



Anthem Senior Advantage Basic (HMO)

2014 Formulary (List of Covered Drugs)

**Please read: This document
contains information about the
drugs we cover in this plan.**

Customer Service

This formulary was updated on August 1, 2013. For more recent information or other questions, please contact Anthem Senior Advantage Basic (HMO) Customer Service at 1-800-467-1199 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/medicare.

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 Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem Senior Advantage Basic (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Anthem Senior Advantage Basic (HMO) formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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 January 1, 2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 49. 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?

Our plan 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: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 100 units per ml per prescription for

HUMALOG. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Anthem Senior Advantage Basic (HMO)'s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that our plan does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask our plan 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 Anthem Senior Advantage Basic (HMO)'s formulary?

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

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

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

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

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

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

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

If you have questions about our plan, 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.

Our plan's formulary

The formulary on page 7 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D - Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-467-1199, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Orders: Prescription drugs available through mail order.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1 Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$3.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$8.00
Cost-Sharing Tier 2 Non-Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$9.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$14.00
Cost-Sharing Tier 3 Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$40.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$45.00
Cost-Sharing Tier 4 Non-Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$90.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$95.00
Cost-Sharing Tier 5 Injectable Drugs	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%
Cost-Sharing Tier 6 Specialty Tier	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%

Please refer to our Evidence of Coverage for more information for cost sharing.

* Preferred Network Pharmacy – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies.

** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lower-case italics (e.g. *enalapril*)

Brand-name drugs are shown in capital letters (e.g. HUMALOG)

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service 1-800-467-1199, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.. TTY/TDD users should call 711.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements/ Limits
Adjunctive Agents		
<i>amifostine</i>	6	PAR MO
<i>calcium folinate</i>	5	
<i>dexrazoxane inj 250mg</i>	6	B/D PAR
<i>dexrazoxane inj 500mg</i>	6	B/D PAR MO
ELITEK	6	
FUSILEV	5	B/D PAR MO
<i>leucovorin calcium inj 100mg, 500mg</i>	5	MO
<i>leucovorin calcium inj 500mg</i>	5	
<i>leucovorin calcium tabs</i>	2	MO
<i>mesna</i>	5	MO
MESNEX INJ	5	
MESNEX TABS	4	MO
XGEVA	6	PAR QLL(1.7 per 28 days) MO
Adrenal Hormones		
<i>a-hydrocort</i>	5	MO
<i>a-methapred</i>	5	MO
ACTHAR HP	6	PAR MO
CELESTONE	4	MO
<i>cortisone acetate</i>	2	MO
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone sodium phosphate inj</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
DEXPAK 10 DAY	4	MO
DEXPAK 13 DAY	4	MO
DEXPAK 6 DAY	4	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tabs</i>	2	MO
<i>methylprednisolone</i>	2	MO
<i>methylprednisolone acetate</i>	5	MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone</i>	5	MO
<i>sodiumsuccinate inj 1000mg, 125mg, 40mg</i>		
<i>millipred dp</i>	4	MO
<i>millipred tabs</i>	4	MO
ORAPRED	4	MO
ORAPRED ODT	4	MO
<i>prednisolone</i>	2	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	2	MO
<i>veripred 20</i>	1	MO
Antiarrhythmic Agents		
<i>amiodarone hcl inj</i>	5	B/D PAR MO
<i>amiodarone hcl tabs</i>	2	MO
<i>disopyramide phosphate</i>	3	MO
<i>flecainide acetate</i>	2	MO
<i>lidocaine hcl inj 20mg/ml</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	2	MO
<i>pacerone</i>	2	MO
<i>procainamide hcl inj 100mg/ml5</i>		MO
<i>procainamide hcl inj 500mg/ml5</i>		
<i>propafenone hcl</i>	2	MO
<i>propafenone hcl er</i>	4	MO
<i>quinidine gluconate cr</i>	2	MO
<i>quinidine gluconate er</i>	2	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	2	MO
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
TIKOSYN	4	MO
Antibiotics		
<i>ak-poly-bac</i>	1	MO
AZASITE	4	MO
<i>bacitracin ophthalmic oint</i>	2	MO
<i>bacitracin/polymyxin b</i>	1	MO
BESIVANCE	4	MO
CILOXAN	4	MO
<i>ciprofloxacin hcl</i>	2	MO
<i>erythromycin</i>	2	MO
<i>gentak oint</i>	1	MO
<i>gentak ophthalmic soln</i>	2	MO
<i>gentamicin sulfate oint 0.3%</i>	2	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	MO
<i>levofloxacin ophthalmic soln</i>	2	MO
MOXEZA	3	MO
NATACYN	3	MO
<i>neo-polycin</i>	2	MO
<i>neomycin/bacitracin/polymyxin2</i>		MO
<i>neomycin/polymyxin/bacitracin2</i>		MO
<i>zinc</i>		
<i>neomycin/polymyxin/gramicidin1</i>		MO
NEOSPORIN	4	MO
<i>ofloxacin</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>tobramycin sulfate ophthalmic soln</i>	1	MO
TOBREX OINT	4	MO
<i>trimethoprim sulfate/polymyxin1 b sulfate</i>		MO

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	3	MO
Anticholinergics & Antispasmodics		
ENABLEX	4	QLL(30 per 30 days) ST MO
<i>flavoxate hcl</i>	2	MO
GELNIQUE GEL 10%	3	QLL(30 per 30 days) ST MO
GELNIQUE GEL 3%	3	QLL(100 per 30 days) ST MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QLL(60 per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QLL(30 per 30 days) MO
<i>oxybutynin chloride syrup</i>	2	QLL(600 per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QLL(120 per 30 days) MO
OXYTROL	4	QLL(8 per 28 days) ST MO
<i>tolterodine tartrate tabs 1mg</i>	3	QLL(30 per 30 days) MO
<i>tolterodine tartrate tabs 2mg</i>	3	QLL(60 per 30 days) MO
TOVIAZ	3	QLL(30 per 30 days) MO
<i>trospium chloride</i>	2	QLL(60 per 30 days) MO
VESICARE	4	QLL(30 per 30 days) ST MO
Anticonvulsants		
BANZEL SUSP	4	QLL(2400 per 30 days) MO
BANZEL TABS 200MG	4	QLL(480 per 30 days) MO
BANZEL TABS 400MG	4	QLL(240 per 30 days) MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	2	MO
CELONTIN	4	MO
<i>clonazepam odt tbdp 0.125mg</i>	3	QLL(4800 per 30 days) MO
<i>clonazepam odt tbdp 0.25mg</i>	3	QLL(2400 per 30 days) MO
<i>clonazepam odt tbdp 0.5mg</i>	3	QLL(1200 per 30 days) MO
<i>clonazepam odt tbdp 1mg</i>	3	QLL(600 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam odt tbdp 2mg</i>	3	QLL(300 per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	3	QLL(1200 per 30 days) MO
<i>clonazepam tabs 1mg</i>	3	QLL(600 per 30 days) MO
<i>clonazepam tabs 2mg</i>	3	QLL(300 per 30 days) MO
DEPAICON	5	MO
DEPAKENE CAPS	4	MO
<i>diazepam gel</i>	3	QLL(2 per 1 days) MO
DILANTIN CAPS 100MG	4	MO
DILANTIN CAPS 30MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN SUSP	4	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>epitol</i>	1	MO
EQUETRO CP12 100MG	4	QLL(480 per 30 days) MO
EQUETRO CP12 200MG	4	QLL(240 per 30 days) MO
EQUETRO CP12 300MG	4	QLL(180 per 30 days) MO
<i>ethosuximide</i>	2	MO
<i>felbamate susp</i>	6	MO
<i>felbamate tabs</i>	3	MO
<i>fosphephenytoin sodium</i>	5	MO
<i>gabapentin caps 100mg</i>	2	QLL(1080 per 30 days) MO
<i>gabapentin caps 300mg</i>	2	QLL(360 per 30 days) MO
<i>gabapentin caps 400mg</i>	2	QLL(270 per 30 days) MO
<i>gabapentin oral soln</i>	2	QLL(2160 per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QLL(180 per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QLL(135 per 30 days) MO
GABITRIL	4	MO
LAMICTAL STARTER/ NOT TAKING CARBAMAZEPINE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER/ TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	MO
LAMICTAL STARTER/ TAKING VALPROATE	4	MO
<i>lamotrigine</i>	2	MO
<i>levetiracetam er tb24 500mg</i>	2	QLL(180 per 30 days) MO
<i>levetiracetam er tb24 750mg</i>	2	QLL(120 per 30 days) MO
<i>levetiracetam inj 500mg/5ml</i>	5	MO
<i>levetiracetam oral soln</i>	2	MO
<i>levetiracetam tabs</i>	2	MO
LYRICA CAPS 100MG	4	PAR QLL(180 per 30 days) MO
LYRICA CAPS 150MG	4	PAR QLL(120 per 30 days) MO
LYRICA CAPS 200MG	4	PAR QLL(90 per 30 days) MO
LYRICA CAPS 225MG, 300MG	4	PAR QLL(60 per 30 days) MO
LYRICA CAPS 25MG	4	PAR QLL(720 per 30 days) MO
LYRICA CAPS 50MG	4	PAR QLL(360 per 30 days) MO
LYRICA CAPS 75MG	4	PAR QLL(240 per 30 days) MO
LYRICA ORAL SOLN	4	PAR QLL(900 per 30 days) MO
ONFI TABS 10MG	4	QLL(120 per 30 days) MO
ONFI TABS 20MG	4	QLL(60 per 30 days) MO
ONFI TABS 5MG	4	QLL(240 per 30 days) MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR TB24 150MG	4	QLL(480 per 30 days) MO
OXTELLAR XR TB24 300MG	4	QLL(240 per 30 days) MO
OXTELLAR XR TB24 600MG	4	QLL(120 per 30 days) MO
PEGANONE	4	MO
<i>phenobarbital elix</i>	3	QLL(3000 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs 100mg</i>	3	QLL(120 per 30 days) MO
<i>phenobarbital tabs 15mg</i>	3	QLL(800 per 30 days) MO
<i>phenobarbital tabs 16.2mg</i>	3	QLL(741 per 30 days) MO
<i>phenobarbital tabs 30mg</i>	3	QLL(400 per 30 days) MO
<i>phenobarbital tabs 32.4mg</i>	3	QLL(370 per 30 days) MO
<i>phenobarbital tabs 60mg</i>	3	QLL(200 per 30 days) MO
<i>phenobarbital tabs 64.8mg</i>	3	QLL(185 per 30 days) MO
<i>phenobarbital tabs 97.2mg</i>	3	QLL(123 per 30 days) MO
<i>phenytoin chew</i>	3	MO
<i>phenytoin infatabs</i>	3	MO
<i>phenytoin sodium</i>	5	
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin susp</i>	2	MO
POTIGA TABS 200MG, 300MG, 400MG	4	QLL(90 per 30 days) MO
POTIGA TABS 50MG	4	QLL(270 per 30 days) MO
<i>primidone</i>	2	MO
SABRIL PACK	4	LA QLL(180 per 30 days) MO
SABRIL TABS	6	LA QLL(180 per 30 days) MO
TEGRETOL-XR	4	MO
<i>tiagabine hydrochloride</i>	3	MO
<i>topiramate cpsp</i>	2	PAR MO
<i>topiramate tabs 100mg</i>	2	PAR QLL(480 per 30 days) MO
<i>topiramate tabs 200mg</i>	2	PAR QLL(240 per 30 days) MO
<i>topiramate tabs 25mg</i>	2	PAR QLL(1920 per 30 days) MO
<i>topiramate tabs 50mg</i>	2	PAR QLL(960 per 30 days) MO
<i>valproate sodium</i>	5	MO
<i>valproic acid</i>	2	MO
VIMPAT INJ	5	QLL(1200 per 30 days)
VIMPAT ORAL SOLN	4	QLL(1200 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TABS 100MG	4	QLL(120 per 30 days) MO
VIMPAT TABS 150MG	4	QLL(80 per 30 days) MO
VIMPAT TABS 200MG	4	QLL(60 per 30 days) MO
VIMPAT TABS 50MG	4	QLL(240 per 30 days) MO
<i>zonisamide</i>	2	MO
Antidiarrheals & Antispasmodics		
<i>atropine sulfate inj 0.05mg/ml, 5 0.1mg/ml, 0.8mg/ml</i>		
<i>atropine sulfate inj 0.4mg/ml, 1mg/ml</i>	5	MO
CANTIL	4	MO
<i>dicyclomine hcl</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	5	MO
<i>glycopyrrolate inj 0.4mg/2ml</i>	5	
<i>glycopyrrolate tabs</i>	2	MO
<i>loperamide hcl caps</i>	2	MO
<i>methscopolamine bromide</i>	2	MO
MOTOFEN	4	MO
<i>opium</i>	3	MO
<i>opium tincture</i>	3	MO
PAMINE	4	MO
PAMINE FORTE	4	MO
<i>paregoric</i>	2	MO
<i>propantheline bromide</i>	2	MO
Antidotes		
<i>acetylcysteine inj</i>	2	
Antifungal Agents		
ABELCET	6	B/D PAR MO
AMBISOME	6	B/D PAR MO
<i>amphotericin b</i>	5	B/D PAR MO
CANCIDAS	6	B/D PAR MO
<i>clotrimazole troc</i>	2	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose</i>	5	
<i>fluconazole in nacl</i>	5	
<i>flucytosine</i>	6	MO
<i>griseofulvin microsize susp</i>	2	MO
<i>griseofulvin microsize tabs</i>	4	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole</i>	3	PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole tabs</i>	2	MO
LAMISIL PACK	4	MO
MYCAMINE	6	MO
NOXAFIL	6	MO
<i>nystatin</i>	2	MO
<i>terbinafine hcl tabs</i>	3	MO
VFEND SUSR	6	PAR MO
<i>voriconazole inj</i>	5	MO
<i>voriconazole tabs</i>	6	PAR MO
Antihistamine & Antiallergenic Agents		
ADRENALICK	5	QLL(2 per 1 days) MO
<i>cetirizine hcl syrp</i>	2	QLL(300 per 30 days) MO
<i>cyproheptadine hcl tabs</i>	4	MO
<i>diphenhydramine hcl inj</i>	5	MO
<i>epinephrine</i>	5	QLL(2 per 1 days) MO
<i>epinephrine hcl</i>	5	MO
EPIPEN 2-PAK	5	QLL(2 per 1 days) MO
EPIPEN-JR 2-PAK	5	QLL(2 per 1 days) MO
<i>levocetirizine dihydrochloride tabs</i>	2	QLL(30 per 30 days) MO
Antihypertensive Therapy		
<i>acebutolol hcl</i>	1	MO
<i>afeditab cr</i>	2	MO
ALDACTAZIDE	4	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amlodipine besylate tabs 10mg, 12.5mg</i>	1	QLL(30 per 30 days) MO
<i>amlodipine besylate tabs 5mg</i>	1	QLL(45 per 30 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO
ATACAND HCT TABS 16MG; 12.5MG	4	QLL(60 per 30 days) MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QLL(30 per 30 days) MO
ATACAND TABS 16MG, 4MG, 8MG	4	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ATACAND TABS 32MG	4	QLL(30 per 30 days) MO
<i>atenolol</i>	2	MO
<i>atenolol/chlorthalidone</i>	1	MO
AZOR	4	QLL(30 per 30 days) MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>betaxolol hcl tabs</i>	1	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bumetanide inj</i>	5	MO
<i>bumetanide tabs</i>	1	MO
BYSTOLIC	3	MO
CALAN	4	MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	4	QLL(60 per 30 days) MO
<i>candesartan cilexetil tabs 32mg</i>	4	QLL(30 per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	4	QLL(60 per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	4	QLL(30 per 30 days) MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
CARDIZEM LA TB24 120MG	4	MO
CARDURA XL	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>chlorthalidone sodium</i>	5	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>clonidine hcl ptwk</i>	2	QLL(4 per 28 days) MO
<i>clonidine hcl tabs</i>	1	MO
<i>clorpres tabs 15mg; 0.1mg, 15mg; 0.2mg</i>	4	MO
CLORPRES TABS 15MG; 0.3MG	4	MO
COREG CR	4	ST MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEMSEER	4	MO	<i>isradipine</i>	2	MO
DIBENZYLINE	4	MO	<i>labetalol hcl inj</i>	5	MO
<i>dilt-cd</i>	2	MO	<i>labetalol hcl tabs</i>	2	MO
<i>dilt-xr</i>	2	MO	LEVATOL	4	MO
<i>diltiazem cd</i>	2	MO	<i>lisinopril</i>	1	MO
<i>diltiazem hcl cd</i>	2	MO	<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>diltiazem hcl cp24</i>	2	MO	LOPRESSOR HCT	4	MO
<i>diltiazem hcl er</i>	2	MO	LOPRESSOR INJ	5	MO
<i>diltiazem hcl inj</i>	5		<i>losartan potassium tabs 100mg</i>	1	QLL(30 per 30 days) MO
<i>diltiazem hcl tabs</i>	2	MO	<i>losartan potassium tabs 25mg,</i>	1	QLL(60 per 30 days) MO
<i>diltzac</i>	2	MO	<i>50mg</i>		
DIOVAN TABS 160MG	3	QLL(60 per 30 days) MO	<i>losartan potassium/ hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
DIOVAN TABS 320MG	3	QLL(30 per 30 days) MO	<i>matzim la</i>	4	MO
DIOVAN TABS 40MG, 80MG	3	QLL(90 per 30 days) MO	MAXZIDE	4	MO
<i>doxazosin mesylate</i>	2	MO	MAXZIDE-25	4	MO
DYAZIDE	4	MO	<i>methyclothiazide</i>	1	MO
DYRENIUM	4	MO	<i>methyldopa</i>	2	MO
<i>enalapril maleate</i>	1	MO	<i>metolazone</i>	1	MO
<i>enalapril maleate/ hydrochlorothiazide</i>	1	MO	<i>metoprolol succinate er</i>	2	MO
<i>eplerenone</i>	2	MO	<i>metoprolol tartrate inj</i>	5	
<i>eprosartan mesylate</i>	4	QLL(30 per 30 days) MO	<i>metoprolol tartrate tabs</i>	1	MO
EXFORGE	4	QLL(30 per 30 days) MO	<i>metoprolol/hydrochlorothiazide</i>	2	MO
EXFORGE HCT	4	QLL(30 per 30 days) MO	MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	3	QLL(30 per 30 days) MO
<i>felodipine er</i>	2	MO	MICARDIS HCT TABS 12.5MG; 80MG	3	QLL(60 per 30 days) MO
<i>fosinopril sodium</i>	1	MO	MICARDIS TABS 20MG, 40MG	3	QLL(30 per 30 days) MO
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	MO	MICARDIS TABS 80MG	3	QLL(60 per 30 days) MO
<i>furosemide inj</i>	5	MO	MINIPRESS	4	MO
<i>furosemide oral soln</i>	1	MO	<i>minoxidil tabs</i>	2	MO
<i>furosemide tabs</i>	1	MO	<i>moexipril hcl</i>	1	MO
<i>hydralazine hcl inj</i>	5	MO	<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>hydralazine hcl tabs</i>	2	MO	<i>nadolol</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO	<i>nadolol/bendroflumethiazide</i>	2	MO
<i>indapamide</i>	1	MO	<i>nicardipine hcl caps</i>	2	MO
INNOPRAN XL	4	MO	<i>nicardipine hcl inj</i>	5	
<i>irbesartan</i>	1	QLL(30 per 30 days) MO	<i>nifediac cc</i>	2	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO	<i>nifedical xl</i>	2	MO
			<i>nifedipine er tb24 30mg, 60mg,</i>	2	MO
			<i>90mg</i>		
			<i>nifedipine er tb24 90mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nimodipine</i>	3	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin hcl</i>	2	MO
<i>propranolol hcl er</i>	2	MO
<i>propranolol hcl inj</i>	5	
<i>propranolol hcl oral soln</i>	2	MO
<i>propranolol hcl tabs</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODYLIN	6	LA PAR MO
<i>reserpine tabs 0.1mg</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone/ hydrochlorothiazide</i>	1	MO
TARKA	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	4	QLL(30 per 30 days) MO
TEKTURNA HCT	4	QLL(30 per 30 days) MO
<i>terazosin hcl</i>	2	MO
TEVETEN HCT	4	QLL(30 per 30 days) MO
TEVETEN TABS 400MG	4	QLL(60 per 30 days) MO
<i>timolol maleate</i>	1	MO
<i>toremide inj 20mg/2ml</i>	5	
TORSEMIDE INJ 50MG/ 5ML	5	
<i>toremide tabs</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
TWYNSTA	3	QLL(30 per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	3	QLL(30 per 30 days) MO
<i>verapamil hcl er</i>	2	MO
<i>verapamil hcl inj</i>	5	
<i>verapamil hcl sr</i>	2	MO
<i>verapamil hcl tabs</i>	2	MO
Antineoplastic & Immunosuppressant Drugs		
ABRAXANE	6	B/D PAR MO
ADCETRIS	6	PAR MO

