

# Blue MedicareRx<sup>SM</sup> Value Plus (PDP) 2014 Formulary (List of Covered Drugs)

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

This formulary was updated on 04/01/2014. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at 1-888-620-1748 or, for TTY/TDD users, 1-866-236-1069, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to “we,” “us”, or “our,” it means Blue MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx Value Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of April 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the Blue MedicareRx Value Plus Formulary?**

A formulary is a list of covered drugs selected by Blue MedicareRx Value Plus 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. Blue MedicareRx Value Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Value Plus 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, 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 April 1, 2014. To get updated information about the drugs covered by Blue MedicareRx Value Plus, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits or mail you a formulary update which provides a complete list of changes that have occurred since the printing of the formulary. You may also access our formulary and information showing changes to, additions, and/or deletions of formulary medications on our Web site at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com). To get updated information about the drugs covered by Blue MedicareRx Value Plus, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

### ***Medical Condition***

The formulary begins on page 7. 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.” If you know what your drug is used for, look for the category name in the list that begins on page number 7. 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 51. 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?

Blue MedicareRx Value Plus 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:** Blue MedicareRx Value Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Value Plus before you fill your prescriptions. If you don't get approval, Blue MedicareRx Value Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that Blue MedicareRx Value Plus will cover. For example, Blue MedicareRx Value Plus provides 12 units per prescription for RELPAX. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Value Plus 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, Blue MedicareRx Value Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Value Plus 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 7. 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 Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus formulary?” on page 3 for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

If you learn that Blue MedicareRx Value Plus does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx Value Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue MedicareRx Value Plus.
- You can ask Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus Formulary?**

You can ask Blue MedicareRx Value Plus 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 your 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, Blue MedicareRx Value Plus 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, Blue MedicareRx Value Plus will only approve your request for an exception if the alternative drug is 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, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

## For more information

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

If you have questions about Blue MedicareRx Value Plus, please contact us. Our contact information, along with the date we last updated the formulary, appear 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](http://www.medicare.gov).

## Blue MedicareRx Value Plus's Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by Blue MedicareRx Value Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 51.

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

The information in the Requirement/Limits column tells you if Blue MedicareRx Value Plus has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-620-1748, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.
- NMO stands for No Mail Order. This prescription drug is not available through mail order service.

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label/Description	Retail or Out-of-Network*		Mail Order 90-day supply for drugs on Tiers 1, 2, 3, 4 and 5
	30-day supply/ Long-term Care 31-day supply		
	Preferred Network Pharmacy	Other Network Pharmacy	
<b>Tier 1: Preferred Generic</b> Certain generic drugs that are available at the lowest copayment	\$1	\$4	\$1
<b>Tier 2: Non-Preferred Generic</b> Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$6	\$12	\$12
<b>Tier 3: Preferred Brand</b> Many common brand name drugs and some higher cost generic drugs, many of which may have lower cost options available on Tier 1 or Tier 2	\$35	\$45	\$70
<b>Tier 4: Non-Preferred Brand</b> Non-preferred generic and non-preferred brand name drugs, many of which may have lower cost options available on Tier 1, Tier 2 and Tier 3	\$85	\$95	\$170
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost drugs of which you pay a percentage of the total drug cost	27%	27%	N/A <sup>†</sup>

<sup>†</sup> For Specialty Tier Drugs in 2014, our plans will not offer a 90-day retail or mail order drug supply.

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a preferred network or other network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

## Blue MedicareRx Value Plus 2014 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol sodium</i> (generic of ALOPRIM)	Tier 2	
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 3	
COLCRYS QL (120 tabs / 30 days)	Tier 3	QL
<i>probenecid</i>	Tier 3	
ULORIC	Tier 3	ST
<b>NSAIDS</b>		
CELEBREX QL (60 caps / 30 days)	Tier 3	QL
<i>diclofenac potassium</i> (generic of CATAFLAM)	Tier 2	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR) TB24	Tier 3	
<i>diclofenac sodium</i> TBEC	Tier 2	
<i>diflunisal</i>	Tier 3	
<i>etodolac</i> CAPS; TB24	Tier 3	
<i>etodolac</i> TABS	Tier 2	
<i>flurbiprofen</i> TABS	Tier 2	
<i>ibuprofen</i> SUSP	Tier 3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ketoprofen</i> CAPS	Tier 1	
<i>ketoprofen</i> CP24	Tier 4	
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
MELOXICAM SUSP 7.5 MG/5ML	Tier 4	
<i>nabumetone</i> TABS	Tier 2	
<i>naproxen</i> (generic of NAPROSYN) SUSP	Tier 3	
<i>naproxen</i> (generic of NAPROSYN) TABS	Tier 1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	Tier 2	
<i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 2	
<i>oxaprozin</i> (generic of DAYPRO)	Tier 4	
<i>piroxicam</i> (generic of FELDENE) CAPS	Tier 3	
<i>sulindac</i> TABS	Tier 2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 3	
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of Hycet) QL (5400mL / 30 days)	Tier 2	QL

**B/D** – Covered under Medicare Part B or D  
**ST** – Step Therapy    **LA** – Limited Access  
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**QL** – Quantity Limits    **PA** – for Prior Authorization  
**NMO** – No Mail Order



Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen 7-5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days)	Tier 3	QL
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	Tier 2	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	Tier 3	QL
<b>OPIOID ANALGESICS, CII</b>		
AVINZA QL (60 caps / 30 days)	Tier 4	QL
DURAMORPH	Tier 2	B/D
<i>endocet 5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>endocet 7.5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>endocet 10/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
ENDODAN QL (360 tabs / 30 days)	Tier 3	QL
<i>fentanyl</i> (generic of DURAGESIC) 12mcg/hr, 25mcg/hr QL (10 ptch / 30 days)	Tier 4	QL
<i>fentanyl</i> (generic of DURAGESIC) 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 ptch / 30 days)	Tier 4	QL PA
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lpop / 30 days)	Tier 5	QL NMO PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lpop / 30 days)	Tier 5	QL NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphon inj 10mg/ml</i> (generic of DILAUDID-HP)	Tier 4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD; TABS	Tier 3	
KADIAN QL (60 caps / 30 days)	Tier 3	QL
LAZANDA QL (30 bottles / 30 days)	Tier 5	QL NMO PA
<i>methadone hcl</i> (generic of METHADOSE) CONC	Tier 2	
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	Tier 3	
<i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg QL (240 tabs / 30 days)	Tier 2	QL
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg QL (240 tabs / 30 days)	Tier 2	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 3	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 3	QL
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	Tier 2	B/D
<i>morphine sul inj</i> .5mg/ml, 1mg/ml	Tier 2	B/D
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg QL (60 ea / 30 days)	Tier 3	QL
<i>morphine sulfate</i> CP24 30mg, 50mg, 60mg, 80mg, 100mg QL (60 ea / 30 days)	Tier 3	QL
MORPHINE SULFATE SOLN 8mg/ml	Tier 2	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate beads</i> (generic of AVINZA) QL (60 ea / 30 days)	Tier 4	QL
MORPHINE SULFATE ORAL SOL	Tier 3	
OXYCODONE HCL CAPS QL (180 caps / 30 days)	Tier 2	QL
OXYCODONE HCL CONC	Tier 4	
<i>oxycodone hcl</i> SOLN	Tier 3	
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE) QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone-aspirin</i> (generic of PERCODAN) QL (360 tabs / 30 days)	Tier 3	QL
<i>roxicet soln</i> QL (1800 mL / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>roxicet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE- MPF) 4%	Tier 2	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) .5%	Tier 2	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF)	Tier 2	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE) 1%	Tier 2	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1%	Tier 2	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	Tier 2	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE) 2%	Tier 2	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE-MPF) 2%	Tier 2	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate</i> SOLN 1gm/4ml, 50mg/ml	Tier 3	
<i>gentamicin in saline</i>	Tier 2	
<i>gentamicin sulfate</i> SOLN	Tier 3	
<i>neomycin sulfate</i> TABS	Tier 3	
<i>paromomycin sulfate</i> CAPS	Tier 4	
<i>streptomycin sulfate</i> SOLR	Tier 2	
<i>sulfadiazine</i> TABS	Tier 4	
TOBI NEB	Tier 5	B/D NMO
<i>tobramycin</i> (generic of TOBI) NEBU	Tier 5	B/D NMO
<i>tobramycin sulfate</i> SOLN; SOLR	Tier 3	
<i>tobramycin sulfate in saline</i>	Tier 3	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	Tier 4	
ALINIA SUSR QL (540 mL / 30 days)	Tier 4	QL
ALINIA TABS QL (20 tabs / 30 days)	Tier 4	QL
AZACTAM 2gm	Tier 4	
AZACTAM/DEX INJ 1GM	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
AZACTAM/DEX INJ 2GM	Tier 5	NMO
<i>aztreonam</i> (generic of AZACTAM)	Tier 3	
BILTRICIDE	Tier 3	
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin phosphate inj 150mg/ml</i>	Tier 3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE) 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 3	
<i>clindamycin soln</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 4	
CUBICIN	Tier 5	B/D NMO
<i>dapsone</i> TABS	Tier 3	
DARAPRIM	Tier 4	
DORIBAX	Tier 4	
<i>erythromycin-sulfisoxazole</i>	Tier 3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 4	
INVANZ	Tier 4	
MACRODANTIN 25mg 90 day limit if >64 yr	Tier 3	PA
MEPRON	Tier 5	NMO
<i>meropenem</i> (generic of MERREM)	Tier 4	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 3	
METRO IV	Tier 3	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 2	
<i>metronidazole in nacl</i>	Tier 2	
NEBUPENT	Tier 4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 90 day limit if >64 yr	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) 90 day limit if >64 yr	Tier 3	PA
PENTAM 300	Tier 4	
<i>sulfamethoxazole-trimethoprim</i> SUSP	Tier 2	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM) TABS	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM DS) TABS	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 3	
<i>trimethoprim</i> TABS	Tier 2	
TYGACIL	Tier 5	NMO
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	Tier 5	NMO
<i>vancomycin hcl</i> SOLR	Tier 4	B/D
ZYVOX	Tier 5	NMO
<b>ANTIFUNGALS</b>		
ABELCET	Tier 5	B/D NMO
AMBISOME	Tier 5	B/D NMO
<i>amphotericin b</i> SOLR	Tier 4	B/D
CANCIDAS	Tier 5	NMO
ERAXIS	Tier 5	NMO
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	Tier 1	
<i>fluconazole in dextrose</i>	Tier 3	
<i>fluconazole in nacl</i>	Tier 3	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 5	NMO
<i>griseofulvin microsize</i> SUSP	Tier 3	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS	Tier 4	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	Tier 4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 4	PA
<i>ketoconazole</i> TABS	Tier 2	
MYCAMINE 50mg	Tier 4	
MYCAMINE 100mg	Tier 5	NMO
NOXAFIL	Tier 5	NMO
<i>nystatin</i> TABS	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 2	QL
VFEND SUSR	Tier 5	NMO
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 5	NMO
<b>ANTIMALARIALS</b>		
ATOVAQUONE- PROGUANIL HCL TAB 62.5-25 MG	Tier 4	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 4	
<i>chloroquine phosphate</i> TABs 250mg	Tier 3	
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	Tier 3	
COARTEM	Tier 3	
<i>mefloquine hcl</i>	Tier 3	
PRIMAQUINE PHOSPHATE	Tier 3	
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 4	
APTIVUS	Tier 5	NMO
CRIXIVAN	Tier 4	
<i>didanosine</i> (generic of VIDEX EC)	Tier 4	
EDURANT	Tier 5	NMO
EMTRIVA	Tier 3	
EPIVIR SOLN	Tier 3	
FUZEON	Tier 5	NMO
INTELENCE 25mg	Tier 4	
INTELENCE 100mg, 200mg	Tier 5	NMO
INVIRASE CAPS	Tier 4	
INVIRASE TABS	Tier 5	NMO
ISENTRESS CHEW 25mg	Tier 3	
ISENTRESS CHEW 100mg	Tier 5	NMO
ISENTRESS TABS	Tier 5	NMO
<i>lamivudine</i> (generic of EPIVIR) 150mg, 300mg	Tier 3	
LEXIVA SUSP	Tier 4	
LEXIVA TABS	Tier 5	NMO
NEVIRAPINE	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 3	
NORVIR	Tier 3	
PREZISTA SUSP	Tier 5	NMO
PREZISTA TABS 75mg, 150mg	Tier 3	
PREZISTA TABS 600mg, 800mg	Tier 5	NMO
RESCRIPTOR	Tier 4	
RETROVIR IV INFUSION	Tier 3	
REYATAZ 100mg	Tier 3	
REYATAZ 150mg, 200mg, 300mg	Tier 5	NMO
SELZENTRY	Tier 5	NMO
<i>stavudine</i> (generic of ZERIT) CAPS	Tier 3	
<i>stavudine</i> (generic of ZERIT) SOLR	Tier 4	
SUSTIVA	Tier 3	
TIVICAY	Tier 5	NMO
VIDEX PEDIATRIC	Tier 4	
VIRACEPT	Tier 5	NMO
VIRAMUNE SUSP	Tier 4	
VIRAMUNE XR	Tier 4	
VIREAD	Tier 5	NMO
ZIAGEN SOLN	Tier 4	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	Tier 3	
<i>zidovudine</i> TABS	Tier 3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 5	NMO
ATRIPLA	Tier 5	NMO
COMPLERA	Tier 5	NMO
EPZICOM	Tier 5	NMO
KALETRA SOL	Tier 5	NMO
KALETRA TAB 100-25MG	Tier 3	
KALETRA TAB 200-50MG	Tier 5	NMO
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 5	NMO
STRIBILD	Tier 5	NMO
TRIZIVIR	Tier 5	NMO
TRUVADA	Tier 5	NMO
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	Tier 5	NMO
<i>cycloserine</i> CAPS	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 3	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 3	
<i>isoniazid syp 50mg/5ml</i>	Tier 3	
MYCOBUTIN	Tier 4	
<i>paser 4gm</i>	Tier 3	
PRIFTIN	Tier 4	
<i>pyrazinamide</i>	Tier 3	
<i>rifampin</i> (generic of RIFADIN) CAPS	Tier 3	
<i>rifampin</i> (generic of RIFADIN) SOLR	Tier 4	
RIFATER	Tier 4	
SIRTURO	Tier 5	NMO LA PA
TRECTOR	Tier 4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 3	
<i>acyclovir</i> (generic of ZOVIRAX) TABS	Tier 2	
<i>acyclovir sodium</i>	Tier 4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 5	NMO ST
BARACLUDE SOLN	Tier 3	
BARACLUDE TABS	Tier 5	NMO
EPIVIR HBV	Tier 4	
<i>famciclovir</i> (generic of FAMVIR)	Tier 4	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	Tier 3	B/D
HEPSERA	Tier 5	NMO ST
INCIVEK	Tier 5	NMO PA
<i>lamivudine</i> (generic of EPIVIR HBV) 100mg	Tier 4	
<i>moderiba pak</i>	Tier 5	NMO PA
<i>moderiba tab 200mg</i> (generic of COPEGUS)	Tier 4	NMO PA
REBETOL SOLN	Tier 5	NMO PA
RELENZA DISKHALER	Tier 3	
<i>ribapak</i>	Tier 5	NMO PA
<i>ribapak mis 600/day</i>	Tier 5	NMO PA
<i>ribasphere 400mg</i>	Tier 4	NMO PA
<i>ribasphere 600mg</i>	Tier 5	NMO PA
<i>ribasphere 200mg</i> (generic of REBETOL) CAPS	Tier 4	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ribasphere 200mg</i> (generic of COPEGUS) TABS	Tier 4	NMO PA
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	Tier 4	NMO PA
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	Tier 4	NMO PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 3	
TAMIFLU	Tier 3	
TYZEKA	Tier 5	NMO
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 4	
VALCYTE	Tier 5	NMO
VICTRELIS	Tier 5	NMO PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	Tier 3	
<i>cefaclor monohydrate</i>	Tier 3	
<i>cefadroxil</i> CAPS	Tier 2	
<i>cefadroxil</i> SUSR	Tier 3	
<i>cefadroxil</i> TABS	Tier 4	
<i>cefazolin in d5w</i>	Tier 3	
<i>cefazolin inj</i>	Tier 3	
<i>cefazolin sodium</i> 1gm, 20gm	Tier 3	
<i>cefdinir</i> CAPS	Tier 3	
<i>cefdinir</i> SUSR	Tier 4	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 4	
<i>cefixime</i>	Tier 3	
<i>cefotaxime sodium</i> (generic of CLAFORAN) 1gm, 2gm	Tier 2	
<i>cefotaxime sodium</i> (generic of CLAFORAN) 10gm, 500mg	Tier 3	
<i>cefoxitin sodium</i>	Tier 4	
<i>cefpodoxime proxetil</i> SUSR	Tier 4	
<i>cefpodoxime proxetil</i> TABS	Tier 3	
<i>cefprozil</i>	Tier 3	
<i>ceftazidime solr</i> (generic of FORTAZ)	Tier 3	
CEFTAZIDIME/DEXTROSE	Tier 4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg	Tier 3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm, 500mg	Tier 3	
<i>cefuroxime axetil</i> (generic of CEFTIN) TABS	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	Tier 3	
<i>cefuroxime sodium</i> 7.5gm	Tier 3	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR	Tier 2	
SUPRAX CAPS; SUSR	Tier 3	
<i>suprax</i> CHEW	Tier 4	
<i>tazicef</i> (generic of FORTAZ) SOLR	Tier 3	
<i>tazicef vial</i> (generic of FORTAZ)	Tier 3	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 2	
<i>clarithromycin</i> (generic of BIAXIN) TABS	Tier 3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 3	
<i>clarithromycin for susp</i> 125mg/5ml	Tier 4	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	Tier 4	
DIFICID	Tier 5	NMO ST
E.E.S. GRANULES	Tier 4	
ERYPED 200	Tier 4	
ERYPED 400	Tier 4	
<i>erythromycin base</i>	Tier 3	
<i>erythromycin ethylsuccinate</i>	Tier 3	
<i>erythromycin stearate</i>	Tier 3	
ZMAX	Tier 3	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR	Tier 4	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	Tier 4	
<i>ciprofloxacin hcl tab</i> 100mg, 750mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 2	
<i>ciprofloxacin inj</i>	Tier 4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 3	
<i>levofloxacin in d5w</i> (generic of LEVAQUIN)	Tier 3	
<i>levofloxacin inj 25mg/ml</i>	Tier 4	
<i>levofloxacin oral soln 25 mg/ml</i> (generic of LEVAQUIN)	Tier 4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	Tier 1	
<i>amoxicillin</i> CHEW	Tier 2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) CHEW	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	Tier 2	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 2	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	Tier 3	
<i>ampicillin</i> CAPS	Tier 1	
<i>ampicillin</i> SUSR	Tier 2	
<i>ampicillin &amp; sulbactam sodium</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	Tier 3	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin inj</i>	Tier 4	
<i>ampicillin sodium</i>	Tier 4	
BICILLIN C-R	Tier 4	
BICILLIN L-A	Tier 4	
<i>dicloxacillin sodium</i>	Tier 2	
<i>nafcillin sodium 1gm</i>	Tier 4	
<i>nafcillin sodium 2gm, 10gm</i>	Tier 5	NMO
<i>oxacillin sodium 1gm, 2gm</i>	Tier 4	
<i>oxacillin sodium 10gm</i>	Tier 5	NMO
PENICILLIN G POT IN DEXTROSE	Tier 4	
<i>penicillin g potassium</i>	Tier 4	
<i>penicillin g procaine</i>	Tier 3	
<i>penicillin g sodium</i>	Tier 4	
<i>penicillin v potassium</i>	Tier 1	
<i>penicillin gk inj 5mu</i>	Tier 4	
<i>piperacillin sodium- tazobactam sodium</i> (generic of ZOSYN)	Tier 4	
TIMENTIN	Tier 4	
TIMENTIN INJ 3.1GM	Tier 4	
<b>TETRACYCLINES</b>		
<i>doxycycl hyc inj</i>	Tier 4	
<i>doxycycline (monohydrate)</i> CAPS 50mg	Tier 3	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	Tier 3	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	Tier 3	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	Tier 3	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 1	
<i>doxycycline hyclate</i> TABS 20mg	Tier 3	
<i>doxycycline hyclate</i> TABS 100mg	Tier 1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	Tier 3	
VIBRAMYCIN SYRP	Tier 4	

