

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)

2016 Formulary

(List of Covered Drugs)

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

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This formulary was updated on 09/01/2016. For more recent information or other questions, please contact the BlueCHiP for Medicare Concierge Team, at 401-277-2958 or 1-800-267-0439 (TTY users should call 711), seven days a week from **October 1 to February 14**, 8:00 a.m. to 8:00 p.m. From **February 15 to September 30**, you can call Monday through Friday, from 8:00 a.m. to 8:00 p.m. On Saturday and Sunday, call from 8:00 a.m. to noon. You can use our automated answering system outside of these hours, or visit www.bcbsri.com.

This information is available for free in other languages. Please call the BlueCHiP for Medicare Concierge Team at 401-277-2958 or 1-800-267-0439 (TTY users should call 711), seven days a week from **October 1 to February 14**, 8:00 a.m. to 8:00 p.m. From **February 15 to September 30**, you can call Monday through Friday, from 8:00 a.m. to 8:00 p.m. On Saturday and Sunday, call from 8:00 a.m. to noon. You can use our automated answering system outside of these hours, or visit www.bcbsri.com.

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 Equipo de Consejería de BlueCHiP for Medicare al 401-277-2958 o 1-800-267-0439 (los usuarios de TTY deben llamar al 711), los siete días de la semana **del 1 de octubre al 14 de febrero**, de 8:00 a. m. a 8:00 p. m. **Del 15 de febrero al 30 de septiembre**, puede llamar de lunes a viernes de 8:00 a. m. a 8:00 p. m., y los sábados y domingos, de 8:00 a. m. hasta el mediodía. Fuera de estos horarios, puede utilizar el sistema automatizado de respuesta, o visite www.bcbsri.com. 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, 2016. 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, 2016, and from time to time during the year.

What is the BlueCHiP for Medicare Formulary?

A formulary is a list of covered drugs selected by 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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, 2016.

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 2016 Group 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 page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. 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 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 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 users should call 1-877-486-2048. Or, visit www.medicare.gov.

Group BlueCHiP for Medicare's Formulary

The formulary that begins on page 1 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 113.

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

LA stands for Limited Availability. This prescription may be available only at certain pharmacies.

For more information consult your Group Pharmacy Directory or call the BlueCHiP for Medicare Concierge Team at 401-277-2958 or 1-800-267-0439 (TTY users should call 711), seven days a week from October 1 to February 14, 8:00 a.m. to 8:00 p.m. From February 15 to September 30, you can call Monday through Friday, from 8:00 a.m. to 8:00 p.m. On Saturday and Sunday, call from 8:00 a.m. to noon. You can use our automated answering system outside of these hours, or visit www.bcbsri.com.

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		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	3	QL (180 EA per 30 days)
BUTALBITAL/ACETAMINOPHEN/CAFFEINE CAPS 300MG; 50MG; 40MG	3	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE CAPS 325MG; 50MG; 40MG	3	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE TABS 325MG; 50MG; 40MG	3	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE TABS 500MG; 50MG; 40MG	3	
<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>zebital caps 325mg; 50mg; 40mg</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 100mg</i>	1	QL (60 EA per 30 days) PA
CELECOXIB CAPS 200MG	2	QL (60 EA per 30 days) PA
CELECOXIB CAPS 400MG	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	
DICLOFENAC SODIUM/MISOPROSTOL TBEC 50MG; 200MCG	2	
DICLOFENAC SODIUM/MISOPROSTOL TBEC 75MG; 200MCG	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 caps 400mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	
FLECTOR PTCH 1.3%	3	QL (30 EA per 15 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	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tabs 800mg</i>	1	
INDOMETHACIN ER CPR 75MG	3	PA
INDOMETHACIN CAPS 25MG	3	PA
INDOMETHACIN CAPS 50MG	3	PA
KETOPROFEN ER CP24 200MG	2	
KETOPROFEN CAPS 50MG	2	
KETOPROFEN CAPS 75MG	2	
KETOROLAC TROMETHAMINE TABS 10MG	2	QL (20 EA per 5 days) PA
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium cr tb24 375mg</i>	1	
<i>naproxen sodium er tb24 375mg</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	
OXAPROZIN TABS 600MG	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		
FENTANYL PT72 100MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 12MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 25MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 37.5MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 50MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 62.5MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 75MCG/HR	2	QL (10 EA per 30 days)
FENTANYL PT72 87.5MCG/HR	2	QL (10 EA per 30 days)
HYDROMORPHONE HCL ER T24A 12MG	3	QL (150 EA per 30 days) PA
HYDROMORPHONE HCL ER T24A 16MG	3	QL (120 EA per 30 days) PA
HYDROMORPHONE HCL ER T24A 32MG	3	QL (60 EA per 30 days) PA
HYDROMORPHONE HCL ER T24A 8MG	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

Drug Name	Drug Tier	Requirements/Limits
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)
KADIAN CP24 40MG	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	QL (270 EA per 30 days)
<i>methadone hcl tabs 5mg</i>	1	QL (540 EA per 30 days)
<i>methadose sugar-free conc 10mg/ml</i>	1	
<i>methadose conc 10mg/ml</i>	1	
MORPHINE SULFATE ER CP24 100MG	3	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 10mg</i>	1	QL (60 EA per 30 days)
MORPHINE SULFATE ER CP24 120MG	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)
MORPHINE SULFATE ER CP24 30MG	3	QL (30 EA per 30 days)
MORPHINE SULFATE ER CP24 45MG	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 50mg</i>	1	QL (60 EA per 30 days)
MORPHINE SULFATE ER CP24 60MG	3	QL (30 EA per 30 days)
<i>morphine sulfate er cp24 60mg</i>	1	QL (60 EA per 30 days)
MORPHINE SULFATE ER CP24 75MG	3	QL (30 EA per 30 days)
MORPHINE SULFATE ER CP24 80MG	3	QL (60 EA per 30 days)
MORPHINE SULFATE ER CP24 90MG	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)
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
OXYCODONE HCL ER T12A 15MG	2	QL (120 EA per 30 days) PA
<i>oxycodone hcl er t12a 20mg</i>	1	QL (120 EA per 30 days) PA
OXYCODONE HCL ER T12A 30MG	2	QL (120 EA per 30 days) PA
<i>oxycodone hcl er t12a 40mg</i>	1	QL (120 EA per 30 days) PA
OXYCODONE HCL ER T12A 60MG	2	QL (120 EA per 30 days) PA
OXYCODONE HCL ER T12A 80MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 15MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 30MG	3	QL (120 EA per 30 days) PA
OXYCONTIN T12A 60MG	3	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 80MG	3	QL (120 EA per 30 days) PA
OXYMORPHONE HYDROCHLORIDE ER TB12 10MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 15MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 20MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 30MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 40MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 5MG	3	QL (60 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE ER TB12 7.5MG	3	QL (60 EA per 30 days)
TRAMADOL HCL ER TB24 100MG	2	QL (30 EA per 30 days)
TRAMADOL HCL ER TB24 100MG	2	QL (30 EA per 30 days)
TRAMADOL HCL ER TB24 200MG	2	QL (30 EA per 30 days)
TRAMADOL HCL ER TB24 200MG	2	QL (30 EA per 30 days)
TRAMADOL HCL ER TB24 300MG	2	QL (30 EA per 30 days)
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
<i>acetaminophen/codeine #2 tabs 300mg; 15mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine #3 tabs 300mg; 30mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine #4 tabs 300mg; 60mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (390 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (390 EA per 30 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE CAPS 325MG; 50MG; 40MG; 30MG	3	
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (10 ML per 30 days)
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
<i>endocet tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endodan tabs 325mg; 4.835mg</i>	1	
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate inj 100mcg/2ml</i>	1	
FENTORA TABS 100MCG	4	QL (112 EA per 28 days) PA
FENTORA TABS 200MCG	4	QL (112 EA per 28 days) PA
FENTORA TABS 400MCG	4	QL (112 EA per 28 days) PA
FENTORA TABS 600MCG	4	QL (112 EA per 28 days) PA
FENTORA TABS 800MCG	4	QL (112 EA per 28 days) PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	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)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 10mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 500mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
HYDROMORPHONE HCL DOSETTE INJ 2MG/ML	3	
<i>hydromorphone hcl/nacl inj 12mg/60ml; 0.9%</i>	1	
<i>hydromorphone hcl inj 15mg/30ml; 0.9%</i>	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	
<i>hydromorphone hcl liqd 1mg/ml</i>	1	
HYDROMORPHONE HCL TABS 2MG	2	
HYDROMORPHONE HCL TABS 4MG	2	
HYDROMORPHONE HCL TABS 8MG	2	
<i>ibudone tabs 5mg; 200mg</i>	1	
LAZANDA SOLN 100MCG/ACT	4	QL (30 EA per 30 days) PA
LAZANDA SOLN 400MCG/ACT	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet hd tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
<i>lorcet tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 10mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 5mg</i>	1	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 7.5mg</i>	1	QL (360 EA per 30 days)
MEPERIDINE HCL INJ 100MG/ML	2	PA
MEPERIDINE HCL INJ 10MG/ML	2	PA
MEPERIDINE HCL INJ 25MG/ML	2	PA
MEPERIDINE HCL INJ 50MG/ML	2	PA
MEPERIDINE HCL SOLN 50MG/5ML	2	PA
MEPERIDINE HCL TABS 100MG	2	PA
MEPERIDINE HCL TABS 50MG	2	PA
<i>morphine sulfate add-vantage inj 25mg/ml</i>	1	
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 0.5mg/ml; 0.9%</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 150mg/30ml</i>	1	
<i>morphine sulfate inj 15mg/ml</i>	1	
<i>morphine sulfate inj 15mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate inj 25mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 50mg/ml</i>	1	
<i>morphine sulfate inj 5mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate soln 100mg/5ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate tabs 15mg</i>	1	
<i>morphine sulfate tabs 30mg</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	
OXYCODONE HCL CAPS 5MG	2	
OXYCODONE HCL CONC 100MG/5ML	2	
OXYCODONE HCL SOLN 5MG/5ML	2	
OXYCODONE HCL TABS 10MG	2	
OXYCODONE HCL TABS 15MG	2	
OXYCODONE HCL TABS 20MG	2	QL (200 EA per 30 days)
OXYCODONE HCL TABS 30MG	2	QL (210 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HCL TABS 5MG	2	
<i>oxycodone/acetaminophen soln 325mg/5ml; 5mg/5ml</i>	1	QL (1800 ML 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/aspirin tabs 325mg; 4.835mg</i>	1	
OXYMORPHONE HYDROCHLORIDE TABS 10MG	3	QL (240 EA per 30 days)
OXYMORPHONE HYDROCHLORIDE TABS 5MG	3	QL (240 EA per 30 days)
PENTAZOCINE/NALOXONE HCL TABS 0.5MG; 50MG	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)
SUBSYS LIQD 100MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	4	QL (120 EA per 30 days) PA
SUBSYS LIQD 1600MCG	4	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
TRAMADOL HCL TABS 50MG	2	QL (240 EA per 30 days)
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN TABS 325MG; 37.5MG	2	QL (240 EA per 30 days)
<i>verdrocet tabs 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
VICODIN ES TABS 300MG; 7.5MG	2	QL (390 EA per 30 days)
VICODIN HP TABS 300MG; 10MG	2	QL (390 EA per 30 days)
VICODIN TABS 300MG; 5MG	2	QL (390 EA per 30 days)
<i>xylon tabs 10mg; 200mg</i>	1	
<i>zamicet soln 325mg/15ml; 10mg/15ml</i>	1	
Opioid Analgesics		
LAZANDA SOLN 300MCG/ACT	4	QL (30 EA per 30 days) PA
Anesthetics		
Local Anesthetics		
<i>glydo gel 2%</i>	1	
<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	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl inj 4%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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/prilocaine kit 2.5%; 2.5%</i>	1	
<i>lidocaine oint 5%</i>	1	
LIDOCAINE PTCH 5%	2	PA
<i>livixil pak kit 2.5%; 2.5%</i>	1	
<i>premium lidocaine oint 5%</i>	1	
<i>relador pak plus kit 2.5%; 2.5%</i>	1	
<i>relador pak kit 2.5%; 2.5%</i>	1	

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr tbec 333mg</i>	1	
DISULFIRAM TABS 250MG	2	
DISULFIRAM TABS 500MG	3	

