II W/DILUENT 10 DOSE INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENOMUNE-A/C/Y/W-135 INJ 0	2	
MENVEO INJ 0	2	
PEDVAX HIB INJ 0	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
ROTATEQ SUSP 0	2	
<i>tetanus toxoid adsorbed inj 5lfu</i>	1	B/D
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	B/D
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ 1350PFU/0.5ML	2	
YF-VAX INJ 0	2	
ZOSTAVAX INJ 19400UNT/0.65ML	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	2	
ASACOL HD TBEC 800MG	2	
ASACOL TBEC 400MG	2	
<i>balsalazide disodium caps 750mg</i>	2	
CANASA SUPP 1000MG	2	
DIPENTUM CAPS 250MG	3	
LIALDA TBEC 1.2GM	2	
PENTASA CPCR 250MG	2	
PENTASA CPCR 500MG	2	
<i>Glucocorticoids</i>		
<i>budesonide cp24 3mg</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfazine ec tbec 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 150MG	3	QL (1 EA per 30 days) ST
ACTONEL TABS 30MG	3	ST
ACTONEL TABS 35MG	3	QL (4 EA per 28 days) ST
ACTONEL TABS 5MG	3	ST
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
AELVIA TBEC 35MG	3	QL (4 EA per 28 days) ST
BONIVA INJ 3MG/3ML	3	QL (3 ML per 90 days) PA
<i>calcitonin-salmon soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	B/D
<i>calcitriol caps 0.5mcg</i>	1	B/D
<i>calcitriol inj 1mcg/ml</i>	1	B/D
<i>calcitriol soln 1mcg/ml</i>	1	B/D
<i>etidronate disodium tabs 200mg</i>	1	
<i>etidronate disodium tabs 400mg</i>	1	
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA
<i>fortical soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	3	QL (4 EA per 28 days) ST
FOSAMAX PLUS D TABS 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST
HECTOROL CAPS 0.5MCG	2	B/D

Drug Name	Drug Tier	Requirements/Limits
HECTOROL CAPS 1MCG	2	B/D
HECTOROL CAPS 2.5MCG	2	B/D
HECTOROL INJ 4MCG/2ML	2	B/D
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 30 days)
MIACALCIN INJ 200UNIT/ML	3	
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days) PA
SKELID TABS 200MG	3	
XGEVA INJ 120MG/1.7ML	4	QL (1.7 ML per 30 days) PA
ZEMPLAR CAPS 1MCG	2	B/D
ZEMPLAR CAPS 2MCG	2	B/D
ZEMPLAR CAPS 4MCG	2	B/D
ZEMPLAR INJ 2MCG/ML	2	B/D
ZEMPLAR INJ 5MCG/ML	2	B/D
<i>zoledronic acid inj 4mg/5ml</i>	4	PA
<i>zoledronic acid inj 5mg/100ml</i>	1	QL (100 ML per 365 days) PA
ZOMETA INJ 4MG/100ML	3	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
BOTOX INJ 100UNIT	3	PA
FERRIPROX TABS 500MG	3	PA
FIRAZYR INJ 30MG/3ML	4	
<i>intralipid inj 2.25%; 20%</i>	1	B/D
<i>levocarnitine inj 200mg/ml</i>	1	B/D
<i>levocarnitine soln 1gm/10ml</i>	1	B/D
<i>levocarnitine tabs 330mg</i>	2	B/D
<i>liposyn iii inj 1.2%; 2.5%; 10%</i>	1	B/D
<i>liposyn iii inj 1.8%; 2.5%; 30%</i>	1	B/D
<i>methylergonovine maleate tabs 0.2mg</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
XEOMIN INJ 50UNIT	3	PA
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
<i>latanoprost soln 0.005%</i>	1	QL (3.34 ML per 25 days)
LUMIGAN SOLN 0.01%	2	QL (2.5 ML per 25 days)
TRAVATAN Z SOLN 0.004%	2	QL (2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	1	QL (2.5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
LACRISERT INST 5MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naphazoline hcl soln 0.1%</i>	1	
