



***SilverScript (Employer PDP) sponsored by Goodyear
Retiree Healthcare Trust***

**2015 Formulary
(List of Covered Drugs)**

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

This formulary was updated on 08/18/2014. For more recent information or other questions, please contact SilverScript (Employer PDP) at 1-855-479-3654 or, for TTY users, 1-866-236-1069, 24 hours a day, 7 days a week.

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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript (Employer PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

What is the SilverScript (Employer PDP) Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or require quantity limits, prior authorization, and step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2015. To get updated information about the drugs covered by SilverScript (Employer PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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?

SilverScript (Employer PDP) 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 (PA):** SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript (Employer PDP) before you fill your prescriptions. If you don’t get approval, SilverScript (Employer PDP) may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, SilverScript (Employer PDP) requires you to first try a certain drug 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, SilverScript (Employer PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

Generally, SilverScript (Employer PDP) formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available, and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 SilverScript (Employer PDP) Formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that SilverScript (Employer PDP) does not cover your drug, you have two options:

- You can ask Customer Care 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 us to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our drug list.

How do I request an exception to the SilverScript (Employer PDP) Formulary?

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

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

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier.

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

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

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 30 days (or 31 days if you are a long-term care resident) unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript (Employer PDP) 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.

SilverScript (Employer PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

The information in the Requirements/Limits column tells you if SilverScript (Employer PDP) has any special requirements for coverage of your drug.

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- NM Not available at our mail-order pharmacies.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-855-479-3654, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide coverage of this prescription drug in the coverage gap. Please refer to your *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	
ALOPRIM	3	
<i>colchicine w/ probenecid</i>	1	
COLCRYS QL (120 tabs / 30 days)	2	QL
<i>probenecid</i>	1	
ULORIC	2	ST
ZYLOPRIM	3	
MISCELLANEOUS		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
DUEXIS	3	
VIMOVO	2	
NSAIDS		
ANAPROX	2	
ANAPROX DS	2	
CATAFLAM	3	
CELEBREX CAP 50MG	2	
CELEBREX CAP 100MG	2	
CELEBREX CAP 200MG	2	
CELEBREX CAP 400MG	2	
DAYPRO	2	
<i>diclofenac potassium</i> (generic of CATAFLAM)	1	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR) TB24	1	
<i>diclofenac sodium</i> TBEC	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	3	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>mefenamic acid</i> (generic of PONSTEL) CAPS	1	
MELOXICAM SUSP	1	
<i>meloxicam tabs</i> (generic of MOBIC)	1	
MOBIC	2	
<i>nabumetone</i> TABS	1	
NAPRELAN	3	
NAPROSYN	2	
<i>naproxen</i> (generic of NAPROSYN) SUSP; TABS	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	1	
<i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
PONSTEL	4	NM
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
VOLTAREN-XR	3	
ZIPSOR	3	
ZORVOLEX	3	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	1	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Tier	Drug Requirements/ Limits
ASPIRIN-CAFFEINE-DIHYDR OCODEINE BITARTRATE QL (360 caps / 30 days)	1	QL
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	2	QL
BUTRANS 10mcg/hr QL (8 patches / 28 days)	2	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL
<i>capital and codeine</i> QL (5000 mL / 30 days)	3	QL
CONZIP 100mg QL (90 caps / 30 days)	3	QL
CONZIP 200mg QL (60 caps / 30 days)	3	QL
CONZIP 300mg QL (30 caps / 30 days)	3	QL
<i>hycet</i> QL (5400 mL / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml (generic of HYCET) QL (5400 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
<i>hydrocodone-acetaminophen</i> 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> tab 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> (generic of REPRESAIN) QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg (generic of VICOPROFEN) QL (150 tabs / 30 days)	1	QL
<i>ibudone tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL
<i>loratab</i> QL (6000 mL / 30 days)	3	QL
<i>norco</i> QL (360 tabs / 30 days)	3	QL
<i>reprexain 2.5/200</i> QL (150 tabs / 30 days)	3	QL
<i>reprexain 5/200</i> QL (150 tabs / 30 days)	3	QL
<i>reprexain 10/200</i> QL (150 tabs / 30 days)	1	QL
SYNALGOS-DC QL (360 caps / 30 days)	3	QL
TRAMADOL HCL TB24 QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 200mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 100mg QL (90 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 200mg QL (30 tabs / 30 days)	1	QL
<i>tramadol hcl er (biphasic)</i> 300mg QL (30 tabs / 30 days)	1	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>tylenol with codeine</i> QL (400 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	2	QL
ULTRAM ER 100mg QL (90 tabs / 30 days)	3	QL
ULTRAM ER 200mg, 300mg QL (30 tabs / 30 days)	3	QL
<i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
VICOPROFEN QL (150 tabs / 30 days)	3	QL
<i>xodol tab 5-300mg</i> QL (400 tabs / 30 days)	3	QL
<i>xodol tab 7.5-300</i> QL (400 tabs / 30 days)	3	QL
<i>xodol tab 10-300mg</i> QL (400 tabs / 30 days)	4	QL NM
<i>zamicet</i> QL (5400 mL / 30 days)	3	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	4	QL NM PA
ACTIQ QL (120 lozenges / 30 days)	4	QL NM PA
AVINZA QL (60 caps / 30 days)	3	QL
CODEINE SULFATE TABS 15mg QL (720 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 30mg QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
CODEINE SULFATE TABS 60mg QL (180 tabs / 30 days)	1	QL
DILAUDID INJ	3	B/D
DILAUDID TAB QL (270 tabs / 30 days)	3	QL
DILAUDID-5 ORAL LIQD	3	
DILAUDID-HP INJ	3	B/D
DILAUDID-HP INJ 250MG	3	B/D
DOLOPHINE QL (240 tabs / 30 days)	3	QL
DURAGESIC 12mcg/hr, 25mcg/hr, 50mcg/hr QL (10 patches / 30 days)	3	QL
DURAGESIC 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL NM
DURAMORPH	1	B/D
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
ENDODAN TAB QL (360 tabs / 30 days)	1	QL
EXALGO 8mg, 12mg QL (60 tabs / 30 days)	3	QL
EXALGO 16mg, 32mg QL (60 tabs / 30 days)	4	QL NM
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	4	QL NM PA
<i>fentanyl patch</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL
FENTORA QL (120 tabs / 30 days)	4	QL NM PA
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	1	
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 500mg/50ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	1	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone tab 8mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	1	QL
<i>hydromorphone tab 12mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	1	QL
<i>hydromorphone tab 16mg er</i> (generic of EXALGO) QL (60 tabs / 30 days)	1	QL
HYDROMORPHONE TABS 32MG QL (60 tabs / 30 days)	4	QL NM
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
KADIAN 10mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL
KADIAN 60mg, 70mg, 80mg, 100mg, 130mg, 150mg, 200mg QL (60 caps / 30 days)	4	QL NM
LAZANDA QL (30 bottles / 30 days)	4	QL NM PA
<i>levorphanol tartrate</i> TABS QL (180 tabs / 30 days)	1	QL
<i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days)	1	QL
<i>methadone hcl</i> SOLN QL (600 mL / 30 days)	1	QL
<i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg QL (240 tabs / 30 days)	1	QL
METHADONE INJ 10MG/ML	3	
METHADOSE CONC QL (120 mL / 30 days)	3	QL
MORPHINE SUL 20MG/ML ORAL SOL	1	
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 50mg, 60mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of KADIAN) CP24 80mg, 100mg QL (60 caps / 30 days)	4	QL NM
MORPHINE SULFATE SOLN 1mg/ml, 10mg/ml, 15mg/ml	1	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 8mg/ml	3	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	1	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	1	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate beads</i> (generic of AVINZA) QL (60 caps / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	1	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	1	QL
MS CONTIN 15mg, 30mg, 60mg QL (90 tabs / 30 days)	3	QL
MS CONTIN 100mg QL (90 tabs / 30 days)	4	QL NM
MS CONTIN 200mg QL (60 tabs / 30 days)	4	QL NM
NUCYNTA 50mg QL (360 tabs / 30 days)	2	QL
NUCYNTA 75mg QL (240 tabs / 30 days)	2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)	2	QL
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	2	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	2	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
OPANA TABS QL (180 tabs / 30 days)	3	QL
OPANA ER (CRUSH RESISTANT QL (120 tabs / 30 days)	2	QL
OXECTA QL (270 tabs / 30 days)	3	QL
OXYCODONE HCL CAPS QL (180 caps / 30 days)	1	QL
OXYCODONE HCL CONC <i>oxycodone hcl</i> SOLN	1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone-aspirin</i> (generic of PERCODAN) QL (360 tabs / 30 days)	1	QL
<i>oxycodone-ibuprofen</i> QL (28 tabs / 30 days)	1	QL
OXYCONTIN QL (120 tabs / 30 days)	2	QL
<i>oxymorphone hcl</i> (generic of OPANA) TABS QL (180 tabs / 30 days)	1	QL
<i>percocet</i> 2.5/325 QL (360 tabs / 30 days)	3	QL
<i>percocet</i> 7.5/325 QL (360 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>percocet</i> 10/325 QL (360 tabs / 30 days)	4	QL NM
<i>percocet tab</i> 5-325mg QL (360 tabs / 30 days)	3	QL
PERCODAN QL (360 tabs / 30 days)	3	QL
<i>roxicet soln</i> QL (1800 mL / 30 days)	2	QL
<i>roxicet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
ROXICODONE 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE 30mg QL (180 tabs / 30 days)	4	QL NM
SUBSYS QL (4 boxes / 30 days)	4	QL NM PA
XARTEMIS XR QL (120 tabs / 30 days)	3	QL