Opioid Dependence Treatments

BUPRENORPHINE HCL/NALOXONE HCL SUBL 2MG; 0.5MG	2	QL (360 EA per 30 days) PA
BUPRENORPHINE HCL/NALOXONE HCL SUBL 8MG; 2MG	2	QL (90 EA per 30 days) PA
BUPRENORPHINE HCL INJ 0.3MG/ML	3	
BUPRENORPHINE HCL SUBL 2MG	3	QL (240 EA per 30 days) PA
BUPRENORPHINE HCL SUBL 8MG	3	QL (90 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 0.4mg/ml</i>	1	
<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	
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Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Drugs		
DICLOFENAC SODIUM GEL 3%	3	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
TOLMETIN SODIUM TABS 600MG	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</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 1.2mg/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/0.9% sodium chloride inj 2mg/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>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
STREPTOMYCIN SULFATE INJ 1GM	2	
<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>alcohol prep pads pads 70%</i>	1	
ALTABAX OINT 1%	2	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	2	
<i>centany oint 2%</i>	1	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN SUPP 100MG	2	
<i>clindamycin hcl caps 150mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	1	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</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 150mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj 150mg/ml</i>	1	B/D
<i>clindamycin phosphate inj 300mg/2ml</i>	1	B/D
<i>clindamycin phosphate inj 300mg/2ml</i>	1	B/D
<i>clindamycin phosphate inj 300mg/2ml</i>	1	B/D
<i>clindamycin phosphate inj 600mg/4ml</i>	1	B/D
<i>clindamycin phosphate inj 9000mg/60ml</i>	1	B/D
<i>clindamycin phosphate inj 900mg/6ml</i>	1	B/D
<i>clindamycin phosphate inj 900mg/6ml</i>	1	B/D
<i>clindamycin phosphate inj 900mg/6ml</i>	1	B/D
<i>colistimethate sodium inj 150mg</i>	1	B/D
CUBICIN RF INJ 500MG	4	B/D
CUBICIN INJ 500MG	4	B/D
DALVANCE INJ 500MG	4	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN MISC 0; 0; 0	3	
<i>lincomycin hcl inj 300mg/ml</i>	1	
<i>linezolid inj 600mg/300ml</i>	1	B/D
<i>linezolid susr 100mg/5ml</i>	1	QL (2400 ML per 30 days)
<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	
METRONIDAZOLE CREA 0.75%	2	
METRONIDAZOLE GEL 0.75%	2	
METRONIDAZOLE GEL 1%	3	
<i>metronidazole inj 500mg/100ml; 0.79%</i>	1	B/D
METRONIDAZOLE LOTN 0.75%	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/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	
NITROFURANTOIN MACROCRYSTALS CAPS 100MG	2	QL (360 EA per 365 days) PA
<i>nitrofurantoin macrocrystals caps 25mg</i>	1	QL (360 EA per 365 days) PA
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	QL (360 EA per 365 days) PA
NITROFURANTOIN	2	QL (180 EA per 365 days) PA
MONOHYDRATE/MACROCRYSTALS CAPS 100MG	2	
NITROFURANTOIN MONOHYDRATE CAPS 100MG	2	QL (180 EA per 365 days) PA
NITROFURANTOIN SUSP 25MG/5ML	3	QL (7200 ML per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORBACTIV INJ 400MG	4	
PRIMSOL SOLN 50MG/5ML	3	
ROSDAN CREA 0.75%	2	
ROSDAN GEL 0.75%	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)
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	2	
SYNERCID INJ 350MG; 150MG	4	
<i>thermazene crea 1%</i>	1	
<i>thermazene crea 1%</i>	1	
<i>thermazene crea 1%</i>	1	
<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 0.9%; 1gm/200ml</i>	1	B/D
<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>vancomycin hcl inj 750mg</i>	1	B/D
<i>vancomycin inj 0.9%; 500mg/100ml</i>	1	B/D
<i>vancomycin inj 0.9%; 750mg/150ml</i>	1	B/D
<i>vandazole gel 0.75%</i>	1	
VIBATIV INJ 250MG	2	B/D
VIBATIV INJ 750MG	2	B/D
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	4	PA
ZYVOX SUSR 100MG/5ML	4	QL (2400 ML 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/dextrose inj 2gm; 3%</i>	1	B/D
<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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium inj 500mg</i>	1	B/D
<i>cefazolin inj 2gm/100ml; 4%</i>	1	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm</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
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 10gm</i>	1	B/D
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefoxitin sodium inj 2gm</i>	1	B/D
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>ceftazidime inj 1gm</i>	1	B/D
<i>ceftazidime inj 2gm</i>	1	B/D
<i>ceftazidime inj 6gm</i>	1	B/D
<i>ceftriaxone sodium inj 10gm</i>	1	B/D
<i>ceftriaxone sodium inj 1gm</i>	1	B/D
<i>ceftriaxone sodium inj 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>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 225gm</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
<i>cefuroxime sodium inj 75gm</i>	1	B/D
CEFUROXIME/DEXTROSE INJ 1.5GM; 2.9%	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	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAPS 400MG	3	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	2	B/D
TEFLARO INJ 600MG	2	B/D
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/sodium chloride inj 1gm/50ml; 0.9%</i>	1	
<i>meropenem/sodium chloride inj 500mg/50ml; 0.9%</i>	1	
<i>meropenem inj 1gm</i>	4	B/D
MEROPENEM INJ 500MG	3	B/D
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	B/D
<i>ampicillin sodium inj 10gm</i>	1	B/D
<i>ampicillin sodium inj 125mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium inj 1gm</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 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
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	B/D
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	B/D
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	2	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML	2	
BICILLIN L-A INJ 2400000UNIT/4ML	2	
BICILLIN L-A INJ 600000UNIT/ML	2	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nafcillin sodium inj 1gm</i>	1	B/D
<i>nafcillin sodium inj 2gm</i>	1	B/D
<i>nafcillin sodium inj 2gm</i>	1	B/D
<i>nafcillin 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>pfizerpen-g inj 5000000unit</i>	1	
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	1	B/D
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	B/D
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	B/D
<i>piperacillin/tazobactam inj 36gm; 4.5gm</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 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 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	QL (56 EA per 28 days)
CLARITHROMYCIN SUSR 125MG/5ML	2	
CLARITHROMYCIN SUSR 250MG/5ML	2	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID TABS 200MG	4	QL (60 EA per 30 days) ST
<i>e.e.s. 400 tabs 400mg</i>	1	
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	3	
<i>erythrocine 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
GATIFLOXACIN SOLN 0.5%	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	B/D
LEVOFLOXACIN IN D5W INJ 5%; 500MG/100ML	3	B/D
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	1	B/D
LEVOFLOXACIN INJ 25MG/ML	3	B/D
<i>levofloxacin soln 0.5%</i>	1	
LEVOFLOXACIN SOLN 25MG/ML	3	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXEZA SOLN 0.5%	2	
<i>moxifloxacin hcl inj 400mg/250ml</i>	1	
MOXIFLOXACIN HCL TABS 400MG	2	
NOROXIN TABS 400MG	3	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</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>avidoxy tabs 100mg</i>	1	
DEMECLOCYCLINE HCL TABS 150MG	3	
DEMECLOCYCLINE HCL TABS 300MG	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 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate dr tbec 50mg</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 100mg</i>	1	
<i>doxycycline caps 150mg</i>	1	
<i>doxycycline caps 50mg</i>	1	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
MINOCYCLINE HCL ER TB24 135MG	3	
MINOCYCLINE HCL ER TB24 45MG	3	
MINOCYCLINE HCL ER TB24 90MG	3	
MINOCYCLINE HCL CAPS 100MG	2	
MINOCYCLINE HCL CAPS 50MG	2	
MINOCYCLINE HCL CAPS 75MG	2	
MINOCYCLINE HCL TABS 100MG	3	
MINOCYCLINE HCL TABS 50MG	3	
MINOCYCLINE HCL TABS 75MG	3	
<i>morgidox 1x100mg caps 100mg</i>	1	
<i>morgidox 2x100mg caps 100mg</i>	1	
ORACEA CPDR 40MG	3	ST
<i>tetracycline hcl caps 250mg</i>	1	
<i>tetracycline hcl caps 500mg</i>	1	
VIBRAMYCIN SYRP 50MG/5ML	2	

Anticonvulsants

Anticonvulsants, Other

APTiom TABS 200MG	3	
APTiom TABS 400MG	3	
APTiom TABS 600MG	3	
APTiom TABS 800MG	3	
BRIVIACT INJ 50MG/5ML	4	
BRIVIACT SOLN 10MG/ML	4	
BRIVIACT TABS 100MG	4	
BRIVIACT TABS 10MG	4	
BRIVIACT TABS 25MG	4	
BRIVIACT TABS 50MG	4	
BRIVIACT TABS 75MG	4	
FYCOMPA SUSP 0.5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
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
MAGNESIUM SULFATE IN D5W INJ 5%; 20MG/ML	3	B/D
PHENOBARBITAL ELIX 20MG/5ML	2	
PHENOBARBITAL TABS 100MG	2	
PHENOBARBITAL TABS 15MG	2	
PHENOBARBITAL TABS 16.2MG	2	
PHENOBARBITAL TABS 30MG	2	
PHENOBARBITAL TABS 32.4MG	2	
PHENOBARBITAL TABS 60MG	2	
PHENOBARBITAL TABS 64.8MG	2	
PHENOBARBITAL TABS 97.2MG	2	
POTIGA TABS 200MG	4	
POTIGA TABS 300MG	4	
POTIGA TABS 400MG	3	
POTIGA TABS 50MG	3	
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 1000MG	3	
SPRITAM TB3D 250MG	3	
SPRITAM TB3D 500MG	3	
SPRITAM TB3D 750MG	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	

Drug Name	Drug Tier	Requirements/Limits
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		
CLONAZEPAM ODT TBDP 0.125MG	2	PA
CLONAZEPAM ODT TBDP 0.25MG	2	PA
CLONAZEPAM ODT TBDP 0.5MG	2	PA
CLONAZEPAM ODT TBDP 1MG	2	PA
CLONAZEPAM ODT TBDP 2MG	2	PA
CLONAZEPAM TABS 0.5MG	2	PA
CLONAZEPAM TABS 1MG	2	PA
CLONAZEPAM TABS 2MG	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	
DIVALPROEX SODIUM ER TB24 250MG	2	
DIVALPROEX SODIUM ER TB24 500MG	2	
<i>divalproex sodium csdr 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
GABAPENTIN SOLN 250MG/5ML	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
<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	
TIAGABINE HYDROCHLORIDE TABS 4MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tabs 400mg</i>	1	
<i>felbamate tabs 600mg</i>	1	
LAMICTAL ODT KIT 0	3	
LAMICTAL ODT KIT 0	3	
LAMICTAL ODT KIT 0	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR KIT 0	3	
LAMICTAL XR KIT 0	3	
LAMICTAL XR KIT 0	3	
LAMOTRIGINE ER TB24 100MG	2	
LAMOTRIGINE ER TB24 200MG	2	
LAMOTRIGINE ER TB24 250MG	2	
LAMOTRIGINE ER TB24 25MG	2	
LAMOTRIGINE ER TB24 300MG	2	
LAMOTRIGINE ER TB24 50MG	2	
LAMOTRIGINE ODT TBDP 100MG	2	
LAMOTRIGINE ODT TBDP 200MG	2	
LAMOTRIGINE ODT TBDP 25MG	2	
LAMOTRIGINE ODT TBDP 50MG	2	
LAMOTRIGINE CHEW 25MG	2	
LAMOTRIGINE CHEW 5MG	2	
LAMOTRIGINE TABS 100MG	2	
LAMOTRIGINE TABS 150MG	2	
LAMOTRIGINE TABS 200MG	2	
LAMOTRIGINE TABS 25MG	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	
<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	
<i>Sodium Channel Agents</i>		
BANZEL SUSP 40MG/ML	4	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	4	
CARBAMAZEPINE ER CP12 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
CARBAMAZEPINE ER CP12 200MG	2	
CARBAMAZEPINE ER CP12 300MG	2	
CARBAMAZEPINE ER TB12 100MG	2	
CARBAMAZEPINE ER TB12 200MG	2	
CARBAMAZEPINE ER TB12 400MG	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
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Cholinesterase Inhibitors

<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	1	
<i>donepezil hcl tabs 5mg</i>	1	
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
EXELON PT24 13.3MG/24HR	3	
EXELON PT24 4.6MG/24HR	3	
EXELON PT24 9.5MG/24HR	3	
GALANTAMINE HYDROBROMIDE CP24 16MG	2	
GALANTAMINE HYDROBROMIDE CP24 24MG	2	
GALANTAMINE HYDROBROMIDE CP24 8MG	2	
<i>galantamine hydrobromide soln 4mg/ml</i>	1	
GALANTAMINE HYDROBROMIDE TABS 12MG	2	

Drug Name	Drug Tier	Requirements/Limits
GALANTAMINE HYDROBROMIDE TABS 4MG	2	
GALANTAMINE HYDROBROMIDE TABS 8MG	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	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 13.3MG/24HR	2	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 4.6MG/24HR	2	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 9.5MG/24HR	2	
<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	
<i>memantine hydrochloride soln 2mg/ml</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>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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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>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	
TRINTELLIX TABS 10MG	3	QL (30 EA per 30 days) ST
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) ST
TRINTELLIX TABS 5MG	3	QL (30 EA per 30 days) ST
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	4	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	
TRANLYCYPROMINE SULFATE TABS 10MG	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)
DULOXETINE HCL CPEP 20MG	2	QL (60 EA per 30 days)
DULOXETINE HCL CPEP 30MG	2	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	1	QL (60 EA per 30 days)
DULOXETINE HCL CPEP 60MG	2	QL (60 EA per 30 days)
ESCITALOPRAM OXALATE SOLN 5MG/5ML	3	QL (600 ML per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs 5mg</i>	1	QL (30 EA per 30 days)
FETZIMA TITRATION PACK C4PK 0	3	QL (56 EA per 365 days) ST

Drug Name	Drug Tier	Requirements/Limits
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 (30 EA per 30 days)
PAROXETINE HCL ER TB24 12.5MG	2	QL (30 EA per 30 days)
PAROXETINE HCL ER TB24 25MG	2	QL (60 EA per 30 days)
PAROXETINE HCL ER TB24 37.5MG	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)
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 STARTER PACK KIT 0	3	ST
VIIBRYD KIT 0	2	QL (30 EA per 30 days) 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		
AMITRIPTYLINE HCL TABS 100MG	2	PA
AMITRIPTYLINE HCL TABS 10MG	2	PA
AMITRIPTYLINE HCL TABS 150MG	2	PA
AMITRIPTYLINE HCL TABS 25MG	2	PA
AMITRIPTYLINE HCL TABS 50MG	2	PA
AMITRIPTYLINE HCL TABS 75MG	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	
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG	2	PA
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG; 10MG	2	PA
CLOMIPRAMINE HCL CAPS 25MG	2	PA
CLOMIPRAMINE HCL CAPS 50MG	2	PA
CLOMIPRAMINE HCL CAPS 75MG	2	PA
<i>desipramine hcl tabs 100mg</i>	1	
<i>desipramine hcl tabs 10mg</i>	1	
DESIPRAMINE HCL TABS 150MG	2	
<i>desipramine hcl tabs 25mg</i>	1	
<i>desipramine hcl tabs 50mg</i>	1	
<i>desipramine hcl tabs 75mg</i>	1	
DOXEPIN HCL CAPS 100MG	2	PA
DOXEPIN HCL CAPS 10MG	2	PA
<i>doxepin hcl caps 150mg</i>	1	PA
DOXEPIN HCL CAPS 25MG	2	PA
DOXEPIN HCL CAPS 50MG	2	PA
DOXEPIN HCL CAPS 75MG	2	PA
DOXEPIN HCL CONC 10MG/ML	2	PA
IMIPRAMINE HCL TABS 10MG	2	PA
IMIPRAMINE HCL TABS 25MG	2	PA
IMIPRAMINE HCL TABS 50MG	2	PA
IMIPRAMINE PAMOATE CAPS 100MG	3	PA
IMIPRAMINE PAMOATE CAPS 125MG	3	PA
IMIPRAMINE PAMOATE CAPS 150MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
IMIPRAMINE PAMOATE CAPS 75MG	3	PA
<i>nortriptyline hcl caps 10mg</i>	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 50mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG	2	PA
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 4MG	2	PA
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 2MG	2	PA
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	2	PA
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	2	PA
PROTRIPTYLINE HCL TABS 10MG	3	
PROTRIPTYLINE HCL TABS 5MG	3	
SURMONTIL CAPS 100MG	3	PA
SURMONTIL CAPS 25MG	3	PA
SURMONTIL CAPS 50MG	3	PA
TRIMIPRAMINE MALEATE CAPS 100MG	2	PA
TRIMIPRAMINE MALEATE CAPS 25MG	2	PA
TRIMIPRAMINE MALEATE CAPS 50MG	2	PA

Antiemetics

Antiemetics, Other

HYDROXYZINE HCL SYRP 10MG/5ML	2	PA
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>phenadoz supp 12.5mg</i>	1	PA
<i>phenadoz supp 25mg</i>	1	PA
PHENERGAN SUPP 12.5MG	2	PA
PHENERGAN SUPP 25MG	2	PA
PHENERGAN SUPP 50MG	2	PA
PROMETHAZINE HCL PLAIN SYRP 6.25MG/5ML	2	PA
PROMETHAZINE HCL SUPP 12.5MG	2	PA
PROMETHAZINE HCL SUPP 25MG	2	PA
PROMETHAZINE HCL SUPP 50MG	2	PA
<i>promethegan supp 12.5mg</i>	1	PA
PROMETHEGAN SUPP 25MG	2	PA
PROMETHEGAN SUPP 50MG	2	PA
TRANSDERM-SCOP PT72 1MG/3DAYS	2	
TRIMETHOBENZAMIDE HCL CAPS 300MG	2	PA