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS EMUL 0.05%	2	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIAL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACRAFT SOLN 0.25%	2	
PATADAY SOLN 0.2%	2	
PATANOL SOLN 0.1%	2	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL SOLN 0.45%	2	
ALREX SUSP 0.2%	2	
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	3	
BLEPHAMIDE SUSP 0.2%; 10%	3	
BROMFENAC SOLN 0.09%	2	
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
DUREZOL EMUL 0.05%	2	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	2	
FML OINT 0.1%	2	
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OINT 0.5%	2	
LOTEMAX SUSP 0.5%	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
NEVANAC SUSP 0.1%	2	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
TOBRADEX ST SUSP 0.05%; 0.3%	2	
TOBRADEX OINT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
ZYLET SUSP 0.5%; 0.3%	2	
<i>Ophthalmic Antiglaucoma Agents</i>		
<i>acetazolamide er cp12 500mg</i>	1	
ALPHAGAN P SOLN 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine soln 0.5%</i>	1	
AZOPT SUSP 1%	2	
<i>betaxolol hcl soln 0.5%</i>	1	
BETOPTIC-S SUSP 0.25%	2	
<i>brimonidine tartrate soln 0.15%</i>	2	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
COMBIGAN SOLN 0.2%; 0.5%	2	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
IOPIDINE SOLN 1%	3	
ISTALOL SOLN 0.5%	2	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs 25mg</i>	1	
<i>methazolamide tabs 50mg</i>	2	
<i>metipranolol soln 0.3%</i>	1	
PILOPINE HS GEL 4%	2	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	1	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25%	2	
TIMOPTIC OCUDOSE SOLN 0.5%	2	
Otic Agents		
<i>Otic Agents</i>		
<i>acetazol hc soln 2%; 1%</i>	2	
<i>acetic acid soln 2%</i>	1	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
Respiratory Tract Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (12.2 GM per 30 days)
ALVESCO AERS 80MCG/ACT	3	QL (12.2 GM per 30 days)
ASMANEX 120 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 60 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
BECONASE AQ SUSP 42MCG/SPRAY	3	QL (50 GM per 30 days) ST
<i>budesonide susp 0.25mg/2ml</i>	2	QL (120 ML per 30 days) B/D
<i>budesonide susp 0.5mg/2ml</i>	2	QL (120 ML per 30 days) B/D
DULERA AERO 5MCG/ACT; 100MCG/ACT	3	QL (13 GM per 30 days)
DULERA AERO 5MCG/ACT; 200MCG/ACT	3	QL (13 GM per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days)
<i>flunisolide soln 29mcg/act</i>	1	QL (50 ML per 25 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days)
NASONEX SUSP 50MCG/ACT	2	QL (34 GM per 30 days)
OMNARIS SUSP 50MCG/ACT	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT SUSP 1MG/2ML	2	QL (120 ML per 30 days) B/D
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 25 days)
QVAR AERS 80MCG/ACT	2	QL (17.4 GM per 25 days)
RHINOCORT AQUA SUSP 32MCG/ACT	3	QL (17.2 GM per 30 days) ST
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
<i>triamcinolone acetonide inha 55mcg/act</i>	2	QL (16.5 GM per 30 days)
VERAMYST SUSP 27.5MCG/SPRAY	3	QL (10 GM per 30 days) ST
Antihistamines		
ASTEPRO SOLN 0.15%	2	QL (60 ML per 30 days)
<i>azelastine hcl soln 137mcg/spray</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate liqd 4mg/5ml</i>	1	PA
<i>carbinoxamine maleate tabs 4mg</i>	1	PA