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 4%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%	1	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE) 1%	1	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE-MPF) 1%	1	B/D
<i>lidocaine inj</i> 1.5% (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj</i> 2% (generic of XYLOCAINE) 2%	1	B/D
<i>lidocaine inj</i> 2% (generic of XYLOCAINE-MPF) 2%	1	B/D
XYLOCAINE .5%, 1%, 2%	3	B/D
XYLOCAINE INJ 1%	3	B/D
XYLOCAINE-MPF	3	B/D

ANTI-INFECTIVES**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate</i> SOLN	1	
BETHKIS	4	B/D NM
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin in saline inj 0.9 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.4 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	1	
<i>sulfadiazine</i> TABS	3	
TOBI NEB	4	B/D NM
TOBI PODHALER	4	NM PA
<i>tobramycin</i> (generic of TOBI) NEBU	4	B/D NM
<i>tobramycin sulfate</i> SOLN; SOLR	1	
<i>tobramycin sulfate in saline</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	3	
ALINIA	2	
<i>atovaquone</i> (generic of MEPRON)	4	NM
AZACTAM	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	4	NM
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	2	
CAYSTON	4	NM LA PA
CLEOCIN CAPS	2	
<i>cleocin</i> SOLR	2	
CLEOCIN CAP 75MG	2	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	
<i>clindamycin phosphate</i> SOLN 150mg/ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	1	
COLY-MYCIN M	3	
CUBICIN	4	B/D NM
<i>dapsone</i> TABS	1	
DARAPRIM	3	
DORIBAX	3	
<i>e.s.p.</i>	1	
<i>ees/sulfisox sus 200-600</i>	1	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN 90 day limit if >64 yr	4	NM PA
HIPREX	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
MACROBID 90 day limit if >64 yr	3	PA
MACRODANTIN 90 day limit if >64 yr?	3	PA
MEPRON	4	NM
<i>meropenem</i> (generic of MERREM)	1	
MERREM	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
METRO IV	3	
<i>metronidazole</i> (generic of FLAGYL) CAPS; TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole inj</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin (generic of FURADANTIN) SUSP</i> 90 day limit if >64 yr	3	PA
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN)</i> 90 day limit if >64 yr?	3	PA
<i>nitrofurantoin monohyd macro (generic of MACROBID)</i> 90 day limit if >64 yr	3	PA
PENTAM 300	3	
<i>polymyxin b sulfate SOLR</i>	1	
PRIMAXIN	3	
PRIMSOL SOL 50MG/5ML	3	
STROMEKTOL	3	
<i>sulfamethoxazole-trimethop SUSP</i>	1	
<i>sulfamethoxazole-trimethop (generic of BACTRIM) TABS</i>	1	
<i>sulfamethoxazole-trimethop (generic of BACTRIM DS) TABS</i>	1	
<i>sulfamethoxazole-trimethopri m inj</i>	1	
SYNERCID	4	NM
<i>trimethoprim TABS</i>	1	
TYGACIL	4	NM
VANCOCIN HCL	4	NM
<i>vancomycin hcl (generic of VANCOCIN HCL) CAPS</i>	4	NM
<i>vancomycin hcl SOLR</i> 10gm, 500mg, 1000mg, 5000mg	1	B/D
<i>vancomycin hcl SOLR</i> 750mg	3	B/D
XIFAXAN TAB 200MG	4	NM
ZYVOX	4	NM
ANTIFUNGALS		
ABELCET	4	B/D NM
AMBISOME	4	B/D NM
AMPHOTEC	3	B/D
<i>amphotericin b SOLR</i>	1	B/D
ANCOBON	4	NM
CANCIDAS	4	NM
DIFLUCAN	3	

Drug Name	Drug Requirements/ Tier	Limits
ERAXIS	4	NM
<i>fluconazole (generic of DIFLUCAN) SUSR; TABS</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole inj nacl 100</i>	3	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine (generic of ANCOBON) CAPS</i>	4	NM
GRIS-PEG	2	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize (generic of GRIFULVIN V) TABS</i>	1	
<i>griseofulvin ultramicrosize (generic of GRIS-PEG)</i>	1	
<i>itraconazole (generic of SPORANOX) CAPS</i>	1	PA
<i>ketoconazole TABS</i>	1	PA
LAMISIL PACK	3	
LAMISIL TABS QL (90 tabs / 365 days)	3	QL
MYCAMINE	4	NM
NOXAFIL SUSP; TBEC	4	NM
<i>nystatin TABS</i>	1	
ONMEL	3	PA
SPORANOX	4	NM PA
SPORANOX PULSEPAK	4	NM PA
SPORANOX SOL 10MG/ML	4	NM
<i>terbinafine hcl (generic of LAMISIL) TABS</i> QL (90 tabs / 365 days)	1	QL
VFEND IV	3	
VFEND SUS 40MG/ML	4	NM
VFEND TAB	4	NM
<i>voriconazole (generic of VFEND) SUSR; TABS</i>	4	NM
<i>voriconazole inj 200mg (generic of VFEND IV)</i>	1	
ANTIMALARIALS		
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	1	
<i>chloroquine phosphate TABS 250mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	1	
COARTEM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	
APTIVUS	4	NM
CRIXIVAN	3	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	4	NM
EMTRIVA	2	
EPIVIR SOL 10MG/ML	2	
EPIVIR TABS	2	
FUZEON	4	NM
INTELENCE 25mg	2	
INTELENCE 100mg, 200mg	4	NM
INVIRASE CAPS	3	
INVIRASE TABS	4	NM
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	4	NM
ISENTRESS PACK	2	
ISENTRESS TABS	4	NM
<i>lamivudine</i> (generic of EPIVIR) 150mg, 300mg	1	
LEXIVA SUSP	3	
LEXIVA TABS	4	NM
NEVIRAPINE SUSP	1	
<i>nevirapine</i> (generic of VIRAMUNE) TABS	1	
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	1	
NORVIR	2	
PREZISTA SUSP	4	NM
PREZISTA TABS 75mg, 150mg	2	
PREZISTA TABS 600mg, 800mg	4	NM
RESCRIPTOR	2	

