

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 THE DRUGS WE COVER IN THIS PLAN.**

00015379, Version 22

This formulary was updated on 09/01/2015. 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 September 1, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, 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 September 1, 2015.

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 107. 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 107.

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.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<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	
<i>esgic 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		
<i>celecoxib caps 100mg</i>	1	QL (60 EA per 30 days) PA
<i>celecoxib caps 200mg</i>	2	QL (60 EA per 30 days) PA
<i>celecoxib caps 400mg</i>	2	QL (60 EA per 30 days) PA
<i>celecoxib caps 50mg</i>	1	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	
<i>indomethacin er cpcr 75mg</i>	1	PA
<i>indomethacin caps 25mg</i>	1	PA
<i>indomethacin caps 50mg</i>	1	PA
<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) PA
<i>meclofenamate sodium caps 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
FENTANYL PT72 37.5MCG/HR	2	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	2	QL (10 EA per 30 days)
FENTANYL PT72 62.5MCG/HR	2	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	2	QL (10 EA per 30 days)
FENTANYL PT72 87.5MCG/HR	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
HYDROMORPHONE HCL ER T24A 32MG	3	QL (60 EA per 30 days) PA
<i>hydromorphone hcl er t24a 8mg</i>	3	QL (240 EA per 30 days) PA
HYSINGLA ER T24A 100MG	3	PA
HYSINGLA ER T24A 120MG	3	PA
HYSINGLA ER T24A 20MG	3	PA
HYSINGLA ER T24A 30MG	3	PA
HYSINGLA ER T24A 40MG	3	PA
HYSINGLA ER T24A 60MG	3	PA
HYSINGLA ER T24A 80MG	3	PA
KADIAN CP24 200MG	3	QL (60 EA per 30 days)
<i>levorphanol tartrate tabs 2mg</i>	1	
<i>methadone hcl intensol conc 10mg/ml</i>	1	
<i>methadone hcl conc 10mg/ml</i>	1	
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>oxycodone hcl er t12a 10mg</i>	1	QL (120 EA per 30 days) PA
<i>oxycodone hcl er t12a 20mg</i>	1	QL (120 EA per 30 days) PA
<i>oxycodone hcl er t12a 40mg</i>	1	QL (120 EA per 30 days) PA
<i>oxycodone hcl er t12a 80mg</i>	1	QL (120 EA per 30 days) PA
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
ZOHYDRO ER C12A 10MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER C12A 15MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER C12A 20MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER C12A 30MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER C12A 40MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER C12A 50MG	3	QL (120 EA per 30 days) PA
Opioid Analgesics, Short-acting		
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
acetaminophen/codeine #3 tabs 300mg; 30mg	1	QL (390 EA per 30 days)
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	1	
acetaminophen/codeine tabs 300mg; 15mg	1	QL (390 EA per 30 days)
acetaminophen/codeine tabs 300mg; 60mg	1	QL (390 EA per 30 days)
ascomp/codeine caps 325mg; 50mg; 40mg; 30mg	1	
astramorph inj 1mg/ml	2	
butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg	1	
butorphanol tartrate inj 1mg/ml	1	
butorphanol tartrate inj 2mg/ml	1	
butorphanol tartrate soln 10mg/ml	1	QL (10 ML per 30 days)
carbinoxamine maleate tabs 4mg	1	PA
carisoprodol/aspirin/codeine tabs 325mg; 200mg; 16mg	2	PA
co-gesic tabs 500mg; 5mg	1	QL (240 EA per 30 days)
codeine sulfate tabs 15mg	1	
codeine sulfate tabs 30mg	1	
codeine sulfate tabs 60mg	1	
duramorph inj 0.5mg/ml	2	
duramorph inj 1mg/ml	2	
endocet tabs 325mg; 10mg	1	QL (360 EA per 30 days)
endocet tabs 325mg; 2.5mg	1	QL (360 EA per 30 days)
endocet tabs 325mg; 5mg	1	QL (360 EA per 30 days)
endocet tabs 325mg; 7.5mg	1	QL (360 EA per 30 days)
endocet tabs 500mg; 7.5mg	1	QL (240 EA per 30 days)
endocet tabs 650mg; 10mg	1	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lpop 1200mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 1600mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 200mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 400mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 600mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 800mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate inj 0.05mg/ml	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

Drug Name	Drug Tier	Requirements/Limits
FENTORA TABS 800MCG	3	QL (112 EA per 28 days) PA
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	1	
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg	2	QL (390 EA per 30 days)
hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg	2	QL (390 EA per 30 days)
hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg	2	QL (390 EA per 30 days)
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	1	QL (360 EA per 30 days)
hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg	1	QL (150 EA per 30 days)
hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml	1	QL (3600 ML per 30 days)
hydrocodone/acetaminophen tabs 325mg; 10mg	1	QL (360 EA per 30 days)
hydrocodone/acetaminophen tabs 325mg; 5mg	1	QL (360 EA per 30 days)
hydrocodone/acetaminophen tabs 325mg; 7.5mg	1	QL (360 EA per 30 days)
hydrocodone/acetaminophen tabs 500mg; 10mg	1	QL (240 EA per 30 days)
hydrocodone/acetaminophen tabs 500mg; 5mg	1	QL (240 EA per 30 days)
hydrocodone/acetaminophen tabs 500mg; 7.5mg	1	QL (240 EA per 30 days)
hydrocodone/acetaminophen tabs 650mg; 10mg	1	QL (180 EA per 30 days)
hydrocodone/acetaminophen tabs 650mg; 7.5mg	1	QL (180 EA per 30 days)
hydrocodone/acetaminophen tabs 660mg; 10mg	1	QL (180 EA per 30 days)
hydrocodone/acetaminophen tabs 750mg; 7.5mg	1	QL (150 EA per 30 days)
hydrocodone/ibuprofen tabs 10mg; 200mg	1	
hydrocodone/ibuprofen tabs 7.5mg; 200mg	1	
hydrogesic caps 500mg; 5mg	1	
hydromorphone hcl inj 1mg/ml	3	
hydromorphone hcl inj 2mg/ml	3	
hydromorphone hcl inj 4mg/ml	3	
hydromorphone hcl inj 500mg/50ml	2	
hydromorphone hcl liqd 1mg/ml	1	
hydromorphone hcl tabs 2mg	2	
hydromorphone hcl tabs 4mg	2	
hydromorphone hcl tabs 8mg	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
lorcet hd tabs 325mg; 10mg	1	QL (360 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	1	QL (360 EA per 30 days)
lorcet tabs 325mg; 5mg	1	QL (360 EA per 30 days)
lortab tabs 325mg; 10mg	1	QL (360 EA per 30 days)
lortab tabs 325mg; 5mg	1	QL (360 EA per 30 days)
lortab tabs 325mg; 7.5mg	1	QL (360 EA per 30 days)
meperidine hcl inj 25mg/ml	2	PA
meperidine hcl inj 50mg/ml	2	PA
meperidine hcl soln 50mg/5ml	2	PA
meperidine hcl tabs 50mg	2	PA
meperitab tabs 100mg	2	PA
meperitab tabs 50mg	2	PA
morphine sulfate inj 0.5mg/ml	1	
morphine sulfate inj 10mg/ml	1	
morphine sulfate inj 1mg/ml	1	
morphine sulfate inj 8mg/ml	1	
morphine sulfate soln 10mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<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>opium tincture tinc 1%</i>	1	
<i>opium tinc 1%</i>	1	
<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
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)
<i>verdrocet tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>xylon tabs 10mg; 200mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>relador pak crea 2.5%; 2.5%</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	1	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	3	
Opioid Dependence Treatments		
<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
BUTRANS PTWK 7.5MCG/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
Opioid Reversal Agents		
<i>naloxone hcl inj 1mg/ml</i>	1	
Smoking Cessation Agents		
<i>buproban tb12 150mg</i>	1	QL (540 EA per 365 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (540 EA per 365 days)
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		
Glucocorticoids		
<i>betamethasone sp inj 24mg/2ml</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
<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	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amikacin sulfate inj 50mg/ml</i>	1	
<i>garamycin oint 0.3%</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	
Antibacterials, Other		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	1	
<i>alcohol prep pads pads 70%</i>	1	
ALTABAX OINT 1%	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	2	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN SUPP 100MG	2	
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindamax gel 1%</i>	1	
<i>clindamax lotn 1%</i>	1	
<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 pharmacy bulk package inj 150mg/ml</i>	1	B/D
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	B/D
<i>clindamycin phosphate inj 600mg/4ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj 9000mg/60ml</i>	1	B/D
<i>clindamycin phosphate inj 900mg/6ml</i>	1	B/D
<i>colistimethate sodium inj 150mg</i>	1	B/D
CUBICIN INJ 500MG	4	B/D
DALVANCE INJ 500MG	4	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	3	
MISC 0; 0; 0		
<i>linezolid inj 2mg/ml</i>	1	B/D
<i>linezolid tabs 600mg</i>	4	QL (60 EA per 30 days)
MACRODANTIN CAPS 25MG	2	QL (360 EA per 365 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>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</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 100mg</i>	2	QL (360 EA per 365 days) PA
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	QL (360 EA per 365 days) PA
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	QL (180 EA per 365 days) PA
<i>nitrofurantoin monohydrate caps 100mg</i>	2	QL (180 EA per 365 days) PA
NITROFURANTOIN CAPS 100MG	2	QL (360 EA per 365 days) PA
NITROFURANTOIN CAPS 100MG	2	QL (360 EA per 365 days) PA
<i>nitrofurantoin susp 25mg/5ml</i>	3	QL (7200 ML per 365 days) PA
ORBACTIV INJ 400MG	4	
PHISOHEX LIQD 3%	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
PRIMSOL SOLN 50MG/5ML	3	
<i>rosadan crea 0.75%</i>	2	
<i>rosadan gel 0.75%</i>	2	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 5000mg</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)
Antibacterials		
<i>lincomycin/lidocaine inj 10mg/ml; 300mg/ml</i>	1	
Beta-lactam, Cephalosporins		
AVYCAZ INJ 0.5GM; 2GM	4	
<i>cefactor caps 250mg</i>	1	
<i>cefactor caps 500mg</i>	1	
<i>cefactor susr 125mg/5ml</i>	1	
<i>cefactor susr 250mg/5ml</i>	1	
<i>cefactor susr 375mg/5ml</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/50ml</i>	1	
<i>cefepime inj 1gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm/100ml</i>	1	
<i>cefepime inj 2gm/50ml; 5%</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefixime susr 100mg/5ml</i>	1	
<i>cefixime susr 200mg/5ml</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	B/D
<i>cefotaxime sodium inj 1gm</i>	1	B/D
<i>cefotaxime sodium inj 2gm</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 10gm</i>	1	B/D
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefoxitin sodium inj 2gm</i>	1	B/D
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>ceftazidime inj 1gm</i>	1	B/D
<i>ceftazidime inj 2gm</i>	1	B/D
<i>ceftazidime inj 6gm</i>	1	B/D
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	1	B/D
<i>ceftriaxone sodium inj 100gm</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 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 2gm</i>	1	B/D
<i>ceftriaxone sodium inj 500mg</i>	1	B/D
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	B/D
<i>ceftriaxone/dextrose inj 2gm; 2.22%</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 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 caps 750mg</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 1gm</i>	1	B/D
<i>tazicef inj 2gm</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

Drug Name	Drug Tier	Requirements/Limits
Beta-lactam, Other		
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
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	B/D
INVANZ INJ 1GM	3	
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	
<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 sodium inj 250mg</i>	1	B/D
<i>ampicillin sodium inj 250mg</i>	1	B/D
<i>ampicillin sodium inj 2gm</i>	1	B/D
<i>ampicillin sodium inj 2gm</i>	1	B/D
<i>ampicillin sodium inj 2gm</i>	1	B/D
<i>ampicillin sodium inj 500mg</i>	1	B/D
<i>ampicillin sodium inj 500mg</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 1gm; 0.5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	2	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML	2	
BICILLIN L-A INJ 2400000UNIT/4ML	2	
BICILLIN L-A INJ 600000UNIT/ML	2	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nafcillin sodium inj 2gm</i>	1	B/D
<i>nallpen/dextrose inj 0; 1gm/50ml</i>	1	B/D
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 20000UNIT/ML	2	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 5000000unit</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 36gm; 4.5gm</i>	1	B/D
<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
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	B/D
<i>piperacillin/tazobactam inj 3gm; 0.375gm</i>	1	B/D
<i>piperacillin/tazobactam 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
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	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	

Drug Name	Drug Tier	Requirements/Limits
<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>erythrocin stearate tabs 250mg</i>	1	
<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 pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>ilotycin oint 5mg/gm</i>	1	
<i>romycin oint 5mg/gm</i>	1	
ZMAX SUSR 2GM	2	
Quinolones		
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 250mg/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
LEVOFLOXACIN IN D5W INJ 5%; 250MG/50ML	3	B/D
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	3	B/D
LEVOFLOXACIN IN D5W INJ 5%; 750MG/150ML	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
Sulfonamides		
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	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs 150mg</i>	3	
<i>demeclocycline hcl tabs 300mg</i>	3	
<i>doxy 100 inj 100mg</i>	1	
<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 caps 100mg</i>	1	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>doxycycline monohydrate tabs 75mg</i>	1	
<i>doxycycline caps 150mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>morgidox 1x100mg caps 100mg</i>	1	
<i>morgidox 2x100mg caps 100mg</i>	1	
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
<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 1000mg/100ml; 750mg/100ml</i>	1	B/D
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	1	B/D
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	1	B/D
<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	

Drug Name	Drug Tier	Requirements/Limits
POTIGA TABS 200MG	3	
POTIGA TABS 300MG	4	
POTIGA TABS 400MG	3	
POTIGA TABS 50MG	3	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	2	
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
LYRICA CAPS 100MG	2	
LYRICA CAPS 150MG	2	
LYRICA CAPS 200MG	2	
LYRICA CAPS 225MG	2	
LYRICA CAPS 25MG	2	
LYRICA CAPS 300MG	2	
LYRICA CAPS 50MG	2	
LYRICA CAPS 75MG	2	
LYRICA SOLN 20MG/ML	2	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<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

Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 5MG	2	PA
<i>primidone tabs 250mg</i>	1	
<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 odt tbdp 100mg</i>	2	
<i>lamotrigine odt tbdp 200mg</i>	2	
<i>lamotrigine odt tbdp 25mg</i>	2	
<i>lamotrigine odt tbdp 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>topiragen tabs 100mg</i>	1	
<i>topiragen tabs 200mg</i>	1	
<i>topiragen tabs 25mg</i>	1	
<i>topiragen tabs 50mg</i>	1	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate tabs 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	
TROKENDI XR CP24 100MG	3	
TROKENDI XR CP24 200MG	3	
TROKENDI XR CP24 25MG	3	
TROKENDI XR CP24 50MG	3	
Sodium Channel Agents		
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	
CEREBYX INJ 500MG PE/10ML	3	
DILANTIN INFATABS CHEW 50MG	2	
DILANTIN CAPS 30MG	2	
<i>epitol tabs 200mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>oxcarbazepine susp 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		
Antidementia Agents, Other		
<i>ergoloid mesylates tabs 1mg</i>	1	PA
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	1	
<i>donepezil hcl tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>		
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hcl tabs 10mg</i>	1	
<i>memantine hcl tabs 5mg</i>	1	
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 er tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er 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)
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
Monoamine Oxidase Inhibitors		
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	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<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)
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 40mg</i>	1	QL (60 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)

Drug Name	Drug Tier	Requirements/Limits
<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>irenka cpep 40mg</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)
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 25MG	3	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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>phenergan supp 12.5mg</i>	2	PA
<i>phenergan supp 25mg</i>	2	PA
<i>phenergan supp 50mg</i>	2	PA
PROMETHAZINE HCL PLAIN SYRP 6.25MG/5ML	2	PA
<i>promethazine hcl supp 12.5mg</i>	2	PA
<i>promethazine hcl supp 25mg</i>	2	PA
<i>promethazine hcl supp 50mg</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 1MG/3DAYS	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

Drug Name	Drug Tier	Requirements/Limits
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 inj 4mg/4ml</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 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
AMBISOME INJ 50MG	4	
AMPHOTERICIN B INJ 50MG	2	B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>ciclodan crea 0.77%</i>	1	
<i>ciclodan soln 8%</i>	1	
<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	
CRESEMBA CAPS 186MG	4	
CRESEMBA INJ 372MG	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>ketodan foam 2%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>naftifine hcl crea 1%</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
<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	
<i>colchicine tabs 0.6mg</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

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
<i>Antimigraine Agents</i>		
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days) ST
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	QL (28 ML per 28 days)
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)
RELPAK TABS 20MG	2	QL (9 EA per 30 days) ST
RELPAK 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 10mg/2ml</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	2	
DAPSONE TABS 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin caps 150mg</i>	1	
Antituberculars		
CAPASTAT SULFATE INJ 1GM	3	
<i>ethambutol hcl tabs 100mg</i>	1	
<i>ethambutol hcl tabs 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	2	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	B/D
RIFATER TABS 50MG; 300MG; 120MG	3	
SEROMYCIN CAPS 250MG	2	
SIRTURO TABS 100MG	3	
TRECTOR TABS 250MG	2	
Antineoplastics		
Alkylating Agents		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	2	B/D
<i>cyclophosphamide caps 25mg</i>	2	B/D
<i>cyclophosphamide caps 50mg</i>	2	B/D
<i>cyclophosphamide inj 1gm</i>	3	
CYCLOPHOSPHAMIDE INJ 2GM	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
TREANDA INJ 180MG/2ML	4	B/D
TREANDA INJ 45MG/0.5ML	4	B/D
VALCHLOR GEL 0.016%	3	PA
ZANOSAR INJ 1GM	3	B/D
Antiandrogens		
<i>bicalutamide tabs 50mg</i>	1	
<i>flutamide caps 125mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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
Antiangiogenic Agents		
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPS 10MG	4	PA LA
REVLIMID CAPS 15MG	4	PA LA
REVLIMID CAPS 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
Antiestrogens/Modifiers		
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	
Antimetabolites		
<i>adrucil inj 2.5gm/50ml</i>	1	B/D
<i>adrucil inj 500mg/10ml</i>	1	B/D
<i>adrucil inj 5gm/100ml</i>	1	B/D
CLOLAR INJ 1MG/ML	3	B/D
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DROXIA CAPS 200MG	2	
DROXIA CAPS 300MG	2	
DROXIA CAPS 400MG	2	
ELITEK INJ 1.5MG	4	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</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
PURIXAN SUSP 2000MG/100ML	4	
TABLOID TABS 40MG	2	
Antineoplastics, Other		
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

Drug Name	Drug Tier	Requirements/Limits
ARRANON INJ 5MG/ML	3	B/D
<i>azacitidine inj 100mg</i>	3	PA
BELEODAQ INJ 500MG	4	PA
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>calcium folinate inj 300mg/30ml</i>	1	
<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
DAUNOXOME INJ 2MG/ML	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
DOCETAXEL INJ 160MG/8ML	4	B/D
DOCETAXEL INJ 200MG/20ML	4	B/D
DOCETAXEL INJ 20MG/ML	4	B/D
DOCETAXEL INJ 20MG/ML	4	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 liposome inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
ELLENGE INJ 200MG/100ML	3	B/D
EPIRUBICIN HCL INJ 200MG/100ML	2	B/D
<i>epirubicin hcl inj 50mg/25ml</i>	1	B/D
ERIVEDGE CAPS 150MG	4	PA
ERWINAZE INJ 10000UNIT	4	PA
FARYDAK CAPS 10MG	4	PA
FARYDAK CAPS 15MG	4	PA
FARYDAK CAPS 20MG	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
IBRANCE CAPS 100MG	4	PA
IBRANCE CAPS 125MG	4	PA
IBRANCE CAPS 75MG	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
<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 200mg</i>	1	
<i>leucovorin calcium inj 200mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium inj 500mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	4	
<i>lipodox 50 inj 2mg/ml</i>	1	B/D
<i>lipodox inj 2mg/ml</i>	1	B/D
LYNPARZA CAPS 50MG	4	PA
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
OFEV CAPS 100MG	4	PA
OFEV CAPS 150MG	4	PA
ONCASPAR INJ 750UNIT/ML	4	
OPDIVO INJ 100MG/10ML	4	PA
OPDIVO INJ 40MG/4ML	4	PA
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 50mg</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

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	B/D
SYLATRON INJ 200MCG	4	PA
SYLATRON INJ 300MCG	4	PA
SYLATRON INJ 600MCG	4	PA
SYNRIBO INJ 3.5MG	4	PA
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
Antineoplastics		
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA
ZALTRAP INJ 100MG/4ML	4	PA
ZYKADIA CAPS 150MG	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	1	
Enzyme Inhibitors		
ETOPOPHOS INJ 100MG	3	B/D
<i>etoposide inj 100mg/5ml</i>	1	B/D
<i>etoposide inj 1gm/50ml</i>	1	B/D
<i>etoposide inj 1gm/50ml</i>	1	B/D
<i>etoposide inj 500mg/25ml</i>	1	B/D
<i>toposar inj 100mg/5ml</i>	1	B/D
<i>toposar inj 1gm/50ml</i>	1	B/D
<i>toposar inj 500mg/25ml</i>	1	B/D
<i>toposar inj 500mg/25ml</i>	1	B/D
<i>topotecan hcl inj 4mg</i>	1	B/D
ZYDELIG TABS 100MG	4	PA
ZYDELIG TABS 150MG	4	PA
Molecular Target Inhibitors		
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

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 5MG	4	PA
LENVIMA 10MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA 14MG DAILY DOSE CPPK 0	4	PA
LENVIMA 20MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA 24MG DAILY DOSE CPPK 0	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 37.5MG	4	QL (45 EA per 30 days) PA
SUTENT CAPS 50MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	4	QL (120 EA per 30 days) PA
TASIGNA CAPS 200MG	4	QL (120 EA per 30 days) PA
TYKERB TABS 250MG	4	QL (180 EA per 30 days) PA
VOTRIENT TABS 200MG	4	QL (120 EA per 30 days) PA
XALKORI CAPS 200MG	4	QL (60 EA per 30 days) PA
XALKORI CAPS 250MG	4	QL (60 EA per 30 days) PA
ZELBORAF TABS 240MG	4	QL (240 EA per 30 days) PA
Monoclonal Antibodies		
ARZERRA INJ 100MG/5ML	2	B/D
AVASTIN INJ 100MG/4ML	4	PA
BLINCYTO INJ 35MCG	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
KEYTRUDA INJ 100MG/4ML	4	PA
KEYTRUDA INJ 50MG	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		

Drug Name	Drug Tier	Requirements/Limits
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
<i>ivermectin tabs 3mg</i>	1	
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	
<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	
Pediculicides/Scabicides		
<i>acticin crea 5%</i>	1	
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		
Anticholinergics		
<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
Antiparkinson Agents, Other		
<i>entacapone tabs 200mg</i>	1	
TASMAR TABS 100MG	3	
<i>tolcapone tabs 100mg</i>	1	
Dopamine Agonists		
APOKYN INJ 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>pramipexole dihydrochloride er tb24 0.375mg</i>	1	
<i>pramipexole dihydrochloride er tb24 0.75mg</i>	1	
<i>pramipexole dihydrochloride er tb24 1.5mg</i>	1	
<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	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT TABS 0.5MG	2	
AZILECT TABS 1MG	2	
<i>selegiline hcl caps 5mg</i>	1	
<i>selegiline hcl tabs 5mg</i>	1	
ZELAPAR TBDP 1.25MG	2	
Antipsychotics		
<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>compazine supp 25mg</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	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<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 MAINTENA INJ 300MG	3	ST
ABILIFY MAINTENA INJ 400MG	4	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
<i>aripiprazole tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole tabs 15mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>aripiprazole tabs 30mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole tabs 5mg</i>	1	QL (60 EA per 30 days)
FANAPT TITRATION PACK TABS 0	3	QL (8 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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJ 78MG/0.5ML	3	ST
INVEGA TRINZA INJ 273MG/0.875ML	4	PA
INVEGA TRINZA INJ 410MG/1.315ML	4	PA
INVEGA TRINZA INJ 546MG/1.75ML	4	PA
INVEGA TRINZA INJ 819MG/2.625ML	4	PA
INVEGA TB24 1.5MG	3	QL (30 EA per 30 days) ST
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)
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 2.5MG	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)
SEROQUEL XR TB24 200MG	3	QL (30 EA per 30 days)
SEROQUEL XR TB24 300MG	3	QL (60 EA per 30 days)
SEROQUEL XR TB24 400MG	3	QL (60 EA per 30 days)
SEROQUEL XR TB24 50MG	3	QL (30 EA per 30 days)
ziprasidone hcl caps 20mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 40mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 60mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 80mg	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
Treatment-Resistant		
clozapine odt tbdp 100mg	3	QL (270 EA per 30 days)
clozapine odt tbdp 12.5mg	3	QL (90 EA per 30 days)
CLOZAPINE ODT TBDP 150MG	3	QL (180 EA per 30 days)
CLOZAPINE ODT TBDP 200MG	3	QL (120 EA per 30 days)
clozapine odt tbdp 25mg	3	QL (270 EA per 30 days)
CLOZAPINE TABS 100MG	2	QL (270 EA per 30 days)
clozapine tabs 200mg	2	QL (120 EA per 30 days)
clozapine tabs 25mg	1	QL (270 EA per 30 days)
clozapine tabs 50mg	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		
Antispasticity Agents		
baclofen tabs 10mg	1	
baclofen tabs 20mg	1	
dantrolene sodium caps 100mg	2	
dantrolene sodium caps 25mg	2	
dantrolene sodium caps 50mg	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
tizanidine hcl caps 2mg	3	
tizanidine hcl caps 4mg	3	
tizanidine hcl caps 6mg	3	
tizanidine hcl tabs 2mg	1	
tizanidine hcl tabs 4mg	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir inj 75mg/ml	1	B/D
ganciclovir inj 500mg	3	B/D
VALCYTE SOLR 50MG/ML	4	
VALCYTE TABS 450MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir tabs 450mg</i>	4	
ZIRGAN GEL 0.15%	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tabs 10mg</i>	4	QL (30 EA per 30 days) PA
BARACLUDE SOLN 0.05MG/ML	4	QL (630 ML per 30 days) PA
BARACLUDE TABS 0.5MG	4	QL (30 EA per 30 days) PA
BARACLUDE TABS 1MG	4	QL (30 EA per 30 days) PA
<i>entecavir tabs 0.5mg</i>	1	QL (30 EA per 30 days) PA
<i>entecavir tabs 1mg</i>	1	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 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 50MU	4	PA
INTRON A INJ 6000000UNIT/ML	2	PA
TYZEKA TABS 600MG	4	QL (30 EA per 30 days) PA
Anti-hepatitis C (HCV) Agents		
HARVONI TABS 90MG; 400MG	4	QL (168 EA per 365 days) PA
INCIVEK TABS 375MG	4	
INFERGEN INJ 15MCG/0.5ML	3	PA
INFERGEN INJ 9MCG/0.3ML	3	PA
MODERIBA 1200 DOSE PACK TABS 600MG	4	
MODERIBA 800 DOSE PACK TABS 400MG	4	
MODERIBA MISC 0	4	
<i>moderiba tabs 200mg</i>	2	
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 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 80MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	4	PA
PEG-INTRON INJ 50MCG/0.5ML	4	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	
PEGASYS PROCLICK INJ 180MCG/0.5ML	4	
PEGASYS INJ 180MCG/0.5ML	4	
PEGASYS INJ 180MCG/ML	4	
PEGINTRON INJ 120MCG/0.5ML	4	PA
PEGINTRON INJ 150MCG/0.5ML	4	PA
PEGINTRON INJ 50MCG/0.5ML	4	PA
PEGINTRON INJ 80MCG/0.5ML	4	PA
REBETOL SOLN 40MG/ML	2	
RIBASPHERE RIBAPAK TABS 0	4	
<i>ribasphere ribapak tabs 400mg</i>	4	
<i>ribasphere ribapak tabs 600mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere caps 200mg</i>	2	
<i>ribasphere tabs 200mg</i>	2	
<i>ribasphere tabs 400mg</i>	4	
<i>ribasphere tabs 600mg</i>	4	
<i>ribatab tabs 400mg</i>	4	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	2	
SOVALDI TABS 400MG	4	PA
VICTRELIS CAPS 200MG	4	PA
VIEKIRA PAK TBPK 250MG; 12.5MG; 75MG; 50MG	4	QL (672 EA per 365 days) 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	
VITEKTA TABS 150MG	4	
VITEKTA TABS 85MG	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	
EPIVIR SOLN 10MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
EPZICOM TABS 600MG; 300MG	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	
<i>lamivudine soln 10mg/ml</i>	1	
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	
VIDEX PEDIATRIC SOLR 4GM	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	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	4	QL (60 EA per 30 days)
PREZCOBIX TABS 150MG; 800MG	4	QL (30 EA per 30 days)
SELZENTRY TABS 150MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	4	QL (120 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	4	QL (30 EA per 30 days)
TYBOST TABS 150MG	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS 250MG	4	QL (120 EA per 30 days)
APTIVUS SOLN 100MG/ML	4	
CRIXIVAN CAPS 200MG	2	
CRIXIVAN CAPS 400MG	2	
EVOTAZ TABS 300MG; 150MG	4	QL (30 EA per 30 days)
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	
PREZISTA SUSP 100MG/ML	2	
PREZISTA TABS 150MG	2	