Drug Name	Drug Tier	Requirements/ Limits
<i>adriamycin</i>	5	B/D PAR MO
<i>adrucil</i>	5	B/D PAR MO
AFINITOR	6	PAR MO
AFINITOR DISPERZ	6	PAR MO
ALIMTA	6	PAR MO
ALKERAN INJ	5	B/D PAR
ALKERAN TABS	4	B/D PAR MO
<i>anastrozole</i>	3	MO
ARRANON	5	B/D PAR
ARZERRA	6	B/D PAR MO
AVASTIN	6	PAR MO
AZASAN	4	B/D PAR MO
<i>azathioprine</i>	2	B/D PAR MO
<i>azathioprine sodium</i>	5	B/D PAR MO
<i>bicalutamide</i>	3	MO
BICNU	5	B/D PAR MO
<i>bleomycin sulfate</i>	5	B/D PAR MO
BOSULIF	6	PAR MO
BUSULFEX	5	B/D PAR
CAPRELSA	6	LA PAR MO
<i>carboplatin</i>	5	B/D PAR MO
CEENU	4	MO
CELLCEPT	6	B/D PAR MO
CELLCEPT	5	B/D PAR
INTRAVENOUS		
<i>cerubidine</i>	5	B/D PAR MO
<i>cisplatin</i>	5	B/D PAR MO
<i>cladribine</i>	6	B/D PAR MO
CLOLAR	6	B/D PAR MO
COMETRIQ	6	PAR MO
COSMEGEN	6	B/D PAR MO
<i>cyclophosphamide tabs</i>	2	B/D PAR MO
<i>cyclosporine caps</i>	3	B/D PAR MO
<i>cyclosporine inj</i>	5	B/D PAR
<i>cyclosporine modified caps 100mg, 50mg</i>	3	B/D PAR MO
<i>cyclosporine modified caps 25mg</i>	2	MO
<i>cyclosporine modified oral soln</i>	3	B/D PAR MO
<i>cytarabine</i>	5	B/D PAR MO
<i>cytarabine aqueous</i>	5	B/D PAR MO
<i>dacarbazine inj 100mg</i>	5	B/D PAR
<i>dacarbazine inj 200mg</i>	5	B/D PAR MO
DACOGEN	6	B/D PAR MO
<i>daunorubicin hcl inj 20mg</i>	5	B/D PAR MO
<i>daunorubicin hcl inj 5mg/ml</i>	5	B/D PAR
DOCEFREZ	6	B/D PAR

Drug Name	Drug Tier	Requirements/ Limits
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/2ml, 80mg/2ml, 80mg/8ml</i>	6	B/D PAR
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	6	B/D PAR MO
DOXIL	5	B/D PAR MO
<i>doxorubicin hcl</i>	5	B/D PAR MO
DROXIA	4	MO
ELLENC	5	B/D PAR MO
ELOXATIN INJ 100MG/20ML, 50MG/10ML	6	B/D PAR MO
ELOXATIN INJ 200MG/40ML	6	B/D PAR
ELSPAR	5	B/D PAR MO
EMCYT	6	MO
<i>epirubicin hcl</i>	5	B/D PAR
ERBITUX INJ 100MG/50ML	6	PAR MO
ERBITUX INJ 200MG/100ML	6	PAR
ERIVEDGE	6	PAR MO
ETOPOPHOS	5	B/D PAR MO
<i>etoposide inj</i>	5	B/D PAR MO
<i>exemestane</i>	3	MO
FARESTON	4	MO
FASLODEX	6	PAR MO
FIRMAGON INJ 120MG	6	B/D PAR MO
FIRMAGON INJ 80MG	5	B/D PAR MO
<i>fludarabine phosphate inj 50mg5</i>	5	B/D PAR MO
<i>fludarabine phosphate inj 50mg/2ml</i>	5	B/D PAR
<i>fluorouracil inj</i>	5	B/D PAR MO
<i>flutamide</i>	3	MO
FOLOTYN	6	B/D PAR MO
<i>gemcitabine</i>	6	B/D PAR
<i>gemcitabine hcl inj 1gm, 200mg6</i>	6	B/D PAR MO
<i>gemcitabine hcl inj 2gm</i>	6	B/D PAR
<i>gengraf</i>	2	B/D PAR MO
GLEEVEC	6	PAR MO
HALAVEN	6	PAR MO
<i>hecoria caps 0.5mg, 1mg</i>	2	B/D PAR MO
<i>hecoria caps 5mg</i>	6	B/D PAR MO
HERCEPTIN	6	PAR MO
HEXALEN	6	MO
<i>hydroxyurea</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG	6	PAR MO
IDAMYCIN PFS	6	B/D PAR
<i>idarubicin hcl</i>	6	B/D PAR
IFEX	5	B/D PAR MO
<i>ifosfamide inj 1gm</i>	5	B/D PAR MO
<i>ifosfamide inj 1gm/20ml, 3gm,53gm/60ml</i>	5	B/D PAR
INLYTA	6	PAR MO
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	5	B/D PAR MO
<i>irinotecan inj 500mg/25ml</i>	5	B/D PAR
ISTODAX	6	PAR MO
IXEMPRA KIT	6	B/D PAR MO
JAKAFI	6	PAR MO
JEVTANA	6	B/D PAR MO
KADCYLA	6	PAR MO
KYPROLIS	6	PAR MO
<i>letrozole</i>	3	MO
LEUKERAN	3	MO
<i>leuprolide acetate</i>	5	PAR MO
LUPRON DEPOT INJ 3.75MG, 7.5MG	6	PAR MO
LUPRON DEPOT-PED INJ 7.5MG	6	PAR MO
LYSODREN	3	MO
MATULANE	6	MO
MEGACE ORAL	4	PAR MO
<i>megestrol acetate</i>	3	PAR MO
MEKINIST	6	PAR MO
<i>melphalan hydrochloride</i>	5	B/D PAR
<i>mercaptopurine</i>	2	MO
<i>methotrexate</i>	1	MO
<i>methotrexate sodium inj 1gm</i>	5	
<i>methotrexate sodium inj 25mg/5ml</i>	5	MO
<i>mitomycin</i>	5	B/D PAR MO
<i>mitoxantrone hcl</i>	5	MO
MUSTARGEN	5	B/D PAR MO
<i>mycophenolate mofetil</i>	3	B/D PAR MO
MYFORTIC TBEC 180MG4	4	B/D PAR MO
MYFORTIC TBEC 360MG6	6	B/D PAR MO
NEXAVAR	6	LA PAR MO
NILANDRON	4	MO
NIPENT	6	B/D PAR MO
NULOJIX	6	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate inj 1000mcg/6 ml		PAR MO
octreotide acetate inj 100mcg/ 5 ml, 200mcg/ml, 500mcg/ml, 50mcg/ml		PAR MO
ONTAK	6	B/D PAR
oxaliplatin inj 100mg, 50mg	6	B/D PAR
oxaliplatin inj 100mg/20ml, 50mg/10ml	6	B/D PAR MO
paclitaxel	5	B/D PAR MO
pentostatin	6	B/D PAR MO
PERJETA	6	PAR MO
POMALYST	6	PAR MO
PROGRAF INJ	5	B/D PAR MO
RAPAMUNE ORAL SOLN 3		B/D PAR MO
RAPAMUNE TABS 0.5MG,3 1MG		B/D PAR MO
RAPAMUNE TABS 2MG	6	B/D PAR MO
REVLIMID CAPS 10MG	6	LA PAR QLL(60 per 30 days) MO
REVLIMID CAPS 15MG, 25MG	6	LA PAR QLL(30 per 30 days) MO
REVLIMID CAPS 2.5MG	6	PAR MO
REVLIMID CAPS 20MG	6	PAR QLL(30 per 30 days) MO
REVLIMID CAPS 5MG	6	LA PAR QLL(150 per 30 days) MO
RHEUMATREX	4	MO
RITUXAN	6	PAR MO
SANDOSTATIN LAR DEPOT	6	PAR MO
SIMULECT INJ 10MG	6	B/D PAR
SIMULECT INJ 20MG	6	B/D PAR MO
SOLTAMOX	4	
SPRYCEL	6	PAR MO
STIVARGA	6	PAR MO
SUTENT	6	PAR MO
SYNRIBO	6	MO
TABLOID	4	MO
tacrolimus caps 0.5mg, 1mg	3	B/D PAR MO
tacrolimus caps 5mg	6	B/D PAR MO
TAFINLAR	6	PAR MO
tamoxifen citrate	2	MO
TARCEVA	6	PAR MO
TARGRETIN CAPS	6	PAR MO
TARGRETIN GEL	6	MO

Drug Name	Drug Tier	Requirements/ Limits
TASIGNA	6	PAR MO
TAXOTERE	6	B/D PAR MO
THALOMID	6	PAR MO
thiotepa	5	B/D PAR MO
toposar	5	B/D PAR MO
topotecan hcl inj 4mg	6	B/D PAR MO
topotecan hcl inj 4mg/4ml	6	B/D PAR
TORISEL	6	B/D PAR MO
TREANDA INJ 100MG	6	B/D PAR MO
TREANDA INJ 25MG	6	B/D PAR
tretinoin caps	6	MO
TREXALL	4	MO
TRISENOX	6	B/D PAR MO
TYKERB	6	LA PAR MO
VECTIBIX	6	PAR MO
VELCADE	6	PAR MO
VIDAZA	6	PAR MO
vinblastine sulfate inj 10mg	5	B/D PAR
vinblastine sulfate inj 1mg/ml	5	B/D PAR MO
vincasar pfs	5	B/D PAR MO
vincristine sulfate	5	B/D PAR MO
vinorelbine tartrate	5	B/D PAR MO
VOTRIENT	6	PAR MO
XALKORI	6	PAR MO
XTANDI	6	PAR MO
YERVOY	6	PAR MO
ZALTRAP	6	PAR MO
ZANOSAR	5	B/D PAR MO
ZELBORAF	6	PAR MO
ZOLINZA	6	PAR MO
ZORTRESS TABS 0.25MG	4	B/D PAR MO
ZORTRESS TABS 0.5MG, 0.75MG	6	B/D PAR MO
ZYTIGA	6	PAR MO
Antiparkinsonism Agents		
APOKYN	6	LA PAR MO
AZILECT	4	MO
benztropine mesylate inj	5	
benztropine mesylate tabs	3	MO
bromocriptine mesylate	2	MO
carbidopa/levodopa	2	MO
carbidopa/levodopa cr	2	MO
carbidopa/levodopa er	2	MO
carbidopa/levodopa odt	2	MO
carbidopa/levodopa sr	2	MO
carbidopa/levodopa/entacapone3		MO

Drug Name	Drug Tier	Requirements/ Limits
COGENTIN	5	MO
<i>entacapone</i>	4	MO
LODOSYN	4	ST MO
<i>pramipexole dihydrochloride</i>	2	MO
<i>ropinirole er</i>	2	MO
<i>ropinirole hcl</i>	2	MO
<i>selegiline hcl</i>	2	MO
TASMAR	6	MO
ZELAPAR	4	MO
Antipsoriatic / Antiseborrheic		
<i>calcipotriene crea</i>	3	QLL(120 per 30 days) MO
<i>calcipotriene external soln</i>	3	QLL(60 per 30 days) MO
<i>calcipotriene oint</i>	3	QLL(120 per 30 days) MO
<i>selenium sulfide</i>	1	MO
SORIATANE	6	MO
STELARA	6	PAR QLL(1 per 28 days) MO
TACLONEX OINT	4	MO
Antithyroid Agents		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	2	MO
Antivirals		
<i>abacavir</i>	3	MO
<i>acyclovir caps</i>	2	MO
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	5	B/D PAR
<i>acyclovir sodium inj 500mg</i>	5	B/D PAR MO
<i>acyclovir susp</i>	2	MO
<i>acyclovir tabs</i>	2	MO
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl tabs</i>	2	MO
APTIVUS CAPS	6	MO
APTIVUS ORAL SOLN	6	
ATRIPLA	6	MO
BARACLUDE	6	PAR MO
<i>cidofovir</i>	6	B/D PAR
COMPLERA	6	MO
CRIXIVAN	3	MO
<i>didanosine</i>	2	MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR HBV	3	MO
EPIVIR ORAL SOLN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
EPZICOM	6	MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QLL(60 per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QLL(21 per 7 days) MO
<i>foscarnet sodium</i>	5	B/D PAR MO
FUZEON	6	QLL(1 per 1 days) MO
<i>ganciclovir</i>	5	MO
HEPSERA	6	MO
INCIVEK	6	PAR MO
INTELENCE TABS 100MG, 200MG	6	MO
INTELENCE TABS 25MG	6	
INVIRASE	6	MO
ISENTRESS CHEW 100MG	6	MO
ISENTRESS CHEW 25MG	6	
ISENTRESS TABS	6	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS	6	MO
<i>lamivudine</i>	3	MO
<i>lamivudine/zidovudine</i>	6	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	6	MO
<i>nevirapine susp</i>	4	MO
<i>nevirapine tabs</i>	3	MO
NORVIR	4	MO
PREZISTA SUSP	6	MO
PREZISTA TABS 150MG, 75MG	4	MO
PREZISTA TABS 400MG, 600MG, 800MG	6	MO
REBETOL	6	MO
RELENZA DISKHALER	3	QLL(60 per 180 days) MO
RESCRIPTOR	4	MO
RETROVIR IV INFUSION	5	MO
RETROVIR SYRP	4	MO
REYATAZ CAPS 100MG	4	MO
REYATAZ CAPS 150MG, 200MG, 300MG	6	MO
<i>ribapak</i>	6	MO
<i>ribasphere caps</i>	3	MO
<i>ribasphere tabs 200mg</i>	3	MO
<i>ribasphere tabs 400mg</i>	6	
<i>ribasphere tabs 600mg</i>	6	MO