#### ANTINEOPLASTIC AGENTS

#### ALKYLATING AGENTS

Drug Name	Drug Tier	Requirements/ Limits
BICNU	Tier 4	B/D
BUSULFEX	Tier 4	B/D
CEENU	Tier 3	
<i>cyclophosphamide SOLR;</i> TABs	Tier 4	B/D
<i>dacarbazine 200mg</i>	Tier 3	B/D
EMCYT	Tier 4	
HEXALEN	Tier 5	NMO
IFEX 3gm	Tier 4	B/D
IFOSFAMIDE SOLR	Tier 4	B/D
<i>ifosfamide inj</i> (generic of IFEX)	Tier 4	B/D
<i>ifosfamide inj 1gm/20ml</i> (generic of IFOSFAMIDE)	Tier 3	B/D
<i>ifosfamide inj 3gm/60ml</i> (generic of IFOSFAMIDE)	Tier 3	B/D
LEUKERAN	Tier 4	
LOMUSTINE	Tier 3	
<i>melphalan hcl</i> (generic of ALKERAN)	Tier 5	B/D NMO
MUSTARGEN	Tier 4	B/D
TREANDA	Tier 5	B/D NMO
<b>ANTHRACYCLINES</b>		
<i>adriamycin SOLN</i>	Tier 3	B/D
<i>adriamycin SOLR 50mg</i>	Tier 4	B/D
<i>daunorubicin hcl INJ</i>	Tier 3	B/D
<i>daunorubicin hcl</i> (generic of CERUBIDINE) SOLR	Tier 3	B/D
DOXIL	Tier 5	B/D NMO
<i>doxorubicin hcl SOLN</i>	Tier 3	B/D
<i>doxorubicin hcl SOLR</i> 20mg, 50mg	Tier 4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	Tier 5	B/D NMO
<i>epirubicin hcl</i> (generic of ELLECE) SOLN	Tier 4	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	Tier 5	B/D NMO
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 3	B/D
COSMEGEN	Tier 5	B/D NMO
<i>mitomycin SOLR</i>	Tier 4	B/D
<i>mitomycin solr 20 mg</i>	Tier 4	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj</i>	Tier 3	B/D
ALIMTA	Tier 5	B/D NMO
<i>azacitidine</i> (generic of VIDAZA)	Tier 5	B/D NMO

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<i>cladribine</i>	Tier 5	B/D NMO
<i>cytarabine</i> SOLN 20mg/ml	Tier 4	B/D
<i>cytarabine</i> SOLR 100mg, 500mg	Tier 3	B/D
<i>fludarabine phosphate</i> SOLN	Tier 4	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	Tier 4	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml	Tier 3	B/D
GEMCITABINE HCL SOLN	Tier 5	B/D NMO
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	Tier 5	B/D NMO
<i>gemcitabine hcl</i> SOLR 2gm	Tier 5	B/D NMO
<i>mercaptopurine</i> (generic of PURINETHOL) TABS	Tier 3	
<i>methotrexate sodium inj</i>	Tier 2	B/D
<i>pentostatin</i> (generic of NIPENT) TABLOID	Tier 4	
VIDAZA	Tier 5	B/D NMO
<b>ANTIMITOTIC, TAXOIDS</b>		
DOCETAXEL CONC 20mg/0.5ml	Tier 5	B/D NMO
DOCETAXEL CONC 20mg/ml, 80mg/4ml	Tier 5	B/D NMO
<i>docetaxel</i> CONC 140mg/7ml	Tier 5	B/D NMO
DOCETAXEL SOLN 80mg/8ml	Tier 5	B/D NMO
<i>paclitaxel</i> TAXOTERE	Tier 4 Tier 5	B/D B/D NMO
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i> SOLR	Tier 4	B/D
<i>vincristine sulfate</i>	Tier 2	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 4	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	Tier 5	B/D NMO
ERIVEDGE	Tier 5	NMO LA PA
HERCEPTIN	Tier 5	B/D NMO
ISTODAX	Tier 5	B/D NMO
KADCYLA	Tier 5	B/D NMO
PROLEUKIN	Tier 5	B/D NMO
RITUXAN	Tier 5	NMO PA
VELCADE	Tier 5	B/D NMO
ZOLINZA	Tier 5	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 3	
<i>bicalutamide</i> (generic of CASODEX) QL (30 tabs / 30 days)	Tier 3	QL
DEPO-PROVERA INJ 400/ML	Tier 4	B/D
<i>exemestane</i> (generic of AROMASIN)	Tier 4	ST
FARESTON	Tier 5	NMO
FASLODEX	Tier 5	B/D NMO
<i>flutamide</i>	Tier 3	
<i>letrozole</i> (generic of FEMARA) TABS	Tier 3	
<i>leuprolide acetate</i> KIT	Tier 4	NMO PA
LUPR DEP-PED INJ 11.25MG (3-MONTH) QL (1 box / 84 days)	Tier 5	QL NMO PA
LUPR DEP-PED INJ 30MG (3-MONTH) QL (1 box / 84 days)	Tier 5	QL NMO PA
LUPRON DEPOT 3.75mg QL (1 box / 30 days)	Tier 5	QL NMO PA
LUPRON DEPOT-PED	Tier 5	NMO PA
LYSODREN	Tier 3	
MEGACE ES QL (150 mL / 30 days)	Tier 3	QL PA
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP	Tier 3	PA
<i>megestrol acetate</i> TABS	Tier 2	PA
NILANDRON	Tier 5	NMO
SOLTAMOX	Tier 4	
<i>tamoxifen citrate</i> TABS	Tier 2	
TRELSTAR DEP INJ 3.75MG	Tier 5	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 5	NMO PA
XTANDI	Tier 5	NMO LA PA
ZYTIGA	Tier 5	NMO PA
<b>KINASE INHIBITORS</b>		
AFINITOR	Tier 5	NMO PA
AFINITOR DISPERZ	Tier 5	NMO PA
BOSULIF	Tier 5	NMO PA
CAPRELSA	Tier 5	NMO LA PA
COMETRIQ	Tier 5	NMO PA
GILOTRIF	Tier 5	NMO PA
GLEEVEC	Tier 5	NMO PA
ICLUSIG	Tier 5	NMO LA PA