Drug Name	Drug Requirements/ Tier	Limits
RETROVIR CAPS	2	
RETROVIR IV INFUSION	3	
RETROVIR SYRP	2	
REYATAZ	4	NM
SELZENTRY	4	NM
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA CAPS	2	
SUSTIVA TABS	4	NM
TIVICAY	4	NM
VIDEX EC	2	
VIDEX PEDIATRIC	3	
VIRACEPT	4	NM
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	4	NM
ZERIT	2	
ZIAGEN SOLN	3	
ZIAGEN TABS	2	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	1	
<i>zidovudine</i> TABS	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	4	NM
ATRIPLA	4	NM
COMBIVIR	4	NM
COMPLERA	4	NM
EPZICOM	4	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	NM
STRIBILD	4	NM
TRIZIVIR	4	NM
TRUVADA	4	QL NM
QL (30 tabs / 30 days)		
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	NM
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	1	
<i>isoniazid</i> SOLN; SYRP	1	
<i>isoniazid tabs</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
MYAMBUTOL	2	
MYCOBUTIN	3	
<i>paser d/r</i>	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i> (generic of MYCOBUTIN)	1	
<i>rifadin</i> CAPS 150mg	2	
RIFADIN CAPS 300mg	2	
RIFADIN SOLR	3	
<i>rifamate</i>	3	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SIRTURO	4	NM LA PA
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i> SOLN	1	B/D
<i>acyclovir sodium</i> SOLR 1000mg	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	4	NM
BARACLUDE SOLN	2	
BARACLUDE TABS	4	NM
<i>cidofovir</i> (generic of VISTIDE)	1	
COPEGUS	4	NM PA
CYTOVENE	3	B/D
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR) TABS	1	
FAMVIR	3	
FLUMADINE	3	
<i>foscarnet sodium</i>	1	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	4	NM
<i>lamivudine</i> (generic of EPIVIR HBV) 100mg	1	
<i>moderiba pak</i>	4	NM PA
<i>moderiba tab 200mg</i> (generic of COPEGUS)	1	NM PA
OLYSIO	4	NM PA
REBETOL	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	4	NM PA
<i>ribasphere</i> (generic of REBETOL) CAPS	1	NM PA
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	1	NM PA
<i>ribasphere</i> TABS 400mg	1	NM PA
<i>ribasphere</i> TABS 600mg	4	NM PA
<i>ribasphere ribapak 800</i>	4	NM PA
<i>ribasphere ribapak 1000</i>	4	NM PA
<i>ribasphere ribapak 1200</i>	4	NM PA
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
SOVALDI	4	NM PA
TAMIFLU	2	
TYZEKA	4	NM
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
VALCYTE	4	NM
VALTREX	3	
VICTRELIS	4	NM PA
VISTIDE	3	
ZOVIRAX SUSP	3	
CEPHALOSPORINS		
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil</i>	1	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm	1	
<i>cefazolin/dextrose</i>	3	
<i>cefdinir</i>	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	1	
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	1	
<i>cefotaxime sodium</i> (generic of CLAFORAN)	1	
<i>cefotetan disodium</i>	3	
<i>cefoxitin sodium</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
CEFOXITIN SODIUM IN DEXTROSE	3
<i>cefpodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i> (generic of FORTAZ) 1gm, 2gm, 6gm	1
CEFTAZIDIME/DEXTROSE	3
<i>ceftibuten</i>	1
CEFTIN	3
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg	1
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm, 500mg	1
<i>cefuroxime axetil</i> SUSR	1
<i>cefuroxime axetil</i> (generic of CEFTIN) TABS	1
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	1
<i>cefuroxime sodium soln iv 7.5 gm</i>	3
<i>cephalexin</i> (generic of KEFLEX) CAPS	1
<i>cephalexin</i> SUSR; TABS	1
<i>claforan</i> 1gm, 2gm	3
CLAFORAN 1gm, 2gm, 10gm, 500mg	3
FORTAZ	3
KEFLEX	3
MAXIPIPE	3
<i>rocephin</i>	3
SUPRAX CAPS	2
<i>suprax</i> CHEW	2
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2
SUPRAX SUSR 500mg/5ml	2
<i>suprax</i> TABS	2
<i>tazicef vial</i> (generic of FORTAZ)	1
TEFLARO	3
ZINACEF SOLR	3
ERYTHROMYCINS/MACROLIDES	
AZITHROMYCIN PACK	1
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	1
<i>azithromycin</i> (generic of ZITHROMAX) TABS	1
BIAXIN	3
BIAXIN XL	3
BIAXIN XL PAC	3
<i>clarithromycin</i> SUSR 125mg/5ml	1
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1
<i>clarithromycin</i> (generic of BIAXIN) TABS	1
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1
DIFICID	4 NM
<i>e.e.s. 400 mg tab</i>	1
E.E.S. GRANULES	3
<i>ery-tab</i>	3
ERYPED 200	3
ERYPED 400	3
<i>erythrocin lactobionate</i> 500mg	3
<i>erythrocin stearate</i>	1
<i>erythromycin base</i>	1
<i>erythromycin cap 250mg ec</i>	1
<i>erythromycin ethylsuccinate</i>	1
PCE	3
ZITHROMAX	3
ZITHROMAX TRI-PAK	3
ZITHROMAX Z-PAK	3
ZMAX	3
FLUOROQUINOLONES	
AVELOX	3
AVELOX ABC PACK	3
CIPRO	3
<i>ciprofloxacin</i> SOLN 200mg/20ml	1
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	1
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1

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Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1
<i>ciprofloxacin inj</i>	1
FACTIVE	3
LEVAQUIN	3
<i>levofloxacin SOLN</i> 25mg/ml	1
<i>levofloxacin</i> (generic of LEVAQUIN) SOLN 25mg/ml	1
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1
<i>levofloxacin in d5w</i> (generic of LEVAQUIN)	1
<i>moxifloxacin hcl</i> (generic of AVELOX)	1
PENICILLINS	
<i>amoxicillin</i>	1
<i>amoxicillin & pot clavulanate</i> CHEW	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) CHEW	1
<i>amoxicillin & pot clavulanate</i> SUSR	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1
<i>amoxicillin & pot clavulanate</i> TABS	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1
<i>ampicillin & sulbactam sodium</i>	1
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	1
<i>ampicillin cap 250mg</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ampicillin cap 500 mg</i>	1
<i>ampicillin inj</i>	1
<i>ampicillin sodium</i>	1
<i>ampicillin susp</i>	1
AUGMENTIN	3
AUGMENTIN ES-600	3
AUGMENTIN XR	3
BACTOCILL INJ DEX 1GM	3
BACTOCILL INJ DEX 2GM	4 NM
BICILLIN C-R	3
BICILLIN L-A	3
<i>dicloxacillin sodium</i>	1
MOXATAG	3
<i>nafcillin sodium 1gm</i>	1
<i>nafcillin sodium 2gm, 10gm</i>	4 NM
NALLPEN ISO-OSMOTIC IN DE	4 NM
NALLPEN/DEXTROSE	3
<i>oxacillin sodium 1gm, 2gm</i>	1
<i>oxacillin sodium 10gm</i>	4 NM
PENICILLIN G POT IN DEXTROSE	3
<i>penicillin g potassium</i>	1
PENICILLIN G POTASSIUM IN	3
<i>penicillin g procaine</i>	3
<i>penicillin g sodium</i>	1
<i>penicillin v potassium</i>	1
<i>pfizerpen</i>	1
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	1
TIMENTIN SOLR	3
UNASYN	3
UNASYN BULK PACK	3
ZOSYN	3
TETRACYCLINES	
<i>adoxa CAPS</i>	3
<i>demeclocycline hcl</i>	1
DORYX	3
<i>doxycycline (monohydrate) CAPS 50mg</i>	1
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS	1	
<i>doxycycline hyclate</i> TBEC 75mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 150mg	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	1	
<i>minocycline hcl</i> TABS; TB24	1	
SOLODYN	4	NM
TETRACYCLINE HCL CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN SOLR	3	B/D
BICNU	3	B/D
BUSULFEX	3	B/D
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>cyclophosphamide</i> SOLR	3	B/D
<i>cyclophosphamide</i> TABS	1	B/D
<i>dacarbazine</i> 200mg	1	B/D
EMCYT	2	
HEXALEN	4	NM
IFEX	3	B/D
IFEX INJ 3GM	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>ifosfamide</i> (generic of IFOSFAMIDE) 1gm/20ml, 3gm/60ml	1	B/D
<i>ifosfamide</i> 3gm/60ml	3	B/D
<i>ifosfamide for inj 1 gm</i> (generic of IFEX)	1	B/D
IFOSFAMIDE FOR INJ 3 GM	3	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
LEUKERAN	2	
LOMUSTINE	1	
<i>melphalan hcl</i> (generic of ALKERAN)	4	B/D NM
MUSTARGEN	3	B/D
TREANDA	4	B/D NM
ZANOSAR	3	B/D
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	3	B/D
<i>daunorubicin hcl</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	B/D
DOXIL	4	B/D NM
<i>doxorubicin hcl 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal inj</i> (for iv infusion) 2 mg/ml (generic of DOXIL)	4	B/D NM
<i>doxorubicin inj 50mg</i>	1	B/D
ELLENC	4	B/D NM
EPIRUBICIN INJ 50MG	3	B/D
<i>epirubicin inj 50mg/25ml</i> (generic of ELLENCE)	1	B/D
<i>epirubicin inj 200mg</i> (generic of ELLENCE)	1	B/D
IDAMYCIN PFS	3	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	4	B/D NM
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	4	B/D NM
<i>mitomycin</i> SOLR	1	B/D
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	4	B/D NM
ARRANON	3	B/D
<i>azacitidine</i> (generic of VIDAZA)	4	B/D NM
<i>cladribine</i>	4	B/D NM
CLOLAR	3	B/D
<i>cytarabine inj</i>	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
DACOGEN	4	B/D NM
<i>decitabine</i> (generic of DACOGEN)	1	B/D NM
<i>fludarabine phosphate</i> SOLN	1	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
GEMCITABINE	4	B/D NM
<i>gemcitabine hcl</i> (generic of GEMZAR) 1gm, 200mg	4	B/D NM
<i>gemcitabine hcl</i> 2gm	4	B/D NM
GEMZAR	4	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL) TABS	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	4	B/D NM
PURINETHOL	2	
TABLOID	3	
VIDAZA	4	B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	4	B/D NM
DOCETAXEL CONC 20mg/0.5ml	4	B/D NM
DOCETAXEL CONC 20mg/ml, 80mg/4ml	4	B/D NM
<i>docetaxel</i> CONC 140mg/7ml	4	B/D NM
DOCETAXEL SOLN 80mg/8ml	4	B/D NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN	1	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	4	B/D NM
AVASTIN	4	B/D NM
ERBITUX	4	B/D NM
ERIVEDGE	4	NM LA PA
HERCEPTIN	4	B/D NM
ISTODAX	4	B/D NM
KADCYLA	4	B/D NM
PROLEUKIN	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
RITUXAN	4	NM PA
TORISEL	4	B/D NM
VECTIBIX	4	B/D NM
VELCADE	4	B/D NM
ZOLINZA	4	NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	2	
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD 7.5mg	3	B/D NM
ELIGARD 45mg	4	B/D NM
ELIGARD INJ 22.5MG	3	B/D NM
ELIGARD INJ 30MG	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	4	NM
FASLODEX	4	B/D NM
FEMARA	2	
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg	4	B/D NM
<i>flutamide</i>	1	
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide acetate</i> KIT	1	NM PA
LUPR DEP-PED INJ 15MG	4	NM PA
LUPR DEP-PED INJ 30MG (3-MONTH)	4	NM PA
LUPRON DEP INJ 11.25MG	4	NM PA
LUPRON DEPOT 3.75mg, 7.5mg	4	NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	4	NM PA
LUPRON DEPOT INJ 30MG (3-MONTH)	4	NM PA
LUPRON DEPOT-PED	4	NM PA
LYSODREN	2	
MEGACE ES	4	NM PA
MEGACE ORAL	3	PA
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP	3	PA
<i>megestrol acetate</i> TABS	3	PA
NILANDRON	4	NM