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 400MG	4	
PREZISTA TABS 600MG	4	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	4	
REYATAZ CAPS 150MG	4	
REYATAZ CAPS 200MG	4	
REYATAZ CAPS 300MG	4	
REYATAZ PACK 50MG	3	
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	
RAPIVAB INJ 200MG/20ML	4	
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	
<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
Benzodiazepines		
<i>alprazolam er tb24 0.5mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<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 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 conc 2mg/ml</i>	1	PA
<i>lorazepam tabs 0.5mg</i>	2	PA
<i>lorazepam tabs 1mg</i>	2	PA
<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		
Mood Stabilizers		
<i>lithium carbonate er tbcr 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er tbc</i> 450mg	1	
<i>lithium carbonate caps</i> 150mg	1	
<i>lithium carbonate caps</i> 300mg	1	
<i>lithium carbonate caps</i> 600mg	1	
<i>lithium carbonate tabs</i> 300mg	1	
<i>lithium soln</i> 8meq/5ml	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i> 100mg	1	
<i>acarbose tabs</i> 25mg	1	
<i>acarbose tabs</i> 50mg	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	
BYDUREON INJ 2MG	3	
BYETTA INJ 10MCG/0.04ML	3	
BYETTA INJ 5MCG/0.02ML	3	
<i>chlorpropamide tabs</i> 100mg	2	QL (210 EA per 30 days) PA
<i>chlorpropamide tabs</i> 250mg	2	QL (90 EA per 30 days) PA
CYCLOSET TABS 0.8MG	3	
<i>glimepiride tabs</i> 1mg	1	QL (240 EA per 30 days)
<i>glimepiride tabs</i> 2mg	1	QL (120 EA per 30 days)
<i>glimepiride tabs</i> 4mg	1	QL (60 EA per 30 days)
<i>glipizide er tb</i> 24 10mg	1	QL (60 EA per 30 days)
<i>glipizide er tb</i> 24 2.5mg	1	QL (240 EA per 30 days)
<i>glipizide er tb</i> 24 5mg	1	QL (120 EA per 30 days)
<i>glipizide xl tb</i> 24 10mg	1	QL (60 EA per 30 days)
<i>glipizide xl tb</i> 24 2.5mg	1	QL (240 EA per 30 days)
<i>glipizide xl tb</i> 24 5mg	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs</i> 2.5mg; 250mg	1	QL (240 EA per 30 days)
<i>glipizide/metformin hcl tabs</i> 2.5mg; 500mg	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs</i> 5mg; 500mg	1	QL (120 EA per 30 days)
<i>glipizide tabs</i> 10mg	1	QL (120 EA per 30 days)
<i>glipizide tabs</i> 5mg	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs</i> 1.5mg	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs</i> 3mg	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs</i> 6mg	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs</i> 1.25mg; 250mg	2	QL (240 EA per 30 days) PA
<i>glyburide/metformin hcl tabs</i> 2.5mg; 500mg	2	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<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
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 (120 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

Drug Name	Drug Tier	Requirements/Limits
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
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; 2 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L		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; 1 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

Drug Name	Drug Tier	Requirements/Limits
<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; 15meq/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 KWIKPEN INJ 100UNIT/ML	2	
HUMALOG KWIKPEN INJ 100UNIT/ML	2	
HUMALOG KWIKPEN INJ 200UNIT/ML	2	
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	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJ 100UNIT/ML	2	
HUMALOG INJ 100UNIT/ML	2	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN 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 FLEXTOUCH INJ 100UNIT/ML	2	
LEVEMIR INJ 100UNIT/ML	2	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	ST
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	ST
NOVOLIN N RELION INJ 100UNIT/ML	3	ST
NOVOLIN N U-100 INJ 100UNIT/ML	3	ST
NOVOLIN N INJ 100UNIT/ML	3	ST
NOVOLIN R RELION INJ 100UNIT/ML	3	ST
NOVOLIN R U-100 INJ 100UNIT/ML	3	ST
NOVOLIN R INJ 100UNIT/ML	3	ST
NOVOLOG FLEXPEN 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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ 100UNIT/ML	3	ST
RELION R INJ 100UNIT/ML	2	
Blood Products/Modifiers/Volume Expanders		
<i>Anticoagulants</i>		
<i>argatroban inj 250mg/250ml; 0.9%</i>	1	
<i>argatroban inj 250mg/250ml; 0.9%</i>	1	
COUMADIN INJ 5MG	3	B/D
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	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 18000UNIT/0.72ML	2	QL (25.3 ML per 90 days)
FRAGMIN INJ 25000UNIT/ML	2	QL (11.4 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	2	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	2	QL (22.8 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	2	QL (22.8 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 0.45% inj 100unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	B/D
<i>heparin sodium inj 1000unit/ml</i>	1	B/D
<i>heparin sodium inj 20000unit/ml</i>	1	B/D
HEPARIN SODIUM INJ 2000UNIT/ML	3	B/D
HEPARIN SODIUM INJ 2500UNIT/ML	2	B/D
<i>heparin sodium inj 5000unit/ml</i>	1	B/D
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 STARTER PACK TBPK 0	2	QL (51 EA per 365 days)
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
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	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 300MCG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
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	
<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		
Alpha-adrenergic Agonists		
<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	
Alpha-adrenergic Blocking Agents		
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

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
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
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	
<i>valsartan tabs 160mg</i>	1	
<i>valsartan tabs 320mg</i>	1	
<i>valsartan tabs 40mg</i>	1	
<i>valsartan tabs 80mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 20mg</i>	1	
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<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	

Drug 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/verapamil hcl er tbc 1mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 180mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl tbc 1mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl tbc 2mg; 180mg</i>	1	
<i>trandolapril/verapamil hcl tbc 2mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl tbc 4mg; 240mg</i>	1	
<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 gluconate er tbc 324mg</i>	3	
<i>quinidine sulfate er tbc 300mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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/valsartan tabs 10mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg</i>	1	
<i>amlodipine/valsartan/hctz tabs 10mg; 25mg; 160mg</i>	1	
<i>amlodipine/valsartan/hctz tabs 10mg; 25mg; 320mg</i>	1	
<i>amlodipine/valsartan/hctz tabs 5mg; 12.5mg; 160mg</i>	1	
<i>amlodipine/valsartan/hctz tabs 5mg; 25mg; 160mg</i>	1	
AZOR TABS 10MG; 20MG	2	
AZOR TABS 10MG; 40MG	2	
AZOR TABS 5MG; 20MG	2	
AZOR TABS 5MG; 40MG	2	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-cd cp24 120mg</i>	1	
<i>dilt-cd cp24 180mg</i>	1	
<i>dilt-cd cp24 240mg</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 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem cd cp24 300mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	2	
<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 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp24 240mg</i>	1	
<i>diltiazem hcl er cp24 240mg</i>	1	
<i>diltiazem hcl er cp24 240mg</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 er tb24 180mg</i>	1	
<i>diltiazem hcl er tb24 240mg</i>	2	
<i>diltiazem hcl er tb24 300mg</i>	2	
<i>diltiazem hcl er tb24 360mg</i>	2	
<i>diltiazem hcl er tb24 420mg</i>	2	
<i>diltiazem hcl inj 100mg</i>	1	B/D
<i>diltiazem hcl inj 125mg/25ml</i>	1	B/D
<i>diltiazem hcl inj 25mg/5ml</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	
<i>matzim la tb24 420mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	3	
<i>nifediac cc tb24 30mg</i>	1	
<i>nifediac cc tb24 60mg</i>	1	
<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 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</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 120mg</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 sr tbcr 120mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	B/D
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	

Cardiovascular Agents, Other

Drug Name	Drug Tier	Requirements/Limits
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>digitek tabs 0.125mg</i>	1	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	1	
<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	
<i>digox tabs 125mcg</i>	3	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	3	
ESBRIET CAPS 267MG	4	PA
LANOXIN TABS 125MCG	3	QL (30 EA per 30 days)
LANOXIN TABS 250MCG	3	
NORTHERA CAPS 100MG	4	PA
NORTHERA CAPS 200MG	4	PA
NORTHERA CAPS 300MG	4	PA
<i>pentoxifylline er tbc 400mg</i>	1	
PRALUENT INJ 150MG/ML	4	QL (2 ML per 28 days) PA
PRALUENT INJ 150MG/ML	4	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	4	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	4	QL (2 ML per 28 days) PA
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 inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 EDECIN INJ 50MG	3	B/D
<i>toremide inj 20mg/2ml</i>	1	B/D
<i>toremide inj 50mg/5ml</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, Fibrin Acid Derivatives		
ANTARA CAPS 30MG	3	ST
ANTARA CAPS 90MG	3	ST
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate caps 130mg</i>	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate tabs 145mg</i>	1	
<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
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	

Drug Name	Drug Tier	Requirements/Limits
<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 30MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 40MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 5MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 60MG	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	PA
WELCHOL PACK 3.75GM	3	
WELCHOL TABS 625MG	3	
ZETIA TABS 10MG	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL TABS 37.5MG; 20MG	2	
<i>isoditrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate subl 2.5mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>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

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.75mg; 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; 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 10MG	3	QL (30 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
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)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
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 10mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 15mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 20mg</i>	1	QL (60 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 er cp24 5mg</i>	1	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
<i>guanfacine er tb24 1mg</i>	2	
<i>guanfacine er tb24 2mg</i>	2	
<i>guanfacine er tb24 3mg</i>	2	
<i>guanfacine er tb24 4mg</i>	2	
INTUNIV TB24 1MG	3	
INTUNIV TB24 2MG	3	
INTUNIV TB24 3MG	3	
INTUNIV TB24 4MG	3	
<i>metadate er tbc 20mg</i>	2	QL (90 EA per 30 days)
<i>methylin chew 10mg</i>	1	QL (180 EA per 30 days) ST
<i>methylin chew 2.5mg</i>	1	QL (720 EA per 30 days) ST
<i>methylin chew 5mg</i>	1	QL (360 EA per 30 days) ST
<i>methylphenidate hcl cd cpcr 10mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr 20mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr 30mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpcr 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr 50mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpcr 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24 20mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er cp24 30mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbcr 18mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er tbcr 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er tbcr 27mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbcr 36mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbcr 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl chew 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl chew 2.5mg</i>	1	QL (720 EA per 30 days)
<i>methylphenidate hcl chew 5mg</i>	1	QL (360 EA per 30 days)
<i>methylphenidate hcl tabs 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl tabs 5mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	1	
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	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>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 140mg; 30mg</i>		QL (180 EA per 30 days)
<i>butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg</i>	1	
<i>butalbital/aspirin/caffeine tabs 325mg; 50mg; 40mg</i>	1	
Central Nervous System, Other		
HORIZANT TBCR 300MG	3	QL (60 EA per 30 days) PA
HORIZANT TBCR 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
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 365 days) PA
SAVELLA TABS 100MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 12.5MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 25MG	2	QL (60 EA per 30 days) PA
SAVELLA TABS 50MG	2	QL (60 EA per 30 days) PA
Multiple Sclerosis Agents		
AMPYRA TB12 10MG	4	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	4	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	4	QL (30 EA per 30 days) PA
AVONEX PEN INJ 30MCG/0.5ML	4	QL (2 EA per 28 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 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
<i>glatopa inj 20mg/ml</i>	4	QL (30 ML per 30 days) PA
PLEGRIDY STARTER PACK INJ 0	4	QL (1 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	4	QL (1 ML per 365 days) PA
PLEGRIDY INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) PA
PLEGRIDY INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK INJ 0	4	QL (4.2 ML per 28 days) PA
REBIF REBIDOSE INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE INJ 44MCG/0.5ML	4	QL (6 ML 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	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
KEPIVANCE INJ 6.25MG	3	B/D
<i>oralone pste 0.1%</i>	1	
<i>paroex soln 0.12%</i>	1	
<i>perio gard 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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>claravis caps 10mg</i>	2	
<i>claravis caps 20mg</i>	2	
CLARAVIS CAPS 30MG	2	
<i>claravis caps 40mg</i>	2	
<i>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	
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	1	
CONDYLOX GEL 0.5%	2	
COSENTYX SENSOREADY PEN INJ 150MG/ML	4	PA
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 0.5%</i>	3	
<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>laclotion lotn 12%</i>	1	
<i>methoxsalen caps 10mg</i>	4	
<i>myorisan caps 10mg</i>	2	
<i>myorisan caps 20mg</i>	2	
<i>myorisan caps 40mg</i>	2	
<i>neuac gel 5%; 1.2%</i>	1	
ONEXTON GEL 3.75%; 1.2%	3	
PENNSAID SOLN 1.5%	2	
PENNSAID SOLN 2%	2	PA
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OINT 0.03%	3	ST
PROTOPIC OINT 0.1%	3	ST
<i>prudoxin crea 5%</i>	1	
REGRANEX GEL 0.01%	2	
RETIN-A MICRO PUMP GEL 0.1%	3	PA
RETIN-A MICRO GEL 0.04%	3	PA
SANTYL OINT 250UNIT/GM	2	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
SOOLANTRA CREA 1%	3	
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	
<i>tacrolimus oint 0.03%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
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
TRETINOIN MICROSPHERE PUMP GEL 0.04%	2	PA
TRETINOIN MICROSPHERE PUMP GEL 0.04%	2	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 10mg</i>	2	
<i>zenatane caps 20mg</i>	2	
ZENATANE CAPS 30MG	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
BUPHENYL TABS 500MG	2	
CARBAGLU TABS 200MG	4	
CERDELGA CAPS 84MG	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
KUVAN PACK 500MG	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 218000UNIT; 40000UNIT; 136000UNIT	3	
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	
ENTYVIO INJ 300MG	4	PA
<i>glycopyrrolate inj 4mg/20ml</i>	2	
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	1	
<i>Gastrointestinal Agents, Other</i>		
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
HALFLYTELY BOWEL PREP/FLAVOR PACKS KIT 5MG;210GM; 0.74GM; 2.86GM; 5.6GM		
<i>lofene tabs 0.025mg; 2.5mg</i>	1	
<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	
<i>metoclopramide odt tbdp 5mg</i>	1	
MOTOFEN TABS 0.025MG; 1MG	3	
<i>opium tincture (paregoric) tinc 2mg/5ml</i>	1	
PYLERA CAPS 140MG; 125MG; 125MG	2	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
GATTEX INJ 5MG	4	PA
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 ML per 28 days) PA
Histamine2 (H2) Receptor Antagonists		
<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	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	
<i>alosetron hydrochloride tabs 1mg</i>	1	
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	
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	
<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/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>pegylax powd 0</i>	1	
<i>polyethylene glycol 3350 pack 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 ML per 28 days) PA
RELISTOR INJ 8MG/0.4ML	2	QL (16.8 ML per 28 days) PA
<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 magnesium cpdr 20mg</i>	1	
<i>esomeprazole magnesium cpdr 40mg</i>	1	
<i>esomeprazole sodium inj 20mg</i>	2	B/D
<i>esomeprazole sodium inj 40mg</i>	2	B/D
<i>esomeprazole strontium cpdr 49.3mg</i>	1	
<i>lansoprazole cpdr 15mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL (30 EA per 30 days)
NEXIUM CPDR 20MG	2	
NEXIUM CPDR 40MG	2	
NEXIUM PACK 20MG	2	
NEXIUM PACK 40MG	2	
<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		
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 syrp 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	