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IMBRUVICA	Tier 5	NMO PA
INLYTA	Tier 5	NMO LA PA
JAKAFI	Tier 5	NMO LA PA
MEKINIST	Tier 5	NMO PA
NEXAVAR	Tier 5	NMO LA PA
SPRYCEL	Tier 5	NMO PA
STIVARGA	Tier 5	NMO LA PA
SUTENT	Tier 5	NMO PA
TAFINLAR	Tier 5	NMO PA
TARCEVA	Tier 5	NMO PA
TASIGNA	Tier 5	NMO PA
TYKERB	Tier 5	NMO LA PA
VOTRIENT	Tier 5	NMO PA
XALKORI	Tier 5	NMO LA PA
ZELBORAF	Tier 5	NMO LA PA

### MISCELLANEOUS

DROXIA	Tier 3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 3	
MATULANE	Tier 5	NMO
<i>mitoxantrone hcl</i>	Tier 3	B/D NMO
POMALYST CAP 1MG	Tier 5	NMO LA PA
POMALYST CAP 2MG	Tier 5	NMO LA PA
POMALYST CAP 3MG	Tier 5	NMO LA PA
POMALYST CAP 4MG	Tier 5	NMO LA PA
SYLATRON	Tier 5	NMO PA
TARGRETIN CAPS	Tier 5	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 5	NMO
TRISENOX	Tier 5	B/D NMO

### PLATINUM-BASED AGENTS

<i>carboplatin</i> SOLN	Tier 3	B/D
<i>cisplatin soln</i>	Tier 3	B/D
<i>oxaliplatin</i>	Tier 5	B/D NMO

### PROTECTIVE AGENTS

<i>amifostine crystalline</i> (generic of ETHYOL)	Tier 5	B/D NMO
<i>dexrazoxane</i> (generic of ZINECARD)	Tier 5	B/D NMO
ELITEK	Tier 5	B/D NMO
<i>leucovorin calcium</i> SOLN; SOLR	Tier 4	B/D
<i>leucovorin calcium</i> TABS	Tier 3	
<i>mesna</i> (generic of MESNEX)	Tier 4	B/D
MESNEX TABS	Tier 5	NMO

### TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN 1gm/50ml, 500mg/25ml	Tier 3	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 5	B/D NMO
<i>irinotecan hcl</i> 500mg/25ml	Tier 5	B/D NMO
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	Tier 5	B/D NMO

### CARDIOVASCULAR

#### ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	Tier 1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>captopril</i> TABS	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i> (generic of UNIVASC)	Tier 1	
<i>perindopril erbumine</i> 2mg	Tier 1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	Tier 1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> (generic of MAVIK)	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	Tier 4	PA
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 2	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	Tier 1	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>terazosin hcl</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
AZOR 10-40MG	Tier 3	
AZOR TAB 5-20MG QL (30 tabs / 30 days)	Tier 3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	Tier 3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	Tier 3	QL
BENICAR HCT 40-25MG	Tier 3	
BENICAR HCT TAB 20-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
BENICAR HCT TAB 40-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE 10-320MG	Tier 3	
EXFORGE HCT 5-160-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE HCT 5-160-25MG QL (60 tabs / 30 days)	Tier 3	QL
EXFORGE HCT 10-160-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE HCT 10-160-25MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE HCT 10-320-25MG	Tier 3	
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	Tier 3	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	Tier 3	QL
<i>losartan-hctz 50-12mg</i> (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan-hctz 100-12.5mg</i> (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan-hctz 100-25mg</i> (generic of HYZAAR)	Tier 1	
TRIBENZOR 40-10-25MG	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	Tier 3	QL
TRIBENZOR TAB 40-10-12.5 QL (30 tabs / 30 days)	Tier 3	QL
valsartan & hctz tab 80-12.5mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
valsartan & hctz tab 160-12.5mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
valsartan & hctz tab 160-25mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
valsartan & hctz tab 320-12.5mg (generic of DIOVAN HCT)	Tier 1	
valsartan-hctztab 320-25mg (generic of DIOVAN HCT)	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR 5mg QL (60 tabs / 30 days)	Tier 3	QL
BENICAR 20mg QL (30 tabs / 30 days)	Tier 3	QL
BENICAR 40mg	Tier 3	
DIOVAN 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 3	QL
DIOVAN 320mg	Tier 3	
losartan potassium (generic of COZAAR) 25mg, 50mg QL (60 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) 100mg	Tier 1	
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl SOLN	Tier 2	
amiodarone hcl TABS 100mg, 400mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl (generic of CORDARONE) TABS 200mg	Tier 1	
disopyramide phosphate (generic of NORPACE)	Tier 3	PA
flecainide acetate	Tier 3	
mexiletine hcl	Tier 3	
MULTAQ	Tier 4	
NORPACE CR	Tier 4	PA
pacerone	Tier 4	
propafenone hcl (generic of RYTHMOL SR) CP12	Tier 4	
propafenone hcl (generic of RYTHMOL) TABS 150mg, 225mg	Tier 3	
propafenone hcl TABS 300mg	Tier 3	
quinidine gluconate TBCR	Tier 3	
quinidine sulfate TABS	Tier 2	
quinidine sulfate TBCR	Tier 3	
sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	
sotalol hcl 240mg	Tier 2	
sotalol hcl (afib/af) (generic of BETAPACE AF)	Tier 3	
TIKOSYN	Tier 4	NMO PA
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
atorvastatin calcium (generic of LIPITOR) QL (30 tabs / 30 days)	Tier 1	QL
CRESTOR QL (30 tabs / 30 days)	Tier 3	QL
lovastatin 10mg QL (30 tabs / 30 days)	Tier 1	QL
lovastatin (generic of MEVACOR) 20mg QL (120 tabs / 30 days)	Tier 1	QL
lovastatin (generic of MEVACOR) 40mg QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium 10mg QL (30 tabs / 30 days)	Tier 1	QL
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin</i> (generic of ZOCOR) TABS QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 3	
<i>cholestyramine light</i> PACK	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 3	
<i>colestipol hcl</i> (generic of COLESTID)	Tier 3	
<i>fenofibrate</i> (generic of TRICOR) 48mg, 145mg	Tier 3	
<i>fenofibrate</i> (generic of LOFIBRA) 54mg, 160mg	Tier 3	
FENOFIBRATE MICRONIZED 43mg QL (60 caps / 30 days)	Tier 3	QL
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg QL (30 caps / 30 days)	Tier 3	QL
FENOFIBRATE MICRONIZED 130mg	Tier 3	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 134mg, 200mg	Tier 3	
<i>fenofibric cap 45mg dr</i> (generic of TRILIPIX)	Tier 3	
<i>fenofibric cap 135mg dr</i> (generic of TRILIPIX)	Tier 3	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 2	
LOVAZA	Tier 3	
<i>niacin er</i> (generic of NIASPAN) TBCR 500mg QL (90 ea / 30 days)	Tier 4	QL
<i>niacin er</i> (generic of NIASPAN) TBCR 750mg QL (60 ea / 30 days)	Tier 4	QL
<i>niacin er</i> (generic of NIASPAN) TBCR 1000mg	Tier 4	
NIASPAN 500mg QL (90 ea / 30 days)	Tier 4	QL
NIASPAN 750mg QL (60 ea / 30 days)	Tier 4	QL
NIASPAN 1000mg	Tier 4	
VASCEPA	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
WELCHOL	Tier 3	
ZETIA	Tier 4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 50)	Tier 1	
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 100)	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide</i>	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 3	
<i>propranolol &amp; hydrochlorothiazide</i>	Tier 3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	Tier 2	
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	Tier 3	
BYSTOLIC	Tier 4	
<i>carvedilol</i> (generic of COREG)	Tier 2	
<i>labetalol hcl</i> (generic of TRANDATE) TABS 100mg, 200mg	Tier 3	
<i>labetalol hcl</i> TABS 300mg	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL) 25mg, 50mg QL (60 tabs / 30 days)	Tier 3	QL
<i>metoprolol succinate</i> (generic of TOPROL XL) 100mg QL (45 tabs / 30 days)	Tier 3	QL
<i>metoprolol succinate</i> (generic of TOPROL XL) 200mg	Tier 3	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN	Tier 2	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>nadolol</i> (generic of CORGARD) TABS	Tier 3	
<i>pindolol</i>	Tier 3	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 3	
<i>propranolol hcl</i> SOLN	Tier 3	
<i>propranolol hcl</i> TABS	Tier 1	
<i>timolol maleate</i> TABS	Tier 3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg QL (45 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate</i> (generic of NORVASC) TABS 10mg	Tier 1	
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD) QL (30 caps / 30 days)	Tier 2	QL
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 2	
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 2	
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	Tier 2	
<i>dilt-cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>dilt-cd cap 120mg</i> (generic of CARDIZEM CD) QL (30 caps / 30 days)	Tier 2	QL
<i>dilt-cd cap 180mg</i> (generic of CARDIZEM CD)	Tier 2	
<i>dilt-cd cap 300mg</i> (generic of CARDIZEM CD)	Tier 2	
<i>dilt-xr 120mg</i> QL (30 caps / 30 days)	Tier 3	QL
<i>dilt-xr cap 180mg</i>	Tier 3	
<i>dilt-xr cap 240mg</i> (generic of DILACOR XR)	Tier 3	
<i>diltiazem cap</i> (generic of TIAZAC) 120mg QL (30 caps / 30 days)	Tier 3	QL
<i>diltiazem cap</i> (generic of TIAZAC) 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem cap 120mg/24hr</i> QL (30 caps / 30 days)	Tier 3	QL
<i>diltiazem cap er/12hr</i>	Tier 3	
<i>diltiazem hcl</i> SOLN	Tier 2	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) 120mg QL (30 caps / 30 days)	Tier 2	QL
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) 180mg, 240mg, 300mg	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) 360mg	Tier 3	
<i>diltzac</i> (generic of TIAZAC) 120mg QL (30 caps / 30 days)	Tier 3	QL
<i>diltzac</i> (generic of TIAZAC) 180mg, 240mg, 300mg	Tier 3	
<i>felodipine 2.5mg</i> QL (30 tabs / 30 days)	Tier 3	QL
<i>felodipine 5mg</i> QL (60 tabs / 30 days)	Tier 3	QL
<i>felodipine 10mg</i>	Tier 3	
<i>isradipine</i>	Tier 4	
<i>matzim la</i> (generic of CARDIZEM LA)	Tier 4	
<i>nicardipine hcl</i> CAPS	Tier 3	
<i>nifediac cc tab 30mg er</i> (generic of ADALAT CC) QL (60 ea / 30 days)	Tier 3	QL
<i>nifediac cc tab 60mg er</i> (generic of ADALAT CC)	Tier 3	
<i>nifediac cc tab 90mg er</i> (generic of ADALAT CC)	Tier 3	
<i>nifedipine</i> (generic of ADALAT CC) TB24 30mg QL (60 ea / 30 days)	Tier 3	QL
<i>nifedipine</i> (generic of ADALAT CC) TB24 60mg	Tier 3	
<i>nifedipine cr</i> (generic of ADALAT CC) 30mg QL (60 tabs / 30 days)	Tier 3	QL
<i>nifedipine cr</i> (generic of ADALAT CC) 60mg	Tier 3	