<i>cetirizine hcl syrp 5mg/5ml</i>	1	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	3	
CLARINEX-D 24 HOUR TB24 5MG; 240MG	3	
CLARINEX SYRP 0.5MG/ML	3	
<i>clemastine fumarate tabs 2.68mg</i>	1	PA
<i>cyproheptadine hcl syrp 2mg/5ml</i>	1	PA
<i>cyproheptadine hcl tabs 4mg</i>	1	PA
<i>desloratadine odt tbdp 2.5mg</i>	1	
<i>desloratadine odt tbdp 5mg</i>	1	
<i>desloratadine tabs 5mg</i>	2	
<i>diphenhydramine hcl caps 50mg</i>	1	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	1	PA
<i>hydroxyzine hcl inj 25mg/ml</i>	1	PA
<i>hydroxyzine hcl inj 50mg/ml</i>	1	PA
<i>hydroxyzine hcl soln 10mg/5ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tabs 10mg</i>	1	PA
<i>hydroxyzine hcl tabs 25mg</i>	1	PA
<i>hydroxyzine hcl tabs 50mg</i>	1	PA
<i>hydroxyzine pamoate caps 100mg</i>	1	PA
<i>hydroxyzine pamoate caps 25mg</i>	1	PA
<i>hydroxyzine pamoate caps 50mg</i>	1	PA
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
PATANASE SOLN 0.6%	3	QL (30.5 GM per 30 days)
<i>promethazine hcl inj 25mg/ml</i>	1	PA
<i>promethazine hcl inj 50mg/ml</i>	1	PA
<i>promethazine hcl syrp 6.25mg/5ml</i>	1	PA
<i>promethazine hcl tabs 12.5mg</i>	1	PA
<i>promethazine hcl tabs 25mg</i>	1	PA
<i>promethazine hcl tabs 50mg</i>	1	PA
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
ZYFLO CR TB12 600MG	3	
ZYFLO TABS 600MG	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	2	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days)
COMBIVENT AERO 103MCG/ACT; 18MCG/ACT	2	QL (29.4 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide soln 0.03%</i>	1	QL (60 ML per 30 days)
<i>ipratropium bromide soln 0.06%</i>	1	QL (30 ML per 30 days)
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (30 EA per 30 days)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline inj 25mg/ml</i>	1	B/D
ELIXOPHYLLIN ELIX 80MG/15ML	3	
<i>theochron tb12 200mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate er tb12 4mg</i>	1	
<i>albuterol sulfate er tb12 8mg</i>	1	
<i>albuterol sulfate nebu 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.5%</i>	1	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg</i>	1	
<i>albuterol sulfate tabs 4mg</i>	1	
ARCAPTA NEOHALER CAPS 75MCG	3	QL (30 EA per 30 days)
BROVANA NEBU 15MCG/2ML	3	QL (120 ML per 30 days) B/D
EPIPEN 2-PAK INJ 0.3MG/0.3ML	2	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	2	
FORADIL AEROLIZER CAPS 12MCG	2	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	QL (45 EA per 30 days) B/D
MAXAIR AUTOHALER AERB 200MCG/INH	3	QL (14 GM per 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PERFOROMIST NEBU 20MCG/2ML	2	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	2	QL (17 GM per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	
XOPENEX HFA AERO 45MCG/ACT	2	QL (30 GM per 30 days)
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
<i>Pulmonary Antihypertensives</i>		
ADCIRCA TABS 20MG	2	QL (60 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	2	PA
LETAIRIS TABS 10MG	4	QL (30 EA per 30 days) PA LA
LETAIRIS TABS 5MG	4	QL (30 EA per 30 days) PA LA
REMODULIN INJ 10MG/ML	4	PA
REMODULIN INJ 1MG/ML	4	PA
REMODULIN INJ 2.5MG/ML	4	PA
REMODULIN INJ 5MG/ML	4	PA
REVATIO INJ 10MG/12.5ML	4	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS 62.5MG	4	QL (60 EA per 30 days) PA LA