Drug Name	Drug Tier	Requirements/Limits
<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
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	2	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>doxazosin tabs 2mg</i>	1	
<i>doxazosin tabs 4mg</i>	1	
<i>doxazosin tabs 8mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
JALYN CAPS 0.5MG; 0.4MG	2	
RAPAFLO CAPS 4MG	2	
RAPAFLO CAPS 8MG	2	
<i>tamsulosin hcl caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 2mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
CIALIS TABS 2.5MG	2	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	
FOSRENOL PACK 1000MG	4	
FOSRENOL PACK 750MG	4	
RENVELA PACK 0.8GM	2	
RENVELA PACK 2.4GM	4	
RENVELA TABS 800MG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>alphatrex gel 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>apexicon oint 0.05%</i>	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>baycadron elix 0.5mg/5ml</i>	1	
<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	
<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	
<i>clodan sham 0.05%</i>	3	
CLODERM PUMP CREA 0.1%	3	
CLODERM 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	

Drug Name	Drug Tier	Requirements/Limits
<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 sodium phosphate inj 20mg/5ml</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 scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide-e crea 0.05%</i>	1	
<i>fluocinonide 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	

Drug Name	Drug Tier	Requirements/Limits
<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>lokara lotn 0.05%</i>	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 inj 100mg/ml</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
PANDEL CREA 0.1%	2	
<i>prednicarbate crea 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
SOLU-CORTEF INJ 1000MG	2	
SOLU-CORTEF INJ 250MG	2	
SOLU-CORTEF INJ 500MG	2	
SOLU-MEDROL INJ 1000MG	2	
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 500MG	2	
<i>synalar crea 0.025%</i>	1	
<i>synalar oint 0.025%</i>	1	
TACLONEX SUSP 0.064%; 0.005%	3	QL (420 GM per 30 days) PA
<i>triamcinolone acetanide aers 0</i>	1	
<i>triamcinolone acetanide crea 0.025%</i>	1	
<i>triamcinolone acetanide crea 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide inj 10mg/ml</i>	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone pf inj 40mg/ml</i>	1	
<i>triamcinolone pf inj 80mg/2ml</i>	1	
<i>triamcinolone inj 50mg/ml</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>u-cort crea 1%; 10%</i>	1	
UCERIS FOAM 2MG/ACT	4	
UCERIS TB24 9MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<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
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
H.P. ACTHAR INJ 80UNIT/ML	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 FLEXPRO INJ 10MG/1.5ML	4	PA
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	4	PA
NORDITROPIN FLEXPRO INJ 30MG/3ML	4	PA
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	4	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	4	PA
NUTROPIN AQ PEN INJ 20MG/2ML	3	PA
NUTROPIN INJ 10MG	3	PA
OMNITROPE INJ 5MG/1.5ML	3	PA
SAIZEN CLICK.EASY INJ 8.8MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
SIGNIFOR LAR INJ 20MG	4	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 40MG	4	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 60MG	4	QL (1 EA per 28 days) PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	4	PA
ZOMACTON INJ 10MG	4	PA
ZOMACTON 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>		
ANDRODERM PT24 2MG/24HR	2	ST
ANDRODERM PT24 4MG/24HR	2	ST
ANDROGEL PUMP GEL 1%	2	
ANDROGEL PUMP GEL 1.62%	2	
ANDROGEL GEL 20.25MG/1.25GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 40.5MG/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>testone cik inj 200mg/ml</i>	1	
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone pump gel 1%</i>	1	
TESTOSTERONE GEL 1%	3	ST
TESTOSTERONE GEL 1%	3	ST
<i>testosterone gel 25mg/2.5gm</i>	1	
<i>testosterone inj 250mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TESTRED CAPS 10MG	3	
<i>triamcinolone inj 80mg/ml</i>	1	
Estrogens		
ALORA PTTW 0.025MG/24HR	2	PA
ALORA PTTW 0.05MG/24HR	2	PA
ALORA PTTW 0.075MG/24HR	2	PA
ALORA PTTW 0.1MG/24HR	2	PA
<i>altavera tabs 0.03mg; 0.15mg</i>	1	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	
<i>alyacen 7/7/7 tabs 0; 0</i>	1	
<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>ashlyna tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>aubra tabs 20mcg; 0.1mg</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>azurette tabs 0; 0</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>camrese tabs 0; 0</i>	1	QL (91 EA per 91 days)
<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
<i>cesia tabs 0; 0</i>	1	
<i>chateal tabs 0.03mg; 0.15mg</i>	1	
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	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tabs 0; 0</i>	1	
<i>daysee tabs 0; 0</i>	1	QL (91 EA per 91 days)
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
<i>delyla tabs 20mcg; 0.1mg</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
DIVIGEL GEL 0.25MG/0.25GM	2	PA
DIVIGEL GEL 0.5MG/0.5GM	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	

Drug Name	Drug Tier	Requirements/Limits
<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>enskyce tabs 0.15mg; 30mcg</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 pttw 0.025mg/24hr</i>	2	PA
<i>estradiol pttw 0.0375mg/24hr</i>	2	PA
<i>estradiol pttw 0.05mg/24hr</i>	2	PA
<i>estradiol pttw 0.075mg/24hr</i>	2	PA
<i>estradiol pttw 0.1mg/24hr</i>	2	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>falmina tabs 20mcg; 0.1mg</i>	1	
<i>gianvi tabs 3mg; 0.02mg</i>	1	
<i>gildagia tabs 35mcg; 0.4mg</i>	1	
<i>gildess 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>gildess 1/20 tabs 20mcg; 1mg</i>	1	
<i>gildess 24 fe tabs 20mcg; 75mg; 1mg</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>jolessa tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>kimidess tabs 0; 0</i>	1	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	
<i>leena tabs 0; 0</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	
<i>levora 0.15/30-28 tabs 30mcg; 0.15mg</i>	1	
<i>lomedica 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>lopreeza tabs 0.5mg; 0.1mg</i>	1	PA
<i>lopreeza tabs 1mg; 0.5mg</i>	1	PA
<i>loryna tabs 3mg; 0.02mg</i>	1	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutera tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
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>mimvey tabs 1mg; 0.5mg</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>nikki tabs 3mg; 0.02mg</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	1	PA
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	1	PA
<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>ortho-est tabs 0.75mg</i>	1	PA
<i>ortho-est tabs 1.5mg</i>	1	PA
<i>philith tabs 35mcg; 0.4mg</i>	1	
<i>pimtrea tabs 0; 0</i>	1	
<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>solia tabs 0.15mg; 30mcg</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>syeda tabs 3mg; 0.03mg</i>	1	
<i>tarina fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>tilia fe tabs 0; 75mg; 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	

Drug Name	Drug Tier	Requirements/Limits
<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>vestura tabs 3mg; 0.02mg</i>	1	
<i>viorele tabs 0; 0</i>	1	
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	
<i>wera tabs 35mcg; 0.5mg</i>	1	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zarah tabs 3mg; 0.03mg</i>	1	
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	1	
<i>zenchent tabs 35mcg; 0.4mg</i>	1	
<i>zeosa 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	
<i>deblitane tabs 0.35mg</i>	1	
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	
<i>heather tabs 0.35mg</i>	1	
<i>jencycla tabs 0.35mg</i>	1	
<i>jolivette tabs 0.35mg</i>	1	
<i>lyza 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	
<i>medroxyprogesterone/lidocaine inj 10mg/ml; 150mg/ml</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>norlyroc tabs 0.35mg</i>	1	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	2	
<i>sharobel tabs 0.35mg</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride tabs 60mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Drug Name	Drug Tier	Requirements/Limits
<i>armour thyroid tabs 120mg</i>	1	
<i>armour thyroid tabs 15mg</i>	1	
<i>armour thyroid tabs 180mg</i>	1	
<i>armour thyroid tabs 240mg</i>	1	
<i>armour thyroid tabs 300mg</i>	1	
<i>armour thyroid tabs 30mg</i>	1	
<i>armour thyroid tabs 60mg</i>	1	
<i>armour thyroid tabs 90mg</i>	1	
<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	
<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	
<i>np thyroid 30 tabs 30mg</i>	1	
<i>np thyroid 60 tabs 60mg</i>	1	
<i>np thyroid 90 tabs 90mg</i>	1	
<i>np thyroid tabs 30mg</i>	1	
<i>np thyroid tabs 60mg</i>	1	
<i>np thyroid tabs 90mg</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	

Drug Name	Drug Tier	Requirements/Limits
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
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 84 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

Drug Name	Drug Tier	Requirements/Limits
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
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA
SYNAREL SOLN 2MG/ML	3	
TRELSTAR 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
TRELSTAR MIXJECT INJ 3.75MG	4	QL (1 EA per 28 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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN INJ 150MG/ML	4	PA
COSENTYX INJ 150MG/ML	4	PA
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	B/D
ENBREL SURECLICK INJ 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (8.16 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8.16 EA per 28 days) PA
ENBREL INJ 50MG/ML	4	QL (7.84 ML per 28 days) PA
<i>gengraf caps 100mg</i>	2	B/D
<i>gengraf caps 25mg</i>	2	B/D
<i>gengraf soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	4	B/D
<i>hecoria caps 1mg</i>	4	B/D
<i>hecoria caps 5mg</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	4	QL (9.6 EA per 365 days) PA
HUMIRA PEN-PSORIASIS STARTER INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA
HUMIRA PEN INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML	4	PA
HUMIRA INJ 20MG/0.4ML	4	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA
<i>methotrexate sodium inj 1gm/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 susr 200mg/ml</i>	2	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	
RHEUMATREX TABS 2.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
RHEUMATREX TABS 2.5MG	3	
RHEUMATREX TABS 2.5MG	3	
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 100MG/ML	4	PA
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
SIMPONI INJ 50MG/0.5ML	4	PA
<i>sirolimus tabs 0.5mg</i>	2	B/D
<i>sirolimus tabs 1mg</i>	1	B/D
<i>sirolimus tabs 2mg</i>	1	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
BIVIGAM INJ 5GM/50ML	4	PA
CARIMUNE NANOFILTERED INJ 6GM	4	PA
FLEBOGAMMA DIF INJ 10%	4	PA
FLEBOGAMMA DIF INJ 10%	4	PA
FLEBOGAMMA DIF INJ 10%	4	PA
FLEBOGAMMA DIF INJ 10GM/200ML	4	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAGARD LIQUID INJ 0	4	PA
GAMMAKED INJ 10GM/100ML	3	PA
GAMMAKED INJ 1GM/10ML	3	PA
GAMMAKED INJ 2.5GM/25ML	3	PA
GAMMAKED INJ 20GM/200ML	3	PA
GAMMAKED INJ 5GM/50ML	3	PA
GAMMAPLEX INJ 10GM/200ML	4	PA
GAMMAPLEX INJ 2.5GM/50ML	4	PA
GAMMAPLEX INJ 5GM/100ML	4	PA
GAMUNEX-C INJ 10GM/100ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 1GM/10ML	3	PA
GAMUNEX-C INJ 2.5GM/25ML	3	PA
GAMUNEX-C INJ 20GM/200ML	3	PA
GAMUNEX-C INJ 40GM/400ML	4	PA
GAMUNEX-C INJ 5GM/50ML	3	PA
HIZENTRA INJ 10GM/50ML	4	PA
HIZENTRA INJ 1GM/5ML	4	PA
HIZENTRA INJ 2GM/10ML	4	PA
HIZENTRA INJ 4GM/20ML	4	PA
HYPERRAB S/D INJ 150UNIT/ML	2	
HYPERRAB S/D INJ 150UNIT/ML	2	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	4	PA
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	4	PA
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	4	PA
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	4	PA
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	4	PA
OCTAGAM INJ 10GM/100ML	4	PA
OCTAGAM INJ 10GM/200ML	4	PA
OCTAGAM INJ 1GM/20ML	4	PA
OCTAGAM INJ 2.5GM/50ML	4	PA
OCTAGAM INJ 20GM/200ML	4	PA
OCTAGAM INJ 25GM/500ML	4	PA
OCTAGAM INJ 2GM/20ML	4	PA
OCTAGAM INJ 5GM/100ML	4	PA
OCTAGAM INJ 5GM/50ML	4	PA
PRIVIGEN INJ 10GM/100ML	4	PA
PRIVIGEN INJ 20GM/200ML	4	PA
PRIVIGEN INJ 5GM/50ML	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	
LEMTRADA INJ 12MG/1.2ML	4	PA
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA
OTEZLA TBPK 0	4	QL (55 EA per 365 days) PA
OTEZLA TBPK 0	4	QL (55 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