Antiemetics

granisetron hcl inj 1mg/ml 1 QL (60 ML per 30 days) B/D

Emetogenic Therapy Adjuncts

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) B/D
<i>dronabinol caps 10mg</i>	4	QL (60 EA per 30 days) B/D
DRONABINOL CAPS 2.5MG	3	QL (60 EA per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
DRONABINOL CAPS 5MG	3	QL (60 EA per 30 days) B/D
EMEND CAPS 0	2	QL (6 EA per 30 days) B/D
EMEND CAPS 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPS 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPS 80MG	2	QL (8 EA per 30 days) B/D
EMEND INJ 150MG	2	
EMEND SUSR 125MG	2	QL (6 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl inj 1mg/ml</i>	1	QL (60 ML per 30 days) B/D
<i>granisetron hcl tabs 1mg</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl inj 4mg/2ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 4mg/2ml</i>	1	QL (450 ML per 30 days) B/D
ONDANSETRON HCL SOLN 4MG/5ML	3	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (14 EA per 28 days) B/D
ONDANSETRON HCL TABS 4MG	2	B/D
ONDANSETRON HCL TABS 8MG	2	B/D
ONDANSETRON ODT TBDP 4MG	3	B/D
<i>ondansetron odt tbdp 8mg</i>	1	B/D
SANCUSO PTCH 3.1MG/24HR	4	QL (4 EA per 28 days)

Antifungals

Antifungals

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; 200mg/100ml</i>	1	B/D
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	1	B/D
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	B/D
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	1	B/D
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	1	B/D
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	
<i>fluconazole tabs 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
GRISEOFULVIN MICROSIZE SUSP 125MG/5ML	2	
GRISEOFULVIN MICROSIZE TABS 500MG	2	
GRISEOFULVIN ULTRAMICROSIZE TABS 125MG	2	
GRISEOFULVIN ULTRAMICROSIZE TABS 250MG	2	
ITRACONAZOLE CAPS 100MG	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 foam 2%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>naftifine hcl crea 1%</i>	1	
<i>naftifine hydrochloride crea 2%</i>	1	
NAFTIN CREA 2%	2	ST
NAFTIN GEL 1%	3	ST
NAFTIN GEL 2%	2	ST
NATACYN SUSP 5%	2	
NOXAFIL INJ 300MG/16.7ML	4	PA
NOXAFIL SUSP 40MG/ML	3	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	
SPORANOX SOLN 10MG/ML	4	PA
<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	
VORICONAZOLE INJ 200MG	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 crea 0.8%</i>	1	
<i>zazole supp 80mg</i>	1	

Antigout Agents

Antigout Agents

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	1	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	3	ST
ULORIC TABS 80MG	3	ST

Antimigraine Agents

Ergot Alkaloids

<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	

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>almotriptan malate tabs 12.5mg</i>	1	QL (12 EA per 30 days)
<i>almotriptan malate tabs 6.25mg</i>	1	QL (12 EA per 30 days)
<i>almotriptan tabs 6.25mg</i>	1	QL (12 EA per 30 days)
FROVA TABS 2.5MG	3	QL (12 EA per 30 days) ST
FROVATRIPTAN SUCCINATE TABS 2.5MG	2	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
RIZATRIPTAN BENZOATE ODT TBDP 10MG	2	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE ODT TBDP 5MG	2	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE TABS 10MG	2	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE TABS 5MG	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 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)
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days) ST
<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

Parasympathomimetics

<i>guanidine hcl tabs 125mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TBCR 180MG	2	
MESTINON SYRP 60MG/5ML	2	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>pyridostigmine bromide tbcr 180mg</i>	1	
<i>regonol inj 10mg/2ml</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	2	
DAPSONE TABS 25MG	2	
<i>rifabutin caps 150mg</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	3	
<i>cycloserine caps 250mg</i>	1	
<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	
SIRTURO TABS 100MG	4	
TRECTOR TABS 250MG	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU INJ 100MG	3	B/D
BUSULFEX INJ 6MG/ML	2	B/D
CYCLOPHOSPHAMIDE CAPS 25MG	2	B/D
CYCLOPHOSPHAMIDE CAPS 50MG	2	B/D
CYCLOPHOSPHAMIDE INJ 1GM	3	
CYCLOPHOSPHAMIDE INJ 2GM	3	
CYCLOPHOSPHAMIDE INJ 500MG	3	
CYCLOPHOSPHAMIDE TABS 25MG	2	B/D
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
<i>dacarbazine inj 200mg</i>	1	B/D
EVOMELA INJ 50MG	4	
GLEOSTINE CAPS 100MG	2	
GLEOSTINE CAPS 10MG	2	
GLEOSTINE CAPS 40MG	2	
GLEOSTINE CAPS 5MG	2	
HEXALEN CAPS 50MG	4	PA
<i>ifosfamide inj 1gm</i>	1	B/D
LEUKERAN TABS 2MG	2	
LOMUSTINE CAPS 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
LOMUSTINE CAPS 10MG	2	
LOMUSTINE CAPS 40MG	2	
MATULANE CAPS 50MG	4	
<i>melphalan hydrochloride inj 50mg</i>	4	B/D
MUSTARGEN INJ 10MG	3	B/D
THIOTEPA INJ 15MG	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%	4	PA
ZANOSAR INJ 1GM	3	B/D
Antiandrogens		
<i>bicalutamide tabs 50mg</i>	1	
FLUTAMIDE CAPS 125MG	2	
NILANDRON TABS 150MG	4	
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
REVLIMID CAPS 15MG	4	PA
REVLIMID CAPS 2.5MG	4	PA
REVLIMID CAPS 20MG	4	PA
REVLIMID CAPS 25MG	4	PA
REVLIMID CAPS 5MG	4	PA
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
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

Drug Name	Drug Tier	Requirements/Limits
ELITEK INJ 7.5MG	4	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
FOLOTYN INJ 40MG/2ML	4	
GEMCITABINE HCL INJ 1GM	3	B/D
<i>hydroxyurea caps 500mg</i>	1	
LONSURF TABS 6.14MG; 15MG	4	PA
LONSURF TABS 8.19MG; 20MG	4	PA
<i>mercaptopurine tabs 50mg</i>	1	
PURIXAN SUSP 2000MG/100ML	4	
TABLOID TABS 40MG	2	
Antineoplastics, Other		
ABRAXANE INJ 900MG; 100MG	3	B/D
<i>adriamycin inj 10mg</i>	1	B/D
<i>adriamycin inj 20mg</i>	1	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>adriamycin inj 50mg</i>	1	B/D
ALIMTA INJ 500MG	4	B/D
<i>amifostine inj 500mg</i>	1	B/D
ARRANON INJ 5MG/ML	3	B/D
<i>azacitidine inj 100mg</i>	4	PA
BELEODAQ INJ 500MG	4	PA
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>carboplatin inj 150mg/15ml</i>	1	B/D
<i>cisplatin inj 100mg/100ml</i>	1	B/D
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 20MG	4	PA
COSMEGEN INJ 0.5MG	3	B/D
COTELLIC TABS 20MG	4	QL (90 EA per 30 days) PA
DAUNORUBICIN HCL INJ 5MG/ML	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
<i>dexrazoxane inj 500mg</i>	1	B/D
DOCEFREZ INJ 20MG	4	B/D
DOCEFREZ INJ 80MG	4	B/D
DOCETAXEL (NON-ALCOHOL FORMULA) INJ 160MG/8ML	4	
DOCETAXEL (NON-ALCOHOL FORMULA) INJ 20MG/ML	4	
DOCETAXEL (NON-ALCOHOL FORMULA) INJ 80MG/4ML	4	
<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/0.5ML	4	B/D
<i>docetaxel inj 20mg/ml</i>	4	B/D
DOCETAXEL INJ 80MG/2ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel inj 80mg/4ml</i>	4	B/D
<i>docetaxel inj 80mg/8ml</i>	4	B/D
<i>doxorubicin hcl liposome inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	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	QL (6 EA per 21 days) PA
FARYDAK CAPS 15MG	4	QL (6 EA per 21 days) PA
FARYDAK CAPS 20MG	4	QL (6 EA per 21 days) 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	PA
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
<i>irinotecan inj 100mg/5ml</i>	1	B/D
ISTODAX INJ 10MG	2	B/D
IXEMPRA KIT INJ 45MG	4	B/D
JAKAFI TABS 10MG	4	PA
JAKAFI TABS 15MG	4	PA
JAKAFI TABS 20MG	4	PA
JAKAFI TABS 25MG	4	PA
JAKAFI TABS 5MG	4	PA
JEVTANA INJ 60MG/1.5ML	4	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
LEVOLEUCOVORIN CALCIUM INJ 175MG/17.5ML	4	
LEVOLEUCOVORIN INJ 175MG/17.5ML	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

Drug Name	Drug Tier	Requirements/Limits
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
NINLARO CAPS 2.3MG	4	QL (90 EA per 30 days) PA
NINLARO CAPS 3MG	4	QL (90 EA per 30 days) PA
NINLARO CAPS 4MG	4	QL (90 EA per 30 days) PA
ODOMZO CAPS 200MG	4	PA
ONCASPAR INJ 750UNIT/ML	4	
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	1	B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>paclitaxel inj 300mg/50ml</i>	1	B/D
POMALYST CAPS 1MG	4	PA
POMALYST CAPS 2MG	4	PA
POMALYST CAPS 3MG	4	PA
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	B/D
SYLATRON INJ 200MCG	4	PA
SYLATRON INJ 300MCG	4	PA
SYLATRON INJ 600MCG	4	PA
SYNRIBO INJ 3.5MG	4	PA
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA
TAGRISSE TABS 40MG	4	QL (30 EA per 30 days) PA
TAGRISSE TABS 80MG	4	QL (30 EA per 30 days) PA
TRISENOX INJ 10MG/10ML	2	B/D
VELCADE INJ 3.5MG	3	B/D
VENCLEXTA STARTING PACK TBPK 0	4	QL (42 EA per 365 days) PA
VENCLEXTA TABS 100MG	4	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 50MG	3	QL (14 EA per 30 days) PA
<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		
ZALTRAP INJ 100MG/4ML	4	PA
ZYKADIA CAPS 150MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	1	
EXEMESTANE TABS 25MG	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
ALECENSA CAPS 150MG	4	QL (240 EA per 30 days) PA
BOSULIF TABS 100MG	4	PA
BOSULIF TABS 500MG	4	PA
CABOMETYX TABS 20MG	4	PA
CABOMETYX TABS 40MG	4	PA
CABOMETYX TABS 60MG	4	PA
GLEEVEC TABS 100MG	4	QL (240 EA per 30 days) PA
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
IMATINIB MESYLATE TABS 100MG	4	QL (240 EA per 30 days) PA
IMATINIB MESYLATE TABS 400MG	4	QL (60 EA per 30 days) PA
IMBRUVICA CAPS 140MG	4	PA
INLYTA TABS 1MG	4	PA
INLYTA TABS 5MG	4	PA
IRESSA TABS 250MG	4	QL (30 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	4	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	4	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	4	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA
NEXAVAR TABS 200MG	4	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG	4	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
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 1000MG/50ML	2	B/D
ARZERRA INJ 100MG/5ML	2	B/D
AVASTIN INJ 100MG/4ML	4	PA
AVASTIN INJ 400MG/16ML	4	PA
BLINCYTO INJ 35MCG	4	PA
CYRAMZA INJ 100MG/10ML	4	PA
CYRAMZA INJ 500MG/50ML	4	PA
DARZALEX INJ 100MG/5ML	4	PA
EMPLICITI INJ 300MG	4	PA
EMPLICITI INJ 400MG	4	PA
ERBITUX INJ 100MG/50ML	3	B/D
GAZYVA INJ 1000MG/40ML	4	PA
HERCEPTIN INJ 440MG	3	PA
KADCYLA INJ 100MG	4	B/D
KEYTRUDA INJ 100MG/4ML	4	PA
KEYTRUDA INJ 50MG	4	PA
OPDIVO INJ 100MG/10ML	4	PA
OPDIVO INJ 40MG/4ML	4	PA
PERJETA INJ 420MG/14ML	4	B/D
RITUXAN INJ 500MG/50ML	2	PA
SYLVANT INJ 100MG	4	PA
TECENTRIQ INJ 1200MG/20ML	4	QL (20 ML per 21 days) PA
UNITUXIN INJ 17.5MG/5ML	4	
VECTIBIX INJ 100MG/5ML	4	PA
YERVOY INJ 50MG/10ML	4	PA
Retinoids		
bexarotene caps 75mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL 0.1%	4	
TARGRETIN CAPS 75MG	4	PA
TARGRETIN GEL 1%	4	PA
<i>tretinoin caps 10mg</i>	4	
Antiparasitics		
Anthelmintics		
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
<i>ivermectin tabs 3mg</i>	1	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	2	
ALINIA TABS 500MG	2	
ATOVAQUONE/PROGUANIL HCL TABS 250MG; 100MG	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	
QUININE SULFATE CAPS 324MG	3	QL (42 EA per 30 days) PA
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
Pediculicides/Scabicides		
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		