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<i>nifedipine er</i> (generic of PROCARDIA XL) 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>nifedipine er</i> (generic of PROCARDIA XL) 60mg, 90mg	Tier 3	
<i>nifedipine xl</i> (generic of PROCARDIA XL) 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>nifedipine xl</i> (generic of PROCARDIA XL) 60mg	Tier 3	
<i>nimodipine</i> CAPS	Tier 4	
NYMALIZE	Tier 5	NMO
<i>taztia xt</i> (generic of TIAZAC) 120mg QL (30 caps / 30 days)	Tier 3	QL
<i>taztia xt</i> (generic of TIAZAC) 180mg, 240mg, 300mg, 360mg	Tier 3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 3	
VERAPAMIL CAP ER 360mg	Tier 3	
<i>verapamil hcl</i> SOLN	Tier 3	
<i>verapamil hcl</i> TABS 40mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>verapamil tab er</i> (generic of CALAN SR)	Tier 2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin</i> (generic of LANOXIN) SOLN	Tier 3	
<i>digoxin</i> (generic of LANOXIN) TABS .25mg	Tier 2	PA
<i>digoxin</i> (generic of LANOXIN) TABS .125mg QL (30 tabs / 30 days)	Tier 2	QL
DIGOXIN SOL 50MCG/ML	Tier 3	PA
LANOXIN TABS .25mg	Tier 3	PA
LANOXIN TABS .125mg QL (30 tabs / 30 days)	Tier 3	QL
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
AMTURNIDE 300-10-25MG	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
AMTURNIDE TAB 150-5-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
AMTURNIDE TAB 300-5-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
AMTURNIDE TAB 300-5-25MG QL (30 tabs / 30 days)	Tier 3	QL
AMTURNIDE TAB 300-10-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
TEKAMLO 300-10MG	Tier 3	
TEKAMLO TAB 150-5MG QL (30 tabs / 30 days)	Tier 3	QL
TEKAMLO TAB 150-10MG QL (30 tabs / 30 days)	Tier 3	QL
TEKAMLO TAB 300-5MG QL (30 tabs / 30 days)	Tier 3	QL
TEKTURNA 150mg QL (30 tabs / 30 days)	Tier 3	QL
TEKTURNA 300mg	Tier 3	
TEKTURNA HCT TAB 150-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
TEKTURNA HCT TAB 150-25MG QL (60 tabs / 30 days)	Tier 3	QL
TEKTURNA HCT TAB 300-12.5MG QL (30 tabs / 30 days)	Tier 3	QL
TEKTURNA HCT TAB 300-25MG	Tier 3	
<b>DIURETICS</b>		
<i>acetazolamide</i> (generic of DIAMOX) CP12	Tier 4	
<i>acetazolamide</i> TABS	Tier 3	
<i>amiloride &amp; hydrochlorothiazide</i>	Tier 2	
<i>amiloride hcl</i>	Tier 3	
<i>bumetanide</i>	Tier 2	
<i>chlorothiazide</i>	Tier 1	
<i>chlorthalidone</i> 25mg, 50mg	Tier 2	
DIURIL SUS 250/5ML	Tier 3	
DYRENIUM	Tier 4	
EDECIN	Tier 4	
<i>furosemide</i> SOLN 8mg/ml	Tier 2	
<i>furosemide</i> SOLN 10mg/ml	Tier 1	

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<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i>	Tier 2	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	Tier 4	
<i>methyclothiazide</i>	Tier 3	
<i>metolazone</i> (generic of ZAROXOLYN) 2.5mg, 5mg	Tier 2	
<i>metolazone</i> 10mg	Tier 2	
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	
<i>toremide inj</i>	Tier 2	
<i>toremide tabs</i> (generic of DEMADEX)	Tier 2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of DYZIDE) CAPS	Tier 2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 2	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
DIBENZYLIN	Tier 4	
<i>hydralazine hcl soln</i>	Tier 3	
<i>hydralazine hcl tabs</i>	Tier 3	
<i>midodrine hcl</i>	Tier 3	
<i>minoxidil</i> TABS	Tier 3	
RANEXA 500mg QL (90 tabs / 30 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
RANEXA 1000mg QL (60 tabs / 30 days)	Tier 4	QL PA
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	Tier 2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 3	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 3	
<i>isosorbide dinitrate</i> TBCR	Tier 3	
<i>isosorbide dinitrate sl tab</i> 2.5 mg	Tier 1	
<i>isosorbide mononitrate</i> (generic of IMDUR)	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 4	
NITRO-DUR DIS 0.8MG/HR	Tier 4	
<i>nitroglycerin</i> OINT	Tier 3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
<i>nitroglycerin</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
NITROLINGUAL PUMPSPRAY	Tier 3	
NITROSTAT	Tier 3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA QL (60 tabs / 30 days)	Tier 5	QL NMO PA
ADEMPAS QL (90 tabs / 30 days)	Tier 5	QL NMO PA
LETAIRIS QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
REMODULIN <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 5	B/D NMO LA
TRACLEER 62.5mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
TRACLEER 125mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam</i> CONC QL (300 ml / 30 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam</i> (generic of XANAX) TABS QL (150 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	Tier 1	QL
<i>bupirone hcl</i> TABS	Tier 3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg QL (45 tabs / 30 days)	Tier 3	QL
<i>fluvoxamine maleate</i> TABS 100mg	Tier 3	
<i>lorazepam</i> CONC QL (150 mL / 30 days)	Tier 3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
<b>ANTICONVULSANTS</b>		
BANZEL SUSP	Tier 5	NMO
BANZEL TABS 200mg	Tier 4	
BANZEL TABS 400mg	Tier 5	NMO
<i>carbamazepine</i> CHEW	Tier 2	
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	Tier 2	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 3	
CELONTIN	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (600 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (1200 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP 1mg QL (600 tabs / 30 days)	Tier 3	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL
<i>clonazepam</i> TBDP .5mg QL (1200 tabs / 30 days)	Tier 3	QL
<i>clonazepam</i> TBDP .25mg QL (2400 tabs per 30 days)	Tier 3	QL
<i>clonazepam</i> TBDP .125mg QL (4800 tabs per 30 days)	Tier 3	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (120 tabs / 30 days)	Tier 3	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>diazepam</i> CONC QL (240 mL / 30 days)	Tier 2	QL PA
<i>diazepam</i> SOLN QL (1200 mL / 30 days)	Tier 2	QL PA
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	Tier 1	QL PA
DIAZEPAM GEL	Tier 2	
<i>diazepam inj</i>	Tier 2	
<i>dilantin</i>	Tier 3	
DILANTIN-125 SUS 125/5ML	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 4	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 5	NMO
<i>felbamate</i> (generic of FELBATOL) TABS 400mg	Tier 4	
<i>felbamate</i> (generic of FELBATOL) TABS 600mg	Tier 5	NMO
FYCOMPA 2mg QL (180 tabs / 30 days)	Tier 4	QL PA
FYCOMPA 4mg QL (90 tabs / 30 days)	Tier 4	QL PA
FYCOMPA 6mg QL (60 tabs / 30 days)	Tier 4	QL PA
FYCOMPA 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 3	QL
GABITRIL 12mg, 16mg	Tier 4	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 2	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 4	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 4	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL
LYRICA SOLN QL (946mL / 30 days)	Tier 3	QL
ONFI	Tier 4	PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 3	
PEGANONE	Tier 4	
<i>phenobarbital</i> ELIX; TABS	Tier 2	PA
PHENOBARBITAL SODIUM 65mg/ml	Tier 2	PA
<i>phenobarbital sodium</i> 130mg/ml	Tier 2	PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 3	
<i>phenytoin</i> (generic of DILANTIN) SUSP	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium</i> SOLN	Tier 2	
<i>phenytoin sodium extended</i> 30mg, 100mg, 200mg, 300mg	Tier 3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2	
POTIGA	Tier 4	
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 3	
SABRIL PACK QL (180 packets / 30 days)	Tier 5	QL NMO LA PA
SABRIL TABS QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
TEGRETOL	Tier 4	
TEGRETOL-XR	Tier 4	
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 4	
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 3	
TRILEPTAL SUSP	Tier 4	
<i>valproate sodium</i> (generic of DEPAICON) SOLN	Tier 4	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	Tier 2	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	Tier 3	
VIMPAT SOLN QL (1200 mL / 30 days)	Tier 4	QL
VIMPAT TABS 50mg QL (180 tabs / 30 days)	Tier 4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
<i>zonisamide</i> (generic of ZONEGRAN) 25mg, 100mg	Tier 3	
<i>zonisamide</i> 50mg	Tier 3	

### ANTIDEMENTIA

Drug Name	Drug Tier	Requirements/ Limits
ARICEPT 23mg	Tier 3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	Tier 3	
<i>donepezil hydrochloride</i> (generic of ARICEPT ODT) TBDP 5mg QL (30 tabs / 30 days)	Tier 4	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT ODT) TBDP 10mg	Tier 4	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr QL (30 ptch / 30 days)	Tier 4	QL
EXELON SOLN	Tier 4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg QL (30 caps / 30 days)	Tier 4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 24mg	Tier 4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) SOLN	Tier 4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (180 tabs / 30 days)	Tier 4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg QL (90 tabs / 30 days)	Tier 4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	Tier 4	
NAMENDA SOLN	Tier 3	
NAMENDA TABS 5mg QL (60 tabs / 30 days)	Tier 3	QL
NAMENDA TABS 10mg	Tier 3	
NAMENDA TITRATION PAK	Tier 3	
<i>rivastigmine tartrate</i> (generic of EXELON) 1.5mg, 3mg, 6mg	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine tartrate</i> (generic of EXELON) 4.5mg QL (60 caps / 30 days)	Tier 4	QL
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS	Tier 2	PA
<i>amoxapine</i>	Tier 3	
BRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 4	QL
BRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 4	QL
BRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 4	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	Tier 3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (90 ea / 30 days)	Tier 3	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 ea / 30 days)	Tier 3	QL
<i>citalopram sol 10mg/5ml</i> QL (2.5 / 30 days)	Tier 3	QL
<i>citalopram tab 10mg</i> (generic of CELEXA) QL (45 tabs / 30 days)	Tier 1	QL
<i>citalopram tab 20mg</i> (generic of CELEXA) QL (45 tabs / 30 days)	Tier 1	QL
<i>citalopram tab 40mg</i> (generic of CELEXA) QL (30 tabs / 30 days)	Tier 1	QL
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	Tier 3	PA
CYMBALTA QL (60 caps / 30 days)	Tier 4	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS	Tier 4	
<i>doxepin hcl</i> CAPS; CONC	Tier 2	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) QL (60 ea / 30 days)	Tier 4	QL
EMSAM QL (30 ptch / 30 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram sol 5mg/5ml</i> (generic of LEXAPRO) QL (2.5 / 30 days)	Tier 4	QL
<i>escitalopram tab 5mg</i> (generic of LEXAPRO) QL (45 tabs / 30 days)	Tier 3	QL
<i>escitalopram tab 10mg</i> (generic of LEXAPRO) QL (45 tabs / 30 days)	Tier 3	QL
<i>escitalopram tab 20mg</i> (generic of LEXAPRO) QL (60 tabs / 30 days)	Tier 3	QL
FETZIMA 20mg QL (180 ea / 30 days)	Tier 4	QL
FETZIMA 40mg QL (90 ea / 30 days)	Tier 4	QL
FETZIMA 80mg, 120mg QL (30 ea / 30 days)	Tier 4	QL
FETZIMA TITRATION PACK	Tier 4	
<i>fluoxetine cap 10mg</i> (generic of PROZAC) QL (30 caps / 30 days)	Tier 2	QL
<i>fluoxetine cap 20mg</i> (generic of PROZAC) QL (120 caps / 30 days)	Tier 2	QL
<i>fluoxetine cap 40mg</i> (generic of PROZAC) QL (60 caps / 30 days)	Tier 2	QL
<i>fluoxetine sol 20mg/5ml</i> QL (5 / 30 days)	Tier 3	QL
<i>fluoxetine tab 10mg</i> QL (45 tabs / 30 days)	Tier 2	QL
<i>fluoxetine tab 20mg</i> QL (120 tabs / 30 days)	Tier 2	QL
FORFIVO XL	Tier 4	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 2	PA
<i>maprotiline hcl</i>	Tier 3	
MARPLAN	Tier 4	
<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	Tier 2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	Tier 2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine</i> (generic of REMERON) TBDP 15mg QL (30 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> (generic of REMERON) TBDP 30mg	Tier 3	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 45mg	Tier 3	
<i>nefazodone hcl</i>	Tier 3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 2	
<i>nortriptyline hcl</i> SOLN	Tier 4	
<i>paroxetine er tab 12.5mg</i> (generic of PAXIL CR) QL (30 ea / 30 days)	Tier 4	QL
<i>paroxetine er tab 37.5mg</i> (generic of PAXIL CR) QL (60 ea / 30 days)	Tier 4	QL
<i>paroxetine tab 10mg</i> (generic of PAXIL) QL (45 tabs / 30 days)	Tier 2	QL
<i>paroxetine tab 20mg</i> (generic of PAXIL) QL (45 tabs / 30 days)	Tier 2	QL
<i>paroxetine tab 25mg er</i> (generic of PAXIL CR) QL (90 ea / 30 days)	Tier 4	QL
<i>paroxetine tab 30mg</i> (generic of PAXIL) QL (60 tabs / 30 days)	Tier 2	QL
<i>paroxetine tab 40mg</i> (generic of PAXIL) QL (45 tabs / 30 days)	Tier 2	QL
PAXIL SUS 10MG/5ML QL (3.6 / 30 days)	Tier 4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 3	
PRISTIQ QL (30 tabs / 30 days)	Tier 3	QL
<i>protriptyline hcl</i> (generic of VIVACTIL)	Tier 4	
<i>sertraline con 20mg/ml</i> (generic of ZOLOFT)	Tier 3	
<i>sertraline tab 25mg</i> (generic of ZOLOFT) QL (45 tabs / 30 days)	Tier 1	QL
<i>sertraline tab 50mg</i> (generic of ZOLOFT) QL (45 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline tab 100mg</i> (generic of ZOLOFT)	Tier 1	
SURMONTIL	Tier 4	PA
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i>	Tier 4	PA
<i>venlafaxine cap 37.5mg</i> (generic of EFFEXOR XR) QL (30 ea / 30 days)	Tier 3	QL
<i>venlafaxine cap 75mg er</i> (generic of EFFEXOR XR) QL (30 ea / 30 days)	Tier 3	QL
<i>venlafaxine cap 150mg er</i> (generic of EFFEXOR XR) QL (60 ea / 30 days)	Tier 3	QL
<i>venlafaxine tab 25mg</i>	Tier 3	
<i>venlafaxine tab 37.5mg</i>	Tier 3	
<i>venlafaxine tab 50mg</i>	Tier 3	
<i>venlafaxine tab 75mg</i>	Tier 3	
<i>venlafaxine tab 100mg</i>	Tier 3	
VIIBRYD KIT	Tier 4	
VIIBRYD TABS QL (30 tabs / 30 days)	Tier 4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS; TABS	Tier 3	
<i>amantadine hcl</i> SYRP	Tier 2	
APOKYN	Tier 5	NMO LA PA
AZILECT	Tier 3	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	Tier 4	
<i>benztropine mesylate</i> TABS	Tier 2	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	Tier 4	
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS	Tier 3	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 3	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 3	