Drug Name	Drug Tier	Requirements/ Limits
RIBATAB	6	
<i>ribavirin</i>	3	MO
<i>rimantadine hcl</i>	2	MO
SELZENTRY	6	MO
<i>stavudine caps</i>	3	MO
<i>stavudine oral soln</i>	2	MO
STRIBILD	6	MO
SUSTIVA	3	MO
TAMIFLU CAPS 30MG	3	QLL(84 per 1 days) MO
TAMIFLU CAPS 45MG	3	QLL(42 per 1 days) MO
TAMIFLU CAPS 75MG	3	QLL(56 per 365 days) MO
TAMIFLU SUSR	3	QLL(360 per 180 days) MO
<i>trifluridine</i>	3	MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYZEKA	6	PAR MO
<i>valacyclovir hcl</i>	3	QLL(30 per 1 days) MO
VALCYTE	6	MO
VICTRELIS	6	PAR MO
VIDEX EC	4	MO
VIDEX PEDIATRIC	3	MO
VIRACEPT	6	MO
VIRAMUNE SUSP	4	MO
VIRAMUNE XR TB24 100MG	4	
VIRAMUNE XR TB24 400MG	4	MO
VIRAZOLE	6	PAR MO
VIREAD POWD	6	MO
VIREAD TABS 150MG, 200MG, 250MG	4	MO
VIREAD TABS 300MG	6	MO
VISTIDE	6	B/D PAR MO
ZERIT CAPS	4	MO
ZIAGEN ORAL SOLN	4	MO
<i>zidovudine</i>	3	MO
ZIRGAN	3	MO
Benign Prostatic Hyperplasia (Bph) Therapy		
<i>alfuzosin hcl er</i>	2	MO
AVODART	3	MO
<i>finasteride tabs 5mg</i>	2	MO
JALYN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
RAPAFLO	4	MO
<i>tamsulosin hcl</i>	2	MO
Beta-Blockers		
BETAGAN	4	MO
<i>betaxolol hcl ophthalmic soln</i>	2	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
<i>carteolol hcl</i>	1	MO
ISTALOL	4	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	2	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
Biotechnology Drugs		
ACTIMMUNE	6	PAR MO
ARANESP ALBUMIN FREE6 INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/ 0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	6	PAR MO
ARANESP ALBUMIN FREE5 INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/ 0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ ML	5	PAR MO
ARCALYST	6	PAR MO
AVONEX	6	PAR MO
AVONEX PEN	6	PAR MO
BETASERON	6	PAR MO
EPOGEN	5	PAR MO
EXTAVIA	6	PAR MO
GENOTROPIN	6	PAR MO
GENOTROPIN	5	PAR MO
MINIQUICK INJ 0.2MG		
GENOTROPIN	6	PAR MO
MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG		
ILARIS	6	LA PAR MO

Drug Name	Drug Tier	Requirements/Limits
INFERGEN	6	MO
INTRON-A INJ 10MU/ML	5	PAR MO
INTRON-A INJ 6000000UNIT/ML	6	PAR MO
INTRON-A W/DILUENT INJ 10MU	5	PAR MO
INTRON-A W/DILUENT INJ 18MU, 50MU	6	PAR MO
LEUKINE	6	PAR MO
NEULASTA	6	PAR QLL(2 per 28 days) MO
NEUMEGA	6	PAR QLL(21 per 21 days) MO
NEUPOGEN	6	PAR MO
PEG-INTRON	6	PAR MO
PEG-INTRON REDIPEN	6	PAR MO
PEG-INTRON REDIPEN PAK 4	6	PAR MO
PEGASYS	6	PAR MO
PEGASYS PROCLICK	6	PAR MO
PROCRT INJ 10000UNIT/5 ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	5	PAR MO
PROCRT INJ 20000UNIT/6 ML, 40000UNIT/ML	6	PAR MO
PROLEUKIN	6	MO
REBIF	6	PAR MO
REBIF REBIDOSE	6	PAR MO
REBIF REBIDOSE TITRATION PACK	6	PAR MO
REBIF TITRATION PACK	6	PAR MO
SYLATRON	6	PAR MO
TEV-TROPIN	5	PAR MO
Burn Therapy		
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
Cardiac Glycosides		
<i>digoxin oral soln</i>	2	MO
<i>digoxin tabs 0.125mg</i>	2	QLL(30 per 30 days) MO
<i>digoxin tabs 0.25mg</i>	2	MO
LANOXIN TABS 0.125MG	3	QLL(30 per 30 days) MO
LANOXIN TABS 0.25MG	3	MO
Cephalosporins		

Drug Name	Drug Tier	Requirements/Limits
CEDAX CAPS	4	MO
<i>cefaclor</i>	2	MO
<i>cefaclor er</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	5	
<i>cefazolin sodium inj 1gm</i>	5	MO
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	5	MO
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	5	
<i>cefdinir</i>	3	MO
<i>cefditoren pivoxil tabs 200mg</i>	4	
<i>cefditoren pivoxil tabs 400mg</i>	4	MO
<i>cefepime inj 1gm</i>	5	MO
<i>cefepime inj 1gm/50ml, 2gm, 2gm/100ml</i>	5	
<i>cefotaxime sodium inj 10gm, 2gm</i>	5	MO
<i>cefotaxime sodium inj 1gm, 500mg</i>	5	
<i>cefotetan</i>	5	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	5	
<i>cefoxitin sodium inj 1gm</i>	5	MO
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime inj 1gm, 6gm</i>	5	
<i>ceftazidime inj 2gm</i>	5	MO
CEFTAZIDIME/ DEXTROSE	5	
CEFTIN SUSR	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	5	MO
<i>ceftriaxone sodium</i>	5	MO
<i>ceftriaxone/dextrose</i>	5	
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	5	MO
<i>cefuroxime sodium inj 7.5gm</i>	5	
<i>cephalexin caps 250mg, 500mg</i>	2	MO
<i>cephalexin susr</i>	2	MO
<i>cephalexin tabs</i>	2	MO
CLAFORAN INJ 10GM, 2GM	5	MO

Drug Name	Drug Tier	Requirements/Limits
CLAFORAN INJ 1GM, 500MG	5	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	4	MO
SUPRAX SUSR 500MG/5ML	4	
SUPRAX TABS	4	MO
Cholinergic Stimulants		
<i>bethanechol chloride</i>	3	MO
Cholinesterase Inhibitor Miotics		
PHOSPHOLINE IODIDE	4	MO
Coagulation Therapy		
AGGRENOX	3	QLL(60 per 30 days) MO
<i>aminocaproic acid syrp</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel tabs 300mg</i>	2	MO
<i>clopidogrel tabs 75mg</i>	2	QLL(30 per 30 days) MO
COUMADIN INJ	5	MO
COUMADIN TABS	4	MO
EFFIENT	4	QLL(30 per 30 days) MO
<i>enoxaparin sodium inj 100mg/5ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>		MO
<i>enoxaparin sodium inj 120mg/60.8ml, 150mg/ml</i>		MO
<i>fondaparinux sodium inj 10mg/60.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>		MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	5	MO
FRAGMIN INJ 10000UNIT/6ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 25000UNIT/ML, 7500UNIT/0.3ML		ST MO
FRAGMIN INJ 2500UNIT/50.2ML, 5000UNIT/0.2ML		ST MO
<i>heparin lock flush inj 100unit/5ml</i>		B/D PAR MO
<i>heparin lock inj 100unit/ml</i>	5	B/D PAR MO
<i>heparin sodium dcu</i>	5	B/D PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium inj 10000unit/5ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>		B/D PAR MO
<i>heparin sodium inj 2500unit/ml</i>	5	B/D PAR
<i>heparin sodium lock flush inj 100unit/ml</i>	5	B/D PAR MO
<i>heparin sodium/d5w</i>	5	B/D PAR
<i>heparin sodium/nacl 0.45%</i>	5	B/D PAR
<i>heparin sodium/nacl 0.9%</i>	5	B/D PAR
<i>heparin sodium/sodium chloride 0.9%</i>	5	B/D PAR
<i>heparin sodium/sodium chloride 0.9% premix</i>		B/D PAR
<i>jantoven</i>	1	MO
<i>pentoxifylline er</i>	2	MO
PRADAXA	4	PAR QLL(60 per 30 days) MO
PROMACTA	6	LA PAR MO
<i>tranexamic acid inj</i>	5	
<i>warfarin sodium</i>	1	MO
XARELTO TABS 10MG, 20MG	4	PAR QLL(30 per 30 days) MO
XARELTO TABS 15MG	4	PAR QLL(42 per 30 days) MO
Cycloplegic Mydriatics		
<i>atropine sulfate oint</i>	2	MO
<i>atropine sulfate ophthalmic soln</i>	2	MO
<i>atropine-care</i>	2	MO
<i>homatropaire</i>	2	MO
<i>homatropine hbr</i>	2	MO
<i>tropicamide</i>	2	MO
Diabetes Therapy		
<i>acarbose tabs 100mg</i>	2	QLL(90 per 30 days) MO
<i>acarbose tabs 25mg</i>	2	QLL(360 per 30 days) MO
<i>acarbose tabs 50mg</i>	2	QLL(180 per 30 days) MO
ACTOPLUS MET XR TB243 1000MG; 15MG		QLL(60 per 30 days) MO
ACTOPLUS MET XR TB243 1000MG; 30MG		QLL(45 per 30 days) MO
<i>alcohol preps pads</i>	1	MO
APIDRA	4	ST MO

Drug Name	Drug Tier	Requirements/ Limits
APIDRA SOLOSTAR	4	ST MO
BYDUREON	3	PAR QLL(4 per 28 days) MO
BYETTA INJ 10MCG/ 0.04ML	3	PAR QLL(2.4 per 30 days) MO
BYETTA INJ 5MCG/ 0.02ML	3	PAR QLL(1.2 per 30 days) MO
CYCLOSET	4	QLL(180 per 30 days) MO
<i>gauze pads 2"x2"</i>	1	QLL(200 per 30 days) MO
<i>glimepiride tabs 1mg</i>	2	QLL(240 per 30 days) MO
<i>glimepiride tabs 2mg</i>	2	QLL(120 per 30 days) MO
<i>glimepiride tabs 4mg</i>	2	QLL(60 per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QLL(60 per 30 days) MO
<i>glipizide er tb24 2.5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide er tb24 5mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QLL(60 per 30 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide xl tb24 5mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QLL(120 per 30 days) MO
GLUCAGEN	5	MO
GLUCAGEN HYPOKIT	5	MO
GLUCAGON	5	MO
EMERGENCY KIT		
GLUMETZA TB24 1000MG	4	QLL(60 per 30 days) MO
GLUMETZA TB24 500MG	4	QLL(120 per 30 days) MO
GLYSET TABS 100MG	4	QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
GLYSET TABS 25MG	4	QLL(360 per 30 days) MO
GLYSET TABS 50MG	4	QLL(180 per 30 days) MO
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN	3	MO
HUMAPEN LUXURA HD	3	MO
HUMAPEN MEMOIR	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 PEN	3	MO
HUMULIN N	3	MO
HUMULIN N U-100 PEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
INSULIN PEN NEEDLE	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	QLL(200 per 30 days) MO
JANUMET	3	QLL(60 per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QLL(30 per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QLL(60 per 30 days) MO
JANUVIA TABS 100MG	3	QLL(30 per 30 days) MO
JANUVIA TABS 25MG	3	QLL(120 per 30 days) MO
JANUVIA TABS 50MG	3	QLL(60 per 30 days) MO
JUVISYNC	3	QLL(30 per 30 days) MO
KAZANO	3	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QLL(30 per 30 days) MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
<i>metformin hcl er tb24 1000mg</i>	1	QLL(75 per 30 days) MO
<i>metformin hcl er tb24 500mg</i>	1	QLL(120 per 30 days) MO
<i>metformin hcl er tb24 500mg</i>	1	QLL(150 per 30 days) MO
<i>metformin hcl er tb24 750mg</i>	1	QLL(80 per 30 days) MO
<i>metformin hcl tabs 1000mg</i>	1	QLL(76 per 30 days) MO
<i>metformin hcl tabs 500mg</i>	1	QLL(153 per 30 days) MO
<i>metformin hcl tabs 850mg</i>	1	QLL(90 per 30 days) MO
<i>nateglinide tabs 120mg</i>	2	QLL(90 per 30 days) MO
<i>nateglinide tabs 60mg</i>	2	QLL(180 per 30 days) MO
NEEDLES, INSULIN DISP., SAFETY	3	QLL(200 per 30 days) MO
NESINA TABS 12.5MG	3	QLL(60 per 30 days) MO
NESINA TABS 25MG	3	QLL(30 per 30 days) MO
NESINA TABS 6.25MG	3	QLL(120 per 30 days) MO
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA TABS 2.5MG	3	QLL(60 per 30 days) MO
ONGLYZA TABS 5MG	3	QLL(30 per 30 days) MO
OSENI TABS 12.5MG; 15MG	3	QLL(60 per 30 days) MO
OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QLL(30 per 30 days) MO
<i>pioglitazone hcl tabs 15mg</i>	2	QLL(90 per 30 days) MO
<i>pioglitazone hcl tabs 30mg</i>	2	QLL(45 per 30 days) MO
<i>pioglitazone hcl tabs 45mg</i>	2	QLL(30 per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	3	QLL(30 per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	2	QLL(90 per 30 days) MO
PRANDIMET	4	QLL(150 per 30 days) MO
PRANDIN TABS 0.5MG	4	QLL(960 per 30 days) MO
PRANDIN TABS 1MG	4	QLL(480 per 30 days) MO
PRANDIN TABS 2MG	4	QLL(240 per 30 days) MO
PROGLYCEM	3	MO
<i>repaglinide tabs 1mg</i>	4	QLL(480 per 30 days)
<i>repaglinide tabs 2mg</i>	4	QLL(240 per 30 days)
SYMLINPEN 120	4	PAR MO
SYMLINPEN 60	4	PAR MO
<i>tolazamide tabs 250mg</i>	2	QLL(120 per 30 days) MO
<i>tolazamide tabs 500mg</i>	2	QLL(60 per 30 days) MO
<i>tolbutamide</i>	2	QLL(180 per 30 days) MO
VICTOZA	3	PAR QLL(9 per 30 days) MO
Direct Acting Miotics		
<i>pilocarpine hcl</i>	2	MO
PILOPINE HS	4	MO
Electrolytes		