TYVASO REFILL SOLN 0.6MG/ML	3	QL (87 ML per 30 days) PA
TYVASO STARTER SOLN 0.6MG/ML	3	QL (87 ML per 30 days) PA
TYVASO SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA
VENTAVIS SOLN 10MCG/ML	3	QL (270 ML per 30 days) PA
VENTAVIS SOLN 20MCG/ML	3	QL (270 ML per 30 days) PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	B/D
DALIRESP TABS 500MCG	2	PA
KALYDECO TABS 150MG	4	PA
PROLASTIN-C INJ 1000MG	4	B/D
<i>promethazine vc syrp 5mg/5ml; 6.25mg/5ml</i>	1	PA
PULMOZYME SOLN 1MG/ML	4	PA
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	2	
TYZINE SOLN 0.1%	2	
XOLAIR INJ 150MG	4	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX CP24 15MG	3	PA
AMRIX CP24 30MG	3	PA
<i>carisoprodol/aspirin tabs 325mg; 200mg</i>	1	PA
<i>carisoprodol tabs 350mg</i>	1	PA
<i>chlorzoxazone tabs 500mg</i>	1	PA
<i>cyclobenzaprine hcl tabs 10mg</i>	1	PA
<i>cyclobenzaprine hcl tabs 5mg</i>	1	PA
<i>cyclobenzaprine hcl tabs 7.5mg</i>	1	PA
<i>methocarbamol tabs 500mg</i>	1	PA
<i>methocarbamol tabs 750mg</i>	1	PA
<i>orphenadrine citrate er tb12 100mg</i>	1	PA
<i>orphenadrine citrate inj 30mg/ml</i>	1	PA
<i>orphenadrine/asa/caffeine tabs 385mg; 30mg; 25mg</i>	3	PA
Sleep Disorder Agents		
<i>GABA Receptor Modulators</i>		
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) ST
EDLUAR SUBL 5MG	3	QL (30 EA per 30 days) ST
<i>flurazepam hcl caps 15mg</i>	1	PA
<i>flurazepam hcl caps 30mg</i>	1	PA
LUNESTA TABS 1MG	3	QL (30 EA per 30 days) ST
LUNESTA TABS 2MG	3	QL (30 EA per 30 days) ST
LUNESTA TABS 3MG	3	QL (30 EA per 30 days) ST
<i>temazepam caps 15mg</i>	1	PA
<i>temazepam caps 22.5mg</i>	1	PA
<i>temazepam caps 30mg</i>	1	PA
<i>temazepam caps 7.5mg</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam tabs 0.125mg</i>	1	PA
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 12.5mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 6.25mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 10mg</i>	1	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 5mg</i>	1	QL (30 EA per 30 days) PA
ZOLPIMIST SOLN 5MG/ACT	3	QL (7.7 ML per 30 days) ST
<i>Sleep Disorders, Other</i>		
BUTISOL SODIUM ELIX 30MG/5ML	3	PA
BUTISOL SODIUM TABS 30MG	3	PA
BUTISOL SODIUM TABS 50MG	3	PA
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 50MG	3	QL (60 EA per 30 days) PA
ROZEREM TABS 8MG	2	QL (30 EA per 30 days)
SECONAL CAPS 100MG	3	PA
SILENOR TABS 3MG	2	QL (30 EA per 30 days)
SILENOR TABS 6MG	2	QL (30 EA per 30 days)
XYREM SOLN 500MG/ML	4	QL (540 ML per 30 days) PA LA
Therapeutic Nutrients/Minerals/Electrolytes		
<i>Electrolyte/Mineral Modifiers</i>		
CHEMET CAPS 100MG	2	
CUPRIMINE CAPS 250MG	2	
DEPEN TITRATABS TABS 250MG	2	
EXJADE TBSO 125MG	2	LA
EXJADE TBSO 250MG	4	LA
EXJADE TBSO 500MG	4	LA
<i>kionex powd 0</i>	1	
SAMSCA TABS 15MG	4	
SAMSCA TABS 30MG	4	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
SYPRINE CAPS 250MG	2	
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II 4.25/DEXTROSE25% INJ 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml</i>	1	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	2	B/D
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	B/D
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	2	B/D