Drug Name	Drug Tier	Requirements/Limits
<i>Vaccines</i>		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BCG VACCINE INJ 0	2	
BEXSERO 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	
DECAVAC INJ 2LFU; 5LFU	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED	2	
PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML		
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 9 INJ 0	2	
GARDASIL 9 INJ 0	2	
GARDASIL INJ 0	2	
GARDASIL INJ 0	2	
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
<i>kinrix inj 58mcg/0.5ml; 25lfu/0.5ml; 0; 10lfu/0.5ml</i>	1	
M-M-R II 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 7.5MCG/0.5ML	2	
PROQUAD INJ 0; 0; 0; 0	2	
<i>quadracel inj 48mcg/0.5ml; 15lfu/0.5ml; 0; 5lfu/0.5ml</i>	1	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	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	
TENIVAC INJ 2LFU; 5LFU	2	
<i>tetanus toxoid adsorbed inj 5lfu</i>	1	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED INJ 2LF/0.5ML; 2LF/0.5ML	2	

Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED INJ 2LF/0.5ML; 2LF/0.5ML	2	
TRUMENBA INJ 0	2	
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	B/D
TYPHIM VI INJ 25MCG/0.5ML	2	
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 50UNIT/ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
VARIZIG INJ 125UNIT/1.2ML	2	PA
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 CPCR 250MG	3	
PENTASA CPCR 500MG	3	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 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
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

Drug Name	Drug Tier	Requirements/Limits
<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 2MCG/ML	2	
HECTOROL INJ 4MCG/2ML	2	
<i>ibandronate sodium inj 3mg/3ml</i>	2	QL (3 ML per 90 days) PA
IBANDRONATE SODIUM INJ 3MG/3ML	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	
<i>paricalcitol inj 2mcg/ml</i>	1	B/D
<i>paricalcitol inj 5mcg/ml</i>	1	B/D
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days) PA
RISEDRONATE SODIUM DR TBEC 35MG	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 30mg</i>	1	
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tabs 5mg</i>	1	
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"	2	QL (200 EA per 30 days)
MISC		
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
MISC		
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL (200 EA per 30 days)
MISC		
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	QL (200 EA per 30 days)
MISC		
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	3	PA
FERRIPROX TABS 500MG	3	PA
<i>intralipid inj 20gm/100ml</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 1.2gm/100ml; 2.5gm/100ml; 10gm/100ml</i>	1	B/D
<i>liposyn iii inj 2.5%; 30%</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate tabs 0.2mg</i>	1	
MYALEPT INJ 11.3MG	4	PA
NATPARA INJ 100MCG	4	QL (2 EA per 28 days) PA
NATPARA INJ 25MCG	4	QL (2 EA per 28 days) PA
NATPARA INJ 50MCG	4	QL (2 EA per 28 days) PA
NATPARA INJ 75MCG	4	QL (2 EA per 28 days) PA
<i>nutrilipid inj 20gm/100ml</i>	1	B/D
<i>nutrilipid inj 20gm/100ml</i>	1	B/D
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 Prostamide Analogs</i>		
<i>bimatoprost soln 0.03%</i>	1	QL (2.5 ML per 25 days)
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>		
<i>atropine sulfate soln 1%</i>	1	
CYSTARAN SOLN 0.44%	4	QL (60 ML per 30 days) PA
LACRISERT INST 5MG	2	
<i>naphazoline hcl soln 0.1%</i>	1	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>parcaine soln 0.5%</i>	1	
<i>polycin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</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>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIAL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACAFT SOLN 0.25%	2	
PATADAY SOLN 0.2%	2	
PATANOL SOLN 0.1%	2	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL SOLN 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
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>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	
<i>poly-dex oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>acetasol 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)
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 (16 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (16 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (16 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 HFA AERO 100MCG/ACT	2	QL (26 GM per 30 days)
ASMANEX HFA AERO 200MCG/ACT	2	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
BREO ELLIPTA AEPB 200MCG/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)
<i>symbicort aero 160mcg/act; 4.5mcg/act</i>	1	QL (12 GM per 30 days)
<i>symbicort aero 80mcg/act; 4.5mcg/act</i>	1	QL (13.8 GM per 30 days)
<i>triamcinolone acetonide aero 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		
<i>arbinoxa soln 4mg/5ml</i>	1	PA
<i>arbinoxa tabs 4mg</i>	1	PA
<i>azelastine hcl soln 0.1%</i>	1	QL (60 ML per 30 days)
<i>azelastine hcl soln 0.15%</i>	1	QL (60 ML per 30 days)
<i>brompheniramine inj 10mg/ml</i>	1	
<i>carbinoxamine maleate soln 4mg/5ml</i>	1	PA
<i>cetirizine hcl syrup 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 syrup 0.67mg/5ml</i>	2	PA
<i>clemastine fumarate tabs 2.68mg</i>	2	PA
<i>cyproheptadine hcl syrup 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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>olopatadine hcl soln 0.6%</i>	1	QL (30.5 GM per 30 days)
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)
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)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	QL (4 GM 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
EPINEPHRINE INJ 0.3MG/0.3ML	2	
EPIPEN 2-PAK INJ 0.3MG/0.3ML	2	

Drug Name	Drug Tier	Requirements/Limits
EIPEN-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 syrps 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)
PROAIR RESPICLICK AEPB 108MCG/ACT	2	QL (2 EA 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 PACK 50MG	4	PA
KALYDECO PACK 75MG	4	PA
KALYDECO TABS 150MG	4	PA
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
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj 25mg/ml</i>	1	B/D
DALIRESP TABS 500MCG	2	PA
ELIXOPHYLLIN ELIX 80MG/15ML	3	
<i>theochron tb12 100mg</i>	1	
<i>theochron tb12 200mg</i>	1	
<i>theochron tb12 300mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 100mg</i>	1	
<i>theophylline er 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	
Pulmonary Antihypertensives		
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

Drug Name	Drug Tier	Requirements/Limits
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
REVATIO SUSR 10MG/ML	4	PA
<i>sildenafil inj 10mg/12.5ml</i>	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
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 syrp 5mg/5ml; 6.25mg/5ml</i>	2	PA
PROMETHAZINE VC SYRP 5MG/5ML; 6.25MG/5ML	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		

Drug Name	Drug Tier	Requirements/Limits
GABA Receptor Modulators		
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) PA
EDLUAR SUBL 5MG	3	QL (30 EA per 30 days) 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
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		
Electrolytes/Minerals		
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
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	
<i>kionex susp 15gm/60ml</i>	1	
SAMSCA TABS 15MG	4	
SAMSCA TABS 30MG	4	
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
SYPRINE CAPS 250MG	2	
Electrolyte/Mineral Replacement		

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	2	B/D
<i>aminosyn 8.5%/electrolytes inj 142meq/l; 1100mg/100ml; 850mg/100ml; 98meq/l; 1100mg/100ml; 260mg/100ml; 620mg/100ml; 810mg/100ml; 624mg/100ml; 10meq/l; 340mg/100ml; 380mg/100ml; 30meq/l; 65meq/l; 750mg/100ml; 370mg/100ml; 65meq/l; 460mg/100ml; 150mg/100ml; 44mg/100ml; 680mg/100ml</i>	1	B/D
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
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

Drug Name	Drug Tier	Requirements/Limits
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-RF INJ 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	2	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D
AMINOSYN INJ 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
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>argyle sterile saline 100ml soln 0.9%</i>	1	
<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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
<i>curity sterile saline soln 0.9%</i>	1	
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
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
<i>hepatamine inj 62meq/l; 770mg/100ml; 600mg/100ml; 3meq/l;</i> <i>20mg/100ml; 900mg/100ml; 240mg/100ml; 900mg/100ml;</i> <i>1100mg/100ml; 610mg/100ml; 100mg/100ml; 100mg/100ml;</i> <i>115mg/100ml; 800mg/100ml; 500mg/100ml; 100mg/100ml;</i> <i>450mg/100ml; 66mg/100ml; 840mg/100ml</i>	1	B/D
<i>hepatasol inj 0.77gm/100ml; 0.6gm/100ml; 0.02gm/100ml;</i> <i>0.9gm/100ml; 0.24gm/100ml; 0.9gm/100ml; 1.1gm/100ml;</i> <i>0.61gm/100ml; 0.1gm/100ml; 0.1gm/100ml; 0.115gm/100ml;</i> <i>0.8gm/100ml; 0.5gm/100ml; 0.45gm/100ml; 0.065gm/100ml;</i> <i>0.84gm/100ml</i>	2	B/D
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 2 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 2 5MEQ/L; 140MEQ/L	2	B/D
<i>k-sol soln 10%</i>	1	
<i>k-sol soln 20%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>klor-con 10 tbc 10meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8 tbcr 8meq</i>	1	
<i>klor-con m10 tbcr 10meq</i>	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbcr 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	
<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
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex inj 5%; 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.15% w/nacl 0.9% viaflex inj 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.15%/nacl 0.9% inj 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9% inj 40meq/l; 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w inj 5%; 40meq/l</i>	1	B/D
<i>potassium chloride cr tbc 10meq</i>	1	
<i>potassium chloride cr tbc 10meq</i>	1	
<i>potassium chloride er cpr 10meq</i>	1	
<i>potassium chloride er cpr 8meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 8meq</i>	1	
<i>potassium chloride sr tbc 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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride liqd 10%</i>	1	
<i>potassium chloride liqd 20%</i>	1	
<i>potassium citrate er tbcr 1080mg</i>	1	
<i>potassium citrate er tbcr 15meq</i>	1	
<i>potassium citrate er 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
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>Therapeutic Nutrients/Minerals/Electrolytes</i>		
<i>plenamine 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
<i>Vitamins</i>		
<i>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2.2mg; 6mg; 30unit; 2500unit; 20mg</i>		

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<i>amlodipine besylate/benazepril hcl</i>	56	<i>armour thyroid</i>	84
<i>amlodipine besylate/benazepril hydrochloride</i>	57	ARRANON	30
<i>amlodipine besylate/valsartan</i>	57	ARZERRA	33
<i>amlodipine/valsartan/hctz</i>	57	ASACOL HD	91
<i>ammonium lactate</i>	67	<i>ascomp/codeine</i>	4
<i>amnesteem</i>	67	<i>ashlyna</i>	79
<i>amoxapine</i>	23	ASMANEX HFA	95
<i>amoxicillin</i>	12	ASMANEX TWISTHALER 120	95
<i>amoxicillin/clavulanate potassium</i>	12	METERED DOSES	
<i>amoxicillin/clavulanate potassium er</i>	12	ASMANEX TWISTHALER 14 METERED	95
<i>amphetamine/dextroamphetamine</i>	64	DOSES	
AMPHOTERICIN B	25	ASMANEX TWISTHALER 30 METERED	95
<i>ampicillin</i>	13	DOSES	
<i>ampicillin sodium</i>	12	ASMANEX TWISTHALER 60 METERED	95
<i>ampicillin-sulbactam</i>	12	DOSES	
AMPYRA	66	ASMANEX TWISTHALER 7 METERED	95
AMRIX	99	DOSES	
AMTURNIDE	60	ASTAGRAF XL	86
ANADROL-50	78	<i>astramorph</i>	4
<i>anagrelide hydrochloride</i>	50	ATELVIA	91
<i>anastrozole</i>	32	<i>atenolol</i>	55
ANDRODERM	78	<i>atenolol/chlorthalidone</i>	55
ANDROGEL	78	ATGAM	88
ANDROGEL PUMP	78	<i>atorvastatin calcium</i>	62
ANDROID	78	<i>atovaquone</i>	34
ANDROXY	78	<i>atovaquone/proguanil hcl</i>	34
ANORO ELLIPTA	97	ATRIPLA	43
ANTARA	61	<i>atropine sulfate</i>	70
ANZEMET	24	<i>atropine sulfate</i>	93
<i>apexicon</i>	74	ATROVENT HFA	97
APEXICON E	74	AUBAGIO	66
APIDRA	48	<i>aubra</i>	79
APIDRA SOLOSTAR	48	<i>augmented betamethasone dipropionate</i>	74
APLENZIN	20	AVANDAMET	45
APOKYN	34	AVANDARYL	45
<i>apraclonidine</i>	94	AVANDIA	45
<i>apri</i>	79	AVASTIN	33
APRISO	91	<i>aviane</i>	79
APTIOM	16	AVODART	73
APTIVUS	42	AVONEX	66
ARALAST NP	99	AVONEX PEN	66
<i>aranelle</i>	79	AVYCAZ	10
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		<i>betaxolol hcl</i>	94
<i>azacitidine</i>	30	<i>bethanechol chloride</i>	73
AZACTAM IN ISO-OSMOTIC	12	BETHKIS	98
DEXTROSE		BETOPTIC-S	94
AZASAN	86	BEXSERO	90
AZASITE	13	<i>bicalutamide</i>	28
<i>azathioprine</i>	86	BICILLIN C-R	13
<i>azathioprine sodium</i>	86	BICILLIN L-A	13
<i>azelastine hcl</i>	93	BICNU	28
<i>azelastine hcl</i>	96	BIDIL	63
AZELEX	67	BILTRICIDE	34
AZILECT	36	<i>bimatoprost</i>	93
<i>azithromycin</i>	13	<i>bisoprolol fumarate</i>	55
AZOPT	94	<i>bisoprolol fumarate/hydrochlorothiazide</i>	55
AZOR	57	BIVIGAM	88
<i>aztreonam</i>	12	<i>bleomycin sulfate</i>	30
<i>azurette</i>	79	BLEPHAMIDE	15
<i>bacitracin</i>	8	BLEPHAMIDE S.O.P.	15
<i>bacitracin/polymyxin b</i>	8	BLINCYTO	33
<i>baclofen</i>	39	BONIVA	91
BACTROBAN NASAL	8	BOOSTRIX	90
<i>balsalazide disodium</i>	91	BOSULIF	32
<i>balziva</i>	79	BOTOX	92
BANZEL	19	BREO ELLIPTA	96
BARACLUDE	40	<i>briellyn</i>	79
<i>baycadron</i>	74	BRILINTA	51
BCG VACCINE	90	<i>brimonidine tartrate</i>	94
BD INSULIN SYRINGE	92	BRINTELLIX	20
SAFETYGLIDE/1ML/29G X 1/2"		<i>bromfenac</i>	94
BD INSULIN SYRINGE	92	<i>bromocriptine mesylate</i>	35
ULTRAFINE/0.3ML/31G X 5/16"		<i>brompheniramine</i>	96
BD INSULIN SYRINGE	92	BROVANA	97
ULTRAFINE/0.5ML/30G X 1/2"		<i>budeprion sr</i>	20
BD INSULIN SYRINGE	92	BUDESONIDE	74
ULTRAFINE/1ML/31G X 5/16"		BUDESONIDE	96
BD PEN NEEDLE/ULTRAFINE/29G X	92	<i>bumetanide</i>	60
12.7MM		BUPHENYL	69
BECONASE AQ	96	<i>buprenorphine hcl</i>	7
BELEODAQ	30	<i>buprenorphine hcl/naloxone hcl</i>	7
<i>benazepril hcl</i>	53	<i>buproban</i>	7
<i>benazepril hcl/hydrochlorothiazide</i>	53	<i>bupropion hcl</i>	20
BENICAR	52	<i>bupropion hcl er</i>	20
BENICAR HCT	52	<i>bupropion hcl sr</i>	7
<i>benztropine mesylate</i>	34	<i>bupropion hcl sr</i>	20
BEPREVE	93	<i>bupropion hcl xl</i>	20
BESIVANCE	14	<i>buspironone hcl</i>	43
<i>betamethasone dipropionate</i>	74	BUSULFEX	28
<i>betamethasone sp</i>	7	<i>butalbital/acetaminophen/caffeine</i>	1
<i>betamethasone valerate</i>	74	<i>butalbital/acetaminophen/caffeine/codeine</i>	66
BETASERON	66	<i>butalbital/apap/caffeine</i>	1
<i>betaxolol hcl</i>	55		

