

BlueCHiP for Medicare Select (HMO)
BlueCHiP for Medicare Value (HMO-POS)
BlueCHiP for Medicare Standard with Drugs (HMO)
BlueCHiP for Medicare Extra (HMO-POS)
BlueCHiP for Medicare Plus (HMO)
BlueCHiP for Medicare Preferred (HMO-POS)

2015 Formulary

(List of Covered Drugs)

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

00015379, Version 13

This formulary was updated on 08/08/2014. For more recent information or other questions, please contact the BlueCHiP for Medicare Concierge Team, at 1-800-267-0439 or, for TTY users, 711, **October 1 – February 14:** seven days a week, 8:00 a.m. to 8:00 p.m. and **February 15 – September 30:** Monday – Friday, 8:00 a.m. to 8:00 p.m., or visit www.BCBSRI.com/Medicare.

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

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

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



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

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

This document includes a list of the drugs (formulary) for our plan which is current as of August 8, 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, and/or copayments/coinsurance may change on January 1, 2015, and from time to time during the year.

What is the BlueCHiP for Medicare Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 8, 2014.

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

In the event of any mid-year non-maintenance formulary changes, you will receive a notice if the drug you are currently using is affected by the change. An updated version of the 2015 Formulary and a listing of the changes will be available on www.BCBSRI.com/Medicare. The updated Formulary and the listing of changes will also be available upon request by contacting the BlueCHiP for Medicare Concierge Team.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 108. 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?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueCHiP for Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BlueCHiP for Medicare formulary?" on this page 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 the BlueCHiP for Medicare Concierge Team and ask if your drug is covered.

If you learn that BlueCHiP for Medicare does not cover your drug, you have two options:

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day supply and may be up to a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of

that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. During this period, you can discuss alternative treatments with your doctor or use the plan's exception process if you wish to continue coverage of the drug after the temporary supply is finished. Our transition policy will not cover drugs that Medicare does not normally cover.

For more information

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

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

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

BlueCHiP for Medicare's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BlueCHiP for Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

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

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

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

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

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

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

Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 500mg; 50mg; 40mg</i>	1	
<i>butalbital/apap/caffeine caps 300mg; 50mg; 40mg</i>	1	
<i>capacet caps 325mg; 50mg; 40mg</i>	1	
GRALISE TABS 300MG	3	QL (180 EA per 30 days) PA
GRALISE TABS 600MG	3	QL (90 EA per 30 days) PA
<i>margesic caps 325mg; 50mg; 40mg</i>	1	
<i>repan tabs 325mg; 50mg; 40mg</i>	1	
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX CAPS 100MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 200MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 400MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 50MG	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	2	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	2	
<i>diflunisal tabs 500mg</i>	1	
<i>etodolac er tb24 400mg</i>	1	
<i>etodolac er tb24 500mg</i>	1	
<i>etodolac er tb24 600mg</i>	1	
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	
FLECTOR PTCH 1.3%	3	QL (28 EA per 14 days) PA
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>indomethacin er cpcr 75mg</i>	1	
<i>indomethacin caps 25mg</i>	1	
<i>indomethacin caps 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	2	
<i>ketoprofen caps 50mg</i>	2	
<i>ketoprofen caps 75mg</i>	2	
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 5 days)
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp 125mg/5ml</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	3	
<i>piroxicam caps 10mg</i>	1	
<i>piroxicam caps 20mg</i>	1	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
Opioid Analgesics, Long-acting		
<i>fentanyl pt72 100mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 12mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 25mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er t24a 12mg</i>	3	QL (150 EA per 30 days) PA
<i>hydromorphone hcl er t24a 16mg</i>	3	QL (120 EA per 30 days) PA
<i>hydromorphone hcl er t24a 8mg</i>	3	QL (240 EA per 30 days) PA
KADIAN CP24 200MG	3	QL (60 EA per 30 days)
<i>levorphanol tartrate tabs 2mg</i>	1	
<i>methadone hcl conc 10mg/ml</i>	1	
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	

Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	1	
<i>methadose conc 10mg/ml</i>	1	
<i>morphine sulfate er cp24 10mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 120mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 20mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 30mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 30mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 45mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 50mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 60mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 60mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 75mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 80mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 90mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er tbcr 100mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbcr 15mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbcr 30mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er tbcr 60mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate tabs 15mg</i>	1	
<i>morphine sulfate tabs 30mg</i>	1	
NUCYNTA ER TB12 100MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 150MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 200MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 250MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 50MG	2	QL (60 EA per 30 days)
OXYCONTIN T12A 10MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 15MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 20MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 30MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 40MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 60MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 80MG	3	QL (120 EA per 30 days) PA
<i>oxymorphone hydrochloride er tb12 10mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 15mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 20mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 40mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 5mg</i>	3	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tb12 7.5mg</i>	3	QL (60 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	2	QL (30 EA per 30 days)
ZOHYDRO ER CP12 10MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 15MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 20MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 30MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 40MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 50MG	3	QL (120 EA per 30 days) PA
<i>Opioid Analgesics, Short-acting</i>		
ABSTRAL SUBL 100MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 200MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 300MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 400MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 600MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 800MCG	3	QL (120 EA per 30 days) PA
<i>acetaminophen/codeine #3 tabs 300mg; 30mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (390 EA per 30 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (10 ML per 30 days)
<i>carbinoxamine maleate tabs 4mg</i>	1	PA
<i>carisoprodol/aspirin/codeine tabs 325mg; 200mg; 16mg</i>	2	PA
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	2	
<i>duramorph inj 1mg/ml</i>	2	
<i>endocet tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	4	QL (120 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate inj 0.05mg/ml</i>	1	
FENTORA TABS 100MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 200MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 400MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 600MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 800MCG	3	QL (112 EA per 28 days) PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	QL (3600 ML per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 10mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 650mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 650mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 660mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	3	
<i>hydromorphone hcl inj 2mg/ml</i>	3	
<i>hydromorphone hcl inj 4mg/ml</i>	3	
<i>hydromorphone hcl inj 500mg/50ml</i>	2	
<i>hydromorphone hcl liqd 1mg/ml</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	2	
<i>hydromorphone hcl tabs 4mg</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	
LAZANDA SOLN 100MCG/ACT	4	QL (30 EA per 30 days) PA
LAZANDA SOLN 400MCG/ACT	4	QL (1 EA per 1 days) PA
<i>lorcet hd tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>lorcet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>meperidine hcl inj 25mg/ml</i>	2	PA
<i>meperidine hcl inj 50mg/ml</i>	2	PA
<i>meperidine hcl soln 50mg/5ml</i>	2	PA
<i>meperitab tabs 100mg</i>	2	PA
<i>meperitab tabs 50mg</i>	2	PA
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/ml</i>	1	
NUCYNTA TABS 100MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 50MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 75MG	2	QL (180 EA per 30 days)
<i>oxycodone hcl caps 5mg</i>	2	
OXYCODONE HCL CONC 100MG/5ML	2	
<i>oxycodone hcl soln 5mg/5ml</i>	2	
<i>oxycodone hcl tabs 10mg</i>	2	
<i>oxycodone hcl tabs 15mg</i>	2	
<i>oxycodone hcl tabs 20mg</i>	2	
<i>oxycodone hcl tabs 30mg</i>	2	
<i>oxycodone hcl tabs 5mg</i>	2	
<i>oxycodone/acetaminophen caps 500mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxymorphone hydrochloride tabs 10mg</i>	3	QL (240 EA per 30 days)
<i>oxymorphone hydrochloride tabs 5mg</i>	3	QL (240 EA per 30 days)
<i>pentazocine/acetaminophen tabs 650mg; 25mg</i>	1	PA
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	2	PA
<i>reprexain tabs 10mg; 200mg</i>	1	
ROXICET SOLN 325MG/5ML; 5MG/5ML	2	QL (1800 ML per 30 days)
<i>roxicet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>stagesic caps 500mg; 5mg</i>	1	
SUBSYS LIQD 100MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1600MCG	3	QL (30 EA per 30 days) PA
SUBSYS LIQD 200MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 400MCG	4	QL (120 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
SUBSYS LIQD 600MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 800MCG	4	QL (120 EA per 30 days) PA
TALWIN INJ 30MG/ML	3	PA
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL (240 EA per 30 days)
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	
<i>lidocaine oint 5%</i>	1	
LIDOCAINE PTCH 5%	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr tbec 333mg</i>	1	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	3	
<i>Opioid Dependence Treatments</i>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days) PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days) PA
<i>buprenorphine hcl inj 0.3mg/ml</i>	3	
<i>buprenorphine hcl subl 2mg</i>	3	QL (90 EA per 30 days) PA
BUPRENORPHINE HCL SUBL 8MG	3	QL (240 EA per 30 days) PA
BUTRANS PTWK 10MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 15MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 20MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 5MCG/HR	3	QL (4 EA per 28 days) PA
<i>naltrexone hcl tabs 50mg</i>	1	
SUBOXONE FILM 12MG; 3MG	2	QL (60 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG	2	QL (360 EA per 30 days) PA
SUBOXONE FILM 4MG; 1MG	2	QL (180 EA per 30 days) PA
SUBOXONE FILM 8MG; 2MG	2	QL (90 EA per 30 days) PA
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl inj 1mg/ml</i>	1	
<i>Smoking Cessation Agents</i>		
<i>buproban tb12 150mg</i>	1	QL (540 EA per 365 days)

Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH PAK TABS 1MG	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	2	QL (159 EA per 365 days)
CHANTIX TABS 0.5MG	2	QL (504 EA per 365 days)
CHANTIX TABS 1MG	2	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	3	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Anti-inflammatory Agents		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>diclofenac sodium gel 3%</i>	3	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	2	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amikacin sulfate inj 50mg/ml</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gentamicin sulfate oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
STREPTOMYCIN SULFATE INJ 1GM	2	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 10mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 80mg/2ml</i>	1	B/D
<i>tobramycin sulfate soln 0.3%</i>	1	
TOBEX OINT 0.3%	2	
ZYLET SUSP 0.5%; 0.3%	2	
<i>Antibacterials, Other</i>		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	1	
<i>alcohol preps pads</i>	1	
ALTABAX OINT 1%	2	

Name	Drug Tier	Requirements/Limits
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	2	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN SUPP 100MG	2	
<i>clindamycin hcl caps 150mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	1	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	1	B/D
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate crea 2%</i>	1	
<i>colistimethate sodium inj 150mg</i>	1	B/D
CUBICIN INJ 500MG	4	B/D
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCI N MISC 0; 0; 0	3	
MACRODANTIN CAPS 25MG	2	QL (28 EA per 30 days) PA
<i>mafenide acetate pack 5%</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	1	B/D
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
METRONIDAZOLE GEL 1%	3	
<i>metronidazole lotn 0.75%</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	2	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	QL (28 EA per 30 days) PA
<i>nitrofurantoin monohydrate caps 100mg</i>	2	QL (14 EA per 30 days) PA
<i>nitrofurantoin susp 25mg/5ml</i>	3	QL (560 ML per 30 days) PA
PHISOHEX LIQD 3%	2	

Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
PRIMSOL SOLN 50MG/5ML	3	
<i>silver sulfadiazine crea 1%</i>	1	
SIVEXTRO INJ 200MG	4	QL (6 EA per 30 days)
SIVEXTRO TABS 200MG	4	QL (6 EA per 30 days)
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	2	
SYNERCID INJ 350MG; 150MG	4	
<i>trimethoprim tabs 100mg</i>	1	
TYGACIL INJ 50MG	2	B/D
<i>vancomycin hcl caps 125mg</i>	4	
<i>vancomycin hcl caps 250mg</i>	4	
<i>vancomycin hcl inj 1000mg</i>	1	B/D
<i>vancomycin hcl inj 10gm</i>	1	B/D
<i>vancomycin hcl inj 500mg</i>	1	B/D
<i>vandazole gel 0.75%</i>	1	
VIBATIV INJ 250MG	2	B/D
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	4	PA
ZYVOX INJ 2MG/ML	2	B/D
ZYVOX SUSR 100MG/5ML	2	QL (2400 ML per 30 days)
ZYVOX TABS 600MG	4	QL (60 EA per 30 days)
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	B/D
<i>cefazolin sodium inj 1gm</i>	1	B/D
<i>cefazolin sodium inj 1gm; 5%</i>	1	B/D
<i>cefazolin sodium inj 500mg</i>	1	B/D
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	B/D
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 10gm</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefoxitin sodium inj 2gm</i>	1	B/D
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>ceftazidime inj 1gm</i>	1	B/D
<i>ceftazidime inj 2gm</i>	1	B/D
<i>ceftazidime inj 6gm</i>	1	B/D
<i>ceftriaxone sodium inj 10gm</i>	1	B/D
<i>ceftriaxone sodium inj 1gm</i>	1	B/D
<i>ceftriaxone sodium inj 250mg</i>	1	B/D
<i>ceftriaxone sodium inj 2gm</i>	1	B/D
<i>ceftriaxone sodium inj 500mg</i>	1	B/D
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	B/D
<i>cefuroxime sodium inj 7.5gm</i>	1	B/D
<i>cefuroxime sodium inj 750mg</i>	1	B/D
CEFUROXIME/DEXTROSE INJ 1.5GM; 2.9%	2	B/D
CEFUROXIME/DEXTROSE INJ 750MG; 4.1%	2	B/D
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg</i>	1	
<i>cephalexin tabs 500mg</i>	1	
SUPRAX CAPS 400MG	3	
SUPRAX SUSR 100MG/5ML	3	
SUPRAX SUSR 200MG/5ML	3	
SUPRAX SUSR 500MG/5ML	3	
SUPRAX TABS 400MG	3	
<i>tazicef inj 1gm</i>	1	B/D
<i>tazicef inj 2gm</i>	1	B/D
<i>tazicef inj 6gm</i>	1	B/D
TEFLARO INJ 400MG	2	B/D
TEFLARO INJ 600MG	2	B/D
<i>Beta-lactam, Other</i>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	3	B/D
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	3	B/D
<i>aztreonam inj 1gm</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	B/D
INVANZ INJ 1GM	3	
<i>meropenem inj 1gm</i>	4	B/D
<i>meropenem inj 500mg</i>	3	B/D
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	B/D
<i>ampicillin sodium inj 125mg</i>	1	B/D
<i>ampicillin sodium inj 1gm</i>	1	B/D
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	2	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML	2	
BICILLIN L-A INJ 2400000UNIT/4ML	2	

Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJ 600000UNIT/ML	2	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nallpen/dextrose inj 0; 1gm/50ml</i>	1	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	2	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	2	B/D
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5mu</i>	1	
<i>penicillin g procaine inj 600000unit/ml</i>	1	
<i>penicillin g sodium inj 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	B/D
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	B/D
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	2	B/D
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	2	B/D
Macrolides		
AZASITE SOLN 1%	2	
<i>azithromycin inj 500mg</i>	1	B/D
<i>azithromycin pack 1gm</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin susr 125mg/5ml</i>	2	
<i>clarithromycin susr 250mg/5ml</i>	2	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID TABS 200MG	2	QL (20 EA per 10 days)
ERY-TAB TBEC 250MG	2	
ERY-TAB TBEC 333MG	2	
ERY-TAB TBEC 500MG	2	
<i>ery pads 2%</i>	1	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocine stearate tabs 250mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin soln 2%</i>	1	
ZMAX SUSR 2GM	2	
<i>Quinolones</i>		
BESIVANCE SUSP 0.6%	2	
CILOXAN OINT 0.3%	2	
CIPRO HC SUSP 0.2%; 1%	3	
CIPRODEX SUSP 0.3%; 0.1%	2	
<i>ciprofloxacin hcl soln 0.3%</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 250mg</i>	1	
<i>ciprofloxacin hcl tabs 500mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	B/D
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	B/D
<i>ciprofloxacin inj 400mg/40ml</i>	1	B/D
<i>ciprofloxacin susr 250gm/5ml</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>gatifloxacin soln 0.5%</i>	2	
LEVAQUIN INJ 5%; 750MG/150ML	3	B/D
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	3	B/D
<i>levofloxacin inj 25mg/ml</i>	3	B/D
<i>levofloxacin soln 0.5%</i>	1	
<i>levofloxacin soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXEZA SOLN 0.5%	2	
<i>moxifloxacin hcl tabs 400mg</i>	2	
NOROXIN TABS 400MG	3	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin tabs 200mg</i>	1	
<i>ofloxacin tabs 300mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
VIGAMOX SOLN 0.5%	2	
<i>Sulfonamides</i>		

Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	3	
BLEPHAMIDE SUSP 0.2%; 10%	3	
<i>sodium sulfacetamide soln 10%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	B/D
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs 150mg</i>	3	
<i>demeclocycline hcl tabs 300mg</i>	3	
<i>doxycycline hyclate dr tbec 100mg</i>	1	
<i>doxycycline hyclate dr tbec 150mg</i>	1	
<i>doxycycline hyclate dr tbec 75mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl er tb24 135mg</i>	3	
<i>minocycline hcl er tb24 45mg</i>	3	
<i>minocycline hcl er tb24 90mg</i>	3	
<i>minocycline hcl caps 100mg</i>	2	
<i>minocycline hcl caps 50mg</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg</i>	3	
<i>minocycline hcl tabs 50mg</i>	3	
<i>minocycline hcl tabs 75mg</i>	3	
ORACEA CPDR 40MG	3	ST
SOLODYN TB24 105MG	3	ST
SOLODYN TB24 115MG	3	ST
SOLODYN TB24 55MG	3	ST
SOLODYN TB24 65MG	3	ST
SOLODYN TB24 80MG	3	ST

Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl caps 250mg</i>	1	
<i>tetracycline hcl caps 500mg</i>	1	
VIBRAMYCIN SYRP 50MG/5ML	2	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTIOM TABS 200MG	3	
APTIOM TABS 400MG	3	
APTIOM TABS 600MG	3	
APTIOM TABS 800MG	3	
FYCOMPA TABS 10MG	3	
FYCOMPA TABS 12MG	3	
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 4MG	3	
FYCOMPA TABS 6MG	3	
FYCOMPA TABS 8MG	3	
<i>levetiracetam er tb24 500mg</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	B/D
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3	B/D
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg</i>	2	
<i>phenobarbital tabs 15mg</i>	2	
<i>phenobarbital tabs 16.2mg</i>	2	
<i>phenobarbital tabs 30mg</i>	2	
<i>phenobarbital tabs 32.4mg</i>	2	
<i>phenobarbital tabs 60mg</i>	2	
<i>phenobarbital tabs 64.8mg</i>	2	
<i>phenobarbital tabs 97.2mg</i>	2	
POTIGA TABS 200MG	3	
POTIGA TABS 300MG	4	
POTIGA TABS 400MG	3	
POTIGA TABS 50MG	3	
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPS 300MG	2	
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
LYRICA CAPS 100MG	2	

Name	Drug Tier	Requirements/Limits
LYRICA CAPS 150MG	2	
LYRICA CAPS 200MG	2	
LYRICA CAPS 225MG	2	
LYRICA CAPS 25MG	2	
LYRICA CAPS 300MG	2	
LYRICA CAPS 50MG	2	
LYRICA CAPS 75MG	2	
LYRICA SOLN 20MG/ML	2	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt tbdp 0.125mg</i>	2	PA
<i>clonazepam odt tbdp 0.25mg</i>	2	PA
<i>clonazepam odt tbdp 0.5mg</i>	2	PA
<i>clonazepam odt tbdp 1mg</i>	2	PA
<i>clonazepam odt tbdp 2mg</i>	2	PA
<i>clonazepam tabs 0.5mg</i>	2	PA
<i>clonazepam tabs 1mg</i>	2	PA
<i>clonazepam tabs 2mg</i>	2	PA
<i>diazepam gel 10mg</i>	1	
<i>diazepam gel 2.5mg</i>	1	
<i>diazepam gel 20mg</i>	1	
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	2	
<i>divalproex sodium er tb24 500mg</i>	2	
<i>divalproex sodium cpsp 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	2	
<i>gabapentin tabs 600mg</i>	1	
<i>gabapentin tabs 800mg</i>	1	
GABITRIL TABS 12MG	2	
GABITRIL TABS 16MG	2	
ONFI SUSP 2.5MG/ML	2	PA
ONFI TABS 10MG	2	PA
ONFI TABS 20MG	2	PA
ONFI TABS 5MG	2	PA
<i>primidone tabs 250mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>primidone tabs 50mg</i>	1	
SABRIL PACK 500MG	4	PA
SABRIL TABS 500MG	4	PA
STAVZOR CPDR 125MG	3	
STAVZOR CPDR 250MG	3	
STAVZOR CPDR 500MG	3	
<i>tiagabine hydrochloride tabs 2mg</i>	1	
<i>tiagabine hydrochloride tabs 4mg</i>	2	
<i>valproate sodium inj 500mg/5ml</i>	1	B/D
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid syrp 250mg/5ml</i>	1	
Glutamate Reducing Agents		
<i>felbamate susp 600mg/5ml</i>	1	
<i>felbamate tabs 400mg</i>	1	
<i>felbamate tabs 600mg</i>	1	
LAMICTAL ODT TBDP 100MG	3	
LAMICTAL ODT TBDP 200MG	3	
LAMICTAL ODT TBDP 25MG	3	
LAMICTAL ODT TBDP 50MG	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
<i>lamotrigine er tb24 100mg</i>	2	
<i>lamotrigine er tb24 200mg</i>	2	
<i>lamotrigine er tb24 250mg</i>	2	
<i>lamotrigine er tb24 25mg</i>	2	
<i>lamotrigine er tb24 300mg</i>	2	
<i>lamotrigine er tb24 50mg</i>	2	
<i>lamotrigine chew 25mg</i>	2	
<i>lamotrigine chew 5mg</i>	2	
<i>lamotrigine tabs 100mg</i>	2	
<i>lamotrigine tabs 150mg</i>	2	
<i>lamotrigine tabs 200mg</i>	2	
<i>lamotrigine tabs 25mg</i>	2	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	

Name	Drug Tier	Requirements/Limits
TROKENDI XR CP24 100MG	3	
TROKENDI XR CP24 200MG	3	
TROKENDI XR CP24 25MG	3	
TROKENDI XR CP24 50MG	3	
<i>Sodium Channel Agents</i>		
BANZEL SUSP 40MG/ML	2	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	2	
<i>carbamazepine er cp12 100mg</i>	2	
<i>carbamazepine er cp12 200mg</i>	2	
<i>carbamazepine er cp12 300mg</i>	2	
<i>carbamazepine er tb12 200mg</i>	2	
<i>carbamazepine er tb12 400mg</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
DILANTIN INFATABS CHEW 50MG	2	
DILANTIN CAPS 30MG	2	
<i>epitol tabs 200mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>oxcarbazepine susp 300mg/5ml</i>	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
PEGANONE TABS 250MG	2	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
VIMPAT INJ 200MG/20ML	2	
VIMPAT SOLN 10MG/ML	2	
VIMPAT TABS 100MG	3	
VIMPAT TABS 150MG	3	
VIMPAT TABS 200MG	3	
VIMPAT TABS 50MG	3	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs 1mg</i>	1	PA
<i>Cholinesterase Inhibitors</i>		

Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	1	
<i>donepezil hcl tabs 5mg</i>	1	
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
EXELON PT24 13.3MG/24HR	3	
EXELON PT24 4.6MG/24HR	3	
EXELON PT24 9.5MG/24HR	3	
EXELON SOLN 2MG/ML	3	
<i>galantamine hydrobromide cp24 16mg</i>	2	
<i>galantamine hydrobromide cp24 24mg</i>	2	
<i>galantamine hydrobromide cp24 8mg</i>	2	
<i>galantamine hydrobromide soln 4mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12mg</i>	2	
<i>galantamine hydrobromide tabs 4mg</i>	2	
<i>galantamine hydrobromide tabs 8mg</i>	2	
<i>rivastigmine tartrate caps 1.5mg</i>	1	
<i>rivastigmine tartrate caps 3mg</i>	1	
<i>rivastigmine tartrate caps 4.5mg</i>	1	
<i>rivastigmine tartrate caps 6mg</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
NAMENDA TITRATION PAK TABS 0	2	
NAMENDA XR TITRATION PACK CP24 0	2	QL (112 EA per 365 days)
NAMENDA XR CP24 14MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 21MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 28MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 7MG	2	QL (30 EA per 30 days)
NAMENDA SOLN 10MG/5ML	2	
NAMENDA TABS 10MG	2	
NAMENDA TABS 5MG	2	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN TB24 174MG	3	QL (30 EA per 30 days) ST
APLENZIN TB24 348MG	3	QL (30 EA per 30 days) ST
APLENZIN TB24 522MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 10MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 5MG	3	QL (30 EA per 30 days) ST
<i>budeprion sr tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>budeprion sr tb12 150mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>bupropion hcl sr tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hcl tabs 75mg</i>	1	
FORFIVO XL TB24 450MG	3	QL (30 EA per 30 days) ST
<i>maprotiline hcl tabs 25mg</i>	1	
<i>maprotiline hcl tabs 50mg</i>	1	
<i>maprotiline hcl tabs 75mg</i>	1	
<i>mirtazapine odt tbdp 15mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tbdp 15mg</i>	1	
<i>nefazodone hcl tabs 100mg</i>	1	
<i>nefazodone hcl tabs 150mg</i>	1	
<i>nefazodone hcl tabs 200mg</i>	1	
<i>nefazodone hcl tabs 250mg</i>	1	
<i>nefazodone hcl tabs 50mg</i>	1	
OLEPTRO TB24 150MG	3	QL (30 EA per 30 days)
OLEPTRO TB24 300MG	3	QL (30 EA per 30 days)
<i>trazodone hcl tabs 100mg</i>	1	
<i>trazodone hcl tabs 150mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	1	
<i>trazodone hcl tabs 50mg</i>	1	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PT24 12MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 6MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 9MG/24HR	3	QL (30 EA per 30 days) PA
MARPLAN TABS 10MG	2	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	3	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	3	QL (600 ML per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs 5mg</i>	1	QL (30 EA per 30 days)
FETZIMA TITRATION PACK C4PK 0	3	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 20MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 40MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 80MG	3	QL (30 EA per 30 days) ST
<i>fluoxetine dr cpdr 90mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl soln 20mg/5ml</i>	1	QL (600 ML per 30 days)
<i>fluoxetine hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl tabs 60mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine maleate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 12.5mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er tb24 25mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
PAXIL SUSP 10MG/5ML	2	
PEXEVA TABS 10MG	3	QL (30 EA per 30 days) ST
PEXEVA TABS 20MG	3	QL (30 EA per 30 days) ST
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) ST
PEXEVA TABS 40MG	3	QL (30 EA per 30 days) ST
PRISTIQ TB24 100MG	3	QL (120 EA per 30 days) ST
PRISTIQ TB24 50MG	3	QL (120 EA per 30 days) ST
<i>sertraline hcl conc 20mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl tabs 25mg</i>	1	QL (45 EA per 30 days)
<i>sertraline hcl tabs 50mg</i>	1	QL (45 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (90 EA per 30 days)
VENLAFAXINE HCL ER TB24 225MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 75mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 37.5mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 50mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 75mg</i>	1	QL (90 EA per 30 days)
VIIBRYD KIT 0	2	ST
VIIBRYD TABS 10MG	2	QL (30 EA per 30 days) ST
VIIBRYD TABS 20MG	2	QL (30 EA per 30 days) ST
VIIBRYD TABS 40MG	2	QL (30 EA per 30 days) ST
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	2	PA
<i>amitriptyline hcl tabs 10mg</i>	2	PA
<i>amitriptyline hcl tabs 150mg</i>	2	PA
<i>amitriptyline hcl tabs 25mg</i>	2	PA
<i>amitriptyline hcl tabs 50mg</i>	2	PA
<i>amitriptyline hcl tabs 75mg</i>	2	PA
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	2	PA
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	2	PA
<i>clomipramine hcl caps 25mg</i>	2	PA
<i>clomipramine hcl caps 50mg</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 75mg</i>	2	PA
<i>desipramine hcl tabs 100mg</i>	1	
<i>desipramine hcl tabs 10mg</i>	1	
<i>desipramine hcl tabs 150mg</i>	2	
<i>desipramine hcl tabs 25mg</i>	1	
<i>desipramine hcl tabs 50mg</i>	1	
<i>desipramine hcl tabs 75mg</i>	1	
<i>doxepin hcl caps 100mg</i>	2	PA
<i>doxepin hcl caps 10mg</i>	2	PA
<i>doxepin hcl caps 150mg</i>	1	PA
<i>doxepin hcl caps 25mg</i>	2	PA
<i>doxepin hcl caps 50mg</i>	2	PA
<i>doxepin hcl caps 75mg</i>	2	PA
<i>doxepin hcl conc 10mg/ml</i>	2	PA
<i>imipramine hcl tabs 10mg</i>	2	PA
<i>imipramine hcl tabs 25mg</i>	2	PA
<i>imipramine hcl tabs 50mg</i>	2	PA
<i>imipramine pamoate caps 100mg</i>	3	PA
<i>imipramine pamoate caps 125mg</i>	3	PA
<i>imipramine pamoate caps 150mg</i>	3	PA
<i>imipramine pamoate caps 75mg</i>	3	PA
<i>nortriptyline hcl caps 10mg</i>	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 50mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	2	PA
<i>protriptyline hcl tabs 10mg</i>	3	
<i>protriptyline hcl tabs 5mg</i>	3	
SURMONTIL CAPS 100MG	3	PA
SURMONTIL CAPS 25MG	3	PA
SURMONTIL CAPS 50MG	3	PA
<i>trimipramine maleate caps 100mg</i>	1	PA
<i>trimipramine maleate caps 25mg</i>	1	PA
<i>trimipramine maleate caps 50mg</i>	1	PA
Antiemetics		
<i>Antiemetics, Other</i>		
<i>hydroxyzine hcl soln 10mg/5ml</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tabs 10mg</i>	2	PA
<i>hydroxyzine hcl tabs 25mg</i>	2	PA
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>morphine sulfate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>phenadoz supp 12.5mg</i>	1	PA
<i>phenadoz supp 25mg</i>	1	PA
<i>promethazine hcl supp 12.5mg</i>	2	PA
<i>promethazine hcl supp 25mg</i>	2	PA
<i>promethegan supp 12.5mg</i>	1	PA
<i>promethegan supp 25mg</i>	2	PA
<i>promethegan supp 50mg</i>	2	PA
TRANSDERM-SCOP PT72 1.5MG	2	
<i>trimethobenzamide hcl caps 300mg</i>	2	PA
<i>trimethobenzamide hcl inj 100mg/ml</i>	1	PA
<i>Emetogenic Therapy Adjuncts</i>		
ALOXI INJ 0.25MG/5ML	3	B/D
ANZEMET INJ 20MG/ML	3	
ANZEMET TABS 100MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
CESAMET CAPS 1MG	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	3	QL (60 EA per 30 days) PA
EMEND CAPS 0	2	QL (6 EA per 30 days) B/D
EMEND CAPS 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPS 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPS 80MG	2	QL (8 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl inj 1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl tabs 1mg</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl inj 4mg/2ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl soln 4mg/5ml</i>	3	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron hcl tabs 4mg</i>	2	QL (45 EA per 30 days) B/D
<i>ondansetron hcl tabs 8mg</i>	2	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 4mg</i>	3	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 8mg</i>	1	QL (45 EA per 30 days) B/D
SANCUSO PTCH 3.1MG/24HR	4	QL (4 EA per 30 days)
Antifungals		
<i>Antifungals</i>		
ABELCET INJ 5MG/ML	3	B/D

Name	Drug Tier	Requirements/Limits
AMBISOME INJ 50MG	4	
AMPHOTERICIN B INJ 50MG	2	B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>econazole nitrate crea 1%</i>	1	
ERAXIS INJ 100MG	2	B/D
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	B/D
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	1	
<i>flucytosine caps 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250mg</i>	2	
<i>itraconazole caps 100mg</i>	3	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>ketodan kit kit 2%; 0; 0</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
NAFTIN CREA 1%	3	
NAFTIN CREA 2%	2	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	2	
NATACYN SUSP 5%	2	
NOXAFIL INJ 300MG/16.7ML	4	PA
NOXAFIL SUSP 40MG/ML	2	PA
NOXAFIL TBEC 100MG	4	PA

Name	Drug Tier	Requirements/Limits
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>pedi-dri powd 100000unit/gm</i>	1	
SPORANOX SOLN 10MG/ML	2	
<i>terbinafine hcl tabs 250mg</i>	1	QL (84 EA per 168 days)
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	
<i>voriconazole inj 200mg</i>	3	
<i>voriconazole susr 40mg/ml</i>	1	
<i>voriconazole tabs 200mg</i>	4	
<i>voriconazole tabs 50mg</i>	4	
<i>zazole crea 0.4%</i>	1	
<i>zazole supp 80mg</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
COLCRYS TABS 0.6MG	2	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	3	ST
ULORIC TABS 80MG	3	ST
Antimigraine Agents		
<i>Antimigraine Agents</i>		
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days) ST
<i>Ergot Alkaloids</i>		
MIGERGOT SUPP 100MG; 2MG	2	
MIGRANAL SOLN 4MG/ML	3	QL (28 ML per 28 days)
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
AXERT TABS 12.5MG	3	QL (12 EA per 30 days) ST
AXERT TABS 6.25MG	3	QL (12 EA per 30 days) ST
FROVA TABS 2.5MG	3	QL (12 EA per 30 days) ST
<i>naratriptan hcl tabs 1mg</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 EA per 30 days)

Name	Drug Tier	Requirements/Limits
RELPAX TABS 20MG	2	QL (9 EA per 30 days) ST
RELPAX TABS 40MG	2	QL (9 EA per 30 days) ST
<i>rizatriptan benzoate odt tbdp 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (18 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (9 EA per 30 days)
ZOMIG NASAL SPRAY SOLN 5MG	3	QL (18 EA per 30 days) ST
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days) ST
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl tabs 125mg</i>	1	
MESTINON TIMESPAN TBCR 180MG	2	
MESTINON SYRP 60MG/5ML	2	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 5mg/ml</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	2	
DAPSONE TABS 25MG	2	
<i>rifabutin caps 150mg</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	3	
<i>ethambutol hcl tabs 100mg</i>	1	
<i>ethambutol hcl tabs 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	2	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	B/D
RIFATER TABS 50MG; 300MG; 120MG	3	
SEROMYCIN CAPS 250MG	2	
SIRTURO TABS 100MG	3	
TRECTOR TABS 250MG	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	2	B/D
<i>cyclophosphamide inj 1gm</i>	3	
CYCLOPHOSPHAMIDE INJ 500MG	3	
<i>cyclophosphamide tabs 25mg</i>	2	B/D
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
<i>dacarbazine inj 200mg</i>	1	B/D
HEXALEN CAPS 50MG	4	PA
IFOSFAMIDE/MESNA INJ 1GM; 1GM	4	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
LEUKERAN TABS 2MG	2	
<i>lomustine caps 100mg</i>	2	
<i>lomustine caps 10mg</i>	2	
<i>lomustine caps 40mg</i>	2	
MATULANE CAPS 50MG	4	
<i>melphalan hydrochloride inj 50mg</i>	4	B/D
MUSTARGEN INJ 10MG	3	B/D
<i>thiotepa inj 15mg</i>	3	B/D
TREANDA INJ 100MG	4	B/D
VALCHLOR GEL 0.016%	3	PA
ZANOSAR INJ 1GM	3	B/D
<i>Antiandrogens</i>		
<i>bicalutamide tabs 50mg</i>	1	
<i>flutamide caps 125mg</i>	2	
NILANDRON TABS 150MG	3	
XTANDI CAPS 40MG	4	QL (120 EA per 30 days) PA
ZYTIGA TABS 250MG	4	QL (120 EA per 30 days) PA
<i>Antiangiogenic Agents</i>		
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 300MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPS 10MG	4	PA LA
REVLIMID CAPS 15MG	4	PA LA
REVLIMID CAPS 2.5MG	4	PA
REVLIMID CAPS 20MG	4	PA
REVLIMID CAPS 25MG	4	PA LA
REVLIMID CAPS 5MG	4	PA LA
THALOMID CAPS 100MG	4	PA
THALOMID CAPS 150MG	4	PA
THALOMID CAPS 200MG	4	PA
THALOMID CAPS 50MG	4	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPS 140MG	2	
FARESTON TABS 60MG	3	
FASLODEX INJ 250MG/5ML	4	
SOLTAMOX SOLN 10MG/5ML	3	
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<i>Antimetabolites</i>		
CLOLAR INJ 1MG/ML	3	B/D
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DROXIA CAPS 200MG	2	
DROXIA CAPS 300MG	2	
DROXIA CAPS 400MG	2	
ELITEK INJ 1.5MG	4	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
FOLOTYN INJ 40MG/2ML	3	
<i>gemcitabine hcl inj 1gm</i>	3	B/D
<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine tabs 50mg</i>	1	
<i>pentostatin inj 10mg</i>	1	B/D
TABLOID TABS 40MG	2	
<i>Antineoplastics, Other</i>		
ABRAXANE INJ 900MG; 100MG	3	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
ALIMTA INJ 500MG	4	B/D
<i>amifostine inj 500mg</i>	1	B/D
ARRANON INJ 5MG/ML	3	B/D
<i>azacitidine inj 100mg</i>	3	PA
<i>bleomycin sulfate inj 30unit</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>carboplatin inj 150mg/15ml</i>	1	B/D
<i>cisplatin inj 100mg/100ml</i>	1	B/D
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 20MG	4	PA
COSMEGEN INJ 0.5MG	3	B/D
<i>dactinomycin inj 0.5mg</i>	1	B/D
<i>daunorubicin hcl inj 5mg/ml</i>	3	B/D
<i>decitabine inj 50mg</i>	4	B/D
<i>dexrazoxane inj 250mg</i>	1	B/D
DOCEFREZ INJ 20MG	4	B/D
DOCEFREZ INJ 80MG	4	B/D
<i>docetaxel inj 140mg/7ml</i>	1	B/D
<i>docetaxel inj 80mg/4ml</i>	4	B/D
<i>docetaxel inj 80mg/8ml</i>	4	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
ELLENCEN INJ 200MG/100ML	3	B/D
<i>epirubicin hcl inj 50mg/25ml</i>	1	B/D
ERIVEDGE CAPS 150MG	4	PA
ERWINAZE INJ 10000UNIT	4	PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	3	B/D
<i>fludarabine phosphate inj 50mg</i>	1	B/D
FUSILEV INJ 50MG	4	
GILOTRIF TABS 20MG	4	PA
GILOTRIF TABS 30MG	4	PA
GILOTRIF TABS 40MG	4	PA
HALAVEN INJ 1MG/2ML	4	B/D
ICLUSIG TABS 15MG	4	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	4	QL (60 EA per 30 days) PA
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D
<i>irinotecan inj 100mg/5ml</i>	1	B/D
ISTODAX INJ 10MG	2	B/D
IXEMPRA KIT INJ 45MG	4	B/D
JAKAFI TABS 10MG	4	PA
JAKAFI TABS 15MG	4	PA
JAKAFI TABS 20MG	4	PA
JAKAFI TABS 25MG	4	PA
JAKAFI TABS 5MG	4	PA
JEVTANA INJ 60MG/1.5ML	4	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>lipodox 50 inj 2mg/ml</i>	1	B/D
<i>lipodox inj 2mg/ml</i>	1	B/D
MEKINIST TABS 0.5MG	4	PA
MEKINIST TABS 2MG	4	PA
MENEST TABS 0.3MG	3	PA
MENEST TABS 0.625MG	3	PA
MENEST TABS 1.25MG	3	PA
MENEST TABS 2.5MG	3	PA
<i>mesna inj 100mg/ml</i>	1	B/D
MESNEX TABS 400MG	4	
<i>mitomycin inj 20mg</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
ONCASPAR INJ 750UNIT/ML	4	
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<i>paclitaxel inj 300mg/50ml</i>	1	B/D
POMALYST CAPS 1MG	4	PA
POMALYST CAPS 2MG	4	PA
POMALYST CAPS 3MG	4	PA
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	B/D
SYLATRON INJ 296MCG	4	PA
SYLATRON INJ 444MCG	4	PA
SYLATRON INJ 888MCG	4	PA
SYNRIBO INJ 3.5MG	4	PA
TAXOTERE INJ 80MG/2ML	4	B/D
TRISENOX INJ 10MG/10ML	2	B/D
VELCADE INJ 3.5MG	3	B/D
<i>vinblastine sulfite inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfite inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	B/D
ZOLINZA CAPS 100MG	4	PA
<i>Antineoplastics</i>		
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA

Name	Drug Tier	Requirements/Limits
ZALTRAP INJ 100MG/4ML	4	PA
ZYKADIA CAPS 150MG	4	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS INJ 100MG	3	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>topotecan hcl inj 4mg</i>	1	B/D
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ TBSO 2MG	4	PA
AFINITOR DISPERZ TBSO 3MG	4	PA
AFINITOR DISPERZ TBSO 5MG	4	PA
AFINITOR TABS 10MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 2.5MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 5MG	4	QL (120 EA per 30 days) PA
AFINITOR TABS 7.5MG	4	QL (60 EA per 30 days) PA
BOSULIF TABS 100MG	4	PA
BOSULIF TABS 500MG	4	PA
GLEEVEC TABS 100MG	4	QL (240 EA per 30 days) PA
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
IMBRUVICA CAPS 140MG	4	PA
INLYTA TABS 1MG	4	PA
INLYTA TABS 5MG	4	PA
NEXAVAR TABS 200MG	4	QL (120 EA per 30 days) PA LA
SPRYCEL TABS 100MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 140MG	4	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 50MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 70MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 80MG	4	QL (60 EA per 30 days) PA
STIVARGA TABS 40MG	4	PA
SUTENT CAPS 12.5MG	4	QL (120 EA per 30 days) PA
SUTENT CAPS 25MG	4	QL (60 EA per 30 days) PA
SUTENT CAPS 50MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	4	QL (120 EA per 30 days) PA
TASIGNA CAPS 200MG	4	QL (120 EA per 30 days) PA
TYKERB TABS 250MG	4	QL (180 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
VOTRIENT TABS 200MG	4	QL (120 EA per 30 days) PA
XALKORI CAPS 200MG	4	QL (60 EA per 30 days) PA
XALKORI CAPS 250MG	4	QL (60 EA per 30 days) PA
ZELBORAF TABS 240MG	4	QL (240 EA per 30 days) PA
Monoclonal Antibodies		
ARZERRA INJ 100MG/5ML	2	B/D
AVASTIN INJ 100MG/4ML	4	PA
ERBITUX INJ 100MG/50ML	3	B/D
GAZYVA INJ 1000MG/40ML	4	PA
HERCEPTIN INJ 440MG	3	B/D
KADCYLA INJ 100MG	4	PA
PERJETA INJ 420MG/14ML	4	PA
RITUXAN INJ 10MG/ML	2	B/D
SYLVANT INJ 100MG	4	PA
VECTIBIX INJ 100MG/5ML	4	B/D
YERVOY INJ 50MG/10ML	4	PA
Retinoids		
PANRETIN GEL 0.1%	4	
TARGRETIN CAPS 75MG	4	PA
TARGRETIN GEL 1%	4	PA
<i>tretinoin caps 10mg</i>	4	
Antiparasitics		
Anthelmintics		
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
STROMEKTOL TABS 3MG	2	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	2	
ALINIA TABS 500MG	2	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	4	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	2	
DARAPRIM TABS 25MG	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
NEBUPENT SOLR 300MG	2	B/D
NEUTREXIN INJ 25MG	2	B/D
PENTAM 300 INJ 300MG	3	B/D
PRIMAQUINE PHOSPHATE TABS 26.3MG	2	

Name	Drug Tier	Requirements/Limits
<i>quinine sulfate caps 324mg</i>	3	QL (42 EA per 30 days) PA
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
<i>Pediculicides/Scabicides</i>		
EURAX CREA 10%	2	
EURAX LOTN 10%	2	
<i>lindane lotn 1%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	1	
SKLICE LOTN 0.5%	2	
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOTN 5%	3	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate inj 1mg/ml</i>	1	PA
<i>benztropine mesylate tabs 0.5mg</i>	1	PA
<i>benztropine mesylate tabs 1mg</i>	1	PA
<i>benztropine mesylate tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl elix 0.4mg/ml</i>	1	PA
<i>trihexyphenidyl hcl tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl tabs 5mg</i>	1	PA
<i>Antiparkinson Agents, Other</i>		
<i>entacapone tabs 200mg</i>	1	
TASMAR TABS 100MG	3	
<i>Dopamine Agonists</i>		
APOKYN INJ 10MG/ML	4	
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
MIRAPEX ER TB24 0.375MG	2	
MIRAPEX ER TB24 0.75MG	2	
MIRAPEX ER TB24 1.5MG	2	
MIRAPEX ER TB24 2.25MG	2	
MIRAPEX ER TB24 3.75MG	2	
MIRAPEX ER TB24 3MG	2	
MIRAPEX ER TB24 4.5MG	2	
NEUPRO PT24 1MG/24HR	2	ST
NEUPRO PT24 2MG/24HR	3	ST
NEUPRO PT24 3MG/24HR	3	ST
NEUPRO PT24 4MG/24HR	3	ST
NEUPRO PT24 6MG/24HR	3	ST
NEUPRO PT24 8MG/24HR	3	ST

Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
<i>ropinirole er tb24 12mg</i>	3	
<i>ropinirole er tb24 2mg</i>	3	
<i>ropinirole er tb24 4mg</i>	2	
<i>ropinirole er tb24 6mg</i>	3	
<i>ropinirole er tb24 8mg</i>	3	
<i>ropinirole hcl tabs 0.25mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 3mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>AZILECT TABS 0.5MG</i>	2	
<i>AZILECT TABS 1MG</i>	2	
<i>selegiline hcl caps 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>selegiline hcl tabs 5mg</i>	1	
ZELAPAR TBDP 1.25MG	2	
Antipsychotics		
<i>1st Generation/Typical</i>		
ADASUVE AEPB 10MG	3	
ADASUVE AEPB 10MG	3	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	
<i>chlorpromazine hcl tabs 10mg</i>	1	
<i>chlorpromazine hcl tabs 200mg</i>	1	
<i>chlorpromazine hcl tabs 25mg</i>	1	
<i>chlorpromazine hcl tabs 50mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5mg/ml</i>	1	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	1	
<i>haloperidol tabs 10mg</i>	1	
<i>haloperidol tabs 1mg</i>	1	
<i>haloperidol tabs 20mg</i>	1	
<i>haloperidol tabs 2mg</i>	1	
<i>haloperidol tabs 5mg</i>	1	
<i>loxapine succinate caps 10mg</i>	1	
<i>loxapine succinate caps 25mg</i>	1	
<i>loxapine succinate caps 50mg</i>	1	
<i>loxapine succinate caps 5mg</i>	1	
ORAP TABS 1MG	2	
ORAP TABS 2MG	2	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	

Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
2nd Generation/Atypical		
ABILIFY DISCMELT TBDP 10MG	3	QL (60 EA per 30 days) ST
ABILIFY DISCMELT TBDP 15MG	3	QL (60 EA per 30 days) ST
ABILIFY MAINTENA INJ 300MG	3	ST
ABILIFY INJ 9.75MG/1.3ML	3	ST
ABILIFY SOLN 1MG/ML	3	QL (900 ML per 30 days) ST
ABILIFY TABS 10MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 15MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 20MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 2MG	3	QL (60 EA per 30 days) ST
ABILIFY TABS 30MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 5MG	3	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK TABS 0	3	QL (1 EA per 180 days) ST
FANAPT TABS 10MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	3	QL (60 EA per 30 days) ST
GEODON INJ 20MG	3	
INVEGA SUSTENNA INJ 117MG/0.75ML	3	ST
INVEGA SUSTENNA INJ 156MG/ML	3	ST
INVEGA SUSTENNA INJ 234MG/1.5ML	3	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	3	ST
INVEGA SUSTENNA INJ 78MG/0.5ML	3	ST
INVEGA TB24 1.5MG	3	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
INVEGA TB24 3MG	3	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	3	QL (60 EA per 30 days) ST
INVEGA TB24 9MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 120MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 20MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 40MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 60MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 80MG	3	QL (60 EA per 30 days) ST
<i>olanzapine odt tbdp 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	1	QL (90 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	2	
RISPERDAL CONSTA INJ 25MG	2	
RISPERDAL CONSTA INJ 37.5MG	2	
RISPERDAL CONSTA INJ 50MG	2	
<i>risperidone odt tbdp 0.25mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	3	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days) ST
SAPHRIS SUBL 5MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 150MG	3	QL (30 EA per 30 days) ST
SEROQUEL XR TB24 200MG	3	QL (30 EA per 30 days) ST
SEROQUEL XR TB24 300MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 400MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 50MG	3	QL (30 EA per 30 days) ST
<i>ziprasidone hcl caps 20mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 40mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	2	QL (60 EA per 30 days)
<i>Treatment-Resistant</i>		
<i>clozapine odt tbdp 100mg</i>	3	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	3	QL (90 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	3	QL (270 EA per 30 days)
CLOZAPINE TABS 100MG	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL (180 EA per 30 days)
FAZACLO TBDP 100MG	3	QL (270 EA per 30 days)
FAZACLO TBDP 12.5MG	3	QL (90 EA per 30 days)
FAZACLO TBDP 150MG	3	QL (180 EA per 30 days)
FAZACLO TBDP 200MG	3	QL (120 EA per 30 days)
FAZACLO TBDP 25MG	3	QL (270 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	4	
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
<i>dantrolene sodium caps 100mg</i>	2	
<i>dantrolene sodium caps 25mg</i>	2	
<i>dantrolene sodium caps 50mg</i>	2	
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	2	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	2	B/D
<i>tizanidine hcl caps 2mg</i>	3	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl caps 6mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hcl tabs 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		

Name	Drug Tier	Requirements/Limits
<i>cidofovir inj 75mg/ml</i>	1	B/D
<i>ganciclovir inj 500mg</i>	3	B/D
VALCYTE SOLR 50MG/ML	4	
VALCYTE TABS 450MG	4	
ZIRGAN GEL 0.15%	3	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tabs 10mg</i>	4	QL (30 EA per 30 days) PA
BARACLUDGE SOLN 0.05MG/ML	4	QL (630 ML per 30 days) PA
BARACLUDGE TABS 0.5MG	4	QL (30 EA per 30 days) PA
BARACLUDGE TABS 1MG	4	QL (30 EA per 30 days) PA
HEPSERA TABS 10MG	4	QL (30 EA per 30 days) PA
INTRON-A W/DILUENT INJ 10MU	4	PA
INTRON-A W/DILUENT INJ 18MU	4	PA
INTRON-A W/DILUENT INJ 50MU	4	PA
INTRON-A INJ 6000000UNIT/ML	2	PA
TYZEKA TABS 600MG	4	QL (30 EA per 30 days) PA
<i>Anti-hepatitis C (HCV) Agents</i>		
INCIVEK TABS 375MG	4	PA
INFERGEN INJ 15MCG/0.5ML	3	PA
<i>moderiba tabs 200mg</i>	2	
MODERIBA TABS 400MG	4	
MODERIBA TABS 600MG	4	
OLYSIO CAPS 150MG	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 80MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	4	PA
PEG-INTRON INJ 120MCG/0.5ML	4	PA
PEG-INTRON INJ 150MCG/0.5ML	4	PA
PEG-INTRON INJ 50MCG/0.5ML	4	PA
PEG-INTRON INJ 80MCG/0.5ML	4	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	
PEGASYS INJ 180MCG/0.5ML	4	
PEGASYS INJ 180MCG/ML	4	
REBETOL SOLN 40MG/ML	2	
RIBASPHERE RIBAPAK TABS 0	4	
<i>ribasphere ribapak tabs 400mg</i>	4	
<i>ribasphere ribapak tabs 600mg</i>	4	
<i>ribasphere caps 200mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>ribasphere tabs 200mg</i>	2	
<i>ribasphere tabs 400mg</i>	4	
<i>ribasphere tabs 600mg</i>	4	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	2	
SOVALDI TABS 400MG	4	PA
VICTRELIS CAPS 200MG	4	PA
VIRAZOLE SOLR 6GM	4	B/D
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
ISENTRESS CHEW 100MG	2	
ISENTRESS CHEW 25MG	2	
ISENTRESS PACK 100MG	2	
ISENTRESS TABS 400MG	4	QL (60 EA per 30 days)
TIVICAY TABS 50MG	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA TABS 200MG; 25MG; 300MG	4	QL (30 EA per 30 days)
EDURANT TABS 25MG	4	
INTELENCE TABS 100MG	4	QL (120 EA per 30 days)
INTELENCE TABS 200MG	4	QL (60 EA per 30 days)
INTELENCE TABS 25MG	2	
NEVIRAPINE ER TB24 400MG	2	
<i>nevirapine susp 50mg/5ml</i>	1	
<i>nevirapine tabs 200mg</i>	3	
RESCRIPTOR TABS 100MG	3	
RESCRIPTOR TABS 200MG	3	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	4	QL (30 EA per 30 days)
SUSTIVA CAPS 200MG	2	
SUSTIVA CAPS 50MG	2	
SUSTIVA TABS 600MG	3	
VIRAMUNE SUSP 50MG/5ML	2	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	4	QL (60 EA per 30 days)
<i>abacavir tabs 300mg</i>	2	
<i>didanosine cpdr 125mg</i>	1	
<i>didanosine cpdr 200mg</i>	1	
<i>didanosine cpdr 250mg</i>	1	
<i>didanosine cpdr 400mg</i>	1	
EMTRIVA CAPS 200MG	2	
EMTRIVA SOLN 10MG/ML	2	
EPIVIR HBV SOLN 5MG/ML	2	

Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10MG/ML	2	
EPZICOM TABS 600MG; 300MG	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	
LAMIVUDINE TABS 100MG	3	
<i>lamivudine tabs 150mg</i>	3	
<i>lamivudine tabs 300mg</i>	3	
RETROVIR IV INFUSION INJ 10MG/ML	2	
<i>stavudine caps 15mg</i>	2	
<i>stavudine caps 20mg</i>	2	
<i>stavudine caps 30mg</i>	2	
<i>stavudine caps 40mg</i>	2	
<i>stavudine solr 1mg/ml</i>	2	
TRUVADA TABS 200MG; 300MG	4	QL (30 EA per 30 days)
VIDEX PEDIATRIC SOLR 2GM	2	
VIREAD POWD 40MG/GM	2	
VIREAD TABS 150MG	2	
VIREAD TABS 200MG	2	
VIREAD TABS 250MG	2	
VIREAD TABS 300MG	4	
ZIAGEN SOLN 20MG/ML	2	
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrp 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON INJ 90MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 150MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	4	QL (120 EA per 30 days)
<i>Anti-HIV Agents, Protease Inhibitors</i>		
APTIVUS CAPS 250MG	4	QL (120 EA per 30 days)
APTIVUS SOLN 100MG/ML	4	
CRIXIVAN CAPS 200MG	2	
CRIXIVAN CAPS 400MG	2	
INVIRASE CAPS 200MG	4	
INVIRASE TABS 500MG	4	
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	4	
LEXIVA SUSP 50MG/ML	2	
LEXIVA TABS 700MG	4	
NORVIR CAPS 100MG	2	
NORVIR SOLN 80MG/ML	2	
NORVIR TABS 100MG	2	

Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100MG/ML	2	
PREZISTA TABS 150MG	2	
PREZISTA TABS 400MG	4	
PREZISTA TABS 600MG	4	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	4	
REYATAZ CAPS 100MG	2	
REYATAZ CAPS 150MG	4	
REYATAZ CAPS 200MG	4	
REYATAZ CAPS 300MG	4	
VIRACEPT TABS 250MG	4	
VIRACEPT TABS 625MG	4	
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	2	
<i>amantadine hcl syrp 50mg/5ml</i>	2	
AMANTADINE HCL TABS 100MG	2	
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (112 EA per 365 days)
<i>rimantadine hcl tabs 100mg</i>	1	
TAMIFLU CAPS 30MG	2	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	2	QL (56 EA per 365 days)
TAMIFLU CAPS 75MG	2	QL (56 EA per 365 days)
TAMIFLU SUSR 6MG/ML	2	QL (900 ML per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir oint 5%</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	2	
<i>famciclovir tabs 125mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 250mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days)
<i>trifluridine soln 1%</i>	1	
<i>valacyclovir hcl tabs 1000mg</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl tabs 500mg</i>	2	QL (60 EA per 30 days)
ZOVIRAX CREA 5%	3	
Antivirals		
ATRIPLA TABS 600MG; 200MG; 300MG	4	QL (30 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 10mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	1	
<i>bupirone hcl tabs 5mg</i>	1	
<i>bupirone hcl tabs 7.5mg</i>	1	
<i>meprobamate tabs 200mg</i>	2	PA
<i>meprobamate tabs 400mg</i>	2	PA
<i>Benzodiazepines</i>		
<i>alprazolam er tb24 0.5mg</i>	2	PA
<i>alprazolam er tb24 1mg</i>	2	PA
<i>alprazolam er tb24 2mg</i>	2	PA
<i>alprazolam er tb24 3mg</i>	2	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	PA
<i>alprazolam odt tbdp 0.25mg</i>	2	PA
<i>alprazolam odt tbdp 0.5mg</i>	2	PA
<i>alprazolam odt tbdp 1mg</i>	2	PA
<i>alprazolam odt tbdp 2mg</i>	2	PA
<i>alprazolam xr tb24 0.5mg</i>	2	PA
<i>alprazolam xr tb24 1mg</i>	2	PA
<i>alprazolam xr tb24 2mg</i>	2	PA
<i>alprazolam xr tb24 3mg</i>	2	PA
<i>alprazolam tabs 0.25mg</i>	2	PA
<i>alprazolam tabs 0.5mg</i>	2	PA
<i>alprazolam tabs 1mg</i>	2	PA
<i>alprazolam tabs 2mg</i>	2	PA
<i>chlordiazepoxide hcl caps 10mg</i>	2	PA
<i>chlordiazepoxide hcl caps 25mg</i>	2	PA
<i>chlordiazepoxide hcl caps 5mg</i>	2	PA
<i>clorazepate dipotassium tabs 15mg</i>	2	PA
<i>clorazepate dipotassium tabs 3.75mg</i>	2	PA
<i>clorazepate dipotassium tabs 7.5mg</i>	2	PA
<i>diazepam intensol conc 5mg/ml</i>	2	PA
<i>diazepam soln 1mg/ml</i>	2	PA
<i>diazepam tabs 10mg</i>	2	PA
<i>diazepam tabs 2mg</i>	2	PA
<i>diazepam tabs 5mg</i>	2	PA
<i>estazolam tabs 1mg</i>	2	PA
<i>estazolam tabs 2mg</i>	2	PA
<i>flurazepam hcl caps 15mg</i>	2	PA
<i>flurazepam hcl caps 30mg</i>	2	PA
<i>lorazepam intensol conc 2mg/ml</i>	2	PA
<i>lorazepam tabs 0.5mg</i>	2	PA
<i>lorazepam tabs 1mg</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs 2mg</i>	2	PA
<i>oxazepam caps 10mg</i>	2	PA
<i>oxazepam caps 15mg</i>	2	PA
<i>oxazepam caps 30mg</i>	2	PA
<i>temazepam caps 15mg</i>	2	PA
<i>temazepam caps 22.5mg</i>	3	PA
<i>temazepam caps 30mg</i>	2	PA
<i>temazepam caps 7.5mg</i>	3	PA
<i>triazolam tabs 0.125mg</i>	2	PA
<i>triazolam tabs 0.25mg</i>	2	PA
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tbcr 300mg</i>	1	
<i>lithium carbonate er tbcr 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium citrate soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
AVANDAMET TABS 1000MG; 2MG	2	QL (120 EA per 30 days)
AVANDAMET TABS 1000MG; 4MG	2	QL (60 EA per 30 days)
AVANDAMET TABS 500MG; 2MG	2	QL (60 EA per 30 days)
AVANDAMET TABS 500MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 1MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 8MG	2	QL (30 EA per 30 days)
AVANDARYL TABS 4MG; 4MG	2	QL (30 EA per 30 days)
AVANDARYL TABS 4MG; 8MG	2	QL (30 EA per 30 days)
AVANDIA TABS 2MG	2	QL (120 EA per 30 days)
AVANDIA TABS 4MG	2	QL (60 EA per 30 days)
AVANDIA TABS 8MG	2	QL (30 EA per 30 days)
BYDUREON INJ 2MG	3	
BYETTA INJ 10MCG/0.04ML	3	
BYETTA INJ 5MCG/0.02ML	3	
<i>chlorpropamide tabs 100mg</i>	2	QL (210 EA per 30 days) PA
<i>chlorpropamide tabs 250mg</i>	2	QL (90 EA per 30 days) PA
CYCLOSET TABS 0.8MG	3	

Name	Drug Tier	Requirements/Limits
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 1.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 3mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	2	QL (480 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	2	QL (120 EA per 30 days) PA
GLYSET TABS 100MG	3	
GLYSET TABS 25MG	3	
GLYSET TABS 50MG	3	
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days)
JANUMET XR TB24 1000MG; 50MG	2	QL (60 EA per 30 days)
JANUMET XR TB24 500MG; 50MG	2	QL (60 EA per 30 days)
JANUMET TABS 1000MG; 50MG	2	QL (60 EA per 30 days)
JANUMET TABS 500MG; 50MG	2	QL (120 EA per 30 days)
JANUVIA TABS 100MG	2	
JANUVIA TABS 25MG	2	
JANUVIA TABS 50MG	2	
JENTADUETO TABS 2.5MG; 1000MG	2	QL (60 EA per 30 days)
JENTADUETO TABS 2.5MG; 500MG	2	QL (60 EA per 30 days)
JENTADUETO TABS 2.5MG; 850MG	2	QL (60 EA per 30 days)
JUVISYNC TABS 10MG; 100MG	2	
JUVISYNC TABS 10MG; 50MG	2	
JUVISYNC TABS 20MG; 100MG	2	
JUVISYNC TABS 20MG; 50MG	2	
JUVISYNC TABS 40MG; 100MG	2	
JUVISYNC TABS 40MG; 50MG	2	
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG	3	QL (60 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 500MG; 5MG	3	QL (120 EA per 30 days) ST
<i>metformin hcl er tb24 1000mg</i>	2	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide tabs 120mg</i>	2	
<i>nateglinide tabs 60mg</i>	2	
ONGLYZA TABS 2.5MG	3	ST
ONGLYZA TABS 5MG	3	ST
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 60 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide tabs 0.5mg</i>	2	
<i>repaglinide tabs 1mg</i>	2	
<i>repaglinide tabs 2mg</i>	2	
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	ST
SYMLINPEN 60 INJ 1500MCG/1.5ML	3	ST
<i>tolazamide tabs 250mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 500mg</i>	1	QL (60 EA per 30 days)
<i>tolbutamide tabs 500mg</i>	1	QL (180 EA per 30 days)
TRADJENTA TABS 5MG	2	
VICTOZA INJ 18MG/3ML	3	
Glycemic Agents		
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	1	B/D
<i>dextrose 10% flex container inj 10%</i>	1	B/D
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	1	B/D
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	1	B/D
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	1	B/D
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	1	B/D
<i>dextrose 5% inj 5%</i>	1	B/D
GLUCAGEN HYPOKIT INJ 1MG	2	
GLUCAGON EMERGENCY KIT INJ 1MG	2	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	2	B/D
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	B/D
<i>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	B/D
<i>normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.33% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%</i>	1	B/D
PROGLYCEM SUSP 50MG/ML	2	
Insulins		
APIDRA SOLOSTAR INJ 100UNIT/ML	3	ST
APIDRA INJ 100UNIT/ML	3	ST
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	

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

Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 25000UNIT/ML	2	QL (11.4 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	2	QL (10.5 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 50unit/ml</i>	1	B/D
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	B/D
<i>heparin sodium inj 1000unit/ml</i>	1	B/D
<i>heparin sodium inj 20000unit/ml</i>	1	B/D
HEPARIN SODIUM INJ 2000UNIT/ML	3	B/D
HEPARIN SODIUM INJ 2500UNIT/ML	2	B/D
<i>heparin sodium inj 5000unit/ml</i>	1	B/D
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 150MG	3	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	3	QL (60 EA per 30 days)
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO TABS 10MG	2	QL (35 EA per 90 days)
XARELTO TABS 15MG	2	QL (42 EA per 30 days)
XARELTO TABS 20MG	2	QL (30 EA per 30 days)
<i>Blood Formation Modifiers</i>		
<i>anagrelide hydrochloride caps 0.5mg</i>	1	
<i>anagrelide hydrochloride caps 1mg</i>	1	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	4	PA

Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	3	PA
EPOGEN INJ 10000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	4	PA
EPOGEN INJ 2000UNIT/ML	3	PA
EPOGEN INJ 3000UNIT/ML	3	PA
EPOGEN INJ 4000UNIT/ML	3	PA
LEUKINE INJ 250MCG	4	PA
LEUKINE INJ 500MCG/ML	4	PA
LEUKINE INJ 500MCG/ML	4	PA
NEULASTA INJ 6MG/0.6ML	4	PA
NEUMEGA INJ 5MG	4	PA
NEUPOGEN INJ 300MCG/0.5ML	4	PA
NEUPOGEN INJ 480MCG/0.8ML	4	PA
NEUPOGEN INJ 480MCG/1.6ML	4	PA
NPLATE INJ 250MCG	3	PA
PROCRIT INJ 10000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML	4	PA
PROCRIT INJ 2000UNIT/ML	3	PA
PROCRIT INJ 3000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROCRIT INJ 4000UNIT/ML	3	PA
PROMACTA TABS 12.5MG	4	QL (90 EA per 30 days) PA LA
PROMACTA TABS 25MG	4	QL (90 EA per 30 days) PA LA
PROMACTA TABS 50MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 75MG	4	QL (30 EA per 30 days) PA LA
Coagulants		
<i>tranexamic acid inj 100mg/ml</i>	1	B/D
<i>tranexamic acid tabs 650mg</i>	1	
Platelet Modifying Agents		
AGGRENOX CP12 25MG; 200MG	2	
BRILINTA TABS 90MG	2	

Name	Drug Tier	Requirements/Limits
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs 25mg</i>	1	PA
<i>dipyridamole tabs 50mg</i>	1	PA
<i>dipyridamole tabs 75mg</i>	1	PA
EFFIENT TABS 10MG	2	
EFFIENT TABS 5MG	2	
<i>ticlopidine hcl tabs 250mg</i>	1	PA
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>guanfacine hcl tabs 1mg</i>	2	PA
<i>guanfacine hcl tabs 2mg</i>	2	PA
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg</i>	1	
<i>Alpha-adrenergic Blocking Agents</i>		
DIBENZYLINE CAPS 10MG	3	
<i>prazosin hcl caps 1mg</i>	1	
<i>prazosin hcl caps 2mg</i>	1	
<i>prazosin hcl caps 5mg</i>	1	
<i>reserpine tabs 0.1mg</i>	1	QL (30 EA per 30 days)
<i>reserpine tabs 0.25mg</i>	1	PA
<i>Angiotensin II Receptor Antagonists</i>		
BENICAR HCT TABS 12.5MG; 20MG	2	ST
BENICAR HCT TABS 12.5MG; 40MG	2	ST
BENICAR HCT TABS 25MG; 40MG	2	ST
BENICAR TABS 20MG	2	ST
BENICAR TABS 40MG	2	ST
BENICAR TABS 5MG	2	ST
<i>candesartan cilexetil tabs 16mg</i>	1	
<i>candesartan cilexetil tabs 32mg</i>	1	
<i>candesartan cilexetil tabs 4mg</i>	1	
<i>candesartan cilexetil tabs 8mg</i>	1	
DIOVAN TABS 160MG	2	ST

Name	Drug Tier	Requirements/Limits
DIOVAN TABS 320MG	2	ST
DIOVAN TABS 40MG	2	ST
DIOVAN TABS 80MG	2	ST
<i>eprosartan mesylate tabs 600mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochloroth tabs 25mg; 80mg</i>	1	
<i>telmisartan tabs 20mg</i>	1	
<i>telmisartan tabs 40mg</i>	1	
<i>telmisartan tabs 80mg</i>	1	
TEVETEN HCT TABS 600MG; 12.5MG	3	ST
TEVETEN HCT TABS 600MG; 25MG	3	ST
TEVETEN TABS 400MG	3	ST
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 20mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hcl tabs 10mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
TARKA TBCR 1MG; 240MG	3	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml</i>	2	B/D
<i>amiodarone hcl tabs 100mg</i>	3	
<i>amiodarone hcl tabs 200mg</i>	2	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>disopyramide phosphate caps 100mg</i>	1	
<i>disopyramide phosphate caps 150mg</i>	1	
<i>flecainide acetate tabs 100mg</i>	1	
<i>flecainide acetate tabs 150mg</i>	1	
<i>flecainide acetate tabs 50mg</i>	1	
<i>mexiletine hcl caps 150mg</i>	1	
<i>mexiletine hcl caps 200mg</i>	1	
<i>mexiletine hcl caps 250mg</i>	1	
MULTAQ TABS 400MG	3	
NORPACE CR CP12 100MG	2	
NORPACE CR CP12 150MG	2	
PACERONE TABS 100MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 400mg</i>	2	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
<i>propafenone hcl er cp12 225mg</i>	3	
<i>propafenone hcl er cp12 325mg</i>	3	
<i>propafenone hcl er cp12 425mg</i>	3	
<i>propafenone hcl tabs 150mg</i>	3	
<i>propafenone hcl tabs 225mg</i>	3	
<i>propafenone hcl tabs 300mg</i>	3	
QUINIDINE GLUCONATE CR TBCR 324MG	3	
<i>quinidine sulfate er tbc 300mg</i>	1	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	

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

Name	Drug Tier	Requirements/Limits
COREG CR CP24 80MG	2	
<i>labetalol hcl inj 5mg/ml</i>	1	B/D
<i>labetalol hcl tabs 100mg</i>	1	
<i>labetalol hcl tabs 200mg</i>	1	
<i>labetalol hcl tabs 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 1mg/ml</i>	1	B/D
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	1	
<i>nadolol tabs 20mg</i>	1	
<i>nadolol tabs 40mg</i>	1	
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 10mg</i>	1	
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl er cp24 120mg</i>	1	
<i>propranolol hcl er cp24 160mg</i>	1	
<i>propranolol hcl er cp24 60mg</i>	1	
<i>propranolol hcl er cp24 80mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	B/D
<i>propranolol hcl soln 20mg/5ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 10mg</i>	1	
<i>propranolol hcl tabs 20mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hcl tabs 60mg</i>	1	
<i>propranolol hcl tabs 80mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>timolol maleate tabs 10mg</i>	2	
<i>timolol maleate tabs 20mg</i>	2	
<i>timolol maleate tabs 5mg</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>afeditab cr tb24 60mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
AZOR TABS 10MG; 20MG	2	
AZOR TABS 10MG; 40MG	2	
AZOR TABS 5MG; 20MG	2	
AZOR TABS 5MG; 40MG	2	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-cd cp24 300mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12 120mg</i>	1	
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 300mg</i>	1	
<i>diltiazem hcl er cp24 360mg</i>	2	
<i>diltiazem hcl er cp24 360mg</i>	1	
<i>diltiazem hcl er cp24 420mg</i>	1	
<i>diltiazem hcl inj 100mg</i>	1	B/D
<i>diltiazem hcl inj 50mg/10ml</i>	1	B/D
<i>diltiazem hcl tabs 120mg</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltzac cp24 120mg</i>	1	
<i>diltzac cp24 120mg</i>	1	
<i>diltzac cp24 180mg</i>	1	
<i>diltzac cp24 180mg</i>	1	
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
EXFORGE HCT TABS 10MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 320MG	3	
EXFORGE HCT TABS 5MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 5MG; 25MG; 160MG	3	
EXFORGE TABS 10MG; 160MG	3	
EXFORGE TABS 10MG; 320MG	3	
EXFORGE TABS 5MG; 160MG	3	
EXFORGE TABS 5MG; 320MG	3	
<i>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
<i>isradipine caps 2.5mg</i>	2	
ISRADIPINE CAPS 5MG	2	
<i>matzim la tb24 180mg</i>	1	
<i>matzim la tb24 240mg</i>	2	
<i>matzim la tb24 300mg</i>	2	
<i>matzim la tb24 360mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 420mg</i>	2	
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	3	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifedical xl tb24 30mg</i>	1	
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine caps 10mg</i>	1	PA
<i>nifedipine caps 20mg</i>	1	PA
<i>nisoldipine er tb24 25.5mg</i>	2	
<i>nisoldipine tb24 17mg</i>	2	
<i>nisoldipine tb24 20mg</i>	2	
<i>nisoldipine tb24 30mg</i>	2	
<i>nisoldipine tb24 34mg</i>	2	
<i>nisoldipine tb24 40mg</i>	2	
<i>nisoldipine tb24 8.5mg</i>	2	
NYMALIZE SOLN 60MG/20ML	3	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
TRIBENZOR TABS 10MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 10MG; 25MG; 40MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 20MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 5MG; 25MG; 40MG	2	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 200mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	
<i>verapamil hcl er tbcr 180mg</i>	1	
<i>verapamil hcl er tbcr 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	B/D
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	

Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Other		
AMTURNIDE TABS 150MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 25MG	2	
AMTURNIDE TABS 300MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 5MG; 25MG	2	
DEMSER CAPS 250MG	2	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	
<i>digoxin tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	1	
LANOXIN TABS 125MCG	3	QL (30 EA per 30 days)
LANOXIN TABS 250MCG	3	
<i>pentoxifylline er tbc 400mg</i>	1	
RANEXA TB12 1000MG	3	
RANEXA TB12 500MG	3	
TEKAMLO TABS 150MG; 10MG	2	
TEKAMLO TABS 150MG; 5MG	2	
TEKAMLO TABS 300MG; 10MG	2	
TEKAMLO TABS 300MG; 5MG	2	
TEKTURNA HCT TABS 150MG; 12.5MG	2	
TEKTURNA HCT TABS 150MG; 25MG	2	
TEKTURNA HCT TABS 300MG; 12.5MG	2	
TEKTURNA HCT TABS 300MG; 25MG	2	
TEKTURNA TABS 150MG	2	
TEKTURNA TABS 300MG	2	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs 125mg</i>	1	
<i>acetazolamide tabs 250mg</i>	1	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
EDECRIN TABS 25MG	2	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
SODIUM EDECRIN INJ 50MG	3	B/D

Name	Drug Tier	Requirements/Limits
<i>toremide inj 20mg/2ml</i>	1	B/D
<i>toremide tabs 100mg</i>	1	
<i>toremide tabs 10mg</i>	1	
<i>toremide tabs 20mg</i>	1	
<i>toremide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
<i>eplerenone tabs 25mg</i>	2	
<i>eplerenone tabs 50mg</i>	1	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
Diuretics, Thiazide		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>chlorothiazide sodium inj 500mg</i>	1	B/D
<i>chlorothiazide tabs 250mg</i>	1	
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPS 30MG	3	ST
ANTARA CAPS 90MG	3	ST

Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate caps 130mg</i>	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1	
<i>fenofibrate tabs 48mg</i>	1	
<i>fenofibrate tabs 54mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LIPOFEN CAPS 150MG	2	ST
LIPOFEN CAPS 50MG	2	ST
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ADVICOR TB24 20MG; 1000MG	3	ST
ADVICOR TB24 20MG; 500MG	3	ST
ADVICOR TB24 20MG; 750MG	3	ST
ADVICOR TB24 40MG; 1000MG	3	ST
ALTOPREV TB24 20MG	3	ST
ALTOPREV TB24 40MG	3	ST
ALTOPREV TB24 60MG	3	ST
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
CRESTOR TABS 10MG	2	ST
CRESTOR TABS 20MG	2	ST
CRESTOR TABS 40MG	2	ST
CRESTOR TABS 5MG	2	ST
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LIVALO TABS 1MG	3	ST
LIVALO TABS 2MG	3	ST
LIVALO TABS 4MG	3	ST
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
SIMCOR TB24 1000MG; 20MG	2	ST
SIMCOR TB24 1000MG; 40MG	2	ST

Name	Drug Tier	Requirements/Limits
SIMCOR TB24 500MG; 20MG	2	ST
SIMCOR TB24 500MG; 40MG	2	ST
SIMCOR TB24 750MG; 20MG	2	ST
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
JUXTAPID CAPS 10MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	4	QL (90 EA per 30 days) PA
JUXTAPID CAPS 5MG	4	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	4	QL (4 ML per 28 days) PA
<i>niacin er tbc 1000mg</i>	2	
<i>niacin er tbc 500mg</i>	2	
<i>niacin er tbc 750mg</i>	2	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	1	
<i>prevalite pack 4gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
VYTORIN TABS 10MG; 10MG	3	ST
VYTORIN TABS 10MG; 20MG	3	ST
VYTORIN TABS 10MG; 40MG	3	ST
VYTORIN TABS 10MG; 80MG	3	ST PA
WELCHOL PACK 3.75GM	3	
WELCHOL TABS 625MG	3	
ZETIA TABS 10MG	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
BIDIL TABS 37.5MG; 20MG	2	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate subl 2.5mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>minitran pt24 0.1mg/hr</i>	1	
<i>minitran pt24 0.2mg/hr</i>	1	
<i>minitran pt24 0.4mg/hr</i>	1	
<i>minitran pt24 0.6mg/hr</i>	1	
<i>nitro-bid oint 2%</i>	1	
NITRO-DUR PT24 0.3MG/HR	2	
NITRO-DUR PT24 0.8MG/HR	2	
<i>nitroglycerin lingual soln 0.4mg/spray</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	B/D
<i>nitroglycerin pt24 0.2mg/hr</i>	1	
<i>nitroglycerin pt24 0.4mg/hr</i>	1	
<i>nitroglycerin pt24 0.6mg/hr</i>	1	
NITROSTAT SUBL 0.3MG	2	
NITROSTAT SUBL 0.4MG	2	
NITROSTAT SUBL 0.6MG	2	
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 100mg</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hcl tabs 25mg</i>	1	
<i>hydralazine hcl tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days)
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 EA per 30 days)
<i>procentra soln 5mg/5ml</i>	1	QL (1800 ML per 30 days)
VYVANSE CAPS 20MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 30MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 40MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 50MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 60MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 70MG	3	QL (30 EA per 30 days) ST
<i>zenzedi tabs 10mg</i>	2	QL (180 EA per 30 days)
ZENZEDI TABS 2.5MG	2	QL (90 EA per 30 days)
<i>zenzedi tabs 5mg</i>	2	QL (90 EA per 30 days)
ZENZEDI TABS 7.5MG	2	QL (90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
DAYTRANA PTCH 10MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 15MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 20MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 30MG/9HR	3	QL (30 EA per 30 days) ST
<i>dexmethylphenidate hcl er cp24 15mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 30mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 40mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 5mg</i>	1	QL (60 EA per 30 days)
FOCALIN XR CP24 10MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 20MG	2	QL (60 EA per 30 days) ST
FOCALIN XR CP24 25MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 35MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 5MG	2	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
INTUNIV TB24 1MG	3	
INTUNIV TB24 2MG	3	
INTUNIV TB24 3MG	3	
INTUNIV TB24 4MG	3	
<i>metadate er tbc</i> 20mg	2	QL (90 EA per 30 days)
<i>methylin chew</i> 10mg	1	QL (180 EA per 30 days) ST
<i>methylin chew</i> 2.5mg	1	QL (720 EA per 30 days) ST
<i>methylin chew</i> 5mg	1	QL (360 EA per 30 days) ST
<i>methylphenidate hcl cd cpcr</i> 10mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 20mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 30mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 40mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 50mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 60mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 20mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 30mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 40mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 18mg	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 20mg	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 27mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 36mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 54mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl tabs</i> 10mg	1	QL (180 EA per 30 days)
<i>methylphenidate hcl tabs</i> 20mg	1	QL (90 EA per 30 days)
<i>methylphenidate hcl tabs</i> 5mg	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i> 10mg/5ml	1	
<i>methylphenidate hydrochloride soln</i> 5mg/5ml	1	
STRATTERA CAPS 100MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 18MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 25MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 40MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 60MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 80MG	2	QL (30 EA per 30 days) ST
Central Nervous System Agents		
<i>butal/asa/caff caps</i> 325mg; 50mg; 40mg	1	
<i>butalbital/acetaminophen/caffeine/codeine caps</i> 325mg; 50mg; 40mg; 30mg	1	QL (180 EA per 30 days)
<i>butalbital/asa/caffeine caps</i> 325mg; 50mg; 40mg	1	
<i>butalbital/aspirin/caffeine tabs</i> 325mg; 50mg; 40mg	1	
Central Nervous System, Other		
HORIZANT TB24 300MG	3	QL (60 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
HORIZANT TB24 600MG	3	QL (60 EA per 30 days) PA
NUEDEXTA CAPS 20MG; 10MG	3	
<i>riluzole tabs 50mg</i>	2	
XENAZINE TABS 12.5MG	4	QL (240 EA per 30 days) PA
XENAZINE TABS 25MG	4	QL (120 EA per 30 days) PA
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 365 days) PA
SAVELLA TABS 100MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 12.5MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 25MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 50MG	2	QL (60 EA per 30 days) PA
<i>Multiple Sclerosis Agents</i>		
AMPYRA TB12 10MG	4	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	4	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	4	QL (30 EA per 30 days) PA
AVONEX INJ 30MCG/0.5ML	4	QL (2 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	4	QL (4 EA per 28 days) PA
BETASERON INJ 0.3MG	4	QL (15 EA per 30 days)
COPAXONE INJ 20MG/ML	4	QL (30 EA per 30 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
REBIF TITRATION PACK INJ 0	4	QL (4.2 ML per 28 days) PA
REBIF INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
TYSABRI INJ 300MG/15ML	4	QL (15 ML per 28 days) PA LA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hcl caps 30mg</i>	3	
<i>chlorhexidine gluconate oral rinse soln 0.12%</i>	1	
KEPIVANCE INJ 6.25MG	3	B/D
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride tabs 5mg</i>	1	
<i>triamcinolone in orabase pste 0.1%</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
8-MOP CAPS 10MG	2	
<i>acitretin caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>acitretin caps 17.5mg</i>	4	QL (60 EA per 30 days) PA
<i>acitretin caps 25mg</i>	4	QL (60 EA per 30 days) PA
<i>adapalene crea 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA

Name	Drug Tier	Requirements/Limits
ADAPALENE GEL 0.3%	2	PA
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>amnestem caps 10mg</i>	2	
<i>amnestem caps 20mg</i>	2	
<i>amnestem caps 40mg</i>	2	
AZELEX CREA 20%	2	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE OINT 0.064%; 0.005%	2	QL (400 GM per 30 days) PA
<i>calcipotriene crea 0.005%</i>	3	
CALCIPOTRIENE OINT 0.005%	3	
<i>calcipotriene soln 0.005%</i>	3	
<i>calcitrene oint 0.005%</i>	3	
<i>calcitrene oint 0.005%</i>	3	
CARAC CREA 0.5%	3	
<i>claravis caps 10mg</i>	2	
<i>claravis caps 20mg</i>	2	
CLARAVIS CAPS 30MG	2	
<i>claravis caps 40mg</i>	2	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
CONDYLOX GEL 0.5%	2	
CURITY GAUZE PADS 2"X2" PADS	2	
DESONATE GEL 0.05%	3	
ELIDEL CREA 1%	3	ST
EPIDUO GEL 0.1%; 2.5%	3	PA
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	3	
<i>methoxsalen caps 10mg</i>	4	
<i>myorisan caps 10mg</i>	2	
<i>myorisan caps 20mg</i>	2	
<i>myorisan caps 40mg</i>	2	
PENNSAID SOLN 1.5%	2	
PENNSAID SOLN 2%	2	PA

Name	Drug Tier	Requirements/Limits
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OINT 0.03%	3	ST
PROTOPIC OINT 0.1%	3	ST
<i>pradoxin crea 5%</i>	1	
REGRANEX GEL 0.01%	2	
RETIN-A MICRO GEL 0.04%	3	PA
RETIN-A MICRO GEL 0.1%	3	PA
SANTYL OINT 250UNIT/GM	2	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
STELARA INJ 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	4	QL (1 ML per 28 days) PA
<i>sulfacetamide sodium susp 10%</i>	1	
TAZORAC CREA 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC CREA 0.1%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.1%	3	QL (100 GM per 30 days) PA
TRETIN-X CREA 0.075%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.025%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.05%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.1%	3	PA
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	2	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin crea 0.025%</i>	1	PA
<i>tretinoin crea 0.05%</i>	1	PA
<i>tretinoin crea 0.1%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OINT 15%	3	
VOLTAREN GEL 1%	2	PA
<i>zenatane caps 20mg</i>	2	
<i>zenatane caps 40mg</i>	2	
ZIANA GEL 1.2%; 0.025%	3	PA
ZYCLARA PUMP CREA 2.5%	3	
ZYCLARA PUMP CREA 3.75%	3	
ZYCLARA CREA 3.75%	3	
Enzyme Replacement/Modifiers		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN INJ 250UNIT/ML	4	PA
ALDURAZYME INJ 2.9MG/5ML	4	PA LA

Name	Drug Tier	Requirements/Limits
BUPHENYL TABS 500MG	2	
CARBAGLU TABS 200MG	4	
CEREZYME INJ 400UNIT	4	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	
CYSTADANE POWD 0	2	
CYSTAGON CAPS 150MG	2	LA
CYSTAGON CAPS 50MG	2	LA
ELELYSO INJ 200UNIT	4	PA
FABRAZYME INJ 35MG	4	PA LA
KUVAN PACK 100MG	4	PA
KUVAN PACK 100MG	4	PA
KUVAN TBSO 100MG	4	PA
LUMIZYME INJ 50MG	3	PA
MYOZYME INJ 50MG	4	PA
NAGLAZYME INJ 1MG/ML	4	PA LA
RAVICTI LIQD 1.1GM/ML	4	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	2	
SUCRAID SOLN 8500UNIT/ML	4	
VPRIV INJ 400UNIT	4	PA
ZAVESCA CAPS 100MG	4	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	3	
ZENPEP CPEP 136000UNIT; 25000UNIT; 85000UNIT	3	
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT	3	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	3	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>atropine sulfate inj 0.05mg/ml</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>dicyclomine hcl caps 10mg</i>	1	
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20mg</i>	1	
<i>glycopyrrolate inj 4mg/20ml</i>	2	
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	1	
<i>Gastrointestinal Agents, Other</i>		

Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
HALFLYTELY BOWEL PREP/FLAVOR PACKS KIT 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	2	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 10mg</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
MOTOFEN TABS 0.025MG; 1MG	3	
PYLERA CAPS 140MG; 125MG; 125MG	2	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	
<i>Gastrointestinal Agents</i>		
GATTEX INJ 5MG	4	PA
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 EA per 28 days) PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	B/D
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 500mg/50ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	3	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
<i>nizatidine soln 15mg/ml</i>	1	
<i>ranitidine hcl caps 150mg</i>	1	
<i>ranitidine hcl caps 300mg</i>	1	
<i>ranitidine hcl syrp 15mg/ml</i>	3	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
AMITIZA CAPS 24MCG	2	QL (60 EA per 30 days) PA
AMITIZA CAPS 8MCG	2	QL (60 EA per 30 days) PA
LINZESS CAPS 145MCG	2	QL (30 EA per 30 days) PA
LINZESS CAPS 290MCG	2	QL (30 EA per 30 days) PA
LOTRONEX TABS 0.5MG	2	

Name	Drug Tier	Requirements/Limits
LOTRONEX TABS 1MG	2	
Laxatives		
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>polyethylene glycol 3350 pack 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
Protectants		
CARAFATE SUSP 1GM/10ML	2	
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
<i>sucralfate tabs 1gm</i>	1	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG	2	QL (30 EA per 30 days)
DEXILANT CPDR 60MG	2	QL (30 EA per 30 days)
<i>esomeprazole sodium inj 20mg</i>	2	B/D
<i>esomeprazole sodium inj 40mg</i>	2	B/D
<i>lansoprazole cpdr 15mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	1	B/D
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (30 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	QL (30 EA per 30 days)
VIMOVO TBEC 20MG; 375MG	3	QL (60 EA per 30 days)
VIMOVO TBEC 20MG; 500MG	3	QL (60 EA per 30 days)
ZEGERID PACK 20MG; 1680MG	3	QL (30 EA per 30 days)
ZEGERID PACK 40MG; 1680MG	3	QL (30 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		

Name	Drug Tier	Requirements/Limits
ENABLEX TB24 15MG	2	ST
ENABLEX TB24 7.5MG	2	ST
<i>flavoxate hcl tabs 100mg</i>	1	
MYRBETRIQ TB24 25MG	2	ST
MYRBETRIQ TB24 50MG	2	ST
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride syrpf 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
OXYTROL PTTW 3.9MG/24HR	2	QL (8 EA per 28 days) ST
<i>tolterodine tartrate er cp24 2mg</i>	1	
<i>tolterodine tartrate er cp24 4mg</i>	1	
<i>tolterodine tartrate tabs 1mg</i>	2	
<i>tolterodine tartrate tabs 2mg</i>	2	
TOVIAZ TB24 4MG	3	ST
TOVIAZ TB24 8MG	3	ST
<i>trospium chloride er cp24 60mg</i>	3	
<i>trospium chloride tabs 20mg</i>	3	
VESICARE TABS 10MG	3	ST
VESICARE TABS 5MG	3	ST
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	2	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
JALYN CAPS 0.5MG; 0.4MG	2	
RAPAFLO CAPS 4MG	2	
RAPAFLO CAPS 8MG	2	
<i>tamsulosin hcl caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 2mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
CIALIS TABS 2.5MG	2	QL (30 EA per 30 days) PA
CIALIS TABS 5MG	2	QL (30 EA per 30 days) PA
ELMIRON CAPS 100MG	2	
Phosphate Binders		
FOSRENOL CHEW 1000MG	2	
FOSRENOL CHEW 500MG	2	
FOSRENOL CHEW 750MG	2	
REVELA PACK 0.8GM	2	
REVELA PACK 2.4GM	4	
REVELA TABS 800MG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>ala cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide crea 0.1%</i>	2	
<i>amcinonide lotn 0.1%</i>	2	
<i>amcinonide oint 0.1%</i>	2	
APEXICON E CREA 0.05%	3	
<i>augmented betamethasone dipropionate crea 0.05%</i>	1	
<i>augmented betamethasone dipropionate gel 0.05%</i>	1	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	1	
<i>augmented betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate foam 0.12%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
BUDESONIDE CP24 3MG	3	
CAPEX SHAM 0.01%	2	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	3	

Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	3	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	3	
<i>clobetasol propionate soln 0.05%</i>	1	
CLODERM PUMP CREA 0.1%	3	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>cormax scalp application soln 0.05%</i>	1	
CORTIFOAM FOAM 90MG	2	
<i>cortisone acetate tabs 25mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
<i>desonide crea 0.05%</i>	3	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone crea 0.05%</i>	1	
<i>desoximetasone crea 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>diflorasone diacetate crea 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	3	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide-e crea 0.05%</i>	1	

Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.1%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CREA 0.1%	3	
HALOG OINT 0.1%	3	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
LOCOID LOTN 0.1%	2	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tabs 4mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
PANDEL CREA 0.1%	2	

Name	Drug Tier	Requirements/Limits
<i>prednicarbate crea 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctocream hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
SOLU-CORTEF INJ 250MG	2	
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 500MG	2	
TACLONEX SUSP 0.064%; 0.005%	3	QL (420 GM per 30 days) PA
<i>triamcinolone acetone crea 0.025%</i>	1	
<i>triamcinolone acetone crea 0.1%</i>	1	
<i>triamcinolone acetone crea 0.5%</i>	1	
<i>triamcinolone acetone lotn 0.025%</i>	1	
<i>triamcinolone acetone lotn 0.1%</i>	1	
<i>triamcinolone acetone oint 0.025%</i>	1	
<i>triamcinolone acetone oint 0.1%</i>	1	
<i>triamcinolone acetone oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>u-cort crea 1%; 10%</i>	1	
UCERIS TB24 9MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
ACTHAR HP INJ 80UNIT/ML	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg</i>	2	
<i>desmopressin acetate tabs 0.2mg</i>	2	
EGRIFTA INJ 2MG	4	QL (30 EA per 30 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG	4	PA

Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.6MG	4	PA
GENOTROPIN MINIQUICK INJ 0.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1.2MG	4	PA
GENOTROPIN MINIQUICK INJ 1.4MG	4	PA
GENOTROPIN MINIQUICK INJ 1.6MG	4	PA
GENOTROPIN MINIQUICK INJ 1.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1MG	4	PA
GENOTROPIN MINIQUICK INJ 2MG	4	PA
GENOTROPIN INJ 12MG	4	PA
GENOTROPIN INJ 5MG	4	PA
HUMATROPE COMBO PACK INJ 5MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
HUMATROPE INJ 6MG	4	PA
INCRELEX INJ 40MG/4ML	4	PA
NORDITROPIN FLEXPOR INJ 10MG/1.5ML	4	PA
NORDITROPIN FLEXPOR INJ 15MG/1.5ML	4	PA
NORDITROPIN FLEXPOR INJ 5MG/1.5ML	4	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	4	PA
NUTROPIN AQ PEN INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN INJ 10MG	3	PA
OMNITROPE INJ 5MG/1.5ML	3	PA
SAIZEN CLICK.EASY INJ 8.8MG	3	PA
SAIZEN INJ 5MG	3	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABS 300MG	4	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	4	PA
<i>oxandrolone tabs 10mg</i>	1	QL (60 EA per 30 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (120 EA per 30 days) PA
<i>Androgens</i>		

Name	Drug Tier	Requirements/Limits
ANDRODERM PT24 2MG/24HR	2	ST
ANDRODERM PT24 4MG/24HR	2	ST
ANDROGEL PUMP GEL 1.62%	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 50MG/5GM	2	
ANDROID CAPS 10MG	2	
ANDROXY TABS 10MG	2	
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
METHITEST TABS 10MG	3	
TESTIM GEL 1%	3	ST
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
TESTRED CAPS 10MG	3	
<i>Estrogens</i>		
ALORA PTTW 0.025MG/24HR	2	PA
ALORA PTTW 0.05MG/24HR	2	PA
ALORA PTTW 0.075MG/24HR	2	PA
ALORA PTTW 0.1MG/24HR	2	PA
<i>amethia tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	1	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>aranelle tabs 0; 0</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>caziant tabs 0; 0</i>	1	
CENESTIN TABS 0.3MG	3	PA
CENESTIN TABS 0.45MG	3	PA
CENESTIN TABS 0.625MG	3	PA
CENESTIN TABS 0.9MG	3	PA
CENESTIN TABS 1.25MG	3	PA
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	2	PA
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	1	
<i>cyclafem 7/7/7 tabs 0; 0</i>	1	

Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 tabs 0; 0</i>	1	
DELESTROGEN INJ 10MG/ML	3	
DIVIGEL GEL 0.25MG/0.25GM	2	PA
DIVIGEL GEL 0.5MG/0.5GM	2	PA
DIVIGEL GEL 1MG/GM	2	PA
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>emoquette tabs 0.15mg; 30mcg</i>	1	
ENJUVIA TABS 0.3MG	3	PA
ENJUVIA TABS 0.45MG	3	PA
ENJUVIA TABS 0.625MG	3	PA
ENJUVIA TABS 0.9MG	3	PA
ENJUVIA TABS 1.25MG	3	PA
<i>enpresse-28 tabs 0; 0</i>	1	
<i>estarylla tabs 35mcg; 0.25mg</i>	1	
ESTRACE CREA 0.1MG/GM	2	
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	PA
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	PA
<i>estradiol ptwk 0.025mg/24hr</i>	1	PA
<i>estradiol ptwk 0.05mg/24hr</i>	1	PA
<i>estradiol ptwk 0.06mg/24hr</i>	1	PA
<i>estradiol ptwk 0.075mg/24hr</i>	1	PA
<i>estradiol ptwk 0.1mg/24hr</i>	1	PA
<i>estradiol ptwk 37.5mcg/24hr</i>	1	PA
<i>estradiol tabs 0.5mg</i>	1	PA
<i>estradiol tabs 1mg</i>	1	PA
<i>estradiol tabs 2mg</i>	1	PA
ESTRING RING 2MG	3	QL (1 EA per 90 days)
<i>estropipate tabs 0.75mg</i>	1	PA
<i>estropipate tabs 1.5mg</i>	1	PA
<i>estropipate tabs 3mg</i>	1	PA
<i>gianvi tabs 3mg; 0.02mg</i>	1	
<i>gildagia tabs 35mcg; 0.4mg</i>	1	
<i>gildess fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>gildess fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>introvale tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>jinteli tabs 5mcg; 1mg</i>	1	PA
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28 tabs 30mcg; 0.15mg</i>	1	
<i>loryna tabs 3mg; 0.02mg</i>	1	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutra tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENOSTAR PTWK 14MCG/24HR	3	PA
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>mimvey lo tabs 0.5mg; 0.1mg</i>	1	PA
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>mononessa tabs 35mcg; 0.25mg</i>	1	
<i>myzilra tabs 0; 0</i>	1	
<i>myzilra tabs 0; 0</i>	1	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>necon 1/35 tabs 35mcg; 1mg</i>	1	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	1	
<i>necon 10/11-28 tabs 35mcg; 0</i>	1	
<i>necon 7/7/7 tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 0; 0</i>	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	QL (1 EA per 28 days)
<i>ocella tabs 3mg; 0.03mg</i>	1	
<i>ogestrel tabs 50mcg; 0.5mg</i>	1	
<i>orsythia tabs 20mcg; 0.1mg</i>	1	
ORTHO EVRA PTWK 35MCG/24HR; 150MCG/24HR	3	
<i>pimtrea tabs 0; 0</i>	1	

Name	Drug Tier	Requirements/Limits
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	1	
<i>pirmella 7/7/7 tabs 0; 0</i>	1	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREFEST TABS 0; 0	3	PA
PREMARIN CREA 0.625MG/GM	2	
PREMARIN TABS 0.3MG	2	PA
PREMARIN TABS 0.45MG	2	PA
PREMARIN TABS 0.625MG	2	PA
PREMARIN TABS 0.9MG	2	PA
PREMARIN TABS 1.25MG	2	PA
PREMPRO TABS 0.3MG; 1.5MG	2	PA
PREMPRO TABS 0.45MG; 1.5MG	2	PA
PREMPRO TABS 0.625MG; 2.5MG	2	PA
PREMPRO TABS 0.625MG; 5MG	2	PA
<i>previfem tabs 35mcg; 0.25mg</i>	1	
<i>quasense tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>reclipsen tabs 0.15mg; 30mcg</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>tri-estarylla tabs 0; 0</i>	1	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-linyah tabs 0; 0</i>	1	
<i>tri-previfem tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trinessa tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
VAGIFEM TABS 10MCG	2	
<i>velivet tabs 0; 0</i>	1	
<i>viorele tabs 0; 0</i>	1	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	1	
<i>zovia 1/35e tabs 35mcg; 1mg</i>	1	
<i>zovia 1/50e tabs 50mcg; 1mg</i>	1	
Progestins		
<i>camila tabs 0.35mg</i>	1	
CRINONE GEL 4%	2	
CRINONE GEL 8%	2	
DEPO-PROVERA INJ 400MG/ML	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
ELLA TABS 30MG	2	QL (4 EA per 365 days)
<i>errin tabs 0.35mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>jolivette tabs 0.35mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
MEGACE ES SUSP 625MG/5ML	2	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate tabs 20mg</i>	2	
<i>megestrol acetate tabs 40mg</i>	2	
<i>nora-be tabs 0.35mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	1	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride tabs 60mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium inj 100mcg</i>	1	
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
<i>levoxyl tabs 100mcg</i>	1	
<i>levoxyl tabs 112mcg</i>	1	
<i>levoxyl tabs 125mcg</i>	1	
<i>levoxyl tabs 137mcg</i>	1	
<i>levoxyl tabs 150mcg</i>	1	
<i>levoxyl tabs 175mcg</i>	1	
<i>levoxyl tabs 200mcg</i>	1	
<i>levoxyl tabs 25mcg</i>	1	
<i>levoxyl tabs 50mcg</i>	1	
<i>levoxyl tabs 75mcg</i>	1	

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

Name	Drug Tier	Requirements/Limits
SENSIPAR TABS 30MG	3	
SENSIPAR TABS 60MG	4	
SENSIPAR TABS 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	3	
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	4	QL (6 EA per 365 days) PA
FIRMAGON INJ 80MG	3	QL (4 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	3	PA
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 90 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 30 days) PA
LUPRON DEPOT-PED INJ 11.25MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED INJ 15MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 11.25MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT INJ 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT INJ 7.5MG	4	QL (1 EA per 28 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	3	PA
<i>octreotide acetate inj 100mcg/ml</i>	3	PA
<i>octreotide acetate inj 200mcg/ml</i>	3	PA
<i>octreotide acetate inj 500mcg/ml</i>	3	PA
<i>octreotide acetate inj 50mcg/ml</i>	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG	4	PA
SANDOSTATIN LAR DEPOT INJ 20MG	4	PA
SANDOSTATIN LAR DEPOT INJ 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.6MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.9MG/ML	4	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	4	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	4	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	4	PA
SOMAVERT INJ 10MG	4	PA LA
SOMAVERT INJ 15MG	4	PA LA
SOMAVERT INJ 20MG	4	PA LA
SYNAREL SOLN 2MG/ML	3	
TRELSTAR DEPOT MIXJECT INJ 3.75MG	4	QL (1 EA per 28 days) PA

Name	Drug Tier	Requirements/Limits
TRELSTAR LA MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
Immunological Agents		
<i>Angioedema (HAE) Agents</i>		
CINRYZE INJ 500UNIT	4	
FIRAZYR INJ 30MG/3ML	4	
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG	3	B/D
ASTAGRAF XL CP24 1MG	3	B/D
ASTAGRAF XL CP24 5MG	3	B/D
AZASAN TABS 100MG	3	B/D
AZASAN TABS 75MG	3	B/D
<i>azathioprine sodium inj 100mg</i>	1	B/D
<i>azathioprine tabs 50mg</i>	1	B/D
CELLCEPT INTRAVENOUS INJ 500MG	4	B/D
CELLCEPT SUSR 200MG/ML	4	B/D
CIMZIA INJ 200MG/ML	4	QL (6 EA per 28 days) PA
CIMZIA INJ 200MG	4	QL (6 EA per 28 days) PA
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
ENBREL SURECLICK INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (8.16 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8.16 EA per 28 days) PA
ENBREL INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
<i>engraf caps 100mg</i>	2	B/D
<i>engraf caps 25mg</i>	2	B/D
<i>engraf soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	4	B/D
<i>hecoria caps 1mg</i>	4	B/D
<i>hecoria caps 5mg</i>	4	B/D
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	4	QL (9.6 EA per 365 days) PA
HUMIRA INJ 20MG/0.4ML	4	QL (2 EA per 28 days) PA

Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	B/D
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D
<i>mycophenolic acid dr tbec 180mg</i>	1	B/D
<i>mycophenolic acid dr tbec 360mg</i>	1	B/D
NULOJIX INJ 250MG	4	B/D
ORENCIA INJ 125MG/ML	4	PA
ORENCIA INJ 250MG	4	PA
PROGRAF INJ 5MG/ML	3	B/D
RAPAMUNE SOLN 1MG/ML	2	B/D
RAPAMUNE TABS 1MG	2	B/D
RAPAMUNE TABS 2MG	2	B/D
REMICADE INJ 100MG	4	PA
RHEUMATREX TABS 2.5MG	3	
SANDIMMUNE SOLN 100MG/ML	2	B/D
SIMPONI ARIA INJ 50MG/4ML	4	PA
SIMPONI INJ 100MG/ML	4	QL (0.5 ML per 28 days) PA
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
<i>sirolimus tabs 0.5mg</i>	2	B/D
<i>tacrolimus caps 0.5mg</i>	3	B/D
<i>tacrolimus caps 1mg</i>	3	B/D
<i>tacrolimus caps 5mg</i>	4	B/D
TORISEL INJ 25MG/ML	4	B/D
TREXALL TABS 10MG	2	B/D
TREXALL TABS 15MG	2	B/D
TREXALL TABS 5MG	3	B/D
TREXALL TABS 7.5MG	2	B/D
ZORTRESS TABS 0.25MG	2	PA
ZORTRESS TABS 0.5MG	4	PA
ZORTRESS TABS 0.75MG	4	PA
<i>Immunizing Agents, Passive</i>		
ATGAM INJ 50MG/ML	4	B/D
BIVIGAM INJ 10GM/100ML	4	PA
CARIMUNE NANOFILTERED INJ 3GM	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
HIZENTRA INJ 10GM/50ML	4	PA
HIZENTRA INJ 1GM/5ML	4	PA

Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 2GM/10ML	4	PA
HIZENTRA INJ 4GM/20ML	4	PA
PRIVIGEN INJ 20GM/200ML	4	PA
THYMOGLOBULIN INJ 25MG	2	B/D
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	4	PA
ACTEMRA INJ 200MG/10ML	4	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	4	LA
ARCALYST INJ 220MG	4	PA
ILARIS INJ 180MG	4	PA
<i>leflunomide tabs 10mg</i>	2	
<i>leflunomide tabs 20mg</i>	2	
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA
OTEZLA TBPK 0	4	QL (54 EA per 365 days) PA
RIDAURA CAPS 3MG	3	
SIMULECT INJ 20MG	2	B/D
SYNAGIS INJ 100MG/ML	4	PA
SYNAGIS INJ 50MG/0.5ML	4	PA
TECFIDERA STARTER PACK MISC 0	4	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	4	QL (14 EA per 365 days) PA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA
XELJANZ TABS 5MG	4	PA
Vaccines		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BCG VACCINE INJ 0	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
CERVARIX INJ 0	2	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	2	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ 0	2	
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D

Name	Drug Tier	Requirements/Limits
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
M-M-R II W/DILUENT 10 DOSE INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENOMUNE-A/C/Y/W-135 INJ 0	2	
MENVEO INJ 0	2	
PEDVAX HIB INJ 0	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
ROTARIX SUSR 0	2	
ROTATEQ SOLN 0	2	
<i>tetanus toxoid adsorbed inj 5lfu</i>	1	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	B/D
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
YF-VAX INJ 0	2	
ZOSTAVAX INJ 19400UNT/0.65ML	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	2	
ASACOL HD TBEC 800MG	3	
<i>balsalazide disodium caps 750mg</i>	2	
CANASA SUPP 1000MG	4	
DIPENTUM CAPS 250MG	3	
LIALDA TBEC 1.2GM	3	
PENTASA CPR 250MG	3	
PENTASA CPR 500MG	3	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfazine ec tbec 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 30MG	3	ST
ACTONEL TABS 35MG	3	QL (4 EA per 28 days) ST

Name	Drug Tier	Requirements/Limits
ACTONEL TABS 5MG	3	ST
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
AELVIA TBEC 35MG	3	QL (4 EA per 28 days) ST
BONIVA INJ 3MG/3ML	3	QL (3 ML per 90 days) PA
<i>calcitonin-salmon soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	B/D
<i>calcitriol caps 0.5mcg</i>	1	B/D
<i>calcitriol inj 1mcg/ml</i>	1	B/D
<i>calcitriol soln 1mcg/ml</i>	1	B/D
<i>doxercalciferol caps 0.5mcg</i>	2	B/D
<i>doxercalciferol caps 1mcg</i>	2	B/D
<i>doxercalciferol caps 2.5mcg</i>	1	B/D
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>etidronate disodium tabs 200mg</i>	1	
<i>etidronate disodium tabs 400mg</i>	1	
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA
FORTICAL SOLN 200UNIT/ACT	3	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	3	QL (4 EA per 28 days) ST
FOSAMAX PLUS D TABS 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST
HECTOROL INJ 4MCG/2ML	2	
<i>ibandronate sodium inj 3mg/3ml</i>	2	QL (3 ML per 90 days) PA
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	3	
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days) PA
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
SKELID TABS 200MG	3	
XGEVA INJ 120MG/1.7ML	4	QL (1.7 ML per 30 days) PA
ZEMPLAR INJ 2MCG/ML	2	B/D
ZEMPLAR INJ 5MCG/ML	2	B/D
<i>zoledronic acid inj 4mg/5ml</i>	4	PA
ZOLEDRONIC ACID INJ 5MG/100ML	3	QL (100 ML per 365 days) PA
ZOMETA INJ 4MG/100ML	4	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)

Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	4	PA
FERRIPROX TABS 500MG	3	PA
<i>intralipid inj 2.25%; 20%</i>	1	B/D
<i>levocarnitine inj 200mg/ml</i>	2	B/D
<i>levocarnitine soln 1gm/10ml</i>	2	B/D
<i>levocarnitine tabs 330mg</i>	1	B/D
<i>liposyn iii inj 2.5%; 10%</i>	1	B/D
<i>liposyn iii inj 2.5%; 30%</i>	1	B/D
<i>methylergonovine maleate tabs 0.2mg</i>	1	
MYALEPT INJ 11.3MG	4	PA
ORFADIN CAPS 10MG	4	
ORFADIN CAPS 2MG	4	
ORFADIN CAPS 5MG	4	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
XEOMIN INJ 50UNIT	3	PA
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
COMBIGAN SOLN 0.2%; 0.5%	2	
<i>latanoprost soln 0.005%</i>	1	QL (3.34 ML per 25 days)
LUMIGAN SOLN 0.01%	2	QL (2.5 ML per 25 days) ST
TRAVATAN Z SOLN 0.004%	2	QL (2.5 ML per 25 days) ST
<i>travoprost soln 0.004%</i>	1	QL (2.5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
CYSTARAN SOLN 0.44%	4	QL (60 ML per 30 days) PA
LACRISERT INST 5MG	2	
<i>naphazoline hcl soln 0.1%</i>	1	
PROCYSBI CPDR 25MG	4	PA
PROCYSBI CPDR 75MG	4	PA
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS EMUL 0.05%	2	QL (60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIOL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACAPT SOLN 0.25%	2	

Name	Drug Tier	Requirements/Limits
PATADAY SOLN 0.2%	2	
PATANOL SOLN 0.1%	2	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLN 0.45%	2	
ALREX SUSP 0.2%	2	
<i>bromfenac soln 0.09%</i>	2	
BROMFENAC SOLN 0.09%	2	
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
DUREZOL EMUL 0.05%	2	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	2	
FML OINT 0.1%	2	
<i>ketorolac tromethamine soln 0.4%</i>	2	
<i>ketorolac tromethamine soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	2	QL (10 GM per 365 days)
LOTEMAX OINT 0.5%	2	
LOTEMAX SUSP 0.5%	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
NEVANAC SUSP 0.1%	2	
PRED MILD SUSP 0.12%	2	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
TOBRADEX ST SUSP 0.05%; 0.3%	2	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	1	
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine soln 0.5%</i>	1	
AZOPT SUSP 1%	2	
<i>betaxolol hcl soln 0.5%</i>	1	
BETOPTIC-S SUSP 0.25%	2	

Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln 0.15%</i>	2	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
IOPIDINE SOLN 1%	3	
ISTALOL SOLN 0.5%	2	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs 25mg</i>	1	
<i>methazolamide tabs 50mg</i>	2	
<i>metipranolol soln 0.3%</i>	1	
<i>pilocarpine hcl soln 1%</i>	1	
<i>pilocarpine hcl soln 2%</i>	1	
<i>pilocarpine hcl soln 4%</i>	1	
PILOPINE HS GEL 4%	2	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	1	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25%	2	
TIMOPTIC OCUDOSE SOLN 0.5%	2	
Otic Agents		
<i>Otic Agents</i>		
<i>acetazol hc soln 2%; 1%</i>	2	
<i>acetic acid soln 2%</i>	1	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (12.2 GM per 30 days)
ALVESCO AERS 80MCG/ACT	3	QL (12.2 GM per 30 days)
ASMANEX 120 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 60 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 7 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
BECONASE AQ SUSP 42MCG/SPRAY	3	QL (50 GM per 30 days) ST
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BUDESONIDE SUSP 0.25MG/2ML	3	QL (120 ML per 30 days) B/D
BUDESONIDE SUSP 0.5MG/2ML	3	QL (120 ML per 30 days) B/D
<i>budesonide susp 32mcg/act</i>	2	QL (17.2 GM per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days)
<i>flunisolide soln 0.025%</i>	1	QL (50 ML per 25 days)
<i>flunisolide soln 29mcg/act</i>	1	QL (50 ML per 25 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days)
NASONEX SUSP 50MCG/ACT	2	QL (34 GM per 30 days) ST
OMNARIS SUSP 50MCG/ACT	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT SUSP 1MG/2ML	2	QL (120 ML per 30 days) B/D
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 25 days)
QVAR AERS 80MCG/ACT	2	QL (17.4 GM per 25 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
<i>triamcinolone acetonide inha 55mcg/act</i>	2	QL (16.5 GM per 30 days)
VERAMYST SUSP 27.5MCG/SPRAY	3	QL (10 GM per 30 days) ST
Antihistamines		

Name	Drug Tier	Requirements/Limits
<i>azelastine hcl soln 0.15%</i>	1	QL (60 ML per 30 days)
<i>azelastine hcl soln 137mcg/spray</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate soln 4mg/5ml</i>	1	PA
<i>cetirizine hcl syrp 1mg/ml</i>	1	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	3	
CLARINEX-D 24 HOUR TB24 5MG; 240MG	3	
CLARINEX SYRP 0.5MG/ML	3	
<i>clemastine fumarate syrp 0.67mg/5ml</i>	2	PA
<i>clemastine fumarate tabs 2.68mg</i>	2	PA
<i>cyproheptadine hcl syrp 2mg/5ml</i>	2	PA
<i>cyproheptadine hcl tabs 4mg</i>	2	PA
<i>desloratadine odt tbdp 2.5mg</i>	2	
<i>desloratadine odt tbdp 5mg</i>	2	
<i>desloratadine tabs 5mg</i>	2	
<i>diphenhydramine hcl caps 50mg</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	PA
<i>hydroxyzine hcl inj 25mg/ml</i>	2	PA
<i>hydroxyzine hcl inj 50mg/ml</i>	2	PA
<i>hydroxyzine hcl tabs 50mg</i>	2	PA
<i>hydroxyzine pamoate caps 100mg</i>	2	PA
<i>hydroxyzine pamoate caps 25mg</i>	2	PA
<i>hydroxyzine pamoate caps 50mg</i>	2	PA
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
PATANASE SOLN 0.6%	3	QL (30.5 GM per 30 days)
<i>promethazine hcl inj 25mg/ml</i>	2	PA
<i>promethazine hcl inj 50mg/ml</i>	2	PA
<i>promethazine hcl syrp 6.25mg/5ml</i>	2	PA
<i>promethazine hcl tabs 12.5mg</i>	2	PA
<i>promethazine hcl tabs 25mg</i>	2	PA
<i>promethazine hcl tabs 50mg</i>	2	PA
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
ZYFLO CR TB12 600MG	3	
ZYFLO TABS 600MG	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	2	QL (25.8 GM per 30 days)

Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide soln 0.03%</i>	1	QL (60 ML per 30 days)
<i>ipratropium bromide soln 0.06%</i>	1	QL (30 ML per 30 days)
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 30MG/30ML	3	
<i>albuterol sulfate er tb12 4mg</i>	2	
<i>albuterol sulfate er tb12 8mg</i>	2	
<i>albuterol sulfate nebu 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.5%</i>	1	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg</i>	2	
<i>albuterol sulfate tabs 4mg</i>	2	
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER CAPS 75MCG	3	QL (30 EA per 30 days)
BROVANA NEBU 15MCG/2ML	3	QL (120 ML per 30 days) B/D
EPIPEN 2-PAK INJ 0.3MG/0.3ML	2	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	2	
FORADIL AEROLIZER CAPS 12MCG	3	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	QL (45 EA per 30 days) B/D
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PERFOROMIST NEBU 20MCG/2ML	2	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	2	QL (17 GM per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	
XOPENEX HFA AERO 45MCG/ACT	2	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
BETHKIS NEBU 300MG/4ML	4	PA
CAYSTON SOLR 75MG	4	PA
KALYDECO TABS 150MG	4	PA

Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN 1MG/ML	4	PA
TOBI PODHALER CAPS 28MG	4	QL (224 EA per 56 days) PA
<i>tobramycin nebu 300mg/5ml</i>	3	PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>aminophylline inj 25mg/ml</i>	1	B/D
DALIRESP TABS 500MCG	2	PA
ELIXOPHYLLIN ELIX 80MG/15ML	3	
<i>theochron tb12 200mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADCIRCA TABS 20MG	4	QL (60 EA per 30 days) PA
ADEMPAS TABS 0.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 1.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 1MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 2.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 2MG	4	QL (90 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	2	PA
LETAIRIS TABS 10MG	4	QL (30 EA per 30 days) PA LA
LETAIRIS TABS 5MG	4	QL (30 EA per 30 days) PA LA
OPSUMIT TABS 10MG	4	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG	3	PA
ORENITRAM TBCR 1MG	4	PA
ORENITRAM TBCR 2.5MG	4	PA
REMODULIN INJ 10MG/ML	4	PA
REMODULIN INJ 1MG/ML	4	PA
REMODULIN INJ 2.5MG/ML	4	PA
REMODULIN INJ 5MG/ML	4	PA
REVATIO INJ 10MG/12.5ML	4	QL (1125 ML per 30 days) PA
<i>sildenafil tabs 20mg</i>	2	QL (90 EA per 30 days) PA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA LA
TRACLEER TABS 62.5MG	4	QL (60 EA per 30 days) PA LA
TYVASO REFILL SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO STARTER SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA

Name	Drug Tier	Requirements/Limits
TYVASO SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA
VENTAVIS SOLN 10MCG/ML	3	QL (270 ML per 30 days) PA
VENTAVIS SOLN 20MCG/ML	3	QL (270 ML per 30 days) PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	B/D
PROLASTIN-C INJ 1000MG	4	B/D
<i>promethazine vc plain syrpf 5mg/5ml; 6.25mg/5ml</i>	2	PA
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	2	
XOLAIR INJ 150MG	4	QL (6 EA per 28 days) PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX CP24 15MG	3	PA
AMRIX CP24 30MG	3	PA
<i>carisoprodol/aspirin tabs 325mg; 200mg</i>	2	PA
<i>carisoprodol tabs 350mg</i>	2	PA
<i>chlorzoxazone tabs 500mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 10mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 7.5mg</i>	2	PA
<i>methocarbamol tabs 500mg</i>	2	PA
<i>methocarbamol tabs 750mg</i>	2	PA
<i>orphenadrine citrate er tb12 100mg</i>	2	PA
<i>orphenadrine citrate inj 30mg/ml</i>	2	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) ST PA
EDLUAR SUBL 5MG	3	QL (30 EA per 30 days) ST PA
ESZOPICLONE TABS 1MG	2	QL (30 EA per 30 days)
ESZOPICLONE TABS 2MG	2	QL (30 EA per 30 days)
ESZOPICLONE TABS 3MG	2	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 12.5mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 6.25mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 10mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 5mg</i>	2	QL (30 EA per 30 days) PA
ZOLPIMIST SOLN 5MG/ACT	3	QL (7.7 ML per 30 days) ST
Sleep Disorders, Other		
MODAFINIL TABS 100MG	3	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	4	QL (30 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
NUVIGIL TABS 150MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 200MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 50MG	3	QL (60 EA per 30 days) PA
ROZEREM TABS 8MG	2	QL (30 EA per 30 days) ST
SILENOR TABS 3MG	2	QL (30 EA per 30 days) ST
SILENOR TABS 6MG	2	QL (30 EA per 30 days) ST
XYREM SOLN 500MG/ML	4	QL (540 ML per 30 days) PA LA
Therapeutic Nutrients/Minerals/Electrolytes		
<i>Electrolyte/Mineral Modifiers</i>		
CHEMET CAPS 100MG	2	
CUPRIMINE CAPS 250MG	2	
DEPEN TITRATABS TABS 250MG	2	
EXJADE TBSO 125MG	4	PA LA
EXJADE TBSO 250MG	4	PA LA
EXJADE TBSO 500MG	4	PA LA
<i>kionex powd 0</i>	1	
SAMSCA TABS 15MG	4	
SAMSCA TABS 30MG	4	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
SYPRINE CAPS 250MG	2	
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II 4.25/DEXTROSE25% INJ 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	3	B/D
<i>aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml</i>	1	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	B/D
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	2	B/D
<i>aminosyn-hf inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN INJ 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
<i>calcium acetate caps 667mg</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D

Name	Drug Tier	Requirements/Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	B/D
<i>dextrose 5%/potassium chloride 0.15% inj 5%; 20meq/l</i>	1	B/D
FREAMINE HBC 6.9% INJ 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	2	B/D
<i>hepatamine inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
<i>hepatasol inj 0.77gm/100ml; 0.6gm/100ml; 0.02gm/100ml; 0.9gm/100ml; 0.24gm/100ml; 0.9gm/100ml; 1.1gm/100ml; 0.61gm/100ml; 0.1gm/100ml; 0.1gm/100ml; 0.115gm/100ml; 0.8gm/100ml; 0.5gm/100ml; 0.45gm/100ml; 0.065gm/100ml; 0.84gm/100ml</i>	2	B/D
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbc 20meq</i>	1	
<i>lactated ringers dextrose 5% viaflex inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	B/D
<i>magnesium sulfate inj 50%</i>	1	
MOZOBIL INJ 24MG/1.2ML	4	QL (9.6 ML per 30 days) PA
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	2	B/D
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PHOSLYRA SOLN 667MG/5ML	2	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	B/D
<i>potassium chloride 0.15% /nacl 0.45% viaflex inj 20meq/l; 0.45%</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>potassium chloride 0.15%/nacl 0.9% inj 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9% inj 40meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w inj 5%; 40meq/l</i>	1	B/D
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride sr tbcr 8meq</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	B/D
<i>potassium chloride inj 20meq/100ml</i>	1	B/D
<i>potassium chloride inj 2meq/ml</i>	1	B/D
<i>potassium chloride inj 30meq/100ml</i>	1	B/D
<i>potassium chloride inj 40meq/100ml</i>	1	B/D
<i>potassium citrate tbcr 1080mg</i>	1	
<i>potassium citrate tbcr 540mg</i>	1	
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	B/D
<i>sodium chloride 0.45% viaflex inj 0.45%</i>	1	B/D
<i>sodium chloride inj 0.9%</i>	1	B/D
<i>sodium chloride inj 2.5meq/ml</i>	1	B/D
<i>sodium chloride inj 3%</i>	1	B/D
<i>sodium chloride inj 5%</i>	1	B/D
<i>sodium fluoride tabs 1mg</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>Vitamins</i>		
<i>prenatabs obn tabs 120mg; 200mg; 400unit; 8mcg; 1mg; 29mg; 20mg; 150mcg; 3mg; 3mg; 3mg; 30unit; 15mg</i>	1	

OTC products

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

Index

	Drug Name	Page #
	ALIMTA	30
	ALINIA	34
	<i>allopurinol</i>	27
	ALOCRIAL	93
	ALORA	81
	ALOXI	25
	ALPHAGAN P	94
	<i>alprazolam</i>	45
	<i>alprazolam er</i>	45
	ALPRAZOLAM INTENSOL	45
	<i>alprazolam odt</i>	45
	<i>alprazolam xr</i>	45
	ALREX	94
	ALTABAX	8
	ALTOPREV	64
	ALVESCO	96
	<i>amantadine hcl</i>	44
	AMBISOME	26
	<i>amcinonide</i>	76
	<i>a-methapred</i>	76
	<i>amethia</i>	81
	<i>amethyst</i>	81
	<i>amifostine</i>	30
	<i>amikacin sulfate</i>	8
	<i>amiloride hcl</i>	63
	<i>amiloride/hydrochlorothiazide</i>	63
	<i>aminophylline</i>	99
	AMINOSYN	102
	AMINOSYN II	101
	AMINOSYN II 4.25/DEXTROSE25%	101
	<i>aminosyn ii 8.5%/electrolytes</i>	101
	AMINOSYN-HBC	102
	<i>aminosyn-hf</i>	102
	AMINOSYN-PF	102
	AMINOSYN-PF 7%	102
	<i>amiodarone hcl</i>	56
	AMITIZA	73
	<i>amitriptyline hcl</i>	23
	<i>amlodipine besylate</i>	59
	<i>amlodipine besylate/atorvastatin</i>	59
	<i>calcium</i>	
	<i>amlodipine besylate/benazepril hcl</i>	59
	<i>amlodipine besylate/benazepril</i>	59
	<i>hydrochloride</i>	
	<i>ammonium lactate</i>	70
	<i>amnestem</i>	70
	<i>amoxapine</i>	23
	<i>amoxicillin</i>	12
	<i>amoxicillin/clavulanate potassium</i>	12
	<i>amoxicillin/clavulanate potassium er</i>	12
	<i>amphetamine/dextroamphetamine</i>	66
	AMPHOTERICIN B	26
	<i>ampicillin</i>	12
	<i>ampicillin sodium</i>	12
	<i>ampicillin-sulbactam</i>	12
	AMPYRA	69
	AMRIX	100
	AMTURNIDE	62
	8-MOP	69
	<i>abacavir</i>	42
	<i>abacavir sulfate/lamivudine/zidovudine</i>	42
	ABELCET	25
	ABILIFY	38
	ABILIFY DISCMELT	38
	ABILIFY MAINTENA	38
	ABRAXANE	30
	ABSTRAL	4
	<i>acamprosate calcium dr</i>	7
	<i>acarbose</i>	46
	<i>acebutolol hcl</i>	57
	<i>acetaminophen/codeine</i>	4
	<i>acetaminophen/codeine #3</i>	4
	<i>acetazol hc</i>	95
	<i>acetazolamide</i>	62
	<i>acetazolamide er</i>	94
	<i>acetic acid</i>	95
	<i>acetylcysteine</i>	100
	<i>acitretin</i>	69
	ACTEMRA	90
	ACTHAR HP	79
	ACTHIB	90
	ACTIMMUNE	90
	ACTONEL	91
	ACUVAIL	94
	<i>acyclovir</i>	44
	<i>acyclovir sodium</i>	44
	ADACEL	90
	ADAGEN	71
	<i>adapalene</i>	69
	ADASUVE	37
	ADCIRCA	99
	<i>adefovir dipivoxil</i>	41
	ADEMPAS	99
	ADRENALIN	98
	<i>adriamycin</i>	30
	ADVAIR DISKUS	95
	ADVAIR HFA	96
	ADVICOR	64
	<i>afeditab cr</i>	58
	AFINITOR	33
	AFINITOR DISPERZ	33
	AGGRENOLX	52
	<i>a-hydrocort</i>	76
	<i>ak-poly-bac</i>	8
	<i>ala cort</i>	76
	ALBENZA	34
	<i>albuterol sulfate</i>	98
	<i>albuterol sulfate er</i>	98
	<i>alclometasone dipropionate</i>	76
	<i>alcohol preps</i>	8
	ALDURAZYME	71
	<i>alendronate sodium</i>	92
	<i>alfuzosin hcl er</i>	75

Drug Name	Page #	Drug Name	Page #
ANADROL-50	80	AZACTAM IN ISO-OSMOTIC	11
<i>anagrelide hydrochloride</i>	51	DEXTROSE	
<i>anastrozole</i>	33	AZASAN	88
ANDRODERM	81	AZASITE	13
ANDROGEL	81	<i>azathioprine</i>	88
ANDROGEL PUMP	81	<i>azathioprine sodium</i>	88
ANDROID	81	<i>azelastine hcl</i>	93
ANDROXY	81	<i>azelastine hcl</i>	97
ANORO ELLIPTA	98	AZELEX	70
ANTARA	63	AZILECT	36
ANZEMET	25	<i>azithromycin</i>	13
APEXICON E	76	AZOPT	94
APIDRA	49	AZOR	59
APIDRA SOLOSTAR	49	<i>aztreonam</i>	11
APLENZIN	20	<i>bacitracin</i>	9
APOKYN	35	<i>bacitracin/polymyxin b</i>	9
<i>apraclonidine</i>	94	<i>baclofen</i>	40
<i>apri</i>	81	BACTROBAN NASAL	9
APRISO	91	<i>balsalazide disodium</i>	91
APTIOM	16	<i>balziva</i>	81
APTIVUS	43	BANZEL	19
ARALAST NP	100	BARACLUDGE	41
<i>aranelle</i>	81	BCG VACCINE	90
ARANESP ALBUMIN FREE	51	BD INSULIN SYRINGE	92
ARCALYST	90	SAFETYGLIDE/1ML/29G X 1/2"	
ARCAPTA NEOHALER	98	BD INSULIN SYRINGE	92
ARRANON	30	ULTRAFINE/0.3ML/31G X 5/16"	
ARZERRA	34	BD INSULIN SYRINGE	93
ASACOL HD	91	ULTRAFINE/0.5ML/30G X 1/2"	
<i>ascomp/codeine</i>	4	BD INSULIN SYRINGE	93
ASMANEX 120 METERED DOSES	96	ULTRAFINE/1ML/31G X 5/16"	
ASMANEX 14 METERED DOSES	96	BD PEN NEEDLE/ULTRAFINE/29G	93
ASMANEX 30 METERED DOSES	96	X 12.7MM	
ASMANEX 60 METERED DOSES	96	BECONASE AQ	96
ASMANEX 7 METERED DOSES	96	<i>benazepril hcl</i>	54
ASTAGRAF XL	88	<i>benazepril hcl/hydrochlorothiazide</i>	54
ATELVIA	92	BENICAR	53
<i>atenolol</i>	57	BENICAR HCT	53
<i>atenolol/chlorthalidone</i>	57	<i>benztropine mesylate</i>	35
ATGAM	89	BEPREVE	93
<i>atorvastatin calcium</i>	64	BESIVANCE	14
<i>atovaquone</i>	34	<i>betamethasone dipropionate</i>	76
<i>atovaquone/proguanil hcl</i>	34	<i>betamethasone valerate</i>	76
ATRIPLA	44	BETASERON	69
<i>atropine sulfate</i>	72	<i>betaxolol hcl</i>	57
ATROVENT HFA	97	<i>betaxolol hcl</i>	94
AUBAGIO	69	<i>bethanechol chloride</i>	75
<i>augmented betamethasone dipropionate</i>	76	BETHKIS	98
AVANDAMET	46	BETOPTIC-S	94
AVANDARYL	46	<i>bicalutamide</i>	29
AVANDIA	46	BICILLIN C-R	12
AVASTIN	34	BICILLIN L-A	12
<i>aviane</i>	81	BICNU	29
AVODART	75	BIDIL	65
AVONEX	69	BILTRICIDE	34
AXERT	27	<i>bisoprolol fumarate</i>	57
<i>azacitidine</i>	30	<i>bisoprolol</i>	57
		<i>fumarate/hydrochlorothiazide</i>	

Drug Name	Page #	Drug Name	Page #
BIVIGAM	89	CAPRELSA	29
<i>bleomycin sulfate</i>	30	<i>captopril</i>	55
BLEPHAMIDE	15	<i>captopril/hydrochlorothiazide</i>	55
BLEPHAMIDE S.O.P.	15	CARAC	70
BONIVA	92	CARAFATE	74
BOOSTRIX	90	CARBAGLU	72
BOSULIF	33	<i>carbamazepine</i>	19
BOTOX	93	<i>carbamazepine er</i>	19
BREO ELLIPTA	96	<i>carbidopa</i>	36
<i>briellyn</i>	81	<i>carbidopa/levodopa</i>	36
BRILINTA	52	<i>carbidopa/levodopa er</i>	36
<i>brimonidine tartrate</i>	95	<i>carbidopa/levodopa odt</i>	36
BRINTELLIX	20	<i>carbidopa/levodopa/entacapone</i>	36
<i>bromfenac</i>	94	<i>carbinoxamine maleate</i>	4
<i>bromocriptine mesylate</i>	35	<i>carbinoxamine maleate</i>	97
BROVANA	98	<i>carboplatin</i>	31
<i>budeprion sr</i>	20	CARIMUNE NANOFILTERED	89
BUDESONIDE	76	<i>carisoprodol</i>	100
BUDESONIDE	96	<i>carisoprodol/aspirin</i>	100
<i>bumetanide</i>	62	<i>carisoprodol/aspirin/codeine</i>	4
BUPHENYL	72	<i>carteolol hcl</i>	95
<i>buprenorphine hcl</i>	7	<i>cartia xt</i>	59
<i>buprenorphine hcl/naloxone hcl</i>	7	<i>carvedilol</i>	57
<i>buproban</i>	7	CAYSTON	98
<i>bupropion hcl</i>	21	<i>caziant</i>	81
<i>bupropion hcl sr</i>	20	<i>cefaclor</i>	10
<i>bupropion hcl xl</i>	21	<i>cefadroxil</i>	10
<i>bupirone hcl</i>	44	<i>cefazolin sodium</i>	10
BUSULFEX	29	<i>cefdinir</i>	10
<i>butal/asa/caff</i>	68	<i>cefepime</i>	10
<i>butalbital/acetaminophen/caffeine</i>	1	<i>cefotaxime sodium</i>	10
<i>butalbital/acetaminophen/caffeine/codei ne</i>	68	<i>cefoxitin sodium</i>	10
<i>butalbital/apap/caffeine</i>	1	<i>cefpodoxime proxetil</i>	11
<i>butalbital/asa/caffeine</i>	68	<i>ceftazidime</i>	11
<i>butalbital/aspirin/caffeine</i>	68	<i>ceftriaxone sodium</i>	11
<i>butorphanol tartrate</i>	4	<i>cefuroxime axetil</i>	11
BUTRANS	7	<i>cefuroxime sodium</i>	11
BYDUREON	46	CEFUROXIME/DEXTROSE	11
BYETTA	46	CELEBREX	1
BYSTOLIC	57	CELLCEPT	88
<i>cabergoline</i>	87	CELLCEPT INTRAVENOUS	88
<i>calcipotriene</i>	70	CELONTIN	16
CALCIPOTRIENE/BETAMETHASON	70	CENESTIN	81
E DIPROPIONATE		<i>cephalexin</i>	11
<i>calcitonin-salmon</i>	92	CEREZYME	72
<i>calcitrene</i>	70	CERVARIX	90
<i>calcitriol</i>	92	CESAMET	25
<i>calcium acetate</i>	103	<i>cetirizine hcl</i>	97
<i>camila</i>	84	<i>cevimeline hcl</i>	69
CANASA	91	CHANTIX	8
CANCIDAS	26	CHANTIX CONTINUING MONTH	8
<i>candesartan cilexetil</i>	53	PAK	
<i>candesartan</i>	63	CHANTIX STARTING MONTH PAK	8
<i>cilexetil/hydrochlorothiazide</i>		CHEMET	101
<i>capacet</i>	1	<i>chloramphenicol sodium succinate</i>	9
CAPASTAT SULFATE	28	<i>chlordiazepoxide hcl</i>	45
CAPEX	76	<i>chlordiazepoxide/amitriptyline</i>	23
		<i>chlorhexidine gluconate oral rinse</i>	69

Drug Name	Page #	Drug Name	Page #
<i>chloroquine phosphate</i>	34	<i>clonidine hcl</i>	53
<i>chlorothiazide</i>	63	<i>clopidogrel</i>	53
<i>chlorothiazide sodium</i>	63	<i>clorazepate dipotassium</i>	45
<i>chlorpromazine hcl</i>	37	<i>clotrimazole</i>	26
<i>chlorpropamide</i>	46	<i>clotrimazole/betamethasone</i>	77
<i>chlorthalidone</i>	63	<i>dipropionate</i>	
<i>chlorzoxazone</i>	100	CLOZAPINE	40
<i>cholestyramine</i>	65	<i>clozapine odt</i>	40
<i>cholestyramine light</i>	65	COARTEM	34
CIALIS	76	<i>codeine sulfate</i>	4
<i>ciclopirox</i>	26	COLCRYS	27
<i>ciclopirox nail lacquer</i>	26	<i>colestipol hcl</i>	65
<i>ciclopirox olamine</i>	26	<i>colistimethate sodium</i>	9
<i>cidofovir</i>	41	COLY-MYCIN S	95
<i>cilostazol</i>	53	COMBIGAN	93
CILOXAN	14	COMBIPATCH	81
CIMZIA	88	COMBIVENT RESPIMAT	98
CINRYZE	88	COMETRIQ	31
CIPRO HC	14	COMPLERA	42
CIPRODEX	14	<i>compro</i>	37
<i>ciprofloxacin</i>	14	COMVAX	90
<i>ciprofloxacin hcl</i>	14	CONDYLOX	70
<i>ciprofloxacin i.v.-in d5w</i>	14	<i>constulose</i>	74
<i>cisplatin</i>	31	COPAXONE	69
<i>citalopram hydrobromide</i>	21	COREG CR	57
<i>claravis</i>	70	<i>cormax scalp application</i>	77
CLARINEX	97	CORTIFOAM	77
CLARINEX-D 12 HOUR	97	<i>cortisone acetate</i>	77
CLARINEX-D 24 HOUR	97	CORTISPORIN-TC	95
<i>clarithromycin</i>	13	COSMEGEN	31
<i>clarithromycin er</i>	13	COSOFT PF	95
<i>clemastine fumarate</i>	97	COUMADIN	50
CLEOCIN	9	CREON	72
CLIMARA PRO	81	CRESTOR	64
<i>clindacin-p</i>	70	CRINONE	84
<i>clindamycin hcl</i>	9	CRIXIVAN	43
<i>clindamycin palmitate hcl</i>	9	<i>cromolyn sodium</i>	73
<i>clindamycin phosphate</i>	9	<i>cromolyn sodium</i>	93
<i>clindamycin phosphate</i>	70	<i>cromolyn sodium</i>	99
<i>clindamycin phosphate add-vantage</i>	9	<i>cryselle-28</i>	81
<i>clindamycin phosphate in d5w</i>	9	CUBICIN	9
<i>clindamycin/benzoyl peroxide</i>	70	CUPRIMINE	101
CLINIMIX 2.75%/DEXTROSE 5%	103	CURITY GAUZE PADS 2"X2"	70
CLINIMIX 4.25%/DEXTROSE 10%	103	<i>cyclafem 1/35</i>	81
CLINIMIX 4.25%/DEXTROSE 20%	48	<i>cyclafem 7/7/7</i>	81
CLINIMIX 4.25%/DEXTROSE 25%	103	<i>cyclobenzaprine hcl</i>	100
CLINIMIX 4.25%/DEXTROSE 5%	103	<i>cyclophosphamide</i>	29
CLINIMIX 5%/DEXTROSE 15%	48	CYCLOSET	46
CLINIMIX 5%/DEXTROSE 20%	49	<i>cyclosporine</i>	88
CLINIMIX 5%/DEXTROSE 25%	103	<i>cyclosporine modified</i>	88
<i>clinisol sf 15%</i>	103	<i>cyproheptadine hcl</i>	97
<i>clobetasol propionate</i>	76	CYSTADANE	72
<i>clobetasol propionate e</i>	76	CYSTAGON	72
CLODERM PUMP	77	CYSTARAN	93
CLOLAR	30	<i>cytarabine</i>	30
<i>clomipramine hcl</i>	23	<i>cytarabine aqueous</i>	30
<i>clonazepam</i>	17	<i>dacarbazine</i>	29
<i>clonazepam odt</i>	17	<i>dactinomycin</i>	31

Drug Name	Page #	Drug Name	Page #
DALIRESP	99	<i>diclofenac sodium/misoprostol</i>	1
<i>danazol</i>	81	<i>dicloxacillin sodium</i>	13
<i>dantrolene sodium</i>	40	<i>dicyclomine hcl</i>	72
DAPSONE	28	<i>didanosine</i>	42
DAPTACEL	90	DIFICID	13
DARAPRIM	34	<i>diflorasone diacetate</i>	77
<i>dasetta 7/7/7</i>	82	<i>diflunisal</i>	1
<i>daunorubicin hcl</i>	31	<i>digoxin</i>	62
DAYTRANA	67	DILANTIN	19
<i>decitabine</i>	31	DILANTIN INFATABS	19
DELESTROGEN	82	<i>dilt-cd</i>	59
<i>demeclocycline hcl</i>	15	<i>diltiazem cd</i>	59
DEMSEER	62	<i>diltiazem hcl</i>	60
DENAVIR	44	<i>diltiazem hcl cd</i>	59
DEPEN TITRATABS	101	<i>diltiazem hcl er</i>	60
DEPO-MEDROL	77	<i>dilt-xr</i>	59
DEPO-PROVERA	84	<i>diltzac</i>	60
DEPO-SUBQ PROVERA	104	DIOVAN	53
<i>desipramine hcl</i>	24	DIPENTUM	91
<i>desloratadine</i>	97	<i>diphenhydramine hcl</i>	97
<i>desloratadine odt</i>	97	<i>diphenoxylate/atropine</i>	73
<i>desmopressin acetate</i>	79	DIPHThERIA/TETANUS TOXOIDS	90
DESONATE	70	ADSORBED PEDIATRIC	
<i>desonide</i>	77	<i>dipyridamole</i>	53
<i>desoximetasone</i>	77	<i>disopyramide phosphate</i>	56
DESVENLAFAXINE ER	21	<i>disulfiram</i>	7
<i>dexamethasone</i>	77	<i>divalproex sodium</i>	17
<i>dexamethasone intensol</i>	77	<i>divalproex sodium dr</i>	17
<i>dexamethasone sodium phosphate</i>	77	<i>divalproex sodium er</i>	17
<i>dexamethasone sodium phosphate</i>	94	DIVIGEL	82
DEXILANT	74	DOCEFREZ	31
<i>dexmethylphenidate hcl</i>	67	<i>docetaxel</i>	31
<i>dexmethylphenidate hcl er</i>	67	<i>donepezil hcl</i>	20
<i>dexrazoxane</i>	31	<i>dorzolamide hcl</i>	95
<i>dextroamphetamine sulfate</i>	67	<i>dorzolamide hcl/timolol maleate</i>	95
<i>dextroamphetamine sulfate er</i>	67	<i>doxazosin mesylate</i>	75
<i>dextrose 10%/nacl 0.45%</i>	49	<i>doxepin hcl</i>	24
DEXTROSE 5% /ELECTROLYTE	104	<i>doxercalciferol</i>	92
#48 VIAFLEX		DOXIL	31
<i>dextrose 10% flex container</i>	49	<i>doxorubicin hcl</i>	31
<i>dextrose 10%/nacl 0.2%</i>	49	<i>doxycycline</i>	15
<i>dextrose 2.5%/sodium chloride 0.45%</i>	49	<i>doxycycline hyclate</i>	15
<i>dextrose 5%</i>	49	<i>doxycycline hyclate dr</i>	15
<i>dextrose 5%/nacl 0.2%</i>	49	<i>doxycycline monohydrate</i>	15
<i>dextrose 5%/nacl 0.225%</i>	49	<i>dronabinol</i>	25
<i>dextrose 5%/nacl 0.33%</i>	49	<i>drosiprone/ethinyl estradiol</i>	82
<i>dextrose 5%/nacl 0.45%</i>	49	DROXIA	30
<i>dextrose 5%/nacl 0.9%</i>	49	<i>duloxetine hcl</i>	22
<i>dextrose 5%/potassium chloride 0.15%</i>	104	<i>duramorph</i>	4
<i>diazepam</i>	17	DUREZOL	94
<i>diazepam</i>	45	<i>econazole nitrate</i>	26
<i>diazepam intensol</i>	45	EDECRIN	62
DIBENZYLINE	53	EDLUAR	100
<i>diclofenac potassium</i>	1	EDURANT	42
<i>diclofenac sodium</i>	8	EFFIENT	53
<i>diclofenac sodium</i>	94	EGRIFTA	79
<i>diclofenac sodium dr</i>	1	ELELYSO	72
<i>diclofenac sodium er</i>	1	ELIDEL	70