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Drug Name	Drug Requirements/ Tier	Limits
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEPOT MIXJECT	4	NM PA
TRELSTAR LA MIXJECT	4	NM PA
TRELSTAR MIXJECT	4	NM PA
XTANDI	4	NM LA PA
ZYTIGA	4	NM PA
KINASE INHIBITORS		
AFINITOR	4	NM PA
AFINITOR DISPERZ	4	NM PA
BOSULIF	4	NM PA
CAPRELSA	4	NM LA PA
COMETRIQ	4	NM PA
GILOTRIF TAB 20MG	4	NM LA PA
GILOTRIF TAB 30MG	4	NM LA PA
GILOTRIF TAB 40MG	4	NM LA PA
GLEEVEC	4	NM PA
ICLUSIG	4	NM LA PA
IMBRUVICA CAP 140MG	4	NM LA PA
INLYTA	4	NM LA PA
JAKAFI	4	NM LA PA
MEKINIST	4	NM PA
NEXAVAR	4	NM LA PA
SPRYCEL	4	NM PA
STIVARGA	4	NM LA PA
SUTENT	4	NM PA
TAFINLAR	4	NM PA
TARCEVA	4	NM PA
TASIGNA	4	NM PA
TYKERB	4	NM LA PA
VOTRIENT	4	NM PA
XALKORI	4	NM LA PA
ZELBORAF	4	NM LA PA
ZYKADIA	4	NM LA PA
MISCELLANEOUS		
DROXIA	3	
HALAVEN	4	B/D NM
HYDREA	2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
IXEMPRA KIT	4	B/D NM
MATULANE	4	NM
<i>mitoxantrone hcl</i>	1	B/D NM
POMALYST	4	NM LA PA
SYLATRON KIT 296MCG	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
SYLATRON KIT 444MCG	4	NM PA
SYLATRON KIT 888MCG	4	NM PA
TARGETIN CAPS	4	NM PA
<i>retinoin</i> CAPS	4	NM
TRISENOX	4	B/D NM
UVADEX	3	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i> SOLN	1	B/D
<i>cisplatin</i>	1	B/D
ELOXATIN 50mg/10ml, 100mg/20ml	4	B/D NM
<i>oxaliplatin</i>	4	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	4	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD) 250mg	4	B/D NM
ELITEK	4	B/D NM
KEPIVANCE	4	B/D NM
<i>leucovorin ca inj</i>	1	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>leucovorin calcium 500 mg</i>	3	B/D
<i>leucovorin calcium inj 10 mg/ml</i>	1	B/D
<i>mesna</i> (generic of MESNEX)	1	B/D
MESNEX SOLN	3	B/D
MESNEX TABS	4	NM
ZINECARD	3	B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	3	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i> SOLN 500mg/25ml	1	B/D
HYCANTIN SOLR	4	B/D NM
<i>irinotecan</i> (generic of CAMPTOSAR)	4	B/D NM
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml	4	B/D NM
<i>irinotecan hcl</i> 500mg/25ml	4	B/D NM
<i>toposar</i> 1gm/50ml	1	B/D
<i>topotecan hcl</i> (generic of HYCANTIN) SOLR	4	B/D NM
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine</i>	1
<i>besylate-benazepril hcl</i> (generic of LOTREL)	
<i>benazepril & hydrochlorothiazide</i>	1
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1
<i>captopril & hydrochlorothiazide</i>	1
<i>enalapril maleate & hydrochlorothiazide</i>	1
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1
<i>fosinopril sodium & hydrochlorothiazide</i>	1
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1
LOTREL	2
<i>moexipril-hydrochlorothiazide</i>	1
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1
TARKA	2
UNIRETIC	3
VASERETIC	3
ZESTORETIC	3
ACE INHIBITORS	
ACCUPRIL	3
ALTACE	3
<i>benazepril hcl</i> TABS 5mg	1
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1
<i>captopril</i> TABS	1
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1
<i>fosinopril sodium</i>	1
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1
LOTENSIN 20mg, 40mg	3
MAVIK	3

Drug Name	Drug Requirements/ Tier Limits
<i>moexipril hcl</i> (generic of UNIVASC)	1
<i>perindopril erbumine</i> 2mg	1
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1
PRINIVIL	3
<i>quinapril hcl</i> (generic of ACCUPRIL)	1
<i>ramipril</i> (generic of ALTACE)	1
<i>trandolapril</i> (generic of MAVIK)	1
UNIVASC	3
VASOTEC	3
ZESTRIL	3
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE	2
<i>eplerenone</i> (generic of INSPRA)	1
INSPRA	2
<i>spironolactone</i> (generic of ALDACTONE) TABS	1
ALPHA BLOCKERS	
CARDURA	3
<i>doxazosin mesylate</i> (generic of CARDURA)	1
MINIPRESS	3
<i>prazosin hcl</i> (generic of MINIPRESS)	1
<i>terazosin hcl</i>	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
ATACAND HCT	3
AVALIDE	3
AZOR	2
BENICAR HCT	2
<i>candesartan</i>	1
<i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	
DIOVAN HCT	3
EDARBYCLOR	3
EXFORGE	2
EXFORGE HCT	2
EXFORGE HCT/10- TAB 160-25	2

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Drug Name	Drug Requirements/ Tier Limits
HYZAAR	3
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	1
MICARDIS HCT	3
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1
<i>telmisartan-hydrochlorothiazide</i> (generic of MICARDIS HCT)	1
TEVETEN HCT	3
TRIBENZOR	2
TWYNSTA	3
<i>valsartan & hctz tab</i> 320-25mg (generic of DIOVAN HCT)	1
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND	3
AVAPRO	3
BENICAR	2
<i>candesartan cilexetil</i> (generic of ATACAND)	1
COZAAR	3
DIOVAN	2
EDARBI	3
<i>eprosartan mesylate</i> (generic of TEVETEN)	1
<i>irbesartan</i> (generic of AVAPRO)	1
<i>losartan potassium</i> (generic of COZAAR)	1
MICARDIS	2
TELMISARTAN	1
TEVETEN	3
<i>valsartan</i> (generic of DIOVAN)	1
ANTIARRHYTHMICS	
<i>amiodarone hcl</i> SOLN	1
<i>amiodarone hcl</i> TABS 100mg, 400mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg	1
<i>amiodarone inj</i> 50mg/ml	1
BETAPACE	2
BETAPACE AF	2
<i>disopyramide phosphate</i> (generic of NORPACE)	3 PA
<i>flecainide acetate</i>	1
<i>mexiletine hcl</i>	1
MULTAQ	3
NORPACE	3 PA
NORPACE CR	3 PA
<i>pacerone</i> 100mg, 400mg	1
<i>pacerone</i> (generic of CORDARONE) 200mg	1
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1
<i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg	1
<i>propafenone hcl</i> TABS 300mg	1
<i>quinidine gluconate er</i>	1
<i>quinidine sulfate</i> TABS; TBCR	1
RYTHMOL	2
RYTHMOL SR	2
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1
<i>sorine</i> 240mg	1
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1
<i>sotalol hcl</i> 240mg	1
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	1
TIKOSYN	2 NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
ALTOPREV	3
<i>atorvastatin calcium</i> (generic of LIPITOR)	1
CRESTOR	2