<i>aminosyn-hf inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D
AMINOSYN INJ 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
<i>calcium acetate caps 667mg</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	B/D
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/potassium chloride 0.15% inj 5%; 20meq/l</i>	1	B/D
FREAMINE HBC 6.9% INJ 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>freamine iii inj 72meq/l; 600mg/100ml; 810mg/100ml; 3meq/l; 14mg/100ml; 1190mg/100ml; 240mg/100ml; 590mg/100ml; 770mg/100ml; 620mg/100ml; 450mg/100ml; 480mg/100ml; 10mmole/l; 115mg/100ml; 950mg/100ml; 500mg/100ml; 10meq/l; 340mg/100ml; 130mg/100ml; 560mg/100ml</i>	1	B/D
<i>hepatamine inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
<i>hepatasol inj 0.77gm/100ml; 0.6gm/100ml; 0.02gm/100ml; 0.9gm/100ml; 0.24gm/100ml; 0.9gm/100ml; 1.1gm/100ml; 0.61gm/100ml; 0.1gm/100ml; 0.1gm/100ml; 0.115gm/100ml; 0.8gm/100ml; 0.5gm/100ml; 0.45gm/100ml; 0.065gm/100ml; 0.84gm/100ml</i>	2	B/D
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbc 20meq</i>	1	
<i>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	B/D
<i>magnesium sulfate inj 50%</i>	1	
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	2	B/D
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PHOSLYRA SOLN 667MG/5ML	2	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	B/D
<i>potassium chloride 0.15% /nacl 0.45% viaflex inj 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.15% nacl 0.9% inj 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9% inj 40meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w inj 5%; 40meq/l</i>	1	B/D
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tbc</i> 20meq	1	
<i>potassium chloride sr tbc</i> 8meq	1	
<i>potassium chloride inj</i> 10meq/100ml	1	B/D
<i>potassium chloride inj</i> 20meq/100ml	1	B/D
<i>potassium chloride inj</i> 2meq/ml	1	B/D
<i>potassium chloride inj</i> 30meq/100ml	1	B/D
<i>potassium chloride inj</i> 40meq/100ml	1	B/D
<i>potassium citrate tbc</i> 1080mg	1	
<i>potassium citrate tbc</i> 540mg	1	
<i>premasol inj</i> 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	1	B/D
<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	1	B/D
<i>ringers injection inj</i> 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	B/D
<i>sodium chloride 0.45% viaflex inj</i> 0.45%	1	B/D
<i>sodium chloride inj</i> 0.9%	1	B/D
<i>sodium chloride inj</i> 2.5meq/ml	1	B/D
<i>sodium chloride inj</i> 3%	1	B/D
<i>sodium chloride inj</i> 5%	1	B/D
<i>sodium fluoride tabs</i> 1mg	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
Vitamins		
<i>prenatabs obn tabs</i> 120mg; 200mg; 400unit; 8mcg; 1mg; 29mg; 20mg; 150mcg; 3mg; 3mg; 3mg; 30unit; 15mg	1	

OTC products

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>Insulins</i>		
NOVOLIN N RELION INJ 100UNIT/ML	2	

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<i>acebutolol hcl</i>	49	ALORA	69
<i>acetaminophen/codeine</i>	2	ALOXI	22
<i>acetaminophen/codeine #3</i>	2	ALPHAGAN P	80
<i>acetasol hc</i>	81	<i>alprazolam</i>	38
<i>acetazolamide</i>	53	<i>alprazolam er</i>	38
<i>acetazolamide er</i>	80	ALPRAZOLAM INTENSOL	38
<i>acetazolamide sodium</i>	53	<i>alprazolam odt</i>	38
<i>acetic acid</i>	81	<i>alprazolam xr</i>	38
<i>acetylcysteine</i>	85	ALREX	80