Drug Name	Page #	Drug Name	Page #
ELIGARD	87	<i>estradiol valerate</i>	82
<i>elinest</i>	82	<i>estradiol/norethindrone acetate</i>	82
ELIQUIS	50	ESTRING	82
ELITEK	30	<i>estropipate</i>	82
ELIXOPHYLLIN	99	ESZOPICLONE	100
ELLA	84	<i>ethambutol hcl</i>	28
ELLENCE	31	<i>ethosuximide</i>	16
ELMIRON	76	<i>etidronate disodium</i>	92
EMCYT	30	<i>etodolac</i>	1
EMEND	25	<i>etodolac er</i>	1
<i>emoquette</i>	82	ETOPOPHOS	33
EMSAM	21	EURAX	35
EMTRIVA	42	EXELON	20
ENABLEX	75	<i>exemestane</i>	33
<i>enalapril maleate</i>	55	EXFORGE	60
<i>enalapril maleate/hydrochlorothiazide</i>	55	EXFORGE HCT	60
ENBREL	88	EXJADE	101
ENBREL SURECLICK	88	FABRAZYME	72
<i>endocet</i>	4	<i>famciclovir</i>	44
ENGERIX-B	90	<i>famotidine</i>	73
ENJUVIA	82	<i>famotidine premixed</i>	73
<i>enoxaparin sodium</i>	50	FANAPT	38
<i>enpresse-28</i>	82	FANAPT TITRATION PACK	38
<i>entacapone</i>	35	FARESTON	30
<i>enulose</i>	74	FASLODEX	30
EPIDUO	70	FAZACLO	40
<i>epinastine hcl</i>	93	<i>felbamate</i>	18
EPIPEN 2-PAK	98	<i>felodipine er</i>	60
EPIPEN-JR 2-PAK	98	<i>fenofibrate</i>	64
<i>epirubicin hcl</i>	31	<i>fenofibrate micronized</i>	64
<i>epitol</i>	19	<i>fenoprofen calcium</i>	1
EPIVIR	43	<i>fentanyl</i>	2
EPIVIR HBV	42	<i>fentanyl citrate</i>	5
<i>eplerenone</i>	63	<i>fentanyl citrate oral transmucosal</i>	4
EPOGEN	52	FENTORA	5
<i>epoprostenol sodium</i>	99	FERRIPROX	93
<i>eprosartan mesylate</i>	54	FETZIMA	22
EPZICOM	43	FETZIMA TITRATION PACK	22
ERAXIS	26	<i>finasteride</i>	75
ERBITUX	34	FIRAZYR	88
<i>ergoloid mesylates</i>	19	FIRMAGON	87
ERIVEDGE	31	<i>flavoxate hcl</i>	75
<i>errin</i>	84	<i>flecainide acetate</i>	56
ERWINAZE	31	FLECTOR	1
<i>ery</i>	13	FLOVENT DISKUS	96
ERY-TAB	13	FLOVENT HFA	96
ERYTHROCIN LACTOBIONATE	13	<i>fluconazole</i>	26
<i>erythrocin stearate</i>	13	<i>fluconazole in dextrose</i>	26
<i>erythromycin</i>	14	<i>flucytosine</i>	26
<i>erythromycin base</i>	14	FLUDARABINE PHOSPHATE	31
<i>erythromycin ethylsuccinate</i>	14	<i>fludrocortisone acetate</i>	77
<i>erythromycin/benzoyl peroxide</i>	70	<i>flunisolide</i>	96
<i>escitalopram oxalate</i>	22	<i>fluocinolone acetonide</i>	77
<i>esomeprazole sodium</i>	74	<i>fluocinolone acetonide body</i>	77
<i>estarylla</i>	82	<i>fluocinolone acetonide ear drops</i>	77
<i>estazolam</i>	45	<i>fluocinonide</i>	78
ESTRACE	82	<i>fluocinonide-e</i>	77
<i>estradiol</i>	82	<i>fluorometholone</i>	94

Drug Name	Page #	Drug Name	Page #
<i>fluorouracil</i>	30	<i>gentamicin sulfate/0.9% sodium chloride</i>	8
<i>fluorouracil</i>	70	GEODON	38
<i>fluoxetine dr</i>	22	<i>gianvi</i>	82
<i>fluoxetine hcl</i>	22	<i>gildagia</i>	82
<i>fluphenazine decanoate</i>	37	<i>gildess fe 1.5/30</i>	82
<i>fluphenazine hcl</i>	37	<i>gildess fe 1/20</i>	82
<i>flurazepam hcl</i>	45	GILENYA	69
<i>flurbiprofen</i>	1	GILOTRIF	31
<i>flurbiprofen sodium</i>	94	GLEEVEC	33
<i>flutamide</i>	29	<i>glimepiride</i>	47
<i>fluticasone propionate</i>	78	<i>glipizide</i>	47
<i>fluticasone propionate</i>	96	<i>glipizide er</i>	47
<i>fluvastatin</i>	64	<i>glipizide/metformin hcl</i>	47
<i>fluvoxamine maleate</i>	22	GLUCAGEN HYPOKIT	49
<i>fluvoxamine maleate er</i>	22	GLUCAGON EMERGENCY KIT	49
FML	94	<i>glyburide</i>	47
FML FORTE	94	<i>glyburide micronized</i>	47
FOCALIN XR	67	<i>glyburide/metformin hcl</i>	47
FOLOTYN	30	<i>glycopyrrolate</i>	72
<i>fondaparinux sodium</i>	50	GLYSET	47
FORADIL AEROLIZER	98	GRALISE	1
FORFIVO XL	21	<i>granisetron hcl</i>	25
FORTEO	92	<i>griseofulvin microsize</i>	26
FORTICAL	92	<i>griseofulvin ultramicrosize</i>	26
FOSAMAX PLUS D	92	<i>guanfacine hcl</i>	53
<i>fosinopril sodium</i>	55	<i>guanidine hcl</i>	28
<i>fosinopril sodium/hydrochlorothiazide</i>	55	HALAVEN	31
<i>fosphenytoin sodium</i>	19	HALFLYTELY BOWEL PREP/FLAVOR PACKS	73
FOSRENOL	76	<i>halobetasol propionate</i>	78
FRAGMIN	50	HALOG	78
FREAMINE HBC 6.9%	104	<i>haloperidol</i>	37
FROVA	27	<i>haloperidol decanoate</i>	37
<i>furosemide</i>	62	<i>haloperidol lactate</i>	37
FUSILEV	31	HAVRIX	90
FUZEON	43	<i>hecoria</i>	88
FYCOMPA	16	HECTOROL	92
<i>gabapentin</i>	17	<i>heparin sodium</i>	51
GABITRIL	17	<i>heparin sodium/d5w</i>	51
<i>galantamine hydrobromide</i>	20	<i>heparin sodium/nacl 0.9%</i>	51
GAMMAGARD LIQUID	89	<i>hepatamine</i>	104
GAMUNEX-C	89	<i>hepatasol</i>	104
<i>ganciclovir</i>	41	HEPSERA	41
GARDASIL	90	HERCEPTIN	34
<i>gatifloxacin</i>	14	HEXALEN	29
GATTEX	73	HIZENTRA	89
<i>gavilyte-c</i>	74	HORIZANT	68
<i>gavilyte-g</i>	74	HUMALOG	50
<i>gavilyte-n/flavor pack</i>	74	HUMALOG MIX 50/50	49
GAZYVA	34	HUMALOG MIX 50/50 KWIKPEN	49
<i>gemcitabine hcl</i>	30	HUMALOG MIX 75/25	50
<i>gemfibrozil</i>	64	HUMALOG MIX 75/25 KWIKPEN	49
<i>generlac</i>	74	HUMATROPE	80
<i>gengraf</i>	88	HUMATROPE COMBO PACK	80
GENOTROPIN	80	HUMIRA	88
GENOTROPIN MINIQUICK	79	HUMIRA PEN-CROHNS DISEASESTARTER	88
<i>gentak</i>	8		
<i>gentamicin sulfate</i>	8		

Drug Name	Page #	Drug Name	Page #
HUMULIN 70/30	50	<i>ipratropium bromide</i>	98
HUMULIN 70/30 PEN	50	<i>ipratropium bromide/albuterol sulfate</i>	98
HUMULIN N	50	<i>irbesartan</i>	54
HUMULIN N U-100 PEN	50	<i>irbesartan/hydrochlorothiazide</i>	54
HUMULIN R	50	<i>irinotecan</i>	31
HUMULIN R U-500	50	ISENTRESS	42
(CONCENTRATED)		ISOLYTE-P/DEXTROSE 5%	104
<i>hydralazine hcl</i>	66	ISOLYTE-S	104
<i>hydrochlorothiazide</i>	63	<i>isoniazid</i>	28
<i>hydrocodone bitartrate/acetaminophen</i>	5	<i>isosorbide dinitrate</i>	65
<i>hydrocodone/acetaminophen</i>	5	<i>isosorbide dinitrate er</i>	65
<i>hydrocodone/ibuprofen</i>	5	<i>isosorbide mononitrate</i>	66
<i>hydrocortisone</i>	78	<i>isosorbide mononitrate er</i>	65
<i>hydrocortisone butyrate</i>	78	<i>isotonic gentamicin</i>	8
<i>hydrocortisone valerate</i>	78	<i>isradipine</i>	60
<i>hydrocortisone/acetic acid</i>	95	ISTALOL	95
<i>hydromorphone hcl</i>	5	ISTODAX	31
<i>hydromorphone hcl er</i>	2	<i>itraconazole</i>	26
<i>hydroxychloroquine sulfate</i>	34	IXEMPRA KIT	31
<i>hydroxyurea</i>	30	IXIARO	91
<i>hydroxyzine hcl</i>	24	JAKAFI	31
<i>hydroxyzine hcl</i>	97	JALYN	75
<i>hydroxyzine pamoate</i>	97	<i>jantoven</i>	51
<i>ibandronate sodium</i>	92	JANUMET	47
<i>ibuprofen</i>	1	JANUMET XR	47
ICLUSIG	31	JANUVIA	47
<i>idarubicin hcl</i>	31	JENTADUETO	47
<i>ifosfamide</i>	29	JEVTANA	31
IFOSFAMIDE/MESNA	29	<i>jinteli</i>	82
ILARIS	90	<i>jolivette</i>	85
IMBRUVICA	33	<i>junel 1.5/30</i>	82
<i>imipenem/cilastatin</i>	11	<i>junel 1/20</i>	83
<i>imipramine hcl</i>	24	<i>junel fe 1.5/30</i>	83
<i>imipramine pamoate</i>	24	<i>junel fe 1/20</i>	83
<i>imiquimod</i>	70	JUVISYNC	47
IMOVAX RABIES (H.D.C.V.)	90	JUXTAPID	65
INCIVEK	41	KADCYLA	34
INCRELEX	80	KADIAN	2
<i>indapamide</i>	63	KALETRA	43
<i>indomethacin</i>	2	KALYDECO	98
<i>indomethacin er</i>	2	<i>kariva</i>	83
INFANRIX	91	<i>kcl 0.075%/d5w/nacl 0.45%</i>	49
INFERGEN	41	<i>kcl 0.15%/d5w/lr</i>	49
INLYTA	33	<i>kcl 0.15%/d5w/nacl 0.2%</i>	49
INTELENCE	42	<i>kcl 0.15%/d5w/nacl 0.225%</i>	49
<i>intralipid</i>	93	<i>kcl 0.15%/d5w/nacl 0.9%</i>	49
INTRON-A	41	<i>kcl 0.3%/d5w/nacl 0.45%</i>	49
INTRON-A W/DILUENT	41	<i>kcl 0.3%/d5w/nacl 0.9%</i>	49
<i>introvale</i>	82	<i>kelnor 1/35</i>	83
INTUNIV	68	KEPIVANCE	69
INVANZ	12	<i>ketoconazole</i>	26
INVEGA	38	<i>ketodan kit</i>	26
INVEGA SUSTENNA	38	<i>ketoprofen</i>	2
INVIRASE	43	<i>ketoprofen er</i>	2
IONOSOL-B/DEXTROSE 5%	49	<i>ketorolac tromethamine</i>	2
IONOSOL-MB/DEXTROSE 5%	49	<i>ketorolac tromethamine</i>	94
IOPIDINE	95	KINERET	89
IPOL INACTIVATED IPV	91	<i>kionex</i>	101

Drug Name	Page #	Drug Name	Page #
<i>klor-con 10</i>	104	<i>levorphanol tartrate</i>	2
<i>klor-con 8</i>	104	<i>levothyroxine sodium</i>	85
KLOR-CON M15	104	<i>levoxyl</i>	85
<i>klor-con m20</i>	104	LEXIVA	43
KOMBIGLYZE XR	47	LIALDA	91
KORLYM	80	<i>lidocaine</i>	7
KUVAN	72	<i>lidocaine hcl</i>	7
KYNAMRO	65	<i>lidocaine hcl jelly</i>	7
<i>labetalol hcl</i>	58	<i>lidocaine viscous</i>	7
LACRISERT	93	<i>lidocaine/prilocaine</i>	7
<i>lactated ringers dextrose 5% viaflex</i>	104	<i>lindane</i>	35
<i>lactated ringers viaflex</i>	104	LINZESS	73
<i>lactulose</i>	74	LIORESAL INTRATHECAL	40
LAMICTAL ODT	18	<i>liothyronine sodium</i>	86
LAMICTAL STARTER/NOT TAKING	18	<i>lipodox</i>	32
CARBAMAZEPINE		<i>lipodox 50</i>	32
LAMICTAL STARTER/TAKING	18	LIPOFEN	64
CARBAMAZEPINE/NOT TAKING		<i>liposyn iii</i>	93
VALPROATE		<i>lisinopril</i>	55
LAMICTAL STARTER/TAKING	18	<i>lisinopril/hydrochlorothiazide</i>	55
VALPROATE		<i>lithium carbonate</i>	46
LAMIVUDINE	43	<i>lithium carbonate er</i>	46
<i>lamivudine/zidovudine</i>	43	<i>lithium citrate</i>	46
<i>lamotrigine</i>	18	LIVALO	64
<i>lamotrigine er</i>	18	LOCOID	78
LANOXIN	62	<i>lomustine</i>	29
<i>lansoprazole</i>	74	<i>lonox</i>	73
LANSOPRAZOLE/AMOXICILLIN/C	9	<i>loperamide hcl</i>	73
LARITHROMYCIN		<i>lorazepam</i>	45
LANTUS	50	<i>lorazepam intensol</i>	45
LANTUS SOLOSTAR	50	<i>lorcet</i>	5
LASTACAFT	93	<i>lorcet hd</i>	5
<i>latanoprost</i>	93	<i>lorcet plus</i>	5
LATUDA	39	<i>lortab</i>	5
LAZANDA	5	<i>loryna</i>	83
<i>leflunomide</i>	90	<i>losartan potassium</i>	54
<i>lessina</i>	83	<i>losartan potassium/hydrochlorothiazide</i>	54
LETAIRIS	99	LOTEMAX	94
<i>letrozole</i>	33	LOTRONEX	73
<i>leucovorin calcium</i>	31	<i>lovastatin</i>	64
LEUKERAN	29	<i>low-ogestrel</i>	83
LEUKINE	52	<i>loxapine succinate</i>	37
<i>leuprolide acetate</i>	87	LUMIGAN	93
<i>levabuterol</i>	98	LUMIZYME	72
<i>levabuterol hcl</i>	98	LUPANETA PACK	87
LEVAQUIN	14	LUPRON DEPOT	87
LEVEMIR	50	LUPRON DEPOT-PED	87
LEVEMIR FLEXPEN	50	<i>lutera</i>	83
<i>levetiracetam</i>	16	LYRICA	16
<i>levetiracetam er</i>	16	LYSODREN	86
<i>levobunolol hcl</i>	95	MACRODANTIN	9
<i>levocarnitine</i>	93	<i>mafenide acetate</i>	9
<i>levocetirizine dihydrochloride</i>	97	<i>magnesium sulfate</i>	104
<i>levofloxacin</i>	14	MAGNESIUM SULFATE IN D5W	16
<i>levofloxacin in d5w</i>	14	<i>malathion</i>	35
<i>levonest</i>	83	<i>maprotiline hcl</i>	21
<i>levonorgestrel/ethinyl estradiol</i>	83	<i>margesic</i>	1
<i>levora 0.15/30-28</i>	83	<i>marlissa</i>	83

Drug Name	Page #	Drug Name	Page #
MARPLAN	21	metoprolol tartrate	58
MATULANE	29	metoprolol/hydrochlorothiazide	58
matzim la	60	metronidazole	9
meclizine hcl	25	metronidazole in nacl 0.79%	9
meclofenamate sodium	2	metronidazole vaginal	9
medroxyprogesterone acetate	85	mexiletine hcl	56
mefenamic acid	2	MIACALCIN	92
mefloquine hcl	34	miconazole 3	26
MEGACE ES	85	microgestin 1.5/30	83
megestrol acetate	85	microgestin 1/20	83
MEKINIST	32	microgestin fe	83
meloxicam	2	microgestin fe 1.5/30	83
melphalan hydrochloride	29	midodrine hcl	53
MENACTRA	91	MIGERGOT	27
MENEST	32	MIGRANAL	27
MENOMUNE-A/C/Y/W-135	91	mimvey lo	83
MENOSTAR	83	minitran	66
MENVEO	91	minocycline hcl	15
meperidine hcl	6	minocycline hcl er	15
meperitab	6	minoxidil	66
meprobamate	45	MIRAPEX ER	35
mercaptapurine	30	mirtazapine	21
meropenem	12	mirtazapine odt	21
mesna	32	misoprostol	74
MESNEX	32	mitomycin	32
MESTINON	28	mitoxantrone hcl	32
MESTINON TIMESPAN	28	M-M-R II W/DILUENT 10 DOSE	91
metadate er	68	MODAFINIL	100
metaproterenol sulfate	98	moderiba	41
metformin hcl	48	moexipril hcl	55
metformin hcl er	48	moexipril/hydrochlorothiazide	55
methadone hcl	2	mometasone furoate	78
methadose	3	mono-lynyah	83
methadose sugar-free	3	mononessa	83
methamphetamine hcl	67	montelukast sodium	97
methazolamide	95	morphine sulfate	3
methenamine hippurate	9	morphine sulfate	6
methimazole	88	morphine sulfate er	3
METHITEST	81	morphine sulfate er	25
methocarbamol	100	MOTOFEN	73
methotrexate	89	MOVIPREP	74
methotrexate sodium	89	MOXEZA	14
methoxsalen	70	moxifloxacin hcl	14
methyclothiazide	63	MOZOBIL	104
methylergonovine maleate	93	MULTAQ	56
methylin	68	mupirocin	9
methylphenidate hcl	68	MUSTARGEN	29
methylphenidate hcl cd	68	MYALEPT	93
methylphenidate hcl er	68	mycophenolate mofetil	89
methylphenidate hydrochloride	68	mycophenolic acid dr	89
methylprednisolone	78	myorisan	70
methylprednisolone acetate	78	MYOZYME	72
methylprednisolone dose pack	78	MYRBETRIQ	75
methylprednisolone sodiumsuccinate	78	myzilra	83
metipranolol	95	nabumetone	2
metoclopramide hcl	73	nadolol	58
metolazone	63	nadolol/bendroflumethiazide	58
metoprolol succinate er	58	nafcillin sodium	13

Drug Name	Page #	Drug Name	Page #
NAFTIN	26	<i>nitrofurantoin macrocrystals</i>	9
NAGLAZYME	72	<i>nitrofurantoin monohydrate</i>	9
<i>nallpen/dextrose</i>	13	<i>nitroglycerin</i>	66
<i>naloxone hcl</i>	7	<i>nitroglycerin lingual</i>	66
<i>naltrexone hcl</i>	7	<i>nitroglycerin transdermal</i>	66
NAMENDA	20	NITROSTAT	66
NAMENDA TITRATION PAK	20	<i>nizatidine</i>	73
NAMENDA XR	20	<i>nora-be</i>	85
NAMENDA XR TITRATION PACK	20	NORDITROPIN FLEXPOR	80
<i>naphazoline hcl</i>	93	NORDITROPIN NORDIFLEX PEN	80
<i>naproxen</i>	2	<i>norethindrone</i>	85
<i>naproxen dr</i>	2	<i>norethindrone acetate</i>	85
<i>naproxen sodium</i>	2	<i>norgestimate/ethinyl estradiol</i>	83
<i>naratriptan hcl</i>	27	NORMOSOL-R	104
NASONEX	96	<i>normosol-r in d5w</i>	49
NATACYN	26	NOROXIN	14
<i>nateglinide</i>	48	NORPACE CR	56
NEBUPENT	34	<i>nortrel 0.5/35 (28)</i>	83
<i>necon 0.5/35-28</i>	83	<i>nortrel 1/35</i>	83
<i>necon 1/35</i>	83	<i>nortrel 7/7/7</i>	83
<i>necon 1/50-28</i>	83	<i>nortriptyline hcl</i>	24
<i>necon 10/11-28</i>	83	NORVIR	43
<i>necon 7/7/7</i>	83	NOVOLIN 70/30	50
<i>nefazodone hcl</i>	21	NOVOLIN N	50
<i>neomycin sulfate</i>	8	NOVOLIN R	50
<i>neomycin/bacitracin/polymyxin</i>	9	NOVOLOG	50
<i>neomycin/polymyxin/bacitracin/hydroco</i>	9	NOVOLOG MIX 70/30	50
<i>rtisone</i>		NOVOLOG MIX 70/30 PREFILLED	50
<i>neomycin/polymyxin/dexamethasone</i>	94	FLEXPEN	
<i>neomycin/polymyxin/gramicidin</i>	9	NOVOLOG PENFILL	50
<i>neomycin/polymyxin/hc</i>	95	NOXAFIL	26
NEOMYCIN/POLYMYXIN/HYDROC	9	NPLATE	52
ORTISONE		NUCYNTA	6
<i>neomycin/polymyxin/hydrocortisone</i>	95	NUCYNTA ER	3
NEPHRAMINE	104	NUEDEXTA	69
NEULASTA	52	NULOJIX	89
NEUMEGA	52	NUTROPIN	80
NEUPOGEN	52	NUTROPIN AQ	80
NEUPRO	35	NUTROPIN AQ PEN	80
NEUTREXIN	34	NUVARING	83
NEVANAC	94	NUVIGIL	101
<i>nevirapine</i>	42	<i>nyamyc</i>	27
NEVIRAPINE ER	42	NYMALIZE	61
NEXAVAR	33	<i>nystatin</i>	27
<i>niacin er</i>	65	<i>nystatin/triamcinolone</i>	27
<i>nicardipine hcl</i>	61	<i>nystop</i>	27
NICOTROL INHALER	8	<i>ocella</i>	83
NICOTROL NS	8	<i>octreotide acetate</i>	87
<i>nifediac cc</i>	61	<i>ofloxacin</i>	14
<i>nifedical xl</i>	61	<i>ogestrel</i>	83
<i>nifedipine</i>	61	<i>olanzapine</i>	39
<i>nifedipine er</i>	61	<i>olanzapine odt</i>	39
NILANDRON	29	<i>olanzapine/fluoxetine</i>	22
<i>nisoldipine</i>	61	OLEPTRO	21
<i>nisoldipine er</i>	61	OLYSIO	41
<i>nitro-bid</i>	66	<i>omega-3-acid ethyl esters</i>	65
NITRO-DUR	66	<i>omeprazole</i>	74
<i>nitrofurantoin</i>	9	OMNARIS	96

Drug Name	Page #	Drug Name	Page #
OMNITROPE	80	<i>penicillin g procaine</i>	13
ONCASPAR	32	<i>penicillin g sodium</i>	13
<i>ondansetron hcl</i>	25	<i>penicillin v potassium</i>	13
<i>ondansetron odt</i>	25	PENNSAID	70
ONFI	17	PENTAM 300	34
ONGLYZA	48	PENTASA	91
OPSUMIT	99	<i>pentazocine/acetaminophen</i>	6
ORACEA	15	<i>pentazocine/naloxone hcl</i>	6
ORAP	37	<i>pentostatin</i>	30
ORENCIA	89	<i>pentoxifylline er</i>	62
ORENITRAM	99	PERFOROMIST	98
ORFADIN	93	<i>perindopril erbumine</i>	55
<i>orphenadrine citrate</i>	100	<i>periogard</i>	69
<i>orphenadrine citrate er</i>	100	PERJETA	34
<i>orsythia</i>	83	<i>permethrin</i>	35
ORTHO EVRA	83	<i>perphenazine</i>	37
OTEZLA	90	<i>perphenazine/amitriptyline</i>	24
<i>oxaliplatin</i>	32	PEXEVA	23
<i>oxandrolone</i>	80	<i>phenadoz</i>	25
<i>oxaprozin</i>	2	<i>phenelzine sulfate</i>	21
<i>oxazepam</i>	46	<i>phenobarbital</i>	16
<i>oxcarbazepine</i>	19	<i>phenytoin</i>	19
<i>oxybutynin chloride</i>	75	<i>phenytoin infatabs</i>	19
<i>oxybutynin chloride er</i>	75	<i>phenytoin sodium</i>	19
<i>oxycodone hcl</i>	6	<i>phenytoin sodium extended</i>	19
<i>oxycodone/acetaminophen</i>	6	PHISOHEX	9
<i>oxycodone/aspirin</i>	6	PHOSLYRA	104
OXYCONTIN	3	<i>pilocarpine hcl</i>	69
<i>oxymorphone hydrochloride</i>	6	<i>pilocarpine hcl</i>	95
<i>oxymorphone hydrochloride er</i>	3	<i>pilocarpine hydrochloride</i>	69
OXYTROL	75	PILOPINE HS	95
PACERONE	56	<i>pimtrea</i>	83
<i>paclitaxel</i>	32	<i>pindolol</i>	58
PANDEL	78	<i>pioglitazone hcl</i>	48
PANRETIN	34	<i>pioglitazone hcl/metformin hcl</i>	48
<i>pantoprazole sodium</i>	74	<i>pioglitazone hcl-glimepiride</i>	48
<i>paricalcitol</i>	86	<i>piperacillin sodium/tazobactam sodium</i>	13
<i>paromomycin sulfate</i>	8	<i>pirmella 1/35</i>	84
<i>paroxetine hcl</i>	22	<i>pirmella 7/7/7</i>	84
<i>paroxetine hcl er</i>	22	<i>piroxicam</i>	2
PASER	29	PLASMA-LYTE A	104
PATADAY	94	PLASMA-LYTE-148	104
PATANASE	97	PLASMA-LYTE-56/D5W	104
PATANOL	94	<i>podofilox</i>	71
PAXIL	23	<i>polyethylene glycol 3350</i>	74
<i>pedi-dri</i>	27	<i>polymyxin b sulfate/trimethoprim sulfate</i>	10
PEDVAX HIB	91	POMALYST	32
<i>peg 3350/electrolytes</i>	74	<i>portia-28</i>	84
<i>peg-3350/nacl/na bicarbonate/kcl</i>	74	<i>potassium chloride</i>	105
PEGANONE	19	<i>potassium chloride 0.15% /nacl 0.45%</i>	104
PEGASYS	41	<i>viaflex</i>	
PEGASYS PROCLICK	41	<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	49
PEG-INTRON	41	<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	49
PEG-INTRON REDIPEN	41	<i>potassium chloride 0.15%/nacl 0.9%</i>	105
PEG-INTRON REDIPEN PAK 4	41	<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	49
<i>penicillin g potassium</i>	13		
PENICILLIN G POTASSIUM IN	13		
ISO-OSMOTIC DEXTROSE			

Drug Name	Page #	Drug Name	Page #
<i>potassium chloride 0.3%/ nacl 0.9%</i>	105	<i>proparacaine hcl</i>	93
<i>potassium chloride 0.3%/d5w</i>	105	<i>propranolol hcl</i>	58
<i>potassium chloride er</i>	105	<i>propranolol hcl er</i>	58
<i>potassium chloride sr</i>	105	<i>propranolol/hydrochlorothiazide</i>	58
<i>potassium citrate</i>	105	<i>propylthiouracil</i>	88
POTIGA	16	PROQUAD	91
PRADAXA	51	PROTOPIC	71
<i>pramipexole dihydrochloride</i>	36	<i>protriptyline hcl</i>	24
<i>pravastatin sodium</i>	64	<i>prudoxin</i>	71
<i>prazosin hcl</i>	53	PULMICORT	96
PRED MILD	94	PULMICORT FLEXHALER	96
<i>prednicarbate</i>	79	PULMOZYME	99
<i>prednisolone acetate</i>	94	PYLERA	73
<i>prednisolone sodium phosphate</i>	79	<i>pyrazinamide</i>	29
<i>prednisolone sodium phosphate</i>	94	<i>pyridostigmine bromide</i>	28
<i>prednisone</i>	79	<i>quasense</i>	84
<i>prednisone intensol</i>	79	<i>quetiapine fumarate</i>	39
PREFEST	84	<i>quinapril hcl</i>	55
PREMARIN	84	<i>quinapril/hydrochlorothiazide</i>	56
<i>premasol</i>	105	QUINIDINE GLUCONATE CR	56
PREMPRO	84	<i>quinidine sulfate</i>	56
<i>prenatabs obn</i>	106	<i>quinidine sulfate er</i>	56
<i>prevalite</i>	65	<i>quinine sulfate</i>	35
<i>previfem</i>	84	QVAR	96
PREZISTA	44	RABAVERT	91
PRIFTIN	29	<i>rabeprazole sodium</i>	74
PRIMAQUINE PHOSPHATE	34	<i>raloxifene hydrochloride</i>	85
<i>primidone</i>	17	<i>ramipril</i>	56
PRIMSOL	10	RANEXA	62
PRISTIQ	23	<i>ranitidine hcl</i>	73
PRIVIGEN	90	RAPAFLO	75
PROAIR HFA	98	RAPAMUNE	89
<i>probenecid</i>	27	RAVICTI	72
<i>probenecid/colchicine</i>	27	REBETOL	41
<i>procainamide hcl</i>	56	REBIF	69
<i>procentra</i>	67	REBIF TITRATION PACK	69
<i>prochlorperazine</i>	38	<i>reclipsen</i>	84
<i>prochlorperazine edisylate</i>	37	RECOMBIVAX HB	91
<i>prochlorperazine maleate</i>	38	<i>regonol</i>	28
PROCRIT	52	REGRANEX	71
<i>proctocream hc</i>	79	RELENZA DISKHALER	44
<i>procto-pak</i>	79	RELION R	107
<i>proctozone-hc</i>	79	RELISTOR	73
PROCYSBI	93	RELPAX	28
<i>progesterone</i>	85	REMICADE	89
PROGLYCEM	49	REMODULIN	99
PROGRAF	89	RENVELA	76
PROLASTIN-C	100	<i>repaglinide</i>	48
PROLEUKIN	32	<i>repan</i>	1
PROLIA	92	<i>reprexain</i>	6
PROMACTA	52	RESCRIPTOR	42
<i>promethazine hcl</i>	25	<i>reserpine</i>	53
<i>promethazine hcl</i>	97	RESTASIS	93
<i>promethazine vc plain</i>	100	RETIN-A MICRO	71
<i>promethegan</i>	25	RETROVIR IV INFUSION	43
<i>propafenone hcl</i>	56	REVATIO	99
<i>propafenone hcl er</i>	56	REVLIMID	30
<i>propantheline bromide</i>	72	REYATAZ	44

Drug Name	Page #	Drug Name	Page #
RHEUMATREX	89	SKLICE	35
<i>ribasphere</i>	41	<i>sodium chloride</i>	105
RIBASPHERE RIBAPAK	41	<i>sodium chloride 0.45% viaflex</i>	105
<i>ribavirin</i>	42	<i>sodium chloride 0.9%</i>	93
RIDAURA	90	SODIUM EDECIN	62
<i>rifabutin</i>	28	<i>sodium fluoride</i>	105
<i>rifampin</i>	29	<i>sodium phenylbutyrate</i>	72
RIFATER	29	<i>sodium polystyrene sulfonate</i>	101
<i>riluzole</i>	69	<i>sodium sulfacetamide</i>	15
<i>rimantadine hcl</i>	44	<i>sodium sulfacetamide</i>	71
<i>ringers injection</i>	105	SOLODYN	15
<i>risedronate sodium</i>	92	SOLTAMOX	30
RISPERDAL CONSTA	39	SOLU-CORTEF	79
<i>risperidone</i>	39	SOLU-MEDROL	79
<i>risperidone odt</i>	39	SOMATULINE DEPOT	87
RITUXAN	34	SOMAVERT	87
<i>rivastigmine tartrate</i>	20	<i>sorine</i>	57
<i>rizatriptan benzoate</i>	28	<i>sotalol hcl</i>	57
<i>rizatriptan benzoate odt</i>	28	<i>sotalol hcl (af)</i>	57
<i>ropinirole er</i>	36	SOVALDI	42
<i>ropinirole hcl</i>	36	<i>spinosad</i>	35
ROTARIX	91	SPIRIVA HANDIHALER	98
ROTATEQ	91	<i>spironolactone</i>	63
ROXICET	6	<i>spironolactone/hydrochlorothiazide</i>	63
ROZEREM	101	SPORANOX	27
SABRIL	18	<i>sprintec 28</i>	84
SAIZEN	80	SPRYCEL	33
SAIZEN CLICK.EASY	80	<i>sronyx</i>	84
SAMSCA	101	<i>ssd</i>	10
SANCUSO	25	<i>stagesic</i>	6
SANDIMMUNE	89	<i>stavudine</i>	43
SANDOSTATIN LAR DEPOT	87	STAVZOR	18
SANTYL	71	STELARA	71
SAPHRIS	40	STIMATE	80
SAVELLA	69	STIVARGA	33
SAVELLA TITRATION PACK	69	STRATTERA	68
<i>selegiline hcl</i>	36	STREPTOMYCIN SULFATE	8
<i>selenium sulfide</i>	71	STRIBILD	42
SELZENTRY	43	STROMECTOL	34
SENSIPAR	87	SUBOXONE	7
SEREVENT DISKUS	98	SUBSYS	6
SEROMYCIN	29	SUCRAID	72
SEROQUEL XR	40	<i>sucrafate</i>	74
SEROSTIM	80	<i>sulfacetamide sodium</i>	15
<i>sertraline hcl</i>	23	<i>sulfacetamide sodium</i>	71
SIGNIFOR	87	<i>sulfacetamide sodium/prednisolone</i>	15
<i>sildenafil</i>	99	<i>sodium phosphate</i>	
SILENOR	101	<i>sulfadiazine</i>	15
<i>silver sulfadiazine</i>	10	<i>sulfamethoxazole/trimethoprim</i>	15
SIMCOR	64	<i>sulfamethoxazole/trimethoprim ds</i>	15
SIMPONI	89	SULFAMYLON	10
SIMPONI ARIA	89	<i>sulfasalazine</i>	91
SIMULECT	90	<i>sulfazine</i>	91
<i>simvastatin</i>	65	<i>sulfazine ec</i>	91
<i>sirolimus</i>	89	<i>sulindac</i>	2
SIRTURO	29	<i>sumatriptan</i>	28
SIVEXTRO	10	<i>sumatriptan succinate</i>	28
SKELID	92	<i>sumatriptan succinate refill</i>	28

Drug Name	Page #	Drug Name	Page #
SUPRAX	11	THALOMID	30
SURMONTIL	24	<i>theochron</i>	99
SUSTIVA	42	<i>theophylline cr</i>	99
SUTENT	33	<i>theophylline er</i>	99
SYLATRON	32	<i>thioridazine hcl</i>	38
SYLVANT	34	<i>thiotepa</i>	29
SYMBICORT	96	<i>thiothixene</i>	38
SYMLINPEN 120	48	THYMOGLOBULIN	90
SYMLINPEN 60	48	THYROLAR-1	86
SYNAGIS	90	THYROLAR-1/2	86
SYNAREL	87	THYROLAR-1/4	86
SYNERCID	10	THYROLAR-2	86
SYNRIBO	32	THYROLAR-3	86
SYNTHROID	86	<i>tiagabine hydrochloride</i>	18
SYPRINE	101	<i>ticlopidine hcl</i>	53
TABLOID	30	TIKOSYN	57
TACLONEX	79	<i>timolol maleate</i>	58
<i>tacrolimus</i>	89	<i>timolol maleate</i>	95
TAFINLAR	32	<i>timolol maleate ophthalmic gel forming</i>	95
TALWIN	7	TIMOPTIC OCULOSE	95
TAMIFLU	44	<i>tinidazole</i>	35
<i>tamoxifen citrate</i>	30	TIVICAY	42
<i>tamsulosin hcl</i>	75	<i>tizanidine hcl</i>	40
TARCEVA	33	TOBI PODHALER	99
TARGRETIN	34	TOBRADEX ST	94
TARKA	56	<i>tobramycin</i>	99
TASIGNA	33	<i>tobramycin sulfate</i>	8
TASMAR	35	<i>tobramycin sulfate/sodium chloride</i>	8
TAXOTERE	32	<i>tobramycin/dexamethasone</i>	94
<i>tazicef</i>	11	TOBREX	8
TAZORAC	71	<i>tolazamide</i>	48
<i>taztia xt</i>	61	<i>tolbutamide</i>	48
TECFIDERA	90	<i>tolmetin sodium</i>	8
TECFIDERA STARTER PACK	90	<i>tolterodine tartrate</i>	75
TEFLARO	11	<i>tolterodine tartrate er</i>	75
TEKAMLO	62	<i>topiramate</i>	18
TEKTURNA	62	<i>toposar</i>	33
TEKTURNA HCT	62	<i>topotecan hcl</i>	33
<i>telmisartan</i>	54	TORISEL	89
<i>telmisartan/amlodipine</i>	54	<i>torseamide</i>	63
<i>telmisartan/hydrochloroth</i>	54	TOVIAZ	75
<i>telmisartan/hydrochlorothiazide</i>	54	TRACLEER	99
<i>temazepam</i>	46	TRADJENTA	48
<i>terazosin hcl</i>	75	<i>tramadol hcl</i>	7
<i>terbinafine hcl</i>	27	<i>tramadol hcl er</i>	4
<i>terbutaline sulfate</i>	98	<i>tramadol hydrochloride/acetaminophen</i>	7
<i>terconazole</i>	27	<i>trandolapril</i>	56
TESTIM	81	<i>tranexamic acid</i>	52
<i>testosterone cypionate</i>	81	TRANSDERM-SCOP	25
<i>testosterone enanthate</i>	81	<i>tranylcypromine sulfate</i>	21
TESTRED	81	TRAVASOL	105
<i>tetanus toxoid adsorbed</i>	91	TRAVATAN Z	93
TETANUS/DIPHThERIA	91	<i>travoprost</i>	93
TOXOIDS-ADSORBED ADULT		<i>trazodone hcl</i>	21
<i>tetracycline hcl</i>	16	TREANDA	29
TEVETEN	54	TRECTOR	29
TEVETEN HCT	54	TRELSTAR DEPOT MIXJECT	87
TEV-TROPIN	80	TRELSTAR LA MIXJECT	88

Drug Name	Page #	Drug Name	Page #
TRELSTAR MIXJECT	88	valsartan/hydrochlorothiazide	54
<i>tretinoin</i>	34	<i>vancomycin hcl</i>	10
<i>tretinoin</i>	71	<i>vandazole</i>	10
<i>tretinoin microsphere</i>	71	VAQTA	91
<i>tretinoin microsphere pump</i>	71	VARIVAX	91
TRETIN-X	71	VECTIBIX	34
TREXALL	89	VELCADE	32
TREXIMET	27	<i>velivet</i>	84
<i>triamcinolone acetonide</i>	79	<i>venlafaxine hcl</i>	23
<i>triamcinolone acetonide</i>	96	<i>venlafaxine hcl er</i>	23
<i>triamcinolone in orabase</i>	69	VENTAVIS	100
<i>triamterene/hydrochlorothiazide</i>	63	VERAMYST	96
<i>triazolam</i>	46	<i>verapamil hcl</i>	61
TRIBENZOR	61	<i>verapamil hcl er</i>	61
<i>triderm</i>	79	<i>verapamil hcl sr</i>	61
<i>tri-estarylla</i>	84	VEREGEN	71
<i>trifluoperazine hcl</i>	38	VERSACLOZ	40
<i>trifluridine</i>	44	VESICARE	75
<i>trihexyphenidyl hcl</i>	35	VIBATIV	10
<i>tri-legest fe</i>	84	VIBRAMYCIN	16
<i>tri-lynyah</i>	84	VICTOZA	48
<i>trilyte</i>	74	VICTRELIS	42
<i>trimethobenzamide hcl</i>	25	VIDEX PEDIATRIC	43
<i>trimethoprim</i>	10	VIGAMOX	14
<i>trimipramine maleate</i>	24	VIIBRYD	23
<i>trinessa</i>	84	VIMOVO	74
<i>tri-previfem</i>	84	VIMPAT	19
TRISENOX	32	<i>vinblastine sulfate</i>	32
<i>tri-sprintec</i>	84	<i>vincasar pfs</i>	32
<i>trivora-28</i>	84	<i>vincristine sulfate</i>	32
TROKENDI XR	19	<i>vinorelbine tartrate</i>	32
TROPHAMINE	106	<i>viorele</i>	84
<i>trospium chloride</i>	75	VIRACEPT	44
<i>trospium chloride er</i>	75	VIRAMUNE	42
TRUVADA	43	VIRAZOLE	42
TWINRIX	91	VIREAD	43
TYGACIL	10	VOLTAREN	71
TYKERB	33	<i>voriconazole</i>	27
TYPHIM VI	91	VOTRIENT	34
TYSABRI	69	VPRIV	72
TYVASO	100	VYTORIN	65
TYVASO REFILL	99	VYVANSE	67
TYVASO STARTER	99	<i>warfarin sodium</i>	51
TYZEKA	41	WELCHOL	65
TYZINE PEDIATRIC NASAL DROPS	100	<i>wymzya fe</i>	84
UCERIS	79	XALKORI	34
<i>u-cort</i>	79	XARELTO	51
ULESFIA	35	XELJANZ	90
ULORIC	27	XENAZINE	69
<i>unithroid</i>	86	XEOMIN	93
<i>ursodiol</i>	73	XGEVA	92
UVADEX	71	XIFAXAN	10
VAGIFEM	84	XOLAIR	100
<i>valacyclovir hcl</i>	44	XOPENEX HFA	98
VALCHLOR	29	XTANDI	29
VALCYTE	41	<i>xulane</i>	84
<i>valproate sodium</i>	18	XYREM	101
<i>valproic acid</i>	18	YERVOY	34

Drug Name	Page #
YF-VAX	91
<i>zafirlukast</i>	97
<i>zaleplon</i>	100
ZALTRAP	33
ZANOSAR	29
ZAVESCA	72
<i>zazole</i>	27
<i>zebutal</i>	1
ZEGERID	74
ZELAPAR	37
ZELBORAF	34
ZEMPLAR	92
<i>zenatane</i>	71
<i>zenchent fe</i>	84
ZENPEP	72
<i>zenzedi</i>	67
ZETIA	65
ZIAGEN	43
ZIANA	71
<i>zidovudine</i>	43
<i>ziprasidone hcl</i>	40
ZIRGAN	41
ZMAX	14
ZOHYDRO ER	4
<i>zoledronic acid</i>	92
ZOLINZA	32
<i>zolmitriptan</i>	28
<i>zolmitriptan odt</i>	28
<i>zolpidem tartrate</i>	100
<i>zolpidem tartrate er</i>	100
ZOLPIMIST	100
ZOMETA	92
ZOMIG	28
ZOMIG NASAL SPRAY	28
<i>zonisamide</i>	17
ZORBTIVE	80
ZORTRESS	89
ZOSTAVAX	91
ZOSYN	13
<i>zovia 1/35e</i>	84
<i>zovia 1/50e</i>	84
ZOVIRAX	44
ZYCLARA	71
ZYCLARA PUMP	71
ZYFLO	97
ZYFLO CR	97
ZYKADIA	33
ZYLET	8
ZYTIGA	29
ZYVOX	10

This formulary was updated on 08/08/2014. For more recent information or other questions, please contact the BlueCHiP for Medicare Concierge Team, at 1-800-267-0439 or, for TTY users, 711, **October 1 – February 14:** seven days a week, 8:00 a.m. to 8:00 p.m. and **February 15 – September 30:** Monday – Friday, 8:00 a.m. to 8:00 p.m., or visit www.BCBSRI.com/Medicare.

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BlueCHiP for Medicare Group Plus (HMO)
BlueCHiP for Medicare Group Preferred (HMO-POS)
BlueCHiP for Medicare Group Preferred Unlimited (HMO-POS)
BlueCHiP for Medicare Group Preferred Unlimited 2 (HMO-POS)

2015 Formulary

(List of Covered Drugs)

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

00015379, Version 13

This formulary was updated on 08/08/2014. For more recent information or other questions, please contact the BlueCHiP for Medicare Concierge Team, at 1-800-267-0439 or, for TTY/TDD users, 711, **October 1 – February 14:** seven days a week, 8:00 a.m. to 8:00 p.m. and **February 15 – September 30:** Monday – Friday, 8:00 a.m. to 8:00 p.m., or visit www.BCBSRI.com.

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

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of August 8, 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, and/or copayments/coinsurance may change on January 1, 2015, and from time to time during the year.

What is the Group BlueCHiP for Medicare Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 8, 2014.