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<i>butalbital/aspirin/caffeine</i>	66	<i>cefaclor</i>	10
<i>butalbital/aspirin/caffeine/codeine</i>	4	<i>cefadroxil</i>	10
<i>butorphanol tartrate</i>	4	<i>cefazolin sodium</i>	10
BUTRANS	7	<i>cefdinir</i>	10
BYDUREON	45	<i>cefepime</i>	10
BYETTA	45	<i>cefixime</i>	10
BYSTOLIC	55	<i>cefotaxime sodium</i>	10
<i>cabergoline</i>	85	<i>cefoxitin sodium</i>	11
<i>calcipotriene</i>	67	<i>cefpodoxime proxetil</i>	11
CALCIPOTRIENE/BETAMETHASONE	67	<i>ceftazidime</i>	11
DIPROPIONATE		<i>ceftriaxone in iso-osmotic dextrose</i>	11
<i>calcitonin-salmon</i>	91	<i>ceftriaxone sodium</i>	11
<i>calcitrene</i>	67	<i>ceftriaxone/dextrose</i>	11
<i>calcitriol</i>	91	<i>cefuroxime axetil</i>	11
<i>calcium acetate</i>	103	<i>cefuroxime sodium</i>	11
<i>calcium folinate</i>	30	CEFUROXIME/DEXTROSE	11
<i>camila</i>	83	<i>celecoxib</i>	1
<i>camrese</i>	79	CELLCEPT	86
CANASA	91	CELLCEPT INTRAVENOUS	86
CANCIDAS	25	CELONTIN	17
<i>candesartan cilexetil</i>	52	CENESTIN	79
<i>candesartan cilexetil/hydrochlorothiazide</i>	61	<i>cephalexin</i>	11
<i>capacet</i>	1	CERDELGA	69
CAPASTAT SULFATE	28	CEREBYX	19
CAPEX	74	CEREZYME	69
CAPRELSA	29	CERVARIX	90
<i>captopril</i>	53	CESAMET	24
<i>captopril/hydrochlorothiazide</i>	53	<i>cesia</i>	79
CARAC	67	<i>cetirizine hcl</i>	96
CARAFATE	72	<i>cevimeline hcl</i>	67
CARBAGLU	69	CHANTIX	7
<i>carbamazepine</i>	19	CHANTIX CONTINUING MONTH PAK	7
<i>carbamazepine er</i>	19	CHANTIX STARTING MONTH PAK	7
<i>carbidopa</i>	36	<i>chateal</i>	79
<i>carbidopa/levodopa</i>	35	CHEMET	100
<i>carbidopa/levodopa er</i>	35	<i>chloramphenicol sodium succinate</i>	8
<i>carbidopa/levodopa odt</i>	35	<i>chlordiazepoxide hcl</i>	44
<i>carbidopa/levodopa/entacapone</i>	35	<i>chlordiazepoxide/amitriptyline</i>	23
<i>carbinoxamine maleate</i>	4	<i>chlorhexidine gluconate</i>	67
<i>carbinoxamine maleate</i>	96	<i>chlorhexidine gluconate oral rinse</i>	67
<i>carboplatin</i>	30	<i>chloroquine phosphate</i>	34
CARIMUNE NANOFILTERED	88	<i>chlorothiazide</i>	61
<i>carisoprodol</i>	99	<i>chlorothiazide sodium</i>	61
<i>carisoprodol/aspirin</i>	99	<i>chlorpromazine hcl</i>	36
<i>carisoprodol/aspirin/codeine</i>	4	<i>chlorpropamide</i>	45
<i>carteolol hcl</i>	94	<i>chlorthalidone</i>	61
<i>cartia xt</i>	57	<i>chlorzoxazone</i>	99
<i>carvedilol</i>	55	<i>cholestyramine</i>	63
CAYSTON	98	<i>cholestyramine light</i>	62
<i>caziant</i>	79	CIALIS	73

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<i>ciclopirox</i>	25	CLODERM PUMP	74
<i>ciclopirox nail lacquer</i>	25	CLOLAR	29
<i>ciclopirox olamine</i>	25	<i>clomipramine hcl</i>	23
<i>cidofovir</i>	39	<i>clonazepam</i>	17
<i>cilostazol</i>	51	<i>clonazepam odt</i>	17
CILOXAN	14	<i>clonidine hcl</i>	51
CIMZIA	86	<i>clopidogrel</i>	51
CINRYZE	86	<i>clorazepate dipotassium</i>	44
CIPRO HC	14	<i>clotrimazole</i>	25
CIPRODEX	14	<i>clotrimazole/betamethasone dipropionate</i>	74
<i>ciprofloxacin</i>	14	CLOZAPINE	39
<i>ciprofloxacin hcl</i>	14	<i>clozapine odt</i>	39
<i>ciprofloxacin i.v.-in d5w</i>	14	COARTEM	34
<i>cisplatin</i>	30	<i>codeine sulfate</i>	4
<i>citalopram hydrobromide</i>	21	<i>co-gesic</i>	4
<i>claravis</i>	68	<i>colchicine</i>	26
CLARINEX	96	COLCRYS	26
CLARINEX-D 12 HOUR	96	<i>colestipol hcl</i>	63
CLARINEX-D 24 HOUR	96	<i>colistimethate sodium</i>	9
<i>clarithromycin</i>	14	COLY-MYCIN S	95
<i>clarithromycin er</i>	14	COMBIGAN	93
<i>clemastine fumarate</i>	96	COMBIPATCH	79
CLEOCIN	8	COMBIVENT RESPIMAT	97
CLIMARA PRO	79	COMETRIQ	30
<i>clindacin etz pledgets</i>	8	<i>compazine</i>	36
<i>clindacin-p</i>	68	COMPLERA	41
<i>clindamax</i>	8	<i>compro</i>	36
<i>clindamycin hcl</i>	8	COMVAX	90
<i>clindamycin palmitate hcl</i>	8	CONDYLOX	68
<i>clindamycin phosphate</i>	8	<i>constulose</i>	71
<i>clindamycin phosphate</i>	68	COPAXONE	66
<i>clindamycin phosphate add-vantage</i>	8	COREG CR	55
<i>clindamycin phosphate in d5w</i>	8	<i>cormax scalp application</i>	74
<i>clindamycin phosphate pharmacy bulk package</i>	8	CORTIFOAM	74
<i>clindamycin/benzoyl peroxide</i>	68	<i>cortisone acetate</i>	74
CLINIMIX 2.75%/DEXTROSE 5%	103	CORTISPORIN-TC	95
CLINIMIX 4.25%/DEXTROSE 10%	103	COSENTYX	87
CLINIMIX 4.25%/DEXTROSE 20%	47	COSENTYX SENSOREADY PEN	68
CLINIMIX 4.25%/DEXTROSE 25%	103	COSENTYX SENSOREADY PEN	87
CLINIMIX 4.25%/DEXTROSE 5%	103	COSMEGEN	30
CLINIMIX 5%/DEXTROSE 15%	47	COSOPT PF	94
CLINIMIX 5%/DEXTROSE 20%	47	COUMADIN	49
CLINIMIX 5%/DEXTROSE 25%	103	CREON	69
CLINIMIX E 4.25%/DEXTROSE 10%	104	CRESEMBA	25
<i>clinisol sf 15%</i>	104	CRESTOR	62
<i>clobetasol propionate</i>	74	CRINONE	83
<i>clobetasol propionate e</i>	74	CRIXIVAN	42
<i>clodan</i>	74	<i>cromolyn sodium</i>	70
		<i>cromolyn sodium</i>	93

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<i>cryselle-28</i>	79	DESONATE	68
CUBICIN	9	<i>desonide</i>	74
CUPRIMINE	100	<i>desoximetasone</i>	74
CURITY GAUZE PADS 2"X2"	68	DESVENLAFAXINE ER	21
<i>curity sterile saline</i>	104	<i>dexamethasone</i>	75
<i>cyclafem 1/35</i>	79	<i>dexamethasone intensol</i>	75
<i>cyclafem 7/7/7</i>	79	<i>dexamethasone sodium phosphate</i>	75
<i>cyclobenzaprine hcl</i>	99	<i>dexamethasone sodium phosphate</i>	94
<i>cyclophosphamide</i>	28	DEXILANT	72
CYCLOSET	45	<i>dexmethylphenidate hcl</i>	65
<i>cyclosporine</i>	87	<i>dexmethylphenidate hcl er</i>	65
<i>cyclosporine modified</i>	87	<i>dexrazoxane</i>	30
<i>cyproheptadine hcl</i>	96	<i>dextroamphetamine sulfate</i>	64
CYSTADANE	69	<i>dextroamphetamine sulfate er</i>	64
CYSTAGON	69	<i>dextrose 10%/nacl 0.45%</i>	47
CYSTARAN	93	DEXTROSE 5% /ELECTROLYTE #48	104
<i>cytarabine</i>	29	VIAFLEX	
<i>cytarabine aqueous</i>	29	<i>dextrose 10% flex container</i>	47
<i>dacarbazine</i>	28	<i>dextrose 10%/nacl 0.2%</i>	47
<i>dactinomycin</i>	30	<i>dextrose 2.5%/sodium chloride 0.45%</i>	47
DALIRESP	98	<i>dextrose 5%</i>	47
DALVANCE	9	<i>dextrose 5%/lactated ringers</i>	100
<i>danazol</i>	78	<i>dextrose 5%/nacl 0.2%</i>	47
<i>dantrolene sodium</i>	39	<i>dextrose 5%/nacl 0.225%</i>	47
DAPSONE	27	<i>dextrose 5%/nacl 0.33%</i>	47
DAPTACEL	90	<i>dextrose 5%/nacl 0.45%</i>	47
DARAPRIM	34	<i>dextrose 5%/nacl 0.9%</i>	47
<i>dasetta 1/35</i>	79	<i>dextrose 5%/potassium chloride 0.15%</i>	104
<i>dasetta 7/7/7</i>	79	<i>diazepam</i>	17
<i>daunorubicin hcl</i>	30	<i>diazepam</i>	44
DAUNOXOME	30	<i>diazepam intensol</i>	44
<i>daysee</i>	79	DIBENZYLINE	51
DAYTRANA	65	<i>diclofenac potassium</i>	1
<i>deblitane</i>	83	<i>diclofenac sodium</i>	7
DECAVAC	90	<i>diclofenac sodium</i>	94
<i>decitabine</i>	30	<i>diclofenac sodium dr</i>	1
DELESTROGEN	79	<i>diclofenac sodium er</i>	1
<i>delyla</i>	79	<i>diclofenac sodium/misoprostol</i>	1
<i>demeclocycline hcl</i>	15	<i>dicloxacillin sodium</i>	13
DEMSER	60	<i>dicyclomine hcl</i>	70
DENAVIR	43	<i>didanosine</i>	41
DEPEN TITRATABS	100	DIFICID	14
DEPO-MEDROL	74	<i>diflorasone diacetate</i>	75
DEPO-PROVERA	83	<i>diflunisal</i>	1
DEPO-SUBQ PROVERA 104	83	<i>digitek</i>	60
<i>desipramine hcl</i>	23	<i>digox</i>	60
<i>desloratadine</i>	96	<i>digoxin</i>	60
<i>desloratadine odt</i>	96	<i>dihydroergotamine mesylate</i>	27
<i>desmopressin acetate</i>	77	DILANTIN	19

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<i>dilt-cd</i>	57	ELIDEL	68
<i>diltiazem cd</i>	57	ELIGARD	85
<i>diltiazem hcl</i>	58	<i>elinest</i>	79
<i>diltiazem hcl cd</i>	57	ELIQUIS	49
<i>diltiazem hcl er</i>	57	ELITEK	29
<i>dilt-xr</i>	57	ELIXOPHYLLIN	98
<i>diltzac</i>	58	ELLA	83
DIOVAN	52	ELLENCE	30
DIPENTUM	91	ELMIRON	73
<i>diphenhydramine hcl</i>	96	EMCYT	29
<i>diphenoxylate/atropine</i>	70	EMEND	24
DIPHThERIA/TETANUS TOXOIDS	90	<i>emoquette</i>	80
ADSORBED PEDIATRIC		EMSAM	21
<i>dipyridamole</i>	51	EMTRIVA	41
<i>disopyramide phosphate</i>	54	ENABLEX	72
<i>disulfiram</i>	7	<i>enalapril maleate</i>	53
<i>divalproex sodium</i>	17	<i>enalapril maleate/hydrochlorothiazide</i>	53
<i>divalproex sodium dr</i>	17	ENBREL	87
<i>divalproex sodium er</i>	17	ENBREL SURECLICK	87
DIVIGEL	79	<i>endocet</i>	4
DOCEFREZ	30	ENGERIX-B	90
<i>docetaxel</i>	30	ENJUVIA	80
<i>donepezil hcl</i>	19	<i>enoxaparin sodium</i>	49
<i>dorzolamide hcl</i>	94	<i>enpresse-28</i>	80
<i>dorzolamide hcl/timolol maleate</i>	94	<i>enskyce</i>	80
<i>doxazosin</i>	73	<i>entacapone</i>	34
<i>doxazosin mesylate</i>	73	<i>entecavir</i>	40
<i>doxepin hcl</i>	23	ENTYVIO	70
<i>doxercalciferol</i>	91	<i>enulose</i>	71
DOXIL	30	EPIDUO	68
<i>doxorubicin hcl</i>	30	<i>epinastine hcl</i>	93
<i>doxorubicin hcl liposome</i>	30	EPINEPHRINE	97
<i>doxy 100</i>	15	EPIPEN 2-PAK	97
<i>doxycycline</i>	15	EPIPEN-JR 2-PAK	98
<i>doxycycline hyclate</i>	15	EPIRUBICIN HCL	30
<i>doxycycline hyclate dr</i>	15	<i>epitol</i>	19
<i>doxycycline monohydrate</i>	15	EPIVIR	41
<i>dronabinol</i>	24	EPIVIR HBV	41
<i>drospirenone/ethinyl estradiol</i>	79	<i>eplerenone</i>	61
DROXIA	29	EPOGEN	50
<i>duloxetine hcl</i>	21	<i>epoprostenol sodium</i>	99
<i>duramorph</i>	4	<i>eprosartan mesylate</i>	52
DUREZOL	94	EPZICOM	42
<i>econazole nitrate</i>	25	ERAXIS	25
EDECRIN	60	ERBITUX	33
EDLUAR	100	<i>ergoloid mesylates</i>	19
EDURANT	41	ERIVEDGE	30
EFFIENT	51	<i>errin</i>	83
EGRIFTA	77	ERWINAZE	30