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate caps	2	MO
dextrose 5%/potassium chloride 0.15%	5	
effervescent pot chloride	2	MO
effervescent potassium	1	MO
effervescent potassium/chloride	2	MO
k-effervescent	1	MO
k-phos neutral	4	MO
k-vescent tbef	1	MO
kcl 0.075%/d5w/nacl 0.45%	5	
kcl 0.15%/d5w/ nacl 0.3%	5	
kcl 0.15%/d5w/lr	5	MO
kcl 0.15%/d5w/nacl 0.2%	5	MO
kcl 0.15%/d5w/nacl 0.225%	5	MO
kcl 0.15%/d5w/nacl 0.45%	5	MO
kcl 0.15%/d5w/nacl 0.9%	5	
kcl 0.3%/d5w/lr iv lac ring	5	
kcl 0.3%/d5w/nacl 0.45%	5	
kcl 0.3%/d5w/nacl 0.9%	5	
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con/ef	1	MO
lactated ringers	5	MO
lactated ringers viaflex	5	MO
magnesium sulfate inj 40mg/ml, 80mg/ml	5	
magnesium sulfate inj 50%	5	MO
NORMOSOL -R	5	
NORMOSOL-R IN D5W	5	
phospha 250 neutral	2	MO
potassium chloride 0.15% /nacl 0.45% viaflex	5	
potassium chloride 0.15% d5w/5 nacl 0.33%	5	
potassium chloride 0.15% d5w/5 nacl 0.45%	5	MO
potassium chloride 0.15% d5w/5 nacl 0.45% viaflex	5	MO
potassium chloride 0.15% nacl 0.9%	5	
potassium chloride 0.15% w/ nacl 0.9% viaflex	5	
potassium chloride 0.15%/d5w	5	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride 0.15%/nacl 0.9%	5	
potassium chloride 0.22% d5w/5 nacl 0.45%	5	
potassium chloride 0.224%/ d5w/nacl 0.45%	5	
potassium chloride 0.224%d5w/nacl 0.45% viaflex	5	
potassium chloride 0.3%/ nacl 0.9%	5	
potassium chloride 0.3%/d5w	5	
potassium chloride 0.3%/nacl 0.9%/viaflex	5	
potassium chloride cr	2	MO
potassium chloride er	2	MO
potassium chloride inj 0.4meq/5 ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 30meq/100ml, 40meq/100ml	5	
potassium chloride inj 2meq/ml	5	MO
potassium chloride liqd	1	MO
potassium chloride oral soln	1	MO
potassium chloride sr	2	MO
ringers injection	5	
sodium bicarbonate inj 4.2%	5	
sodium bicarbonate inj 7.5%, 8.4%	5	MO
sodium bicarbonate partial fill	5	MO
sodium chloride 0.45%	5	MO
sodium chloride 0.45% viaflex	5	MO
sodium chloride inj 2.5meq/ml, 3%, 4meq/ml	5	MO
sodium chloride inj 5%	5	
sodium lactate inj	5	
TPN ELECTROLYTES	5	
Erythromycins & Other Macrolides		
AZITHROMYCIN INJ 2.5GM	5	
azithromycin inj 500mg	5	MO
azithromycin pack	2	MO
azithromycin susr 100mg/5ml	2	QLL(15 per 1 days) MO
azithromycin susr 200mg/5ml	2	QLL(46 per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 250mg</i>	2	QLL(6 per 1 days) MO
<i>azithromycin tabs 500mg</i>	2	QLL(3 per 1 days) MO
<i>azithromycin tabs 600mg</i>	2	QLL(8 per 1 days) MO
<i>clarithromycin</i>	2	MO
<i>clarithromycin er</i>	2	QLL(28 per 1 days) MO
DIFICID	6	PAR MO
E.E.S. GRANULES	4	MO
<i>e.s.p.</i>	2	MO
<i>ery-tab tbec 250mg, 333mg</i>	4	MO
ERY-TAB TBEC 500MG	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN	5	
LACTOBIONATE		
<i>erythrocin stearate</i>	2	MO
<i>erythromycin</i>	2	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin ethylsuccinate</i>	2	MO
<i>erythromycin/sulfisoxazole</i>	2	MO
PCE	4	MO
ZMAX	3	MO
Estrogens & Progestins		
<i>camila</i>	3	MO
CLIMARA PRO	4	PAR QLL(4 per 28 days) MO
CRINONE	4	MO
<i>errin</i>	3	MO
ESTRACE CREA	4	MO
<i>estradiol ptwk</i>	3	QLL(4 per 28 days) MO
<i>estradiol tabs</i>	3	PAR MO
<i>estradiol valerate</i>	5	MO
ESTRING	4	QLL(1 per 90 days) MO
FEMRING	4	QLL(1 per 90 days) MO
<i>heather</i>	3	MO
<i>jolivette</i>	3	MO
<i>medroxyprogesterone acetate inj</i>	5	MO
<i>medroxyprogesterone acetate tabs</i>	1	MO
MENEST	4	PAR MO
NOR-QD	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be</i>	3	MO
<i>norethindrone</i>	3	MO
<i>norethindrone acetate</i>	2	MO
PREMARIN CREA	4	MO
PREMARIN INJ	5	PAR MO
PREMARIN TABS	4	PAR MO
<i>progesterone caps</i>	2	ST MO
VAGIFEM	4	MO
Gout Therapy		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	5	
<i>aloprim</i>	5	
COLCRYS	4	PAR MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
ULORIC	3	ST MO
Irrigating Solutions		
<i>lactated ringers irrigation</i>	5	B/D PAR MO
<i>neomycin/polymyxin b sulfates</i>	5	MO
PHYSIOLYTE	5	B/D PAR
PHYSIOSOL IRRIGATION	5	B/D PAR
PHYSIOSOL IRRIGATION	5	B/D PAR
PH 7.4		
<i>ringers irrigation</i>	5	B/D PAR MO
Lipid/Cholesterol Lowering Agents		
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QLL(60 per 30 days) MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QLL(30 per 30 days) MO
ALTOPREV	4	PAR QLL(30 per 30 days) MO
<i>amlodipine besylate/atorvastatin</i>	4	QLL(30 per 30 days) MO
<i>calcium</i>		
<i>atorvastatin calcium</i>	1	QLL(30 per 30 days) MO
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colestipol hcl for oral suspension</i>	3	MO
<i>colestipol hcl gran</i>	3	MO
<i>colestipol hcl tabs</i>	2	MO
CRESTOR	3	QLL(30 per 30 days) ST MO
<i>fenofibrate caps</i>	4	MO
<i>fenofibrate micronized caps</i>	2	QLL(30 per 30 days) MO
<i>134mg, 200mg</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized caps 67mg</i>	2	QLL(90 per 30 days) MO
<i>fenofibrate tabs 145mg, 48mg</i>	2	MO
<i>fenofibrate tabs 160mg</i>	2	QLL(30 per 30 days) MO
<i>fenofibrate tabs 54mg</i>	2	QLL(90 per 30 days) MO
<i>fenofibric acid dr cpdr 135mg, 3 45mg</i>		
<i>fenofibric acid dr cpdr 135mg, 3 45mg</i>		MO
<i>fluvastatin</i>	2	QLL(60 per 30 days) MO
<i>gemfibrozil</i>	1	MO
LESCOL XL	4	PAR QLL(30 per 30 days) MO
LIVALO	4	PAR QLL(30 per 30 days) MO
LOFIBRA CAPS 67MG	4	QLL(90 per 30 days) MO
<i>lovastatin tabs 10mg, 20mg</i>	1	QLL(30 per 30 days) MO
<i>lovastatin tabs 40mg</i>	1	QLL(60 per 30 days) MO
LOVAZA	3	MO
<i>micronized colestipol hcl</i>	2	MO
NIACOR	3	MO
<i>pravastatin sodium</i>	1	QLL(30 per 30 days) MO
<i>prevalite</i>	2	MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	4	QLL(60 per 30 days) MO
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	4	QLL(30 per 30 days) MO
<i>simvastatin</i>	1	QLL(30 per 30 days) MO
TRILIPIX	3	MO
VYTORIN	4	PAR QLL(30 per 30 days) MO
WELCHOL	3	MO
ZETIA	4	PAR QLL(30 per 30 days) MO
Migraine & Cluster Headache Therapy		
<i>dihydroergotamine mesylate inj</i>	5	MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QLL(8 per 28 days) MO

Drug Name	Drug Tier	Requirements/ Limits
ERGOMAR	3	MO
<i>migergot</i>	3	MO
MIGRANAL	6	QLL(8 per 28 days) MO
<i>naratriptan hcl</i>	3	QLL(9 per 30 days) MO
<i>sumatriptan nasal soln 20mg/ act</i>	3	QLL(8 per 30 days) MO
<i>sumatriptan nasal soln 5mg/act</i>	3	QLL(16 per 30 days) MO
<i>sumatriptan succinate inj</i>	5	QLL(4 per 30 days) MO
<i>sumatriptan succinate refill</i>	5	QLL(4 per 30 days) MO
<i>sumatriptan succinate tabs</i>	3	QLL(9 per 30 days) MO
Miscellaneous Agents		
<i>acetic acid 0.25%</i>	2	MO
ACTONEL TABS 30MG	4	QLL(30 per 30 days) ST MO
ADAGEN	6	MO
<i>alendronate sodium tabs 40mg</i>	1	QLL(30 per 30 days) MO
<i>anagrelide hydrochloride</i>	3	MO
ARALAST NP INJ 1000MG, 800MG	6	MO
ARALAST NP INJ 400MG, 500MG	6	LA MO
ASTEPRO	3	QLL(30 per 25 days) MO
<i>azelastine hcl nasal soln</i>	2	QLL(30 per 25 days) MO
BACTROBAN NASAL	4	MO
BUPHENYL TABS	6	PAR MO
CARBAGLU	6	LA PAR MO
<i>cevimeline hcl</i>	4	MO
CHEMET	4	MO
<i>chlorhexadine gluconate oral rinse</i>	1	MO
<i>chlorhexidine gluconate mouth/ throat soln</i>	1	MO
<i>chlorhexidine gluconate oral rinse</i>	1	MO
CLINIMIX 4.25%/ DEXTROSE 5%	5	
CLINIMIX E 2.75%/ DEXTROSE 10%	5	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 5%	5	
denta 5000 plus	2	MO
dentagel	2	MO
dextrose 10%/nacl 0.45%	5	
dextrose 2.5%	5	
dextrose 10% flex container	5	
DEXTROSE 10% INJ 10%	5	
dextrose 10% inj 10%	5	MO
dextrose 10%/nacl 0.2%	5	
dextrose 2.5%/nacl 0.45%	5	
dextrose 2.5%/sodium chloride 0.45%	5	
dextrose 25%	5	
dextrose 30%	5	
dextrose 30% partial fill	5	
dextrose 40%	5	
dextrose 5%	5	MO
dextrose 5% viaflex	5	MO
dextrose 5%/lactated ringers	5	MO
dextrose 5%/nacl 0.2%	5	
dextrose 5%/nacl 0.225%	5	
dextrose 5%/nacl 0.3%	5	
dextrose 5%/nacl 0.33%	5	
dextrose 5%/nacl 0.45%	5	MO
dextrose 5%/nacl 0.9%	5	MO
dextrose 5%/sodium chloride 0.2%	5	
dextrose 5%/sodium chloride 0.33%	5	
dextrose 5%/sodium chloride 0.45%	5	MO
dextrose 5%/sodium chloride 0.9%	5	MO
dextrose 50%	5	MO
dextrose 70%	5	
dextrose thermoject system	5	
disulfiram	3	MO
etidronate disodium	2	MO
EXJADE	6	LA PAR MO
FERRIPROX	6	PAR MO
FOSRENOL	6	QLL(90 per 30 days) ST MO
GLASSIA	6	LA MO
INCRELEX	6	LA PAR MO

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal soln	2	QLL(30 per 30 days) MO
kalexate	3	MO
kionex	4	MO
lactated ringers dextrose 5%	5	MO
viaflex		
levocarnitine inj	5	B/D PAR MO
levocarnitine oral soln	2	B/D PAR MO
levocarnitine tabs	2	B/D PAR MO
midodrine hcl	3	MO
neutral sodium fluoride	2	MO
ORFADIN	6	LA MO
PATANASE	4	QLL(31 per 30 days) MO
periogard	1	MO
pilocarpine hcl	2	MO
pilocarpine hydrochloride	2	MO
POLYETHYLENE GLYCOL 3350-GRX	2	MO
PROLASTIN-C	6	LA MO
RENAGEL	4	ST MO
REVELA PACK	3	QLL(90 per 30 days) MO
REVELA TABS	3	QLL(270 per 30 days) MO
riluzole	6	MO
saline flush	5	MO
saline flush zr/sterile field	5	MO
sf 5000 plus	2	MO
sodium chloride 0.9%	5	MO
sodium chloride 0.9%	5	MO
sodium chloride bacteriostatic	5	MO
sodium chloride bacteriostatic/ benzyl alcohol	5	MO
sodium chloride flush	5	MO
sodium chloride inj 0.9%	5	MO
sodium chloride irrigation soln	5	MO
sodium chloride pab	5	MO
sodium chloride thermoject system	5	MO
sodium phenylbutyrate	6	MO
sodium polystyrene sulfonate powd	3	MO
sodium polystyrene sulfonate susp 15gm/60ml	3	MO

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate susp 30gm/120ml	3	
sps	3	MO
sterile water irrigation	5	MO
sterile water irrigation plastic bottle	5	MO
sterile water irrigation w/hanger	5	MO
SYPRINE	6	MO
triamcinolone acetonide pste	2	MO
triamcinolone in orabase	2	MO
TYZINE	3	MO
TYZINE PEDIATRIC	4	MO
NASAL DROPS		
ZEMAIRA	6	LA MO
Miscellaneous Antiinfectives		
ALBENZA	4	MO
ALINIA	4	MO
amikacin sulfate	5	MO
atovaquone/proguanil hcl	4	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	5	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	6	
aztreonam	5	MO
baciim	5	MO
bacitracin inj	5	MO
BILTRICIDE	4	MO
CAPASTAT SULFATE	5	
CAYSTON	6	LA MO
chloramphenicol sodium succinate	5	
chloroquine phosphate	2	MO
CLEOCIN PEDIATRIC GRANULES	4	MO
clindamycin hcl	2	MO
clindamycin palmitate hcl	4	MO
clindamycin phosphate advantage	5	MO
clindamycin phosphate in d5w 5 inj 300mg/50ml; 5%, 600mg/50ml; 5%		
clindamycin phosphate in d5w 5 inj 900mg/50ml; 5%		MO
clindamycin phosphate inj	5	MO