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<i>acyclovir</i>	38	<i>amethia</i>	69
<i>acyclovir sodium</i>	38	<i>amethyst</i>	69
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ADAGEN	61	<i>amikacin sulfate</i>	7
<i>adapalene</i>	59	<i>amiloride hcl</i>	54
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<i>a-hydrocort</i>	65	AMINOSYN-PF 7%	87
<i>ak-poly-bac</i>	7	<i>amiodarone hcl</i>	48
<i>ala cort</i>	65	AMITIZA	62
ALBENZA	29	<i>amitriptyline hcl</i>	20
<i>albuterol sulfate</i>	84	<i>amlodipine besylate</i>	51
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<i>amoxicillin</i>	10	ATGAM	76
<i>amoxicillin/clavulanate potassium</i>	10	<i>atorvastatin calcium</i>	55
<i>amoxicillin/clavulanate potassium er</i>	10	<i>atovaquone/proguanil hcl</i>	29
<i>amoxicillin/potassium clavulanate</i>	10	ATRIPLA	35
<i>amphetamine/dextroamphetamine</i>	57	<i>atropine sulfate</i>	62
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<i>ampicillin</i>	11	AUBAGIO	59
<i>ampicillin sodium</i>	11	<i>augmented betamethasone dipropionate</i>	65
<i>ampicillin-sulbactam</i>	11	AVANDAMET	39
AMPYRA	59	AVANDARYL	39
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<i>anagrelide hydrochloride</i>	44	AVELOX ABC PACK	12
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<i>apraclonidine</i>	81	<i>azathioprine sodium</i>	75
<i>apri</i>	69	<i>azelastine hcl</i>	80
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BD INSULIN SYRINGE	79	<i>bupropion hcl sr</i>	18
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84	<i>cromolyn sodium</i>	66	<i>dexamethasone sodium phosphate</i>
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8	CUBICIN	63	DEXILANT
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72	EVISTA	32	<i>fluphenazine hcl</i>
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28	<i>exemestane</i>	80	<i>flurbiprofen sodium</i>
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51	EXFORGE HCT	66	<i>fluticasone propionate</i>
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26	FOLOTYN	40	<i>glipizide/metformin hcl</i>
43	<i>fondaparinux sodium</i>	42	GLUCAGEN HYPOKIT
84	FORADIL AEROLIZER	42	GLUCAGON EMERGENCY KIT
18	FORFIVO XL	40	<i>glyburide</i>
10	FORTAZ	40	<i>glyburide micronized</i>
78	FORTEO	40	<i>glyburide/metformin hcl</i>
78	<i>fortical</i>	62	<i>glycopyrrolate</i>
78	FOSAMAX PLUS D	40	GLYSET
35	<i>foscarnet sodium</i>	1	GRALISE
47	<i>fosinopril sodium</i>	22	<i>granisetron hcl</i>
47	<i>fosinopril sodium/hydrochlorothiazide</i>	23	<i>griseofulvin microsize</i>
17	<i>fosphenytoin sodium</i>	23	<i>griseofulvin ultramicrosize</i>
65	FOSRENOL	46	<i>guanfacine hcl</i>
43	FRAGMIN	24	<i>guanidine hcl</i>
89	FREAMINE HBC 6.9%	27	HALAVEN
90	<i>freamine iii</i>	62	HALFLYTELY BOWEL PREP/FLAVOR PACKS
24	FROVA	66	<i>halobetasol propionate</i>
53	<i>furosemide</i>	66	HALOG
27	FUSILEV	32	<i>haloperidol</i>
36	FUZEON	32	<i>haloperidol decanoate</i>
15	<i>gabapentin</i>	32	<i>haloperidol lactate</i>
15	GABITRIL	77	HAVRIX
17	<i>galantamine hydrobromide</i>	75	<i>hecoria</i>
76	GAMMAGARD LIQUID	78	HECTOROL
76	GAMUNEX-C	44	<i>heparin sodium</i>
35	<i>ganciclovir</i>	44	<i>heparin sodium/d5w</i>
77	GARDASIL	44	<i>heparin sodium/nacl 0.45%</i>