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluvastatin sodium</i> (generic of LESCOL)	1	
LESCOL	3	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
<i>lovastatin</i> 10mg	1	
<i>lovastatin</i> (generic of MEVACOR) 20mg, 40mg	1	
PRAVACHOL	3	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ANTIPEMICS, MISCELLANEOUS		
ADVICOR	3	
ANTARA	3	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i> (generic of TRILIPIX)	1	
COLESTID	3	
<i>colestipol hcl</i> (generic of COLESTID)	1	
FENOFIBRATE CAPS	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> 43mg, 130mg	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
FENOFIBRIC ACID	1	
FENOGLIDE	3	
FIBRICOR	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
LIPOFEN	3	
LIPTRUZET	3	
<i>lofibra</i>	3	
LOPID	3	
LOVAZA CAP 1GM	2	
<i>niacin</i> (antihyperlipidemic) (generic of NIASPAN)	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>omega-3-acid ethyl esters</i>	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT)	1	
<i>questran</i>	3	
<i>questran light</i>	3	
SIMCOR	2	
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	3	
VYTORIN	2	
WELCHOL	2	
ZETIA TAB 10MG	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
CORZIDE	3	
DUTOPROL	3	
LOPRESSOR HCT	2	
<i>metoprolol & hctz tab</i> 50-25mg (generic of LOPRESSOR HCT)	1	
<i>metoprolol & hctz tab</i> 100-25mg (generic of LOPRESSOR HCT)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>metoprolol & hctz tab</i> 100-50mg	1
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1
<i>propranolol &</i> <i>hydrochlorothiazide</i>	1
TENORETIC 50	2
TENORETIC 100	2
ZIAC	2
BETA-BLOCKERS	
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	1
<i>atenolol</i> (generic of TENORMIN) TABS	1
<i>betaxolol hcl</i> (generic of KERLONE)	1
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1
BYSTOLIC	2
<i>carvedilol</i> (generic of COREG)	1
COREG	3
COREG CR	2
CORGARD	3
INDERAL LA	3
<i>labetalol hcl</i> SOLN	1
<i>labetalol hcl</i> (generic of TRANDATE) TABS 100mg, 200mg	1
<i>labetalol hcl</i> TABS 300mg	1
LOPRESSOR SOLN	3
<i>metoprolol succinate</i> (generic of TOPROL XL)	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN	1
<i>metoprolol tartrate</i> TABS 25mg	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1
<i>nadolol</i> (generic of CORCARD) TABS	1
<i>pindolol</i>	1
<i>propranolol hcl er</i> (generic of INDERAL LA)	1
<i>propranolol inj</i> 1mg/ml	1

Drug Name	Drug Requirements/ Tier Limits
<i>propranolol sol</i>	1
<i>propranolol tab</i>	1
SECTRAL	3
TENORMIN	3
<i>timolol maleate</i> TABS	1
TOPROL XL	3
TRANDATE	3
ZEBETA	3
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
AMLODIPINE	1
BESYLATE/ATORV	
CADUET	3
CALCIUM CHANNEL BLOCKERS	
ADALAT CC	3
<i>afeditab cr</i> (generic of ADALAT CC)	1
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1
CALAN	3
CALAN SR	3
CARDENE SR	3
CARDIZEM 60mg, 120mg	3
CARDIZEM CD	3
CARDIZEM LA	3
<i>cartia xt</i> (generic of CARDIZEM CD)	1
<i>dilacor</i>	3
<i>dilt-cd cap</i> (generic of CARDIZEM CD)	1
<i>dilt-xr cap</i>	1
<i>diltiazem cap</i> 120mg/24hr	1
<i>diltiazem cap er</i> /12hr	1
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1
<i>diltiazem hcl</i> TABS 90mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	1
<i>diltiazem hcl er</i> (generic of TIAZAC)	1
<i>diltiazem hcl extended release</i> <i>beads</i> (generic of TIAZAC)	1
<i>diltiazem inj</i> 25mg/5ml	1
<i>diltiazem inj</i> 50/10ml	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem inj 100mg</i>	3	
<i>diltiazem inj 125/25ml</i>	1	
<i>diltzac</i> (generic of TIAZAC)	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i> (generic of CARDIZEM LA)	1	
<i>nicardipine hcl</i> CAPS	1	
<i>nifedical</i> (generic of PROCARDIA XL)	1	
<i>nifedipine</i> (generic of ADALAT CC) TB24	1	
<i>nifedipine er</i> (generic of PROCARDIA XL)	1	
<i>nimodipine</i> CAPS	1	
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	1	
NORVASC	3	
NYMALIZE	4	NM
PROCARDIA XL	3	
SULAR	3	
<i>taztia xt</i> (generic of TIAZAC)	1	
TIAZAC	3	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERAPAMIL HCL CP24 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1	
VERELAN	3	
VERELAN PM	3	
DIGITALIS GLYCOSIDES		
<i>digoxin</i> (generic of LANOXIN)	1	
<i>digoxin inj</i> (generic of LANOXIN)	1	

Drug Name	Drug Requirements/ Tier	Limits
DIGOXIN SOL 50MCG/ML	1	
LANOXIN INJ 0.25MG/ML	3	
LANOXIN PEDIATRIC	3	
LANOXIN TAB	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE	2	
AMTURNIDE TAB 300-10-25 MG	2	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	1	
<i>acetazolamide</i> TABS	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DEMADEX	3	
DIAMOX	2	
DIURIL SUS 250/5ML	3	
DYAZIDE	3	
DYRENIUM	3	
EDECIN	3	
<i>furosemide</i> SOLN	1	
<i>furosemide</i> (generic of LASIX) TABS	1	
<i>furosemide inj</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>methazolamide</i> (generic of NEPTAZANE) TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i> (generic of ZAROXOLYN) 2.5mg, 5mg	1	
<i>metolazone</i> 10mg	1	
MICROZIDE	3	
SODIUM DIURIL	3	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>toremide inj 20mg/2ml</i>	3	
<i>toremide inj 50mg/5ml</i>	3	
<i>toremide tabs</i> (generic of DEMADEx)	1	
<i>triamt/hctz cap 37.5-25</i> (generic of DYAZIDE)	1	
<i>triamt/hctz cap 50-25mg</i>	1	
<i>triamt/hctz tab 37.5-25</i> (generic of MAXZIDE-25)	1	
<i>triamt/hctz tab 75-50mg</i> (generic of MAXZIDE)	1	
ZAROXOLYN	3	
MISCELLANEOUS		
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
<i>clorpres</i>	1	
DEMSEr	4	NM
DIBENZYLINe	3	
<i>hydralazine hcl</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA	2	

Drug Name	Drug Requirements/ Tier	Limits
NITRATES		
DILATRATe SR	3	
<i>imdur</i>	2	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> TBCR	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i> (generic of IMDUR)	1	
<i>minitran</i> (generic of NITRO-DUR)	1	
<i>nitro-bid</i>	3	
NITRO-DUR	2	
NITROGLYCERIN .4mg/spray	1	
NITROGLYCERIN LINGUAL	1	
<i>nitroglycerin patches</i>	1	
NITROLINGUAL SPR	2	
PUMPSPRA		
NITROMIST	3	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NM PA
ADEMPAS	4	NM PA
LETAIRIS	4	NM LA PA
OPSUMIT	4	NM PA
ORENITRAM TAB 0.25MG	4	NM PA
ORENITRAM TAB 0.125MG	3	NM PA
ORENITRAM TAB 1MG	4	NM PA
ORENITRAM TAB 2.5MG	4	NM PA
REMODULIN	4	B/D NM LA
REVATIO TABS	4	NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO)	4	NM PA
TRACLEER	4	NM LA PA
TYVASO	4	B/D NM
VENTAVIS	4	B/D NM
CENTRAL NERVOUS SYSTEM ANTIANXIETY		

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Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam</i> CONC QL (300 mL / 30 days)	3	QL
<i>alprazolam</i> (generic of XANAX) TABS 1mg QL (120 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX) TABS 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX) TABS .5mg QL (240 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX) TABS .25mg QL (480 tabs / 30 days)	1	QL
ATIVAN SOLN	3	
ATIVAN TABS QL (150 tabs / 30 days)	2	QL
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> 25mg, 50mg QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine maleate</i> 100mg	1	
<i>fluvoxamine maleate er</i> (generic of LUVOX CR) 100mg QL (90 caps / 30 days)	1	QL
<i>fluvoxamine maleate er</i> (generic of LUVOX CR) 150mg QL (60 caps / 30 days)	1	QL
<i>lorazepam</i> CONC QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	1	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1	QL
LUVOX CR 100mg QL (90 caps / 30 days)	3	QL
LUVOX CR 150mg QL (60 caps / 30 days)	3	QL
XANAX TAB 0.5MG QL (240 tabs / 30 days)	2	QL
XANAX TAB 0.25MG QL (480 tabs / 30 days)	2	QL
XANAX TAB 1MG QL (120 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
XANAX TAB 2MG QL (150 tabs / 30 days)	2	QL
ANTICONVULSANTS		
APTIOM	3	
BANZEL SUS 40MG/ML	4	NM PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	4	NM PA
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (600 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (1200 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (600 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .5mg QL (1200 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .25mg QL (2400 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg QL (4800 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (120 tabs / 30 days)	1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	1	QL PA
DEPACON	3	