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate pharmacy bulk package	5	MO
COARTEM	4	MO
colistimethate sodium	5	MO
COLY-MYCIN M	5	MO
CUBICIN	6	B/D PAR MO
DAPSONE	4	MO
DARAPRIM	3	MO
DORIBAX	5	
ethambutol hcl	2	MO
FLAGYL CAPS	4	MO
FLAGYL ER	4	MO
gentamicin sulfate inj	5	MO
gentamicin sulfate/0.9% sodium chloride	5	
gentamicin sulfate/sodium chloride	5	
hydroxychloroquine sulfate	1	MO
imipenem/cilastatin	5	MO
INVANZ	5	MO
isoniazid inj	5	
isoniazid syrp	1	MO
isoniazid tabs	1	MO
isotonic gentamicin inj 0.8mg/5 ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%		
ISOTONIC GENTAMICIN INJ 2MG/ML; 0.9%		
KETEK	3	QLL(20 per 1 days) MO
LINCOCIN	5	MO
MALARONE	4	MO
mefloquine hcl	2	MO
MEPRON	6	PAR MO
meropenem	5	MO
metro iv	5	MO
metronidazole in nacl 0.79%	5	MO
metronidazole tabs	2	MO
MYAMBUTOL	4	MO
MYCOBUTIN	3	MO
NEBUPENT	3	B/D PAR MO
neomycin sulfate tabs	2	MO
paromomycin sulfate	3	MO
PASER	4	MO
PENTAM 300	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate</i>	5	MO
PRIFTIN	3	MO
PRIMAQUINE PHOSPHATE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	4	PAR MO
RIFADIN CAPS	4	MO
RIFADIN INJ	5	MO
RIFAMATE	4	MO
<i>rifampin caps</i>	2	MO
<i>rifampin inj</i>	5	MO
RIFATER	3	MO
SEROMYCIN	4	MO
STREPTOMYCIN SULFATE	5	MO
STROMECTOL	3	MO
<i>tinidazole</i>	2	MO
TOBI	6	B/D PAR MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	5	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	5	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	5	
TRECTOR	4	MO
TYGACIL	6	MO
XIFAXAN TABS 200MG	6	MO
ZYVOX INJ	6	MO
ZYVOX SUSR	6	PAR QLL(1800 per 1 days) MO
ZYVOX TABS	6	PAR QLL(28 per 1 days) MO
Miscellaneous Cardiovascular Agents		
RANEXA	3	MO
Miscellaneous Dermatologicals		
<i>8-MOP</i>	4	PAR MO
<i>ammonium lactate</i>	2	MO
CARAC	4	MO
CARMOL-HC	4	MO
CONDYLOX GEL	4	MO
ELIDEL	4	PAR QLL(60 per 1 days) MO
<i>fluorouracil crea</i>	3	MO
<i>fluorouracil external soln</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i>	3	MO
<i>lac lotion</i>	4	MO
OXSORALEN ULTRA	6	PAR MO
PANRETIN	6	MO
<i>podofilox</i>	2	MO
PROTOPIC	4	PAR QLL(60 per 1 days) MO
<i>pradoxin</i>	4	MO
SOLARAZE	3	PAR QLL(100 per 30 days) MO
U-CORT	4	MO
UVADEX	5	B/D PAR
Miscellaneous Gastrointestinal Agents		
ALOXI	5	MO
ANZEMET INJ	5	MO
APRISO	3	MO
ASACOL	3	MO
ASACOL HD	3	MO
<i>balsalazide disodium</i>	3	MO
<i>budesonide cp24</i>	6	MO
CANASA	3	MO
CESAMET	6	B/D PAR MO
CIMZIA	6	PAR QLL(6 per 28 days) MO
CIMZIA STARTER KIT	6	PAR QLL(6 per 28 days) MO
<i>colocort</i>	4	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	4	MO
CREON	3	MO
<i>cromolyn sodium conc</i>	3	MO
CYSTADANE	3	MO
DELZICOL	3	MO
DIPENTUM	6	MO
<i>dronabinol</i>	3	B/D PAR MO
EMEND CAPS	3	B/D PAR QLL(12 per 30 days) MO
EMEND CAPS 125MG	3	B/D PAR QLL(4 per 30 days) MO
EMEND CAPS 40MG	3	B/D PAR QLL(1 per 1 days) MO
EMEND CAPS 80MG	3	B/D PAR QLL(8 per 30 days) MO
<i>enulose</i>	2	MO
GATTEX	6	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/ flavor pack</i>	1	MO
<i>generlac</i>	2	MO
GOLYTELY ORAL SOLN 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	MO
<i>granisetron hcl inj</i>	5	MO
<i>granisetron hcl tabs</i>	3	B/D PAR QLL(30 per 30 days) MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	MO
<i>hydrocortisone enem</i>	2	MO
KRISTALOSE	4	MO
<i>lactulose</i>	2	MO
LIALDA	3	MO
LOTRONEX TABS 0.5MG	3	PAR QLL(60 per 30 days) MO
LOTRONEX TABS 1MG	6	PAR QLL(60 per 30 days) MO
<i>meclizine hcl tabs</i>	1	MO
<i>mesalamine</i>	3	MO
<i>metoclopramide hcl inj</i>	5	MO
<i>metoclopramide hcl oral soln</i>	1	MO
<i>metoclopramide hcl tabs</i>	1	MO
MOVIPREP	4	MO
<i>ondansetron hcl inj</i>	5	MO
<i>ondansetron hcl oral soln</i>	3	B/D PAR QLL(450 per 30 days) MO
<i>ondansetron hcl tabs 24mg</i>	3	B/D PAR QLL(30 per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	3	B/D PAR QLL(90 per 30 days) MO
<i>ondansetron odt</i>	3	B/D PAR QLL(90 per 30 days) MO
OSMOPREP	4	MO
<i>peg 3350/electrolytes</i>	2	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/2 kcl</i>	2	MO
PENTASA	3	MO
<i>polyethylene glycol 3350 pack</i>	2	MO
<i>polyethylene glycol 3350 powd</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	5	MO
<i>prochlorperazine maleate</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	1	MO
RELISTOR	5	PAR MO
REMICADE	6	PAR MO
SANCUSO	6	PAR QLL(4 per 28 days) MO
SUCRAID	6	MO
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
SUPREP BOWEL PREP	4	MO
<i>trilyte</i>	1	MO
UCERIS	6	MO
<i>ursodiol</i>	2	MO
ZENPEP	4	MO
ZOFRAN INJ	5	MO
Miscellaneous Hormones		
ALDURAZYME	6	PAR MO
ANDRODERM	4	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 20.25MG/1.25GM	3	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 25MG/ 2.5GM, 50MG/5GM	3	PAR QLL(300 per 30 days) MO
ANDROGEL GEL 40.5MG/3 2.5GM	3	PAR QLL(60 per 30 days) MO
ANDROGEL PUMP GEL 1%	3	PAR QLL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62%	3	PAR QLL(150 per 30 days) MO
<i>androxy</i>	4	PAR MO
<i>cabergoline</i>	3	MO
<i>calcitonin salmon</i>	2	QLL(4 per 30 days) MO
<i>calcitonin-salmon</i>	2	QLL(4 per 30 days) MO
<i>calcitriol caps</i>	2	B/D PAR MO
<i>calcitriol inj</i>	5	B/D PAR MO
<i>calcitriol oral soln</i>	2	B/D PAR MO
CEREZYME	6	PAR MO
<i>danazol</i>	3	MO
DDAVP INJ	5	MO
<i>desmopressin acetate inj</i>	5	MO
<i>desmopressin acetate nasal soln</i>	3	MO
<i>desmopressin acetate tabs</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE	6	PAR MO
FABRAZYME	6	PAR MO
<i>fortical</i>	2	QLL(4 per 30 days) MO
HECTOROL INJ	5	B/D PAR MO
KUVAN	6	LA PAR MO
NAGLAZYME	6	LA PAR MO
<i>oxandrolone tabs 10mg</i>	6	PAR MO
<i>oxandrolone tabs 2.5mg</i>	3	PAR MO
<i>pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/10ml</i>	5	B/D PAR MO
<i>pamidronate disodium inj 6mg/5 ml</i>		B/D PAR
SAMSCA TABS 15MG	6	PAR QLL(30 per 30 days) MO
SAMSCA TABS 30MG	6	PAR QLL(60 per 30 days) MO
SENSIPAR TABS 30MG	3	QLL(60 per 30 days) MO
SENSIPAR TABS 60MG	6	QLL(60 per 30 days) MO
SENSIPAR TABS 90MG	6	QLL(120 per 30 days) MO
SOMAVERT	6	LA PAR MO
STIMATE	4	MO
SYNAREL	6	PAR MO
TESTIM	3	PAR QLL(300 per 30 days) MO
<i>testosterone cypionate</i>	5	MO
<i>testosterone enanthate</i>	5	MO
ZAVESCA	6	LA PAR MO
ZEMPLAR CAPS	4	B/D PAR MO
<i>zoledronic acid inj 4mg</i>	6	
<i>zoledronic acid inj 4mg/5ml</i>	6	MO
ZOMETA	6	MO
Miscellaneous Neurological Therapy		
AMPYRA	6	LA PAR QLL(60 per 30 days) MO
ARICEPT TABS 23MG	3	QLL(30 per 30 days) ST MO
COPAXONE	6	PAR MO
<i>donepezil hcl tabs 10mg, 5mg</i>	2	QLL(30 per 30 days) MO
<i>donepezil hcl tbdp</i>	2	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
EXELON PT24	3	QLL(30 per 30 days) MO
<i>galantamine</i>	2	QLL(60 per 30 days) MO
<i>galantamine hydrobromide cp242</i>		QLL(30 per 30 days) MO
<i>galantamine hydrobromide oral2 soln</i>		QLL(180 per 30 days) MO
<i>galantamine hydrobromide tabs2</i>		QLL(60 per 30 days) MO
GILENYA	6	PAR QLL(30 per 30 days) MO
HORIZANT	4	PAR QLL(60 per 30 days) MO
NAMENDA ORAL SOLN	3	QLL(300 per 30 days) MO
NAMENDA TABS	3	QLL(60 per 30 days) MO
NAMENDA TITRATION PAK	3	QLL(60 per 30 days) MO
NUEDEXTA	3	PAR MO
<i>rivastigmine tartrate</i>	2	QLL(60 per 30 days) MO
TYSABRI	6	LA PAR MO
XENAZINE	6	LA PAR MO
Miscellaneous Ob/Gyn		
CLEOCIN CREA	4	MO
CLEOCIN SUPP	4	MO
<i>clindamycin phosphate crea</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole 3</i>	2	QLL(6 per 30 days) MO
NUVARING	4	MO
ORTHO EVRA	4	MO
<i>terconazole crea 0.4%</i>	2	QLL(90 per 30 days) MO
<i>terconazole crea 0.8%</i>	2	QLL(40 per 30 days) MO
<i>terconazole supp</i>	2	QLL(3 per 3 days) MO
<i>vandazole</i>	2	MO
<i>zazole crea</i>	2	
Miscellaneous Ophthalmologics		
ALCAINE	4	MO
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl ophthalmic soln</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophthalmic soln</i>	2	MO
EMADINE	4	MO
<i>epinastine hcl</i>	2	MO
LACRISERT	3	MO
PATADAY	3	MO
PATANOL	3	MO
RESTASIS	3	MO
Miscellaneous Otic Preparations		
<i>acetazol hc</i>	3	MO
<i>acetic acid otic soln</i>	1	MO
<i>acetic acid/aluminum acetate</i>	1	MO
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone/acetic acid</i>	3	MO
<i>ofloxacin</i>	2	MO
Miscellaneous Urologicals		
AMMONIUM CHLORIDE5		
CIALIS TABS 2.5MG, 5MG4		PAR QLL(30 per 30 days) MO
<i>citric acid/sodium citrate</i>	2	MO
CYSTAGON	3	LA MO
<i>cytra k crystals</i>	2	MO
<i>cytra-2</i>	2	MO
<i>cytra-3</i>	2	MO
<i>cytra-k</i>	2	MO
ELMIRON	4	MO
<i>potassium citrate tbcr</i>	2	MO
<i>tricitrates</i>	2	MO
Miscellaneous Vitamins, Hematinics, & Electrolytes		
AMINOSYN 8.5%/	5	
ELECTROLYTES		
AMINOSYN II	5	
AMINOSYN II 8.5%/	5	
ELECTROLYTES		
AMINOSYN INJ 148MEQ/5		
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, 90MEQ/L;		
1100MG/100ML; 850MG/		

Drug Name	Drug Tier	Requirements/Limits
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		
AMINOSYN M	5	
AMINOSYN-HBC	5	
AMINOSYN-PF	5	
AMINOSYN-PF 7%	5	
CLINIMIX 2.75%/	5	
DEXTROSE 5%		
CLINIMIX 4.25%/	5	
DEXTROSE 10%		
CLINIMIX 4.25%/	5	
DEXTROSE 20%		
CLINIMIX 4.25%/	5	
DEXTROSE 25%		
CLINIMIX 5%/DEXTROSE5		
15%		
CLINIMIX 5%/DEXTROSE5		
20%		
CLINIMIX 5%/DEXTROSE5		
25%		
CLINIMIX E 4.25%/	5	
DEXTROSE 10%		
CLINIMIX E 4.25%/	5	
DEXTROSE 25%		
CLINIMIX E 4.25%/	5	
DEXTROSE 5%		
CLINIMIX E 5%/	5	
DEXTROSE 15%		
CLINIMIX E 5%/	5	
DEXTROSE 20%		
CLINIMIX E 5%/	5	
DEXTROSE 25%		
CLINISOL SF 15%	5	MO
FREAMINE III INJ 72MEQ/5		MO
L; 600MG/100ML; 810MG/		
100ML; 3MEQ/L; 14MG/		
100ML; 1190MG/100ML;		
240MG/100ML; 590MG/		
100ML; 770MG/100ML;		

Drug Name	Drug Tier	Requirements/ Limits
620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML		
<i>freamine iii inj</i> 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	5	
HEPATAMINE	5	
HEPATASOL	5	
INTRALIPID INJ 1.7%; 30%	5	
<i>intralipid inj</i> 2.25%; 20%	5	MO
IONOSOL-B/DEXTROSE 5%	5	
IONOSOL-MB/DEXTROSE 5%	5	
ISOLYTE-M/DEXTROSE 5%	5	
ISOLYTE-P/DEXTROSE 5%	5	
ISOLYTE-S	5	
ISOLYTE-S PH 7.4	5	
<i>liposyn iii inj</i> 1.2%; 2.5%; 10%; 1.8%; 2.5%; 30%	5	
<i>liposyn iii inj</i> 1.2%; 2.5%; 20%	5	MO
NEPHRAMINE	5	
NORMOSOL-M IN D5W	5	
NORMOSOL-R	5	
PLASMA-LYTE A	5	
PLASMA-LYTE-148	5	
PLASMA-LYTE-56/D5W	5	
<i>premasol inj</i> 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/		