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

In the event of any mid-year non-maintenance formulary changes, you will receive a notice if the drug you are currently using is affected by the change. An updated version of the 2015 Formulary and a listing of the changes will be available on www.BCBSRI.com. The updated Formulary and the listing of changes will also be available upon request by contacting the BlueCHiP for Medicare Concierge Team.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 108. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Group BlueCHiP for Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Group BlueCHiP for Medicare formulary?" on this page 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 the Group BlueCHiP for Medicare Concierge Team and ask if your drug is covered.

If you learn that Group BlueCHiP for Medicare does not cover your drug, you have two options:

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day supply and may be up to a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of

that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. During this period, you can discuss alternative treatments with your doctor or use the plan's exception process if you wish to continue coverage of the drug after the temporary supply is finished. Our transition policy will not cover drugs that Medicare does not normally cover.

For more information

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

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

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

Group BlueCHiP for Medicare's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Group BlueCHiP for Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

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

B/D indicates drugs that may be covered under Medicare Part B or D depending upon the circumstances. Infor-

mation may need to be submitted describing the use and setting of the drug to make the determination.

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

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

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

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

Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 500mg; 50mg; 40mg</i>	1	
<i>butalbital/apap/caffeine caps 300mg; 50mg; 40mg</i>	1	
<i>capacet caps 325mg; 50mg; 40mg</i>	1	
GRALISE TABS 300MG	3	QL (180 EA per 30 days) PA
GRALISE TABS 600MG	3	QL (90 EA per 30 days) PA
<i>margesic caps 325mg; 50mg; 40mg</i>	1	
<i>repan tabs 325mg; 50mg; 40mg</i>	1	
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX CAPS 100MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 200MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 400MG	3	QL (60 EA per 30 days) PA
CELEBREX CAPS 50MG	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	2	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	2	
<i>diflunisal tabs 500mg</i>	1	
<i>etodolac er tb24 400mg</i>	1	
<i>etodolac er tb24 500mg</i>	1	
<i>etodolac er tb24 600mg</i>	1	
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	
FLECTOR PTCH 1.3%	3	QL (28 EA per 14 days) PA
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>indomethacin er cpcr 75mg</i>	1	
<i>indomethacin caps 25mg</i>	1	
<i>indomethacin caps 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	2	
<i>ketoprofen caps 50mg</i>	2	
<i>ketoprofen caps 75mg</i>	2	
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 5 days)
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp 125mg/5ml</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	3	
<i>piroxicam caps 10mg</i>	1	
<i>piroxicam caps 20mg</i>	1	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
Opioid Analgesics, Long-acting		
<i>fentanyl pt72 100mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 12mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 25mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er t24a 12mg</i>	3	QL (150 EA per 30 days) PA
<i>hydromorphone hcl er t24a 16mg</i>	3	QL (120 EA per 30 days) PA
<i>hydromorphone hcl er t24a 8mg</i>	3	QL (240 EA per 30 days) PA
KADIAN CP24 200MG	3	QL (60 EA per 30 days)
<i>levorphanol tartrate tabs 2mg</i>	1	
<i>methadone hcl conc 10mg/ml</i>	1	
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	

Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	1	
<i>methadose conc 10mg/ml</i>	1	
<i>morphine sulfat er cp24 10mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 120mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er cp24 20mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 30mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 30mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er cp24 45mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er cp24 50mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 60mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 60mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er cp24 75mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er cp24 80mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfat er cp24 90mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfat er tbc r 100mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfat er tbc r 15mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfat er tbc r 200mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfat er tbc r 30mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfat er tbc r 60mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfat tabs 15mg</i>	1	
<i>morphine sulfat tabs 30mg</i>	1	
NUCYNTA ER TB12 100MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 150MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 200MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 250MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 50MG	2	QL (60 EA per 30 days)
OXYCONTIN T12A 10MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 15MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 20MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 30MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 40MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 60MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 80MG	3	QL (120 EA per 30 days) PA
<i>oxymorphone hydrochloride er tb12 10mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 15mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 20mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 40mg</i>	3	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 5mg</i>	3	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tb12 7.5mg</i>	3	QL (60 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	2	QL (30 EA per 30 days)
ZOHYDRO ER CP12 10MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 15MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 20MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 30MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 40MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 50MG	3	QL (120 EA per 30 days) PA
<i>Opioid Analgesics, Short-acting</i>		
ABSTRAL SUBL 100MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 200MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 300MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 400MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 600MCG	3	QL (120 EA per 30 days) PA
ABSTRAL SUBL 800MCG	3	QL (120 EA per 30 days) PA
<i>acetaminophen/codeine #3 tabs 300mg; 30mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (390 EA per 30 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (10 ML per 30 days)
<i>carbinoxamine maleate tabs 4mg</i>	1	PA
<i>carisoprodol/aspirin/codeine tabs 325mg; 200mg; 16mg</i>	2	PA
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	2	
<i>duramorph inj 1mg/ml</i>	2	
<i>endocet tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	4	QL (120 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate inj 0.05mg/ml</i>	1	
FENTORA TABS 100MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 200MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 400MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 600MCG	3	QL (112 EA per 28 days) PA
FENTORA TABS 800MCG	3	QL (112 EA per 28 days) PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	QL (3600 ML per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 10mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 650mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 650mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 660mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	3	
<i>hydromorphone hcl inj 2mg/ml</i>	3	
<i>hydromorphone hcl inj 4mg/ml</i>	3	
<i>hydromorphone hcl inj 500mg/50ml</i>	2	
<i>hydromorphone hcl liqd 1mg/ml</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	2	
<i>hydromorphone hcl tabs 4mg</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	
LAZANDA SOLN 100MCG/ACT	4	QL (30 EA per 30 days) PA
LAZANDA SOLN 400MCG/ACT	4	QL (1 EA per 1 days) PA
<i>lorcet hd tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>lorcet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>meperidine hcl inj 25mg/ml</i>	2	PA
<i>meperidine hcl inj 50mg/ml</i>	2	PA
<i>meperidine hcl soln 50mg/5ml</i>	2	PA
<i>meperitab tabs 100mg</i>	2	PA
<i>meperitab tabs 50mg</i>	2	PA
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/ml</i>	1	
NUCYNTA TABS 100MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 50MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 75MG	2	QL (180 EA per 30 days)
<i>oxycodone hcl caps 5mg</i>	2	
OXYCODONE HCL CONC 100MG/5ML	2	
<i>oxycodone hcl soln 5mg/5ml</i>	2	
<i>oxycodone hcl tabs 10mg</i>	2	
<i>oxycodone hcl tabs 15mg</i>	2	
<i>oxycodone hcl tabs 20mg</i>	2	
<i>oxycodone hcl tabs 30mg</i>	2	
<i>oxycodone hcl tabs 5mg</i>	2	
<i>oxycodone/acetaminophen caps 500mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxymorphone hydrochloride tabs 10mg</i>	3	QL (240 EA per 30 days)
<i>oxymorphone hydrochloride tabs 5mg</i>	3	QL (240 EA per 30 days)
<i>pentazocine/acetaminophen tabs 650mg; 25mg</i>	1	PA
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	2	PA
<i>reprexain tabs 10mg; 200mg</i>	1	
ROXICET SOLN 325MG/5ML; 5MG/5ML	2	QL (1800 ML per 30 days)
<i>roxicet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>stagesic caps 500mg; 5mg</i>	1	
SUBSYS LIQD 100MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1600MCG	3	QL (30 EA per 30 days) PA
SUBSYS LIQD 200MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 400MCG	4	QL (120 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
SUBSYS LIQD 600MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 800MCG	4	QL (120 EA per 30 days) PA
TALWIN INJ 30MG/ML	3	PA
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL (240 EA per 30 days)
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	
<i>lidocaine oint 5%</i>	1	
LIDOCAINE PTCH 5%	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr tbec 333mg</i>	1	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	3	
<i>Opioid Dependence Treatments</i>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days) PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days) PA
<i>buprenorphine hcl inj 0.3mg/ml</i>	3	
<i>buprenorphine hcl subl 2mg</i>	3	QL (90 EA per 30 days) PA
BUPRENORPHINE HCL SUBL 8MG	3	QL (240 EA per 30 days) PA
BUTRANS PTWK 10MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 15MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 20MCG/HR	3	QL (4 EA per 28 days) PA
BUTRANS PTWK 5MCG/HR	3	QL (4 EA per 28 days) PA
<i>naltrexone hcl tabs 50mg</i>	1	
SUBOXONE FILM 12MG; 3MG	2	QL (60 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG	2	QL (360 EA per 30 days) PA
SUBOXONE FILM 4MG; 1MG	2	QL (180 EA per 30 days) PA
SUBOXONE FILM 8MG; 2MG	2	QL (90 EA per 30 days) PA
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl inj 1mg/ml</i>	1	
<i>Smoking Cessation Agents</i>		
<i>buproban tb12 150mg</i>	1	QL (540 EA per 365 days)

Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH PAK TABS 1MG	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	2	QL (159 EA per 365 days)
CHANTIX TABS 0.5MG	2	QL (504 EA per 365 days)
CHANTIX TABS 1MG	2	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	3	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Anti-inflammatory Agents		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>diclofenac sodium gel 3%</i>	3	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	2	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amikacin sulfate inj 50mg/ml</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gentamicin sulfate oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
STREPTOMYCIN SULFATE INJ 1GM	2	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 10mg/ml</i>	1	B/D
<i>tobramycin sulfate inj 80mg/2ml</i>	1	B/D
<i>tobramycin sulfate soln 0.3%</i>	1	
TOBEX OINT 0.3%	2	
ZYLET SUSP 0.5%; 0.3%	2	
<i>Antibacterials, Other</i>		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	1	
<i>alcohol preps pads</i>	1	
ALTABAX OINT 1%	2	

Name	Drug Tier	Requirements/Limits
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	2	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN SUPP 100MG	2	
<i>clindamycin hcl caps 150mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	1	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	1	B/D
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	B/D
<i>clindamycin phosphate crea 2%</i>	1	
<i>colistimethate sodium inj 150mg</i>	1	B/D
CUBICIN INJ 500MG	4	B/D
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCI N MISC 0; 0; 0	3	
MACRODANTIN CAPS 25MG	2	QL (28 EA per 30 days) PA
<i>mafenide acetate pack 5%</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	1	B/D
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
METRONIDAZOLE GEL 1%	3	
<i>metronidazole lotn 0.75%</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	2	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	QL (28 EA per 30 days) PA
<i>nitrofurantoin monohydrate caps 100mg</i>	2	QL (14 EA per 30 days) PA
<i>nitrofurantoin susp 25mg/5ml</i>	3	QL (560 ML per 30 days) PA
PHISOHEX LIQD 3%	2	

Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
PRIMSOL SOLN 50MG/5ML	3	
<i>silver sulfadiazine crea 1%</i>	1	
SIVEXTRO INJ 200MG	4	QL (6 EA per 30 days)
SIVEXTRO TABS 200MG	4	QL (6 EA per 30 days)
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	2	
SYNERCID INJ 350MG; 150MG	4	
<i>trimethoprim tabs 100mg</i>	1	
TYGACIL INJ 50MG	2	B/D
<i>vancomycin hcl caps 125mg</i>	4	
<i>vancomycin hcl caps 250mg</i>	4	
<i>vancomycin hcl inj 1000mg</i>	1	B/D
<i>vancomycin hcl inj 10gm</i>	1	B/D
<i>vancomycin hcl inj 500mg</i>	1	B/D
<i>vandazole gel 0.75%</i>	1	
VIBATIV INJ 250MG	2	B/D
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	4	PA
ZYVOX INJ 2MG/ML	2	B/D
ZYVOX SUSR 100MG/5ML	2	QL (2400 ML per 30 days)
ZYVOX TABS 600MG	4	QL (60 EA per 30 days)
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	B/D
<i>cefazolin sodium inj 1gm</i>	1	B/D
<i>cefazolin sodium inj 1gm; 5%</i>	1	B/D
<i>cefazolin sodium inj 500mg</i>	1	B/D
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	B/D
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 10gm</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefoxitin sodium inj 2gm</i>	1	B/D
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>ceftazidime inj 1gm</i>	1	B/D
<i>ceftazidime inj 2gm</i>	1	B/D
<i>ceftazidime inj 6gm</i>	1	B/D
<i>ceftriaxone sodium inj 10gm</i>	1	B/D
<i>ceftriaxone sodium inj 1gm</i>	1	B/D
<i>ceftriaxone sodium inj 250mg</i>	1	B/D
<i>ceftriaxone sodium inj 2gm</i>	1	B/D
<i>ceftriaxone sodium inj 500mg</i>	1	B/D
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	B/D
<i>cefuroxime sodium inj 7.5gm</i>	1	B/D
<i>cefuroxime sodium inj 750mg</i>	1	B/D
CEFUROXIME/DEXTROSE INJ 1.5GM; 2.9%	2	B/D
CEFUROXIME/DEXTROSE INJ 750MG; 4.1%	2	B/D
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg</i>	1	
<i>cephalexin tabs 500mg</i>	1	
SUPRAX CAPS 400MG	3	
SUPRAX SUSR 100MG/5ML	3	
SUPRAX SUSR 200MG/5ML	3	
SUPRAX SUSR 500MG/5ML	3	
SUPRAX TABS 400MG	3	
<i>tazicef inj 1gm</i>	1	B/D
<i>tazicef inj 2gm</i>	1	B/D
<i>tazicef inj 6gm</i>	1	B/D
TEFLARO INJ 400MG	2	B/D
TEFLARO INJ 600MG	2	B/D
<i>Beta-lactam, Other</i>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	3	B/D
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	3	B/D
<i>aztreonam inj 1gm</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	B/D
INVANZ INJ 1GM	3	
<i>meropenem inj 1gm</i>	4	B/D
<i>meropenem inj 500mg</i>	3	B/D
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	B/D
<i>ampicillin sodium inj 125mg</i>	1	B/D
<i>ampicillin sodium inj 1gm</i>	1	B/D
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	2	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML	2	
BICILLIN L-A INJ 2400000UNIT/4ML	2	

Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJ 600000UNIT/ML	2	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nallpen/dextrose inj 0; 1gm/50ml</i>	1	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	2	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	2	B/D
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5mu</i>	1	
<i>penicillin g procaine inj 600000unit/ml</i>	1	
<i>penicillin g sodium inj 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	B/D
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	B/D
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	2	B/D
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	2	B/D
Macrolides		
AZASITE SOLN 1%	2	
<i>azithromycin inj 500mg</i>	1	B/D
<i>azithromycin pack 1gm</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin susr 125mg/5ml</i>	2	
<i>clarithromycin susr 250mg/5ml</i>	2	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID TABS 200MG	2	QL (20 EA per 10 days)
ERY-TAB TBEC 250MG	2	
ERY-TAB TBEC 333MG	2	
ERY-TAB TBEC 500MG	2	
<i>ery pads 2%</i>	1	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocine stearate tabs 250mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin soln 2%</i>	1	
ZMAX SUSR 2GM	2	
<i>Quinolones</i>		
BESIVANCE SUSP 0.6%	2	
CILOXAN OINT 0.3%	2	
CIPRO HC SUSP 0.2%; 1%	3	
CIPRODEX SUSP 0.3%; 0.1%	2	
<i>ciprofloxacin hcl soln 0.3%</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 250mg</i>	1	
<i>ciprofloxacin hcl tabs 500mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	B/D
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	B/D
<i>ciprofloxacin inj 400mg/40ml</i>	1	B/D
<i>ciprofloxacin susr 250gm/5ml</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>gatifloxacin soln 0.5%</i>	2	
LEVAQUIN INJ 5%; 750MG/150ML	3	B/D
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	3	B/D
<i>levofloxacin inj 25mg/ml</i>	3	B/D
<i>levofloxacin soln 0.5%</i>	1	
<i>levofloxacin soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXEZA SOLN 0.5%	2	
<i>moxifloxacin hcl tabs 400mg</i>	2	
NOROXIN TABS 400MG	3	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin tabs 200mg</i>	1	
<i>ofloxacin tabs 300mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
VIGAMOX SOLN 0.5%	2	
<i>Sulfonamides</i>		

Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	3	
BLEPHAMIDE SUSP 0.2%; 10%	3	
<i>sodium sulfacetamide soln 10%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	B/D
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs 150mg</i>	3	
<i>demeclocycline hcl tabs 300mg</i>	3	
<i>doxycycline hyclate dr tbec 100mg</i>	1	
<i>doxycycline hyclate dr tbec 150mg</i>	1	
<i>doxycycline hyclate dr tbec 75mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl er tb24 135mg</i>	3	
<i>minocycline hcl er tb24 45mg</i>	3	
<i>minocycline hcl er tb24 90mg</i>	3	
<i>minocycline hcl caps 100mg</i>	2	
<i>minocycline hcl caps 50mg</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg</i>	3	
<i>minocycline hcl tabs 50mg</i>	3	
<i>minocycline hcl tabs 75mg</i>	3	
ORACEA CPDR 40MG	3	ST
SOLODYN TB24 105MG	3	ST
SOLODYN TB24 115MG	3	ST
SOLODYN TB24 55MG	3	ST
SOLODYN TB24 65MG	3	ST
SOLODYN TB24 80MG	3	ST

Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl caps 250mg</i>	1	
<i>tetracycline hcl caps 500mg</i>	1	
VIBRAMYCIN SYRP 50MG/5ML	2	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTIOM TABS 200MG	3	
APTIOM TABS 400MG	3	
APTIOM TABS 600MG	3	
APTIOM TABS 800MG	3	
FYCOMPA TABS 10MG	3	
FYCOMPA TABS 12MG	3	
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 4MG	3	
FYCOMPA TABS 6MG	3	
FYCOMPA TABS 8MG	3	
<i>levetiracetam er tb24 500mg</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	B/D
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3	B/D
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg</i>	2	
<i>phenobarbital tabs 15mg</i>	2	
<i>phenobarbital tabs 16.2mg</i>	2	
<i>phenobarbital tabs 30mg</i>	2	
<i>phenobarbital tabs 32.4mg</i>	2	
<i>phenobarbital tabs 60mg</i>	2	
<i>phenobarbital tabs 64.8mg</i>	2	
<i>phenobarbital tabs 97.2mg</i>	2	
POTIGA TABS 200MG	3	
POTIGA TABS 300MG	4	
POTIGA TABS 400MG	3	
POTIGA TABS 50MG	3	
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPS 300MG	2	
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
LYRICA CAPS 100MG	2	

Name	Drug Tier	Requirements/Limits
LYRICA CAPS 150MG	2	
LYRICA CAPS 200MG	2	
LYRICA CAPS 225MG	2	
LYRICA CAPS 25MG	2	
LYRICA CAPS 300MG	2	
LYRICA CAPS 50MG	2	
LYRICA CAPS 75MG	2	
LYRICA SOLN 20MG/ML	2	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt tbdp 0.125mg</i>	2	PA
<i>clonazepam odt tbdp 0.25mg</i>	2	PA
<i>clonazepam odt tbdp 0.5mg</i>	2	PA
<i>clonazepam odt tbdp 1mg</i>	2	PA
<i>clonazepam odt tbdp 2mg</i>	2	PA
<i>clonazepam tabs 0.5mg</i>	2	PA
<i>clonazepam tabs 1mg</i>	2	PA
<i>clonazepam tabs 2mg</i>	2	PA
<i>diazepam gel 10mg</i>	1	
<i>diazepam gel 2.5mg</i>	1	
<i>diazepam gel 20mg</i>	1	
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	2	
<i>divalproex sodium er tb24 500mg</i>	2	
<i>divalproex sodium cpsp 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	2	
<i>gabapentin tabs 600mg</i>	1	
<i>gabapentin tabs 800mg</i>	1	
GABITRIL TABS 12MG	2	
GABITRIL TABS 16MG	2	
ONFI SUSP 2.5MG/ML	2	PA
ONFI TABS 10MG	2	PA
ONFI TABS 20MG	2	PA
ONFI TABS 5MG	2	PA
<i>primidone tabs 250mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>primidone tabs 50mg</i>	1	
SABRIL PACK 500MG	4	PA
SABRIL TABS 500MG	4	PA
STAVZOR CPDR 125MG	3	
STAVZOR CPDR 250MG	3	
STAVZOR CPDR 500MG	3	
<i>tiagabine hydrochloride tabs 2mg</i>	1	
<i>tiagabine hydrochloride tabs 4mg</i>	2	
<i>valproate sodium inj 500mg/5ml</i>	1	B/D
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid syrp 250mg/5ml</i>	1	
Glutamate Reducing Agents		
<i>felbamate susp 600mg/5ml</i>	1	
<i>felbamate tabs 400mg</i>	1	
<i>felbamate tabs 600mg</i>	1	
LAMICTAL ODT TBDP 100MG	3	
LAMICTAL ODT TBDP 200MG	3	
LAMICTAL ODT TBDP 25MG	3	
LAMICTAL ODT TBDP 50MG	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
<i>lamotrigine er tb24 100mg</i>	2	
<i>lamotrigine er tb24 200mg</i>	2	
<i>lamotrigine er tb24 250mg</i>	2	
<i>lamotrigine er tb24 25mg</i>	2	
<i>lamotrigine er tb24 300mg</i>	2	
<i>lamotrigine er tb24 50mg</i>	2	
<i>lamotrigine chew 25mg</i>	2	
<i>lamotrigine chew 5mg</i>	2	
<i>lamotrigine tabs 100mg</i>	2	
<i>lamotrigine tabs 150mg</i>	2	
<i>lamotrigine tabs 200mg</i>	2	
<i>lamotrigine tabs 25mg</i>	2	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	

Name	Drug Tier	Requirements/Limits
TROKENDI XR CP24 100MG	3	
TROKENDI XR CP24 200MG	3	
TROKENDI XR CP24 25MG	3	
TROKENDI XR CP24 50MG	3	
<i>Sodium Channel Agents</i>		
BANZEL SUSP 40MG/ML	2	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	2	
<i>carbamazepine er cp12 100mg</i>	2	
<i>carbamazepine er cp12 200mg</i>	2	
<i>carbamazepine er cp12 300mg</i>	2	
<i>carbamazepine er tb12 200mg</i>	2	
<i>carbamazepine er tb12 400mg</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
DILANTIN INFATABS CHEW 50MG	2	
DILANTIN CAPS 30MG	2	
<i>epitol tabs 200mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>oxcarbazepine susp 300mg/5ml</i>	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
PEGANONE TABS 250MG	2	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
VIMPAT INJ 200MG/20ML	2	
VIMPAT SOLN 10MG/ML	2	
VIMPAT TABS 100MG	3	
VIMPAT TABS 150MG	3	
VIMPAT TABS 200MG	3	
VIMPAT TABS 50MG	3	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs 1mg</i>	1	PA
<i>Cholinesterase Inhibitors</i>		

Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	1	
<i>donepezil hcl tabs 5mg</i>	1	
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
EXELON PT24 13.3MG/24HR	3	
EXELON PT24 4.6MG/24HR	3	
EXELON PT24 9.5MG/24HR	3	
EXELON SOLN 2MG/ML	3	
<i>galantamine hydrobromide cp24 16mg</i>	2	
<i>galantamine hydrobromide cp24 24mg</i>	2	
<i>galantamine hydrobromide cp24 8mg</i>	2	
<i>galantamine hydrobromide soln 4mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12mg</i>	2	
<i>galantamine hydrobromide tabs 4mg</i>	2	
<i>galantamine hydrobromide tabs 8mg</i>	2	
<i>rivastigmine tartrate caps 1.5mg</i>	1	
<i>rivastigmine tartrate caps 3mg</i>	1	
<i>rivastigmine tartrate caps 4.5mg</i>	1	
<i>rivastigmine tartrate caps 6mg</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
NAMENDA TITRATION PAK TABS 0	2	
NAMENDA XR TITRATION PACK CP24 0	2	QL (112 EA per 365 days)
NAMENDA XR CP24 14MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 21MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 28MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 7MG	2	QL (30 EA per 30 days)
NAMENDA SOLN 10MG/5ML	2	
NAMENDA TABS 10MG	2	
NAMENDA TABS 5MG	2	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN TB24 174MG	3	QL (30 EA per 30 days) ST
APLENZIN TB24 348MG	3	QL (30 EA per 30 days) ST
APLENZIN TB24 522MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 10MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) ST
BRINTELLIX TABS 5MG	3	QL (30 EA per 30 days) ST
<i>budeprion sr tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>budeprion sr tb12 150mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>bupropion hcl sr tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hcl tabs 75mg</i>	1	
FORFIVO XL TB24 450MG	3	QL (30 EA per 30 days) ST
<i>maprotiline hcl tabs 25mg</i>	1	
<i>maprotiline hcl tabs 50mg</i>	1	
<i>maprotiline hcl tabs 75mg</i>	1	
<i>mirtazapine odt tbdp 15mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tbdp 15mg</i>	1	
<i>nefazodone hcl tabs 100mg</i>	1	
<i>nefazodone hcl tabs 150mg</i>	1	
<i>nefazodone hcl tabs 200mg</i>	1	
<i>nefazodone hcl tabs 250mg</i>	1	
<i>nefazodone hcl tabs 50mg</i>	1	
OLEPTRO TB24 150MG	3	QL (30 EA per 30 days)
OLEPTRO TB24 300MG	3	QL (30 EA per 30 days)
<i>trazodone hcl tabs 100mg</i>	1	
<i>trazodone hcl tabs 150mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	1	
<i>trazodone hcl tabs 50mg</i>	1	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PT24 12MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 6MG/24HR	3	QL (30 EA per 30 days) PA
EMSAM PT24 9MG/24HR	3	QL (30 EA per 30 days) PA
MARPLAN TABS 10MG	2	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	3	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (30 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	3	QL (600 ML per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs 5mg</i>	1	QL (30 EA per 30 days)
FETZIMA TITRATION PACK C4PK 0	3	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 20MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 40MG	3	QL (30 EA per 30 days) ST
FETZIMA CP24 80MG	3	QL (30 EA per 30 days) ST
<i>fluoxetine dr cpdr 90mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl soln 20mg/5ml</i>	1	QL (600 ML per 30 days)
<i>fluoxetine hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl tabs 60mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine maleate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 12.5mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er tb24 25mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
PAXIL SUSP 10MG/5ML	2	
PEXEVA TABS 10MG	3	QL (30 EA per 30 days) ST
PEXEVA TABS 20MG	3	QL (30 EA per 30 days) ST
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) ST
PEXEVA TABS 40MG	3	QL (30 EA per 30 days) ST
PRISTIQ TB24 100MG	3	QL (120 EA per 30 days) ST
PRISTIQ TB24 50MG	3	QL (120 EA per 30 days) ST
<i>sertraline hcl conc 20mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl tabs 25mg</i>	1	QL (45 EA per 30 days)
<i>sertraline hcl tabs 50mg</i>	1	QL (45 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (90 EA per 30 days)
VENLAFAXINE HCL ER TB24 225MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 75mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 37.5mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 50mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 75mg</i>	1	QL (90 EA per 30 days)
VIIBRYD KIT 0	2	ST
VIIBRYD TABS 10MG	2	QL (30 EA per 30 days) ST
VIIBRYD TABS 20MG	2	QL (30 EA per 30 days) ST
VIIBRYD TABS 40MG	2	QL (30 EA per 30 days) ST
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	2	PA
<i>amitriptyline hcl tabs 10mg</i>	2	PA
<i>amitriptyline hcl tabs 150mg</i>	2	PA
<i>amitriptyline hcl tabs 25mg</i>	2	PA
<i>amitriptyline hcl tabs 50mg</i>	2	PA
<i>amitriptyline hcl tabs 75mg</i>	2	PA
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	2	PA
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	2	PA
<i>clomipramine hcl caps 25mg</i>	2	PA
<i>clomipramine hcl caps 50mg</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 75mg</i>	2	PA
<i>desipramine hcl tabs 100mg</i>	1	
<i>desipramine hcl tabs 10mg</i>	1	
<i>desipramine hcl tabs 150mg</i>	2	
<i>desipramine hcl tabs 25mg</i>	1	
<i>desipramine hcl tabs 50mg</i>	1	
<i>desipramine hcl tabs 75mg</i>	1	
<i>doxepin hcl caps 100mg</i>	2	PA
<i>doxepin hcl caps 10mg</i>	2	PA
<i>doxepin hcl caps 150mg</i>	1	PA
<i>doxepin hcl caps 25mg</i>	2	PA
<i>doxepin hcl caps 50mg</i>	2	PA
<i>doxepin hcl caps 75mg</i>	2	PA
<i>doxepin hcl conc 10mg/ml</i>	2	PA
<i>imipramine hcl tabs 10mg</i>	2	PA
<i>imipramine hcl tabs 25mg</i>	2	PA
<i>imipramine hcl tabs 50mg</i>	2	PA
<i>imipramine pamoate caps 100mg</i>	3	PA
<i>imipramine pamoate caps 125mg</i>	3	PA
<i>imipramine pamoate caps 150mg</i>	3	PA
<i>imipramine pamoate caps 75mg</i>	3	PA
<i>nortriptyline hcl caps 10mg</i>	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 50mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	2	PA
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	2	PA
<i>protriptyline hcl tabs 10mg</i>	3	
<i>protriptyline hcl tabs 5mg</i>	3	
SURMONTIL CAPS 100MG	3	PA
SURMONTIL CAPS 25MG	3	PA
SURMONTIL CAPS 50MG	3	PA
<i>trimipramine maleate caps 100mg</i>	1	PA
<i>trimipramine maleate caps 25mg</i>	1	PA
<i>trimipramine maleate caps 50mg</i>	1	PA
Antiemetics		
<i>Antiemetics, Other</i>		
<i>hydroxyzine hcl soln 10mg/5ml</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tabs 10mg</i>	2	PA
<i>hydroxyzine hcl tabs 25mg</i>	2	PA
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>morphine sulfate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>phenadoz supp 12.5mg</i>	1	PA
<i>phenadoz supp 25mg</i>	1	PA
<i>promethazine hcl supp 12.5mg</i>	2	PA
<i>promethazine hcl supp 25mg</i>	2	PA
<i>promethegan supp 12.5mg</i>	1	PA
<i>promethegan supp 25mg</i>	2	PA
<i>promethegan supp 50mg</i>	2	PA
TRANSDERM-SCOP PT72 1.5MG	2	
<i>trimethobenzamide hcl caps 300mg</i>	2	PA
<i>trimethobenzamide hcl inj 100mg/ml</i>	1	PA
<i>Emetogenic Therapy Adjuncts</i>		
ALOXI INJ 0.25MG/5ML	3	B/D
ANZEMET INJ 20MG/ML	3	
ANZEMET TABS 100MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
CESAMET CAPS 1MG	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	3	QL (60 EA per 30 days) PA
EMEND CAPS 0	2	QL (6 EA per 30 days) B/D
EMEND CAPS 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPS 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPS 80MG	2	QL (8 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl inj 1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl tabs 1mg</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl inj 4mg/2ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl soln 4mg/5ml</i>	3	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron hcl tabs 4mg</i>	2	QL (45 EA per 30 days) B/D
<i>ondansetron hcl tabs 8mg</i>	2	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 4mg</i>	3	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 8mg</i>	1	QL (45 EA per 30 days) B/D
SANCUSO PTCH 3.1MG/24HR	4	QL (4 EA per 30 days)
Antifungals		
<i>Antifungals</i>		
ABELCET INJ 5MG/ML	3	B/D

Name	Drug Tier	Requirements/Limits
AMBISOME INJ 50MG	4	
AMPHOTERICIN B INJ 50MG	2	B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>econazole nitrate crea 1%</i>	1	
ERAXIS INJ 100MG	2	B/D
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	B/D
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	1	
<i>flucytosine caps 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250mg</i>	2	
<i>itraconazole caps 100mg</i>	3	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>ketodan kit kit 2%; 0; 0</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
NAFTIN CREA 1%	3	
NAFTIN CREA 2%	2	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	2	
NATACYN SUSP 5%	2	
NOXAFIL INJ 300MG/16.7ML	4	PA
NOXAFIL SUSP 40MG/ML	2	PA
NOXAFIL TBEC 100MG	4	PA

Name	Drug Tier	Requirements/Limits
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>pedi-dri powd 100000unit/gm</i>	1	
SPORANOX SOLN 10MG/ML	2	
<i>terbinafine hcl tabs 250mg</i>	1	QL (84 EA per 168 days)
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	
<i>voriconazole inj 200mg</i>	3	
<i>voriconazole susr 40mg/ml</i>	1	
<i>voriconazole tabs 200mg</i>	4	
<i>voriconazole tabs 50mg</i>	4	
<i>zazole crea 0.4%</i>	1	
<i>zazole supp 80mg</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
COLCRYS TABS 0.6MG	2	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	3	ST
ULORIC TABS 80MG	3	ST
Antimigraine Agents		
<i>Antimigraine Agents</i>		
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days) ST
<i>Ergot Alkaloids</i>		
MIGERGOT SUPP 100MG; 2MG	2	
MIGRANAL SOLN 4MG/ML	3	QL (28 ML per 28 days)
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
AXERT TABS 12.5MG	3	QL (12 EA per 30 days) ST
AXERT TABS 6.25MG	3	QL (12 EA per 30 days) ST
FROVA TABS 2.5MG	3	QL (12 EA per 30 days) ST
<i>naratriptan hcl tabs 1mg</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 EA per 30 days)

Name	Drug Tier	Requirements/Limits
RELPAX TABS 20MG	2	QL (9 EA per 30 days) ST
RELPAX TABS 40MG	2	QL (9 EA per 30 days) ST
<i>rizatriptan benzoate odt tbdp 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (18 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (9 EA per 30 days)
ZOMIG NASAL SPRAY SOLN 5MG	3	QL (18 EA per 30 days) ST
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days) ST
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl tabs 125mg</i>	1	
MESTINON TIMESPAN TBCR 180MG	2	
MESTINON SYRP 60MG/5ML	2	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 5mg/ml</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	2	
DAPSONE TABS 25MG	2	
<i>rifabutin caps 150mg</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	3	
<i>ethambutol hcl tabs 100mg</i>	1	
<i>ethambutol hcl tabs 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	2	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	B/D
RIFATER TABS 50MG; 300MG; 120MG	3	
SEROMYCIN CAPS 250MG	2	
SIRTURO TABS 100MG	3	
TRECTOR TABS 250MG	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	2	B/D
<i>cyclophosphamide inj 1gm</i>	3	
CYCLOPHOSPHAMIDE INJ 500MG	3	
<i>cyclophosphamide tabs 25mg</i>	2	B/D
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
<i>dacarbazine inj 200mg</i>	1	B/D
HEXALEN CAPS 50MG	4	PA
IFOSFAMIDE/MESNA INJ 1GM; 1GM	4	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
LEUKERAN TABS 2MG	2	
<i>lomustine caps 100mg</i>	2	
<i>lomustine caps 10mg</i>	2	
<i>lomustine caps 40mg</i>	2	
MATULANE CAPS 50MG	4	
<i>melphalan hydrochloride inj 50mg</i>	4	B/D
MUSTARGEN INJ 10MG	3	B/D
<i>thiotepa inj 15mg</i>	3	B/D
TREANDA INJ 100MG	4	B/D
VALCHLOR GEL 0.016%	3	PA
ZANOSAR INJ 1GM	3	B/D
<i>Antiandrogens</i>		
<i>bicalutamide tabs 50mg</i>	1	
<i>flutamide caps 125mg</i>	2	
NILANDRON TABS 150MG	3	
XTANDI CAPS 40MG	4	QL (120 EA per 30 days) PA
ZYTIGA TABS 250MG	4	QL (120 EA per 30 days) PA
<i>Antiangiogenic Agents</i>		
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 300MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPS 10MG	4	PA LA
REVLIMID CAPS 15MG	4	PA LA
REVLIMID CAPS 2.5MG	4	PA
REVLIMID CAPS 20MG	4	PA
REVLIMID CAPS 25MG	4	PA LA
REVLIMID CAPS 5MG	4	PA LA
THALOMID CAPS 100MG	4	PA
THALOMID CAPS 150MG	4	PA
THALOMID CAPS 200MG	4	PA
THALOMID CAPS 50MG	4	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPS 140MG	2	
FARESTON TABS 60MG	3	
FASLODEX INJ 250MG/5ML	4	
SOLTAMOX SOLN 10MG/5ML	3	
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<i>Antimetabolites</i>		
CLOLAR INJ 1MG/ML	3	B/D
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DROXIA CAPS 200MG	2	
DROXIA CAPS 300MG	2	
DROXIA CAPS 400MG	2	
ELITEK INJ 1.5MG	4	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
FOLOTYN INJ 40MG/2ML	3	
<i>gemcitabine hcl inj 1gm</i>	3	B/D
<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine tabs 50mg</i>	1	
<i>pentostatin inj 10mg</i>	1	B/D
TABLOID TABS 40MG	2	
<i>Antineoplastics, Other</i>		
ABRAXANE INJ 900MG; 100MG	3	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
ALIMTA INJ 500MG	4	B/D
<i>amifostine inj 500mg</i>	1	B/D
ARRANON INJ 5MG/ML	3	B/D
<i>azacitidine inj 100mg</i>	3	PA
<i>bleomycin sulfate inj 30unit</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>carboplatin inj 150mg/15ml</i>	1	B/D
<i>cisplatin inj 100mg/100ml</i>	1	B/D
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 20MG	4	PA
COSMEGEN INJ 0.5MG	3	B/D
<i>dactinomycin inj 0.5mg</i>	1	B/D
<i>daunorubicin hcl inj 5mg/ml</i>	3	B/D
<i>decitabine inj 50mg</i>	4	B/D
<i>dexrazoxane inj 250mg</i>	1	B/D
DOCEFREZ INJ 20MG	4	B/D
DOCEFREZ INJ 80MG	4	B/D
<i>docetaxel inj 140mg/7ml</i>	1	B/D
<i>docetaxel inj 80mg/4ml</i>	4	B/D
<i>docetaxel inj 80mg/8ml</i>	4	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
ELLENCE INJ 200MG/100ML	3	B/D
<i>epirubicin hcl inj 50mg/25ml</i>	1	B/D
ERIVEDGE CAPS 150MG	4	PA
ERWINAZE INJ 10000UNIT	4	PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	3	B/D
<i>fludarabine phosphate inj 50mg</i>	1	B/D
FUSILEV INJ 50MG	4	
GILOTRIF TABS 20MG	4	PA
GILOTRIF TABS 30MG	4	PA
GILOTRIF TABS 40MG	4	PA
HALAVEN INJ 1MG/2ML	4	B/D
ICLUSIG TABS 15MG	4	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	4	QL (60 EA per 30 days) PA
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D
<i>irinotecan inj 100mg/5ml</i>	1	B/D
ISTODAX INJ 10MG	2	B/D
IXEMPRA KIT INJ 45MG	4	B/D
JAKAFI TABS 10MG	4	PA
JAKAFI TABS 15MG	4	PA
JAKAFI TABS 20MG	4	PA
JAKAFI TABS 25MG	4	PA
JAKAFI TABS 5MG	4	PA
JEVTANA INJ 60MG/1.5ML	4	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>lipodox 50 inj 2mg/ml</i>	1	B/D
<i>lipodox inj 2mg/ml</i>	1	B/D
MEKINIST TABS 0.5MG	4	PA
MEKINIST TABS 2MG	4	PA
MENEST TABS 0.3MG	3	PA
MENEST TABS 0.625MG	3	PA
MENEST TABS 1.25MG	3	PA
MENEST TABS 2.5MG	3	PA
<i>mesna inj 100mg/ml</i>	1	B/D
MESNEX TABS 400MG	4	
<i>mitomycin inj 20mg</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D
ONCASPAR INJ 750UNIT/ML	4	
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<i>paclitaxel inj 300mg/50ml</i>	1	B/D
POMALYST CAPS 1MG	4	PA
POMALYST CAPS 2MG	4	PA
POMALYST CAPS 3MG	4	PA
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	B/D
SYLATRON INJ 296MCG	4	PA
SYLATRON INJ 444MCG	4	PA
SYLATRON INJ 888MCG	4	PA
SYNRIBO INJ 3.5MG	4	PA
TAXOTERE INJ 80MG/2ML	4	B/D
TRISENOX INJ 10MG/10ML	2	B/D
VELCADE INJ 3.5MG	3	B/D
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	B/D
ZOLINZA CAPS 100MG	4	PA
<i>Antineoplastics</i>		
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA

Name	Drug Tier	Requirements/Limits
ZALTRAP INJ 100MG/4ML	4	PA
ZYKADIA CAPS 150MG	4	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS INJ 100MG	3	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>topotecan hcl inj 4mg</i>	1	B/D
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ TBSO 2MG	4	PA
AFINITOR DISPERZ TBSO 3MG	4	PA
AFINITOR DISPERZ TBSO 5MG	4	PA
AFINITOR TABS 10MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 2.5MG	4	QL (60 EA per 30 days) PA
AFINITOR TABS 5MG	4	QL (120 EA per 30 days) PA
AFINITOR TABS 7.5MG	4	QL (60 EA per 30 days) PA
BOSULIF TABS 100MG	4	PA
BOSULIF TABS 500MG	4	PA
GLEEVEC TABS 100MG	4	QL (240 EA per 30 days) PA
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
IMBRUVICA CAPS 140MG	4	PA
INLYTA TABS 1MG	4	PA
INLYTA TABS 5MG	4	PA
NEXAVAR TABS 200MG	4	QL (120 EA per 30 days) PA LA
SPRYCEL TABS 100MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 140MG	4	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 50MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 70MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABS 80MG	4	QL (60 EA per 30 days) PA
STIVARGA TABS 40MG	4	PA
SUTENT CAPS 12.5MG	4	QL (120 EA per 30 days) PA
SUTENT CAPS 25MG	4	QL (60 EA per 30 days) PA
SUTENT CAPS 50MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	4	QL (120 EA per 30 days) PA
TASIGNA CAPS 200MG	4	QL (120 EA per 30 days) PA
TYKERB TABS 250MG	4	QL (180 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
VOTRIENT TABS 200MG	4	QL (120 EA per 30 days) PA
XALKORI CAPS 200MG	4	QL (60 EA per 30 days) PA
XALKORI CAPS 250MG	4	QL (60 EA per 30 days) PA
ZELBORAF TABS 240MG	4	QL (240 EA per 30 days) PA
Monoclonal Antibodies		
ARZERRA INJ 100MG/5ML	2	B/D
AVASTIN INJ 100MG/4ML	4	PA
ERBITUX INJ 100MG/50ML	3	B/D
GAZYVA INJ 1000MG/40ML	4	PA
HERCEPTIN INJ 440MG	3	B/D
KADCYLA INJ 100MG	4	PA
PERJETA INJ 420MG/14ML	4	PA
RITUXAN INJ 10MG/ML	2	B/D
SYLVANT INJ 100MG	4	PA
VECTIBIX INJ 100MG/5ML	4	B/D
YERVOY INJ 50MG/10ML	4	PA
Retinoids		
PANRETIN GEL 0.1%	4	
TARGRETIN CAPS 75MG	4	PA
TARGRETIN GEL 1%	4	PA
<i>tretinoin caps 10mg</i>	4	
Antiparasitics		
Anthelmintics		
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
STROMECTOL TABS 3MG	2	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	2	
ALINIA TABS 500MG	2	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	4	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	2	
DARAPRIM TABS 25MG	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
NEBUPENT SOLR 300MG	2	B/D
NEUTREXIN INJ 25MG	2	B/D
PENTAM 300 INJ 300MG	3	B/D
PRIMAQUINE PHOSPHATE TABS 26.3MG	2	

Name	Drug Tier	Requirements/Limits
<i>quinine sulfate caps 324mg</i>	3	QL (42 EA per 30 days) PA
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
<i>Pediculicides/Scabicides</i>		
EURAX CREA 10%	2	
EURAX LOTN 10%	2	
<i>lindane lotn 1%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	1	
SKLICE LOTN 0.5%	2	
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOTN 5%	3	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate inj 1mg/ml</i>	1	PA
<i>benztropine mesylate tabs 0.5mg</i>	1	PA
<i>benztropine mesylate tabs 1mg</i>	1	PA
<i>benztropine mesylate tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl elix 0.4mg/ml</i>	1	PA
<i>trihexyphenidyl hcl tabs 2mg</i>	1	PA
<i>trihexyphenidyl hcl tabs 5mg</i>	1	PA
<i>Antiparkinson Agents, Other</i>		
<i>entacapone tabs 200mg</i>	1	
TASMAR TABS 100MG	3	
<i>Dopamine Agonists</i>		
APOKYN INJ 10MG/ML	4	
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
MIRAPEX ER TB24 0.375MG	2	
MIRAPEX ER TB24 0.75MG	2	
MIRAPEX ER TB24 1.5MG	2	
MIRAPEX ER TB24 2.25MG	2	
MIRAPEX ER TB24 3.75MG	2	
MIRAPEX ER TB24 3MG	2	
MIRAPEX ER TB24 4.5MG	2	
NEUPRO PT24 1MG/24HR	2	ST
NEUPRO PT24 2MG/24HR	3	ST
NEUPRO PT24 3MG/24HR	3	ST
NEUPRO PT24 4MG/24HR	3	ST
NEUPRO PT24 6MG/24HR	3	ST
NEUPRO PT24 8MG/24HR	3	ST

Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
<i>ropinirole er tb24 12mg</i>	3	
<i>ropinirole er tb24 2mg</i>	3	
<i>ropinirole er tb24 4mg</i>	2	
<i>ropinirole er tb24 6mg</i>	3	
<i>ropinirole er tb24 8mg</i>	3	
<i>ropinirole hcl tabs 0.25mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 3mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa er tbcr 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbcr 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
AZILECT TABS 0.5MG	2	
AZILECT TABS 1MG	2	
<i>selegiline hcl caps 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>selegiline hcl tabs 5mg</i>	1	
ZELAPAR TBDP 1.25MG	2	
Antipsychotics		
<i>1st Generation/Typical</i>		
ADASUVE AEPB 10MG	3	
ADASUVE AEPB 10MG	3	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	
<i>chlorpromazine hcl tabs 10mg</i>	1	
<i>chlorpromazine hcl tabs 200mg</i>	1	
<i>chlorpromazine hcl tabs 25mg</i>	1	
<i>chlorpromazine hcl tabs 50mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5mg/ml</i>	1	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	1	
<i>haloperidol tabs 10mg</i>	1	
<i>haloperidol tabs 1mg</i>	1	
<i>haloperidol tabs 20mg</i>	1	
<i>haloperidol tabs 2mg</i>	1	
<i>haloperidol tabs 5mg</i>	1	
<i>loxapine succinate caps 10mg</i>	1	
<i>loxapine succinate caps 25mg</i>	1	
<i>loxapine succinate caps 50mg</i>	1	
<i>loxapine succinate caps 5mg</i>	1	
ORAP TABS 1MG	2	
ORAP TABS 2MG	2	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	

Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
2nd Generation/Atypical		
ABILIFY DISCMELT TBDP 10MG	3	QL (60 EA per 30 days) ST
ABILIFY DISCMELT TBDP 15MG	3	QL (60 EA per 30 days) ST
ABILIFY MAINTENA INJ 300MG	3	ST
ABILIFY INJ 9.75MG/1.3ML	3	ST
ABILIFY SOLN 1MG/ML	3	QL (900 ML per 30 days) ST
ABILIFY TABS 10MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 15MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 20MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 2MG	3	QL (60 EA per 30 days) ST
ABILIFY TABS 30MG	3	QL (30 EA per 30 days) ST
ABILIFY TABS 5MG	3	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK TABS 0	3	QL (1 EA per 180 days) ST
FANAPT TABS 10MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	3	QL (60 EA per 30 days) ST
GEODON INJ 20MG	3	
INVEGA SUSTENNA INJ 117MG/0.75ML	3	ST
INVEGA SUSTENNA INJ 156MG/ML	3	ST
INVEGA SUSTENNA INJ 234MG/1.5ML	3	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	3	ST
INVEGA SUSTENNA INJ 78MG/0.5ML	3	ST
INVEGA TB24 1.5MG	3	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
INVEGA TB24 3MG	3	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	3	QL (60 EA per 30 days) ST
INVEGA TB24 9MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 120MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 20MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 40MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 60MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 80MG	3	QL (60 EA per 30 days) ST
<i>olanzapine odt tbdp 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	1	QL (90 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	2	
RISPERDAL CONSTA INJ 25MG	2	
RISPERDAL CONSTA INJ 37.5MG	2	
RISPERDAL CONSTA INJ 50MG	2	
<i>risperidone odt tbdp 0.25mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	3	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days) ST
SAPHRIS SUBL 5MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 150MG	3	QL (30 EA per 30 days) ST
SEROQUEL XR TB24 200MG	3	QL (30 EA per 30 days) ST
SEROQUEL XR TB24 300MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 400MG	3	QL (60 EA per 30 days) ST
SEROQUEL XR TB24 50MG	3	QL (30 EA per 30 days) ST
<i>ziprasidone hcl caps 20mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 40mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	2	QL (60 EA per 30 days)
<i>Treatment-Resistant</i>		
<i>clozapine odt tbdp 100mg</i>	3	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	3	QL (90 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	3	QL (270 EA per 30 days)
CLOZAPINE TABS 100MG	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL (180 EA per 30 days)
FAZACLO TBDP 100MG	3	QL (270 EA per 30 days)
FAZACLO TBDP 12.5MG	3	QL (90 EA per 30 days)
FAZACLO TBDP 150MG	3	QL (180 EA per 30 days)
FAZACLO TBDP 200MG	3	QL (120 EA per 30 days)
FAZACLO TBDP 25MG	3	QL (270 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	4	
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
<i>dantrolene sodium caps 100mg</i>	2	
<i>dantrolene sodium caps 25mg</i>	2	
<i>dantrolene sodium caps 50mg</i>	2	
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	2	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	2	B/D
<i>tizanidine hcl caps 2mg</i>	3	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl caps 6mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hcl tabs 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		

Name	Drug Tier	Requirements/Limits
<i>cidofovir inj 75mg/ml</i>	1	B/D
<i>ganciclovir inj 500mg</i>	3	B/D
VALCYTE SOLR 50MG/ML	4	
VALCYTE TABS 450MG	4	
ZIRGAN GEL 0.15%	3	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tabs 10mg</i>	4	QL (30 EA per 30 days) PA
BARACLUDGE SOLN 0.05MG/ML	4	QL (630 ML per 30 days) PA
BARACLUDGE TABS 0.5MG	4	QL (30 EA per 30 days) PA
BARACLUDGE TABS 1MG	4	QL (30 EA per 30 days) PA
HEPSERA TABS 10MG	4	QL (30 EA per 30 days) PA
INTRON-A W/DILUENT INJ 10MU	4	PA
INTRON-A W/DILUENT INJ 18MU	4	PA
INTRON-A W/DILUENT INJ 50MU	4	PA
INTRON-A INJ 6000000UNIT/ML	2	PA
TYZEKA TABS 600MG	4	QL (30 EA per 30 days) PA
<i>Anti-hepatitis C (HCV) Agents</i>		
INCIVEK TABS 375MG	4	PA
INFERGEN INJ 15MCG/0.5ML	3	PA
<i>moderiba tabs 200mg</i>	2	
MODERIBA TABS 400MG	4	
MODERIBA TABS 600MG	4	
OLYSIO CAPS 150MG	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 80MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	4	PA
PEG-INTRON INJ 120MCG/0.5ML	4	PA
PEG-INTRON INJ 150MCG/0.5ML	4	PA
PEG-INTRON INJ 50MCG/0.5ML	4	PA
PEG-INTRON INJ 80MCG/0.5ML	4	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	
PEGASYS INJ 180MCG/0.5ML	4	
PEGASYS INJ 180MCG/ML	4	
REBETOL SOLN 40MG/ML	2	
RIBASPHERE RIBAPAK TABS 0	4	
<i>ribasphere ribapak tabs 400mg</i>	4	
<i>ribasphere ribapak tabs 600mg</i>	4	
<i>ribasphere caps 200mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>ribasphere tabs 200mg</i>	2	
<i>ribasphere tabs 400mg</i>	4	
<i>ribasphere tabs 600mg</i>	4	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	2	
SOVALDI TABS 400MG	4	PA
VICTRELIS CAPS 200MG	4	PA
VIRAZOLE SOLR 6GM	4	B/D
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
ISENTRESS CHEW 100MG	2	
ISENTRESS CHEW 25MG	2	
ISENTRESS PACK 100MG	2	
ISENTRESS TABS 400MG	4	QL (60 EA per 30 days)
TIVICAY TABS 50MG	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA TABS 200MG; 25MG; 300MG	4	QL (30 EA per 30 days)
EDURANT TABS 25MG	4	
INTELENCE TABS 100MG	4	QL (120 EA per 30 days)
INTELENCE TABS 200MG	4	QL (60 EA per 30 days)
INTELENCE TABS 25MG	2	
NEVIRAPINE ER TB24 400MG	2	
<i>nevirapine susp 50mg/5ml</i>	1	
<i>nevirapine tabs 200mg</i>	3	
RESCRIPTOR TABS 100MG	3	
RESCRIPTOR TABS 200MG	3	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	4	QL (30 EA per 30 days)
SUSTIVA CAPS 200MG	2	
SUSTIVA CAPS 50MG	2	
SUSTIVA TABS 600MG	3	
VIRAMUNE SUSP 50MG/5ML	2	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	4	QL (60 EA per 30 days)
<i>abacavir tabs 300mg</i>	2	
<i>didanosine cpdr 125mg</i>	1	
<i>didanosine cpdr 200mg</i>	1	
<i>didanosine cpdr 250mg</i>	1	
<i>didanosine cpdr 400mg</i>	1	
EMTRIVA CAPS 200MG	2	
EMTRIVA SOLN 10MG/ML	2	
EPIVIR HBV SOLN 5MG/ML	2	

Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10MG/ML	2	
EPZICOM TABS 600MG; 300MG	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	
LAMIVUDINE TABS 100MG	3	
<i>lamivudine tabs 150mg</i>	3	
<i>lamivudine tabs 300mg</i>	3	
RETROVIR IV INFUSION INJ 10MG/ML	2	
<i>stavudine caps 15mg</i>	2	
<i>stavudine caps 20mg</i>	2	
<i>stavudine caps 30mg</i>	2	
<i>stavudine caps 40mg</i>	2	
<i>stavudine solr 1mg/ml</i>	2	
TRUVADA TABS 200MG; 300MG	4	QL (30 EA per 30 days)
VIDEX PEDIATRIC SOLR 2GM	2	
VIREAD POWD 40MG/GM	2	
VIREAD TABS 150MG	2	
VIREAD TABS 200MG	2	
VIREAD TABS 250MG	2	
VIREAD TABS 300MG	4	
ZIAGEN SOLN 20MG/ML	2	
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrp 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON INJ 90MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 150MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	4	QL (120 EA per 30 days)
<i>Anti-HIV Agents, Protease Inhibitors</i>		
APTIVUS CAPS 250MG	4	QL (120 EA per 30 days)
APTIVUS SOLN 100MG/ML	4	
CRIXIVAN CAPS 200MG	2	
CRIXIVAN CAPS 400MG	2	
INVIRASE CAPS 200MG	4	
INVIRASE TABS 500MG	4	
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	4	
LEXIVA SUSP 50MG/ML	2	
LEXIVA TABS 700MG	4	
NORVIR CAPS 100MG	2	
NORVIR SOLN 80MG/ML	2	
NORVIR TABS 100MG	2	

Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100MG/ML	2	
PREZISTA TABS 150MG	2	
PREZISTA TABS 400MG	4	
PREZISTA TABS 600MG	4	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	4	
REYATAZ CAPS 100MG	2	
REYATAZ CAPS 150MG	4	
REYATAZ CAPS 200MG	4	
REYATAZ CAPS 300MG	4	
VIRACEPT TABS 250MG	4	
VIRACEPT TABS 625MG	4	
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	2	
<i>amantadine hcl syrp 50mg/5ml</i>	2	
AMANTADINE HCL TABS 100MG	2	
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (112 EA per 365 days)
<i>rimantadine hcl tabs 100mg</i>	1	
TAMIFLU CAPS 30MG	2	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	2	QL (56 EA per 365 days)
TAMIFLU CAPS 75MG	2	QL (56 EA per 365 days)
TAMIFLU SUSR 6MG/ML	2	QL (900 ML per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir oint 5%</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	2	
<i>famciclovir tabs 125mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 250mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days)
<i>trifluridine soln 1%</i>	1	
<i>valacyclovir hcl tabs 1000mg</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl tabs 500mg</i>	2	QL (60 EA per 30 days)
ZOVIRAX CREA 5%	3	
Antivirals		
ATRIPLA TABS 600MG; 200MG; 300MG	4	QL (30 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 10mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	1	
<i>bupirone hcl tabs 5mg</i>	1	
<i>bupirone hcl tabs 7.5mg</i>	1	
<i>meprobamate tabs 200mg</i>	2	PA
<i>meprobamate tabs 400mg</i>	2	PA
<i>Benzodiazepines</i>		
<i>alprazolam er tb24 0.5mg</i>	2	PA
<i>alprazolam er tb24 1mg</i>	2	PA
<i>alprazolam er tb24 2mg</i>	2	PA
<i>alprazolam er tb24 3mg</i>	2	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	PA
<i>alprazolam odt tbdp 0.25mg</i>	2	PA
<i>alprazolam odt tbdp 0.5mg</i>	2	PA
<i>alprazolam odt tbdp 1mg</i>	2	PA
<i>alprazolam odt tbdp 2mg</i>	2	PA
<i>alprazolam xr tb24 0.5mg</i>	2	PA
<i>alprazolam xr tb24 1mg</i>	2	PA
<i>alprazolam xr tb24 2mg</i>	2	PA
<i>alprazolam xr tb24 3mg</i>	2	PA
<i>alprazolam tabs 0.25mg</i>	2	PA
<i>alprazolam tabs 0.5mg</i>	2	PA
<i>alprazolam tabs 1mg</i>	2	PA
<i>alprazolam tabs 2mg</i>	2	PA
<i>chlordiazepoxide hcl caps 10mg</i>	2	PA
<i>chlordiazepoxide hcl caps 25mg</i>	2	PA
<i>chlordiazepoxide hcl caps 5mg</i>	2	PA
<i>clorazepate dipotassium tabs 15mg</i>	2	PA
<i>clorazepate dipotassium tabs 3.75mg</i>	2	PA
<i>clorazepate dipotassium tabs 7.5mg</i>	2	PA
<i>diazepam intensol conc 5mg/ml</i>	2	PA
<i>diazepam soln 1mg/ml</i>	2	PA
<i>diazepam tabs 10mg</i>	2	PA
<i>diazepam tabs 2mg</i>	2	PA
<i>diazepam tabs 5mg</i>	2	PA
<i>estazolam tabs 1mg</i>	2	PA
<i>estazolam tabs 2mg</i>	2	PA
<i>flurazepam hcl caps 15mg</i>	2	PA
<i>flurazepam hcl caps 30mg</i>	2	PA
<i>lorazepam intensol conc 2mg/ml</i>	2	PA
<i>lorazepam tabs 0.5mg</i>	2	PA
<i>lorazepam tabs 1mg</i>	2	PA

Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs 2mg</i>	2	PA
<i>oxazepam caps 10mg</i>	2	PA
<i>oxazepam caps 15mg</i>	2	PA
<i>oxazepam caps 30mg</i>	2	PA
<i>temazepam caps 15mg</i>	2	PA
<i>temazepam caps 22.5mg</i>	3	PA
<i>temazepam caps 30mg</i>	2	PA
<i>temazepam caps 7.5mg</i>	3	PA
<i>triazolam tabs 0.125mg</i>	2	PA
<i>triazolam tabs 0.25mg</i>	2	PA
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tbcr 300mg</i>	1	
<i>lithium carbonate er tbcr 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium citrate soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
AVANDAMET TABS 1000MG; 2MG	2	QL (120 EA per 30 days)
AVANDAMET TABS 1000MG; 4MG	2	QL (60 EA per 30 days)
AVANDAMET TABS 500MG; 2MG	2	QL (60 EA per 30 days)
AVANDAMET TABS 500MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 1MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 4MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 8MG	2	QL (30 EA per 30 days)
AVANDARYL TABS 4MG; 4MG	2	QL (30 EA per 30 days)
AVANDARYL TABS 4MG; 8MG	2	QL (30 EA per 30 days)
AVANDIA TABS 2MG	2	QL (120 EA per 30 days)
AVANDIA TABS 4MG	2	QL (60 EA per 30 days)
AVANDIA TABS 8MG	2	QL (30 EA per 30 days)
BYDUREON INJ 2MG	3	
BYETTA INJ 10MCG/0.04ML	3	
BYETTA INJ 5MCG/0.02ML	3	
<i>chlorpropamide tabs 100mg</i>	2	QL (210 EA per 30 days) PA
<i>chlorpropamide tabs 250mg</i>	2	QL (90 EA per 30 days) PA
CYCLOSET TABS 0.8MG	3	

Name	Drug Tier	Requirements/Limits
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 1.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 3mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	2	QL (480 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	2	QL (120 EA per 30 days) PA
GLYSET TABS 100MG	3	
GLYSET TABS 25MG	3	
GLYSET TABS 50MG	3	
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days)
JANUMET XR TB24 1000MG; 50MG	2	QL (60 EA per 30 days)
JANUMET XR TB24 500MG; 50MG	2	QL (60 EA per 30 days)
JANUMET TABS 1000MG; 50MG	2	QL (60 EA per 30 days)
JANUMET TABS 500MG; 50MG	2	QL (120 EA per 30 days)
JANUVIA TABS 100MG	2	
JANUVIA TABS 25MG	2	
JANUVIA TABS 50MG	2	
JENTADUETO TABS 2.5MG; 1000MG	2	QL (60 EA per 30 days)
JENTADUETO TABS 2.5MG; 500MG	2	QL (60 EA per 30 days)
JENTADUETO TABS 2.5MG; 850MG	2	QL (60 EA per 30 days)
JUVISYNC TABS 10MG; 100MG	2	
JUVISYNC TABS 10MG; 50MG	2	
JUVISYNC TABS 20MG; 100MG	2	
JUVISYNC TABS 20MG; 50MG	2	
JUVISYNC TABS 40MG; 100MG	2	
JUVISYNC TABS 40MG; 50MG	2	
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG	3	QL (60 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 500MG; 5MG	3	QL (120 EA per 30 days) ST
<i>metformin hcl er tb24 1000mg</i>	2	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide tabs 120mg</i>	2	
<i>nateglinide tabs 60mg</i>	2	
ONGLYZA TABS 2.5MG	3	ST
ONGLYZA TABS 5MG	3	ST
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 60 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide tabs 0.5mg</i>	2	
<i>repaglinide tabs 1mg</i>	2	
<i>repaglinide tabs 2mg</i>	2	
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	ST
SYMLINPEN 60 INJ 1500MCG/1.5ML	3	ST
<i>tolazamide tabs 250mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 500mg</i>	1	QL (60 EA per 30 days)
<i>tolbutamide tabs 500mg</i>	1	QL (180 EA per 30 days)
TRADJENTA TABS 5MG	2	
VICTOZA INJ 18MG/3ML	3	
Glycemic Agents		
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	1	B/D
<i>dextrose 10% flex container inj 10%</i>	1	B/D
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	1	B/D
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	1	B/D
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	1	B/D
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	1	B/D
<i>dextrose 5% inj 5%</i>	1	B/D
GLUCAGEN HYPOKIT INJ 1MG	2	
GLUCAGON EMERGENCY KIT INJ 1MG	2	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	2	B/D
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	B/D
<i>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	B/D
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	B/D
<i>normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.33% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%</i>	1	B/D
PROGLYCEM SUSP 50MG/ML	2	
Insulins		
APIDRA SOLOSTAR INJ 100UNIT/ML	3	ST
APIDRA INJ 100UNIT/ML	3	ST
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	

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

Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 25000UNIT/ML	2	QL (11.4 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	2	QL (10.5 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	B/D
<i>heparin sodium/d5w inj 5%; 50unit/ml</i>	1	B/D
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	B/D
<i>heparin sodium inj 1000unit/ml</i>	1	B/D
<i>heparin sodium inj 20000unit/ml</i>	1	B/D
HEPARIN SODIUM INJ 2000UNIT/ML	3	B/D
HEPARIN SODIUM INJ 2500UNIT/ML	2	B/D
<i>heparin sodium inj 5000unit/ml</i>	1	B/D
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 150MG	3	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	3	QL (60 EA per 30 days)
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO TABS 10MG	2	QL (35 EA per 90 days)
XARELTO TABS 15MG	2	QL (42 EA per 30 days)
XARELTO TABS 20MG	2	QL (30 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride caps 0.5mg</i>	1	
<i>anagrelide hydrochloride caps 1mg</i>	1	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	4	PA

Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	3	PA
EPOGEN INJ 10000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	4	PA
EPOGEN INJ 2000UNIT/ML	3	PA
EPOGEN INJ 3000UNIT/ML	3	PA
EPOGEN INJ 4000UNIT/ML	3	PA
LEUKINE INJ 250MCG	4	PA
LEUKINE INJ 500MCG/ML	4	PA
LEUKINE INJ 500MCG/ML	4	PA
NEULASTA INJ 6MG/0.6ML	4	PA
NEUMEGA INJ 5MG	4	PA
NEUPOGEN INJ 300MCG/0.5ML	4	PA
NEUPOGEN INJ 480MCG/0.8ML	4	PA
NEUPOGEN INJ 480MCG/1.6ML	4	PA
NPLATE INJ 250MCG	3	PA
PROCRIT INJ 10000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML	4	PA
PROCRIT INJ 2000UNIT/ML	3	PA
PROCRIT INJ 3000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROCRIT INJ 4000UNIT/ML	3	PA
PROMACTA TABS 12.5MG	4	QL (90 EA per 30 days) PA LA
PROMACTA TABS 25MG	4	QL (90 EA per 30 days) PA LA
PROMACTA TABS 50MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 75MG	4	QL (30 EA per 30 days) PA LA
Coagulants		
<i>tranexamic acid inj 100mg/ml</i>	1	B/D
<i>tranexamic acid tabs 650mg</i>	1	
Platelet Modifying Agents		
AGGRENOX CP12 25MG; 200MG	2	
BRILINTA TABS 90MG	2	

Name	Drug Tier	Requirements/Limits
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs 25mg</i>	1	PA
<i>dipyridamole tabs 50mg</i>	1	PA
<i>dipyridamole tabs 75mg</i>	1	PA
EFFIENT TABS 10MG	2	
EFFIENT TABS 5MG	2	
<i>ticlopidine hcl tabs 250mg</i>	1	PA
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>guanfacine hcl tabs 1mg</i>	2	PA
<i>guanfacine hcl tabs 2mg</i>	2	PA
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg</i>	1	
<i>Alpha-adrenergic Blocking Agents</i>		
DIBENZYLINE CAPS 10MG	3	
<i>prazosin hcl caps 1mg</i>	1	
<i>prazosin hcl caps 2mg</i>	1	
<i>prazosin hcl caps 5mg</i>	1	
<i>reserpine tabs 0.1mg</i>	1	QL (30 EA per 30 days)
<i>reserpine tabs 0.25mg</i>	1	PA
<i>Angiotensin II Receptor Antagonists</i>		
BENICAR HCT TABS 12.5MG; 20MG	2	ST
BENICAR HCT TABS 12.5MG; 40MG	2	ST
BENICAR HCT TABS 25MG; 40MG	2	ST
BENICAR TABS 20MG	2	ST
BENICAR TABS 40MG	2	ST
BENICAR TABS 5MG	2	ST
<i>candesartan cilexetil tabs 16mg</i>	1	
<i>candesartan cilexetil tabs 32mg</i>	1	
<i>candesartan cilexetil tabs 4mg</i>	1	
<i>candesartan cilexetil tabs 8mg</i>	1	
DIOVAN TABS 160MG	2	ST

Name	Drug Tier	Requirements/Limits
DIOVAN TABS 320MG	2	ST
DIOVAN TABS 40MG	2	ST
DIOVAN TABS 80MG	2	ST
<i>eprosartan mesylate tabs 600mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochloroth tabs 25mg; 80mg</i>	1	
<i>telmisartan tabs 20mg</i>	1	
<i>telmisartan tabs 40mg</i>	1	
<i>telmisartan tabs 80mg</i>	1	
TEVETEN HCT TABS 600MG; 12.5MG	3	ST
TEVETEN HCT TABS 600MG; 25MG	3	ST
TEVETEN TABS 400MG	3	ST
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 20mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hcl tabs 10mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
TARKA TBCR 1MG; 240MG	3	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml</i>	2	B/D
<i>amiodarone hcl tabs 100mg</i>	3	
<i>amiodarone hcl tabs 200mg</i>	2	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>disopyramide phosphate caps 100mg</i>	1	
<i>disopyramide phosphate caps 150mg</i>	1	
<i>flecainide acetate tabs 100mg</i>	1	
<i>flecainide acetate tabs 150mg</i>	1	
<i>flecainide acetate tabs 50mg</i>	1	
<i>mexiletine hcl caps 150mg</i>	1	
<i>mexiletine hcl caps 200mg</i>	1	
<i>mexiletine hcl caps 250mg</i>	1	
MULTAQ TABS 400MG	3	
NORPACE CR CP12 100MG	2	
NORPACE CR CP12 150MG	2	
PACERONE TABS 100MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 400mg</i>	2	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
<i>propafenone hcl er cp12 225mg</i>	3	
<i>propafenone hcl er cp12 325mg</i>	3	
<i>propafenone hcl er cp12 425mg</i>	3	
<i>propafenone hcl tabs 150mg</i>	3	
<i>propafenone hcl tabs 225mg</i>	3	
<i>propafenone hcl tabs 300mg</i>	3	
QUINIDINE GLUCONATE CR TBCR 324MG	3	
<i>quinidine sulfate er tbc 300mg</i>	1	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	

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

Name	Drug Tier	Requirements/Limits
COREG CR CP24 80MG	2	
<i>labetalol hcl inj 5mg/ml</i>	1	B/D
<i>labetalol hcl tabs 100mg</i>	1	
<i>labetalol hcl tabs 200mg</i>	1	
<i>labetalol hcl tabs 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 1mg/ml</i>	1	B/D
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	1	
<i>nadolol tabs 20mg</i>	1	
<i>nadolol tabs 40mg</i>	1	
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 10mg</i>	1	
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl er cp24 120mg</i>	1	
<i>propranolol hcl er cp24 160mg</i>	1	
<i>propranolol hcl er cp24 60mg</i>	1	
<i>propranolol hcl er cp24 80mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	B/D
<i>propranolol hcl soln 20mg/5ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 10mg</i>	1	
<i>propranolol hcl tabs 20mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hcl tabs 60mg</i>	1	
<i>propranolol hcl tabs 80mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>timolol maleate tabs 10mg</i>	2	
<i>timolol maleate tabs 20mg</i>	2	
<i>timolol maleate tabs 5mg</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>afeditab cr tb24 60mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
AZOR TABS 10MG; 20MG	2	
AZOR TABS 10MG; 40MG	2	
AZOR TABS 5MG; 20MG	2	
AZOR TABS 5MG; 40MG	2	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-cd cp24 300mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12 120mg</i>	1	
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 300mg</i>	1	
<i>diltiazem hcl er cp24 360mg</i>	2	
<i>diltiazem hcl er cp24 360mg</i>	1	
<i>diltiazem hcl er cp24 420mg</i>	1	
<i>diltiazem hcl inj 100mg</i>	1	B/D
<i>diltiazem hcl inj 50mg/10ml</i>	1	B/D
<i>diltiazem hcl tabs 120mg</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltzac cp24 120mg</i>	1	
<i>diltzac cp24 120mg</i>	1	
<i>diltzac cp24 180mg</i>	1	
<i>diltzac cp24 180mg</i>	1	
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
EXFORGE HCT TABS 10MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 160MG	3	
EXFORGE HCT TABS 10MG; 25MG; 320MG	3	
EXFORGE HCT TABS 5MG; 12.5MG; 160MG	3	
EXFORGE HCT TABS 5MG; 25MG; 160MG	3	
EXFORGE TABS 10MG; 160MG	3	
EXFORGE TABS 10MG; 320MG	3	
EXFORGE TABS 5MG; 160MG	3	
EXFORGE TABS 5MG; 320MG	3	
<i>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
<i>isradipine caps 2.5mg</i>	2	
ISRADIPINE CAPS 5MG	2	
<i>matzim la tb24 180mg</i>	1	
<i>matzim la tb24 240mg</i>	2	
<i>matzim la tb24 300mg</i>	2	
<i>matzim la tb24 360mg</i>	2	

Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 420mg</i>	2	
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	3	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifedical xl tb24 30mg</i>	1	
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine caps 10mg</i>	1	PA
<i>nifedipine caps 20mg</i>	1	PA
<i>nisoldipine er tb24 25.5mg</i>	2	
<i>nisoldipine tb24 17mg</i>	2	
<i>nisoldipine tb24 20mg</i>	2	
<i>nisoldipine tb24 30mg</i>	2	
<i>nisoldipine tb24 34mg</i>	2	
<i>nisoldipine tb24 40mg</i>	2	
<i>nisoldipine tb24 8.5mg</i>	2	
NYMALIZE SOLN 60MG/20ML	3	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
TRIBENZOR TABS 10MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 10MG; 25MG; 40MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 20MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 5MG; 25MG; 40MG	2	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 200mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	
<i>verapamil hcl er tbcr 180mg</i>	1	
<i>verapamil hcl er tbcr 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	B/D
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	

Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Other		
AMTURNIDE TABS 150MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 25MG	2	
AMTURNIDE TABS 300MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 5MG; 25MG	2	
DEMSER CAPS 250MG	2	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	
<i>digoxin tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	1	
LANOXIN TABS 125MCG	3	QL (30 EA per 30 days)
LANOXIN TABS 250MCG	3	
<i>pentoxifylline er tbcr 400mg</i>	1	
RANEXA TB12 1000MG	3	
RANEXA TB12 500MG	3	
TEKAMLO TABS 150MG; 10MG	2	
TEKAMLO TABS 150MG; 5MG	2	
TEKAMLO TABS 300MG; 10MG	2	
TEKAMLO TABS 300MG; 5MG	2	
TEKTURNA HCT TABS 150MG; 12.5MG	2	
TEKTURNA HCT TABS 150MG; 25MG	2	
TEKTURNA HCT TABS 300MG; 12.5MG	2	
TEKTURNA HCT TABS 300MG; 25MG	2	
TEKTURNA TABS 150MG	2	
TEKTURNA TABS 300MG	2	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs 125mg</i>	1	
<i>acetazolamide tabs 250mg</i>	1	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
EDECRIN TABS 25MG	2	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
SODIUM EDECRIN INJ 50MG	3	B/D

Name	Drug Tier	Requirements/Limits
<i>torsemide inj 20mg/2ml</i>	1	B/D
<i>torsemide tabs 100mg</i>	1	
<i>torsemide tabs 10mg</i>	1	
<i>torsemide tabs 20mg</i>	1	
<i>torsemide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
<i>eplerenone tabs 25mg</i>	2	
<i>eplerenone tabs 50mg</i>	1	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
Diuretics, Thiazide		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>chlorothiazide sodium inj 500mg</i>	1	B/D
<i>chlorothiazide tabs 250mg</i>	1	
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPS 30MG	3	ST
ANTARA CAPS 90MG	3	ST

Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate caps 130mg</i>	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1	
<i>fenofibrate tabs 48mg</i>	1	
<i>fenofibrate tabs 54mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LIPOFEN CAPS 150MG	2	ST
LIPOFEN CAPS 50MG	2	ST
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ADVICOR TB24 20MG; 1000MG	3	ST
ADVICOR TB24 20MG; 500MG	3	ST
ADVICOR TB24 20MG; 750MG	3	ST
ADVICOR TB24 40MG; 1000MG	3	ST
ALTOPREV TB24 20MG	3	ST
ALTOPREV TB24 40MG	3	ST
ALTOPREV TB24 60MG	3	ST
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
CRESTOR TABS 10MG	2	ST
CRESTOR TABS 20MG	2	ST
CRESTOR TABS 40MG	2	ST
CRESTOR TABS 5MG	2	ST
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LIVALO TABS 1MG	3	ST
LIVALO TABS 2MG	3	ST
LIVALO TABS 4MG	3	ST
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
SIMCOR TB24 1000MG; 20MG	2	ST
SIMCOR TB24 1000MG; 40MG	2	ST

Name	Drug Tier	Requirements/Limits
SIMCOR TB24 500MG; 20MG	2	ST
SIMCOR TB24 500MG; 40MG	2	ST
SIMCOR TB24 750MG; 20MG	2	ST
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
JUXTAPID CAPS 10MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	4	QL (90 EA per 30 days) PA
JUXTAPID CAPS 5MG	4	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	4	QL (4 ML per 28 days) PA
<i>niacin er tbc 1000mg</i>	2	
<i>niacin er tbc 500mg</i>	2	
<i>niacin er tbc 750mg</i>	2	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	1	
<i>prevalite pack 4gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
VYTORIN TABS 10MG; 10MG	3	ST
VYTORIN TABS 10MG; 20MG	3	ST
VYTORIN TABS 10MG; 40MG	3	ST
VYTORIN TABS 10MG; 80MG	3	ST PA
WELCHOL PACK 3.75GM	3	
WELCHOL TABS 625MG	3	
ZETIA TABS 10MG	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
BIDIL TABS 37.5MG; 20MG	2	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate subl 2.5mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>minitran pt24 0.1mg/hr</i>	1	
<i>minitran pt24 0.2mg/hr</i>	1	
<i>minitran pt24 0.4mg/hr</i>	1	
<i>minitran pt24 0.6mg/hr</i>	1	
<i>nitro-bid oint 2%</i>	1	
NITRO-DUR PT24 0.3MG/HR	2	
NITRO-DUR PT24 0.8MG/HR	2	
<i>nitroglycerin lingual soln 0.4mg/spray</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	B/D
<i>nitroglycerin pt24 0.2mg/hr</i>	1	
<i>nitroglycerin pt24 0.4mg/hr</i>	1	
<i>nitroglycerin pt24 0.6mg/hr</i>	1	
NITROSTAT SUBL 0.3MG	2	
NITROSTAT SUBL 0.4MG	2	
NITROSTAT SUBL 0.6MG	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 100mg</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hcl tabs 25mg</i>	1	
<i>hydralazine hcl tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days)
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 EA per 30 days)
<i>procentra soln 5mg/5ml</i>	1	QL (1800 ML per 30 days)
VYVANSE CAPS 20MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 30MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 40MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 50MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 60MG	3	QL (30 EA per 30 days) ST
VYVANSE CAPS 70MG	3	QL (30 EA per 30 days) ST
<i>zenzedi tabs 10mg</i>	2	QL (180 EA per 30 days)
ZENZEDI TABS 2.5MG	2	QL (90 EA per 30 days)
<i>zenzedi tabs 5mg</i>	2	QL (90 EA per 30 days)
ZENZEDI TABS 7.5MG	2	QL (90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
DAYTRANA PTCH 10MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 15MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 20MG/9HR	3	QL (30 EA per 30 days) ST
DAYTRANA PTCH 30MG/9HR	3	QL (30 EA per 30 days) ST
<i>dexmethylphenidate hcl er cp24 15mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 30mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 40mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 5mg</i>	1	QL (60 EA per 30 days)
FOCALIN XR CP24 10MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 20MG	2	QL (60 EA per 30 days) ST
FOCALIN XR CP24 25MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 35MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 5MG	2	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
INTUNIV TB24 1MG	3	
INTUNIV TB24 2MG	3	
INTUNIV TB24 3MG	3	
INTUNIV TB24 4MG	3	
<i>metadate er tbc</i> 20mg	2	QL (90 EA per 30 days)
<i>methylin chew</i> 10mg	1	QL (180 EA per 30 days) ST
<i>methylin chew</i> 2.5mg	1	QL (720 EA per 30 days) ST
<i>methylin chew</i> 5mg	1	QL (360 EA per 30 days) ST
<i>methylphenidate hcl cd cpcr</i> 10mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 20mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 30mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 40mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 50mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr</i> 60mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 20mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 30mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24</i> 40mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 18mg	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 20mg	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 27mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 36mg	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbc</i> 54mg	2	QL (30 EA per 30 days)
<i>methylphenidate hcl tabs</i> 10mg	1	QL (180 EA per 30 days)
<i>methylphenidate hcl tabs</i> 20mg	1	QL (90 EA per 30 days)
<i>methylphenidate hcl tabs</i> 5mg	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i> 10mg/5ml	1	
<i>methylphenidate hydrochloride soln</i> 5mg/5ml	1	
STRATTERA CAPS 100MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 18MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 25MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 40MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 60MG	2	QL (30 EA per 30 days) ST
STRATTERA CAPS 80MG	2	QL (30 EA per 30 days) ST
Central Nervous System Agents		
<i>butal/asa/caff caps</i> 325mg; 50mg; 40mg	1	
<i>butalbital/acetaminophen/caffeine/codeine caps</i> 325mg; 50mg; 40mg; 30mg	1	QL (180 EA per 30 days)
<i>butalbital/asa/caffeine caps</i> 325mg; 50mg; 40mg	1	
<i>butalbital/aspirin/caffeine tabs</i> 325mg; 50mg; 40mg	1	
Central Nervous System, Other		
HORIZANT TB24 300MG	3	QL (60 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
HORIZANT TB24 600MG	3	QL (60 EA per 30 days) PA
NUEDEXTA CAPS 20MG; 10MG	3	
<i>riluzole tabs 50mg</i>	2	
XENAZINE TABS 12.5MG	4	QL (240 EA per 30 days) PA
XENAZINE TABS 25MG	4	QL (120 EA per 30 days) PA
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 365 days) PA
SAVELLA TABS 100MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 12.5MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 25MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 50MG	2	QL (60 EA per 30 days) PA
<i>Multiple Sclerosis Agents</i>		
AMPYRA TB12 10MG	4	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	4	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	4	QL (30 EA per 30 days) PA
AVONEX INJ 30MCG/0.5ML	4	QL (2 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	4	QL (4 EA per 28 days) PA
BETASERON INJ 0.3MG	4	QL (15 EA per 30 days)
COPAXONE INJ 20MG/ML	4	QL (30 EA per 30 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
REBIF TITRATION PACK INJ 0	4	QL (4.2 ML per 28 days) PA
REBIF INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
TYSABRI INJ 300MG/15ML	4	QL (15 ML per 28 days) PA LA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hcl caps 30mg</i>	3	
<i>chlorhexidine gluconate oral rinse soln 0.12%</i>	1	
KEPIVANCE INJ 6.25MG	3	B/D
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride tabs 5mg</i>	1	
<i>triamcinolone in orabase pste 0.1%</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
8-MOP CAPS 10MG	2	
<i>acitretin caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>acitretin caps 17.5mg</i>	4	QL (60 EA per 30 days) PA
<i>acitretin caps 25mg</i>	4	QL (60 EA per 30 days) PA
<i>adapalene crea 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA

Name	Drug Tier	Requirements/Limits
ADAPALENE GEL 0.3%	2	PA
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>amnesteam caps 10mg</i>	2	
<i>amnesteam caps 20mg</i>	2	
<i>amnesteam caps 40mg</i>	2	
AZELEX CREA 20%	2	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE OINT 0.064%; 0.005%	2	QL (400 GM per 30 days) PA
<i>calcipotriene crea 0.005%</i>	3	
CALCIPOTRIENE OINT 0.005%	3	
<i>calcipotriene soln 0.005%</i>	3	
<i>calcitrene oint 0.005%</i>	3	
<i>calcitrene oint 0.005%</i>	3	
CARAC CREA 0.5%	3	
<i>claravis caps 10mg</i>	2	
<i>claravis caps 20mg</i>	2	
CLARAVIS CAPS 30MG	2	
<i>claravis caps 40mg</i>	2	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
CONDYLOX GEL 0.5%	2	
CURITY GAUZE PADS 2"X2" PADS	2	
DESONATE GEL 0.05%	3	
ELIDEL CREA 1%	3	ST
EPIDUO GEL 0.1%; 2.5%	3	PA
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	3	
<i>methoxsalen caps 10mg</i>	4	
<i>myorisan caps 10mg</i>	2	
<i>myorisan caps 20mg</i>	2	
<i>myorisan caps 40mg</i>	2	
PENNSAID SOLN 1.5%	2	
PENNSAID SOLN 2%	2	PA

Name	Drug Tier	Requirements/Limits
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OINT 0.03%	3	ST
PROTOPIC OINT 0.1%	3	ST
<i>pradoxin crea 5%</i>	1	
REGRANEX GEL 0.01%	2	
RETIN-A MICRO GEL 0.04%	3	PA
RETIN-A MICRO GEL 0.1%	3	PA
SANTYL OINT 250UNIT/GM	2	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
STELARA INJ 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	4	QL (1 ML per 28 days) PA
<i>sulfacetamide sodium susp 10%</i>	1	
TAZORAC CREA 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC CREA 0.1%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.05%	3	QL (100 GM per 30 days) PA
TAZORAC GEL 0.1%	3	QL (100 GM per 30 days) PA
TRETIN-X CREA 0.075%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.025%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.05%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0; 0.1%	3	PA
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	2	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin crea 0.025%</i>	1	PA
<i>tretinoin crea 0.05%</i>	1	PA
<i>tretinoin crea 0.1%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OINT 15%	3	
VOLTAREN GEL 1%	2	PA
<i>zenatane caps 20mg</i>	2	
<i>zenatane caps 40mg</i>	2	
ZIANA GEL 1.2%; 0.025%	3	PA
ZYCLARA PUMP CREA 2.5%	3	
ZYCLARA PUMP CREA 3.75%	3	
ZYCLARA CREA 3.75%	3	
Enzyme Replacement/Modifiers		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN INJ 250UNIT/ML	4	PA
ALDURAZYME INJ 2.9MG/5ML	4	PA LA

Name	Drug Tier	Requirements/Limits
BUPHENYL TABS 500MG	2	
CARBAGLU TABS 200MG	4	
CEREZYME INJ 400UNIT	4	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	
CYSTADANE POWD 0	2	
CYSTAGON CAPS 150MG	2	LA
CYSTAGON CAPS 50MG	2	LA
ELELYSO INJ 200UNIT	4	PA
FABRAZYME INJ 35MG	4	PA LA
KUVAN PACK 100MG	4	PA
KUVAN PACK 100MG	4	PA
KUVAN TBSO 100MG	4	PA
LUMIZYME INJ 50MG	3	PA
MYOZYME INJ 50MG	4	PA
NAGLAZYME INJ 1MG/ML	4	PA LA
RAVICTI LIQD 1.1GM/ML	4	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	2	
SUCRAID SOLN 8500UNIT/ML	4	
VPRIV INJ 400UNIT	4	PA
ZAVESCA CAPS 100MG	4	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	3	
ZENPEP CPEP 136000UNIT; 25000UNIT; 85000UNIT	3	
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT	3	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	3	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>atropine sulfate inj 0.05mg/ml</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>dicyclomine hcl caps 10mg</i>	1	
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20mg</i>	1	
<i>glycopyrrolate inj 4mg/20ml</i>	2	
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	1	
<i>Gastrointestinal Agents, Other</i>		

Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
HALFLYTELY BOWEL PREP/FLAVOR PACKS KIT 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	2	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 10mg</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
MOTOFEN TABS 0.025MG; 1MG	3	
PYLERA CAPS 140MG; 125MG; 125MG	2	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	
<i>Gastrointestinal Agents</i>		
GATTEX INJ 5MG	4	PA
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 EA per 28 days) PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	B/D
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 500mg/50ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	3	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
<i>nizatidine soln 15mg/ml</i>	1	
<i>ranitidine hcl caps 150mg</i>	1	
<i>ranitidine hcl caps 300mg</i>	1	
<i>ranitidine hcl syrup 15mg/ml</i>	3	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
AMITIZA CAPS 24MCG	2	QL (60 EA per 30 days) PA
AMITIZA CAPS 8MCG	2	QL (60 EA per 30 days) PA
LINZESS CAPS 145MCG	2	QL (30 EA per 30 days) PA
LINZESS CAPS 290MCG	2	QL (30 EA per 30 days) PA
LOTRONEX TABS 0.5MG	2	

Name	Drug Tier	Requirements/Limits
LOTRONEX TABS 1MG	2	
Laxatives		
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>polyethylene glycol 3350 pack 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
Protectants		
CARAFATE SUSP 1GM/10ML	2	
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
<i>sucralfate tabs 1gm</i>	1	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG	2	QL (30 EA per 30 days)
DEXILANT CPDR 60MG	2	QL (30 EA per 30 days)
<i>esomeprazole sodium inj 20mg</i>	2	B/D
<i>esomeprazole sodium inj 40mg</i>	2	B/D
<i>lansoprazole cpdr 15mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	1	B/D
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (30 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	QL (30 EA per 30 days)
VIMOVO TBEC 20MG; 375MG	3	QL (60 EA per 30 days)
VIMOVO TBEC 20MG; 500MG	3	QL (60 EA per 30 days)
ZEGERID PACK 20MG; 1680MG	3	QL (30 EA per 30 days)
ZEGERID PACK 40MG; 1680MG	3	QL (30 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		

Name	Drug Tier	Requirements/Limits
ENABLEX TB24 15MG	2	ST
ENABLEX TB24 7.5MG	2	ST
<i>flavoxate hcl tabs 100mg</i>	1	
MYRBETRIQ TB24 25MG	2	ST
MYRBETRIQ TB24 50MG	2	ST
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride syrpf 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
OXYTROL PTTW 3.9MG/24HR	2	QL (8 EA per 28 days) ST
<i>tolterodine tartrate er cp24 2mg</i>	1	
<i>tolterodine tartrate er cp24 4mg</i>	1	
<i>tolterodine tartrate tabs 1mg</i>	2	
<i>tolterodine tartrate tabs 2mg</i>	2	
TOVIAZ TB24 4MG	3	ST
TOVIAZ TB24 8MG	3	ST
<i>trospium chloride er cp24 60mg</i>	3	
<i>trospium chloride tabs 20mg</i>	3	
VESICARE TABS 10MG	3	ST
VESICARE TABS 5MG	3	ST
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	2	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
JALYN CAPS 0.5MG; 0.4MG	2	
RAPAFLO CAPS 4MG	2	
RAPAFLO CAPS 8MG	2	
<i>tamsulosin hcl caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 2mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	

Name	Drug Tier	Requirements/Limits
CIALIS TABS 2.5MG	2	QL (30 EA per 30 days) PA
CIALIS TABS 5MG	2	QL (30 EA per 30 days) PA
ELMIRON CAPS 100MG	2	
<i>Phosphate Binders</i>		
FOSRENOL CHEW 1000MG	2	
FOSRENOL CHEW 500MG	2	
FOSRENOL CHEW 750MG	2	
REVELA PACK 0.8GM	2	
REVELA PACK 2.4GM	4	
REVELA TABS 800MG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>ala cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide crea 0.1%</i>	2	
<i>amcinonide lotn 0.1%</i>	2	
<i>amcinonide oint 0.1%</i>	2	
APEXICON E CREA 0.05%	3	
<i>augmented betamethasone dipropionate crea 0.05%</i>	1	
<i>augmented betamethasone dipropionate gel 0.05%</i>	1	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	1	
<i>augmented betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate foam 0.12%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
BUDESONIDE CP24 3MG	3	
CAPEX SHAM 0.01%	2	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	3	

Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	3	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	3	
<i>clobetasol propionate soln 0.05%</i>	1	
CLODERM PUMP CREA 0.1%	3	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>cormax scalp application soln 0.05%</i>	1	
CORTIFOAM FOAM 90MG	2	
<i>cortisone acetate tabs 25mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
<i>desonide crea 0.05%</i>	3	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone crea 0.05%</i>	1	
<i>desoximetasone crea 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>diflorasone diacetate crea 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	3	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide-e crea 0.05%</i>	1	

Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.1%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CREA 0.1%	3	
HALOG OINT 0.1%	3	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
LOCOID LOTN 0.1%	2	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tabs 4mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
PANDEL CREA 0.1%	2	

Name	Drug Tier	Requirements/Limits
<i>prednicarbate crea 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctocream hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
SOLU-CORTEF INJ 250MG	2	
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 500MG	2	
TACLONEX SUSP 0.064%; 0.005%	3	QL (420 GM per 30 days) PA
<i>triamcinolone acetoneide crea 0.025%</i>	1	
<i>triamcinolone acetoneide crea 0.1%</i>	1	
<i>triamcinolone acetoneide crea 0.5%</i>	1	
<i>triamcinolone acetoneide lotn 0.025%</i>	1	
<i>triamcinolone acetoneide lotn 0.1%</i>	1	
<i>triamcinolone acetoneide oint 0.025%</i>	1	
<i>triamcinolone acetoneide oint 0.1%</i>	1	
<i>triamcinolone acetoneide oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>u-cort crea 1%; 10%</i>	1	
UCERIS TB24 9MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
ACTHAR HP INJ 80UNIT/ML	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg</i>	2	
<i>desmopressin acetate tabs 0.2mg</i>	2	
EGRIFTA INJ 2MG	4	QL (30 EA per 30 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG	4	PA

Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.6MG	4	PA
GENOTROPIN MINIQUICK INJ 0.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1.2MG	4	PA
GENOTROPIN MINIQUICK INJ 1.4MG	4	PA
GENOTROPIN MINIQUICK INJ 1.6MG	4	PA
GENOTROPIN MINIQUICK INJ 1.8MG	4	PA
GENOTROPIN MINIQUICK INJ 1MG	4	PA
GENOTROPIN MINIQUICK INJ 2MG	4	PA
GENOTROPIN INJ 12MG	4	PA
GENOTROPIN INJ 5MG	4	PA
HUMATROPE COMBO PACK INJ 5MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
HUMATROPE INJ 6MG	4	PA
INCRELEX INJ 40MG/4ML	4	PA
NORDITROPIN FLEXPOR INJ 10MG/1.5ML	4	PA
NORDITROPIN FLEXPOR INJ 15MG/1.5ML	4	PA
NORDITROPIN FLEXPOR INJ 5MG/1.5ML	4	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	4	PA
NUTROPIN AQ PEN INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN INJ 10MG	3	PA
OMNITROPE INJ 5MG/1.5ML	3	PA
SAIZEN CLICK.EASY INJ 8.8MG	3	PA
SAIZEN INJ 5MG	3	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABS 300MG	4	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	4	PA
<i>oxandrolone tabs 10mg</i>	1	QL (60 EA per 30 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (120 EA per 30 days) PA
<i>Androgens</i>		