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Drug Name	Drug Requirements/ Tier	Limits
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam</i> CONC QL (240 mL / 30 days)	2	QL PA
<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days)	1	QL PA
<i>diazepam</i> SOLN 5mg/ml	1	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	1	QL PA
DIAZEPAM GEL (ANTICONVULSANT)	1	
<i>dilantin</i> CAPS; CHEW	3	
DILANTIN SUSP	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL) SUSP	4	NM
<i>felbamate</i> (generic of FELBATOL) TABS 400mg	1	
<i>felbamate</i> (generic of FELBATOL) TABS 600mg	4	NM
FELBATOL	4	NM
FYCOMPA	3	PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	2	
KEPPRA SOLN 100mg/ml	3	
KEPPRA SOLN 500mg/5ml	4	NM
KEPPRA TABS 250mg, 500mg	3	
KEPPRA TABS 750mg, 1000mg	4	NM
KEPPRA XR 500mg	3	
KEPPRA XR 750mg	4	NM
KLONOPIN 1mg QL (600 tabs / 30 days)	2	QL
KLONOPIN 2mg QL (300 tabs / 30 days)	2	QL
KLONOPIN .5mg QL (1200 tabs / 30 days)	2	QL
LAMICTAL TABS	3	
LAMICTAL CHEWABLE DISPERS 5mg	3	
LAMICTAL CHEWABLE DISPERS 25mg	4	NM
LAMICTAL ODT	2	
LAMICTAL STARTER	3	
LAMICTAL XR	2	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
LYRICA CAPS 200mg QL (90 caps / 30 days)	2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL
LYRICA SOLN QL (946 mL / 30 days)	2	QL
MYSOLINE	3	
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	QL
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR	3	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	3	PA
PHENOBARBITAL SODIUM 65mg/ml	3	PA
<i>phenobarbital sodium</i> 130mg/ml	3	PA
<i>phenytek</i>	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN) SUSP	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
POTIGA 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
POTIGA 200mg QL (180 tabs / 30 days)	3	QL
POTIGA 300mg, 400mg QL (90 tabs / 30 days)	3	QL
<i>primidone</i> (generic of MYSOLINE) TABS	1	
QUDEXY XR	3	
SABRIL PACK QL (180 packets / 30 days)	4	QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	4	QL NM LA PA
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
TOPAMAX 25mg, 50mg	3	
TOPAMAX 100mg, 200mg	4	NM
TOPAMAX SPRINKLE 15mg	3	
TOPAMAX SPRINKLE 25mg	4	NM
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRANXENE T 3.75mg, 7.5mg QL (120 tabs / 30 days)	3	QL PA
TRANXENE T 15mg QL (180 tabs / 30 days)	3	QL PA
TRILEPTAL	3	
TRILEPTAL SUSP	3	
TROKENDI XR	3	
VALIUM QL (120 tabs / 30 days)	2	QL PA
<i>valproate sodium</i> (generic of DEPACON) SOLN	1	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	1	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	1	
VIMPAT	2	
ZARONTIN CAPS	3	
<i>zarontin</i> SOLN	3	
ZONEGRAN	3	

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Drug Name	Drug Requirements/ Tier	Limits
zonisamide (generic of ZONEGRAN) 25mg, 100mg	1	
zonisamide 50mg	1	
ANTIDEMENTIA		
ARICEPT	3	
ARICEPT ODT	3	
donepezil odt 5mg	1	
donepezil odt 10mg (generic of ARICEPT ODT)	1	
donepezil tab hcl 23mg (generic of ARICEPT)	1	
donepezil tabs 5mg (generic of ARICEPT)	1	
donepezil tabs 10mg (generic of ARICEPT)	1	
EXELON	3	
EXELON PATCHES	2	
galantamine hydrobromide (generic of RAZADYNE ER) CP24	1	
galantamine hydrobromide (generic of RAZADYNE) SOLN; TABS	1	
NAMENDA SOL 10MG/5ML PA if <30 yr	2	PA
NAMENDA XR PA if <30 yr	2	PA
NAMENDA XR TITRATION PACK PA if <30 yr	2	PA
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine tartrate (generic of EXELON)	1	
ANTIDEPRESSANTS		
amitriptyline hcl TABS	3	PA
amoxapine	1	
ANAFRANIL	3	PA
APLENZIN 174mg, 348mg	3	
APLENZIN 522mg	4	NM
BRINTELLIX	3	
bupropion hcl (generic of WELLBUTRIN) TABS	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24	1	

Drug Name	Drug Requirements/ Tier	Limits
CELEXA	3	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide (generic of CELEXA) TABS	1	
clomipramine hcl (generic of ANAFRANIL) CAPS	3	PA
CYMBALTA	3	
desipramine hcl (generic of NORPRAMIN) TABS	1	
doxepin hcl CAPS; CONC	3	PA
duloxetine hcl (generic of CYMBALTA) CPEP	1	
EFFEXOR XR	3	
EMSAM	4	NM PA
escitalopram oxalate (generic of LEXAPRO)	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
fluoxetine hcl (generic of PROZAC) CAPS	1	
fluoxetine hcl (generic of PROZAC WEEKLY) CPDR	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL QL (30 tabs / 30 days)	3	QL
imipramine hcl (generic of TOFRANIL) TABS	3	PA
imipramine pamoate (generic of TOFRANIL-PM)	3	PA
LEXAPRO	3	
maprotiline hcl	1	
MARPLAN	2	
mirtazapine 7.5mg	1	
mirtazapine (generic of REMERON) 15mg, 30mg, 45mg	1	
mirtazapine odt (generic of REMERON SOLTAB)	1	
NARDIL	2	
nefazodone hcl	1	
NORPRAMIN	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	1	
PAMELOR	4	NM
PARNATE	4	NM
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	2	
<i>protriptyline hcl</i> (generic of VIVACTIL)	1	
PROZAC	3	
PROZAC WEEKLY	3	
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
SURMONTIL	3	PA
<i>tofranil</i>	3	PA
TOFRANIL-PM	3	PA
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER TAB (VERT)	3	
<i>venlafaxine tab</i>	1	
VENLAFAXINE TAB 225MG ER	1	
<i>venlafaxine tab er</i> (generic of VENLAFAXINE HCL ER)	1	
VIIBRYD	2	
<i>vivactil</i>	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	

ANTIPARKINSONIAN AGENTS

Drug Name	Drug Requirements/ Tier	Limits
<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	4	NM LA PA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	1	
<i>bromocriptine mesylate</i> TABS	1	
<i>carbidopa</i> (generic of LODOSYN) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> TBDP	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
CARBIDOPA/LEVODOPA/EN TACAPONE	1	
COGENTIN	3	
COMTAN	3	
ELDEPRYL	3	
<i>entacapone</i> (generic of COMTAN)	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	2	
NEUPRO	2	
<i>parcopa</i>	3	
<i>pramipexole dihydrochloride</i> .75mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) .125mg, .25mg, .5mg, 1mg, 1.5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
REQUIP	3	
REQUIP XL	3	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	1	
<i>ropinirole hydrochloride</i> (generic of REQUIP XL) TB24	1	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO	3	
<i>trihexyphenidyl hcl</i>	3	PA
ZELAPAR	2	
ANTIPSYCHOTICS		
ABILIFY SOLN 1mg/ml QL (900 mL / 30 days)	4	QL NM
ABILIFY SOLN 9.75mg/1.3ml QL (4 mL / 1 day)	2	QL
ABILIFY TABS QL (30 tabs / 30 days)	4	QL NM
ABILIFY DISCMELT QL (60 tabs / 30 days)	4	QL NM
ABILIFY MAIN INJ 300MG QL (1 vial / 28 days)	4	QL NM
ABILIFY MAIN INJ 400MG QL (1 vial / 28 days)	4	QL NM
<i>chlorpromaz inj 25mg/ml</i>	3	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> (generic of CLOZARIL) 25mg	1	
<i>clozapine</i> 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> 200mg QL (135 tabs / 30 days)	1	QL
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg QL (270 tabs / 30 days)	1	QL PA
CLOZARIL 25mg	3	
CLOZARIL 100mg QL (270 tabs / 30 days)	4	QL NM

Drug Name	Drug Requirements/ Tier	Limits
FANAPT QL (60 tabs / 30 days)	3	QL ST
FANAPT TITRATION PACK	3	ST
FAZACLO 12.5mg, 25mg	3	PA
FAZACLO 100mg QL (270 tabs / 30 days)	3	QL PA
FAZACLO 150mg QL (180 tabs / 30 days)	3	QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	3	QL PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON 20mg, 40mg QL (60 caps / 30 days)	3	QL
GEODON 60mg, 80mg QL (90 caps / 30 days)	4	QL NM
GEODON INJ QL (6 mL / 3 days)	3	QL
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC	1	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN	1	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL NM
INVEGA 6mg QL (60 tabs / 30 days)	4	QL NM
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	3	QL
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	4	QL NM