Drug Name	Drug Tier	Requirements/ Limits
100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml		
PREMASOL INJ 56MEQ/L; 5320MG/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		
PROCALAMINE	5	
PROSOL	5	MO
<i>travasol</i>	5	
TROPHAMINE	5	
Muscle Relaxants & Antispasmodic Therapy		
<i>baclofen</i>	2	MO
<i>cyclobenzaprine hcl tabs</i> 10mg, 5mg	4	PAR MO
<i>dantrolene sodium caps</i>	3	MO
MESTINON SYRP	3	MO
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide</i>	2	MO
<i>regonol</i>	5	
<i>tizanidine hcl caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO
Narcotic Analgesics		
ABSTRAL SUBL 100MCG	4	PAR QLL(120 per 30 days) MO
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG	6	PAR QLL(120 per 30 days) MO
<i>acetaminophen/caffeine/ dihydrocodeine bitartrate</i>	3	QLL(150 per 30 days) MO
<i>acetaminophen/codeine #2</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine #3</i>	2	QLL(390 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine #4</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine oral soln</i>	2	QLL(4500 per 30 days)
<i>acetaminophen/codeine phosphate</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine tabs</i>	2	QLL(390 per 30 days) MO
ACTIQ	6	PAR QLL(120 per 30 days) MO
<i>aspirin-caffeine-dihydrocodeine</i>	4	QLL(240 per 30 days)
ASTRAMORPH	5	B/D PAR
BUPRENEX	5	MO
<i>buprenorphine hcl inj</i>	5	
<i>buprenorphine hcl subl 2mg</i>	3	PAR QLL(240 per 30 days) MO
<i>buprenorphine hcl subl 8mg</i>	3	PAR QLL(60 per 30 days) MO
CAPITAL/CODEINE	4	QLL(5000 per 30 days) MO
<i>co-gesic</i>	2	QLL(240 per 30 days) MO
<i>codeine sulfate tabs 15mg</i>	3	QLL(720 per 30 days) MO
<i>codeine sulfate tabs 30mg</i>	3	QLL(360 per 30 days) MO
<i>codeine sulfate tabs 60mg</i>	3	QLL(180 per 30 days) MO
DOLOPHINE	4	QLL(360 per 30 days) MO
DOLOPHINE HCL	4	QLL(720 per 30 days) MO
<i>duramorph</i>	5	B/D PAR MO
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QLL(360 per 30 days) MO
<i>endocet tabs 500mg; 7.5mg</i>	2	QLL(240 per 30 days) MO
<i>endocet tabs 650mg; 10mg</i>	2	QLL(180 per 30 days) MO
<i>endodan</i>	2	QLL(360 per 30 days) MO
<i>fentanyl patches</i>	4	QLL(15 per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	6	PAR QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
FENTORA	6	PAR QLL(120 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	2	QLL(3600 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	2	QLL(150 per 30 days) MO
<i>hydrocodone/acetaminophen oral soln</i>	2	QLL(2700 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QLL(360 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	QLL(240 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	2	QLL(180 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	2	QLL(150 per 30 days) MO
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QLL(480 per 30 days) MO
<i>hydromorphone hcl dosette</i>	5	MO
<i>hydromorphone hcl inj 1mg/ml, 500mg/50ml</i>		
<i>hydromorphone hcl inj 2mg/ml, 54mg/ml</i>		MO
<i>hydromorphone hcl liqd</i>	4	QLL(1920 per 30 days) MO
<i>hydromorphone hcl supp</i>	3	MO
<i>hydromorphone hcl tabs 2mg</i>	3	QLL(960 per 30 days) MO
<i>hydromorphone hcl tabs 4mg</i>	3	QLL(480 per 30 days) MO
<i>hydromorphone hcl tabs 8mg</i>	3	QLL(240 per 30 days) MO
LAZANDA	6	LA PAR QLL(30 per 30 days) MO
<i>levorphanol tartrate</i>	2	QLL(180 per 30 days) MO
<i>methadone hcl conc</i>	3	QLL(360 per 30 days) MO
<i>methadone hcl inj</i>	5	
<i>methadone hcl intensol</i>	3	QLL(360 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl oral soln 10mg/3 5ml</i>		QLL(1800 per 30 days) MO
<i>methadone hcl oral soln 5mg/ 3 5ml</i>	3	QLL(3600 per 30 days) MO
<i>methadone hcl tabs 10mg</i>	3	QLL(360 per 30 days) MO
<i>methadone hcl tabs 5mg</i>	3	QLL(720 per 30 days) MO
<i>methadone hcl tbso</i>	3	MO
<i>methadose conc</i>	3	QLL(360 per 30 days) MO
<i>methadose sugar-free</i>	3	QLL(360 per 30 days) MO
<i>methadose tabs</i>	3	QLL(360 per 30 days) MO
<i>methadose tbso</i>	3	MO
<i>morphine sulfate er tbcr 100mg,3 200mg</i>		QLL(180 per 30 days) MO
<i>morphine sulfate er tbcr 15mg,3 30mg, 60mg</i>		QLL(120 per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml,5 1mg/ml</i>		B/D PAR MO
<i>morphine sulfate inj 10mg/ml, 5 150mg/30ml, 15mg/ml, 1mg/ ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml</i>		MO
<i>morphine sulfate inj 25mg/ml, 5 8mg/ml</i>		
MORPHINE SULFATE INJ5 8MG/ML		
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QLL(3600 per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QLL(1800 per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	3	QLL(360 per 30 days) MO
<i>morphine sulfate supp</i>	3	MO
<i>morphine sulfate tabs 15mg</i>	3	QLL(480 per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	3	QLL(240 per 30 days) MO
ONSOLIS	6	LA PAR QLL(120 per 30 days) MO
<i>oxycodone hcl caps</i>	3	QLL(1620 per 30 days) MO
<i>oxycodone hcl conc</i>	3	QLL(405 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl oral soln</i>	3	MO
<i>oxycodone hcl tabs 10mg</i>	3	QLL(810 per 30 days) MO
<i>oxycodone hcl tabs 15mg</i>	3	QLL(540 per 30 days) MO
<i>oxycodone hcl tabs 20mg</i>	3	QLL(390 per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	3	QLL(270 per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	3	QLL(1620 per 30 days) MO
<i>oxycodone/acetaminophen caps 2</i>		QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>		QLL(360 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 500mg; 7.5mg</i>		QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 650mg; 10mg</i>		QLL(180 per 30 days) MO
<i>oxycodone/aspirin</i>	2	QLL(360 per 30 days) MO
<i>oxycodone/ibuprofen</i>	2	QLL(120 per 30 days) MO
OXYCONTIN TB12 10MG,4 15MG, 20MG, 30MG, 40MG		QLL(60 per 30 days) ST MO
OXYCONTIN TB12 60MG4		QLL(120 per 30 days) ST MO
OXYCONTIN TB12 80MG6		QLL(120 per 30 days) ST MO
ROXICET ORAL SOLN	4	QLL(1800 per 30 days) MO
<i>roxicet tabs</i>	2	QLL(360 per 30 days) MO
<i>stagesic</i>	2	QLL(240 per 30 days) MO
SYNALGOS-DC	4	QLL(240 per 30 days) MO
<i>xolox</i>	4	MO
<i>zamicet</i>	3	QLL(2700 per 30 days) MO
Nitrates		
DILATRATE SR	4	MO
ISORDIL TITRADOSE	4	MO
<i>isosorbide dinitrate</i>	2	MO
<i>isosorbide dinitrate er</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin inj</i>	5	B/D PAR
<i>nitroglycerin lingual translingual soln</i>	4	MO
<i>nitroglycerin pt24</i>	2	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROSTAT	3	MO
Non-Narcotic Analgesics		
<i>buprenorphine hcl/naloxone hcl3 subl 2mg; 0.5mg</i>		PAR QLL(360 per 30 days) MO
<i>buprenorphine hcl/naloxone hcl3 subl 8mg; 2mg</i>		PAR QLL(90 per 30 days) MO
<i>butorphanol tartrate inj</i>	5	MO
<i>butorphanol tartrate nasal soln3</i>		QLL(10 per 30 days) MO
CELEBREX	4	PAR QLL(60 per 30 days) MO
<i>childrens ibuprofen susp 100mg/1 5ml</i>		MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium xr</i>	2	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>etodolac er</i>	2	MO
FELDENE	4	MO
<i>fenoprofen calcium</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen</i>	2	MO
<i>ketoprofen er</i>	2	MO
<i>meclofenamate sodium</i>	3	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam susp</i>	2	QLL(300 per 30 days) MO
<i>meloxicam tabs</i>	2	QLL(30 per 30 days) MO
<i>nabumetone</i>	2	MO
<i>nalbuphine hcl</i>	5	MO
<i>naloxone hcl inj 0.4mg/ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl inj 1mg/ml</i>	5	MO
<i>naltrexone hcl</i>	2	MO
<i>naproxen</i>	2	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>pentazocine/acetaminophen</i>	2	QLL(180 per 30 days) MO
<i>piroxicam</i>	2	MO
<i>sulindac</i>	2	MO
<i>tolmetin sodium</i>	2	MO
<i>tramadol hcl</i>	2	QLL(240 per 30 days) MO
TRAMADOL HCL ER CP242		
<i>tramadol hcl er tb24</i>	2	QLL(30 per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	2	QLL(240 per 30 days) MO
VOLTAREN	3	QLL(1000 per 30 days) MO
Non-Steroidal Anti-Inflammatory Agents		
<i>diclofenac sodium</i>	2	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine ophthalmic soln</i>	2	MO
NEVANAC	3	MO
Oral Contraceptives & Related Agents		
<i>altavera</i>	3	MO
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	3	MO
<i>apri</i>	3	MO
<i>aranelle</i>	3	MO
<i>aviane</i>	3	MO
<i>azurette</i>	3	MO
<i>balziva</i>	3	MO
BREVICON-28	4	MO
<i>briellyn</i>	3	MO
<i>caziant</i>	3	MO
<i>cryselle-28</i>	3	MO
<i>cyclafem 1/35</i>	3	MO
<i>cyclafem 7/7/7</i>	3	MO
CYCLESSA	4	MO
<i>dasetta 1/35</i>	3	MO
<i>dasetta 7/7/7</i>	3	MO
DESOGEN	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol</i>	3	MO
<i>elinest</i>	3	MO
<i>emoquette</i>	3	MO
<i>enpresse-28</i>	3	MO
<i>estarylla</i>	3	MO
ESTROSTEP FE	4	MO
<i>falmina</i>	3	MO
<i>gianvi</i>	4	MO
<i>gildagia</i>	3	MO
<i>gildess 1.5/30</i>	3	MO
<i>gildess 1/20</i>	3	MO
<i>gildess fe 1.5/30</i>	3	MO
<i>gildess fe 1/20</i>	3	MO
<i>introvale</i>	3	MO
<i>jolessa</i>	3	MO
<i>junel 1.5/30</i>	3	MO
<i>junel 1/20</i>	3	MO
<i>junel fe 1.5/30</i>	3	MO
<i>junel fe 1/20</i>	3	MO
<i>kariva</i>	3	MO
<i>kelnor 1/35</i>	3	MO
<i>leena</i>	3	MO
<i>lessina</i>	3	MO
<i>levonest</i>	3	MO
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	MO
LOESTRIN 24 FE	4	MO
<i>loryna</i>	4	MO
<i>low-ogestrel</i>	3	MO
<i>lutra</i>	3	MO
<i>marlissa</i>	3	MO
<i>microgestin 1.5/30</i>	3	MO
<i>microgestin 1/20</i>	3	MO
<i>microgestin fe</i>	3	MO
<i>microgestin fe 1.5/30</i>	3	MO
MODICON	4	MO
<i>mono-lynh</i>	3	MO
<i>mononessa</i>	3	MO
<i>myzilra</i>	3	MO
<i>necon 0.5/35-28</i>	3	MO
<i>necon 1/35</i>	3	MO
<i>necon 1/50-28</i>	3	MO
<i>necon 10/11-28</i>	3	MO
<i>necon 7/7/7</i>	3	MO
NORDETTE-28	4	MO
<i>norgestimate/ethinyl estradiol</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35</i>	3	MO
<i>nortrel 7/7/7</i>	3	MO
<i>ocella</i>	3	MO
<i>ogestrel</i>	3	MO
<i>orsythia</i>	3	MO
<i>philith</i>	3	MO
<i>portia-28</i>	3	MO
<i>previfem</i>	3	MO
<i>quasense</i>	3	MO
<i>reclipsen</i>	3	MO
<i>sprintec 28</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	3	MO
<i>tilia fe</i>	3	MO
<i>tri-estarylla</i>	3	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lynh</i>	3	MO
TRI-NORINYL 28	4	MO
<i>tri-previfem</i>	3	MO
<i>tri-sprintec</i>	3	MO
<i>trinessa</i>	3	MO
<i>trivora-28</i>	3	MO
<i>velivet</i>	3	MO
<i>vestura</i>	4	MO
<i>viorele</i>	3	MO
<i>zarah</i>	3	MO
<i>zenchent</i>	3	MO
<i>zenchent fe</i>	4	MO
<i>zovia 1/35e</i>	3	MO
<i>zovia 1/50e</i>	3	MO
Oral Drugs For Glaucoma		
<i>acetazolamide</i>	2	MO
<i>acetazolamide er</i>	2	MO
<i>acetazolamide sodium</i>	5	
<i>methazolamide</i>	2	MO
Osteoporosis Therapy		
ACTONEL TABS 150MG	4	QLL(1 per 30 days) ST MO
ACTONEL TABS 35MG	4	QLL(4 per 28 days) ST MO
ACTONEL TABS 5MG	4	QLL(30 per 30 days) ST MO
<i>alendronate sodium oral soln</i>	4	MO
<i>alendronate sodium tabs 10mg, 15mg</i>	1	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QLL(4 per 28 days) MO
BONIVA INJ	5	B/D PAR MO
BONIVA TABS	4	QLL(1 per 28 days) ST MO
EVISTA	3	QLL(30 per 30 days) MO
FORTEO	5	PAR QLL(3 per 28 days) MO
FOSAMAX	4	QLL(4 per 28 days) ST MO
FOSAMAX PLUS D	4	QLL(4 per 28 days) ST MO
<i>ibandronate sodium</i>	2	QLL(1 per 28 days) MO
PROLIA	5	PAR QLL(2 per 365 days) MO
Other Glaucoma Drugs		
AZOPT	4	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN	3	MO
RESCULA	4	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	3	MO
Other Rheumatologicals		
ACTEMRA	6	PAR MO
BENLYSTA	6	PAR MO
DEPEN TITRATABS	4	MO
ENBREL INJ 25MG, 50MG/6 ML	6	PAR QLL(8 per 28 days) MO
ENBREL INJ 25MG/0.5ML6	6	PAR QLL(4.08 per 28 days) MO
ENBREL SURECLICK	6	PAR QLL(8 per 28 days) MO
HUMIRA INJ 20MG/0.4ML6	6	PAR QLL(2 per 28 days) MO
HUMIRA INJ 40MG/0.8ML6	6	PAR QLL(6 per 28 days) MO
HUMIRA PEN	6	PAR QLL(6 per 28 days) MO
HUMIRA PEN-CROHNS DISEASESTARTER	6	PAR QLL(6 per 365 days) MO
HUMIRA PEN-PSORIASIS STARTER	6	PAR QLL(4 per 365 days) MO