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<i>carbidopa-levodopa</i> (generic of PARCOPA) TBDP	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
CARBIDOPA/LEVODOPA/ET NTACA	Tier 4	
<i>entacapone</i> (generic of COMTAN)	Tier 4	
LODOSYN	Tier 4	
NEUPRO	Tier 4	
<i>pramipexole dihydrochloride</i> .75mg	Tier 3	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) .125mg, .25mg, .5mg, 1mg, 1.5mg	Tier 3	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	Tier 3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 3	
<i>selegiline hcl</i> TABS	Tier 3	
<b>ANTIPSYCHOTICS</b>		
ABILIFY SOLN 1mg/ml QL (900 mL / 30 days)	Tier 5	QL NMO
ABILIFY SOLN 9.75mg/1.3ml QL (3 vials / 1 day)	Tier 4	QL
ABILIFY TABS 2mg, 5mg, 10mg, 15mg QL (30 tabs / 30 days)	Tier 4	QL
ABILIFY TABS 20mg, 30mg QL (30 tabs / 30 days)	Tier 5	QL NMO
ABILIFY DISCMELT QL (60 tabs / 30 days)	Tier 5	QL NMO
ABILIFY MAINTENA QL (1 vial / 30 days)	Tier 5	QL NMO PA
<i>chlorpromazine hcl</i> SOLN; TABS	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> (generic of CLOZARIL) 25mg	Tier 3	
<i>clozapine</i> 50mg	Tier 3	
<i>clozapine</i> (generic of CLOZARIL) 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>clozapine</i> 200mg QL (135 tabs / 30 days)	Tier 3	QL
CLOZAPINE ODT 12.5mg, 25mg	Tier 4	PA
CLOZAPINE ODT 100mg QL (270 ea / 30 days)	Tier 4	QL PA
FANAPT QL (60 tabs / 30 days)	Tier 4	QL ST
FANAPT TITRATION PACK	Tier 4	ST
FAZACLO 12.5mg, 25mg	Tier 4	PA
FAZACLO 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
FAZACLO 150mg QL (180 tabs / 30 days)	Tier 4	QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	Tier 4	QL PA
<i>fluphenazine decanoate</i> SOLN	Tier 3	
<i>fluphenazine hcl</i> CONC; ELIX	Tier 3	
<i>fluphenazine hcl</i> SOLN	Tier 4	
<i>fluphenazine hcl</i> TABS	Tier 2	
GEODON SOLR QL (6 mL / 3 days)	Tier 4	QL
<i>haloperidol</i> TABS	Tier 2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
<i>haloperidol lactate</i> CONC	Tier 3	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN	Tier 3	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 4	QL

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Drug Name	Drug Tier	Requirements/ Limits
INVEGA 6mg QL (60 tabs / 30 days)	Tier 4	QL
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml QL (1 inj / 28 days)	Tier 4	QL PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 inj / 28 days)	Tier 5	QL NMO PA
LATUDA 20mg	Tier 4	
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	Tier 4	QL
<i>loxapine succinate</i> (generic of LOXITANE) 5mg	Tier 3	
<i>loxapine succinate</i> 10mg, 25mg, 50mg	Tier 3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg QL (30 tabs / 30 days)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 20mg QL (60 tabs / 30 days)	Tier 5	QL NMO
ORAP	Tier 4	
<i>perphenazine</i> TABS	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) QL (90 tabs / 30 days)	Tier 4	QL
RISPERDAL CONSTA 12.5mg, 25mg QL (2 inj / 28 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA 37.5mg, 50mg QL (2 inj / 28 days)	Tier 5	QL NMO PA
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> TBDP .25mg QL (90 tabs / 30 days)	Tier 4	QL
SAPHRIS	Tier 4	
SEROQUEL XR 50mg QL (120 tab / 30 days)	Tier 4	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL
SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL
<i>thioridazine hcl</i> TABS	Tier 2	PA
<i>thiothixene</i>	Tier 3	
<i>trifluoperazine hcl</i>	Tier 3	
VERSACLOZ QL (600 ML / 30 days)	Tier 5	QL NMO
<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL

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<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	Tier 4	QL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg (generic of ADDERALL XR) QL (90 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg (generic of ADDERALL XR) QL (90 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 ea / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL
INTUNIV	Tier 4	ST
<i>metadate tab 20mg er</i> (generic of RITALIN SR) QL (90 ea / 30 days)	Tier 3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL
<i>methylphenidate hcl</i> TBCR 10mg QL (90 ea / 30 days)	Tier 3	QL
<i>methylphenidate hcl</i> (generic of RITALIN SR) TBCR 20mg QL (90 ea / 30 days)	Tier 3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900mL / 30 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL
STRATTERA 40mg QL (60 caps / 30 days)	Tier 4	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL
<b>HYPNOTICS</b>		
LUNESTA QL (30 tabs / 30 days) 90 day limit if >64 yr	Tier 3	QL PA
<i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days) 90 day limit if >64 yr	Tier 3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) 90 day limit if >64 yr	Tier 2	QL PA
<b>MIGRAINE</b>		
<i>cafergot tab 1-100mg</i>	Tier 4	
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	Tier 3	
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	Tier 3	QL
RELPAK QL (12 tabs / 30 days)	Tier 3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (12 tabs / 30 days)	Tier 3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP QL (12 ea / 30 days)	Tier 3	QL
SUMATRIPTAN SOLN QL (12 sprays / 30 days)	Tier 4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (9 tabs / 30 days)	Tier 3	QL
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml QL (4 mL / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate inj</i> (generic of IMITREX) 6mg/0.5ml QL (4 mL / 30 days)	Tier 4	QL
<i>zolmitriptan</i> (generic of ZOMIG) QL (12 tabs per 30 days)	Tier 4	QL
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs per 30 days)	Tier 4	QL
<b>MISCELLANEOUS</b>		
<i>lithium carbonate</i> CAPS	Tier 1	
<i>lithium carbonate</i> TABS	Tier 2	
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 2	
<i>lithium carbonate er</i> 450mg	Tier 2	
LITHIUM CITRATE	Tier 3	
MESTINON SYRP	Tier 4	
MESTINON TIMESPAN	Tier 3	
NUDEXTA QL (60 caps / 30 days)	Tier 3	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	Tier 3	
REGONOL	Tier 3	
RILUTEK	Tier 5	NMO
<i>riluzole</i> (generic of RILUTEK)	Tier 4	
SAVELLA 12.5mg QL (480 tabs / 30 days)	Tier 4	QL
SAVELLA 25mg QL (240 tabs / 30 days)	Tier 4	QL
SAVELLA 50mg QL (120 tabs / 30 days)	Tier 4	QL
SAVELLA 100mg QL (60 tabs / 30 days)	Tier 4	QL
SAVELLA TITRATION PACK	Tier 4	
XENAZINE 12.5mg QL (240 tabs / 30 days)	Tier 5	QL NMO LA PA

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Drug Name	Drug Tier	Requirements/ Limits
XENAZINE 25mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX QL (4 boxes / 28 days)	Tier 5	QL NMO PA
AVONEX PEN QL (4 boxes / 28 days)	Tier 5	QL NMO PA
BETASERON QL (14 vials / 28 days)	Tier 5	QL NMO PA
COPAXONE KIT QL (30 syringes / 30 days)	Tier 5	QL NMO PA
GILENYA QL (30 caps / 30 days)	Tier 5	QL NMO PA
TYSABRI	Tier 5	NMO LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS	Tier 2	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS	Tier 4	
<i>tizanidine hcl</i> TABS 2mg	Tier 2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>modafinil</i> (generic of PROVIGIL) 100mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>modafinil</i> (generic of PROVIGIL) 200mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA
NUVIGIL 50mg, 250mg	Tier 4	PA
NUVIGIL 150mg QL (60 tabs / 30 days)	Tier 4	QL PA
XYREM QL (540 mL / 30 days)	Tier 5	QL NMO LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> (generic of CAMPRAL)	Tier 3	
<i>buprenorphine hcl</i> SUBL	Tier 4	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 ea / 30 days)	Tier 4	QL PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 3	
CAMPRAL	Tier 4	
CHANTIX QL (336 tabs / year)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTER PACK QL (106 tabs / year)	Tier 4	QL PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 4	
<i>naloxone hcl</i> SOLN	Tier 3	
<i>naltrexone hcl</i> (generic of REVIA) TABS	Tier 3	
NICOTROL INHALER QL (2688 cartridges / year)	Tier 4	QL
NICOTROL NS QL (36 bottles / year)	Tier 4	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANDRODERM QL (30 ea / 30 days)	Tier 4	QL PA
<i>androxy</i>	Tier 4	PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	Tier 3	PA
TESTIM QL (300 gm / 30 days)	Tier 3	QL PA
<i>testosterone cypionate</i> 100mg/ml	OIL Tier 3	
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) OIL 200mg/ml	Tier 3	
<i>testosterone enanthate</i> OIL	Tier 3	
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	Tier 3	
GAUZE PADS 2" X 2"	Tier 3	
HUMULIN R INJ U-500	Tier 5	B/D NMO
INSULIN PEN NEEDLE	Tier 3	
INSULIN SAFETY NEEDLES	Tier 3	
INSULIN SYRINGE	Tier 3	
LANTUS	Tier 3	
LANTUS SOLOSTAR	Tier 3	
LEVEMIR	Tier 3	
LEVEMIR FLEXPEN	Tier 3	
NOVOLIN 70/30 RELION not covered	Tier 3	
NOVOLIN N RELION not covered	Tier 3	
NOVOLIN R RELION not covered	Tier 3	
NOVOLOG	Tier 3	
NOVOLOG FLEXPEN	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30	Tier 3	
NOVOLOG MIX 70/30 PREFILL	Tier 3	
SYMLINPEN 60 QL (8 pens / 30 days)	Tier 4	QL PA
SYMLINPEN 120 QL (4 pens / 30 days)	Tier 4	QL PA
VICTOZA QL (9 mL / 30 days)	Tier 3	QL
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i> (generic of PRECOSE)	Tier 3	
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-250m</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-500m</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glyb/metform tab 1.25-250</i> (generic of GLUCOVANCE) QL (240 tabs / 30 days)	Tier 2	QL PA
<i>glyb/metform tab 2.5-500</i> (generic of GLUCOVANCE) QL (120 tabs / 30 days)	Tier 2	QL PA
<i>glyb/metform tab 5-500mg</i> (generic of GLUCOVANCE) QL (120 tabs / 30 days)	Tier 2	QL PA
<i>glyburide</i> 1.25mg QL (480 tabs / 30 days)	Tier 3	QL PA
<i>glyburide</i> 2.5mg QL (240 tabs / 30 days)	Tier 3	QL PA
<i>glyburide</i> 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
<i>glyburide micronized</i> (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days)	Tier 2	QL PA
<i>glyburide micronized</i> (generic of GLYNASE) 3mg QL (120 tabs / 30 days)	Tier 2	QL PA
<i>glyburide micronized</i> (generic of GLYNASE) 6mg QL (60 tabs / 30 days)	Tier 2	QL PA
JANUMET QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 3	QL
JANUVIA QL (30 tabs / 30 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO QL (60 tabs / 30 days)	Tier 3	QL
JUVISYNC QL (30 tabs / 30 days)	Tier 3	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 500mg QL (120 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 750mg QL (60 tabs / 30 days)	Tier 1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RIOMET QL (946 mL / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA QL (30 tabs / 30 days)	Tier 3	QL
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	Tier 2	
<i>alendronate sodium</i> TABS 35mg QL (4 tabs / 28 days)	Tier 2	QL
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg QL (4 tabs / 28 days)	Tier 2	QL
<i>ibandronate sodium</i> (generic of BONIVA) TABS QL (1 tab / 30 days)	Tier 4	B/D QL
<i>pamidronate disodium</i> SOLN	Tier 3	B/D
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA) ZOMETA	Tier 5	B/D NMO
	Tier 5	B/D NMO
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR 30mg QL (120 tabs / 30 days)	Tier 3	QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 5	QL NMO
SENSIPAR 90mg QL (120 tabs / 30 days)	Tier 5	QL NMO
<b>CHELATING AGENTS</b>		
CHEMET	Tier 4	
EXJADE	Tier 5	NMO LA PA
<i>kionex powder</i> (generic of KAYEXALATE)	Tier 4	
<i>sodium polystyrene sulfonate</i>	Tier 3	
<i>sps susp 15gm/60ml</i>	Tier 3	
SYPRINE	Tier 5	NMO
<b>CONTRACEPTIVES</b>		
<i>altavera</i>	Tier 3	
<i>cryselle-28</i>	Tier 3	
<i>desogestrel &amp; ethinyl estradiol</i> (generic of DESOGEN)	Tier 3	
<i>desogestrel-ethinyl estradiol</i> ( <i>biphasic</i> ) (generic of MIRCETTE)	Tier 3	