Name	Drug Tier	Requirements/Limits
ANDRODERM PT24 2MG/24HR	2	ST
ANDRODERM PT24 4MG/24HR	2	ST
ANDROGEL PUMP GEL 1.62%	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 50MG/5GM	2	
ANDROID CAPS 10MG	2	
ANDROXY TABS 10MG	2	
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
METHITEST TABS 10MG	3	
TESTIM GEL 1%	3	ST
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
TESTRED CAPS 10MG	3	
<i>Estrogens</i>		
ALORA PTTW 0.025MG/24HR	2	PA
ALORA PTTW 0.05MG/24HR	2	PA
ALORA PTTW 0.075MG/24HR	2	PA
ALORA PTTW 0.1MG/24HR	2	PA
<i>amethia tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	1	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>aranelle tabs 0; 0</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>caziant tabs 0; 0</i>	1	
CENESTIN TABS 0.3MG	3	PA
CENESTIN TABS 0.45MG	3	PA
CENESTIN TABS 0.625MG	3	PA
CENESTIN TABS 0.9MG	3	PA
CENESTIN TABS 1.25MG	3	PA
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	2	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	2	PA
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	1	
<i>cyclafem 7/7/7 tabs 0; 0</i>	1	

Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 tabs 0; 0</i>	1	
DELESTROGEN INJ 10MG/ML	3	
DIVIGEL GEL 0.25MG/0.25GM	2	PA
DIVIGEL GEL 0.5MG/0.5GM	2	PA
DIVIGEL GEL 1MG/GM	2	PA
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>emoquette tabs 0.15mg; 30mcg</i>	1	
ENJUVIA TABS 0.3MG	3	PA
ENJUVIA TABS 0.45MG	3	PA
ENJUVIA TABS 0.625MG	3	PA
ENJUVIA TABS 0.9MG	3	PA
ENJUVIA TABS 1.25MG	3	PA
<i>enpresse-28 tabs 0; 0</i>	1	
<i>estarylla tabs 35mcg; 0.25mg</i>	1	
ESTRACE CREA 0.1MG/GM	2	
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	PA
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	PA
<i>estradiol ptwk 0.025mg/24hr</i>	1	PA
<i>estradiol ptwk 0.05mg/24hr</i>	1	PA
<i>estradiol ptwk 0.06mg/24hr</i>	1	PA
<i>estradiol ptwk 0.075mg/24hr</i>	1	PA
<i>estradiol ptwk 0.1mg/24hr</i>	1	PA
<i>estradiol ptwk 37.5mcg/24hr</i>	1	PA
<i>estradiol tabs 0.5mg</i>	1	PA
<i>estradiol tabs 1mg</i>	1	PA
<i>estradiol tabs 2mg</i>	1	PA
ESTRING RING 2MG	3	QL (1 EA per 90 days)
<i>estropipate tabs 0.75mg</i>	1	PA
<i>estropipate tabs 1.5mg</i>	1	PA
<i>estropipate tabs 3mg</i>	1	PA
<i>gianvi tabs 3mg; 0.02mg</i>	1	
<i>gildagia tabs 35mcg; 0.4mg</i>	1	
<i>gildess fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>gildess fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>introvale tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>jinteli tabs 5mcg; 1mg</i>	1	PA
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28 tabs 30mcg; 0.15mg</i>	1	
<i>loryna tabs 3mg; 0.02mg</i>	1	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutra tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENOSTAR PTWK 14MCG/24HR	3	PA
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>mimvey lo tabs 0.5mg; 0.1mg</i>	1	PA
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>mononessa tabs 35mcg; 0.25mg</i>	1	
<i>myzilra tabs 0; 0</i>	1	
<i>myzilra tabs 0; 0</i>	1	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>necon 1/35 tabs 35mcg; 1mg</i>	1	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	1	
<i>necon 10/11-28 tabs 35mcg; 0</i>	1	
<i>necon 7/7/7 tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 0; 0</i>	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	QL (1 EA per 28 days)
<i>ocella tabs 3mg; 0.03mg</i>	1	
<i>ogestrel tabs 50mcg; 0.5mg</i>	1	
<i>orsythia tabs 20mcg; 0.1mg</i>	1	
ORTHO EVRA PTWK 35MCG/24HR; 150MCG/24HR	3	
<i>pimtrea tabs 0; 0</i>	1	

Name	Drug Tier	Requirements/Limits
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	1	
<i>pirmella 7/7/7 tabs 0; 0</i>	1	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREFEST TABS 0; 0	3	PA
PREMARIN CREA 0.625MG/GM	2	
PREMARIN TABS 0.3MG	2	PA
PREMARIN TABS 0.45MG	2	PA
PREMARIN TABS 0.625MG	2	PA
PREMARIN TABS 0.9MG	2	PA
PREMARIN TABS 1.25MG	2	PA
PREMPRO TABS 0.3MG; 1.5MG	2	PA
PREMPRO TABS 0.45MG; 1.5MG	2	PA
PREMPRO TABS 0.625MG; 2.5MG	2	PA
PREMPRO TABS 0.625MG; 5MG	2	PA
<i>previfem tabs 35mcg; 0.25mg</i>	1	
<i>quasense tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>reclipsen tabs 0.15mg; 30mcg</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>tri-estarylla tabs 0; 0</i>	1	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-linyah tabs 0; 0</i>	1	
<i>tri-previfem tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trinessa tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
VAGIFEM TABS 10MCG	2	
<i>velivet tabs 0; 0</i>	1	
<i>viorele tabs 0; 0</i>	1	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	1	
<i>zovia 1/35e tabs 35mcg; 1mg</i>	1	
<i>zovia 1/50e tabs 50mcg; 1mg</i>	1	
Progestins		
<i>camila tabs 0.35mg</i>	1	
CRINONE GEL 4%	2	
CRINONE GEL 8%	2	
DEPO-PROVERA INJ 400MG/ML	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
ELLA TABS 30MG	2	QL (4 EA per 365 days)
<i>errin tabs 0.35mg</i>	1	

Name	Drug Tier	Requirements/Limits
<i>jolivette tabs 0.35mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
MEGACE ES SUSP 625MG/5ML	2	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate tabs 20mg</i>	2	
<i>megestrol acetate tabs 40mg</i>	2	
<i>nora-be tabs 0.35mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	1	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride tabs 60mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium inj 100mcg</i>	1	
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
<i>levoxyl tabs 100mcg</i>	1	
<i>levoxyl tabs 112mcg</i>	1	
<i>levoxyl tabs 125mcg</i>	1	
<i>levoxyl tabs 137mcg</i>	1	
<i>levoxyl tabs 150mcg</i>	1	
<i>levoxyl tabs 175mcg</i>	1	
<i>levoxyl tabs 200mcg</i>	1	
<i>levoxyl tabs 25mcg</i>	1	
<i>levoxyl tabs 50mcg</i>	1	
<i>levoxyl tabs 75mcg</i>	1	

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

Name	Drug Tier	Requirements/Limits
SENSIPAR TABS 30MG	3	
SENSIPAR TABS 60MG	4	
SENSIPAR TABS 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	3	
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	4	QL (6 EA per 365 days) PA
FIRMAGON INJ 80MG	3	QL (4 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	3	PA
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 90 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 30 days) PA
LUPRON DEPOT-PED INJ 11.25MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED INJ 15MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 11.25MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT INJ 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT INJ 7.5MG	4	QL (1 EA per 28 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	3	PA
<i>octreotide acetate inj 100mcg/ml</i>	3	PA
<i>octreotide acetate inj 200mcg/ml</i>	3	PA
<i>octreotide acetate inj 500mcg/ml</i>	3	PA
<i>octreotide acetate inj 50mcg/ml</i>	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG	4	PA
SANDOSTATIN LAR DEPOT INJ 20MG	4	PA
SANDOSTATIN LAR DEPOT INJ 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.6MG/ML	4	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.9MG/ML	4	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	4	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	4	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	4	PA
SOMAVERT INJ 10MG	4	PA LA
SOMAVERT INJ 15MG	4	PA LA
SOMAVERT INJ 20MG	4	PA LA
SYNAREL SOLN 2MG/ML	3	
TRELSTAR DEPOT MIXJECT INJ 3.75MG	4	QL (1 EA per 28 days) PA

Name	Drug Tier	Requirements/Limits
TRELSTAR LA MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
Immunological Agents		
<i>Angioedema (HAE) Agents</i>		
CINRYZE INJ 500UNIT	4	
FIRAZYR INJ 30MG/3ML	4	
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG	3	B/D
ASTAGRAF XL CP24 1MG	3	B/D
ASTAGRAF XL CP24 5MG	3	B/D
AZASAN TABS 100MG	3	B/D
AZASAN TABS 75MG	3	B/D
<i>azathioprine sodium inj 100mg</i>	1	B/D
<i>azathioprine tabs 50mg</i>	1	B/D
CELLCEPT INTRAVENOUS INJ 500MG	4	B/D
CELLCEPT SUSR 200MG/ML	4	B/D
CIMZIA INJ 200MG/ML	4	QL (6 EA per 28 days) PA
CIMZIA INJ 200MG	4	QL (6 EA per 28 days) PA
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
ENBREL SURECLICK INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (8.16 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8.16 EA per 28 days) PA
ENBREL INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
<i>engraf caps 100mg</i>	2	B/D
<i>engraf caps 25mg</i>	2	B/D
<i>engraf soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	4	B/D
<i>hecoria caps 1mg</i>	4	B/D
<i>hecoria caps 5mg</i>	4	B/D
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	4	QL (9.6 EA per 365 days) PA
HUMIRA INJ 20MG/0.4ML	4	QL (2 EA per 28 days) PA

Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	B/D
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D
<i>mycophenolic acid dr tbec 180mg</i>	1	B/D
<i>mycophenolic acid dr tbec 360mg</i>	1	B/D
NULOJIX INJ 250MG	4	B/D
ORENCIA INJ 125MG/ML	4	PA
ORENCIA INJ 250MG	4	PA
PROGRAF INJ 5MG/ML	3	B/D
RAPAMUNE SOLN 1MG/ML	2	B/D
RAPAMUNE TABS 1MG	2	B/D
RAPAMUNE TABS 2MG	2	B/D
REMICADE INJ 100MG	4	PA
RHEUMATREX TABS 2.5MG	3	
SANDIMMUNE SOLN 100MG/ML	2	B/D
SIMPONI ARIA INJ 50MG/4ML	4	PA
SIMPONI INJ 100MG/ML	4	QL (0.5 ML per 28 days) PA
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
<i>sirolimus tabs 0.5mg</i>	2	B/D
<i>tacrolimus caps 0.5mg</i>	3	B/D
<i>tacrolimus caps 1mg</i>	3	B/D
<i>tacrolimus caps 5mg</i>	4	B/D
TORISEL INJ 25MG/ML	4	B/D
TREXALL TABS 10MG	2	B/D
TREXALL TABS 15MG	2	B/D
TREXALL TABS 5MG	3	B/D
TREXALL TABS 7.5MG	2	B/D
ZORTRESS TABS 0.25MG	2	PA
ZORTRESS TABS 0.5MG	4	PA
ZORTRESS TABS 0.75MG	4	PA
<i>Immunizing Agents, Passive</i>		
ATGAM INJ 50MG/ML	4	B/D
BIVIGAM INJ 10GM/100ML	4	PA
CARIMUNE NANOFILTERED INJ 3GM	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
HIZENTRA INJ 10GM/50ML	4	PA
HIZENTRA INJ 1GM/5ML	4	PA

Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 2GM/10ML	4	PA
HIZENTRA INJ 4GM/20ML	4	PA
PRIVIGEN INJ 20GM/200ML	4	PA
THYMOGLOBULIN INJ 25MG	2	B/D
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	4	PA
ACTEMRA INJ 200MG/10ML	4	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	4	LA
ARCALYST INJ 220MG	4	PA
ILARIS INJ 180MG	4	PA
<i>leflunomide tabs 10mg</i>	2	
<i>leflunomide tabs 20mg</i>	2	
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA
OTEZLA TBPK 0	4	QL (54 EA per 365 days) PA
RIDAURA CAPS 3MG	3	
SIMULECT INJ 20MG	2	B/D
SYNAGIS INJ 100MG/ML	4	PA
SYNAGIS INJ 50MG/0.5ML	4	PA
TECFIDERA STARTER PACK MISC 0	4	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	4	QL (14 EA per 365 days) PA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA
XELJANZ TABS 5MG	4	PA
Vaccines		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BCG VACCINE INJ 0	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
CERVARIX INJ 0	2	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	2	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ 0	2	
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D

Name	Drug Tier	Requirements/Limits
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
M-M-R II W/DILUENT 10 DOSE INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENOMUNE-A/C/Y/W-135 INJ 0	2	
MENVEO INJ 0	2	
PEDVAX HIB INJ 0	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
ROTARIX SUSR 0	2	
ROTATEQ SOLN 0	2	
<i>tetanus toxoid adsorbed inj 5lfu</i>	1	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	B/D
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
YF-VAX INJ 0	2	
ZOSTAVAX INJ 19400UNT/0.65ML	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	2	
ASACOL HD TBEC 800MG	3	
<i>balsalazide disodium caps 750mg</i>	2	
CANASA SUPP 1000MG	4	
DIPENTUM CAPS 250MG	3	
LIALDA TBEC 1.2GM	3	
PENTASA CPR 250MG	3	
PENTASA CPR 500MG	3	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfazine ec tbec 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 30MG	3	ST
ACTONEL TABS 35MG	3	QL (4 EA per 28 days) ST

Name	Drug Tier	Requirements/Limits
ACTONEL TABS 5MG	3	ST
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
ATELVIA TBEC 35MG	3	QL (4 EA per 28 days) ST
BONIVA INJ 3MG/3ML	3	QL (3 ML per 90 days) PA
<i>calcitonin-salmon soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	B/D
<i>calcitriol caps 0.5mcg</i>	1	B/D
<i>calcitriol inj 1mcg/ml</i>	1	B/D
<i>calcitriol soln 1mcg/ml</i>	1	B/D
<i>doxercalciferol caps 0.5mcg</i>	2	B/D
<i>doxercalciferol caps 1mcg</i>	2	B/D
<i>doxercalciferol caps 2.5mcg</i>	1	B/D
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>etidronate disodium tabs 200mg</i>	1	
<i>etidronate disodium tabs 400mg</i>	1	
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA
FORTICAL SOLN 200UNIT/ACT	3	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	3	QL (4 EA per 28 days) ST
FOSAMAX PLUS D TABS 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST
HECTOROL INJ 4MCG/2ML	2	
<i>ibandronate sodium inj 3mg/3ml</i>	2	QL (3 ML per 90 days) PA
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	3	
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days) PA
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
SKELID TABS 200MG	3	
XGEVA INJ 120MG/1.7ML	4	QL (1.7 ML per 30 days) PA
ZEMPLAR INJ 2MCG/ML	2	B/D
ZEMPLAR INJ 5MCG/ML	2	B/D
<i>zoledronic acid inj 4mg/5ml</i>	4	PA
ZOLEDRONIC ACID INJ 5MG/100ML	3	QL (100 ML per 365 days) PA
ZOMETA INJ 4MG/100ML	4	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)

Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	4	PA
FERRIPROX TABS 500MG	3	PA
<i>intralipid inj 2.25%; 20%</i>	1	B/D
<i>levocarnitine inj 200mg/ml</i>	2	B/D
<i>levocarnitine soln 1gm/10ml</i>	2	B/D
<i>levocarnitine tabs 330mg</i>	1	B/D
<i>liposyn iii inj 2.5%; 10%</i>	1	B/D
<i>liposyn iii inj 2.5%; 30%</i>	1	B/D
<i>methylergonovine maleate tabs 0.2mg</i>	1	
MYALEPT INJ 11.3MG	4	PA
ORFADIN CAPS 10MG	4	
ORFADIN CAPS 2MG	4	
ORFADIN CAPS 5MG	4	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
XEOMIN INJ 50UNIT	3	PA
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
COMBIGAN SOLN 0.2%; 0.5%	2	
<i>latanoprost soln 0.005%</i>	1	QL (3.34 ML per 25 days)
LUMIGAN SOLN 0.01%	2	QL (2.5 ML per 25 days) ST
TRAVATAN Z SOLN 0.004%	2	QL (2.5 ML per 25 days) ST
<i>travoprost soln 0.004%</i>	1	QL (2.5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
CYSTARAN SOLN 0.44%	4	QL (60 ML per 30 days) PA
LACRISERT INST 5MG	2	
<i>naphazoline hcl soln 0.1%</i>	1	
PROCYSBI CPDR 25MG	4	PA
PROCYSBI CPDR 75MG	4	PA
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS EMUL 0.05%	2	QL (60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIOL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACAPT SOLN 0.25%	2	

Name	Drug Tier	Requirements/Limits
PATADAY SOLN 0.2%	2	
PATANOL SOLN 0.1%	2	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLN 0.45%	2	
ALREX SUSP 0.2%	2	
<i>bromfenac soln 0.09%</i>	2	
BROMFENAC SOLN 0.09%	2	
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
DUREZOL EMUL 0.05%	2	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	2	
FML OINT 0.1%	2	
<i>ketorolac tromethamine soln 0.4%</i>	2	
<i>ketorolac tromethamine soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	2	QL (10 GM per 365 days)
LOTEMAX OINT 0.5%	2	
LOTEMAX SUSP 0.5%	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
NEVANAC SUSP 0.1%	2	
PRED MILD SUSP 0.12%	2	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
TOBRADEX ST SUSP 0.05%; 0.3%	2	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	1	
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine soln 0.5%</i>	1	
AZOPT SUSP 1%	2	
<i>betaxolol hcl soln 0.5%</i>	1	
BETOPTIC-S SUSP 0.25%	2	

Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln 0.15%</i>	2	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	2	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
IOPIDINE SOLN 1%	3	
ISTALOL SOLN 0.5%	2	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs 25mg</i>	1	
<i>methazolamide tabs 50mg</i>	2	
<i>metipranolol soln 0.3%</i>	1	
<i>pilocarpine hcl soln 1%</i>	1	
<i>pilocarpine hcl soln 2%</i>	1	
<i>pilocarpine hcl soln 4%</i>	1	
PILOPINE HS GEL 4%	2	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	1	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25%	2	
TIMOPTIC OCUDOSE SOLN 0.5%	2	
Otic Agents		
<i>Otic Agents</i>		
<i>acetazol hc soln 2%; 1%</i>	2	
<i>acetic acid soln 2%</i>	1	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	2	QL (60 EA per 30 days)
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (12.2 GM per 30 days)
ALVESCO AERS 80MCG/ACT	3	QL (12.2 GM per 30 days)
ASMANEX 120 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 60 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX 7 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
BECONASE AQ SUSP 42MCG/SPRAY	3	QL (50 GM per 30 days) ST
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BUDESONIDE SUSP 0.25MG/2ML	3	QL (120 ML per 30 days) B/D
BUDESONIDE SUSP 0.5MG/2ML	3	QL (120 ML per 30 days) B/D
<i>budesonide susp 32mcg/act</i>	2	QL (17.2 GM per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days)
<i>flunisolide soln 0.025%</i>	1	QL (50 ML per 25 days)
<i>flunisolide soln 29mcg/act</i>	1	QL (50 ML per 25 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days)
NASONEX SUSP 50MCG/ACT	2	QL (34 GM per 30 days) ST
OMNARIS SUSP 50MCG/ACT	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	QL (1 EA per 30 days)
PULMICORT SUSP 1MG/2ML	2	QL (120 ML per 30 days) B/D
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 25 days)
QVAR AERS 80MCG/ACT	2	QL (17.4 GM per 25 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
<i>triamcinolone acetonide inha 55mcg/act</i>	2	QL (16.5 GM per 30 days)
VERAMYST SUSP 27.5MCG/SPRAY	3	QL (10 GM per 30 days) ST
Antihistamines		

Name	Drug Tier	Requirements/Limits
<i>azelastine hcl soln 0.15%</i>	1	QL (60 ML per 30 days)
<i>azelastine hcl soln 137mcg/spray</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate soln 4mg/5ml</i>	1	PA
<i>cetirizine hcl syrp 1mg/ml</i>	1	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	3	
CLARINEX-D 24 HOUR TB24 5MG; 240MG	3	
CLARINEX SYRP 0.5MG/ML	3	
<i>clemastine fumarate syrp 0.67mg/5ml</i>	2	PA
<i>clemastine fumarate tabs 2.68mg</i>	2	PA
<i>cyproheptadine hcl syrp 2mg/5ml</i>	2	PA
<i>cyproheptadine hcl tabs 4mg</i>	2	PA
<i>desloratadine odt tbdp 2.5mg</i>	2	
<i>desloratadine odt tbdp 5mg</i>	2	
<i>desloratadine tabs 5mg</i>	2	
<i>diphenhydramine hcl caps 50mg</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	PA
<i>hydroxyzine hcl inj 25mg/ml</i>	2	PA
<i>hydroxyzine hcl inj 50mg/ml</i>	2	PA
<i>hydroxyzine hcl tabs 50mg</i>	2	PA
<i>hydroxyzine pamoate caps 100mg</i>	2	PA
<i>hydroxyzine pamoate caps 25mg</i>	2	PA
<i>hydroxyzine pamoate caps 50mg</i>	2	PA
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
PATANASE SOLN 0.6%	3	QL (30.5 GM per 30 days)
<i>promethazine hcl inj 25mg/ml</i>	2	PA
<i>promethazine hcl inj 50mg/ml</i>	2	PA
<i>promethazine hcl syrp 6.25mg/5ml</i>	2	PA
<i>promethazine hcl tabs 12.5mg</i>	2	PA
<i>promethazine hcl tabs 25mg</i>	2	PA
<i>promethazine hcl tabs 50mg</i>	2	PA
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
ZYFLO CR TB12 600MG	3	
ZYFLO TABS 600MG	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	2	QL (25.8 GM per 30 days)

Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide soln 0.03%</i>	1	QL (60 ML per 30 days)
<i>ipratropium bromide soln 0.06%</i>	1	QL (30 ML per 30 days)
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 30MG/30ML	3	
<i>albuterol sulfate er tb12 4mg</i>	2	
<i>albuterol sulfate er tb12 8mg</i>	2	
<i>albuterol sulfate nebu 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.5%</i>	1	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg</i>	2	
<i>albuterol sulfate tabs 4mg</i>	2	
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER CAPS 75MCG	3	QL (30 EA per 30 days)
BROVANA NEBU 15MCG/2ML	3	QL (120 ML per 30 days) B/D
EPIPEN 2-PAK INJ 0.3MG/0.3ML	2	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	2	
FORADIL AEROLIZER CAPS 12MCG	3	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	QL (45 EA per 30 days) B/D
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PERFOROMIST NEBU 20MCG/2ML	2	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	2	QL (17 GM per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	
XOPENEX HFA AERO 45MCG/ACT	2	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
BETHKIS NEBU 300MG/4ML	4	PA
CAYSTON SOLR 75MG	4	PA
KALYDECO TABS 150MG	4	PA

Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN 1MG/ML	4	PA
TOBI PODHALER CAPS 28MG	4	QL (224 EA per 56 days) PA
<i>tobramycin nebu 300mg/5ml</i>	3	PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>aminophylline inj 25mg/ml</i>	1	B/D
DALIRESP TABS 500MCG	2	PA
ELIXOPHYLLIN ELIX 80MG/15ML	3	
<i>theochron tb12 200mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADCIRCA TABS 20MG	4	QL (60 EA per 30 days) PA
ADEMPAS TABS 0.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 1.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 1MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 2.5MG	4	QL (90 EA per 30 days) PA
ADEMPAS TABS 2MG	4	QL (90 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	2	PA
LETAIRIS TABS 10MG	4	QL (30 EA per 30 days) PA LA
LETAIRIS TABS 5MG	4	QL (30 EA per 30 days) PA LA
OPSUMIT TABS 10MG	4	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG	3	PA
ORENITRAM TBCR 1MG	4	PA
ORENITRAM TBCR 2.5MG	4	PA
REMODULIN INJ 10MG/ML	4	PA
REMODULIN INJ 1MG/ML	4	PA
REMODULIN INJ 2.5MG/ML	4	PA
REMODULIN INJ 5MG/ML	4	PA
REVATIO INJ 10MG/12.5ML	4	QL (1125 ML per 30 days) PA
<i>sildenafil tabs 20mg</i>	2	QL (90 EA per 30 days) PA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA LA
TRACLEER TABS 62.5MG	4	QL (60 EA per 30 days) PA LA
TYVASO REFILL SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO STARTER SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA

Name	Drug Tier	Requirements/Limits
TYVASO SOLN 0.6MG/ML	4	QL (87 ML per 30 days) PA
VENTAVIS SOLN 10MCG/ML	3	QL (270 ML per 30 days) PA
VENTAVIS SOLN 20MCG/ML	3	QL (270 ML per 30 days) PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	4	B/D
PROLASTIN-C INJ 1000MG	4	B/D
<i>promethazine vc plain syrpf 5mg/5ml; 6.25mg/5ml</i>	2	PA
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	2	
XOLAIR INJ 150MG	4	QL (6 EA per 28 days) PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX CP24 15MG	3	PA
AMRIX CP24 30MG	3	PA
<i>carisoprodol/aspirin tabs 325mg; 200mg</i>	2	PA
<i>carisoprodol tabs 350mg</i>	2	PA
<i>chlorzoxazone tabs 500mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 10mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 7.5mg</i>	2	PA
<i>methocarbamol tabs 500mg</i>	2	PA
<i>methocarbamol tabs 750mg</i>	2	PA
<i>orphenadrine citrate er tb12 100mg</i>	2	PA
<i>orphenadrine citrate inj 30mg/ml</i>	2	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) ST PA
EDLUAR SUBL 5MG	3	QL (30 EA per 30 days) ST PA
ESZOPICLONE TABS 1MG	2	QL (30 EA per 30 days)
ESZOPICLONE TABS 2MG	2	QL (30 EA per 30 days)
ESZOPICLONE TABS 3MG	2	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 12.5mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 6.25mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 10mg</i>	2	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 5mg</i>	2	QL (30 EA per 30 days) PA
ZOLPIMIST SOLN 5MG/ACT	3	QL (7.7 ML per 30 days) ST
Sleep Disorders, Other		
MODAFINIL TABS 100MG	3	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	4	QL (30 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
NUVIGIL TABS 150MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 200MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 50MG	3	QL (60 EA per 30 days) PA
ROZEREM TABS 8MG	2	QL (30 EA per 30 days) ST
SILENOR TABS 3MG	2	QL (30 EA per 30 days) ST
SILENOR TABS 6MG	2	QL (30 EA per 30 days) ST
XYREM SOLN 500MG/ML	4	QL (540 ML per 30 days) PA LA
Therapeutic Nutrients/Minerals/Electrolytes		
<i>Electrolyte/Mineral Modifiers</i>		
CHEMET CAPS 100MG	2	
CUPRIMINE CAPS 250MG	2	
DEPEN TITRATABS TABS 250MG	2	
EXJADE TBSO 125MG	4	PA LA
EXJADE TBSO 250MG	4	PA LA
EXJADE TBSO 500MG	4	PA LA
<i>kionex powd 0</i>	1	
SAMSCA TABS 15MG	4	
SAMSCA TABS 30MG	4	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
SYPRINE CAPS 250MG	2	
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II 4.25/DEXTROSE25% INJ 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	3	B/D
<i>aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml</i>	1	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	B/D
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	2	B/D
<i>aminosyn-hf inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN INJ 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
<i>calcium acetate caps 667mg</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D

Name	Drug Tier	Requirements/Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	B/D
<i>dextrose 5%/potassium chloride 0.15% inj 5%; 20meq/l</i>	1	B/D
FREAMINE HBC 6.9% INJ 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	2	B/D
<i>hepatamine inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l; 20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml; 1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml; 115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml; 450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
<i>hepatasol inj 0.77gm/100ml; 0.6gm/100ml; 0.02gm/100ml; 0.9gm/100ml; 0.24gm/100ml; 0.9gm/100ml; 1.1gm/100ml; 0.61gm/100ml; 0.1gm/100ml; 0.1gm/100ml; 0.115gm/100ml; 0.8gm/100ml; 0.5gm/100ml; 0.45gm/100ml; 0.065gm/100ml; 0.84gm/100ml</i>	2	B/D
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbc 20meq</i>	1	
<i>lactated ringers dextrose 5% viaflex inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	B/D
<i>magnesium sulfate inj 50%</i>	1	
MOZOBIL INJ 24MG/1.2ML	4	QL (9.6 ML per 30 days) PA
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	2	B/D
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PHOSLYRA SOLN 667MG/5ML	2	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	B/D
<i>potassium chloride 0.15% /nacl 0.45% viaflex inj 20meq/l; 0.45%</i>	1	B/D

Name	Drug Tier	Requirements/Limits
<i>potassium chloride 0.15%/nacl 0.9% inj 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9% inj 40meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w inj 5%; 40meq/l</i>	1	B/D
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride sr tbcr 8meq</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	B/D
<i>potassium chloride inj 20meq/100ml</i>	1	B/D
<i>potassium chloride inj 2meq/ml</i>	1	B/D
<i>potassium chloride inj 30meq/100ml</i>	1	B/D
<i>potassium chloride inj 40meq/100ml</i>	1	B/D
<i>potassium citrate tbcr 1080mg</i>	1	
<i>potassium citrate tbcr 540mg</i>	1	
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	B/D
<i>sodium chloride 0.45% viaflex inj 0.45%</i>	1	B/D
<i>sodium chloride inj 0.9%</i>	1	B/D
<i>sodium chloride inj 2.5meq/ml</i>	1	B/D
<i>sodium chloride inj 3%</i>	1	B/D
<i>sodium chloride inj 5%</i>	1	B/D
<i>sodium fluoride tabs 1mg</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D

Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>Vitamins</i>		
<i>prenatabs obn tabs 120mg; 200mg; 400unit; 8mcg; 1mg; 29mg; 20mg; 150mcg; 3mg; 3mg; 3mg; 30unit; 15mg</i>	1	

OTC products

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

Index

	Drug Name	Page #
	ALIMTA	30
	ALINIA	34
	<i>allopurinol</i>	27
	ALOCRIAL	93
	ALORA	81
	ALOXI	25
	ALPHAGAN P	94
	<i>alprazolam</i>	45
	<i>alprazolam er</i>	45
	ALPRAZOLAM INTENSOL	45
	<i>alprazolam odt</i>	45
	<i>alprazolam xr</i>	45
	ALREX	94
	ALTABAX	8
	ALTOPREV	64
	ALVESCO	96
	<i>amantadine hcl</i>	44
	AMBISOME	26
	<i>amcinonide</i>	76
	<i>a-methapred</i>	76
	<i>amethia</i>	81
	<i>amethyst</i>	81
	<i>amifostine</i>	30
	<i>amikacin sulfate</i>	8
	<i>amiloride hcl</i>	63
	<i>amiloride/hydrochlorothiazide</i>	63
	<i>aminophylline</i>	99
	AMINOSYN	102
	AMINOSYN II	101
	AMINOSYN II 4.25/DEXTROSE25%	101
	<i>aminosyn ii 8.5%/electrolytes</i>	101
	AMINOSYN-HBC	102
	<i>aminosyn-hf</i>	102
	AMINOSYN-PF	102
	AMINOSYN-PF 7%	102
	<i>amiodarone hcl</i>	56
	AMITIZA	73
	<i>amitriptyline hcl</i>	23
	<i>amlodipine besylate</i>	59
	<i>amlodipine besylate/atorvastatin</i>	59
	<i>calcium</i>	
	<i>amlodipine besylate/benazepril hcl</i>	59
	<i>amlodipine besylate/benazepril</i>	59
	<i>hydrochloride</i>	
	<i>ammonium lactate</i>	70
	<i>amnestem</i>	70
	<i>amoxapine</i>	23
	<i>amoxicillin</i>	12
	<i>amoxicillin/clavulanate potassium</i>	12
	<i>amoxicillin/clavulanate potassium er</i>	12
	<i>amphetamine/dextroamphetamine</i>	66
	AMPHOTERICIN B	26
	<i>ampicillin</i>	12
	<i>ampicillin sodium</i>	12
	<i>ampicillin-sulbactam</i>	12
	AMPYRA	69
	AMRIX	100
	AMTURNIDE	62
	8-MOP	69
	<i>abacavir</i>	42
	<i>abacavir sulfate/lamivudine/zidovudine</i>	42
	ABELCET	25
	ABILIFY	38
	ABILIFY DISCMELT	38
	ABILIFY MAINTENA	38
	ABRAXANE	30
	ABSTRAL	4
	<i>acamprosate calcium dr</i>	7
	<i>acarbose</i>	46
	<i>acebutolol hcl</i>	57
	<i>acetaminophen/codeine</i>	4
	<i>acetaminophen/codeine #3</i>	4
	<i>acetazol hc</i>	95
	<i>acetazolamide</i>	62
	<i>acetazolamide er</i>	94
	<i>acetic acid</i>	95
	<i>acetylcysteine</i>	100
	<i>acitretin</i>	69
	ACTEMRA	90
	ACTHAR HP	79
	ACTHIB	90
	ACTIMMUNE	90
	ACTONEL	91
	ACUVAIL	94
	<i>acyclovir</i>	44
	<i>acyclovir sodium</i>	44
	ADACEL	90
	ADAGEN	71
	<i>adapalene</i>	69
	ADASUVE	37
	ADCIRCA	99
	<i>adefovir dipivoxil</i>	41
	ADEMPAS	99
	ADRENALIN	98
	<i>adriamycin</i>	30
	ADVAIR DISKUS	95
	ADVAIR HFA	96
	ADVICOR	64
	<i>afeditab cr</i>	58
	AFINITOR	33
	AFINITOR DISPERZ	33
	AGGRENOLX	52
	<i>a-hydrocort</i>	76
	<i>ak-poly-bac</i>	8
	<i>ala cort</i>	76
	ALBENZA	34
	<i>albuterol sulfate</i>	98
	<i>albuterol sulfate er</i>	98
	<i>alclometasone dipropionate</i>	76
	<i>alcohol preps</i>	8
	ALDURAZYME	71
	<i>alendronate sodium</i>	92
	<i>alfuzosin hcl er</i>	75

Drug Name	Page #	Drug Name	Page #
ANADROL-50	80	AZACTAM IN ISO-OSMOTIC	11
<i>anagrelide hydrochloride</i>	51	DEXTROSE	
<i>anastrozole</i>	33	AZASAN	88
ANDRODERM	81	AZASITE	13
ANDROGEL	81	<i>azathioprine</i>	88
ANDROGEL PUMP	81	<i>azathioprine sodium</i>	88
ANDROID	81	<i>azelastine hcl</i>	93
ANDROXY	81	<i>azelastine hcl</i>	97
ANORO ELLIPTA	98	AZELEX	70
ANTARA	63	AZILECT	36
ANZEMET	25	<i>azithromycin</i>	13
APEXICON E	76	AZOPT	94
APIDRA	49	AZOR	59
APIDRA SOLOSTAR	49	<i>aztreonam</i>	11
APLENZIN	20	<i>bacitracin</i>	9
APOKYN	35	<i>bacitracin/polymyxin b</i>	9
<i>apraclonidine</i>	94	<i>baclofen</i>	40
<i>apri</i>	81	BACTROBAN NASAL	9
APRISO	91	<i>balsalazide disodium</i>	91
APTIOM	16	<i>balziva</i>	81
APTIVUS	43	BANZEL	19
ARALAST NP	100	BARACLUDGE	41
<i>aranelle</i>	81	BCG VACCINE	90
ARANESP ALBUMIN FREE	51	BD INSULIN SYRINGE	92
ARCALYST	90	SAFETYGLIDE/1ML/29G X 1/2"	
ARCAPTA NEOHALER	98	BD INSULIN SYRINGE	92
ARRANON	30	ULTRAFINE/0.3ML/31G X 5/16"	
ARZERRA	34	BD INSULIN SYRINGE	93
ASACOL HD	91	ULTRAFINE/0.5ML/30G X 1/2"	
<i>ascomp/codeine</i>	4	BD INSULIN SYRINGE	93
ASMANEX 120 METERED DOSES	96	ULTRAFINE/1ML/31G X 5/16"	
ASMANEX 14 METERED DOSES	96	BD PEN NEEDLE/ULTRAFINE/29G	93
ASMANEX 30 METERED DOSES	96	X 12.7MM	
ASMANEX 60 METERED DOSES	96	BECONASE AQ	96
ASMANEX 7 METERED DOSES	96	<i>benazepril hcl</i>	54
ASTAGRAF XL	88	<i>benazepril hcl/hydrochlorothiazide</i>	54
ATELVIA	92	BENICAR	53
<i>atenolol</i>	57	BENICAR HCT	53
<i>atenolol/chlorthalidone</i>	57	<i>benztropine mesylate</i>	35
ATGAM	89	BEPREVE	93
<i>atorvastatin calcium</i>	64	BESIVANCE	14
<i>atovaquone</i>	34	<i>betamethasone dipropionate</i>	76
<i>atovaquone/proguanil hcl</i>	34	<i>betamethasone valerate</i>	76
ATRIPLA	44	BETASERON	69
<i>atropine sulfate</i>	72	<i>betaxolol hcl</i>	57
ATROVENT HFA	97	<i>betaxolol hcl</i>	94
AUBAGIO	69	<i>bethanechol chloride</i>	75
<i>augmented betamethasone dipropionate</i>	76	BETHKIS	98
AVANDAMET	46	BETOPTIC-S	94
AVANDARYL	46	<i>bicalutamide</i>	29
AVANDIA	46	BICILLIN C-R	12
AVASTIN	34	BICILLIN L-A	12
<i>aviane</i>	81	BICNU	29
AVODART	75	BIDIL	65
AVONEX	69	BILTRICIDE	34
AXERT	27	<i>bisoprolol fumarate</i>	57
<i>azacitidine</i>	30	<i>bisoprolol</i>	57
		<i>fumarate/hydrochlorothiazide</i>	

Drug Name	Page #	Drug Name	Page #
BIVIGAM	89	CAPRELSA	29
<i>bleomycin sulfate</i>	30	<i>captopril</i>	55
BLEPHAMIDE	15	<i>captopril/hydrochlorothiazide</i>	55
BLEPHAMIDE S.O.P.	15	CARAC	70
BONIVA	92	CARAFATE	74
BOOSTRIX	90	CARBAGLU	72
BOSULIF	33	<i>carbamazepine</i>	19
BOTOX	93	<i>carbamazepine er</i>	19
BREO ELLIPTA	96	<i>carbidopa</i>	36
<i>briellyn</i>	81	<i>carbidopa/levodopa</i>	36
BRILINTA	52	<i>carbidopa/levodopa er</i>	36
<i>brimonidine tartrate</i>	95	<i>carbidopa/levodopa odt</i>	36
BRINTELLIX	20	<i>carbidopa/levodopa/entacapone</i>	36
<i>bromfenac</i>	94	<i>carbinoxamine maleate</i>	4
<i>bromocriptine mesylate</i>	35	<i>carbinoxamine maleate</i>	97
BROVANA	98	<i>carboplatin</i>	31
<i>budeprion sr</i>	20	CARIMUNE NANOFILTERED	89
BUDESONIDE	76	<i>carisoprodol</i>	100
BUDESONIDE	96	<i>carisoprodol/aspirin</i>	100
<i>bumetanide</i>	62	<i>carisoprodol/aspirin/codeine</i>	4
BUPHENYL	72	<i>carteolol hcl</i>	95
<i>buprenorphine hcl</i>	7	<i>cartia xt</i>	59
<i>buprenorphine hcl/naloxone hcl</i>	7	<i>carvedilol</i>	57
<i>buproban</i>	7	CAYSTON	98
<i>bupropion hcl</i>	21	<i>caziant</i>	81
<i>bupropion hcl sr</i>	20	<i>cefaclor</i>	10
<i>bupropion hcl xl</i>	21	<i>cefadroxil</i>	10
<i>bupirone hcl</i>	44	<i>cefazolin sodium</i>	10
BUSULFEX	29	<i>cefdinir</i>	10
<i>butal/asa/caff</i>	68	<i>cefepime</i>	10
<i>butalbital/acetaminophen/caffeine</i>	1	<i>cefotaxime sodium</i>	10
<i>butalbital/acetaminophen/caffeine/codei ne</i>	68	<i>cefoxitin sodium</i>	10
<i>butalbital/apap/caffeine</i>	1	<i>cefpodoxime proxetil</i>	11
<i>butalbital/asa/caffeine</i>	68	<i>ceftazidime</i>	11
<i>butalbital/aspirin/caffeine</i>	68	<i>ceftriaxone sodium</i>	11
<i>butorphanol tartrate</i>	4	<i>cefuroxime axetil</i>	11
BUTRANS	7	<i>cefuroxime sodium</i>	11
BYDUREON	46	CEFUROXIME/DEXTROSE	11
BYETTA	46	CELEBREX	1
BYSTOLIC	57	CELLCEPT	88
<i>cabergoline</i>	87	CELLCEPT INTRAVENOUS	88
<i>calcipotriene</i>	70	CELONTIN	16
CALCIPOTRIENE/BETAMETHASON	70	CENESTIN	81
E DIPROPIONATE		<i>cephalexin</i>	11
<i>calcitonin-salmon</i>	92	CEREZYME	72
<i>calcitrene</i>	70	CERVARIX	90
<i>calcitriol</i>	92	CESAMET	25
<i>calcium acetate</i>	103	<i>cetirizine hcl</i>	97
<i>camila</i>	84	<i>cevimeline hcl</i>	69
CANASA	91	CHANTIX	8
CANCIDAS	26	CHANTIX CONTINUING MONTH	8
<i>candesartan cilexetil</i>	53	PAK	
<i>candesartan</i>	63	CHANTIX STARTING MONTH PAK	8
<i>cilexetil/hydrochlorothiazide</i>		CHEMET	101
<i>capacet</i>	1	<i>chloramphenicol sodium succinate</i>	9
CAPASTAT SULFATE	28	<i>chlordiazepoxide hcl</i>	45
CAPEX	76	<i>chlordiazepoxide/amitriptyline</i>	23
		<i>chlorhexidine gluconate oral rinse</i>	69

Drug Name	Page #	Drug Name	Page #
<i>chloroquine phosphate</i>	34	<i>clonidine hcl</i>	53
<i>chlorothiazide</i>	63	<i>clopidogrel</i>	53
<i>chlorothiazide sodium</i>	63	<i>clorazepate dipotassium</i>	45
<i>chlorpromazine hcl</i>	37	<i>clotrimazole</i>	26
<i>chlorpropamide</i>	46	<i>clotrimazole/betamethasone</i>	77
<i>chlorthalidone</i>	63	<i>dipropionate</i>	
<i>chlorzoxazone</i>	100	CLOZAPINE	40
<i>cholestyramine</i>	65	<i>clozapine odt</i>	40
<i>cholestyramine light</i>	65	COARTEM	34
CIALIS	76	<i>codeine sulfate</i>	4
<i>ciclopirox</i>	26	COLCRYS	27
<i>ciclopirox nail lacquer</i>	26	<i>colestipol hcl</i>	65
<i>ciclopirox olamine</i>	26	<i>colistimethate sodium</i>	9
<i>cidofovir</i>	41	COLY-MYCIN S	95
<i>cilostazol</i>	53	COMBIGAN	93
CILOXAN	14	COMBIPATCH	81
CIMZIA	88	COMBIVENT RESPIMAT	98
CINRYZE	88	COMETRIQ	31
CIPRO HC	14	COMPLERA	42
CIPRODEX	14	<i>compro</i>	37
<i>ciprofloxacin</i>	14	COMVAX	90
<i>ciprofloxacin hcl</i>	14	CONDYLOX	70
<i>ciprofloxacin i.v.-in d5w</i>	14	<i>constulose</i>	74
<i>cisplatin</i>	31	COPAXONE	69
<i>citalopram hydrobromide</i>	21	COREG CR	57
<i>claravis</i>	70	<i>cormax scalp application</i>	77
CLARINEX	97	CORTIFOAM	77
CLARINEX-D 12 HOUR	97	<i>cortisone acetate</i>	77
CLARINEX-D 24 HOUR	97	CORTISPORIN-TC	95
<i>clarithromycin</i>	13	COSMEGEN	31
<i>clarithromycin er</i>	13	COSOFT PF	95
<i>clemastine fumarate</i>	97	COUMADIN	50
CLEOCIN	9	CREON	72
CLIMARA PRO	81	CRESTOR	64
<i>clindacin-p</i>	70	CRINONE	84
<i>clindamycin hcl</i>	9	CRIXIVAN	43
<i>clindamycin palmitate hcl</i>	9	<i>cromolyn sodium</i>	73
<i>clindamycin phosphate</i>	9	<i>cromolyn sodium</i>	93
<i>clindamycin phosphate</i>	70	<i>cromolyn sodium</i>	99
<i>clindamycin phosphate add-vantage</i>	9	<i>cryselle-28</i>	81
<i>clindamycin phosphate in d5w</i>	9	CUBICIN	9
<i>clindamycin/benzoyl peroxide</i>	70	CUPRIMINE	101
CLINIMIX 2.75%/DEXTROSE 5%	103	CURITY GAUZE PADS 2"X2"	70
CLINIMIX 4.25%/DEXTROSE 10%	103	<i>cyclafem 1/35</i>	81
CLINIMIX 4.25%/DEXTROSE 20%	48	<i>cyclafem 7/7/7</i>	81
CLINIMIX 4.25%/DEXTROSE 25%	103	<i>cyclobenzaprine hcl</i>	100
CLINIMIX 4.25%/DEXTROSE 5%	103	<i>cyclophosphamide</i>	29
CLINIMIX 5%/DEXTROSE 15%	48	CYCLOSET	46
CLINIMIX 5%/DEXTROSE 20%	49	<i>cyclosporine</i>	88
CLINIMIX 5%/DEXTROSE 25%	103	<i>cyclosporine modified</i>	88
<i>clinisol sf 15%</i>	103	<i>cyproheptadine hcl</i>	97
<i>clobetasol propionate</i>	76	CYSTADANE	72
<i>clobetasol propionate e</i>	76	CYSTAGON	72
CLODERM PUMP	77	CYSTARAN	93
CLOLAR	30	<i>cytarabine</i>	30
<i>clomipramine hcl</i>	23	<i>cytarabine aqueous</i>	30
<i>clonazepam</i>	17	<i>dacarbazine</i>	29
<i>clonazepam odt</i>	17	<i>dactinomycin</i>	31