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ERY-TAB	14	<i>fenofibrate micronized</i>	61
ERYTHROCIN LACTOBIONATE	14	<i>fenopropfen calcium</i>	1
<i>erythrocine stearate</i>	14	<i>fentanyl</i>	2
<i>erythromycin</i>	14	<i>fentanyl citrate</i>	4
<i>erythromycin base</i>	14	<i>fentanyl citrate oral transmucosal</i>	4
<i>erythromycin ethylsuccinate</i>	14	FENTORA	4
<i>erythromycin/benzoyl peroxide</i>	68	FERRIPROX	92
ESBRIET	60	FETZIMA	22
<i>escitalopram oxalate</i>	21	FETZIMA TITRATION PACK	22
<i>esgic</i>	1	<i>finasteride</i>	73
<i>esomeprazole magnesium</i>	72	FIRAZYR	86
<i>esomeprazole sodium</i>	72	FIRMAGON	85
<i>esomeprazole strontium</i>	72	<i>flavoxate hcl</i>	72
<i>estarylla</i>	80	FLEBOGAMMA DIF	88
<i>estazolam</i>	44	<i>flecainide acetate</i>	54
ESTRACE	80	FLECTOR	1
<i>estradiol</i>	80	FLOVENT DISKUS	96
<i>estradiol valerate</i>	80	FLOVENT HFA	96
<i>estradiol/norethindrone acetate</i>	80	<i>fluconazole</i>	25
ESTRING	80	<i>fluconazole in dextrose</i>	25
<i>estropipate</i>	80	<i>flucytosine</i>	25
ESZOPICLONE	100	FLUDARABINE PHOSPHATE	30
<i>ethambutol hcl</i>	28	<i>fludrocortisone acetate</i>	75
<i>ethosuximide</i>	17	<i>flunisolide</i>	96
<i>etidronate disodium</i>	92	<i>fluocinolone acetonide</i>	75
<i>etodolac</i>	1	<i>fluocinolone acetonide body</i>	75
<i>etodolac er</i>	1	<i>fluocinolone acetonide ear drops</i>	75
ETOPOPHOS	32	<i>fluocinolone acetonide scalp</i>	75
<i>etoposide</i>	32	<i>fluocinonide</i>	75
EURAX	34	<i>fluocinonide-e</i>	75
EVOTAZ	42	<i>fluorometholone</i>	94
EXELON	20	<i>flurouracil</i>	29
<i>exemestane</i>	32	<i>flurouracil</i>	68
EXFORGE	58	<i>fluoxetine dr</i>	22
EXFORGE HCT	58	<i>fluoxetine hcl</i>	22
EXJADE	100	<i>fluphenazine decanoate</i>	36
FABRAZYME	69	<i>fluphenazine hcl</i>	36
<i>falmina</i>	80	<i>flurazepam hcl</i>	44
<i>famciclovir</i>	43	<i>flurbiprofen</i>	1
<i>famotidine</i>	71	<i>flurbiprofen sodium</i>	94
<i>famotidine premixed</i>	71	<i>flutamide</i>	28
FANAPT	37	<i>fluticasone propionate</i>	75
FANAPT TITRATION PACK	37	<i>fluticasone propionate</i>	96
FARESTON	29	<i>fluvastatin</i>	62
FARYDAK	30	<i>fluvoxamine maleate</i>	22
FASLODEX	29	<i>fluvoxamine maleate er</i>	22
FAZACLO	39	FML	94
<i>felbamate</i>	18	FML FORTE	94
<i>felodipine er</i>	58	FOCALIN XR	65

Drug Name	Page #	Drug Name	Page #
FOLOTYN	29	<i>gildess 24 fe</i>	80
<i>fondaparinux sodium</i>	49	<i>gildess fe 1.5/30</i>	80
FORADIL AEROLIZER	98	<i>gildess fe 1/20</i>	80
FORFIVO XL	21	GILENYA	67
FORTEO	92	GILOTRIF	30
FORTICAL	92	<i>glatopa</i>	67
FOSAMAX PLUS D	92	GLEEVEC	32
<i>fosinopril sodium</i>	53	<i>glimepiride</i>	45
<i>fosinopril sodium/hydrochlorothiazide</i>	53	<i>glipizide</i>	45
<i>fosphenytoin sodium</i>	19	<i>glipizide er</i>	45
FOSRENOL	73	<i>glipizide xl</i>	45
FRAGMIN	49	<i>glipizide/metformin hcl</i>	45
FREAMINE HBC 6.9%	104	GLUCAGEN HYPOKIT	47
FREAMINE III	104	GLUCAGON EMERGENCY KIT	47
FROVA	27	<i>glyburide</i>	46
<i>furosemide</i>	60	<i>glyburide micronized</i>	45
FUSILEV	30	<i>glyburide/metformin hcl</i>	45
FUZEON	42	<i>glycopyrrolate</i>	70
FYCOMPA	16	GLYSET	46
<i>gabapentin</i>	17	GRALISE	1
GABITRIL	17	<i>granisetron hcl</i>	25
<i>galantamine hydrobromide</i>	20	<i>griseofulvin microsize</i>	25
GAMMAGARD LIQUID	88	<i>griseofulvin ultramicrosize</i>	25
GAMMAKED	88	<i>guanfacine er</i>	65
GAMMAPLEX	88	<i>guanfacine hcl</i>	51
GAMUNEX-C	88	<i>guanidine hcl</i>	27
<i>ganciclovir</i>	39	H.P. ACTHAR	77
<i>garamycin</i>	8	HALAVEN	30
GARDASIL	90	HALFLYTELY BOWEL PREP/FLAVOR	70
GARDASIL 9	90	PACKS	
<i>gatifloxacin</i>	14	<i>halobetasol propionate</i>	75
GATTEX	71	HALOG	75
<i>gavilyte-c</i>	71	<i>haloperidol</i>	36
<i>gavilyte-g</i>	71	<i>haloperidol decanoate</i>	36
<i>gavilyte-n/ flavor pack</i>	71	<i>haloperidol lactate</i>	36
GAZYVA	33	HARVONI	40
<i>gemcitabine hcl</i>	29	HAVRIX	90
<i>gemfibrozil</i>	62	<i>heather</i>	83
<i>generlac</i>	71	<i>hecoria</i>	87
<i>gengraf</i>	87	HECTOROL	92
GENOTROPIN	77	<i>heparin sodium</i>	49
GENOTROPIN MINIQUICK	77	<i>heparin sodium/d5w</i>	49
<i>gentak</i>	8	<i>heparin sodium/nacl 0.45%</i>	49
<i>gentamicin sulfate</i>	8	<i>heparin sodium/nacl 0.9%</i>	49
<i>gentamicin sulfate/0.9% sodium chloride</i>	8	<i>heparin sodium/sodium chloride 0.9%</i>	49
GEODON	37	<i>premix</i>	
<i>gianvi</i>	80	<i>hepatamine</i>	104
<i>gildagia</i>	80	<i>hepatasol</i>	104
<i>gildess 1.5/30</i>	80	HEPSERA	40
<i>gildess 1/20</i>	80	HERCEPTIN	33

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HIZENTRA	89	ILARIS	89
HORIZANT	66	<i>ilotycin</i>	14
HUMALOG	48	IMBRUVICA	32
HUMALOG KWIKPEN	48	<i>imipenem/cilastatin</i>	12
HUMALOG MIX 50/50	48	<i>imipramine hcl</i>	23
HUMALOG MIX 50/50 KWIKPEN	48	<i>imipramine pamoate</i>	23
HUMALOG MIX 75/25	48	<i>imiquimod</i>	68
HUMALOG MIX 75/25 KWIKPEN	48	IMOVAX RABIES (H.D.C.V.)	90
HUMATROPE	77	INCIVEK	40
HUMATROPE COMBO PACK	77	INCRELEX	77
HUMIRA	87	<i>indapamide</i>	61
HUMIRA PEDIATRIC CROHNS	87	<i>indomethacin</i>	1
DISEASE STARTER PACK		<i>indomethacin er</i>	1
HUMIRA PEN	87	INFANRIX	90
HUMIRA PEN-CROHNS	87	INFERGEN	40
DISEASESTARTER		INLYTA	32
HUMIRA PEN-PSORIASIS STARTER	87	INTELENCE	41
HUMULIN 70/30	48	<i>intralipid</i>	92
HUMULIN 70/30 KWIKPEN	48	INTRON A	40
HUMULIN N	48	INTRON A W/DILUENT	40
HUMULIN N KWIKPEN	48	<i>introvale</i>	80
HUMULIN R	48	INTUNIV	65
HUMULIN R U-500 (CONCENTRATED)	48	INVANZ	12
<i>hydralazine hcl</i>	64	INVEGA	38
<i>hydrochlorothiazide</i>	61	INVEGA SUSTENNA	37
<i>hydrocodone bitartrate/acetaminophen</i>	5	INVEGA TRINZA	38
<i>hydrocodone/acetaminophen</i>	5	INVIRASE	42
<i>hydrocodone/ibuprofen</i>	5	IONOSOL-B/DEXTROSE 5%	47
<i>hydrocortisone</i>	75	IONOSOL-MB/DEXTROSE 5%	47
<i>hydrocortisone butyrate</i>	75	IOPIDINE	94
<i>hydrocortisone valerate</i>	75	IPOL INACTIVATED IPV	90
<i>hydrocortisone/acetic acid</i>	95	<i>ipratropium bromide</i>	97
<i>hydrogesic</i>	5	<i>ipratropium bromide/albuterol sulfate</i>	97
<i>hydromorphone hcl</i>	5	<i>irbesartan</i>	52
<i>hydromorphone hcl er</i>	2	<i>irbesartan/hydrochlorothiazide</i>	52
<i>hydroxychloroquine sulfate</i>	34	<i>irenka</i>	22
<i>hydroxyurea</i>	29	<i>irinotecan</i>	31
<i>hydroxyzine hcl</i>	24	ISENTRESS	41
<i>hydroxyzine hcl</i>	96	<i>isoditrate er</i>	63
<i>hydroxyzine pamoate</i>	97	ISOLYTE-P/DEXTROSE 5%	104
HYPERRAB S/D	89	ISOLYTE-S	104
HYQVIA	89	<i>isoniazid</i>	28
HYSINGLA ER	2	<i>isosorbide dinitrate</i>	63
<i>ibandronate sodium</i>	92	<i>isosorbide dinitrate er</i>	63
IBRANCE	30	<i>isosorbide mononitrate</i>	63
<i>ibuprofen</i>	1	<i>isosorbide mononitrate er</i>	63
ICLUSIG	30	<i>isotonic gentamicin</i>	8
<i>idarubicin hcl</i>	30	<i>isradipine</i>	58
<i>ifosfamide</i>	28	ISTALOL	94

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<i>itraconazole</i>	26	<i>klor-con 10</i>	104
<i>ivermectin</i>	34	<i>klor-con 8</i>	105
IXEMPRA KIT	31	<i>klor-con m10</i>	105
IXIARO	90	KLOR-CON M15	105
JAKAFI	31	<i>klor-con m20</i>	105
JALYN	73	KOMBIGLYZE XR	46
<i>jantoven</i>	49	KORLYM	78
JANUMET	46	<i>k-sol</i>	104
JANUMET XR	46	<i>kurvelo</i>	81
JANUVIA	46	KUVAN	69
<i>jencycla</i>	83	KYNAMRO	63
JENTADUETO	46	<i>labetalol hcl</i>	55
JEVTANA	31	<i>laclotion</i>	68
<i>jinteli</i>	80	LACRISERT	93
<i>jolessa</i>	80	<i>lactated ringers dextrose 5% viaflex</i>	105
<i>jolivette</i>	83	<i>lactated ringers viaflex</i>	105
<i>junel 1.5/30</i>	80	<i>lactulose</i>	71
<i>junel 1/20</i>	80	LAMICTAL ODT	18
<i>junel fe 1.5/30</i>	80	LAMICTAL STARTER/NOT TAKING	18
<i>junel fe 1/20</i>	80	CARBAMAZEPINE	
<i>junel fe 24</i>	80	LAMICTAL STARTER/TAKING	18
JUVISYNC	46	CARBAMAZEPINE/NOT TAKING	
JUXTAPID	63	VALPROATE	
KADCYLA	33	LAMICTAL STARTER/TAKING	18
KADIAN	2	VALPROATE	
KALETRA	42	<i>lamivudine</i>	42
KALYDECO	98	<i>lamivudine/zidovudine</i>	42
<i>kariva</i>	81	<i>lamotrigine</i>	18
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	<i>lamotrigine er</i>	18
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	104	<i>lamotrigine odt</i>	18
<i>kcl 0.15%/d5w/tr</i>	47	LANOXIN	60
<i>kcl 0.15%/d5w/nacl 0.2%</i>	47	<i>lansoprazole</i>	72
<i>kcl 0.15%/d5w/nacl 0.225%</i>	47	LANSOPRAZOLE/AMOXICILLIN/CLAR	9
<i>kcl 0.15%/d5w/nacl 0.9%</i>	48	ITHROMYCIN	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	48	LANTUS	48
<i>kcl 0.3%/d5w/nacl 0.9%</i>	48	LANTUS SOLOSTAR	48
<i>kelnor 1/35</i>	81	<i>larin 1.5/30</i>	81
KEPIVANCE	67	<i>larin 1/20</i>	81
<i>ketoconazole</i>	26	<i>larin 24 fe</i>	81
<i>ketodan</i>	26	<i>larin fe 1.5/30</i>	81
<i>ketodan kit</i>	26	<i>larin fe 1/20</i>	81
<i>ketoprofen</i>	1	LASTACAFT	93
<i>ketoprofen er</i>	1	<i>latanoprost</i>	93
<i>ketorolac tromethamine</i>	1	LATUDA	38
<i>ketorolac tromethamine</i>	94	<i>layolis fe</i>	81
KEYTRUDA	33	LAZANDA	5
<i>kimidess</i>	81	<i>leena</i>	81
KINERET	87	<i>leflunomide</i>	89
<i>kinrix</i>	90	LEMTRADA	89