62	GATTEX	44	<i>heparin sodium/nacl 0.9%</i>
63	<i>gavilyte-c</i>	44	<i>heparin sodium/sodium chloride 0.9%</i>
63	<i>gavilyte-g</i>	44	<i>premix</i>
63	<i>gavilyte-n/ flavor pack</i>	90	<i>hepatamine</i>
64	GELNIQUE	90	<i>hepatasol</i>
26	<i>gemcitabine hcl</i>	37	HEPSERA
55	<i>gemfibrozil</i>	29	HERCEPTIN
63	<i>generlac</i>	25	HEXALEN
75	<i>gengraf</i>	15	HORIZANT
68	GENOTROPIN	43	HUMALOG
68	GENOTROPIN MINIQUICK	42	HUMALOG KWIKPEN
7	<i>gentak</i>	42	HUMALOG MIX 50/50
7	<i>gentamicin sulfate</i>	42	HUMALOG MIX 50/50 KWIKPEN
7	<i>gentamicin sulfate/0.9% sodium chloride</i>	43	HUMALOG MIX 75/25
33	GEODON	43	HUMALOG MIX 75/25 KWIKPEN
70	<i>gianvi</i>	68	HUMATROPE
70	<i>gildagia</i>	68	HUMATROPE COMBO PACK
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28	GLEEVEC		

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HUMULIN R U-500 (CONCENTRATED)	43	IOPIDINE	81
<i>hydralazine hcl</i>	57	IPOL INACTIVATED IPV	77
<i>hydrochlorothiazide</i>	54	<i>ipratropium bromide</i>	83
<i>hydrocodone bitartrate/acetaminophen</i>	3	<i>ipratropium bromide/albuterol sulfate</i>	83
<i>hydrocodone/acetaminophen</i>	3	<i>irbesartan</i>	46
<i>hydrocodone/ibuprofen</i>	4	<i>irbesartan/hydrochlorothiazide</i>	46
<i>hydrocortisone</i>	66	<i>irinotecan</i>	27
<i>hydrocortisone</i>	78	ISENTRESS	36
<i>hydrocortisone butyrate</i>	66	ISOLYTE-P/DEXTROSE 5%	90
<i>hydrocortisone valerate</i>	66	ISOLYTE-S	90
<i>hydrocortisone/acetic acid</i>	81	<i>isoniazid</i>	25
<i>hydromorphone hcl</i>	4	<i>isosorbide dinitrate</i>	56
<i>hydroxychloroquine sulfate</i>	29	<i>isosorbide dinitrate er</i>	56
<i>hydroxyurea</i>	26	<i>isosorbide mononitrate</i>	56
<i>hydroxyzine hcl</i>	82	<i>isosorbide mononitrate er</i>	56
<i>hydroxyzine pamoate</i>	83	<i>isotonic gentamicin</i>	7
<i>ibandronate sodium</i>	79	<i>isradipine</i>	52
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<i>indomethacin er</i>	6	<i>junel fe 1.5/30</i>	70
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<i>intralipid</i>	79	KADIAN	1
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<i>kcl 0.15%/d5w/lr</i>	42	LATUDA	33
<i>kcl 0.15%/d5w/nacl 0.2%</i>	42	LAZANDA	4
<i>kcl 0.15%/d5w/nacl 0.225%</i>	42	<i>leena</i>	70
<i>kcl 0.15%/d5w/nacl 0.9%</i>	42	<i>leflunomide</i>	76
<i>kcl 0.3%/d5w/nacl 0.45%</i>	42	<i>lessina</i>	70
<i>kcl 0.3%/d5w/nacl 0.9%</i>	42	LETAIRIS	84
<i>kelnor 1/35</i>	70	<i>letrozole</i>	28
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<i>ketodan kit</i>	23	<i>levalbuterol</i>	84
<i>ketoprofen</i>	6	<i>levalbuterol hcl</i>	84
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<i>ketorolac tromethamine</i>	6	LEVEMIR	43
<i>ketorolac tromethamine</i>	80	LEVEMIR FLEXPEN	43
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<i>kionex</i>	86	<i>levetiracetam er</i>	14
<i>klor-con 10</i>	90	<i>levobunolol hcl</i>	81
<i>klor-con 8</i>	90	<i>levocarnitine</i>	79
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<i>klor-con m20</i>	90	<i>levofloxacin</i>	12
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<i>labetalol hcl</i>	50	<i>levorphanol tartrate</i>	1
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LAMICTAL STARTER/TAKING	16	<i>lidocaine hcl jelly</i>	5
CARBAMAZEPINE/NOT TAKING		<i>lidocaine viscous</i>	5