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<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 3	
ELLA	Tier 3	
<i>ethynodiol diacet &amp; eth estrad</i>	Tier 3	
GIANVI	Tier 3	
<i>heather</i> (generic of NOR-QD)	Tier 3	
JOLIVETTE	Tier 3	
LEENA	Tier 3	
<i>levonorgestrel &amp; eth estradiol</i>	Tier 3	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP) 1.5mg	Tier 3	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B) .75mg	Tier 3	
<i>levonorgestrel-eth estradiol</i> (triphasic)	Tier 2	
<i>levonorgestrel-ethinyl estradiol</i> (91-day)	Tier 3	
<i>loryna</i> (generic of YAZ)	Tier 3	
<i>low-ogestrel</i>	Tier 3	
<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
MONONESSA	Tier 3	
<i>my way</i> (generic of PLAN B ONE-STEP)	Tier 3	
<i>myzilra</i>	Tier 2	
<i>necon 1/35-28</i> (generic of NORINYL 1+35)	Tier 3	
NECON 1/50-28	Tier 3	
NECON 7/7/7	Tier 3	
<i>necon 10/11 28 day</i>	Tier 3	
<i>next choice one dose</i> (generic of PLAN B ONE-STEP)	Tier 3	
NORA-BE	Tier 3	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>norethindrone &amp; eth estradiol</i> (generic of BREVICON-28)	Tier 3	
<i>norethindrone &amp; eth estradiol</i> (generic of NORINYL 1+35)	Tier 3	
<i>norethindrone &amp; eth estradiol</i> (generic of OVCON-35)	Tier 3	
<i>norethindrone (contraceptive)</i> (generic of NOR-QD) .35mg	Tier 3	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR) .35mg	Tier 3	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	Tier 3	
<i>norethindrone-eth estradiol</i> (triphasic) (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>norethindrone-eth estradiol</i> (triphasic) (generic of TRI-NORINYL 28)	Tier 3	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN)	Tier 2	
NORINYL 1+50	Tier 3	
NUVARING	Tier 4	
OCELLA	Tier 3	
<i>ogestrel</i>	Tier 3	
ORTHO EVRA	Tier 4	
ORTHO TRI-CYCLEN LO	Tier 4	
<i>philith</i> (generic of OVCON-35)	Tier 3	
SOLIA	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	Tier 3	
<i>syeda</i> (generic of YASMIN 28)	Tier 3	
TRINESSA	Tier 2	
<i>vestura</i> (generic of YAZ)	Tier 3	
<i>viorele</i> (generic of MIRCETTE)	Tier 3	
<i>vyfemla</i> (generic of OVCON-35)	Tier 3	
<i>zarah</i> (generic of YASMIN 28)	Tier 3	
<i>zenchent</i> (generic of OVCON-35)	Tier 3	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS	Tier 4	
SYNAREL	Tier 5	NMO
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	Tier 5	NMO LA PA
ALDURAZYME	Tier 5	NMO LA PA
BUPHENYL TABS	Tier 5	NMO
CARBAGLU	Tier 5	NMO LA PA
CEREZYME	Tier 5	NMO PA
CYSTADANE	Tier 5	NMO
CYSTAGON	Tier 4	NMO PA
ELAPRASE	Tier 5	NMO PA
ELELYSO	Tier 5	NMO PA
FABRAZYME	Tier 5	NMO PA
KUVAN TBSO	Tier 5	NMO PA
<i>levocarnitine</i> (metabolic modifiers) (generic of CARNITOR)	Tier 3	B/D
LUMIZYME	Tier 5	NMO PA
MYOZYME	Tier 5	NMO PA
NAGLAZYME	Tier 5	NMO LA PA
ORFADIN	Tier 5	NMO LA PA
PROCYSBI	Tier 5	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 5	NMO
VPRIV	Tier 5	NMO PA
ZAVESCA	Tier 5	NMO LA PA
<b>ESTROGENS</b>		
COMBIPATCH	Tier 4	PA
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 3	PA
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 2	PA
ESTRADIOL VALERATE OIL 10mg/ml	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	Tier 4	
<i>menest</i>	Tier 3	PA
PREMARIN CREAM	Tier 4	
VAGIFEM	Tier 4	
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i> (generic of SOLU-CORTEF)	Tier 2	
<i>cortisone acetate</i> TABS	Tier 3	
<i>dexamethasone</i> CONC; ELIX; SOLN	Tier 3	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 2	
<i>fludrocortisone acetate</i> TABS	Tier 2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 3	
<i>methylprednisolone</i> (generic of MEDROL) TABS	Tier 3	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 2	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	Tier 3	
<i>methylprednisolone tab 4mg dose pack</i> (generic of MEDROL DOSEPAK)	Tier 2	
<i>prednisolone</i> (generic of PRELONE)	Tier 1	
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) 5mg/5ml	Tier 2	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED) 15mg/5ml	Tier 2	
<i>prednisolone sodium phosphate</i> 25mg/5ml	Tier 1	
<i>prednisone</i> CONC; SOLN	Tier 3	
<i>prednisone</i> TABS	Tier 1	
SOLU-CORTEF 250mg	Tier 3	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	Tier 3	
GLUCAGON EMERGENCY KIT	Tier 3	
PROGLYCEM	Tier 5	NMO
<b>HUMAN GROWTH HORMONES</b>		

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NORDITROPIN FLEXPEN	Tier 5	NMO PA
NORDITROPIN	Tier 5	NMO PA
NORDIFLEX PEN		
TEV-TROPIN	Tier 5	NMO PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	Tier 4	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 3	
FORTICAL	Tier 3	
INCRELEX	Tier 5	NMO LA PA
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	Tier 4	
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	Tier 4	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	Tier 5	NMO PA
PROLIA QL (1 syringe / 180 days)	Tier 4	QL NMO
SANDOSTATIN LAR DEPOT	Tier 5	NMO PA
SOMATULINE DEPOT	Tier 5	NMO PA
SOMAVERT	Tier 5	NMO LA PA
XGEVA	Tier 5	NMO PA
<b>PARATHYROID HORMONES</b>		
FORTEO QL (1 pen / 28 days)	Tier 5	QL NMO PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	Tier 4	
FOSRENOL	Tier 4	
PHOSLYRA	Tier 3	
RENVELA	Tier 3	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 1	
LEVOXYL	Tier 2	
<i>lithyronine sodium</i> (generic of CYTOMEL) TABS	Tier 3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 2	
<i>propylthiouracil</i> TABS	Tier 3	
SYNTHROID	Tier 4	
UNITHROID	Tier 2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 4	
<i>desmopressin acetate spray refrigerated</i>	Tier 4	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 3	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 4	
DESMOPRESSIN SOL 0.01%	Tier 4	
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>compro supp</i>	Tier 3	
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	Tier 4	B/D QL
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	Tier 5	B/D QL NMO
EMEND CAPS 40mg QL (3 caps / 180 days)	Tier 4	QL
EMEND CAPS 80mg QL (4 caps / 30 days)	Tier 4	B/D QL
EMEND CAPS 125mg QL (2 caps / 30 days)	Tier 4	B/D QL
EMEND PAK 80 & 125 QL (12 caps / 30 days)	Tier 4	B/D QL
<i>granisetron hcl</i> SOLN	Tier 4	
<i>granisetron hcl</i> TABS	Tier 4	B/D
<i>meclizine hcl</i> TABS	Tier 2	
<i>metoclopramide hcl</i> SOLN	Tier 1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide inj</i>	Tier 2	

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<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	Tier 3	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 3	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	Tier 4	
<i>ondansetron hcl inj</i> (generic of ZOFTRAN) 40mg/20ml	Tier 4	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	Tier 4	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	Tier 3	B/D
<i>prochlorperazine inj</i>	Tier 2	
<i>prochlorperazine maleate</i> (generic of COMPAZINE) TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 3	
TRANSDERM-SCOP QL (10 ptch / 30 days)	Tier 4	QL PA
<b>ANTISPASMODICS</b>		
CUVPOSA	Tier 4	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	Tier 1	
<i>dicyclomine hcl</i> SOLN	Tier 3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 3	
<i>glycopyrrolate inj</i> (generic of ROBINUL)	Tier 3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> (generic of PEPCID) SUSR	Tier 4	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine inj</i>	Tier 2	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	Tier 2	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 2	
<i>ranitidine syrup</i>	Tier 3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ASACOL HD	Tier 4	
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 3	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 5	NMO
CANASA	Tier 4	
<i>colocort</i> (generic of CORTENEMA)	Tier 4	
DELZICOL	Tier 4	
DIPENTUM	Tier 5	NMO
HYDROCORTISONE (INTRARECTAL)	Tier 4	
LIALDA	Tier 4	
<i>mesalamine</i> ENEM	Tier 4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 4	
PENTASA	Tier 4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 3	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 3	
UCERIS	Tier 4	
<b>LAXATIVES</b>		
<i>generlac</i>	Tier 2	
GOLYTELY	Tier 3	
HALFLYTELY BOWEL PREP/FLA	Tier 4	
<i>lactulose</i>	Tier 2	
<i>lactulose (encephalopathy)</i>	Tier 2	
MOVIPREP	Tier 4	
NULYTELY/FLAVOR PACKS	Tier 3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	Tier 2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 2	
PEG 3350/ELECTROLYTES	Tier 2	
<i>polyethylene glycol 3350</i> PACK; POWD	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
RELISTOR	Tier 4	PA
SUPREP BOWEL PREP	Tier 4	
<b>MISCELLANEOUS</b>		
AMITIZA CAP 8MCG QL (60 caps / 30 days)	Tier 3	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 3	QL
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	Tier 4	
CARAFATE SUSP	Tier 4	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM)	Tier 5	NMO
<i>diphenoxylate w/ atropine</i> LIQD	Tier 2	PA
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	PA
LINZESS CAP 145MCG QL (60 caps / 30 days)	Tier 3	QL
LINZESS CAP 290MCG QL (30 caps / 30 days)	Tier 3	QL
<i>loperamide hcl</i> CAPS	Tier 1	
LOTRONEX	Tier 5	NMO PA
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 3	
PREVPAC	Tier 4	
PYLERA	Tier 4	
SUCRAID	Tier 5	NMO
<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 4	
XIFAXAN 550mg	Tier 5	NMO PA
<b>PANCREATIC ENZYMES</b>		
CREON	Tier 3	
ZENPEP	Tier 4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.)	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM CPDR QL (30 caps / 30 days)	Tier 3	QL
NEXIUM PACK 2.5mg, 5mg	Tier 3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	Tier 3	QL
NEXIUM I.V.	Tier 4	
<i>omeprazole</i> (generic of PRILOSEC) CPDR 10mg, 40mg QL (30 caps / 30 days)	Tier 2	QL
<i>omeprazole</i> (generic of PRILOSEC) CPDR 20mg QL (60 caps / 30 days)	Tier 2	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 ea / 30 days)	Tier 3	QL
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 3	QL
AVODART QL (30 caps / 30 days)	Tier 3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL
JALYN QL (30 caps / 30 days)	Tier 3	QL
<i>tamsulosin hcl</i> (generic of FLOMAX) QL (60 caps / 30 days)	Tier 2	QL
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 3	
ELMIRON	Tier 4	
POTASSIUM CITRATE (ALKALINIZER) 540mg	Tier 4	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	Tier 4	
<b>URINARY ANTISPASMODICS</b>		
DETROL LA QL (30 caps / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> SYRP	Tier 2	
<i>oxybutynin chloride</i> TABS	Tier 1	