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LENVIMA 14MG DAILY DOSE	33	<i>lithium</i>	45
LENVIMA 20MG DAILY DOSE	33	<i>lithium carbonate</i>	45
LENVIMA 24MG DAILY DOSE	33	<i>lithium carbonate er</i>	44
<i>lessina</i>	81	LIVALO	62
LETAIRIS	99	LOCOID	76
<i>letrozole</i>	32	<i>lofene</i>	70
<i>leucovorin calcium</i>	31	<i>lokara</i>	76
LEUKERAN	28	<i>lomedica 24 fe</i>	81
LEUKINE	50	<i>lomustine</i>	28
<i>leuprolide acetate</i>	85	<i>lonox</i>	70
<i>levabuterol</i>	98	<i>loperamide hcl</i>	70
<i>levabuterol hcl</i>	98	<i>lopreeza</i>	81
LEVAQUIN	14	<i>lorazepam</i>	44
LEVEMIR	48	<i>lorazepam intensol</i>	44
LEVEMIR FLEXTOUCH	48	<i>lorcet</i>	5
<i>levetiracetam</i>	16	<i>lorcet hd</i>	5
<i>levetiracetam er</i>	16	<i>lorcet plus</i>	5
<i>levobunolol hcl</i>	94	<i>lortab</i>	5
<i>levocarnitine</i>	92	<i>loryna</i>	81
<i>levocetirizine dihydrochloride</i>	97	<i>losartan potassium</i>	52
<i>levofloxacin</i>	14	<i>losartan potassium/hydrochlorothiazide</i>	52
LEVOFLOXACIN IN D5W	14	LOTEMAX	94
<i>levoleucovorin calcium</i>	31	LOTRONEX	71
<i>levonest</i>	81	<i>lovastatin</i>	62
<i>levonorgestrel and ethinyl estradiol</i>	81	<i>low-ogestrel</i>	81
<i>levonorgestrel/ethinyl estradiol</i>	81	<i>loxapine succinate</i>	36
<i>levora 0.15/30-28</i>	81	LUMIGAN	93
<i>levorphanol tartrate</i>	2	LUMIZYME	70
<i>levothyroxine sodium</i>	84	LUPANETA PACK	85
<i>levoxyl</i>	84	LUPRON DEPOT	85
LEXIVA	42	LUPRON DEPOT-PED	85
LIALDA	91	<i>lutura</i>	81
<i>lidocaine</i>	7	LYNPARZA	31
<i>lidocaine hcl</i>	7	LYRICA	17
<i>lidocaine hcl jelly</i>	6	LYSODREN	85
<i>lidocaine hcl viscous</i>	6	<i>lyza</i>	83
<i>lidocaine viscous</i>	7	MACRODANTIN	9
<i>lidocaine/prilocaine</i>	7	<i>mafenide acetate</i>	9
<i>lincomycin/lidocaine</i>	10	<i>magnesium sulfate</i>	105
<i>lindane</i>	34	MAGNESIUM SULFATE IN D5W	16
<i>linezolid</i>	9	<i>malathion</i>	34
LINZESS	71	<i>maprotiline hcl</i>	21
LIORESAL INTRATHECAL	39	<i>margesic</i>	1
<i>liothyronine sodium</i>	84	<i>marlissa</i>	81
<i>lipodox</i>	31	MARPLAN	21
<i>lipodox 50</i>	31	MATULANE	28
LIPOFEN	62	<i>matzim la</i>	58
<i>liposyn iii</i>	92	<i>meclizine hcl</i>	24
<i>lisinopril</i>	53	<i>meclofenamate sodium</i>	1

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<i>medroxyprogesterone/lidocaine</i>	83	<i>methylprednisolone dose pack</i>	76
<i>mefenamic acid</i>	2	<i>methylprednisolone sodiumsuccinate</i>	76
<i>mefloquine hcl</i>	34	<i>metipranolol</i>	95
MEGACE ES	83	<i>metoclopramide hcl</i>	70
<i>megestrol acetate</i>	83	<i>metoclopramide odt</i>	70
MEKINIST	31	<i>metolazone</i>	61
<i>meloxicam</i>	2	<i>metoprolol succinate er</i>	55
<i>melphalan hydrochloride</i>	28	<i>metoprolol tartrate</i>	56
<i>memantine hcl</i>	20	<i>metoprolol/hydrochlorothiazide</i>	56
<i>memantine hcl titration pak</i>	20	<i>metronidazole</i>	9
MENACTRA	90	<i>metronidazole in nacl 0.79%</i>	9
MENEST	31	<i>metronidazole vaginal</i>	9
MENOMUNE-A/C/Y/W-135	90	<i>mexiletine hcl</i>	54
MENOSTAR	81	MIACALCIN	92
MENVEO	90	<i>miconazole 3</i>	26
<i>meperidine hcl</i>	5	<i>microgestin 1.5/30</i>	81
<i>meperitab</i>	5	<i>microgestin 1/20</i>	81
<i>meprobamate</i>	43	<i>microgestin fe</i>	81
<i>mercaptopurine</i>	29	<i>microgestin fe 1.5/30</i>	81
<i>meropenem</i>	12	<i>midodrine hcl</i>	51
<i>mesna</i>	31	MIGERGOT	27
MESNEX	31	MIGRANAL	27
MESTINON	27	<i>mimvey</i>	81
MESTINON TIMESPAN	27	<i>mimvey lo</i>	81
<i>metadate er</i>	65	<i>minitran</i>	63
<i>metaproterenol sulfate</i>	98	<i>minocycline hcl</i>	15
<i>metformin hcl</i>	46	<i>minocycline hcl er</i>	15
<i>metformin hcl er</i>	46	<i>minoxidil</i>	64
<i>methadone hcl</i>	2	MIRAPEX ER	35
<i>methadone hcl intensol</i>	2	<i>mirtazapine</i>	21
<i>methadose</i>	3	<i>mirtazapine odt</i>	21
<i>methadose sugar-free</i>	3	<i>misoprostol</i>	72
<i>methamphetamine hcl</i>	64	<i>mitomycin</i>	31
<i>methazolamide</i>	94	<i>mitoxantrone hcl</i>	31
<i>methenamine hippurate</i>	9	M-M-R II	90
<i>methimazole</i>	86	MODAFINIL	100
METHITEST	78	MODERIBA	40
<i>methocarbamol</i>	99	MODERIBA 1200 DOSE PACK	40
<i>methotrexate</i>	87	MODERIBA 800 DOSE PACK	40
<i>methotrexate sodium</i>	87	<i>moexipril hcl</i>	53
<i>methoxsalen</i>	68	<i>moexipril/hydrochlorothiazide</i>	53
<i>methyclothiazide</i>	61	<i>mometasone furoate</i>	76
<i>methylergonovine maleate</i>	93	<i>mono-lynyah</i>	81
<i>methylin</i>	65	<i>mononessa</i>	81
<i>methylphenidate hcl</i>	66	<i>montelukast sodium</i>	97
<i>methylphenidate hcl cd</i>	65	<i>morgidox 1x100mg</i>	16
<i>methylphenidate hcl er</i>	65	<i>morgidox 2x100mg</i>	16
<i>methylphenidate hydrochloride</i>	66	<i>morphine sulfate</i>	3
<i>methylprednisolone</i>	76	<i>morphine sulfate</i>	5

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<i>morphine sulfate er</i>	24	<i>one</i>	
MOTOFEN	70	<i>neomycin/polymyxin/dexamethasone</i>	94
MOVIPREP	71	<i>neomycin/polymyxin/gramicidin</i>	9
MOXEZA	15	<i>neomycin/polymyxin/hc</i>	95
<i>moxifloxacin hcl</i>	15	NEOMYCIN/POLYMYXIN/HYDROCOR	9
MOZOBIL	105	TISONE	
MULTAQ	54	<i>neomycin/polymyxin/hydrocortisone</i>	95
<i>mupirocin</i>	9	<i>neo-polycin</i>	93
MUSTARGEN	28	<i>neo-polycin hc</i>	9
MYALEPT	93	NEPHRAMINE	105
<i>mycophenolate mofetil</i>	87	<i>neuac</i>	68
<i>mycophenolic acid dr</i>	87	NEULASTA	50
<i>myorisan</i>	68	NEUMEGA	50
MYOZYME	70	NEUPOGEN	50
MYRBETRIQ	72	NEUPRO	35
<i>myzilra</i>	81	NEUTREXIN	34
<i>nabumetone</i>	2	NEVANAC	94
<i>nadolol</i>	56	<i>nevirapine</i>	41
<i>nadolol/bendroflumethiazide</i>	56	NEVIRAPINE ER	41
<i>nafcillin sodium</i>	13	NEXAVAR	33
<i>naftifine hcl</i>	26	NEXIUM	72
NAFTIN	26	<i>niacin er</i>	63
NAGLAZYME	70	<i>nicardipine hcl</i>	59
<i>nallpen/dextrose</i>	13	NICOTROL INHALER	7
<i>naloxone hcl</i>	7	NICOTROL NS	7
<i>naltrexone hcl</i>	7	<i>nifediac cc</i>	59
NAMENDA	20	<i>nifedical xl</i>	59
NAMENDA TITRATION PAK	20	<i>nifedipine</i>	59
NAMENDA XR	20	<i>nifedipine er</i>	59
NAMENDA XR TITRATION PACK	20	<i>nikki</i>	81
<i>naphazoline hcl</i>	93	NILANDRON	29
<i>naproxen</i>	2	<i>nisoldipine</i>	59
<i>naproxen dr</i>	2	<i>nisoldipine er</i>	59
<i>naproxen sodium</i>	2	<i>nitro-bid</i>	63
<i>naratriptan hcl</i>	27	NITRO-DUR	63
NASONEX	96	NITROFURANTOIN	9
NATACYN	26	<i>nitrofurantoin macrocrystals</i>	9
<i>nateglinide</i>	46	<i>nitrofurantoin monohydrate</i>	9
NATPARA	93	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
NEBUPENT	34	<i>nitroglycerin</i>	63
<i>necon 0.5/35-28</i>	81	<i>nitroglycerin lingual</i>	63
<i>necon 1/35</i>	81	<i>nitroglycerin transdermal</i>	63
<i>necon 1/50-28</i>	81	NITROSTAT	64
<i>necon 10/11-28</i>	81	<i>nizatidine</i>	71
<i>necon 7/7/7</i>	81	<i>nora-be</i>	83
<i>nefazodone hcl</i>	21	NORDITROPIN FLEXPRO	77
<i>neomycin sulfate</i>	8	NORDITROPIN NORDIFLEX PEN	77
<i>neomycin/bacitracin/polymyxin</i>	9	<i>norethindrone</i>	83
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<i>paroex</i>	67	<i>phenytoin sodium extended</i>	19
<i>paromomycin sulfate</i>	8	<i>philith</i>	82
<i>paroxetine hcl</i>	22	PHISOHEX	9
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PENTASA	91	<i>polymyxin b sulfate/trimethoprim sulfate</i>	9
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<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	48	<i>prochlorperazine maleate</i>	37
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	48	PROCRIT	51
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	105	<i>procto-pak</i>	76
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SKLICE	34	<i>sulfadiazine</i>	15
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<i>sodium chloride 0.9%</i>	93	SULFAMYLON	10
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<i>sodium fluoride</i>	106	<i>sulfatrim pediatric</i>	15
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<i>sodium polystyrene sulfonate</i>	100	<i>sulfazine ec</i>	91
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<i>telmisartan/hydrochlorothiazide</i>	52	<i>tobramycin sulfate</i>	8
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<i>triamcinolone acetonide</i>	96	VALCHLOR	28
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TYVASO STARTER	99	<i>vincasar pfs</i>	32
TYZEKA	40	<i>vincristine sulfate</i>	32
TYZINE PEDIATRIC NASAL DROPS	99	<i>vinorelbine tartrate</i>	32
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VITEKTA	41	<i>zidovudine</i>	42
VOLTAREN	69	<i>ziprasidone hcl</i>	39
<i>voriconazole</i>	26	ZIRGAN	40
VOTRIENT	33	ZMAX	14
<i>vp-pnv-dha</i>	106	ZOHYDRO ER	4
VPRIV	70	<i>zoledronic acid</i>	92
<i>vyfemla</i>	83	ZOLINZA	32
VYTORIN	63	<i>zolmitriptan</i>	27
VYVANSE	64	<i>zolmitriptan odt</i>	27
<i>warfarin sodium</i>	50	<i>zolpidem tartrate</i>	100
WELCHOL	63	<i>zolpidem tartrate er</i>	100
<i>wera</i>	83	ZOLPIMIST	100
<i>wymzya fe</i>	83	ZOMACTON	78
XALKORI	33	ZOMETA	92
XARELTO	50	ZOMIG	27
XARELTO STARTER PACK	50	ZOMIG NASAL SPRAY	27
XELJANZ	89	<i>zonisamide</i>	17
XENAZINE	66	ZORBTIVE	78
XEOMIN	93	ZORTRESS	88
XGEVA	92	ZOSTAVAX	91
XIFAXAN	10	ZOSYN	13
XOLAIR	99	<i>zovia 1/35e</i>	83
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XTANDI	29	ZOVIRAX	43
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<i>xylon</i>	6	ZYCLARA PUMP	69
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<i>zafirlukast</i>	97	ZYKADIA	32
<i>zaleplon</i>	100	ZYLET	8
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<i>zenatane</i>	69		
<i>zenchent</i>	83		
<i>zenchent fe</i>	83		
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<i>zenzedi</i>	65		
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This formulary was updated on 09/01/2015. 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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