VALPROATE		<i>lidocaine/prilocaine</i>	5
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	LUMIGAN	79	<i>metformin hcl er</i>	41
	LUMIZYME	61	<i>methadone hcl</i>	1
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	LUPRON DEPOT	74	<i>methadose sugar-free</i>	1
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79	MIACALCIN	5	<i>naloxone hcl</i>
47	MICARDIS	5	<i>naltrexone hcl</i>
47	MICARDIS HCT	18	NAMENDA
23	<i>miconazole 3</i>	18	NAMENDA TITRATION PAK
71	<i>microgestin 1.5/30</i>	18	NAMENDA XR
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71	<i>microgestin fe</i>	80	<i>naphazoline hcl</i>
71	<i>microgestin fe 1.5/30</i>	1	<i>naproxen</i>
46	<i>midodrine hcl</i>	7	<i>naproxen</i>
24	<i>migergot</i>	6	<i>naproxen dr</i>
24	MIGRANAL	6	<i>naproxen sodium</i>
13	<i>minocycline hcl</i>	24	<i>naratriptan hcl</i>
13	<i>minocycline hcl er</i>	82	NASONEX
57	<i>minoxidil</i>	23	NATACYN
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18	<i>mirtazapine</i>	30	NEBUPENT
18	<i>mirtazapine odt</i>	71	<i>necon 0.5/35-28</i>
63	<i>misoprostol</i>	71	<i>necon 1/35</i>
27	<i>mitomycin</i>	71	<i>necon 1/50-28</i>
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48	<i>moexipril hcl</i>	7	<i>neomycin sulfate</i>
48	<i>moexipril/hydrochlorothiazide</i>	8	<i>neomycin/bacitracin/polymyxin</i>
67	<i>mometasone furoate</i>	80	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>
71	<i>mononessa</i>	one	<i>one</i>
83	<i>montelukast sodium</i>	80	<i>neomycin/polymyxin/dexamethasone</i>
2	<i>morphine sulfate</i>	8	<i>neomycin/polymyxin/gramicidin</i>
1	<i>morphine sulfate er</i>	81	<i>neomycin/polymyxin/hc</i>
62	MOTOFEN	8	NEOMYCIN/POLYMYXIN/HYDROCOR
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13	MOXEZA	81	<i>neomycin/polymyxin/hydrocortisone</i>
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48	MULTAQ	90	NEPHRAMINE
8	<i>mupirocin</i>	45	NEULASTA
25	MUSTARGEN	45	NEUMEGA
24	MYCOBUTIN	45	NEUPOGEN
75	<i>mycophenolate mofetil</i>	30	NEUTREXIN
75	MYFORTIC	80	NEVANAC
60	<i>myorisan</i>	35	<i>nevirapine</i>
61	MYOZYME	28	NEXAVAR
64	MYRBETRIQ	63	NEXIUM
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50	<i>nadolol</i>	72	<i>next choice one dose</i>
50	<i>nadolol/bendroflumethiazide</i>	56	NIASPAN
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<i>nifedipine</i>	52	<i>nystatin/triamcinolone</i>	23
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<i>nitrofurantoin macrocrystalline</i>	8	<i>olanzapine/fluoxetine</i>	19
<i>nitrofurantoin monohydrate</i>	8	OLEPTRO	19
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<i>nitroglycerin transdermal</i>	56	OMNARIS	82
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<i>nortriptyline hcl</i>	21	<i>orphenadrine/asa/caffeine</i>	85
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<i>paromomycin sulfate</i>	7	PILOPINE HS	81
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<i>penicillin g sodium</i>	11	<i>viaflex</i>	
<i>penicillin v potassium</i>	11	<i>potassium chloride 0.15% nacl 0.9%</i>	90
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PENTASA	78	<i>potassium chloride 0.3%/d5w</i>	90
<i>pentazocine/acetaminophen</i>	4	<i>potassium chloride er</i>	90
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