Drug Name	Drug Tier	Requirements/Limits
KINERET	6	PAR QLL(28 per 28 days) MO
<i>leflunomide</i>	3	MO
ORENCIA INJ 125MG/ML6	6	PAR QLL(4 per 28 days) MO
ORENCIA INJ 250MG	6	PAR MO
RIDAURA	4	MO
SAVELLA TABS 100MG	3	QLL(60 per 30 days) MO
SAVELLA TABS 12.5MG	3	QLL(480 per 30 days) MO
SAVELLA TABS 25MG	3	QLL(240 per 30 days) MO
SAVELLA TABS 50MG	3	QLL(120 per 30 days) MO
SAVELLA TITRATION PACK	3	QLL(1 per 365 days) MO
SIMPONI	6	PAR QLL(1 per 28 days) MO
Otic Steroid / Antibiotic		
CIPRO HC	4	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
CORTISPORIN-TC	4	MO
<i>neomycin/polymyxin/hc</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone</i>	2	MO
Oxytocics		
<i>methylergonovine maleate tabs</i>	4	MO
Penicillins		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	3	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>amoxicillin/potassium clavulanate</i>	3	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 250mg, 2gm</i>	5	MO
<i>ampicillin sodium inj 1gm, 500mg</i>	5	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	5	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bactocill in dextrose inj 0; 1gm/50ml</i>		
<i>bactocill in dextrose inj 0; 2gm/60ml</i>		
BICILLIN C-R	5	MO
BICILLIN L-A	5	MO
<i>dicloxacillin sodium</i>	2	MO
MOXATAG	5	MO
<i>nafcillin sodium</i>	6	MO
<i>nallpen iso-osmotic in dextrose</i>	6	
<i>nallpen/dextrose</i>	6	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	6	MO
OXACILLIN SODIUM INJ 2GM	6	MO
<i>penicillin g potassium</i>	5	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	5	
<i>penicillin g procaine</i>	5	MO
<i>penicillin g sodium</i>	5	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	5	MO
<i>piperacillin sodium/ tazobactam sodium</i>	5	MO
<i>piperacillin sodium/tazobactam sodium</i>	5	MO
<i>piperacillin/tazobactam</i>	5	MO
TIMENTIN INJ 0.1GM/ 100ML; 3GM/100ML, 1GM; 30GM	5	
TIMENTIN INJ 0.1GM; 3GM	5	MO
Psychotherapeutic Drugs		
ABILIFY DISCMELT TBDP 10MG	6	QLL(90 per 30 days) MO
ABILIFY DISCMELT TBDP 15MG	6	QLL(60 per 30 days) MO
ABILIFY INJ	5	MO
ABILIFY MAINTENA	6	MO
ABILIFY ORAL SOLN	3	QLL(900 per 30 days) MO
ABILIFY TABS 10MG	3	QLL(90 per 30 days) MO
ABILIFY TABS 15MG	3	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS 20MG	6	QLL(60 per 30 days) MO
ABILIFY TABS 2MG	3	QLL(450 per 30 days) MO
ABILIFY TABS 30MG	6	QLL(30 per 30 days) MO
ABILIFY TABS 5MG	3	QLL(180 per 30 days) MO
<i>amitriptyline hcl</i>	3	PAR MO
<i>amoxapine</i>	2	MO
<i>amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg</i>	3	QLL(90 per 30 days) MO
<i>amphetamine/ dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg</i>	3	QLL(60 per 30 days) MO
<i>budeprion sr tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>budeprion sr tb12 150mg</i>	2	MO
<i>bupropion hcl er tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>bupropion hcl er tb12 150mg</i>	2	MO
<i>bupropion hcl er tb12 200mg</i>	2	QLL(60 per 30 days) MO
<i>bupropion hcl sr tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	2	MO
<i>bupropion hcl sr tb12 200mg</i>	2	QLL(60 per 30 days) MO
<i>bupropion hcl tabs 100mg</i>	2	QLL(135 per 30 days) MO
<i>bupropion hcl tabs 75mg</i>	2	QLL(180 per 30 days) MO
<i>bupropion hcl xl tb24 150mg</i>	2	QLL(90 per 30 days) MO
<i>bupropion hcl xl tb24 300mg</i>	2	QLL(45 per 30 days) MO
<i>buspirone hcl</i>	2	MO
<i>chlorpromazine hcl inj</i>	5	MO
<i>chlorpromazine hcl tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral soln</i>	2	QLL(600 per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	2	QLL(120 per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	2	QLL(60 per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	2	QLL(30 per 30 days) MO
<i>clomipramine hcl</i>	4	MO
<i>clorazepate dipotassium</i>	3	QLL(120 per 30 days) MO
<i>clozapine odt tbdp 100mg</i>	4	QLL(270 per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QLL(2160 per 30 days)
<i>clozapine odt tbdp 25mg</i>	4	QLL(1080 per 30 days)
<i>clozapine tabs 100mg</i>	2	QLL(270 per 30 days)
<i>clozapine tabs 200mg</i>	2	QLL(135 per 30 days)
<i>clozapine tabs 25mg</i>	2	QLL(1080 per 30 days)
<i>clozapine tabs 50mg</i>	2	QLL(540 per 30 days)
CYMBALTA CPEP 20MG	4	QLL(180 per 30 days) MO
CYMBALTA CPEP 30MG	4	QLL(120 per 30 days) MO
CYMBALTA CPEP 60MG	4	QLL(60 per 30 days) MO
<i>desipramine hcl</i>	2	MO
DESVENLAFAXINE ER TB24 100MG	4	QLL(120 per 30 days) MO
DESVENLAFAXINE ER TB24 50MG	4	QLL(240 per 30 days) MO
<i>dextroamphetamine sulfate tabs 10mg</i>	3	PAR QLL(180 per 30 days) MO
<i>dextroamphetamine sulfate tabs 5mg</i>	3	PAR QLL(90 per 30 days) MO
<i>diazepam intensol</i>	3	QLL(240 per 30 days) MO
<i>diazepam oral soln</i>	3	QLL(1200 per 30 days) MO
<i>diazepam tabs 10mg</i>	3	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tabs 2mg</i>	3	QLL(600 per 30 days) MO
<i>diazepam tabs 5mg</i>	3	QLL(240 per 30 days) MO
<i>doxepin hcl</i>	3	PAR MO
EMSAM	4	QLL(30 per 30 days) MO
<i>escitalopram oxalate oral soln</i>	2	QLL(600 per 30 days) MO
<i>escitalopram oxalate tabs 10mg</i>	2	QLL(60 per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QLL(30 per 30 days) MO
<i>escitalopram oxalate tabs 5mg</i>	2	QLL(120 per 30 days) MO
FANAPT TABS 10MG	4	QLL(72 per 30 days) MO
FANAPT TABS 12MG	4	QLL(60 per 30 days) MO
FANAPT TABS 1MG	4	QLL(720 per 30 days) MO
FANAPT TABS 2MG	4	QLL(360 per 30 days) MO
FANAPT TABS 4MG	4	QLL(180 per 30 days) MO
FANAPT TABS 6MG	4	QLL(120 per 30 days) MO
FANAPT TABS 8MG	4	QLL(90 per 30 days) MO
FANAPT TITRATION PACK	4	QLL(8 per 30 days) MO
FAZACLO TBDP 100MG	4	QLL(270 per 30 days)
FAZACLO TBDP 12.5MG	4	QLL(2160 per 30 days)
FAZACLO TBDP 150MG	4	QLL(180 per 30 days)
FAZACLO TBDP 200MG	4	QLL(135 per 30 days)
FAZACLO TBDP 25MG	4	QLL(1080 per 30 days)
<i>fluoxetine caps 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine caps 20mg</i>	2	QLL(120 per 30 days) MO
<i>fluoxetine dr</i>	4	QLL(4 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QLL(120 per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	2	QLL(60 per 30 days) MO
<i>fluoxetine hcl oral soln</i>	2	QLL(600 per 30 days) MO
<i>fluoxetine hcl tabs 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine hcl tabs 20mg</i>	2	QLL(120 per 30 days) MO
FLUOXETINE HCL TABS 4 60MG	4	QLL(30 per 30 days) MO
<i>fluphenazine decanoate</i>	5	MO
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl elix</i>	2	MO
<i>fluphenazine hcl inj</i>	5	MO
<i>fluphenazine hcl tabs</i>	2	MO
<i>fluvoxamine maleate tabs 100mg</i>	2	QLL(90 per 30 days) MO
<i>fluvoxamine maleate tabs 25mg</i>	2	QLL(360 per 30 days) MO
<i>fluvoxamine maleate tabs 50mg</i>	2	QLL(180 per 30 days) MO
GEODON INJ	5	MO
<i>guanidine hcl</i>	2	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	5	MO
<i>haloperidol lactate</i>	5	MO
<i>imipramine hcl</i>	2	MO
INTUNIV	4	QLL(30 per 30 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	6	QLL(2 per 28 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	5	QLL(2 per 28 days) MO
INVEGA TB24 1.5MG	4	QLL(240 per 30 days) MO
INVEGA TB24 3MG	4	QLL(120 per 30 days) MO
INVEGA TB24 6MG	4	QLL(60 per 30 days) MO
INVEGA TB24 9MG	6	QLL(40 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
LATUDA TABS 120MG	6	QLL(30 per 30 days) MO
LATUDA TABS 20MG	4	QLL(240 per 30 days) MO
LATUDA TABS 40MG	4	QLL(120 per 30 days) MO
LATUDA TABS 80MG	4	QLL(60 per 30 days) MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	2	MO
<i>loxapine</i>	2	MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline hcl tabs 25mg</i>	2	QLL(270 per 30 days) MO
<i>maprotiline hcl tabs 50mg</i>	2	QLL(135 per 30 days) MO
<i>maprotiline hcl tabs 75mg</i>	2	MO
MARPLAN	3	MO
<i>methylphenidate hcl</i>	3	PAR QLL(90 per 30 days) MO
<i>mirtazapine odt tbdp 15mg</i>	2	QLL(90 per 30 days) MO
<i>mirtazapine odt tbdp 30mg</i>	2	QLL(45 per 30 days) MO
<i>mirtazapine odt tbdp 45mg</i>	2	QLL(30 per 30 days) MO
<i>mirtazapine tabs 15mg</i>	2	QLL(90 per 30 days) MO
<i>mirtazapine tabs 30mg</i>	2	QLL(45 per 30 days) MO
<i>mirtazapine tabs 45mg</i>	2	QLL(30 per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	2	QLL(180 per 30 days) MO
<i>mirtazapine tbdp</i>	2	QLL(90 per 30 days) MO
<i>modafinil tabs 100mg</i>	3	PAR QLL(30 per 30 days) MO
<i>modafinil tabs 200mg</i>	6	PAR QLL(60 per 30 days) MO
<i>nefazodone hcl tabs 100mg</i>	2	QLL(180 per 30 days) MO
<i>nefazodone hcl tabs 150mg</i>	2	QLL(120 per 30 days) MO
<i>nefazodone hcl tabs 200mg</i>	2	QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
nefazodone hcl tabs 250mg	2	QLL(72 per 30 days) MO
nefazodone hcl tabs 50mg	2	QLL(360 per 30 days) MO
nortriptyline hcl	2	MO
olanzapine inj	5	MO
olanzapine odt tbdp 10mg	3	QLL(60 per 30 days) MO
olanzapine odt tbdp 15mg	3	QLL(40 per 30 days) MO
olanzapine odt tbdp 20mg	3	QLL(30 per 30 days) MO
olanzapine odt tbdp 5mg	3	QLL(120 per 30 days) MO
olanzapine tabs 10mg	3	QLL(60 per 30 days) MO
olanzapine tabs 15mg	3	QLL(40 per 30 days) MO
olanzapine tabs 2.5mg	3	QLL(240 per 30 days) MO
olanzapine tabs 20mg	4	QLL(30 per 30 days) MO
olanzapine tabs 5mg	3	QLL(120 per 30 days) MO
olanzapine tabs 7.5mg	3	QLL(80 per 30 days) MO
ORAP	3	MO
oxazepam	2	QLL(120 per 30 days) MO
PAMELOR CAPS 10MG, 25MG, 50MG	6	MO
PAMELOR CAPS 75MG	4	MO
paroxetine hcl er tb24 12.5mg	2	QLL(180 per 30 days) MO
paroxetine hcl er tb24 25mg	2	QLL(90 per 30 days) MO
paroxetine hcl er tb24 37.5mg	2	QLL(60 per 30 days) MO
paroxetine hcl tabs 10mg	2	QLL(180 per 30 days) MO
paroxetine hcl tabs 20mg	2	QLL(90 per 30 days) MO
paroxetine hcl tabs 30mg	2	QLL(60 per 30 days) MO
paroxetine hcl tabs 40mg	2	QLL(45 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
PAXIL SUSP	4	QLL(1200 per 30 days) MO
perphenazine	2	MO
perphenazine/ amitriptyline	3	PAR MO
PEXEVA TABS 10MG	4	QLL(180 per 30 days) MO
PEXEVA TABS 20MG	4	QLL(90 per 30 days) MO
PEXEVA TABS 30MG	4	QLL(60 per 30 days) MO
PEXEVA TABS 40MG	4	QLL(45 per 30 days) MO
phenelzine sulfate	3	MO
PRISTIQ TB24 100MG	4	PAR QLL(120 per 30 days) MO
PRISTIQ TB24 50MG	4	PAR QLL(240 per 30 days) MO
protriptyline hcl	2	MO
quetiapine fumarate tabs 100mg	3	QLL(240 per 30 days) MO
quetiapine fumarate tabs 200mg	3	QLL(120 per 30 days) MO
quetiapine fumarate tabs 25mg3	3	QLL(960 per 30 days) MO
quetiapine fumarate tabs 300mg	3	QLL(80 per 30 days) MO
quetiapine fumarate tabs 400mg	3	QLL(60 per 30 days) MO
quetiapine fumarate tabs 50mg3	3	QLL(480 per 30 days) MO
RISPERDAL CONSTA INJ 5 12.5MG, 25MG	5	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG	6	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 50MG	6	MO
risperidone m-tab tbdp 0.5mg	3	QLL(960 per 30 days) MO
risperidone m-tab tbdp 1mg	3	QLL(480 per 30 days) MO
risperidone m-tab tbdp 2mg	3	QLL(240 per 30 days) MO
risperidone m-tab tbdp 3mg	3	QLL(160 per 30 days) MO
risperidone m-tab tbdp 4mg	3	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone odt tbdp 0.25mg</i>	3	QLL(1920 per 30 days) MO
<i>risperidone odt tbdp 0.5mg</i>	3	QLL(960 per 30 days) MO
<i>risperidone odt tbdp 1mg</i>	3	QLL(480 per 30 days) MO
<i>risperidone odt tbdp 2mg</i>	3	QLL(240 per 30 days) MO
<i>risperidone odt tbdp 3mg</i>	3	QLL(160 per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	3	QLL(120 per 30 days) MO
<i>risperidone oral soln</i>	2	QLL(480 per 30 days) MO
<i>risperidone tabs 0.25mg</i>	2	QLL(1920 per 30 days) MO
<i>risperidone tabs 0.5mg</i>	2	QLL(960 per 30 days) MO
<i>risperidone tabs 1mg</i>	2	QLL(480 per 30 days) MO
<i>risperidone tabs 2mg</i>	2	QLL(240 per 30 days) MO
<i>risperidone tabs 3mg</i>	2	QLL(160 per 30 days) MO
<i>risperidone tabs 4mg</i>	2	QLL(120 per 30 days) MO
ROZEREM	4	QLL(30 per 30 days) MO
SAPHRIS SUBL 10MG	4	QLL(60 per 30 days) MO
SAPHRIS SUBL 5MG	4	QLL(120 per 30 days) MO
SARAFEM TABS 10MG	4	QLL(240 per 30 days) MO
SARAFEM TABS 20MG	4	QLL(120 per 30 days) MO
SEROQUEL XR TB24 150MG	3	QLL(160 per 30 days) MO
SEROQUEL XR TB24 200MG	3	QLL(120 per 30 days) MO
SEROQUEL XR TB24 300MG	3	QLL(80 per 30 days) MO
SEROQUEL XR TB24 400MG	3	QLL(60 per 30 days) MO
SEROQUEL XR TB24 50MG	3	QLL(480 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl conc</i>	2	QLL(300 per 30 days) MO
<i>sertraline hcl tabs 100mg</i>	2	QLL(60 per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	2	QLL(240 per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	2	QLL(120 per 30 days) MO
STRATTERA CAPS 100MG,4 60MG, 80MG	4	PAR QLL(30 per 30 days) MO
STRATTERA CAPS 10MG,4 18MG, 25MG, 40MG	4	PAR QLL(60 per 30 days) MO
SURMONTIL	4	MO
<i>thioridazine hcl</i>	3	PAR MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine sulfate</i>	3	MO
<i>trazodone hcl</i>	1	MO
<i>trifluoperazine hcl</i>	2	MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QLL(60 per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	3	QLL(180 per 30 days) MO
<i>venlafaxine hcl er cp24 75mg</i>	3	QLL(90 per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QLL(60 per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	3	QLL(180 per 30 days) MO
<i>venlafaxine hcl er tb24 75mg</i>	3	QLL(90 per 30 days) MO
<i>venlafaxine hcl tabs 100mg</i>	2	QLL(113 per 30 days) MO
<i>venlafaxine hcl tabs 25mg</i>	2	QLL(450 per 30 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	2	QLL(300 per 30 days) MO
<i>venlafaxine hcl tabs 50mg</i>	2	QLL(225 per 30 days) MO
<i>venlafaxine hcl tabs 75mg</i>	2	QLL(150 per 30 days) MO
VIIBRYD KIT	4	QLL(30 per 30 days) ST MO
VIIBRYD TABS 10MG	4	QLL(120 per 30 days) ST MO
VIIBRYD TABS 20MG	4	QLL(60 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD TABS 40MG	4	QLL(30 per 30 days) ST MO
XYREM	6	LA PAR QLL(540 per 30 days) MO
<i>zaleplon caps 10mg</i>	3	QLL(60 per 30 days) MO
<i>zaleplon caps 5mg</i>	3	QLL(30 per 30 days) MO
<i>ziprasidone hcl caps 20mg</i>	3	QLL(240 per 30 days) MO
<i>ziprasidone hcl caps 40mg</i>	3	QLL(120 per 30 days) MO
<i>ziprasidone hcl caps 60mg, 80mg</i>	3	QLL(60 per 30 days) MO
<i>zolpidem tartrate</i>	3	QLL(30 per 30 days) MO
ZYPREXA INJ	5	QLL(60 per 30 days) MO
Pulmonary Agents		
ACCUNEB	4	B/D PAR QLL(360 per 30 days) MO
<i>acetylcysteine inhalation soln</i>	2	B/D PAR MO
ADCIRCA	6	PAR QLL(60 per 30 days) MO
ADVAIR DISKUS	3	QLL(60 per 30 days) MO
ADVAIR HFA	3	QLL(12 per 30 days) MO
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PAR QLL(360 per 30 days) MO
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PAR QLL(60 per 30 days) MO
<i>albuterol sulfate syrup</i>	2	MO
<i>albuterol sulfate tabs</i>	2	MO
<i>aminophylline</i>	5	MO
ATROVENT HFA	4	QLL(26 per 30 days) MO
BECONASE AQ	4	QLL(50 per 30 days) ST MO
BROVANA	4	B/D PAR QLL(120 per 30 days) MO
CINRYZE	6	PAR MO
COMBIVENT	4	QLL(30 per 30 days) MO
COMBIVENT RESPIMAT	4	QLL(8 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium nebu</i>	2	B/D PAR QLL(240 per 30 days) MO
DALIRESP	4	QLL(30 per 30 days) MO
DULERA	3	QLL(13 per 30 days) MO
ELIXOPHYLLIN	3	MO
FIRAZYR	6	PAR MO
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QLL(60 per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/BLIST	3	QLL(240 per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QLL(12 per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QLL(24 per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QLL(11 per 30 days) MO
<i>flunisolide</i>	2	QLL(50 per 30 days) MO
<i>fluticasone propionate susp</i>	2	QLL(16 per 30 days) MO
FORADIL AEROLIZER	3	QLL(60 per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D PAR MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PAR QLL(540 per 30 days) MO
KALYDECO	6	PAR QLL(60 per 30 days) MO
LETAIRIS	6	LA PAR MO
<i>levalbuterol</i>	3	B/D PAR QLL(45 per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/ 3ml</i>	3	QLL(270 per 30 days) MO
<i>levalbuterol hcl nebu 0.63mg/ 3ml</i>	3	QLL(540 per 30 days) MO
<i>levalbuterol hcl nebu 1.25mg/ 3ml</i>	3	B/D PAR QLL(270 per 30 days) MO
LUFYLLIN	4	MO
MAXAIR AUTOHALER	4	QLL(28 per 30 days) MO
<i>metaproterenol sulfate</i>	2	MO
<i>montelukast sodium chew</i>	2	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium pack</i>	3	QLL(30 per 30 days) MO
<i>montelukast sodium tabs</i>	2	QLL(30 per 30 days) MO
NASONEX	3	QLL(34 per 30 days) MO
OMNARIS	4	QLL(13 per 30 days) ST MO
PERFOROMIST	4	B/D PAR QLL(120 per 30 days) MO
PROAIR HFA	3	QLL(18 per 30 days) MO
PROVENTIL HFA	3	QLL(14 per 30 days) MO
PULMOZYME	6	B/D PAR MO
QVAR	3	QLL(27 per 30 days) MO
REVATIO INJ	6	PAR QLL(1125 per 30 days) MO
RHINOCORT AQUA	4	QLL(18 per 30 days) ST MO
SEREVENT DISKUS	3	QLL(60 per 30 days) MO
<i>sildenafil citrate</i>	6	PAR QLL(90 per 30 days) MO
<i>sodium chloride nebu 0.9%</i>	2	B/D PAR MO
SPIRIVA HANDIHALER	3	QLL(30 per 30 days) MO
SYMBICORT	3	QLL(11 per 30 days) MO
<i>terbutaline sulfate inj</i>	5	MO
<i>terbutaline sulfate tabs</i>	2	MO
<i>theophylline</i>	2	
<i>theophylline cr</i>	2	MO
<i>theophylline er</i>	2	MO
TRACLEER	6	LA PAR MO
<i>triamcinolone acetonide inha</i>	4	QLL(34 per 30 days) MO
TYVASO	6	PAR MO
TYVASO REFILL	6	PAR MO
TYVASO STARTER	6	PAR MO
VENTAVIS	6	PAR MO
VENTOLIN HFA	4	QLL(36 per 30 days) ST MO
VERAMYST	4	QLL(10 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	6	LA PAR QLL(6 per 28 days) MO
XOPENEX HFA	4	QLL(45 per 30 days) ST MO
<i>zafirlukast</i>	3	QLL(60 per 30 days) MO
ZYFLO	6	QLL(120 per 30 days) MO
ZYFLO CR	6	QLL(120 per 30 days) MO
Quinolones		
AVELOX ABC PACK	4	QLL(5 per 1 days) MO
AVELOX INJ	5	MO
AVELOX TABS	4	QLL(21 per 1 days) MO
CIPRO I.V.-IN D5W	5	
CIPRO SUSR	4	MO
<i>ciprofloxacin er tb24 1000mg; 20</i>		QLL(14 per 1 days) MO
<i>ciprofloxacin er tb24 500mg; 02</i>		QLL(3 per 1 days) MO
<i>ciprofloxacin hcl</i>	2	MO
<i>ciprofloxacin i.v.-in d5w</i>	5	MO
<i>ciprofloxacin inj 200mg/20ml</i>	5	MO
<i>ciprofloxacin inj 400mg/40ml</i>	5	
<i>levofloxacin in d5w</i>	5	
<i>levofloxacin inj</i>	5	MO
<i>levofloxacin oral soln</i>	4	MO
<i>levofloxacin tabs</i>	2	QLL(14 per 1 days) MO
NOROXIN	4	MO
<i>ofloxacin</i>	2	MO
Smoking Deterrents		
<i>buproban</i>	2	MO
<i>bupropion hcl sr tb12 150mg</i>	2	MO
CHANTIX	4	PAR MO
CHANTIX CONTINUING4 MONTH PAK		PAR MO
CHANTIX STARTING4 MONTH PAK	4	PAR MO
NICOTROL INHALER	4	MO
NICOTROL NS	3	MO
Steroid-Antibiotic Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc</i>	2	MO
<i>neomycin/polymyxin/bacitracin/2</i>		MO
<i>hydrocortisone</i>		
<i>neomycin/polymyxin/</i>	2	MO
<i>dexamethasone</i>		
<i>neomycin/polymyxin/</i>	2	MO
<i>hydrocortisone</i>		
PRED-G	4	MO
PRED-G S.O.P.	4	MO
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone</i>	2	MO
ZYLET	4	MO
Steroid-Sulfonamide Combinations		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide sodium/</i>	1	MO
<i>prednisolone sodium phosphate</i>		
Steroids		
ALREX	4	MO
<i>dexamethasone sodium</i>	1	MO
<i>phosphate ophthalmic soln</i>		
DUREZOL	3	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
FML	4	MO
FML FORTE	4	MO
LOTEMAX OINT	4	MO
LOTEMAX SUSP	4	MO
MAXIDEX	4	MO
PRED MILD	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate</i>	2	MO
<i>ophthalmic soln</i>		
VEXOL	4	MO
Sulfa'S & Related Agents		
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>ds</i>		
<i>sulfamethoxazole/trimethoprim</i>	5	MO
<i>inj</i>		
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>susp</i>		
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>tabs</i>		
Sulfonamides		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfacetamide</i>	2	MO
<i>sulfacetamide sodium</i>	2	MO
Sympathomimetics		
ALPHAGAN P	3	MO
OPHTHALMIC SOLN 0.1%		
ALPHAGAN P	4	MO
OPHTHALMIC SOLN		
0.15%		
<i>apraclonidine</i>	2	MO
<i>brimonidine tartrate</i>	2	MO
IOPIDINE	4	MO
Tetracyclines		
<i>demeclocycline hcl tabs 150mg</i>	3	MO
<i>demeclocycline hcl tabs 300mg</i>	4	MO
<i>doxy 100</i>	5	MO
<i>doxycycline caps 75mg</i>	4	QLL(60 per 1 days)
		MO
<i>doxycycline hyclate caps</i>	2	MO
<i>doxycycline hyclate inj</i>	5	MO
<i>doxycycline hyclate tabs</i>	2	MO
<i>doxycycline monohydrate</i>	2	MO
<i>doxycycline susr</i>	4	MO
DYNACIN	4	MO
<i>minocycline hcl</i>	2	MO
ORACEA	4	MO
<i>tetracycline hcl</i>	2	MO
VIBRAMYCIN	4	MO
Therapy For Acne		
<i>adapalene gel</i>	2	MO
AKNE-MYCIN	4	MO
<i>amnesteem caps 10mg</i>	3	MO
<i>amnesteem caps 20mg, 40mg</i>	4	MO
<i>claravis</i>	3	MO
CLINDAGEL	4	MO
<i>clindamycin phosphate external</i>	2	MO
<i>soln</i>		
<i>clindamycin phosphate foam</i>	4	MO
<i>clindamycin phosphate gel</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO
<i>clindamycin/benzoyl peroxide</i>	2	MO
<i>ery</i>	2	MO
<i>erythromycin</i>	2	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO
FINACEA	4	MO
METROGEL	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole crea</i>	2	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotn</i>	2	MO
<i>myorisan</i>	3	MO
<i>prascion</i>	2	MO
<i>rosadan</i>	2	MO
<i>sodium sulfacetamide/sulfur cleanser</i>	2	MO
<i>sodium sulfacetamide/sulfur cleanser in urea</i>	2	MO
<i>sulfacetamide sodium/sulfur cleanser</i>	2	MO
TAZORAC	4	MO
<i>tretinoin crea</i>	3	QLL(90 per 30 days) MO
<i>tretinoin emollient</i>	3	MO
<i>tretinoin gel</i>	3	QLL(90 per 30 days) MO
VELTIN	4	MO
<i>zenatane</i>	3	MO
ZIANA	4	MO
Thyroid Hormones		
<i>levothroid</i>	1	MO
<i>levothyroxine sodium inj 200mcg</i>	5	
<i>levothyroxine sodium tabs</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium inj</i>	6	
<i>liothyronine sodium tabs</i>	2	MO
SYNTHROID	3	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
Topical Anesthetics		
<i>lidocaine hcl external soln</i>	1	MO
<i>lidocaine hcl gel</i>	1	MO
<i>lidocaine hcl inj 2%</i>	5	MO
<i>lidocaine hcl jelly</i>	1	MO
<i>lidocaine hcl mouth/throat soln</i>	1	MO
<i>lidocaine oint</i>	2	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
LIDODERM	3	QLL(90 per 30 days) MO
XYLOCAINE EXTERNAL SOLN	4	MO
Topical Antibacterials		
ALTABAX	4	QLL(30 per 30 days) MO
<i>bacitracin external oint</i>	2	MO
CORTISPORIN CREA	4	MO
CORTISPORIN OINT	4	MO
<i>gentamicin sulfate crea</i>	1	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO
<i>mafenide acetate</i>	4	
<i>mupirocin calcium</i>	4	MO
<i>mupirocin crea</i>	4	MO
<i>mupirocin oint</i>	2	MO
PHISOHEX	4	MO
<i>sodium sulfacetamide</i>	2	MO
<i>sulfacetamide sodium</i>	2	MO
SULFAMYLON CREA	4	MO
Topical Antifungals		
<i>ciclodan crea</i>	3	MO
<i>ciclodan external soln</i>	3	PAR MO
<i>ciclopirox</i>	3	MO
<i>ciclopirox nail lacquer</i>	3	PAR MO
<i>ciclopirox olamine</i>	3	MO
<i>ciclopirox topical solution kit</i>	3	PAR MO
<i>ciclopirox treatment</i>	3	MO
<i>clotrimazole external crea</i>	2	MO
<i>clotrimazole external soln</i>	2	MO
<i>clotrimazole/betamethasone dipropionate</i>	2	MO
<i>econazole nitrate</i>	2	MO
EXELDERM	4	MO
<i>ketoconazole crea</i>	2	MO
<i>ketoconazole sham</i>	2	MO
NAFTIN CREA	4	MO
NAFTIN GEL 1%	4	MO
<i>nyamyc</i>	2	MO
<i>nystatin</i>	2	MO
<i>nystatin/triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
OXISTAT	4	MO
<i>pedi-dri</i>	2	MO
Topical Antivirals		