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Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	4	QL NM
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL NM
INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	4	QL NM
LATUDA 20mg QL (240 tabs / 30 days)	4	QL NM
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL NM
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	4	QL NM
<i>loxapine succinate</i>	1	
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 5mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 10mg, 15mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 20mg QL (60 tabs / 30 days)	4	QL NM
ORAP	3	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) QL (90 tabs / 30 days)	1	QL
RISPERDAL SOLN QL (240 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	3	QL
RISPERDAL TABS 4mg QL (120 tabs / 30 days)	3	QL
RISPERDAL TABS .25mg, .5mg QL (90 tabs / 30 days)	3	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	2	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL NM
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL NM
RISPERDAL M-TAB 1mg QL (60 tabs / 30 days)	3	QL
RISPERDAL M-TAB 2mg, 3mg QL (60 tabs / 30 days)	4	QL NM
RISPERDAL M-TAB 4mg QL (120 tabs / 30 days)	4	QL NM
RISPERDAL M-TAB .5mg QL (90 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone odt</i> (generic of RISPERSDAL M-TAB) 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone odt</i> (generic of RISPERSDAL M-TAB) .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone odt</i> .25mg QL (90 tabs / 30 days)	1	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	3	QL
SEROQUEL QL (90 tabs / 30 days)	3	QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	2	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	2	QL
SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	2	QL
<i>thioridazine hcl</i> TABS	3	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ QL (600 mL / 30 days)	4	QL NM PA
<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	1	QL
ZYPREXA SOLR QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (60 tabs / 30 days)	4	QL NM
ZYPREXA ZYDI TAB 10MG QL (60 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA ZYDIS 15mg, 20mg QL (60 tabs / 30 days)	4	QL NM
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>adderall tab 10mg</i> QL (180 tabs / 30 days)	3	QL
<i>adderall tab 12.5mg</i> QL (144 tabs / 30 days)	3	QL
<i>adderall tab 15mg</i> QL (120 tabs / 30 days)	3	QL
<i>adderall tab 20mg</i> QL (90 tabs / 30 days)	3	QL
<i>adderall tab 30mg</i> QL (60 tabs / 30 days)	3	QL
ADDERALL XR CAP 5MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 10MG QL (90 caps / 30 days)	3	QL
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL
<i>amphetamine cap 10mg er</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL
<i>amphetamine cap 15mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 20mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 25mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine cap 30mg er</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroampheta mine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL
CONCERTA 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL
CONCERTA 54mg QL (30 tabs / 30 days)	3	QL
DAYTRANA QL (30 patches / 30 days)	2	QL
INTUNIV	3	
METADATE CD 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
METADATE CD 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL
<i>metadate tab 20mg er</i> (generic of RITALIN SR) QL (90 tabs / 30 days)	1	QL
METHYLIN 5mg/5ml QL (1800 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
METHYLIN 10mg/5ml QL (900 mL / 30 days)	3	QL
METHYLIN CHEW TAB QL (180 tabs / 30 days)	2	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg, 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> TBCR 10mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg QL (60 tabs / 30 days)	1	QL
<i>methylphenidate hcl</i> (generic of RITALIN SR) TBCR 20mg QL (90 tabs / 30 days)	1	QL
<i>methylphenidate hcl er</i> (generic of CONCERTA) 27mg, 36mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl er</i> (generic of CONCERTA) 54mg QL (30 tabs / 30 days)	1	QL
QUILLIVANT XR QL (360 mL / 30 days)	2	QL
RITALIN 5mg, 10mg QL (180 tabs / 30 days)	3	QL
RITALIN 20mg QL (90 tabs / 30 days)	3	QL
RITALIN LA 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL
RITALIN LA 40mg QL (30 caps / 30 days)	3	QL
RITALIN SR QL (90 tabs / 30 days)	3	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	2	QL
STRATTERA 40mg QL (60 caps / 30 days)	2	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	2	QL
VYVANSE 20mg, 30mg QL (60 caps / 30 days)	2	QL
VYVANSE 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL
HYPNOTICS		
AMBIEN QL (30 tabs / 30 days) 90 day limit if >64 yr	3	QL PA
RESTORIL 7.5mg QL (30 caps / 30 days) 90 day limit if >64 yr	3	QL PA
RESTORIL 15mg QL (60 caps / 30 days) 90 day limit if >64 yr	3	QL PA
ROZEREM QL (30 tabs / 30 days)	3	QL
SILENOR 3mg QL (60 tabs / 30 days)	3	QL
SILENOR 6mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) 90 day limit if >64 yr	1	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) 90 day limit if >64 yr	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) 90 day limit if >64 yr	3	QL PA
MIGRAINE		
ALSUMA QL (6 mL / 30 days)	3	QL
AMERGE QL (9 tabs / 30 days)	3	QL
AXERT QL (12 tabs / 30 days)	3	QL
<i>cafergot tab 1-100mg</i>	2	
D.H.E. 45	4	NM
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	1	
DIHYDROERGOTAMINE MESYLATE 4mg/ml QL (8 mL / 30 days)	1	QL
<i>ergomar</i>	3	
FROVA TAB 2.5MG QL (18 tabs / 30 days)	3	QL
IMITREX SOLN 5mg/act QL (24 inhalers / 30 days)	3	QL
IMITREX SOLN 20mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX TABS QL (9 tabs / 30 days)	3	QL
IMITREX INJ 6MG/0.5 QL (6 mL / 30 days)	3	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (6 mL / 30 days)	3	QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (6 mL / 30 days)	4	QL NM