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<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
TOLTERODINE TARTRATE CP24 QL (30 ea / 30 days)	Tier 3	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS	Tier 4	
TOVIAZ QL (30 tabs / 30 days)	Tier 3	QL
<i>trospium chloride</i> (generic of SANCTURA) TABS QL (60 tabs / 30 days)	Tier 4	QL
VESICARE QL (30 tabs / 30 days)	Tier 4	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP	Tier 4	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 2	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	Tier 2	
<i>terconazole vaginal</i> (generic of TERAZOL 3) SUPP	Tier 3	
VANDAZOLE	Tier 3	
ZAZOLE	Tier 2	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
COUMADIN TABS	Tier 4	
ELIQUIS	Tier 3	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	Tier 4	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 5	NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	NMO
<i>heparin sod inj 1000/ml</i>	Tier 3	B/D
HEPARIN SOD INJ 2000/ML	Tier 3	B/D
HEPARIN SOD INJ 2500/ML	Tier 3	B/D
<i>heparin sod inj 5000/ml</i>	Tier 3	B/D
<i>heparin sod inj 10000/ml</i>	Tier 3	B/D
<i>heparin sod inj 20000/ml</i>	Tier 3	B/D
HEPARIN SODIUM/D5W	Tier 3	
HEPARIN SODIUM/NACL 0.45%	Tier 3	
HEPARIN SODIUM/SODIUM CHL	Tier 3	
PRADAXA	Tier 3	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	Tier 3	NMO PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	Tier 5	NMO PA
GRANIX	Tier 5	NMO PA
LEUKINE	Tier 5	NMO PA
MOZOBIL QL (9.6 mL / 4 days)	Tier 5	QL NMO PA
NEUMEGA	Tier 5	NMO
NEUPOGEN	Tier 5	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 5	NMO PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> 1mg	Tier 4	PA

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<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 4	PA
<i>cilostazol</i> (generic of PLETAL)	Tier 3	
<i>pentoxifylline</i> TBCR	Tier 3	
PROMACTA 12.5mg, 25mg, 50mg	Tier 5	NMO LA PA
PROMACTA 75mg QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENEX	Tier 4	
BRILINTA	Tier 4	
<i>clopidogrel tab 75mg</i> (generic of PLAVIX) QL (30 tabs / 30 days)	Tier 3	QL
EFFIENT	Tier 4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ENBREL KIT QL (16 syringes / 28 days)	Tier 5	QL NMO PA
ENBREL SOLN QL (8 syringes / 28 days)	Tier 5	QL NMO PA
ENBREL SURECLICK QL (4 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA 20mg/0.4ml QL (2 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA 40mg/0.8ml QL (4 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEN QL (4 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	Tier 5	NMO PA
HUMIRA PEN-PSORIASIS STARTER KIT	Tier 5	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2	
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 3	
<i>methotrexate sodium tabs</i>	Tier 2	
REMICADE	Tier 5	NMO PA
<b>IMMUNOGLOBULINS</b>		

Drug Name	Drug Tier	Requirements/ Limits
CARIMUNE NANOFILTERED	Tier 5	NMO PA
FLEBOGAMMA	Tier 5	NMO PA
FLEBOGAMMA DIF	Tier 5	NMO PA
GAMASTAN S/D	Tier 3	B/D NMO
GAMMAGARD LIQUID	Tier 5	NMO PA
GAMMAGARD S/D	Tier 5	NMO PA
GAMMAKED	Tier 5	NMO PA
GAMMAPLEX	Tier 5	NMO PA
GAMUNEX	Tier 5	NMO PA
GAMUNEX-C	Tier 5	NMO PA
GAMUNEX-C 1GM/10ML	Tier 4	NMO PA
OCTAGAM	Tier 5	NMO PA
PRIVIGEN	Tier 5	NMO PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	Tier 5	NMO LA PA
ARCALYST	Tier 5	NMO PA
INTRON-A	Tier 5	B/D NMO
INTRON-A W/DILUENT	Tier 5	B/D NMO
PEG-INTRON	Tier 5	NMO PA
PEG-INTRON REDIPEN	Tier 5	NMO PA
REVLIMID	Tier 5	NMO LA PA
THALOMID	Tier 5	NMO PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 2	B/D
<i>azathioprine sodium</i>	Tier 2	B/D
CELLCEPT SUSR	Tier 5	B/D NMO
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS	Tier 3	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE) SOLN	Tier 4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	Tier 4	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) 180mg	Tier 4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate sodium</i> (generic of MYFORTIC) 360mg	Tier 5	B/D NMO
MYFORTIC 180mg	Tier 4	B/D
MYFORTIC 360mg	Tier 5	B/D NMO
NEORAL	Tier 3	B/D
NULOJIX	Tier 5	B/D NMO
PROGRAF CAPS 5mg	Tier 5	B/D NMO
PROGRAF CAPS .5mg, 1mg	Tier 4	B/D
RAPAMUNE SOLN	Tier 5	B/D NMO
RAPAMUNE TABS 1mg, 2mg	Tier 5	B/D NMO
RAPAMUNE TABS .5mg	Tier 4	B/D
SANDIMMUNE CAPS	Tier 3	B/D
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS	Tier 4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	Tier 5	B/D NMO
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	Tier 4	B/D
ZORTRESS	Tier 5	B/D NMO
<b>VACCINES</b>		
ACTHIB	Tier 3	
ADACEL	Tier 3	
BOOSTRIX	Tier 3	
CERVARIX	Tier 3	
COMVAX	Tier 3	
DAPTACEL	Tier 3	
DECAVAC	Tier 3	B/D
DIPHTHERIA/TETANUS TOXOID	Tier 3	B/D
ENGERIX-B SUSP	Tier 3	B/D
GARDASIL	Tier 3	
HAVRIX	Tier 3	
HIBERIX	Tier 3	
IMOVAX RABIES (H.D.C.V.)	Tier 3	
INFANRIX	Tier 3	
IPOL INACTIVATED IPV	Tier 3	
IXIARO	Tier 3	
M-M-R II W/DILUENT 10 DOS	Tier 3	
MENACTRA	Tier 3	
MENHIBRIX	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
MENOMUNE-A/C/Y/W-135	Tier 3	
MENVEO	Tier 3	
PEDVAX HIB	Tier 3	
PROQUAD	Tier 3	
RABAVERT	Tier 3	
RECOMBIVAX HB	Tier 3	B/D
ROTATEQ	Tier 3	
TENIVAC	Tier 3	B/D
TETANUS TOXOID ADSORBED	Tier 3	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 3	B/D
TWINRIX	Tier 3	B/D
TYPHIM VI	Tier 3	
VAQTA	Tier 3	
VARIVAX	Tier 3	
YF-VAX	Tier 3	
ZOSTAVAX	Tier 3	QL
QL (1 vial per lifetime)		

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

KLOR-CON 8	Tier 3	
KLOR-CON 10	Tier 2	
<i>klor-con m15</i>	Tier 2	
<i>klor-con m20</i>	Tier 2	
<i>klor-con pow 20meq</i>	Tier 3	
MAGNESIUM SULFATE SOLN	Tier 3	
MAGNESIUM SULFATE IN D5W	Tier 3	
<i>magnesium sulfate inj 50%</i>	Tier 2	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 3	
<i>potassium chloride LIQD</i>	Tier 1	
POTASSIUM CHLORIDE ER 10meq	Tier 2	
<i>potassium chloride microencapsulated crystals cr</i>	Tier 2	
SODIUM CHLORIDE SOLN 2.5meq/ml	Tier 2	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	Tier 2	
TPN ELECTROLYTES	Tier 4	B/D
<b>IV NUTRITION</b>		
AMINOSYN	Tier 4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN 7%/ELECTROLYTES	Tier 4	B/D
AMINOSYN 8.5%/ELECTROLYTE	Tier 4	B/D
AMINOSYN II	Tier 4	B/D
AMINOSYN II 8.5%/ELECTROL	Tier 4	B/D
AMINOSYN M	Tier 4	B/D
AMINOSYN-HBC	Tier 4	B/D
AMINOSYN-PF	Tier 4	B/D
AMINOSYN-PF 7%	Tier 4	B/D
AMINOSYN-RF	Tier 4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	Tier 4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX E 5%/DEXTROSE 15%	Tier 4	B/D
CLINIMIX E 5%/DEXTROSE 20%	Tier 4	B/D
CLINIMIX E 5%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX E INJ 4.25/D10	Tier 4	B/D
CLINIMIX INJ 4.25/D10	Tier 4	B/D
CLINIMIX INJ 4.25/D20	Tier 4	B/D
<i>clinsol sf 15%</i>	Tier 2	B/D
FREAMINE HBC 6.9%	Tier 4	B/D
FREAMINE III	Tier 4	B/D
HEPATAMINE	Tier 4	B/D
<i>hepatasol 8</i>	Tier 4	B/D
INTRALIPID INJ 20%	Tier 3	B/D
INTRALIPID INJ 30%	Tier 3	B/D
NEPHRAMINE	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>premasol 6%</i>	Tier 2	B/D
<i>premasol 10%</i>	Tier 4	B/D
PROCALAMINE	Tier 4	B/D
PROSOL	Tier 4	B/D
<i>travasol</i>	Tier 4	B/D
TROPHAMINE INJ 10%	Tier 4	B/D