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone tabs 200mg</i>	1	
<i>tolcapone tabs 100mg</i>	1	
Dopamine Agonists		
APOKYN INJ 10MG/ML	4	
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
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 er tb24 2.25mg</i>	1	
<i>pramipexole dihydrochloride er tb24 3mg</i>	1	
<i>pramipexole dihydrochloride er tb24 4.5mg</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	
ROPINIROLE ER TB24 12MG	3	
ROPINIROLE ER TB24 2MG	3	
ROPINIROLE ER TB24 4MG	2	
ROPINIROLE ER TB24 6MG	3	
ROPINIROLE ER TB24 8MG	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 tbc 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
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		
1st Generation/Typical		
ADASUVE AEPB 10MG	3	
ADASUVE AEPB 10MG	3	
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	
<i>chlorpromazine hcl tabs 10mg</i>	1	
<i>chlorpromazine hcl tabs 200mg</i>	1	
<i>chlorpromazine hcl tabs 25mg</i>	1	
<i>chlorpromazine hcl tabs 50mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5mg/ml</i>	1	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
HALOPERIDOL DECANOATE INJ 100MG/ML	2	
HALOPERIDOL DECANOATE INJ 50MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
ORAP TABS 1MG	2	
ORAP TABS 2MG	2	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
<i>pimozide tabs 1mg</i>	1	
<i>pimozide tabs 2mg</i>	1	
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<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 MAINTENA INJ 300MG	3	ST
ABILIFY MAINTENA INJ 300MG	3	ST
ABILIFY MAINTENA INJ 400MG	4	ST
ABILIFY SOLN 1MG/ML	3	QL (900 ML per 30 days) ST
ARIPIPRAZOLE ODT TBDP 10MG	2	QL (60 EA per 30 days)
ARIPIPRAZOLE ODT TBDP 15MG	2	QL (60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	1	QL (900 ML per 30 days)
<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)
ARISTADA INJ 441MG/1.6ML	4	
ARISTADA INJ 662MG/2.4ML	4	
ARISTADA INJ 882MG/3.2ML	4	
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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 6MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	3	QL (60 EA per 30 days) ST
GEODON INJ 20MG	3	
INVEGA SUSTENNA INJ 117MG/0.75ML	3	ST
INVEGA SUSTENNA INJ 156MG/ML	3	ST
INVEGA SUSTENNA INJ 234MG/1.5ML	3	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	3	ST
INVEGA SUSTENNA INJ 78MG/0.5ML	3	ST
INVEGA 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
NUPLAZID TABS 17MG	4	PA
OLANZAPINE ODT TBDP 10MG	2	QL (30 EA per 30 days)
OLANZAPINE ODT TBDP 15MG	2	QL (30 EA per 30 days)
OLANZAPINE ODT TBDP 20MG	2	QL (30 EA per 30 days)
OLANZAPINE ODT TBDP 5MG	2	QL (30 EA per 30 days)
OLANZAPINE INJ 10MG	2	
OLANZAPINE TABS 10MG	2	QL (30 EA per 30 days)
OLANZAPINE TABS 15MG	2	QL (30 EA per 30 days)
OLANZAPINE TABS 2.5MG	2	QL (30 EA per 30 days)
OLANZAPINE TABS 20MG	2	QL (30 EA per 30 days)
OLANZAPINE TABS 5MG	2	QL (30 EA per 30 days)
OLANZAPINE TABS 7.5MG	2	QL (30 EA per 30 days)
PALIPERIDONE ER TB24 1.5MG	2	QL (30 EA per 30 days)
PALIPERIDONE ER TB24 3MG	2	QL (30 EA per 30 days)
PALIPERIDONE ER TB24 6MG	2	QL (60 EA per 30 days)
PALIPERIDONE ER TB24 9MG	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)
REXULTI TABS 0.25MG	4	QL (30 EA per 30 days) ST
REXULTI TABS 0.5MG	4	QL (30 EA per 30 days) ST
REXULTI TABS 1MG	4	QL (30 EA per 30 days) ST
REXULTI TABS 2MG	4	QL (30 EA per 30 days) ST
REXULTI TABS 3MG	4	QL (30 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 4MG	4	QL (30 EA per 30 days) ST
RISPERDAL CONSTA INJ 12.5MG	2	
RISPERDAL CONSTA INJ 25MG	2	
RISPERDAL CONSTA INJ 37.5MG	2	
RISPERDAL CONSTA INJ 50MG	2	
RISPERIDONE M-TAB TBDP 0.5MG	2	QL (60 EA per 30 days)
RISPERIDONE M-TAB TBDP 2MG	3	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 0.5MG	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	1	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 2MG	3	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 3MG	3	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 4MG	3	QL (60 EA per 30 days)
RISPERIDONE SOLN 1MG/ML	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
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)
VRAYLAR CAPS 1.5MG	4	QL (30 EA per 30 days) ST
VRAYLAR CAPS 3MG	4	QL (30 EA per 30 days) ST
VRAYLAR CAPS 4.5MG	4	QL (30 EA per 30 days) ST
VRAYLAR CAPS 6MG	4	QL (30 EA per 30 days) ST
VRAYLAR CPPK 0	3	QL (14 EA per 365 days) ST
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	
Antipsychotics		
<i>molindone hydrochloride tabs 10mg</i>	1	
<i>molindone hydrochloride tabs 25mg</i>	1	
<i>molindone hydrochloride tabs 5mg</i>	1	
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)

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE TABS 100MG	2	QL (270 EA per 30 days)
CLOZAPINE TABS 200MG	2	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL (180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	4	QL (540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
DANTROLENE SODIUM CAPS 100MG	2	
DANTROLENE SODIUM CAPS 25MG	2	
DANTROLENE SODIUM CAPS 50MG	2	
GABLOFEN INJ 10000MCG/20ML	2	B/D
GABLOFEN INJ 20000MCG/20ML	2	B/D
GABLOFEN INJ 40000MCG/20ML	2	B/D
GABLOFEN INJ 50MCG/ML	2	B/D
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	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hcl tabs 4mg</i>	1	
XEOMIN INJ 200UNIT	3	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir inj 75mg/ml</i>	1	B/D
GANCICLOVIR INJ 500MG	3	B/D
VALCYTE SOLR 50MG/ML	4	
<i>valganciclovir tabs 450mg</i>	4	
ZIRGAN GEL 0.15%	3	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tabs 10mg</i>	4	QL (30 EA per 30 days) PA
BARACLUDE SOLN 0.05MG/ML	4	QL (630 ML per 30 days) PA
<i>entecavir tabs 0.5mg</i>	4	QL (30 EA per 30 days) PA
<i>entecavir tabs 1mg</i>	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	4	PA
TYZEKA TABS 600MG	4	QL (30 EA per 30 days) PA
<i>Anti-hepatitis C (HCV) Agents</i>		
DAKLINZA TABS 30MG	4	QL (168 EA per 365 days) PA
DAKLINZA TABS 60MG	4	QL (168 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
DAKLINZA TABS 90MG	4	QL (168 EA per 365 days) PA
HARVONI TABS 90MG; 400MG	4	QL (168 EA per 365 days) PA
INCIVEK TABS 375MG	4	
MODERIBA 1200 DOSE PACK TABS 600MG	4	
MODERIBA 800 DOSE PACK TABS 400MG	4	
MODERIBA MISC 0	4	
MODERIBA MISC 0	4	
MODERIBA TABS 200MG	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
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	4	PA
PEGASYS INJ 180MCG/0.5ML	4	PA
PEGASYS INJ 180MCG/ML	4	PA
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	4	
RIBASPHERE RIBAPAK TABS 0	4	
RIBASPHERE RIBAPAK TABS 0	4	
<i>ribasphere ribapak tabs 400mg</i>	4	
<i>ribasphere ribapak tabs 600mg</i>	4	
RIBASPHERE CAPS 200MG	2	
RIBASPHERE TABS 200MG	2	
RIBASPHERE TABS 400MG	3	
<i>ribasphere tabs 600mg</i>	4	
<i>ribatab misc 0</i>	4	
<i>ribatab tabs 400mg</i>	4	
RIBAVIRIN CAPS 200MG	3	
RIBAVIRIN TABS 200MG	2	
SOVALDI TABS 400MG	4	PA
TECHNIVIE TABS 12.5MG; 75MG; 50MG	4	QL (168 EA per 365 days) PA
VICTRELIS CAPS 200MG	4	PA
VIEKIRA PAK TBPK 250MG; 12.5MG; 75MG; 50MG	4	QL (672 EA per 365 days) PA
VIEKIRA XR TB24 200MG; 8.33MG; 50MG; 33.33MG	4	QL (504 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA TABS 600MG; 200MG; 300MG	4	QL (30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	4	QL (30 EA per 30 days)
ISENTRESS CHEW 100MG	2	
ISENTRESS CHEW 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK 100MG	2	
ISENTRESS TABS 400MG	4	QL (60 EA per 30 days)
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG	4	
TIVICAY TABS 50MG	4	
VITEKTA TABS 150MG	4	QL (30 EA per 30 days)
VITEKTA TABS 85MG	4	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
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	3	
NEVIRAPINE ER TB24 100MG	2	
NEVIRAPINE ER TB24 400MG	2	
<i>nevirapine susp 50mg/5ml</i>	1	
NEVIRAPINE TABS 200MG	3	
ODEFSEY TABS 200MG; 25MG; 25MG	4	QL (30 EA per 30 days)
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	
TRUVADA TABS 100MG; 150MG	4	QL (30 EA per 30 days)
TRUVADA TABS 133MG; 200MG	4	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG	4	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	4	QL (60 EA per 30 days)
ABACAVIR TABS 300MG	2	
DESCOVY TABS 200MG; 25MG	4	QL (30 EA per 30 days)
<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	
EPZICOM TABS 600MG; 300MG	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	
<i>lamivudine soln 10mg/ml</i>	1	
LAMIVUDINE TABS 100MG	3	
LAMIVUDINE TABS 150MG	3	
LAMIVUDINE TABS 300MG	3	
RETROVIR IV INFUSION INJ 10MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
STAVUDINE CAPS 15MG	2	
STAVUDINE CAPS 20MG	2	
STAVUDINE CAPS 30MG	2	
STAVUDINE CAPS 40MG	2	
STAVUDINE SOLR 1MG/ML	2	
TRIUMEQ TABS 600MG; 50MG; 300MG	4	QL (30 EA per 30 days)
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	4	
VIREAD TABS 150MG	4	
VIREAD TABS 200MG	4	
VIREAD TABS 250MG	4	
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)
SELZENTRY TABS 150MG	4	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	4	QL (120 EA per 30 days)
TYBOST TABS 150MG	2	
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	
PREZCOBIX TABS 150MG; 800MG	4	QL (30 EA per 30 days)
PREZISTA SUSP 100MG/ML	3	
PREZISTA TABS 150MG	2	
PREZISTA TABS 600MG	4	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	4	
REYATAZ CAPS 150MG	4	
REYATAZ CAPS 200MG	4	
REYATAZ CAPS 300MG	4	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50MG	3	
VIRACEPT TABS 250MG	4	
VIRACEPT TABS 625MG	4	
Anti-influenza Agents		
AMANTADINE HCL CAPS 100MG	2	
AMANTADINE HCL SYRP 50MG/5ML	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)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir oint 5%</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	2	
FAMCICLOVIR TABS 125MG	3	QL (60 EA per 30 days)
FAMCICLOVIR TABS 250MG	3	QL (60 EA per 30 days)
FAMCICLOVIR TABS 500MG	3	
<i>trifluridine soln 1%</i>	1	
VALACYCLOVIR HCL TABS 1000MG	2	QL (90 EA per 30 days)
VALACYCLOVIR HCL TABS 500MG	2	QL (60 EA per 30 days)
ZOVIRAX CREA 5%	3	
Antivirals		
ZEPATIER TABS 50MG; 100MG	4	QL (112 EA per 365 days) PA
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	
Benzodiazepines		
ALPRAZOLAM ER TB24 1MG	2	PA
ALPRAZOLAM ER TB24 2MG	2	PA
ALPRAZOLAM ER TB24 3MG	2	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	PA
ALPRAZOLAM ODT TBDP 0.25MG	2	PA
ALPRAZOLAM ODT TBDP 0.5MG	2	PA
ALPRAZOLAM ODT TBDP 1MG	2	PA
ALPRAZOLAM ODT TBDP 2MG	2	PA
ALPRAZOLAM XR TB24 0.5MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM XR TB24 1MG	2	PA
ALPRAZOLAM XR TB24 2MG	2	PA
ALPRAZOLAM XR TB24 3MG	2	PA
ALPRAZOLAM TABS 0.25MG	2	PA
ALPRAZOLAM TABS 0.5MG	2	PA
ALPRAZOLAM TABS 1MG	2	PA
ALPRAZOLAM TABS 2MG	2	PA
CHLORDIAZEPOXIDE HCL CAPS 10MG	2	PA
CHLORDIAZEPOXIDE HCL CAPS 25MG	2	PA
CHLORDIAZEPOXIDE HCL CAPS 5MG	2	PA
CLORAZEPATE DIPOTASSIUM TABS 15MG	2	PA
CLORAZEPATE DIPOTASSIUM TABS 3.75MG	2	PA
CLORAZEPATE DIPOTASSIUM TABS 7.5MG	2	PA
DIAZEPAM INTENSOL CONC 5MG/ML	2	PA
DIAZEPAM CONC 5MG/ML	2	PA
DIAZEPAM INJ 5MG/ML	2	
DIAZEPAM SOLN 1MG/ML	2	PA
DIAZEPAM TABS 10MG	2	PA
DIAZEPAM TABS 2MG	2	PA
DIAZEPAM TABS 5MG	2	PA
ESTAZOLAM TABS 1MG	2	PA
ESTAZOLAM TABS 2MG	2	PA
FLURAZEPAM HCL CAPS 15MG	2	PA
FLURAZEPAM HCL CAPS 30MG	2	PA
LORAZEPAM INTENSOL CONC 2MG/ML	2	PA
<i>lorazepam conc 2mg/ml</i>	1	PA
LORAZEPAM TABS 0.5MG	2	PA
<i>lorazepam tabs 1mg</i>	1	PA
LORAZEPAM TABS 2MG	2	PA
OXAZEPAM CAPS 10MG	2	PA
OXAZEPAM CAPS 15MG	2	PA
OXAZEPAM CAPS 30MG	2	PA
TEMAZEPAM CAPS 15MG	2	PA
TEMAZEPAM CAPS 22.5MG	3	PA
TEMAZEPAM CAPS 30MG	2	PA
TEMAZEPAM CAPS 7.5MG	3	PA
TRIAZOLAM TABS 0.125MG	2	PA
TRIAZOLAM TABS 0.25MG	2	PA

Bipolar Agents

Mood Stabilizers

<i>lithium carbonate er tbc 300mg</i>	1	
<i>lithium carbonate er tbc 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	1	

Blood Glucose Regulators

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
AVANDAMET TABS 1000MG; 2MG	2	QL (60 EA per 30 days)
AVANDAMET TABS 500MG; 2MG	2	QL (60 EA per 30 days)
AVANDARYL TABS 4MG; 4MG	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	
CYCLOSET TABS 0.8MG	3	
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
GLYSET TABS 100MG	3	
GLYSET TABS 25MG	3	
GLYSET TABS 50MG	3	
INVOKANA TABS 100MG	2	QL (30 EA per 30 days)
INVOKANA TABS 300MG	2	QL (30 EA per 30 days)
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 XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days)
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days)
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)
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 1000MG; 5MG	3	QL (60 EA per 30 days)
KOMBIGLYZE XR TB24 500MG; 5MG	3	QL (120 EA per 30 days)
METFORMIN HCL ER TB24 1000MG	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>miglitol tabs 100mg</i>	1	
<i>miglitol tabs 25mg</i>	1	
<i>miglitol tabs 50mg</i>	1	
NATEGLINIDE TABS 120MG	2	
NATEGLINIDE TABS 60MG	2	
ONGLYZA TABS 2.5MG	3	
ONGLYZA TABS 5MG	3	
PIOGLITAZONE HCL-GLIMEPIRIDE TABS 2MG; 30MG	2	QL (45 EA per 30 days)
PIOGLITAZONE HCL-GLIMEPIRIDE TABS 4MG; 30MG	2	QL (45 EA per 30 days)
PIOGLITAZONE HCL/METFORMIN HCL TABS 500MG; 15MG	2	QL (90 EA per 30 days)
PIOGLITAZONE HCL/METFORMIN HCL TABS 850MG; 15MG	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 30 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)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS 500MG; 1MG	3	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS 500MG; 2MG	3	
REPAGLINIDE TABS 0.5MG	2	
REPAGLINIDE TABS 1MG	2	
REPAGLINIDE TABS 2MG	2	
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	PA
SYMLINPEN 60 INJ 1500MCG/1.5ML	3	PA
SYNJARDY TABS 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 500MG	3	QL (120 EA per 30 days) ST
SYNJARDY TABS 5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) ST
TANZEUM INJ 30MG	2	
TANZEUM INJ 50MG	2	
<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

Drug Name	Drug Tier	Requirements/Limits
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; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	2	B/D
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	B/D
<i>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	B/D
<i>normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	B/D
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	