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir oint</i>	3	QLL(30 per 1 days) MO
DENAVIR	3	QLL(5 per 1 days) MO
ZOVIRAX CREA	3	QLL(5 per 1 days) MO
Topical Corticosteroids		
<i>ala cort</i>	4	MO
ALA SCALP	4	MO
<i>alclometasone dipropionate</i>	2	MO
<i>amcinonide</i>	3	MO
<i>apexicon e</i>	4	MO
<i>augmented betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate crea</i>	2	MO
<i>betamethasone valerate foam</i>	4	MO
<i>betamethasone valerate lotn</i>	2	MO
<i>betamethasone valerate oint</i>	2	MO
CAPEX	4	MO
<i>clobetasol propionate</i>	2	MO
<i>clobetasol propionate e</i>	2	MO
<i>clobetasol propionate emollient</i>	2	MO
CLOBEX LIQD	4	MO
CLODERM	4	MO
CLODERM PUMP	4	MO
CORDRAN TAPE	4	MO
<i>cormax scalp application</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone crea</i>	3	MO
<i>desoximetasone gel</i>	3	MO
<i>desoximetasone oint 0.05%</i>	4	MO
<i>desoximetasone oint 0.25%</i>	3	MO
<i>diflorasone diacetate</i>	3	MO
<i>fluocinolone acetonide body</i>	4	MO
<i>fluocinolone acetonide crea</i>	2	MO
<i>fluocinolone acetonide external</i>	2	MO
<i>soln</i>		
<i>fluocinolone acetonide oint</i>	2	MO
<i>fluocinolone acetonide scalp</i>	4	MO
<i>fluocinonide</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluticasone propionate crea</i>	2	MO
<i>fluticasone propionate lotn</i>	4	MO
<i>fluticasone propionate oint</i>	2	MO
<i>halobetasol propionate</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
HALOG	4	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone crea 1%, 2.5%</i>	2	MO
<i>hydrocortisone in absorbase</i>	2	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
KENALOG	4	MO
LOKARA	4	MO
<i>mometasone furoate crea</i>	2	MO
<i>mometasone furoate external</i>	2	MO
<i>soln</i>		
<i>mometasone furoate oint</i>	2	MO
PANDEL	4	MO
<i>prednicarbate</i>	2	MO
TOPICORT CREA 0.05%	4	MO
TOPICORT OINT 0.05%	4	MO
<i>triamcinolone acetonide crea</i>	2	MO
<i>triamcinolone acetonide lotn</i>	2	MO
<i>triamcinolone acetonide oint</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm</i>	2	MO
VANOS	4	MO
VERDESO	4	MO
WESTCORT	4	MO
Topical Enzymes		
SANTYL	4	QLL(30 per 1 days) MO
Topical Scabicides / Pediculicides		
EURAX	4	MO
<i>lindane</i>	4	MO
<i>malathion</i>	3	MO
<i>permethrin crea</i>	2	MO
Ulcer Therapy		
AXID ORAL SOLN	4	MO
<i>cimetidine hcl inj</i>	5	MO
CYTOTEC	4	MO
DEXILANT	4	QLL(30 per 30 days) ST MO
<i>famotidine inj</i>	5	MO
<i>famotidine premixed</i>	5	
<i>famotidine susr</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
HELIDAC	6	MO
<i>lansoprazole</i>	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>misoprostol</i>	2	MO
NEXIUM	3	QLL(30 per 30 days) MO
NEXIUM I.V. INJ 20MG	5	
NEXIUM I.V. INJ 40MG	5	MO
<i>nizatidine caps</i>	2	MO
<i>omeprazole cpdr</i>	2	QLL(30 per 30 days) MO
<i>pantoprazole sodium inj</i>	5	
<i>pantoprazole sodium tbec</i>	2	QLL(30 per 30 days) MO
<i>ranitidine hcl inj</i>	5	MO
<i>ranitidine hcl syrp</i>	2	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	2	MO
<i>sucralfate</i>	2	MO
Urinary Tract Agents		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
MONUROL	4	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	4	MO
<i>nitrofurantoin macrocrystalline</i>	4	MO
<i>nitrofurantoin macrocrystals</i>	4	MO
<i>nitrofurantoin monohydrate</i>	4	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	4	MO
PRIMSOL	4	MO
<i>trimethoprim</i>	1	MO
Vaccines & Miscellaneous Immunologicals		
ACTHIB	3	
ADACEL	3	MO
BIVIGAM	6	PAR MO
BOOSTRIX	3	MO
CARIMUNE	6	PAR MO
NANOFILTERED		
CERVARIX	3	MO
COMVAX	3	MO
DAPTACEL	3	MO
DYSFORT	5	PAR MO
ENGERIX-B INJ 10MCG/ 0.5ML	3	B/D PAR
ENGERIX-B INJ 20MCG/ ML	3	B/D PAR MO
<i>fomepizole</i>	6	MO
GAMASTAN S/D	5	PAR MO

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD LIQUID	6	PAR MO
GAMMAGARD S/D	6	PAR MO
GAMMAGARD S/D IGA	6	PAR MO
LESS THAN 1MCG/ML		
GAMMAPLEX	6	PAR MO
GAMUNEX-C INJ 10GM/ 100ML, 1GM/10ML, 2.5GM/25ML, 20GM/ 200ML, 5GM/50ML	6	PAR MO
GAMUNEX-C INJ 10GM/ 100ML, 20GM/200ML	6	PAR
GARDASIL	3	MO
HAVRIX INJ 1440ELU/ML	3	MO
HAVRIX INJ 720ELU/ 0.5ML	3	
IMOVAX RABIES (H.D.C.V.)	3	MO
INFANRIX	3	
IPOL INACTIVATED IPV	3	MO
IXIARO	3	MO
M-M-R II W/DILUENT 10	3	MO
DOSE		
MENACTRA	3	MO
MENOMUNE-A/C/Y/W- 135	3	MO
MENVEO	3	MO
PEDVAX HIB	3	MO
PRIVIGEN	6	PAR MO
PROQUAD	3	
RABAVERT	5	MO
RECOMBIVAX HB	3	B/D PAR MO
ROTATEQ	3	
<i>tetanus toxoid adsorbed</i>	3	MO
TETANUS/DIPHThERIA	3	MO
TOXOIDS-ADSORBED ADULT		
THYMOGLOBULIN	6	B/D PAR
TWINRIX	3	MO
TYPHIM VI	3	
VAQTA	3	MO
VARIVAX	3	MO
VARIZIG	3	
YF-VAX	3	MO
ZOSTAVAX	3	MO
Vancomycin		

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl caps 125mg</i>	6	PAR QLL(40 per 1 days) MO
<i>vancomycin hcl caps 250mg</i>	6	PAR QLL(80 per 1 days) MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/200ML	5	B/D PAR MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/100ML, 0; 750MG/150ML	5	B/D PAR
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	5	B/D PAR MO
<i>vancomycin hcl inj 500mg</i>	5	B/D PAR
VIBATIV	6	PAR
Vasoconstrictor Decongestants		
<i>naphazoline hcl</i>	1	MO
<i>phenylephrine hcl ophthalmic soln</i>	2	MO
Vitamins & Hematinics		
<i>fluoride</i>	2	MO
<i>folbecal</i>	2	MO
<i>folcaps omega 3</i>	2	MO
<i>ludent</i>	2	MO
<i>pr natal 430</i>	2	MO
<i>pr natal 430 ec</i>	2	MO
<i>prenatabs fa</i>	2	MO
<i>prenatabs obn</i>	2	
<i>prenatabs rx</i>	2	MO
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg</i>	2	MO
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	
<i>prenatal 19 tabs 100mg; 200mg; 400unit; 12mcg; 25mg;</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg</i>		
<i>prenatal plus</i>	2	MO
<i>prenatal plus iron</i>	2	MO
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	2	MO
<i>prenatal vitamins plus</i>	2	MO
<i>prenatal-u</i>	2	MO
<i>se-care</i>	2	MO
<i>se-natal 19</i>	2	MO
<i>se-tan dha</i>	2	MO
<i>sodium fluoride chew</i>	2	MO
<i>sodium fluoride tabs</i>	2	
<i>triadvance</i>	2	MO
<i>trinatal gt</i>	2	MO
<i>trinate</i>	2	MO
<i>vinate az</i>	2	MO
<i>vinate care</i>	2	MO
<i>vinate m</i>	2	MO
<i>virt-pn</i>	4	MO
<i>vitafol-ob</i>	2	MO
<i>vol-nate</i>	2	MO

Index of Drugs:

Legend

Generic drugs are shown in lowercase italics (e.g. *enalapril*)

Brand-name drugs are shown in capital letters (e.g. HUMALOG)

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

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ALA SCALP	46	AMINOSYN II	30
ALBENZA	26	AMINOSYN II 8.5%/ELECTROLYTES	30
<i>albuterol sulfate er</i>	42	AMINOSYN INJ 148MEQ/L; 1280MG/100ML;	
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/</i>		980MG/100ML; 1280MG/100ML; 300MG/100ML;	
3ml.....	42	720MG/100ML; 940MG/100ML; 720MG/100ML;	
<i>albuterol sulfate nebu 0.5%.....</i>	42	400MG/100ML; 440MG/100ML; 5.4MEQ/L;	
<i>albuterol sulfate syrp</i>	42	860MG/100ML; 420MG/100ML; 520MG/100ML;	
<i>albuterol sulfate tabs</i>	42	160MG/100ML; 44MG/100ML; 800MG/100ML,	
ALCAINE	29	90MEQ/L; 1100MG/100ML; 850MG/100ML;	
<i>alclometasone dipropionate</i>	46	35MEQ/L; 1100MG/100ML; 260MG/100ML;	
<i>alcohol preps pads</i>	19	620MG/100ML; 810MG/100ML; 624MG/100ML;	
ALDACTAZIDE	11	340MG/100ML; 380MG/100ML; 5.4MEQ/L;	
ALDURAZYME	28	750MG/100ML; 370MG/100ML; 460MG/100ML;	
<i>alendronate sodium oral soln</i>	35	150MG/100ML; 44MG/100ML; 680MG/100ML.....	30
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<i>amantadine hcl tabs</i>	16	2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg;	
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Customer Service

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