Drug Name	Page #	Drug Name	Page #
DALIRESP	99	<i>diclofenac sodium/misoprostol</i>	1
<i>danazol</i>	81	<i>dicloxacillin sodium</i>	13
<i>dantrolene sodium</i>	40	<i>dicyclomine hcl</i>	72
DAPSONE	28	<i>didanosine</i>	42
DAPTACEL	90	DIFICID	13
DARAPRIM	34	<i>diflorasone diacetate</i>	77
<i>dasetta 7/7/7</i>	82	<i>diflunisal</i>	1
<i>daunorubicin hcl</i>	31	<i>digoxin</i>	62
DAYTRANA	67	DILANTIN	19
<i>decitabine</i>	31	DILANTIN INFATABS	19
DELESTROGEN	82	<i>dilt-cd</i>	59
<i>demeclocycline hcl</i>	15	<i>diltiazem cd</i>	59
DEMSEER	62	<i>diltiazem hcl</i>	60
DENAVIR	44	<i>diltiazem hcl cd</i>	59
DEPEN TITRATABS	101	<i>diltiazem hcl er</i>	60
DEPO-MEDROL	77	<i>dilt-xr</i>	59
DEPO-PROVERA	84	<i>diltzac</i>	60
DEPO-SUBQ PROVERA	104	DIOVAN	53
<i>desipramine hcl</i>	24	DIPENTUM	91
<i>desloratadine</i>	97	<i>diphenhydramine hcl</i>	97
<i>desloratadine odt</i>	97	<i>diphenoxylate/atropine</i>	73
<i>desmopressin acetate</i>	79	DIPHThERIA/TETANUS TOXOIDS	90
DESONATE	70	ADSORBED PEDIATRIC	
<i>desonide</i>	77	<i>dipyridamole</i>	53
<i>desoximetasone</i>	77	<i>disopyramide phosphate</i>	56
DESVENLAFAXINE ER	21	<i>disulfiram</i>	7
<i>dexamethasone</i>	77	<i>divalproex sodium</i>	17
<i>dexamethasone intensol</i>	77	<i>divalproex sodium dr</i>	17
<i>dexamethasone sodium phosphate</i>	77	<i>divalproex sodium er</i>	17
<i>dexamethasone sodium phosphate</i>	94	DIVIGEL	82
DEXILANT	74	DOCEFREZ	31
<i>dexmethylphenidate hcl</i>	67	<i>docetaxel</i>	31
<i>dexmethylphenidate hcl er</i>	67	<i>donepezil hcl</i>	20
<i>dexrazoxane</i>	31	<i>dorzolamide hcl</i>	95
<i>dextroamphetamine sulfate</i>	67	<i>dorzolamide hcl/timolol maleate</i>	95
<i>dextroamphetamine sulfate er</i>	67	<i>doxazosin mesylate</i>	75
<i>dextrose 10%/nacl 0.45%</i>	49	<i>doxepin hcl</i>	24
DEXTROSE 5% /ELECTROLYTE	104	<i>doxercalciferol</i>	92
#48 VIAFLEX		DOXIL	31
<i>dextrose 10% flex container</i>	49	<i>doxorubicin hcl</i>	31
<i>dextrose 10%/nacl 0.2%</i>	49	<i>doxycycline</i>	15
<i>dextrose 2.5%/sodium chloride 0.45%</i>	49	<i>doxycycline hyclate</i>	15
<i>dextrose 5%</i>	49	<i>doxycycline hyclate dr</i>	15
<i>dextrose 5%/nacl 0.2%</i>	49	<i>doxycycline monohydrate</i>	15
<i>dextrose 5%/nacl 0.225%</i>	49	<i>dronabinol</i>	25
<i>dextrose 5%/nacl 0.33%</i>	49	<i>drosiprone/ethinyl estradiol</i>	82
<i>dextrose 5%/nacl 0.45%</i>	49	DROXIA	30
<i>dextrose 5%/nacl 0.9%</i>	49	<i>duloxetine hcl</i>	22
<i>dextrose 5%/potassium chloride 0.15%</i>	104	<i>duramorph</i>	4
<i>diazepam</i>	17	DUREZOL	94
<i>diazepam</i>	45	<i>econazole nitrate</i>	26
<i>diazepam intensol</i>	45	EDECRIN	62
DIBENZYLINE	53	EDLUAR	100
<i>diclofenac potassium</i>	1	EDURANT	42
<i>diclofenac sodium</i>	8	EFFIENT	53
<i>diclofenac sodium</i>	94	EGRIFTA	79
<i>diclofenac sodium dr</i>	1	ELELYSO	72
<i>diclofenac sodium er</i>	1	ELIDEL	70

Drug Name	Page #	Drug Name	Page #
ELIGARD	87	<i>estradiol valerate</i>	82
<i>elinest</i>	82	<i>estradiol/norethindrone acetate</i>	82
ELIQUIS	50	ESTRING	82
ELITEK	30	<i>estropipate</i>	82
ELIXOPHYLLIN	99	ESZOPICLONE	100
ELLA	84	<i>ethambutol hcl</i>	28
ELLENCE	31	<i>ethosuximide</i>	16
ELMIRON	76	<i>etidronate disodium</i>	92
EMCYT	30	<i>etodolac</i>	1
EMEND	25	<i>etodolac er</i>	1
<i>emoquette</i>	82	ETOPOPHOS	33
EMSAM	21	EURAX	35
EMTRIVA	42	EXELON	20
ENABLEX	75	<i>exemestane</i>	33
<i>enalapril maleate</i>	55	EXFORGE	60
<i>enalapril maleate/hydrochlorothiazide</i>	55	EXFORGE HCT	60
ENBREL	88	EXJADE	101
ENBREL SURECLICK	88	FABRAZYME	72
<i>endocet</i>	4	<i>famciclovir</i>	44
ENGERIX-B	90	<i>famotidine</i>	73
ENJUVIA	82	<i>famotidine premixed</i>	73
<i>enoxaparin sodium</i>	50	FANAPT	38
<i>enpresse-28</i>	82	FANAPT TITRATION PACK	38
<i>entacapone</i>	35	FARESTON	30
<i>enulose</i>	74	FASLODEX	30
EPIDUO	70	FAZACLO	40
<i>epinastine hcl</i>	93	<i>felbamate</i>	18
EPIPEN 2-PAK	98	<i>felodipine er</i>	60
EPIPEN-JR 2-PAK	98	<i>fenofibrate</i>	64
<i>epirubicin hcl</i>	31	<i>fenofibrate micronized</i>	64
<i>epitol</i>	19	<i>fenoprofen calcium</i>	1
EPIVIR	43	<i>fentanyl</i>	2
EPIVIR HBV	42	<i>fentanyl citrate</i>	5
<i>eplerenone</i>	63	<i>fentanyl citrate oral transmucosal</i>	4
EPOGEN	52	FENTORA	5
<i>epoprostenol sodium</i>	99	FERRIPROX	93
<i>eprosartan mesylate</i>	54	FETZIMA	22
EPZICOM	43	FETZIMA TITRATION PACK	22
ERAXIS	26	<i>finasteride</i>	75
ERBITUX	34	FIRAZYR	88
<i>ergoloid mesylates</i>	19	FIRMAGON	87
ERIVEDGE	31	<i>flavoxate hcl</i>	75
<i>errin</i>	84	<i>flecainide acetate</i>	56
ERWINAZE	31	FLECTOR	1
<i>ery</i>	13	FLOVENT DISKUS	96
ERY-TAB	13	FLOVENT HFA	96
ERYTHROCIN LACTOBIONATE	13	<i>fluconazole</i>	26
<i>erythrocin stearate</i>	13	<i>fluconazole in dextrose</i>	26
<i>erythromycin</i>	14	<i>flucytosine</i>	26
<i>erythromycin base</i>	14	FLUDARABINE PHOSPHATE	31
<i>erythromycin ethylsuccinate</i>	14	<i>fludrocortisone acetate</i>	77
<i>erythromycin/benzoyl peroxide</i>	70	<i>flunisolide</i>	96
<i>escitalopram oxalate</i>	22	<i>fluocinolone acetonide</i>	77
<i>esomeprazole sodium</i>	74	<i>fluocinolone acetonide body</i>	77
<i>estarylla</i>	82	<i>fluocinolone acetonide ear drops</i>	77
<i>estazolam</i>	45	<i>fluocinonide</i>	78
ESTRACE	82	<i>fluocinonide-e</i>	77
<i>estradiol</i>	82	<i>fluorometholone</i>	94

Drug Name	Page #	Drug Name	Page #
<i>fluorouracil</i>	30	<i>gentamicin sulfate/0.9% sodium chloride</i>	8
<i>fluorouracil</i>	70	GEODON	38
<i>fluoxetine dr</i>	22	<i>gianvi</i>	82
<i>fluoxetine hcl</i>	22	<i>gildagia</i>	82
<i>fluphenazine decanoate</i>	37	<i>gildess fe 1.5/30</i>	82
<i>fluphenazine hcl</i>	37	<i>gildess fe 1/20</i>	82
<i>flurazepam hcl</i>	45	GILENYA	69
<i>flurbiprofen</i>	1	GILOTRIF	31
<i>flurbiprofen sodium</i>	94	GLEEVEC	33
<i>flutamide</i>	29	<i>glimepiride</i>	47
<i>fluticasone propionate</i>	78	<i>glipizide</i>	47
<i>fluticasone propionate</i>	96	<i>glipizide er</i>	47
<i>fluvastatin</i>	64	<i>glipizide/metformin hcl</i>	47
<i>fluvoxamine maleate</i>	22	GLUCAGEN HYPOKIT	49
<i>fluvoxamine maleate er</i>	22	GLUCAGON EMERGENCY KIT	49
FML	94	<i>glyburide</i>	47
FML FORTE	94	<i>glyburide micronized</i>	47
FOCALIN XR	67	<i>glyburide/metformin hcl</i>	47
FOLOTYN	30	<i>glycopyrrolate</i>	72
<i>fondaparinux sodium</i>	50	GLYSET	47
FORADIL AEROLIZER	98	GRALISE	1
FORFIVO XL	21	<i>granisetron hcl</i>	25
FORTEO	92	<i>griseofulvin microsize</i>	26
FORTICAL	92	<i>griseofulvin ultramicrosize</i>	26
FOSAMAX PLUS D	92	<i>guanfacine hcl</i>	53
<i>fosinopril sodium</i>	55	<i>guanidine hcl</i>	28
<i>fosinopril sodium/hydrochlorothiazide</i>	55	HALAVEN	31
<i>fosphenytoin sodium</i>	19	HALFLYTELY BOWEL PREP/FLAVOR PACKS	73
FOSRENOL	76	<i>halobetasol propionate</i>	78
FRAGMIN	50	HALOG	78
FREAMINE HBC 6.9%	104	<i>haloperidol</i>	37
FROVA	27	<i>haloperidol decanoate</i>	37
<i>furosemide</i>	62	<i>haloperidol lactate</i>	37
FUSILEV	31	HAVRIX	90
FUZEON	43	<i>hecoria</i>	88
FYCOMPA	16	HECTOROL	92
<i>gabapentin</i>	17	<i>heparin sodium</i>	51
GABITRIL	17	<i>heparin sodium/d5w</i>	51
<i>galantamine hydrobromide</i>	20	<i>heparin sodium/nacl 0.9%</i>	51
GAMMAGARD LIQUID	89	<i>hepatamine</i>	104
GAMUNEX-C	89	<i>hepatasol</i>	104
<i>ganciclovir</i>	41	HEPSERA	41
GARDASIL	90	HERCEPTIN	34
<i>gatifloxacin</i>	14	HEXALEN	29
GATTEX	73	HIZENTRA	89
<i>gavilyte-c</i>	74	HORIZANT	68
<i>gavilyte-g</i>	74	HUMALOG	50
<i>gavilyte-n/flavor pack</i>	74	HUMALOG MIX 50/50	49
GAZYVA	34	HUMALOG MIX 50/50 KWIKPEN	49
<i>gemcitabine hcl</i>	30	HUMALOG MIX 75/25	50
<i>gemfibrozil</i>	64	HUMALOG MIX 75/25 KWIKPEN	49
<i>generlac</i>	74	HUMATROPE	80
<i>gengraf</i>	88	HUMATROPE COMBO PACK	80
GENOTROPIN	80	HUMIRA	88
GENOTROPIN MINIQUICK	79	HUMIRA PEN-CROHNS DISEASESTARTER	88
<i>gentak</i>	8		
<i>gentamicin sulfate</i>	8		

Drug Name	Page #	Drug Name	Page #
HUMULIN 70/30	50	<i>ipratropium bromide</i>	98
HUMULIN 70/30 PEN	50	<i>ipratropium bromide/albuterol sulfate</i>	98
HUMULIN N	50	<i>irbesartan</i>	54
HUMULIN N U-100 PEN	50	<i>irbesartan/hydrochlorothiazide</i>	54
HUMULIN R	50	<i>irinotecan</i>	31
HUMULIN R U-500	50	ISENTRESS	42
(CONCENTRATED)		ISOLYTE-P/DEXTROSE 5%	104
<i>hydralazine hcl</i>	66	ISOLYTE-S	104
<i>hydrochlorothiazide</i>	63	<i>isoniazid</i>	28
<i>hydrocodone bitartrate/acetaminophen</i>	5	<i>isosorbide dinitrate</i>	65
<i>hydrocodone/acetaminophen</i>	5	<i>isosorbide dinitrate er</i>	65
<i>hydrocodone/ibuprofen</i>	5	<i>isosorbide mononitrate</i>	66
<i>hydrocortisone</i>	78	<i>isosorbide mononitrate er</i>	65
<i>hydrocortisone butyrate</i>	78	<i>isotonic gentamicin</i>	8
<i>hydrocortisone valerate</i>	78	<i>isradipine</i>	60
<i>hydrocortisone/acetic acid</i>	95	ISTALOL	95
<i>hydromorphone hcl</i>	5	ISTODAX	31
<i>hydromorphone hcl er</i>	2	<i>itraconazole</i>	26
<i>hydroxychloroquine sulfate</i>	34	IXEMPRA KIT	31
<i>hydroxyurea</i>	30	IXIARO	91
<i>hydroxyzine hcl</i>	24	JAKAFI	31
<i>hydroxyzine hcl</i>	97	JALYN	75
<i>hydroxyzine pamoate</i>	97	<i>jantoven</i>	51
<i>ibandronate sodium</i>	92	JANUMET	47
<i>ibuprofen</i>	1	JANUMET XR	47
ICLUSIG	31	JANUVIA	47
<i>idarubicin hcl</i>	31	JENTADUETO	47
<i>ifosfamide</i>	29	JEVTANA	31
IFOSFAMIDE/MESNA	29	<i>jinteli</i>	82
ILARIS	90	<i>jolivette</i>	85
IMBRUVICA	33	<i>junel 1.5/30</i>	82
<i>imipenem/cilastatin</i>	11	<i>junel 1/20</i>	83
<i>imipramine hcl</i>	24	<i>junel fe 1.5/30</i>	83
<i>imipramine pamoate</i>	24	<i>junel fe 1/20</i>	83
<i>imiquimod</i>	70	JUVISYNC	47
IMOVAX RABIES (H.D.C.V.)	90	JUXTAPID	65
INCIVEK	41	KADCYLA	34
INCRELEX	80	KADIAN	2
<i>indapamide</i>	63	KALETRA	43
<i>indomethacin</i>	2	KALYDECO	98
<i>indomethacin er</i>	2	<i>kariva</i>	83
INFANRIX	91	<i>kcl 0.075%/d5w/nacl 0.45%</i>	49
INFERGEN	41	<i>kcl 0.15%/d5w/lr</i>	49
INLYTA	33	<i>kcl 0.15%/d5w/nacl 0.2%</i>	49
INTELENCE	42	<i>kcl 0.15%/d5w/nacl 0.225%</i>	49
<i>intralipid</i>	93	<i>kcl 0.15%/d5w/nacl 0.9%</i>	49
INTRON-A	41	<i>kcl 0.3%/d5w/nacl 0.45%</i>	49
INTRON-A W/DILUENT	41	<i>kcl 0.3%/d5w/nacl 0.9%</i>	49
<i>introvale</i>	82	<i>kelnor 1/35</i>	83
INTUNIV	68	KEPIVANCE	69
INVANZ	12	<i>ketoconazole</i>	26
INVEGA	38	<i>ketodan kit</i>	26
INVEGA SUSTENNA	38	<i>ketoprofen</i>	2
INVIRASE	43	<i>ketoprofen er</i>	2
IONOSOL-B/DEXTROSE 5%	49	<i>ketorolac tromethamine</i>	2
IONOSOL-MB/DEXTROSE 5%	49	<i>ketorolac tromethamine</i>	94
IOPIDINE	95	KINERET	89
IPOL INACTIVATED IPV	91	<i>kionex</i>	101

Drug Name	Page #	Drug Name	Page #
<i>klor-con 10</i>	104	<i>levorphanol tartrate</i>	2
<i>klor-con 8</i>	104	<i>levothyroxine sodium</i>	85
KLOR-CON M15	104	<i>levoxyl</i>	85
<i>klor-con m20</i>	104	LEXIVA	43
KOMBIGLYZE XR	47	LIALDA	91
KORLYM	80	<i>lidocaine</i>	7
KUVAN	72	<i>lidocaine hcl</i>	7
KYNAMRO	65	<i>lidocaine hcl jelly</i>	7
<i>labetalol hcl</i>	58	<i>lidocaine viscous</i>	7
LACRISERT	93	<i>lidocaine/prilocaine</i>	7
<i>lactated ringers dextrose 5% viaflex</i>	104	<i>lindane</i>	35
<i>lactated ringers viaflex</i>	104	LINZESS	73
<i>lactulose</i>	74	LIORESAL INTRATHECAL	40
LAMICTAL ODT	18	<i>liothyronine sodium</i>	86
LAMICTAL STARTER/NOT TAKING	18	<i>lipodox</i>	32
CARBAMAZEPINE		<i>lipodox 50</i>	32
LAMICTAL STARTER/TAKING	18	LIPOFEN	64
CARBAMAZEPINE/NOT TAKING		<i>liposyn iii</i>	93
VALPROATE		<i>lisinopril</i>	55
LAMICTAL STARTER/TAKING	18	<i>lisinopril/hydrochlorothiazide</i>	55
VALPROATE		<i>lithium carbonate</i>	46
LAMIVUDINE	43	<i>lithium carbonate er</i>	46
<i>lamivudine/zidovudine</i>	43	<i>lithium citrate</i>	46
<i>lamotrigine</i>	18	LIVALO	64
<i>lamotrigine er</i>	18	LOCOID	78
LANOXIN	62	<i>lomustine</i>	29
<i>lansoprazole</i>	74	<i>lonox</i>	73
LANSOPRAZOLE/AMOXICILLIN/C	9	<i>loperamide hcl</i>	73
LARITHROMYCIN		<i>lorazepam</i>	45
LANTUS	50	<i>lorazepam intensol</i>	45
LANTUS SOLOSTAR	50	<i>lorcet</i>	5
LASTACAFT	93	<i>lorcet hd</i>	5
<i>latanoprost</i>	93	<i>lorcet plus</i>	5
LATUDA	39	<i>lortab</i>	5
LAZANDA	5	<i>loryna</i>	83
<i>leflunomide</i>	90	<i>losartan potassium</i>	54
<i>lessina</i>	83	<i>losartan potassium/hydrochlorothiazide</i>	54
LETAIRIS	99	LOTEMAX	94
<i>letrozole</i>	33	LOTRONEX	73
<i>leucovorin calcium</i>	31	<i>lovastatin</i>	64
LEUKERAN	29	<i>low-ogestrel</i>	83
LEUKINE	52	<i>loxapine succinate</i>	37
<i>leuprolide acetate</i>	87	LUMIGAN	93
<i>levabuterol</i>	98	LUMIZYME	72
<i>levabuterol hcl</i>	98	LUPANETA PACK	87
LEVAQUIN	14	LUPRON DEPOT	87
LEVEMIR	50	LUPRON DEPOT-PED	87
LEVEMIR FLEXPEN	50	<i>lutera</i>	83
<i>levetiracetam</i>	16	LYRICA	16
<i>levetiracetam er</i>	16	LYSODREN	86
<i>levobunolol hcl</i>	95	MACRODANTIN	9
<i>levocarnitine</i>	93	<i>mafenide acetate</i>	9
<i>levocetirizine dihydrochloride</i>	97	<i>magnesium sulfate</i>	104
<i>levofloxacin</i>	14	MAGNESIUM SULFATE IN D5W	16
<i>levofloxacin in d5w</i>	14	<i>malathion</i>	35
<i>levonest</i>	83	<i>maprotiline hcl</i>	21
<i>levonorgestrel/ethinyl estradiol</i>	83	<i>margesic</i>	1
<i>levora 0.15/30-28</i>	83	<i>marlissa</i>	83

Drug Name	Page #	Drug Name	Page #
MARPLAN	21	metoprolol tartrate	58
MATULANE	29	metoprolol/hydrochlorothiazide	58
matzim la	60	metronidazole	9
meclizine hcl	25	metronidazole in nacl 0.79%	9
meclofenamate sodium	2	metronidazole vaginal	9
medroxyprogesterone acetate	85	mexiletine hcl	56
mefenamic acid	2	MIACALCIN	92
mefloquine hcl	34	miconazole 3	26
MEGACE ES	85	microgestin 1.5/30	83
megestrol acetate	85	microgestin 1/20	83
MEKINIST	32	microgestin fe	83
meloxicam	2	microgestin fe 1.5/30	83
melphalan hydrochloride	29	midodrine hcl	53
MENACTRA	91	MIGERGOT	27
MENEST	32	MIGRANAL	27
MENOMUNE-A/C/Y/W-135	91	mimvey lo	83
MENOSTAR	83	minitran	66
MENVEO	91	minocycline hcl	15
meperidine hcl	6	minocycline hcl er	15
meperitab	6	minoxidil	66
meprobamate	45	MIRAPEX ER	35
mercaptapurine	30	mirtazapine	21
meropenem	12	mirtazapine odt	21
mesna	32	misoprostol	74
MESNEX	32	mitomycin	32
MESTINON	28	mitoxantrone hcl	32
MESTINON TIMESPAN	28	M-M-R II W/DILUENT 10 DOSE	91
metadate er	68	MODAFINIL	100
metaproterenol sulfate	98	moderiba	41
metformin hcl	48	moexipril hcl	55
metformin hcl er	48	moexipril/hydrochlorothiazide	55
methadone hcl	2	mometasone furoate	78
methadose	3	mono-lynyah	83
methadose sugar-free	3	mononessa	83
methamphetamine hcl	67	montelukast sodium	97
methazolamide	95	morphine sulfate	3
methenamine hippurate	9	morphine sulfate	6
methimazole	88	morphine sulfate er	3
METHITEST	81	morphine sulfate er	25
methocarbamol	100	MOTOFEN	73
methotrexate	89	MOVIPREP	74
methotrexate sodium	89	MOXEZA	14
methoxsalen	70	moxifloxacin hcl	14
methyclothiazide	63	MOZOBIL	104
methylergonovine maleate	93	MULTAQ	56
methylin	68	mupirocin	9
methylphenidate hcl	68	MUSTARGEN	29
methylphenidate hcl cd	68	MYALEPT	93
methylphenidate hcl er	68	mycophenolate mofetil	89
methylphenidate hydrochloride	68	mycophenolic acid dr	89
methylprednisolone	78	myorisan	70
methylprednisolone acetate	78	MYOZYME	72
methylprednisolone dose pack	78	MYRBETRIQ	75
methylprednisolone sodiumsuccinate	78	myzilra	83
metipranolol	95	nabumetone	2
metoclopramide hcl	73	nadolol	58
metolazone	63	nadolol/bendroflumethiazide	58
metoprolol succinate er	58	nafcillin sodium	13

Drug Name	Page #	Drug Name	Page #
NAFTIN	26	<i>nitrofurantoin macrocrystals</i>	9
NAGLAZYME	72	<i>nitrofurantoin monohydrate</i>	9
<i>nallpen/dextrose</i>	13	<i>nitroglycerin</i>	66
<i>naloxone hcl</i>	7	<i>nitroglycerin lingual</i>	66
<i>naltrexone hcl</i>	7	<i>nitroglycerin transdermal</i>	66
NAMENDA	20	NITROSTAT	66
NAMENDA TITRATION PAK	20	<i>nizatidine</i>	73
NAMENDA XR	20	<i>nora-be</i>	85
NAMENDA XR TITRATION PACK	20	NORDITROPIN FLEXPOR	80
<i>naphazoline hcl</i>	93	NORDITROPIN NORDIFLEX PEN	80
<i>naproxen</i>	2	<i>norethindrone</i>	85
<i>naproxen dr</i>	2	<i>norethindrone acetate</i>	85
<i>naproxen sodium</i>	2	<i>norgestimate/ethinyl estradiol</i>	83
<i>naratriptan hcl</i>	27	NORMOSOL-R	104
NASONEX	96	<i>normosol-r in d5w</i>	49
NATACYN	26	NOROXIN	14
<i>nateglinide</i>	48	NORPACE CR	56
NEBUPENT	34	<i>nortrel 0.5/35 (28)</i>	83
<i>necon 0.5/35-28</i>	83	<i>nortrel 1/35</i>	83
<i>necon 1/35</i>	83	<i>nortrel 7/7/7</i>	83
<i>necon 1/50-28</i>	83	<i>nortriptyline hcl</i>	24
<i>necon 10/11-28</i>	83	NORVIR	43
<i>necon 7/7/7</i>	83	NOVOLIN 70/30	50
<i>nefazodone hcl</i>	21	NOVOLIN N	50
<i>neomycin sulfate</i>	8	NOVOLIN R	50
<i>neomycin/bacitracin/polymyxin</i>	9	NOVOLOG	50
<i>neomycin/polymyxin/bacitracin/hydroco</i>	9	NOVOLOG MIX 70/30	50
<i>rtisone</i>		NOVOLOG MIX 70/30 PREFILLED	50
<i>neomycin/polymyxin/dexamethasone</i>	94	FLEXPEN	
<i>neomycin/polymyxin/gramicidin</i>	9	NOVOLOG PENFILL	50
<i>neomycin/polymyxin/hc</i>	95	NOXAFIL	26
NEOMYCIN/POLYMYXIN/HYDROC	9	NPLATE	52
ORTISONE		NUCYNTA	6
<i>neomycin/polymyxin/hydrocortisone</i>	95	NUCYNTA ER	3
NEPHRAMINE	104	NUEDEXTA	69
NEULASTA	52	NULOJIX	89
NEUMEGA	52	NUTROPIN	80
NEUPOGEN	52	NUTROPIN AQ	80
NEUPRO	35	NUTROPIN AQ PEN	80
NEUTREXIN	34	NUVARING	83
NEVANAC	94	NUVIGIL	101
<i>nevirapine</i>	42	<i>nyamyc</i>	27
NEVIRAPINE ER	42	NYMALIZE	61
NEXAVAR	33	<i>nystatin</i>	27
<i>niacin er</i>	65	<i>nystatin/triamcinolone</i>	27
<i>nicardipine hcl</i>	61	<i>nystop</i>	27
NICOTROL INHALER	8	<i>ocella</i>	83
NICOTROL NS	8	<i>octreotide acetate</i>	87
<i>nifediac cc</i>	61	<i>ofloxacin</i>	14
<i>nifedical xl</i>	61	<i>ogestrel</i>	83
<i>nifedipine</i>	61	<i>olanzapine</i>	39
<i>nifedipine er</i>	61	<i>olanzapine odt</i>	39
NILANDRON	29	<i>olanzapine/fluoxetine</i>	22
<i>nisoldipine</i>	61	OLEPTRO	21
<i>nisoldipine er</i>	61	OLYSIO	41
<i>nitro-bid</i>	66	<i>omega-3-acid ethyl esters</i>	65
NITRO-DUR	66	<i>omeprazole</i>	74
<i>nitrofurantoin</i>	9	OMNARIS	96

Drug Name	Page #	Drug Name	Page #
OMNITROPE	80	<i>penicillin g procaine</i>	13
ONCASPAR	32	<i>penicillin g sodium</i>	13
<i>ondansetron hcl</i>	25	<i>penicillin v potassium</i>	13
<i>ondansetron odt</i>	25	PENNSAID	70
ONFI	17	PENTAM 300	34
ONGLYZA	48	PENTASA	91
OPSUMIT	99	<i>pentazocine/acetaminophen</i>	6
ORACEA	15	<i>pentazocine/naloxone hcl</i>	6
ORAP	37	<i>pentostatin</i>	30
ORENCIA	89	<i>pentoxifylline er</i>	62
ORENITRAM	99	PERFOROMIST	98
ORFADIN	93	<i>perindopril erbumine</i>	55
<i>orphenadrine citrate</i>	100	<i>periogard</i>	69
<i>orphenadrine citrate er</i>	100	PERJETA	34
<i>orsythia</i>	83	<i>permethrin</i>	35
ORTHO EVRA	83	<i>perphenazine</i>	37
OTEZLA	90	<i>perphenazine/ amitriptyline</i>	24
<i>oxaliplatin</i>	32	PEXEVA	23
<i>oxandrolone</i>	80	<i>phenadoz</i>	25
<i>oxaprozin</i>	2	<i>phenelzine sulfate</i>	21
<i>oxazepam</i>	46	<i>phenobarbital</i>	16
<i>oxcarbazepine</i>	19	<i>phenytoin</i>	19
<i>oxybutynin chloride</i>	75	<i>phenytoin infatabs</i>	19
<i>oxybutynin chloride er</i>	75	<i>phenytoin sodium</i>	19
<i>oxycodone hcl</i>	6	<i>phenytoin sodium extended</i>	19
<i>oxycodone/acetaminophen</i>	6	PHISOHEX	9
<i>oxycodone/aspirin</i>	6	PHOSLYRA	104
OXYCONTIN	3	<i>pilocarpine hcl</i>	69
<i>oxymorphone hydrochloride</i>	6	<i>pilocarpine hcl</i>	95
<i>oxymorphone hydrochloride er</i>	3	<i>pilocarpine hydrochloride</i>	69
OXYTROL	75	PILOPINE HS	95
PACERONE	56	<i>pimtrea</i>	83
<i>paclitaxel</i>	32	<i>pindolol</i>	58
PANDEL	78	<i>pioglitazone hcl</i>	48
PANRETIN	34	<i>pioglitazone hcl/metformin hcl</i>	48
<i>pantoprazole sodium</i>	74	<i>pioglitazone hcl-glimepiride</i>	48
<i>paricalcitol</i>	86	<i>piperacillin sodium/tazobactam sodium</i>	13
<i>paromomycin sulfate</i>	8	<i>pirmella 1/35</i>	84
<i>paroxetine hcl</i>	22	<i>pirmella 7/7/7</i>	84
<i>paroxetine hcl er</i>	22	<i>piroxicam</i>	2
PASER	29	PLASMA-LYTE A	104
PATADAY	94	PLASMA-LYTE-148	104
PATANASE	97	PLASMA-LYTE-56/D5W	104
PATANOL	94	<i>podofilox</i>	71
PAXIL	23	<i>polyethylene glycol 3350</i>	74
<i>pedi-dri</i>	27	<i>polymyxin b sulfate/trimethoprim sulfate</i>	10
PEDVAX HIB	91	POMALYST	32
<i>peg 3350/electrolytes</i>	74	<i>portia-28</i>	84
<i>peg-3350/nacl/na bicarbonate/kcl</i>	74	<i>potassium chloride</i>	105
PEGANONE	19	<i>potassium chloride 0.15% /nacl 0.45%</i>	104
PEGASYS	41	<i>viaflex</i>	
PEGASYS PROCLICK	41	<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	49
PEG-INTRON	41	<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	49
PEG-INTRON REDIPEN	41	<i>potassium chloride 0.15%/nacl 0.9%</i>	105
PEG-INTRON REDIPEN PAK 4	41	<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	49
<i>penicillin g potassium</i>	13		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	13		

Drug Name	Page #	Drug Name	Page #
<i>potassium chloride 0.3%/ nacl 0.9%</i>	105	<i>proparacaine hcl</i>	93
<i>potassium chloride 0.3%/d5w</i>	105	<i>propranolol hcl</i>	58
<i>potassium chloride er</i>	105	<i>propranolol hcl er</i>	58
<i>potassium chloride sr</i>	105	<i>propranolol/hydrochlorothiazide</i>	58
<i>potassium citrate</i>	105	<i>propylthiouracil</i>	88
POTIGA	16	PROQUAD	91
PRADAXA	51	PROTOPIC	71
<i>pramipexole dihydrochloride</i>	36	<i>protriptyline hcl</i>	24
<i>pravastatin sodium</i>	64	<i>prudoxin</i>	71
<i>prazosin hcl</i>	53	PULMICORT	96
PRED MILD	94	PULMICORT FLEXHALER	96
<i>prednicarbate</i>	79	PULMOZYME	99
<i>prednisolone acetate</i>	94	PYLERA	73
<i>prednisolone sodium phosphate</i>	79	<i>pyrazinamide</i>	29
<i>prednisolone sodium phosphate</i>	94	<i>pyridostigmine bromide</i>	28
<i>prednisone</i>	79	<i>quasense</i>	84
<i>prednisone intensol</i>	79	<i>quetiapine fumarate</i>	39
PREFEST	84	<i>quinapril hcl</i>	55
PREMARIN	84	<i>quinapril/hydrochlorothiazide</i>	56
<i>premasol</i>	105	QUINIDINE GLUCONATE CR	56
PREMPRO	84	<i>quinidine sulfate</i>	56
<i>prenatabs obn</i>	106	<i>quinidine sulfate er</i>	56
<i>prevalite</i>	65	<i>quinine sulfate</i>	35
<i>previfem</i>	84	QVAR	96
PREZISTA	44	RABAVERT	91
PRIFTIN	29	<i>rabeprazole sodium</i>	74
PRIMAQUINE PHOSPHATE	34	<i>raloxifene hydrochloride</i>	85
<i>primidone</i>	17	<i>ramipril</i>	56
PRIMSOL	10	RANEXA	62
PRISTIQ	23	<i>ranitidine hcl</i>	73
PRIVIGEN	90	RAPAFLO	75
PROAIR HFA	98	RAPAMUNE	89
<i>probenecid</i>	27	RAVICTI	72
<i>probenecid/colchicine</i>	27	REBETOL	41
<i>procainamide hcl</i>	56	REBIF	69
<i>procentra</i>	67	REBIF TITRATION PACK	69
<i>prochlorperazine</i>	38	<i>reclipsen</i>	84
<i>prochlorperazine edisylate</i>	37	RECOMBIVAX HB	91
<i>prochlorperazine maleate</i>	38	<i>regonol</i>	28
PROCRIT	52	REGRANEX	71
<i>proctocream hc</i>	79	RELENZA DISKHALER	44
<i>procto-pak</i>	79	RELION R	107
<i>proctozone-hc</i>	79	RELISTOR	73
PROCYSBI	93	RELPAX	28
<i>progesterone</i>	85	REMICADE	89
PROGLYCEM	49	REMODULIN	99
PROGRAF	89	RENVELA	76
PROLASTIN-C	100	<i>repaglinide</i>	48
PROLEUKIN	32	<i>repan</i>	1
PROLIA	92	<i>reprexain</i>	6
PROMACTA	52	RESCRIPTOR	42
<i>promethazine hcl</i>	25	<i>reserpine</i>	53
<i>promethazine hcl</i>	97	RESTASIS	93
<i>promethazine vc plain</i>	100	RETIN-A MICRO	71
<i>promethegan</i>	25	RETROVIR IV INFUSION	43
<i>propafenone hcl</i>	56	REVATIO	99
<i>propafenone hcl er</i>	56	REVLIMID	30
<i>propantheline bromide</i>	72	REYATAZ	44

Drug Name	Page #	Drug Name	Page #
RHEUMATREX	89	SKLICE	35
<i>ribasphere</i>	41	<i>sodium chloride</i>	105
RIBASPHERE RIBAPAK	41	<i>sodium chloride 0.45% viaflex</i>	105
<i>ribavirin</i>	42	<i>sodium chloride 0.9%</i>	93
RIDAURA	90	SODIUM EDECIN	62
<i>rifabutin</i>	28	<i>sodium fluoride</i>	105
<i>rifampin</i>	29	<i>sodium phenylbutyrate</i>	72
RIFATER	29	<i>sodium polystyrene sulfonate</i>	101
<i>riluzole</i>	69	<i>sodium sulfacetamide</i>	15
<i>rimantadine hcl</i>	44	<i>sodium sulfacetamide</i>	71
<i>ringers injection</i>	105	SOLODYN	15
<i>risedronate sodium</i>	92	SOLTAMOX	30
RISPERDAL CONSTA	39	SOLU-CORTEF	79
<i>risperidone</i>	39	SOLU-MEDROL	79
<i>risperidone odt</i>	39	SOMATULINE DEPOT	87
RITUXAN	34	SOMAVERT	87
<i>rivastigmine tartrate</i>	20	<i>sorine</i>	57
<i>rizatriptan benzoate</i>	28	<i>sotalol hcl</i>	57
<i>rizatriptan benzoate odt</i>	28	<i>sotalol hcl (af)</i>	57
<i>ropinirole er</i>	36	SOVALDI	42
<i>ropinirole hcl</i>	36	<i>spinosad</i>	35
ROTARIX	91	SPIRIVA HANDIHALER	98
ROTATEQ	91	<i>spironolactone</i>	63
ROXICET	6	<i>spironolactone/hydrochlorothiazide</i>	63
ROZEREM	101	SPORANOX	27
SABRIL	18	<i>sprintec 28</i>	84
SAIZEN	80	SPRYCEL	33
SAIZEN CLICK.EASY	80	<i>sronyx</i>	84
SAMSCA	101	<i>ssd</i>	10
SANCUSO	25	<i>stagesic</i>	6
SANDIMMUNE	89	<i>stavudine</i>	43
SANDOSTATIN LAR DEPOT	87	STAVZOR	18
SANTYL	71	STELARA	71
SAPHRIS	40	STIMATE	80
SAVELLA	69	STIVARGA	33
SAVELLA TITRATION PACK	69	STRATTERA	68
<i>selegiline hcl</i>	36	STREPTOMYCIN SULFATE	8
<i>selenium sulfide</i>	71	STRIBILD	42
SELZENTRY	43	STROMECTOL	34
SENSIPAR	87	SUBOXONE	7
SEREVENT DISKUS	98	SUBSYS	6
SEROMYCIN	29	SUCRAID	72
SEROQUEL XR	40	<i>sucrafate</i>	74
SEROSTIM	80	<i>sulfacetamide sodium</i>	15
<i>sertraline hcl</i>	23	<i>sulfacetamide sodium</i>	71
SIGNIFOR	87	<i>sulfacetamide sodium/prednisolone</i>	15
<i>sildenafil</i>	99	<i>sodium phosphate</i>	
SILENOR	101	<i>sulfadiazine</i>	15
<i>silver sulfadiazine</i>	10	<i>sulfamethoxazole/trimethoprim</i>	15
SIMCOR	64	<i>sulfamethoxazole/trimethoprim ds</i>	15
SIMPONI	89	SULFAMYLON	10
SIMPONI ARIA	89	<i>sulfasalazine</i>	91
SIMULECT	90	<i>sulfazine</i>	91
<i>simvastatin</i>	65	<i>sulfazine ec</i>	91
<i>sirolimus</i>	89	<i>sulindac</i>	2
SIRTURO	29	<i>sumatriptan</i>	28
SIVEXTRO	10	<i>sumatriptan succinate</i>	28
SKELID	92	<i>sumatriptan succinate refill</i>	28

Drug Name	Page #	Drug Name	Page #
SUPRAX	11	THALOMID	30
SURMONTIL	24	<i>theochron</i>	99
SUSTIVA	42	<i>theophylline cr</i>	99
SUTENT	33	<i>theophylline er</i>	99
SYLATRON	32	<i>thioridazine hcl</i>	38
SYLVANT	34	<i>thiotepa</i>	29
SYMBICORT	96	<i>thiothixene</i>	38
SYMLINPEN 120	48	THYMOGLOBULIN	90
SYMLINPEN 60	48	THYROLAR-1	86
SYNAGIS	90	THYROLAR-1/2	86
SYNAREL	87	THYROLAR-1/4	86
SYNERCID	10	THYROLAR-2	86
SYNRIBO	32	THYROLAR-3	86
SYNTHROID	86	<i>tiagabine hydrochloride</i>	18
SYPRINE	101	<i>ticlopidine hcl</i>	53
TABLOID	30	TIKOSYN	57
TACLONEX	79	<i>timolol maleate</i>	58
<i>tacrolimus</i>	89	<i>timolol maleate</i>	95
TAFINLAR	32	<i>timolol maleate ophthalmic gel forming</i>	95
TALWIN	7	TIMOPTIC OCULOSE	95
TAMIFLU	44	<i>tinidazole</i>	35
<i>tamoxifen citrate</i>	30	TIVICAY	42
<i>tamsulosin hcl</i>	75	<i>tizanidine hcl</i>	40
TARCEVA	33	TOBI PODHALER	99
TARGRETIN	34	TOBRADEX ST	94
TARKA	56	<i>tobramycin</i>	99
TASIGNA	33	<i>tobramycin sulfate</i>	8
TASMAR	35	<i>tobramycin sulfate/sodium chloride</i>	8
TAXOTERE	32	<i>tobramycin/dexamethasone</i>	94
<i>tazicef</i>	11	TOBREX	8
TAZORAC	71	<i>tolazamide</i>	48
<i>taztia xt</i>	61	<i>tolbutamide</i>	48
TECFIDERA	90	<i>tolmetin sodium</i>	8
TECFIDERA STARTER PACK	90	<i>tolterodine tartrate</i>	75
TEFLARO	11	<i>tolterodine tartrate er</i>	75
TEKAMLO	62	<i>topiramate</i>	18
TEKTURNA	62	<i>toposar</i>	33
TEKTURNA HCT	62	<i>topotecan hcl</i>	33
<i>telmisartan</i>	54	TORISEL	89
<i>telmisartan/amlodipine</i>	54	<i>torseamide</i>	63
<i>telmisartan/hydrochloroth</i>	54	TOVIAZ	75
<i>telmisartan/hydrochlorothiazide</i>	54	TRACLEER	99
<i>temazepam</i>	46	TRADJENTA	48
<i>terazosin hcl</i>	75	<i>tramadol hcl</i>	7
<i>terbinafine hcl</i>	27	<i>tramadol hcl er</i>	4
<i>terbutaline sulfate</i>	98	<i>tramadol hydrochloride/acetaminophen</i>	7
<i>terconazole</i>	27	<i>trandolapril</i>	56
TESTIM	81	<i>tranexamic acid</i>	52
<i>testosterone cypionate</i>	81	TRANSDERM-SCOP	25
<i>testosterone enanthate</i>	81	<i>tranylcypromine sulfate</i>	21
TESTRED	81	TRAVASOL	105
<i>tetanus toxoid adsorbed</i>	91	TRAVATAN Z	93
TETANUS/DIPHThERIA	91	<i>travoprost</i>	93
TOXOIDS-ADSORBED ADULT		<i>trazodone hcl</i>	21
<i>tetracycline hcl</i>	16	TREANDA	29
TEVETEN	54	TRECTOR	29
TEVETEN HCT	54	TRELSTAR DEPOT MIXJECT	87
TEV-TROPIN	80	TRELSTAR LA MIXJECT	88

Drug Name	Page #	Drug Name	Page #
TRELSTAR MIXJECT	88	valsartan/hydrochlorothiazide	54
<i>tretinoin</i>	34	<i>vancomycin hcl</i>	10
<i>tretinoin</i>	71	<i>vandazole</i>	10
<i>tretinoin microsphere</i>	71	VAQTA	91
<i>tretinoin microsphere pump</i>	71	VARIVAX	91
TRETIN-X	71	VECTIBIX	34
TREXALL	89	VELCADE	32
TREXIMET	27	<i>velivet</i>	84
<i>triamcinolone acetonide</i>	79	<i>venlafaxine hcl</i>	23
<i>triamcinolone acetonide</i>	96	<i>venlafaxine hcl er</i>	23
<i>triamcinolone in orabase</i>	69	VENTAVIS	100
<i>triamterene/hydrochlorothiazide</i>	63	VERAMYST	96
<i>triazolam</i>	46	<i>verapamil hcl</i>	61
TRIBENZOR	61	<i>verapamil hcl er</i>	61
<i>triderm</i>	79	<i>verapamil hcl sr</i>	61
<i>tri-estarylla</i>	84	VEREGEN	71
<i>trifluoperazine hcl</i>	38	VERSACLOZ	40
<i>trifluridine</i>	44	VESICARE	75
<i>trihexyphenidyl hcl</i>	35	VIBATIV	10
<i>tri-legest fe</i>	84	VIBRAMYCIN	16
<i>tri-lynyah</i>	84	VICTOZA	48
<i>trilyte</i>	74	VICTRELIS	42
<i>trimethobenzamide hcl</i>	25	VIDEX PEDIATRIC	43
<i>trimethoprim</i>	10	VIGAMOX	14
<i>trimipramine maleate</i>	24	VIIBRYD	23
<i>trinessa</i>	84	VIMOVO	74
<i>tri-previfem</i>	84	VIMPAT	19
TRISENOX	32	<i>vinblastine sulfate</i>	32
<i>tri-sprintec</i>	84	<i>vincasar pfs</i>	32
<i>trivora-28</i>	84	<i>vincristine sulfate</i>	32
TROKENDI XR	19	<i>vinorelbine tartrate</i>	32
TROPHAMINE	106	<i>viorele</i>	84
<i>trospium chloride</i>	75	VIRACEPT	44
<i>trospium chloride er</i>	75	VIRAMUNE	42
TRUVADA	43	VIRAZOLE	42
TWINRIX	91	VIREAD	43
TYGACIL	10	VOLTAREN	71
TYKERB	33	<i>voriconazole</i>	27
TYPHIM VI	91	VOTRIENT	34
TYSABRI	69	VPRIV	72
TYVASO	100	VYTORIN	65
TYVASO REFILL	99	VYVANSE	67
TYVASO STARTER	99	<i>warfarin sodium</i>	51
TYZEKA	41	WELCHOL	65
TYZINE PEDIATRIC NASAL DROPS	100	<i>wymzya fe</i>	84
UCERIS	79	XALKORI	34
<i>u-cort</i>	79	XARELTO	51
ULESFIA	35	XELJANZ	90
ULORIC	27	XENAZINE	69
<i>unithroid</i>	86	XEOMIN	93
<i>ursodiol</i>	73	XGEVA	92
UVADEX	71	XIFAXAN	10
VAGIFEM	84	XOLAIR	100
<i>valacyclovir hcl</i>	44	XOPENEX HFA	98
VALCHLOR	29	XTANDI	29
VALCYTE	41	<i>xulane</i>	84
<i>valproate sodium</i>	18	XYREM	101
<i>valproic acid</i>	18	YERVOY	34

Drug Name	Page #
YF-VAX	91
<i>zafirlukast</i>	97
<i>zaleplon</i>	100
ZALTRAP	33
ZANOSAR	29
ZAVESCA	72
<i>zazole</i>	27
<i>zebutal</i>	1
ZEGERID	74
ZELAPAR	37
ZELBORAF	34
ZEMPLAR	92
<i>zenatane</i>	71
<i>zenchent fe</i>	84
ZENPEP	72
<i>zenzedi</i>	67
ZETIA	65
ZIAGEN	43
ZIANA	71
<i>zidovudine</i>	43
<i>ziprasidone hcl</i>	40
ZIRGAN	41
ZMAX	14
ZOHYDRO ER	4
<i>zoledronic acid</i>	92
ZOLINZA	32
<i>zolmitriptan</i>	28
<i>zolmitriptan odt</i>	28
<i>zolpidem tartrate</i>	100
<i>zolpidem tartrate er</i>	100
ZOLPIMIST	100
ZOMETA	92
ZOMIG	28
ZOMIG NASAL SPRAY	28
<i>zonisamide</i>	17
ZORBTIVE	80
ZORTRESS	89
ZOSTAVAX	91
ZOSYN	13
<i>zovia 1/35e</i>	84
<i>zovia 1/50e</i>	84
ZOVIRAX	44
ZYCLARA	71
ZYCLARA PUMP	71
ZYFLO	97
ZYFLO CR	97
ZYKADIA	33
ZYLET	8
ZYTIGA	29
ZYVOX	10

This formulary was updated on 08/08/2014. For more recent information or other questions, please contact the BlueCHiP for Medicare Concierge Team, at 1-800-267-0439 or, for TTY/TDD users, 711, **October 1 – February 14:** seven days a week, 8:00 a.m. to 8:00 p.m. and **February 15 – September 30:** Monday – Friday, 8:00 a.m. to 8:00 p.m., or visit www.BCBSRI.com.

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