Drug Name	Drug Tier	Requirements/Limits
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 U-500 KWIKPEN 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	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	ST
NOVOLIN N RELION INJ 100UNIT/ML	3	
NOVOLIN N U-100 INJ 100UNIT/ML	3	ST
NOVOLIN N INJ 100UNIT/ML	3	ST
NOVOLIN R RELION INJ 100UNIT/ML	3	
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
NOVOLOG INJ 100UNIT/ML	3	ST
RELION R INJ 100UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	2	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

<i>argatroban inj 125mg/125ml; 0.9%</i>	1	
<i>argatroban inj 250mg/250ml; 0.9%</i>	1	
<i>argatroban inj 250mg/250ml; 0.9%</i>	1	
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>	4	QL (30 ML per 30 days)
<i>enoxaparin sodium inj 120mg/0.8ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium inj 150mg/ml</i>	4	QL (30 ML per 30 days)
ENOXAPARIN SODIUM INJ 300MG/3ML	3	QL (105 ML per 90 days)
ENOXAPARIN SODIUM INJ 30MG/0.3ML	3	QL (9 ML per 30 days)
ENOXAPARIN SODIUM INJ 40MG/0.4ML	3	QL (12 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ENOXAPARIN SODIUM INJ 60MG/0.6ML	3	QL (18 ML per 30 days)
ENOXAPARIN SODIUM INJ 80MG/0.8ML	3	QL (24 ML per 30 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (28 ML per 90 days)
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	3	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (21 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	4	QL (35 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	4	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	4	QL (21 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	4	QL (25.3 ML per 90 days)
FRAGMIN INJ 25000UNIT/ML	4	QL (22.8 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	4	QL (10.5 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	4	QL (22.8 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium/d5w inj 5%; 50unit/ml</i>	1	
<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/sodium chloride 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 20000unit/ml</i>	1	
HEPARIN SODIUM INJ 2000UNIT/ML	3	
HEPARIN SODIUM INJ 2500UNIT/ML	2	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 110MG	3	QL (60 EA per 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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 (102 EA per 365 days)
XARELTO TABS 10MG	2	QL (30 EA per 30 days)
XARELTO TABS 15MG	2	QL (60 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
MOZOBIL INJ 24MG/1.2ML	4	QL (9.6 ML per 30 days) 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
NEUPOGEN INJ 480MCG/0.8ML	4	PA
NEUPOGEN INJ 480MCG/1.6ML	4	PA
NPLATE INJ 250MCG	3	PA
NPLATE INJ 500MCG	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
PROMACTA TABS 25MG	4	QL (90 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50MG	4	QL (30 EA per 30 days) PA
PROMACTA TABS 75MG	4	QL (30 EA per 30 days) PA
ZARXIO INJ 300MCG/0.5ML	4	PA
ZARXIO INJ 480MCG/0.8ML	4	PA
Coagulants		
<i>tranexamic acid inj 1000mg/10ml</i>	1	B/D
<i>tranexamic acid tabs 650mg</i>	1	
Platelet Modifying Agents		
AGGRENEX CP12 25MG; 200MG	3	
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	1	
BRILINTA TABS 60MG	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		
CLONIDINE HCL PTWK 0.1MG/24HR	2	
CLONIDINE HCL PTWK 0.2MG/24HR	2	
CLONIDINE HCL PTWK 0.3MG/24HR	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	
GUANFACINE HCL TABS 1MG	2	PA
GUANFACINE HCL TABS 2MG	2	PA
MIDODRINE HCL TABS 10MG	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>phenoxybenzamine hydrochloride caps 10mg</i>	1	
<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) PA
<i>reserpine tabs 0.25mg</i>	1	PA
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

Drug Name	Drug Tier	Requirements/Limits
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	
ENTRESTO TABS 24MG; 26MG	3	QL (60 EA per 30 days) PA
ENTRESTO TABS 49MG; 51MG	3	QL (60 EA per 30 days) PA
ENTRESTO TABS 97MG; 103MG	3	QL (60 EA per 30 days) PA
<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/hydrochlorothiazide 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
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
<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		
AMIODARONE HCL INJ 50MG/ML	2	B/D
AMIODARONE HCL TABS 100MG	3	
AMIODARONE HCL TABS 200MG	2	
AMIODARONE HCL TABS 400MG	2	
<i>disopyramide phosphate caps 100mg</i>	1	
<i>disopyramide phosphate caps 150mg</i>	1	
DOFETILIDE CAPS 125MCG	2	
DOFETILIDE CAPS 250MCG	2	
DOFETILIDE CAPS 500MCG	2	
<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	
PACERONE TABS 400MG	2	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
PROPAFENONE HCL ER CP12 225MG	3	
PROPAFENONE HCL ER CP12 325MG	3	
PROPAFENONE HCL ER CP12 425MG	3	
PROPAFENONE HCL TABS 150MG	3	
PROPAFENONE HCL TABS 225MG	3	
PROPAFENONE HCL TABS 300MG	3	
QUINIDINE GLUCONATE CR TBCR 324MG	3	
QUINIDINE GLUCONATE ER TBCR 324MG	3	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	
<i>sorine tabs 120mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate inj 1mg/ml</i>	1	B/D
<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 37.5mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	1	
<i>metoprolol tartrate tabs 75mg</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	
TIMOLOL MALEATE TABS 10MG	2	
TIMOLOL MALEATE TABS 20MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</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/benazepril hydrochloride caps 5mg; 40mg</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-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	
DILTIAZEM HCL CD CP24 360MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 300mg</i>	1	
DILTIAZEM HCL ER CP24 360MG	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	
DILTIAZEM HCL ER TB24 240MG	2	
DILTIAZEM HCL ER TB24 300MG	2	
DILTIAZEM HCL ER TB24 360MG	2	
DILTIAZEM HCL ER TB24 420MG	2	
<i>diltiazem hcl inj 100mg</i>	1	B/D
<i>diltiazem hcl inj 125mg/25ml</i>	1	B/D
<i>diltiazem hcl inj 125mg/25ml</i>	1	B/D
<i>diltiazem hcl inj 5%; 125mg/125ml</i>	1	
<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>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
ISRADIPINE CAPS 2.5MG	2	
ISRADIPINE CAPS 5MG	2	
<i>matzim la tb24 180mg</i>	1	
MATZIM LA TB24 240MG	2	
MATZIM LA TB24 300MG	2	
MATZIM LA TB24 360MG	2	
MATZIM LA TB24 420MG	2	
<i>nicardipine hcl caps 20mg</i>	1	
NICARDIPINE HCL CAPS 30MG	3	
<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

Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER TB24 25.5MG	2	
NISOLDIPINE TB24 17MG	2	
NISOLDIPINE TB24 20MG	2	
NISOLDIPINE TB24 30MG	2	
NISOLDIPINE TB24 34MG	2	
NISOLDIPINE TB24 40MG	2	
NISOLDIPINE TB24 8.5MG	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 tbc 120mg</i>	1	
<i>verapamil hcl er tbc 120mg</i>	1	
<i>verapamil hcl er tbc 180mg</i>	1	
<i>verapamil hcl er tbc 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	B/D
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
Cardiovascular Agents, Other		
DEMSER CAPS 250MG	2	
<i>digitek tabs 0.125mg</i>	1	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	1	QL (30 EA per 30 days)
<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	QL (30 EA per 30 days)
<i>digox tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	1	QL (30 EA per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	4	QL (1 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	4	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	4	QL (3 ML per 28 days) PA
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>ethacrynate sodium inj 50mg</i>	1	B/D
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
SODIUM EDECRIN INJ 50MG	3	B/D
<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	
DYRENIUM CAPS 0; 100MG	3	
DYRENIUM CAPS 50MG	3	
EPLERENONE TABS 25MG	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
FENOFIBRATE CAPS 130MG	2	
<i>fenofibrate caps 150mg</i>	1	
FENOFIBRATE CAPS 43MG	2	
<i>fenofibrate caps 50mg</i>	1	
<i>fenofibrate tabs 120mg</i>	1	
<i>fenofibrate tabs 145mg</i>	1	
<i>fenofibrate tabs 160mg</i>	1	
<i>fenofibrate tabs 40mg</i>	1	
<i>fenofibrate tabs 48mg</i>	1	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibric acid tabs 105mg</i>	1	
<i>fenofibric acid tabs 35mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LIPOFEN CAPS 150MG	2	ST
LIPOFEN CAPS 50MG	2	ST
Dyslipidemics, HMG CoA Reductase Inhibitors		
ADVICOR TB24 20MG; 1000MG	3	ST
ADVICOR TB24 20MG; 500MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
ADVICOR TB24 20MG; 750MG	3	ST
ADVICOR TB24 40MG; 1000MG	3	ST
ALTOPREV TB24 20MG	3	QL (30 EA per 30 days) ST
ALTOPREV TB24 40MG	3	QL (30 EA per 30 days) ST
ALTOPREV TB24 60MG	3	QL (30 EA per 30 days) ST
<i>atorvastatin calcium tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>atorvastatin calcium tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>atorvastatin calcium tabs 40mg</i>	1	QL (30 EA per 30 days)
<i>atorvastatin calcium tabs 80mg</i>	1	QL (30 EA per 30 days)
CRESTOR TABS 10MG	2	QL (30 EA per 30 days) ST
CRESTOR TABS 20MG	2	QL (30 EA per 30 days) ST
CRESTOR TABS 40MG	2	QL (30 EA per 30 days) ST
CRESTOR TABS 5MG	2	QL (30 EA per 30 days) ST
FLUVASTATIN SODIUM ER TB24 80MG	3	
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LIVALO TABS 1MG	3	QL (30 EA per 30 days) ST
LIVALO TABS 2MG	3	QL (30 EA per 30 days) ST
LIVALO TABS 4MG	3	QL (30 EA per 30 days) 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	QL (30 EA per 30 days)
<i>pravastatin sodium tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin sodium tabs 40mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin sodium tabs 80mg</i>	1	QL (30 EA per 30 days)
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	QL (30 EA per 30 days)
<i>simvastatin tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin tabs 40mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin tabs 5mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) PA
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
JUXTAPID CAPS 10MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	4	QL (30 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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 60MG	4	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	4	QL (4 ML per 28 days) PA
NIACIN ER TBCR 1000MG	2	
NIACIN ER TBCR 500MG	2	
NIACIN ER TBCR 750MG	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>isosorbide dinitrate er tbcr 40mg</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 transdermal pt24 0.2mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	B/D
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	

Drug Name	Drug Tier	Requirements/Limits
<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		
AMPHETAMINE/DEXTROAMPHETAMINE CP24 1.25MG; 1.25MG; 1.25MG; 1.25MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CP24 2.5MG; 2.5MG; 2.5MG; 2.5MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CP24 3.75MG; 3.75MG; 3.75MG; 3.75MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CP24 5MG; 5MG; 5MG; 5MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CP24 6.25MG; 6.25MG; 6.25MG; 6.25MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CP24 7.5MG; 7.5MG; 7.5MG; 7.5MG	2	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 1.875MG; 1.875MG; 1.875MG; 1.875MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 2.5MG; 2.5MG; 2.5MG; 2.5MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 3.125MG; 3.125MG; 3.125MG; 3.125MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 3.75MG; 3.75MG; 3.75MG; 3.75MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 5MG; 5MG; 5MG; 5MG	2	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABS 7.5MG; 7.5MG; 7.5MG; 7.5MG	2	QL (60 EA per 30 days)
DEXEDRINE TABS 10MG	2	QL (180 EA per 30 days)
DEXEDRINE TABS 5MG	2	QL (90 EA per 30 days)
DEXTROAMPHETAMINE SULFATE ER CP24 10MG	3	QL (180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE ER CP24 15MG	3	QL (120 EA per 30 days)
DEXTROAMPHETAMINE SULFATE ER CP24 5MG	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1800 ML per 30 days)
DEXTROAMPHETAMINE SULFATE TABS 10MG	2	QL (180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE TABS 5MG	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
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

Drug Name	Drug Tier	Requirements/Limits
ZENZEDI TABS 10MG	2	QL (180 EA per 30 days)
ZENZEDI TABS 2.5MG	2	QL (90 EA per 30 days)
ZENZEDI TABS 5MG	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)
DEXMETHYLPHENIDATE HCL ER CP24 15MG	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 20mg</i>	1	QL (60 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 30MG	2	QL (30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 40MG	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 25MG	2	QL (30 EA per 30 days) ST
FOCALIN XR CP24 35MG	2	QL (30 EA per 30 days) ST
GUANFACINE ER TB24 1MG	2	
GUANFACINE ER TB24 2MG	2	
GUANFACINE ER TB24 3MG	2	
GUANFACINE ER TB24 4MG	2	
METADATE ER TBCR 20MG	2	QL (90 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 10MG	2	QL (60 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 20MG	2	QL (60 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 30MG	2	QL (60 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 40MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 50MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HCL CD CPR 60MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER CP24 20MG	2	QL (60 EA per 30 days)
METHYLPHENIDATE HCL ER CP24 40MG	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er tb24 18mg</i>	1	QL (120 EA per 30 days)
METHYLPHENIDATE HCL ER TB24 27MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER TB24 36MG	2	QL (60 EA per 30 days)
METHYLPHENIDATE HCL ER TB24 54MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER TBCR 10MG	2	QL (180 EA per 30 days)
<i>methylphenidate hcl er tbc 18mg</i>	1	QL (120 EA per 30 days)
METHYLPHENIDATE HCL ER TBCR 20MG	2	QL (90 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	

Drug Name	Drug Tier	Requirements/Limits
<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		
BUTALBITAL/ASPIRIN/CAFFEINE CAPS 325MG; 50MG; 3 40MG		
Central Nervous System, Other		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE 3 CAPS 325MG; 50MG; 40MG; 30MG		QL (180 EA per 30 days)
HETLIOZ CAPS 20MG	4	QL (30 EA per 30 days) PA
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	
RILUZOLE TABS 50MG	2	
<i>tetrabenazine tabs 12.5mg</i>	4	QL (240 EA per 30 days) PA
<i>tetrabenazine tabs 25mg</i>	4	QL (120 EA per 30 days) PA
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 28 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
<i>avonex pen inj 30mcg/0.5ml</i>	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
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
EXTAVIA INJ 0.3MG	4	QL (15 EA per 30 days)
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 (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	4	QL (4 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

Drug Name	Drug Tier	Requirements/Limits
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
ZINBRYTA INJ 150MG/ML	4	QL (1 ML per 28 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
CEVIMELINE HCL CAPS 30MG	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>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride tabs 5mg</i>	1	
<i>triamcinolone acetonide pste 0.1%</i>	1	
<i>triamcinolone in orabase pste 0.1%</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
8-MOP CAPS 10MG	2	
ABSORICA CAPS 30MG	2	
ACANYA GEL 2.5%; 1.2%	3	
<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	
AMNESTEEM CAPS 10MG	2	
AMNESTEEM CAPS 20MG	2	
AMNESTEEM CAPS 40MG	2	
<i>avita crea 0.025%</i>	1	PA
<i>avita gel 0.025%</i>	1	PA
AZELEX CREA 20%	2	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE OINT 0.064%; 0.005%	2	QL (400 GM per 30 days) PA
CALCIPOTRIENE CREA 0.005%	3	
CALCIPOTRIENE OINT 0.005%	3	
CALCIPOTRIENE SOLN 0.005%	3	
CALCITRENE OINT 0.005%	3	
CALCITRENE OINT 0.005%	3	
CLARAVIS CAPS 10MG	2	
CLARAVIS CAPS 20MG	2	
CLARAVIS CAPS 30MG	4	