#### **IV REPLACEMENT SOLUTIONS**

DEXTROSE 2.5%/NACL 0.45%	Tier 2	
DEXTROSE 5%	Tier 2	
DEXTROSE 5% /ELECTROLYTE	Tier 3	
DEXTROSE 5%/LACTATED RING	Tier 2	
DEXTROSE 5%/NACL 0.2%	Tier 2	
DEXTROSE 5%/NACL 0.3%	Tier 2	
DEXTROSE 5%/NACL 0.9%	Tier 2	
DEXTROSE 5%/NACL 0.33%	Tier 2	
DEXTROSE 5%/NACL 0.45%	Tier 2	
DEXTROSE 5%/NACL 0.225%	Tier 2	
DEXTROSE 5%/POTASSIUM CHL	Tier 2	
DEXTROSE 10% FLEX CONTAIN	Tier 2	
DEXTROSE 10%/NACL 0.2%	Tier 3	
DEXTROSE 10%/NACL 0.45%	Tier 2	
DEXTROSE 50%	Tier 2	
<i>dextrose inj 70%</i>	Tier 2	
<i>electrolyte-m in dextrose</i>	Tier 4	
IONOSOL-B/DEXTROSE 5%	Tier 4	
IONOSOL-MB/DEXTROSE 5%	Tier 4	
ISOLYTE P	Tier 4	
<i>isolyte s</i>	Tier 4	
ISOLYTE-M	Tier 4	
KCL0.15%/D5W/NACL0.2%	Tier 2	
KCL0.15%/D5W/NACL0.22 5%	Tier 3	
KCL 0.3%/D5W/NACL 0.2%	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
KCL 0.3%/D5W/NAACL 0.9%	Tier 2	
KCL 0.3%/D5W/NAACL 0.45%	Tier 2	
KCL 0.15%/D5W/NAACL 0.9%	Tier 2	
KCL 0.075%/D5W/NAACL 0.2%	Tier 2	
KCL 0.075%/D5W/NAACL 0.45%	Tier 2	
KCL 0.224%/D5W/NAACL 0.2%	Tier 2	
KCL/D5W INJ 0.3%	Tier 2	
KCL/NAACL INJ 0.3-0.9	Tier 2	
LACTATED RINGER'S INJ	Tier 2	
NORMOSOL-R	Tier 4	
NORMOSOL-R IN D5W	Tier 4	
PLASMA-LYTE A	Tier 4	
PLASMA-LYTE-56/D5W	Tier 4	
PLASMA-LYTE-148	Tier 4	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	Tier 2	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	Tier 2	
POTASSIUM CHLORIDE 0.15%	Tier 2	
POTASSIUM CHLORIDE 0.22%	Tier 2	
<i>potassium chloride in nacl</i>	Tier 2	
POTASSIUM CHLORIDE SOLN 30 MEQ/100 ML	Tier 2	
RINGER'S	Tier 2	
SODIUM CHLORIDE SOLN 3%, 5%	Tier 2	
SODIUM CHLORIDE 0.45% VIA	Tier 2	
SODIUM CHLORIDE INJ 0.9%	Tier 2	
<b>VITAMINS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS	Tier 3	B/D
<i>calcitriol inj</i>	Tier 4	B/D
<i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL)	Tier 4	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) 1mcg, 2mcg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol</i> (generic of ZEMPLAR) 4mcg	Tier 4	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	Tier 2	
ZEMPLAR CAPS 1mcg, 2mcg	Tier 3	B/D
ZEMPLAR CAPS 4mcg	Tier 5	B/D NMO
ZEMPLAR SOLN	Tier 4	B/D
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	Tier 3	
<i>blephamide</i> OINT	Tier 3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	Tier 2	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 3	
<i>sulfacetamide sod-prednisolone</i>	Tier 2	
TOBRADEX OINT	Tier 3	
TOBRADEX ST	Tier 3	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 4	
ZYLET	Tier 3	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier 3	
<i>bacitracin (ophthalmic)</i>	Tier 3	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 2	
BESIVANCE	Tier 3	
CILOXAN OINT	Tier 3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 2	
<i>erythromycin (ophth)</i>	Tier 2	
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	Tier 4	
<i>gentamicin sulfata (ophth)</i> OINT	Tier 2	
<i>gentamicin sulfata (ophth)</i> (generic of GARAMYCIN) SOLN	Tier 2	
MOXEZA	Tier 3	
NATACYN	Tier 4	
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 3	
<i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN)	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 2	
<i>sulfacetamide sodium (ophth)</i> OINT	Tier 3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	Tier 2	
<i>tobramycin sulfate (ophth)</i> (generic of TOBREX)	Tier 2	
TOBREX OINT	Tier 3	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 4	
VIGAMOX	Tier 3	
ZYMAXID	Tier 4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier 3	
BROMDAY	Tier 3	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	Tier 3	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 2	
<i>diclofenac sodium (ophth)</i>	Tier 2	
DUREZOL	Tier 3	
FLUOROMETHOLONE SUSP	Tier 2	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	Tier 1	
FML	Tier 3	
FML FORTE	Tier 3	
ILEVRO	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	Tier 2	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	Tier 2	
LOTEMAX	Tier 3	
MAXIDEX	Tier 3	
NEVANAC	Tier 3	
PRED MILD	Tier 3	
PREDNISOLONE ACETATE SUSP	Tier 2	
<i>prednisolone sodium phosphate (ophth)</i>	Tier 3	
<b>ANTIALLERGICS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	Tier 3	
BEPREVE	Tier 3	
<i>cromolyn sodium (ophth)</i>	Tier 1	
PATADAY	Tier 3	
PATANOL	Tier 3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	Tier 3	
AZOPT	Tier 3	
<i>betaxolol hcl (ophth)</i>	Tier 3	
BETOPTIC-S	Tier 3	
<i>brimonidine sol 0.2%</i>	Tier 3	
BRIMONIDINE SOL 0.15%	Tier 3	
<i>carteolol hcl (ophth)</i>	Tier 2	
COMBIGAN	Tier 3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 3	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 3	
ISOPTO CARPINE	Tier 4	
ISTALOL	Tier 3	
<i>latanoprost</i> (generic of XALATAN)	Tier 2	
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	Tier 3	
LEVOBUNOLOL HCL .25%	Tier 3	
LUMIGAN	Tier 3	
<i>metipranolol</i> (generic of OPTIPRANOLOL)	Tier 3	
PHOSPHOLINE IODIDE	Tier 3	
PILOCARPINE HCL SOLN	Tier 4	
PILOPINE HS	Tier 3	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) .5%	Tier 1	
<i>timolol maleate (ophth)</i> .25%	Tier 1	
TIMOLOL MALEATE GEL	Tier 3	
TRAVATAN Z	Tier 3	
<b>MISCELLANEOUS</b>		
<i>naphazoline hcl</i>	Tier 1	
PROLENSA	Tier 3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	
RESTASIS	Tier 3	QL
QL (64 vials / 30 days)		
<b>RESPIRATORY</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 4	QL
<i>ipratropium-albuterol nebu</i> (generic of DUONEB)	Tier 3	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA QL (2 inhalers / 30 days)	Tier 4	QL
<i>ipratropium bromide</i> SOLN	Tier 2	B/D
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	Tier 2	
SPIRIVA HANDIHALER QL (30 caps / 30 days)	Tier 3	QL
<b>ANTI-HISTAMINES</b>		
ASTEPRO	Tier 3	
<i>azelastine hcl</i> SOLN	Tier 3	
<i>cetirizine syrup</i>	Tier 3	
<i>cyproheptadine hcl</i> SYRP	Tier 3	PA
<i>cyproheptadine hcl</i> TABS	Tier 2	PA
<i>diphenhydramine hcl inj</i>	Tier 2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 3	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) SOLN	Tier 4	
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) TABS	Tier 2	
PATANASE	Tier 3	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	Tier 2	B/D
<i>albuterol sulfate</i> SYRP	Tier 1	
<i>albuterol sulfate</i> TABS	Tier 2	
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	Tier 3	
FORADIL AEROLIZER QL (60 caps / 30 days)	Tier 3	QL
<i>levalbuterol conc</i> 1.25mg/0.5ml (generic of XOPENEX CONCENTRATE)	Tier 4	B/D
PERFOROMIST	Tier 4	B/D
PROAIR HFA QL (2 inhalers / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS QL (1 inhaler / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> SOLN	Tier 4	
<i>terbutaline sulfate</i> TABS	Tier 3	
XOPENEX HFA QL (2 inhalers / 30 days)	Tier 3	QL
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	Tier 3	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 4	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	Tier 3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
ARALAST NP	Tier 5	NMO LA PA
AUVI-Q	Tier 3	
CAYSTON	Tier 5	NMO LA PA
DALIRESP	Tier 4	
EPIPEN 2-PAK	Tier 3	
EPIPEN-JR 2-PAK	Tier 3	
GLASSIA	Tier 5	NMO LA PA
PROLASTIN-C	Tier 5	NMO LA PA
PULMOZYME	Tier 5	B/D NMO
XOLAIR	Tier 5	NMO LA PA
ZEMAIRA	Tier 5	NMO LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	Tier 3	QL
<i>flunisolide nasal soln</i> 29 mcg/act (0.025%) QL (2 bottles / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 3	QL

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NASONEX QL (2 bottles / 30 days)	Tier 3	QL
triamcinolone acetonide (nasal) QL (1 bottle / 30 days)	Tier 4	QL
<b>STEROID INHALANTS</b>		
ASMANEX QL (2 inhalers / 30 days)	Tier 3	QL
ASMANEX 14 METERED DOSES QL (2 inhalers per 30 days)	Tier 3	QL
budesonide (inhalation) (generic of PULMICORT)	Tier 4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days)	Tier 3	QL
FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days)	Tier 3	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
PULMICORT 1mg/2ml	Tier 5	B/D NMO
QVAR 40mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
QVAR 80mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 3	QL
DULERA QL (1 inhaler / 30 days)	Tier 3	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 3	QL
<b>XANTHINES</b>		
aminophylline inj	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
theo-24	Tier 4	
theophylline ELIX	Tier 4	
theophylline TB12	Tier 2	
theophylline TB24	Tier 3	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
adapalene (generic of DIFFERIN)	Tier 4	
AVITA CREA	Tier 3	
AVITA GEL	Tier 3	
benzoyl peroxide-erythromycin (generic of BENZAMYCIN)	Tier 3	
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN; SWAB	Tier 3	
clindamycin phosphate (topical) (generic of CLEOCIN-T) SOLN	Tier 2	
ery pad 2%	Tier 3	
erythromycin (acne aid) (generic of ERYGEL) GEL	Tier 2	
erythromycin (acne aid) SOLN	Tier 3	
isotretinoin CAPS	Tier 4	
myorisan	Tier 4	
sulfacetamide sodium (acne) (generic of KLARON)	Tier 3	
tretinoin (generic of RETIN-A) CREA; GEL	Tier 3	
zenatane	Tier 4	
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC	Tier 4	
diclofenac sodium (actinic keratoses) (generic of SOLARAZE)	Tier 4	PA
fluorouracil (topical) (generic of EFUDEX) CREA	Tier 4	
fluorouracil (topical) SOLN	Tier 3	
SOLARAZE	Tier 4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
gentamicin sulfate (topical)	Tier 2	
mafenide acetate (generic of SULFAMYLON) PACK	Tier 3	
mupirocin (generic of BACTROBAN) OINT	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
SILVER SULFADIAZINE CREA	Tier 2	
SSD	Tier 2	
SULFAMYLLON CREA	Tier 3	
THERMAZENE	Tier 2	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> CREA; SUSP	Tier 3	
<i>ciclopirox</i> (generic of LOPROX) GEL	Tier 4	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	Tier 4	
<i>clotrimazole (topical)</i> CREA	Tier 3	
<i>clotrimazole (topical)</i> SOLN	Tier 2	
<i>econazole nitrate</i> CREA	Tier 3	
<i>ketconazole cream</i>	Tier 3	
<i>nystatin (topical)</i>	Tier 3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC)	Tier 1	
<i>procto-pak cre 1%</i>	Tier 3	
<i>proctozone cre -hc 2.5%</i> (generic of ANUSOL-HC)	Tier 1	
PRUDOXIN CRE 5%	Tier 4	
ZONALON	Tier 4	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> (generic of SORIATANE)	Tier 5	NMO PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	Tier 4	
<i>calcipotriene</i> OINT; SOLN	Tier 4	
<i>calcitrene oin 0.005%</i>	Tier 4	
OXSORALEN ULTRA	Tier 5	NMO
SORIATANE	Tier 5	NMO PA
TAZORAC	Tier 4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole shampoo</i> (generic of NIZORAL)	Tier 2	
<i>selenium sulfide</i> LOTN	Tier 2	
<b>DERMATOLOGY, ANTIVIRALS</b>		
<i>acyclovir topical</i> (generic of ZOVIRAX)	Tier 4	
DENAVIR	Tier 4	
ZOVIRAX CREA	Tier 4	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	Tier 3	
<i>alclometasone dipropionate</i> OINT	Tier 3	
<i>amcinonide</i>	Tier 4	
<i>betamethasone dipropionate (topical)</i>	Tier 3	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 3	
<i>betamethasone dipropionate augmented</i> GEL	Tier 3	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	Tier 4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 3	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA .05%	Tier 3	
<i>clobetasol propionate</i> (generic of TEMOVATE E) CREA .05%	Tier 3	
<i>clobetasol propionate</i> (generic of TEMOVATE) GEL	Tier 3	
<i>clobetasol propionate</i> (generic of TEMOVATE) OINT	Tier 3	
<i>clobetasol propionate</i> (generic of TEMOVATE) SOLN	Tier 3	
DESONIDE CREA	Tier 3	
<i>desonide</i> (generic of DESOWEN) LOTN	Tier 4	
<i>desonide</i> (generic of DESOWEN) OINT	Tier 3	
<i>desoximetasone</i> (generic of TOPICORT) CREA	Tier 4	
<i>desoximetasone</i> (generic of TOPICORT) GEL	Tier 4	
DESOXIMETASONE OINT .05%	Tier 4	
<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	Tier 4	
<i>diflorasone diacetate</i>	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> CREA .01%	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 3	
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 4	
<i>fluocinonide</i> CREA .05%	Tier 3	
<i>fluocinonide</i> GEL	Tier 3	
<i>fluocinonide</i> OINT	Tier 3	
<i>fluocinonide</i> SOLN	Tier 3	
<i>fluocinonide emulsified base</i>	Tier 2	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	Tier 2	
<i>fluticasone propionate</i> (generic of CUTIVATE) OINT	Tier 2	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 3	
<i>hydrocortisone (topical)</i> CREA; OINT	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 3	
<i>hydrocortisone butyrate</i> (generic of LOCOID) CREA; OINT	Tier 3	
<i>hydrocortisone butyrate</i> (generic of LOCOID) SOLN	Tier 2	
<i>hydrocortisone valerate</i> CREA	Tier 3	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	Tier 4	
LOKARA LOTN 0.05%	Tier 4	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	Tier 3	
<i>texacort soln</i> 2.5%	Tier 4	
<i>triamcinolone acetonide</i> ( <i>topical</i> ) CREA .1%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide</i> ( <i>topical</i> ) CREA .025%, .5%	Tier 2	
<i>triamcinolone acetonide</i> ( <i>topical</i> ) LOTN	Tier 3	
<i>triamcinolone acetonide</i> ( <i>topical</i> ) OINT	Tier 2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 ptch / 1 day)	Tier 4	QL PA
<i>lidocaine hcl</i> GEL	Tier 2	
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	Tier 2	
<i>lidocaine oint</i> 5%	Tier 3	
<i>lidocaine-prilocaine</i> (generic of EMLA) LIDODERM QL (3 ptch / 1 day)	Tier 3	B/D
	Tier 4	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	Tier 2	
ELIDEL	Tier 4	PA
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 4	
<i>laclotion lotn</i> 12% (generic of LAC-HYDRIN)	Tier 2	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 4	
<i>metronidazole gel</i> 0.75% PANRETIN	Tier 4	Tier 5 NMO
<i>podofilox</i> (generic of CONDYLOX) SOLN	Tier 3	
<i>rosadan cre</i> 0.75% (generic of METROCREAM)	Tier 4	
TARGRETIN GEL	Tier 5	NMO PA
VALCHLOR	Tier 5	NMO LA PA
VOLTAREN	Tier 3	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	Tier 4	
<i>malathion</i> (generic of OVIDE)	Tier 4	

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<i>permethrin</i> (generic of ELIMITE) CREA	Tier 3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid</i> .25%	Tier 2	
REGRANEX	Tier 5	NMO PA
SANTYL	Tier 4	
SODIUM CHLORIDE 0.9%	Tier 1	
STERILE WATER IRRIGATION	Tier 2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 4	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> TROC	Tier 3	
<i>lidocaine hcl</i> (mouth-throat)	Tier 1	
<i>nystatin</i> (mouth-throat)	Tier 3	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN)	Tier 3	
<i>triamcinolone acetonide</i> (mouth)	Tier 3	
<b>OTIC</b>		
<i>acetic acid</i> (otic)	Tier 3	
<i>acetic acid-aluminum acetate</i>	Tier 3	
CIPRODEX	Tier 3	
<i>fluocinolone acetonide</i> (otic) (generic of DERMOTIC)	Tier 3	
<i>neomycin-polymyxin-hc</i> (otic) (generic of CORTISPORIN) SOLN	Tier 2	
<i>neomycin-polymyxin-hc</i> (otic) SUSP	Tier 2	
<i>ofloxacin</i> (otic)	Tier 2	

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