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS CAPS 40MG	2	
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamax gel 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	
CLINDAMYCIN/BENZOYL PEROXIDE GEL 5%; 1%	3	
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	1	
CONDYLOX GEL 0.5%	2	
COSENTYX SENSOREADY PEN INJ 150MG/ML	4	PA
COSENTYX INJ 150MG/ML	4	PA
CURITY GAUZE PADS 2"X2" PADS	2	
DESONATE GEL 0.05%	3	
DICLOFENAC SODIUM GEL 1%	2	PA
<i>diclofenac sodium soln 1.5%</i>	1	
<i>doxepin hydrochloride crea 5%</i>	1	
DOXYCYCLINE CPDR 40MG	2	
ELIDEL CREA 1%	3	ST
EPIDUO FORTE GEL 0.3%; 2.5%	3	PA
EPIDUO GEL 0.1%; 2.5%	3	PA
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
<i>fluocinolone acetonide body oil 0.01%</i>	1	
FLUOCINOLONE ACETONIDE SOLN 0.01%	3	
FLUOROURACIL CREA 0.5%	3	
FLUOROURACIL CREA 5%	2	
<i>fluorouracil soln 2%</i>	1	
FLUOROURACIL SOLN 5%	2	
IMIQUIMOD CREA 5%	3	
<i>klofensaid ii soln 1.5%</i>	1	
<i>lactic acid lotn 10%</i>	1	
<i>methoxsalen caps 10mg</i>	4	
MYORISAN CAPS 10MG	2	
MYORISAN CAPS 20MG	2	
MYORISAN CAPS 30MG	2	
MYORISAN CAPS 40MG	2	
<i>neuac gel 5%; 1.2%</i>	1	
ONEXTON GEL 3.75%; 1.2%	3	
PENNSAID SOLN 2%	2	PA
<i>podofilox soln 0.5%</i>	1	
<i>prudoxin crea 5%</i>	1	
REGRANEX GEL 0.01%	4	
SANTYL OINT 250UNIT/GM	2	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
SOOLANTRA CREA 1%	3	

Drug Name	Drug Tier	Requirements/Limits
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
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 0.038%	3	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
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA
TRETINOIN MICROSPHERE GEL 0.04%	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
<i>tretinoin gel 0.05%</i>	1	PA
UVADEX INJ 20MCG/ML	3	
VELTIN GEL 1.2%; 0.025%	3	PA
VEREGEN OINT 15%	3	
VOLTAREN GEL 1%	2	PA
ZENATANE CAPS 10MG	2	
ZENATANE CAPS 20MG	2	
ZENATANE CAPS 30MG	2	
ZENATANE CAPS 40MG	2	
ZIANA GEL 1.2%; 0.025%	3	PA
<i>zonalon crea 5%</i>	1	
ZYCLARA PUMP CREA 2.5%	3	
ZYCLARA PUMP CREA 3.75%	4	
ZYCLARA CREA 3.75%	4	

Enzyme Replacement/Modifiers

Enzyme Replacement/Modifiers

ADAGEN INJ 250UNIT/ML	4	PA
ALDURAZYME INJ 2.9MG/5ML	4	PA
BUPHENYL TABS 500MG	4	
CERDELGA CAPS 84MG	4	PA
CEREZYME INJ 400UNIT	4	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	
CYSTADANE POWD 0	2	
CYSTAGON CAPS 150MG	2	PA
CYSTAGON CAPS 50MG	2	PA
ELELYSO INJ 200UNIT	4	PA
FABRAZYME INJ 35MG	4	PA
KANUMA INJ 20MG/10ML	4	PA
KUVAN PACK 100MG	4	PA
KUVAN PACK 500MG	4	PA
KUVAN TBSO 100MG	4	PA
LUMIZYME INJ 50MG	4	PA
MYOZYME INJ 50MG	4	PA
NAGLAZYME INJ 1MG/ML	4	PA
PANCREAZE CPEP 17500UNIT; 4200UNIT; 10000UNIT	3	
PANCREAZE CPEP 43750UNIT; 10500UNIT; 25000UNIT	3	
PANCREAZE CPEP 61000UNIT; 21000UNIT; 37000UNIT	3	
PANCREAZE CPEP 70000UNIT; 16800UNIT; 40000UNIT	3	
PANCRELIPASE CPEP 27000UNIT; 5000UNIT; 17000UNIT	3	
PERTZYE CPEP 30250UNIT; 8000UNIT; 28750UNIT	3	
PERTZYE CPEP 60500UNIT; 16000UNIT; 57500UNIT	3	
RAVICTI LIQD 1.1GM/ML	4	PA
SODIUM PHENYLBUTYRATE POWD 3GM/TSP	2	
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80MG/0.8ML	4	PA
SUCRAID SOLN 8500UNIT/ML	4	
ULTRESA CPEP 27600UNIT; 13800UNIT; 27600UNIT	3	
ULTRESA CPEP 41400UNIT; 20700UNIT; 41400UNIT	3	
ULTRESA CPEP 46000UNIT; 23000UNIT; 46000UNIT	3	
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 55000UNIT; 10000UNIT; 34000UNIT	3	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	3	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>atropine sulfate inj 0.05mg/ml</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>atropine sulfate inj 0.4mg/ml</i>	1	
<i>atropine sulfate inj 0.8mg/ml</i>	1	
<i>atropine sulfate inj 1mg/ml</i>	1	
<i>dicyclomine hcl caps 10mg</i>	1	
<i>dicyclomine hcl inj 10mg/ml</i>	1	
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENTYVIO INJ 300MG	4	PA
GLYCOPYRROLATE INJ 4MG/20ML	2	
<i>glycopyrrolate tabs 1mg</i>	1	
GLYCOPYRROLATE TABS 2MG	2	
<i>propantheline bromide tabs 15mg</i>	1	
Gastrointestinal Agents, Other		
CHOLBAM CAPS 250MG	4	QL (120 EA per 30 days) PA
CHOLBAM CAPS 50MG	4	QL (120 EA per 30 days) PA
<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	
<i>gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm</i>	1	
<i>lofene 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 10mg</i>	1	
<i>metoclopramide odt tbdp 5mg</i>	1	
MOTOFEN TABS 0.025MG; 1MG	3	
<i>paregoric tinc 2mg/5ml</i>	1	
PYLERA CAPS 140MG; 125MG; 125MG	2	
RELISTOR INJ 12MG/0.6ML	2	QL (16.8 ML per 28 days) PA
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>ursodiol caps 300mg</i>	1	
URSODIOL TABS 250MG	2	
URSODIOL TABS 500MG	2	
Gastrointestinal Agents		
GATTEX INJ 5MG	4	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	
FAMOTIDINE SUSR 40MG/5ML	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	
RANITIDINE HCL SYRP 15MG/ML	3	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	3	QL (30 EA per 30 days) PA
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days) PA
VIBERZI TABS 100MG	4	QL (60 EA per 30 days) PA
VIBERZI TABS 75MG	4	QL (60 EA per 30 days) PA
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	
<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>sucrafate tabs 1gm</i>	1	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG	2	QL (30 EA per 30 days) ST
DEXILANT CPDR 60MG	2	QL (30 EA per 30 days) ST
<i>esomeprazole magnesium cpdr 20mg</i>	1	
<i>esomeprazole magnesium cpdr 40mg</i>	1	
ESOMEPRAZOLE SODIUM INJ 20MG	2	B/D
ESOMEPRAZOLE SODIUM INJ 40MG	2	B/D
<i>lansoprazole cpdr 15mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL (30 EA per 30 days)
NEXIUM PACK 10MG	2	
NEXIUM PACK 2.5MG	2	
NEXIUM PACK 20MG	2	
NEXIUM PACK 40MG	2	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACK 5MG	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)
RABEPRAZOLE SODIUM TBEC 20MG	2	QL (30 EA per 30 days)
VIMOVO TBEC 20MG; 375MG	4	QL (60 EA per 30 days)
VIMOVO TBEC 20MG; 500MG	4	QL (60 EA per 30 days)
ZEGERID PACK 20MG; 1680MG	3	QL (30 EA per 30 days) ST
ZEGERID PACK 40MG; 1680MG	3	QL (30 EA per 30 days) ST
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin er tb24 15mg</i>	1	
<i>darifenacin er tb24 7.5mg</i>	1	
<i>darifenacin hydrobromide er tb24 15mg</i>	1	
<i>darifenacin hydrobromide er tb24 7.5mg</i>	1	
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 syrup 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>tolterodine tartrate er cp24 2mg</i>	1	
<i>tolterodine tartrate er cp24 4mg</i>	1	
TOLTERODINE TARTRATE TABS 1MG	2	
TOLTERODINE TARTRATE TABS 2MG	2	
TOVIAZ TB24 4MG	3	ST
TOVIAZ TB24 8MG	3	ST
TROSPIUM CHLORIDE ER CP24 60MG	3	
TROSPIUM CHLORIDE TABS 20MG	3	
VESICARE TABS 10MG	3	ST
VESICARE TABS 5MG	3	ST
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	2	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>doxazosin tabs 4mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg</i>	1	
<i>dutasteride caps 0.5mg</i>	1	
<i>finasteride tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
REVELA PACK 0.8GM	2	
REVELA PACK 2.4GM	2	
REVELA TABS 800MG	2	
<i>sevelamer carbonate tabs 800mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort inj 100mg</i>	1	
<i>ala cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>alphatrex gel 0.05%</i>	1	
AMCINONIDE CREA 0.1%	2	
AMCINONIDE LOTN 0.1%	2	
AMCINONIDE OINT 0.1%	2	
APEXICON E CREA 0.05%	3	
<i>augmented betamethasone dipropionate crea 0.05%</i>	1	
<i>augmented betamethasone dipropionate gel 0.05%</i>	1	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	1	
AUGMENTED BETAMETHASONE DIPROPIONATE OINT 0.05%	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	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
BUDESONIDE CPEP 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	
CLOBETASOL PROPIONATE FOAM 0.05%	3	
<i>clobetasol propionate gel 0.05%</i>	1	
CLOBETASOL PROPIONATE LOTN 0.05%	3	
<i>clobetasol propionate oint 0.05%</i>	1	
CLOBETASOL PROPIONATE SHAM 0.05%	3	
<i>clobetasol propionate soln 0.05%</i>	1	
CLOCORTOLONE PIVALATE PUMP CREA 0.1%	2	
CLOCORTOLONE PIVALATE CREA 0.1%	2	
CLODAN SHAM 0.05%	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>colocort enem 100mg/60ml</i>	1	
<i>cormax scalp application soln 0.05%</i>	1	
<i>cortisone acetate tabs 25mg</i>	1	
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
DESONIDE CREA 0.05%	3	
DESONIDE LOTN 0.05%	2	
DESONIDE OINT 0.05%	2	
<i>desoximetasone crea 0.05%</i>	1	
<i>desoximetasone crea 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs 6mg</i>	1	
<i>diflorasone diacetate crea 0.05%</i>	1	
DIFLORASONE DIACETATE OINT 0.05%	3	
<i>fludrocortisone acetate tabs 0.1mg</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>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	
<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	
LOKARA LOTN 0.05%	2	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk 4mg</i>	1	
<i>methylprednisolone pf inj 40mg/ml</i>	1	
<i>methylprednisolone pf inj 80mg/ml</i>	1	
<i>methylprednisolone pf inj 80mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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-med hc crea 2.5%</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	
<i>scalacort lotn 2%</i>	1	
SOLU-CORTEF INJ 1000MG	2	
SOLU-CORTEF INJ 100MG	2	
SOLU-CORTEF INJ 250MG	2	
SOLU-CORTEF INJ 500MG	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 acetonide aers 0.147mg/gm</i>	1	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</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	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone pf inj 80mg/2ml</i>	1	
<i>triamcinolone inj 50mg/ml</i>	1	
<i>trianex oint 0.05%</i>	1	
<i>triderm crea 0.1%</i>	1	
UCERIS FOAM 2MG/ACT	3	
UCERIS TB24 9MG	4	QL (30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate inj 4mcg/ml</i>	1	
DESMOPRESSIN ACETATE SOLN 0.01%	2	
DESMOPRESSIN ACETATE TABS 0.1MG	2	
DESMOPRESSIN ACETATE TABS 0.2MG	2	
EGRIFTA INJ 1MG	4	QL (60 EA per 30 days) PA
EGRIFTA INJ 2MG	4	QL (30 EA per 30 days) PA
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
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	4	PA
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	4	PA
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	4	PA
NUTROPIN AQ PEN INJ 10MG/2ML	4	PA
NUTROPIN AQ PEN INJ 20MG/2ML	4	PA
OMNITROPE INJ 10MG/1.5ML	4	PA
OMNITROPE INJ 5.8MG	4	PA
OMNITROPE INJ 5MG/1.5ML	4	PA
SAIZEN CLICK.EASY INJ 8.8MG	4	PA
SAIZEN INJ 5MG	4	PA
SAIZEN INJ 8.8MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	4	PA
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>	4	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 1.62%	2	
ANDROGEL GEL 20.25MG/1.25GM	2	
ANDROGEL GEL 25MG/2.5GM	2	
ANDROGEL GEL 40.5MG/2.5GM	2	
ANDROID CAPS 10MG	3	
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	
METHYLTESTOSTERONE CAPS 10MG	3	
<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
<i>testosterone gel 10mg/act</i>	1	
<i>testosterone gel 25mg/2.5gm</i>	1	
<i>testosterone inj 250mg/ml</i>	1	
TESTRED CAPS 10MG	3	
<i>triamcinolone inj 40mg/ml</i>	1	
<i>triamcinolone inj 80mg/ml</i>	1	
<i>Estrogens</i>		
<i>altavera tabs 0.03mg; 0.15mg</i>	1	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 tabs 0; 0</i>	1	
<i>amethia lo tabs 0; 0</i>	1	QL (91 EA per 91 days)
<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>bekyree tabs 0; 0</i>	1	
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>camrese lo tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>camrese tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>caziant tabs 0; 0</i>	1	
CENESTIN TABS 0.45MG	3	PA
CENESTIN TABS 0.625MG	3	PA
CENESTIN TABS 0.9MG	3	PA
<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)
<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
DIVIGEL GEL 1MG/GM	2	PA
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
ELESTRIN GEL 0.06%	2	PA
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>emoquette tabs 0.15mg; 30mcg</i>	1	
ENJUVIA TABS 0.3MG	3	PA
ENJUVIA TABS 0.45MG	3	PA
ENJUVIA TABS 0.625MG	3	PA
ENJUVIA TABS 0.9MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
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 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
ESTRADIOL PTTW 0.025MG/24HR	2	PA
ESTRADIOL PTTW 0.0375MG/24HR	2	PA
ESTRADIOL PTTW 0.05MG/24HR	2	PA
ESTRADIOL PTTW 0.075MG/24HR	2	PA
ESTRADIOL PTTW 0.1MG/24HR	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)
ESTROGEL GEL 0.06%	2	PA
<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>fyavolv tabs 2.5mcg; 0.5mg</i>	1	PA
<i>fyavolv tabs 5mcg; 1mg</i>	1	PA GC
<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	
INTROVALE TABS 0.03MG; 0.15MG	2	QL (91 EA per 91 days)
<i>jevantique lo tabs 2.5mcg; 0.5mg</i>	1	PA
<i>jinteli tabs 5mcg; 1mg</i>	1	PA
JOLESSA TABS 0.03MG; 0.15MG	2	QL (91 EA per 91 days)
<i>juleber tabs 0.15mg; 30mcg</i>	1	
<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>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	
<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 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 0; 0</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	
LEVONORGESTREL/ETHINYL ESTRADIOL TABS 0.03MG; 0.15MG	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 0; 0</i>	1	
<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>lutra tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENOSTAR PTWK 14MCG/24HR	3	PA
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>mimvey lo tabs 0.5mg; 0.1mg</i>	1	PA
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol ferrous fumarate chew</i>	1	
<i>25mcg; 75mg; 0.8mg</i>		
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	1	
<i>20mcg; 75mg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	1	
<i>20mcg; 75mg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	PA
<i>2.5mcg; 0.5mg</i>		
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	
<i>20mcg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	PA
<i>5mcg; 1mg</i>		
<i>norgestimate/ethinyl estradiol tabs</i>	1	
<i>0; 0</i>		
<i>norgestimate/ethinyl estradiol tabs</i>	1	
<i>0; 0</i>		
<i>norgestimate/ethinyl estradiol tabs</i>	1	
<i>35mcg; 0.25mg</i>		
<i>norgestimate/ethinyl estradiol tabs</i>	1	
<i>35mcg; 0.25mg</i>		
<i>nortrel 0.5/35 (28) tabs</i>	1	
<i>35mcg; 0.5mg</i>		
<i>nortrel 1/35 tabs</i>	1	
<i>35mcg; 1mg</i>		
<i>nortrel 1/35 tabs</i>	1	
<i>35mcg; 1mg</i>		
<i>nortrel 7/7/7 tabs</i>	1	
<i>0; 0</i>		
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	QL (1 EA per 28 days)
<i>ocella tabs</i>	1	
<i>3mg; 0.03mg</i>		
<i>ogestrel tabs</i>	1	
<i>50mcg; 0.5mg</i>		
<i>orsythia tabs</i>	1	
<i>20mcg; 0.1mg</i>		
<i>ortho-est tabs</i>	1	PA
<i>0.75mg</i>		
<i>ortho-est tabs</i>	1	PA
<i>1.5mg</i>		
<i>philith tabs</i>	1	
<i>35mcg; 0.4mg</i>		
<i>pimtreea tabs</i>	1	
<i>0; 0</i>		
<i>pirmella 1/35 tabs</i>	1	
<i>35mcg; 1mg</i>		
<i>pirmella 7/7/7 tabs</i>	1	
<i>0; 0</i>		
<i>portia-28 tabs</i>	1	
<i>0.03mg; 0.15mg</i>		
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
PREMPHASE TABS 0.625MG; 5MG	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</i>	1	
<i>35mcg; 0.25mg</i>		
QUASENSE TABS 0.03MG; 0.15MG	2	QL (91 EA per 91 days)
<i>reclipsen tabs</i>	1	
<i>0.15mg; 30mcg</i>		
SETLAKIN TABS 0.03MG; 0.15MG	2	QL (91 EA per 91 days)
<i>sprintec 28 tabs</i>	1	
<i>35mcg; 0.25mg</i>		
<i>sronyx tabs</i>	1	
<i>20mcg; 0.1mg</i>		
<i>syeda tabs</i>	1	
<i>3mg; 0.03mg</i>		
<i>tarina fe 1/20 tabs</i>	1	
<i>20mcg; 75mg; 1mg</i>		

Drug Name	Drug Tier	Requirements/Limits
<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-lo-estarylla tabs 0; 0</i>	1	
<i>tri-lo-sprintec tabs 0; 0</i>	1	
<i>tri-previfem tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trinessa tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
VAGIFEM TABS 10MCG	2	
<i>velivet tabs 0; 0</i>	1	
<i>vestura tabs 3mg; 0.02mg</i>	1	
<i>vienva tabs 20mcg; 0.1mg</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>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)
<i>errin tabs 0.35mg</i>	1	
<i>heather tabs 0.35mg</i>	1	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	4	
<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	
MEGESTROL ACETATE SUSP 40MG/ML	2	
<i>megestrol acetate susp 625mg/5ml</i>	1	
MEGESTROL ACETATE TABS 20MG	2	
MEGESTROL ACETATE TABS 40MG	2	
<i>nora-be tabs 0.35mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NORETHINDRONE ACETATE TABS 5MG	2	
<i>norethindrone tabs 0.35mg</i>	1	
<i>norlyroc tabs 0.35mg</i>	1	
<i>progesterone caps 100mg</i>	1	
PROGESTERONE CAPS 200MG	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)		
<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>levo-t tabs 100mcg</i>	1	
<i>levo-t tabs 112mcg</i>	1	
<i>levo-t tabs 125mcg</i>	1	
<i>levo-t tabs 137mcg</i>	1	
<i>levo-t tabs 150mcg</i>	1	
<i>levo-t tabs 175mcg</i>	1	
<i>levo-t tabs 200mcg</i>	1	
<i>levo-t tabs 25mcg</i>	1	
<i>levo-t tabs 300mcg</i>	1	
<i>levo-t tabs 50mcg</i>	1	
<i>levo-t tabs 75mcg</i>	1	
<i>levo-t tabs 88mcg</i>	1	
<i>levothyroxine sodium inj 100mcg</i>	1	
<i>levothyroxine sodium inj 200mcg</i>	1	
<i>levothyroxine sodium inj 500mcg</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	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 137mcg</i>	1	
<i>levoxyl tabs 150mcg</i>	1	
<i>levoxyl tabs 175mcg</i>	1	
<i>levoxyl tabs 200mcg</i>	1	
<i>levoxyl tabs 25mcg</i>	1	
<i>levoxyl tabs 50mcg</i>	1	
<i>levoxyl tabs 75mcg</i>	1	
<i>levoxyl tabs 88mcg</i>	1	
<i>liothyronine sodium inj 10mcg/ml</i>	1	B/D
<i>liothyronine sodium tabs 25mcg</i>	1	
<i>liothyronine sodium tabs 50mcg</i>	1	
<i>liothyronine sodium tabs 5mcg</i>	1	
<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	
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)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABS 500MG	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG	4	
SENSIPAR TABS 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
CABERGOLINE TABS 0.5MG	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
LEUPROLIDE ACETATE INJ 1MG/0.2ML	3	PA
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 84 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 28 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-PED INJ 30MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED INJ 7.5MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 11.25MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT INJ 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT INJ 7.5MG	4	QL (1 EA per 28 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	4	PA
OCTREOTIDE ACETATE INJ 100MCG/ML	3	PA
OCTREOTIDE ACETATE INJ 200MCG/ML	3	PA
<i>octreotide acetate inj 500mcg/ml</i>	4	PA
OCTREOTIDE ACETATE INJ 50MCG/ML	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG	4	PA
SANDOSTATIN LAR DEPOT INJ 20MG	4	PA
SANDOSTATIN LAR DEPOT INJ 30MG	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
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

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA
SYNAREL SOLN 2MG/ML	4	
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	PA
FIRAZYR INJ 30MG/3ML	4	PA
<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 inj 100mg</i>	1	B/D
<i>azathioprine tabs 50mg</i>	1	B/D
BENLYSTA INJ 120MG	4	PA
BENLYSTA INJ 400MG	4	PA
CELLCEPT INTRAVENOUS INJ 500MG	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
CYCLOSPORINE MODIFIED CAPS 100MG	2	B/D
CYCLOSPORINE MODIFIED CAPS 25MG	2	B/D
CYCLOSPORINE MODIFIED CAPS 50MG	2	B/D
CYCLOSPORINE MODIFIED SOLN 100MG/ML	2	B/D
CYCLOSPORINE CAPS 100MG	2	B/D
CYCLOSPORINE CAPS 25MG	2	B/D
CYCLOSPORINE INJ 50MG/ML	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
ENVARUSUS XR TB24 0.75MG	3	B/D
ENVARUSUS XR TB24 1MG	3	B/D
ENVARUSUS XR TB24 4MG	3	B/D
GENGRAF CAPS 100MG	2	B/D
GENGRAF CAPS 25MG	2	B/D
GENGRAF SOLN 100MG/ML	2	B/D
HECORIA CAPS 0.5MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
HECORIA CAPS 1MG	3	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 sodium inj 250mg/10ml</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	B/D
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
MYCOPHENOLATE MOFETIL SUSR 200MG/ML	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	4	B/D
REMICADE INJ 100MG	4	PA
RHEUMATREX TABS 2.5MG	3	
RHEUMATREX TABS 2.5MG	3	
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>	1	B/D
<i>sirolimus tabs 1mg</i>	1	B/D
<i>sirolimus tabs 2mg</i>	1	B/D
TACROLIMUS CAPS 0.5MG	3	B/D
TACROLIMUS CAPS 1MG	3	B/D
<i>tacrolimus caps 5mg</i>	4	B/D
TORISEL INJ 25MG/ML	4	B/D
TREXALL TABS 10MG	2	B/D

Drug Name	Drug Tier	Requirements/Limits
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 0.5GM/10ML	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 10GM/200ML	4	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 20GM/400ML	4	PA
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA
GAMMAGARD LIQUID INJ 2.5GM/25ML	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 2.5GM/50ML	4	PA
GAMMAPLEX INJ 20GM/400ML	4	PA
GAMMAPLEX INJ 20GM/400ML	4	PA
GAMMAPLEX INJ 5GM/100ML	4	PA
GAMMAPLEX INJ 5GM/100ML	4	PA
GAMUNEX-C INJ 10GM/100ML	4	PA
GAMUNEX-C INJ 1GM/10ML	4	PA
GAMUNEX-C INJ 2.5GM/25ML	4	PA
GAMUNEX-C INJ 20GM/200ML	4	PA
GAMUNEX-C INJ 40GM/400ML	4	PA
GAMUNEX-C INJ 5GM/50ML	4	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	B/D
HYPERRAB S/D INJ 150UNIT/ML	2	B/D
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	4	B/D
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	4	B/D
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	4	B/D
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	4	B/D
IMOGAM RABIES-HT INJ 150UNIT/ML	2	B/D
OCTAGAM INJ 10GM/100ML	4	PA
OCTAGAM INJ 10GM/200ML	4	PA
OCTAGAM INJ 10GM/200ML	4	PA
OCTAGAM INJ 1GM/20ML	4	PA
OCTAGAM INJ 2.5GM/50ML	4	PA
OCTAGAM INJ 2.5GM/50ML	4	PA
OCTAGAM INJ 20GM/200ML	4	PA
OCTAGAM INJ 2GM/20ML	4	PA
OCTAGAM INJ 5GM/100ML	4	PA
OCTAGAM INJ 5GM/100ML	4	PA
OCTAGAM INJ 5GM/50ML	4	PA
PRIVIGEN INJ 20GM/200ML	4	PA
THYMOGLOBULIN INJ 25MG	2	B/D
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	4	PA
ACTEMRA INJ 200MG/10ML	4	PA
ACTEMRA INJ 400MG/20ML	4	PA
ACTEMRA INJ 80MG/4ML	4	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	4	
ARCALYST INJ 220MG	4	PA
ILARIS INJ 180MG	4	PA
LEFLUNOMIDE TABS 10MG	2	
LEFLUNOMIDE TABS 20MG	2	
LEMTRADA INJ 12MG/1.2ML	4	PA
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA
OTEZLA TBPK 0	4	QL (110 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 30 days) PA
TECFIDERA CPDR 120MG	4	QL (60 EA per 30 days) PA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA
XELJANZ XR TB24 11MG	4	QL (30 EA per 30 days) PA
XELJANZ TABS 5MG	4	PA
Vaccines		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BCG VACCINE INJ 0	2	
BEXSERO INJ 0	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
CERVARIX INJ 0	2	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	2	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL 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	
HIBERIX INJ 10MCG	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
<i>kinrix inj 58mcg/0.5ml; 25lfu/0.5ml; 0; 10lfu/0.5ml</i>	1	
<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	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	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 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	

Drug Name	Drug Tier	Requirements/Limits
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	
BALSALAZIDE DISODIUM CAPS 750MG	2	
CANASA SUPP 1000MG	4	
DIPENTUM CAPS 250MG	3	
LIALDA TBEC 1.2GM	3	
PENTASA CPR 250MG	3	
PENTASA CPR 500MG	3	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<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)
<i>calcitonin-salmon soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	
<i>calcitriol caps 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
DOXERCALCIFEROL CAPS 0.5MCG	2	
DOXERCALCIFEROL CAPS 1MCG	2	
<i>doxercalciferol caps 2.5mcg</i>	1	
<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
IBANDRONATE SODIUM INJ 3MG/3ML	2	QL (3 ML per 90 days) PA
IBANDRONATE SODIUM TABS 150MG	2	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	3	
<i>pamidronate disodium inj 30mg/10ml</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 6mg/ml</i>	1	
<i>pamidronate disodium inj 90mg/10ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium inj 90mg</i>	1	
PARICALCITOL CAPS 1MCG	2	
PARICALCITOL CAPS 2MCG	2	
PARICALCITOL CAPS 4MCG	2	
<i>paricalcitol inj 2mcg/ml</i>	1	
<i>paricalcitol inj 5mcg/ml</i>	1	
PROLIA INJ 60MG/ML	2	QL (2 ML per 365 days) PA
RISEDRONATE SODIUM DR TBEC 35MG	2	QL (4 EA per 28 days)
RISEDRONATE SODIUM TABS 150MG	2	QL (1 EA per 28 days)
RISEDRONATE SODIUM TABS 30MG	2	
RISEDRONATE SODIUM TABS 35MG	2	QL (4 EA per 28 days)
RISEDRONATE SODIUM TABS 35MG	2	QL (4 EA per 28 days)
RISEDRONATE SODIUM TABS 35MG	2	QL (4 EA per 28 days)
RISEDRONATE SODIUM TABS 5MG	2	
XGEVA INJ 120MG/1.7ML	4	QL (1.7 ML per 30 days) PA
ZOLEDRONIC ACID INJ 4MG/100ML	3	PA
<i>zoledronic acid inj 4mg/5ml</i>	1	PA
ZOLEDRONIC ACID INJ 5MG/100ML	3	QL (100 ML per 365 days) PA
ZOMETA INJ 4MG/100ML	4	PA

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

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	2	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TABS 500MG	3	PA
<i>intralipid inj 20gm/100ml</i>	1	B/D
<i>intralipid inj 30gm/100ml</i>	1	B/D
LEVOCARNITINE INJ 200MG/ML	2	
LEVOCARNITINE SOLN 1GM/10ML	2	
<i>levocarnitine tabs 330mg</i>	1	
<i>liposyn iii inj 2.5%; 30%</i>	1	B/D
<i>methylegonovine 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

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS 10MG	4	
ORFADIN CAPS 2MG	4	
ORFADIN CAPS 5MG	4	
ORFADIN SUSP 4MG/ML	4	
<i>oxytocin/lactated ringers inj 0.1gm/500ml; 30unit/500ml;</i>	1	
<i>0.15gm/500ml; 3gm/500ml; 1.55gm/500ml</i>		
XEOMIN INJ 50UNIT	3	PA
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost soln 0.03%</i>	1	QL (5 ML per 30 days)
COMBIGAN SOLN 0.2%; 0.5%	2	
<i>latanoprost soln 0.005%</i>	1	QL (2.5 ML per 25 days)
LUMIGAN SOLN 0.01%	2	QL (2.5 ML per 25 days)
TRAVATAN Z SOLN 0.004%	2	QL (2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	1	QL (2.5 ML per 25 days)
Ophthalmic Agents, Other		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	1	
<i>atropine sulfate soln 1%</i>	1	
<i>atropine-care soln 1%</i>	1	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</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/bacitracin/polymyxin oint 400unit/gm; 5mg/gm;</i>	1	
<i>10000unit/gm</i>		
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm;</i>	1	
<i>5mg/gm; 10000unit/gm</i>		
<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	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml;</i>	1	
<i>0.1%</i>		
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;</i>	1	
<i>0.1%</i>		
Ophthalmic Anti-allergy Agents		
ALOCRIOL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACAFT SOLN 0.25%	2	
<i>olopatadine hcl soln 0.1%</i>	1	
PATADAY SOLN 0.2%	2	

Drug Name	Drug Tier	Requirements/Limits
PATANOL SOLN 0.1%	2	
PAZEO SOLN 0.7%	2	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLN 0.45%	2	
ALREX SUSP 0.2%	2	
BROMFENAC SOLN 0.09%	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	
ILEVRO SUSP 0.3%	2	
KETOROLAC TROMETHAMINE SOLN 0.4%	2	
KETOROLAC TROMETHAMINE SOLN 0.5%	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	
BETIMOL SOLN 0.25%	3	
BETOPTIC-S SUSP 0.25%	2	
BRIMONIDINE TARTRATE SOLN 0.15%	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	

Drug Name	Drug Tier	Requirements/Limits
ISTALOL SOLN 0.5%	2	
KEVEYIS TABS 50MG	4	QL (120 EA per 30 days) PA
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs 25mg</i>	1	
METHAZOLAMIDE TABS 50MG	2	
<i>metipranolol soln 0.3%</i>	1	
<i>pilocarpine hcl soln 1%</i>	1	
<i>pilocarpine hcl soln 2%</i>	1	
<i>pilocarpine hcl soln 4%</i>	1	
<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>		
ACETASOL HC SOLN 2%; 1%	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	
HYDROCORTISONE/ACETIC ACID SOLN 2%; 1%	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 1mg/2ml</i>	1	QL (120 ML per 30 days) B/D
BUDESONIDE SUSP 32MCG/ACT	2	QL (17.2 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT	2	
DULERA AERO 5MCG/ACT; 200MCG/ACT	2	
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 30 days) ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days)
MOMETASONE FUROATE SUSP 50MCG/ACT	2	QL (34 GM per 30 days) ST
NASONEX SUSP 50MCG/ACT	2	QL (34 GM per 30 days) ST
NUCALA INJ 100MG	4	
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)
TRIAMCINOLONE ACETONIDE AERO 55MCG/ACT	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>carbinoxamine maleate tabs 4mg</i>	1	PA
<i>cetirizine hcl syrp 1mg/ml</i>	1	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLARINEX SYRP 0.5MG/ML	3	
CLEMASTINE FUMARATE SYRP 0.67MG/5ML	2	PA
CLEMASTINE FUMARATE TABS 2.68MG	2	PA
CYPROHEPTADINE HCL SYRP 2MG/5ML	2	PA
CYPROHEPTADINE HCL TABS 4MG	2	PA
DESLORATADINE ODT TBDP 2.5MG	2	
DESLORATADINE ODT TBDP 5MG	2	
DESLORATADINE TABS 5MG	2	
DIPHENHYDRAMINE HCL CAPS 50MG	2	PA
DIPHENHYDRAMINE HCL INJ 50MG/ML	2	PA
HYDROXYZINE HCL INJ 25MG/ML	2	PA
HYDROXYZINE HCL INJ 50MG/ML	2	PA
HYDROXYZINE HCL TABS 10MG	2	PA
HYDROXYZINE HCL TABS 25MG	2	PA
HYDROXYZINE HCL TABS 50MG	2	PA
HYDROXYZINE PAMOATE CAPS 100MG	2	PA
HYDROXYZINE PAMOATE CAPS 25MG	2	PA
HYDROXYZINE PAMOATE CAPS 50MG	2	PA
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
LEVOCETIRIZINE DIHYDROCHLORIDE TABS 5MG	2	
<i>olopatadine hcl soln 0.6%</i>	1	QL (30.5 GM per 30 days)
PHARBEDRYL CAPS 50MG	2	PA
PROMETHAZINE HCL INJ 25MG/ML	2	PA
PROMETHAZINE HCL INJ 50MG/ML	2	PA
PROMETHAZINE HCL SYRP 6.25MG/5ML	2	PA
PROMETHAZINE HCL TABS 12.5MG	2	PA
PROMETHAZINE HCL TABS 25MG	2	PA
PROMETHAZINE HCL TABS 50MG	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 1.25MCG/ACT	2	QL (4 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 30MG/30ML	3	
ALBUTEROL SULFATE ER TB12 4MG	2	
ALBUTEROL SULFATE ER TB12 8MG	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	
ALBUTEROL SULFATE TABS 2MG	2	
ALBUTEROL SULFATE TABS 4MG	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)
AUVI-Q INJ 0.15MG/0.15ML	2	
AUVI-Q INJ 0.3MG/0.3ML	2	
BROVANA NEBU 15MCG/2ML	3	QL (120 ML per 30 days) B/D
<i>epinephrine inj 0.15mg/0.15ml</i>	1	
EPINEPHRINE INJ 0.3MG/0.3ML	2	
EPIPEN 2-PAK INJ 0.3MG/0.3ML	2	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	2	
FORADIL AEROLIZER CAPS 12MCG	3	QL (60 EA per 30 days)
LEVALBUTEROL HCL NEBU 0.31MG/3ML	2	QL (540 ML per 30 days) B/D
LEVALBUTEROL HCL NEBU 0.63MG/3ML	2	QL (540 ML per 30 days) B/D
LEVALBUTEROL HCL NEBU 1.25MG/3ML	2	QL (270 ML per 30 days) B/D
LEVALBUTEROL NEBU 1.25MG/0.5ML	2	QL (45 EA per 30 days) B/D
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PERFOROMIST NEBU 20MCG/2ML	2	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	2	QL (17 GM per 30 days)
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	B/D
CAYSTON SOLR 75MG	4	PA
KALYDECO PACK 50MG	4	PA
KALYDECO PACK 75MG	4	PA
KALYDECO TABS 150MG	4	PA
KITABIS PAK NEBU 300MG/5ML	4	B/D
ORKAMBI TABS 125MG; 200MG	4	QL (112 EA per 28 days) PA
PULMOZYME SOLN 1MG/ML	4	B/D
TOBI PODHALER CAPS 28MG	4	QL (224 EA per 56 days) B/D
<i>tobramycin nebu 300mg/5ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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	
THEO-24 CP24 400MG	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
ADEMPAS TABS 2MG	4	QL (90 EA per 30 days) PA
EPOPROSTENOL SODIUM INJ 0.5MG	2	B/D
EPOPROSTENOL SODIUM INJ 1.5MG	2	B/D
FLOLAN INJ 0.5MG	4	B/D
FLOLAN INJ 1.5MG	4	B/D
LETAIRIS TABS 10MG	4	QL (30 EA per 30 days) PA
LETAIRIS TABS 5MG	4	QL (30 EA per 30 days) PA
OPSUMIT TABS 10MG	4	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG	4	PA
ORENITRAM TBCR 1MG	4	PA
ORENITRAM TBCR 2.5MG	4	PA
REMODULIN INJ 10MG/ML	4	B/D
REMODULIN INJ 1MG/ML	4	B/D
REMODULIN INJ 2.5MG/ML	4	B/D
REMODULIN INJ 5MG/ML	4	B/D
REVATIO SUSR 10MG/ML	4	PA
<i>sildenafil inj 10mg/12.5ml</i>	4	QL (1125 ML per 30 days) PA
SILDENAFIL TABS 20MG	2	QL (90 EA per 30 days) PA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA
TRACLEER TABS 62.5MG	4	QL (60 EA per 30 days) PA
TYVASO REFILL SOLN 0.6MG/ML	4	QL (87 ML per 30 days) B/D
TYVASO STARTER SOLN 0.6MG/ML	4	QL (87 ML per 30 days) B/D
TYVASO SOLN 0.6MG/ML	4	QL (87 ML per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 1000MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 1200MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 1400MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 1600MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 200MCG	4	QL (150 EA per 30 days) PA
UPTRAVI TABS 400MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 600MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TABS 800MCG	4	QL (60 EA per 30 days) PA
UPTRAVI TBPK 0	4	QL (400 EA per 365 days) PA
VELETRI INJ 0.5MG	4	B/D
VELETRI INJ 1.5MG	4	B/D
VELETRI INJ 1.5MG	4	B/D
VENTAVIS SOLN 10MCG/ML	4	QL (270 ML per 30 days) B/D
VENTAVIS SOLN 20MCG/ML	4	QL (270 ML per 30 days) B/D
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ARALAST NP INJ 500MG	4	B/D
ESBRIET CAPS 267MG	4	QL (270 EA per 30 days) PA
OFEV CAPS 100MG	4	QL (60 EA per 30 days) PA
OFEV CAPS 150MG	4	QL (60 EA per 30 days) PA
PROLASTIN-C INJ 1000MG	4	B/D
PROMETHAZINE VC PLAIN SYRP 5MG/5ML; 6.25MG/5ML	2	PA
PROMETHAZINE/PHENYLEPHRINE SYRP 5MG/5ML; 6.25MG/5ML	2	PA
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	2	QL (4 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	2	
TYZINE SOLN 0.1%	2	
VIRAZOLE SOLR 6GM	4	B/D
XOLAIR INJ 150MG	4	QL (6 EA per 28 days) PA
ZEMAIRA INJ 1000MG	4	B/D
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hcl tabs 10mg</i>	1	PA
<i>cyclobenzaprine hcl tabs 5mg</i>	1	PA
METHOCARBAMOL TABS 500MG	3	PA
METHOCARBAMOL TABS 750MG	3	PA
ORPHENADRINE CITRATE ER TB12 100MG	2	PA
ORPHENADRINE CITRATE INJ 30MG/ML	2	PA
Sleep Disorder Agents		
<i>GABA Receptor Modulators</i>		
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)
INTERMEZZO SUBL 1.75MG	3	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
INTERMEZZO SUBL 3.5MG	3	QL (30 EA per 30 days) PA
ZALEPLON CAPS 10MG	2	QL (60 EA per 30 days) PA
ZALEPLON CAPS 5MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE ER TBCR 12.5MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE ER TBCR 6.25MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE SUBL 1.75MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE SUBL 3.5MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE TABS 10MG	2	QL (30 EA per 30 days) PA
ZOLPIDEM TARTRATE TABS 5MG	2	QL (30 EA per 30 days) PA
ZOLPIMIST SOLN 5MG/ACT	3	QL (7.7 ML per 30 days) ST
Sleep Disorders, Other		
ARMODAFINIL TABS 150MG	3	QL (30 EA per 30 days) PA
ARMODAFINIL TABS 200MG	3	QL (30 EA per 30 days) PA
ARMODAFINIL TABS 250MG	3	QL (30 EA per 30 days) PA
ARMODAFINIL TABS 50MG	3	QL (60 EA per 30 days) PA
MODAFINIL TABS 100MG	2	QL (30 EA per 30 days) PA
MODAFINIL TABS 200MG	2	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)
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
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CARBAGLU TABS 200MG	4	
CHEMET CAPS 100MG	2	
CUPRIMINE CAPS 250MG	2	
DEPEN TITRATABS TABS 250MG	2	
EXJADE TBSO 125MG	4	PA
EXJADE TBSO 250MG	4	PA
EXJADE TBSO 500MG	4	PA
<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	
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 50gm/200ml</i>	1	
SYPRINE CAPS 250MG	4	
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
<i>aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml</i>	1	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	2	B/D
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	B/D
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/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
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	2	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	2	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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	2	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	2	B/D
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

Drug Name	Drug Tier	Requirements/Limits
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
<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 10%/nacl 0.225% inj 10%; 0.225%</i>	1	B/D
<i>dextrose 20% inj 20%</i>	1	B/D
<i>dextrose 25% inj 250mg/ml</i>	1	B/D
<i>dextrose 30% partial fill inj 30%</i>	1	B/D
<i>dextrose 30% inj 30%</i>	1	B/D
<i>dextrose 40% inj 40%</i>	1	B/D
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	1	B/D
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	1	B/D
<i>dextrose 5%/potassium chloride 0.15% inj 5%; 20meq/l</i>	1	B/D
<i>dextrose 50% inj 50%</i>	1	B/D
<i>dextrose 70% inj 70%</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
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; 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

Drug Name	Drug Tier	Requirements/Limits
HEPATASOL INJ 0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML; 0.84GM/100ML	2	B/D
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L		B/D
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 25MEQ/L; 140MEQ/L		B/D
<i>k-sol soln 10%</i>	1	
<i>k-sol soln 20%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	B/D
<i>kcl 0.15%/d5w/ nacl 0.3% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	B/D
<i>kcl 0.3%/d5w/lr iv lac ring inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l</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>klor-con 10 tbc 10meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
<i>klor-con m10 tbc 10meq</i>	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbc 20meq</i>	1	
<i>klor-con sprinkle cpr 10meq</i>	1	
<i>klor-con sprinkle cpr 8meq</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 40gm/1000ml</i>	1	
<i>magnesium sulfate inj 4gm/50ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	2	B/D
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PHOSLYRA SOLN 667MG/5ML	2	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	B/D

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	B/D
<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>potassium chloride 0.15% /nacl 0.45% viaflex inj 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.33% inj 5%; 20meq/l; 0.33%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex inj 5%; 20meq/l; 0.45%</i>	1	B/D
<i>potassium chloride 0.15% d5w/nacl 0.45% 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 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%</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 tbcr 10meq</i>	1	
<i>potassium chloride cr tbcr 10meq</i>	1	
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	
<i>potassium chloride er tbcr 8meq</i>	1	
<i>potassium chloride sr tbcr 8meq</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	B/D
<i>potassium chloride inj 20meq/100ml</i>	1	B/D
<i>potassium chloride inj 2meq/ml</i>	1	B/D
<i>potassium chloride inj 40meq/100ml</i>	1	B/D
<i>potassium chloride soln 10%</i>	1	
<i>potassium chloride soln 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	
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	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<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
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	2	B/D
PROSOL INJ 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	2	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 0.9% soln 0.9%</i>	1	
<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 4meq/ml</i>	1	B/D
<i>sodium chloride inj 4meq/ml</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
Vitamins		
<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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