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Drug Name	Drug Requirements/ Tier	Limits
IMITREX STATDOSE SYSTEM 4mg/0.5ml QL (6 mL / 30 days)	3	QL
IMITREX STATDOSE SYSTEM 6mg/0.5ml QL (6 mL / 30 days)	4	QL NM
MAXALT QL (18 tabs / 30 days)	3	QL
MAXALT-MLT QL (18 tabs / 30 days)	3	QL
<i>migergot</i>	1	
MIGRANAL QL (8 mL / 30 days)	4	QL NM
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	1	QL
RELPAK QL (12 tabs / 30 days)	2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBP QL (18 tabs / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOAJ QL (6 mL / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOCT QL (6 mL / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOLN 5mg/act QL (24 inhalers / 30 days)	1	QL
SUMATRIPTAN SUCCINATE SOLN 20mg/act QL (12 inhalers / 30 days)	1	QL
<i>sumatriptan succinate</i> SOSY QL (6 mL / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (9 tabs / 30 days)	1	QL
<i>sumatriptan succinate inj</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (6 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
SUMATRIPTAN SUCCINATE INJ SOCT QL (6 mL / 30 days)	1	QL
<i>sumatriptan succinate inj</i> (generic of IMITREX) SOLN QL (6 mL / 30 days)	1	QL
SUMAVEL DOSEPRO QL (6 mL / 30 days)	4	QL NM
TREXIMET QL (9 tabs / 30 days)	2	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	1	QL
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	1	QL
ZOMIG QL (12 tabs / 30 days)	3	QL
ZOMIG NASAL SPRAY QL (2 boxes / 30 days)	2	QL
ZOMIG ZMT QL (12 tabs / 30 days)	3	QL
MISCELLANEOUS		
BRISDELLE	3	
EQUETRO	3	
GRALISE 300mg QL (180 tabs / 30 days)	2	QL
GRALISE 600mg QL (90 tabs / 30 days)	2	QL
GRALISE STARTER	2	
HORIZANT	3	
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM CITRATE	3	
LITHOBID	2	
MESTINON	2	
MESTINON SYRUP	2	
MESTINON TIMESPAN	2	
NUDEXTA	2	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	1	
RILUTEK	4	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>riluzole</i> (generic of RILUTEK)	1	
SAVELLA 12.5mg QL (480 tabs / 30 days)	2	QL
SAVELLA 25mg QL (240 tabs / 30 days)	2	QL
SAVELLA 50mg QL (120 tabs / 30 days)	2	QL
SAVELLA 100mg QL (60 tabs / 30 days)	2	QL
SAVELLA TITRATION PACK	2	
XENAZINE 12.5mg QL (240 tabs / 30 days)	4	QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	4	QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	NM LA PA
AUBAGIO QL (30 tabs / 30 days)	4	QL NM PA
AVONEX QL (4 boxes / 28 days)	4	QL NM PA
AVONEX PEN QL (4 boxes / 28 days)	4	QL NM PA
BETASERON QL (14 syringes / 28 days)	4	QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	4	QL NM PA
COPAXONE KIT 20MG/ML QL (1 kit / 30 days)	4	QL NM PA
EXTAVIA QL (15 syringes / 30 days)	4	QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	4	QL NM PA
REBIF QL (6 mL / 28 days)	4	QL NM PA
REBIF TITRATION PACK QL (6 mL / 30 days)	4	QL NM PA
TECFIDERA CAP 120MG QL (14 caps / 7 days)	4	QL NM PA
TECFIDERA CAP 240MG QL (60 caps / 30 days)	4	QL NM PA
TECFIDERA MIS STARTER	4	NM PA
TYSABRI	4	NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA
DANTRIUM	2	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	1	
<i>dantrolene sodium</i> CAPS 100mg	1	
<i>tizanidine</i> (generic of ZANAFLEX) CAPS	1	
<i>tizanidine</i> TABS 2mg	1	
<i>tizanidine</i> (generic of ZANAFLEX) TABS 4mg	1	
ZANAFLEX CAPS	3	
ZANAFLEX TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i> (generic of PROVIGIL) 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) 200mg QL (60 tabs / 30 days)	4	QL NM PA
NUVIGIL 50mg QL (150 tabs / 30 days)	2	QL PA
NUVIGIL 150mg QL (60 tabs / 30 days)	2	QL PA
NUVIGIL 200mg, 250mg QL (30 tabs / 30 days)	2	QL PA
PROVIGIL 100mg QL (30 tabs / 30 days)	4	QL NM PA
PROVIGIL 200mg QL (60 tabs / 30 days)	4	QL NM PA
XYREM QL (540 mL / 30 days)	4	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> (generic of CAMPRAL)	1	
<i>antabuse</i>	2	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	1	QL PA
<i>buproban</i> (generic of ZYBAN)	1	
CAMPRAL	2	
CHANTIX	2	PA
CHANTIX STARTER PACK	2	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> (generic of REVIA) TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>revia</i>	2	
SARAFEM	3	
SUBOXONE MIS 2-0.5MG QL (4 boxes / 30 days)	3	QL PA
SUBOXONE MIS 4-1MG QL (4 boxes / 30 days)	3	QL PA
SUBOXONE MIS 8-2MG QL (4 boxes / 30 days)	3	QL PA
SUBOXONE MIS 12-3MG QL (2 boxes / 30 days)	3	QL PA
VIVITROL	4	NM
ZUBSOLV QL (120 tabs / 30 days)	2	QL PA
ZYBAN	2	
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM QL (30 patches / 30 days)	2	QL PA
ANDROGEL 1% QL (300 grams / 30 days)	3	QL PA
ANDROGEL 1.62% QL (150 grams / 30 days)	3	QL PA
ANDROGEL GEL PUMP 1% QL (300 grams / 30 days)	3	QL PA
<i>androxy</i>	3	PA
AXIRON QL (440 mL / 30 days)	2	QL PA
<i>depo-testosterone</i>	3	
FORTESTA QL (120 grams / 30 days)	2	QL PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	1	PA
STRIANT QL (1 kit / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TESTIM QL (300 grams / 30 days)	3	QL PA
<i>testosterone cypionate</i> OIL 100mg/ml	1	
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) OIL 200mg/ml	1	
<i>testosterone enanthate</i> OIL	1	
VOGELXO QL (300 grams / 30 days)	3	QL PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	2	
APIDRA	2	
APIDRA SOLOSTAR	2	
BYDUREON SUSR QL (4 vials / 30 days)	2	QL PA
BYETTA	3	
GAUZE PADS 2X2	2	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATE)	4	B/D NM
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 RELION	3	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N	2	
NOVOLIN N RELION	3	
NOVOLIN R	2	
NOVOLIN R RELION	3	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	2	PA
SYMLINPEN 120	2	PA
VICTOZA	2	QL
QL (3 pens / 30 days)		
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET TAB 15-500MG	3	QL
QL (90 tabs / 30 days)		
ACTOPLUS MET TAB 15-850MG	3	QL
QL (90 tabs / 30 days)		
ACTOPLUS MET XR 15-1000MG	3	QL
QL (60 tabs / 30 days)		
ACTOPLUS MET XR 30-1000MG	3	QL
QL (30 tabs / 30 days)		
ACTOS	3	QL
QL (30 tabs / 30 days)		
AMARYL 1mg	3	QL
QL (240 tabs / 30 days)		
AMARYL 2mg	3	QL
QL (120 tabs / 30 days)		
AMARYL 4mg	3	QL
QL (60 tabs / 30 days)		
DUETACT	3	QL
QL (30 tabs / 30 days)		
FARXIGA 5mg	3	QL
QL (60 tabs / 30 days)		
FARXIGA 10mg	3	QL
QL (30 tabs / 30 days)		
FORTAMET 500mg	3	QL
QL (150 tabs / 30 days)		
FORTAMET 1000mg	3	QL
QL (75 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>glimepiride</i> (generic of AMARYL) 1mg	1	QL
QL (240 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 2mg	1	QL
QL (120 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 4mg	1	QL
QL (60 tabs / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg	1	QL
QL (240 tabs / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg	1	QL
QL (120 tabs / 30 days)		
<i>glipizide er</i> (generic of GLUCOTROL XL) 2.5mg	1	QL
QL (240 tabs / 30 days)		
<i>glipizide er</i> (generic of GLUCOTROL XL) 5mg	1	QL
QL (120 tabs / 30 days)		
<i>glipizide er</i> (generic of GLUCOTROL XL) 10mg	1	QL
QL (60 tabs / 30 days)		
<i>glipizide-metformin 2.5-250 mg</i>	1	QL
QL (240 tabs / 30 days)		
<i>glipizide-metformin 2.5-500 mg</i>	1	QL
QL (120 tabs / 30 days)		
<i>glipizide-metformin 5-500mg</i>	1	QL
QL (120 tabs / 30 days)		
GLUCOPHAGE 500mg	3	QL
QL (150 tabs / 30 days)		
GLUCOPHAGE 850mg	3	QL
QL (90 tabs / 30 days)		
GLUCOPHAGE 1000mg	3	QL
QL (75 tabs / 30 days)		
GLUCOPHAGE XR 500mg	3	QL
QL (120 tabs / 30 days)		
GLUCOPHAGE XR 750mg	3	QL
QL (60 tabs / 30 days)		
GLUCOTROL 5mg	3	QL
QL (240 tabs / 30 days)		
GLUCOTROL 10mg	3	QL
QL (120 tabs / 30 days)		
GLUCOTROL XL 2.5mg	3	QL
QL (240 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
GLUCOTROL XL 5mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 10mg QL (60 tabs / 30 days)	3	QL
GLUMETZA 500mg QL (120 tabs / 30 days)	3	QL
GLUMETZA 1000mg QL (60 tabs / 30 days)	3	QL
GLYSET	3	
INVOKANA TAB 100MG QL (90 tabs / 30 days)	2	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	2	QL
JANUMET QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA QL (30 tabs / 30 days)	2	QL
JENTADUETO QL (60 tabs / 30 days)	2	QL
KAZANO QL (60 tabs / 30 days)	3	QL
KOMBIGLYZE XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
KOMBIGLYZE XR 5-500MG QL (30 tabs / 30 days)	3	QL
KOMBIGLYZE XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days)	1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of FORTAMET) TB24 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of FORTAMET) TB24 1000mg QL (75 tabs / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
NESINA 6.25mg QL (120 tabs / 30 days)	3	QL
NESINA 12.5mg QL (60 tabs / 30 days)	3	QL
NESINA 25mg QL (30 tabs / 30 days)	3	QL
ONGLYZA QL (30 tabs / 30 days)	3	QL
OSENI TAB 12.5-15MG QL (60 tabs / 30 days)	3	QL
OSENI TAB 12.5-30MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 12.5-45MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
PRANDIMET QL (150 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL
PRANDIN .5mg, 1mg QL (120 tabs / 30 days)	3	QL
PRECOSE	2	
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RIOMET QL (946 mL / 30 days)	3	QL
STARLIX QL (90 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	2	QL
BISPHOSPHONATES		
ACTONEL	2	
<i>alendronate sodium</i> SOLN QL (300 mL / 28 days)	1	QL
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
AELVIA	2	
BINOSTO	3	
BONIVA SOLN QL (1 syringe / 90 days)	3	B/D QL
BONIVA TABS	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
<i>ibandronate sodium</i> (generic of BONIVA) SOLN QL (1 vial / 90 days)	1	B/D QL
<i>ibandronate sodium</i> (generic of BONIVA) TABS	1	B/D
<i>pamidronate inj 6mg/ml</i>	3	B/D
<i>pamidronate inj 30/10ml</i>	1	B/D
<i>pamidronate inj 90/10ml</i>	1	B/D
<i>risedronate sodium</i> (generic of ACTONEL)	1	
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	4	B/D NM
<i>zoledronic inj 5/100ml</i> (generic of RECLAST)	1	B/D NM
ZOMETA	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	4	NM
CHELATING AGENTS		
CHEMET	3	
DEPEN TITRATABS	4	NM
EXJADE	4	NM LA PA
FERRIPROX	4	NM PA
<i>kionex</i> (generic of KAYEXALATE)	1	
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	4	NM
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>amethia 91 day</i> (generic of SEASONIQUE)	1	
<i>amethyst 28 day</i>	1	
<i>apri 28 day</i> (generic of DESOGEN)	1	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i> (generic of OVCON-35)	1	
BEYAZ	2	
BREVICON-28	3	
<i>briellyn 28 day</i> (generic of OVCON-35)	1	
<i>camila 28 day</i> (generic of NOR-QD)	1	
CAMRESE LO TAB	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	1	
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1	
CYCLESSA	3	
DEPO-PROVERA CONTRACEPTIV	2	
DEPO-SUBQ PROVERA 104	2	
DESOGEN	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
ELLA	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>emoquette</i> (generic of DESOGEN)	1
<i>enpresse 28 day</i>	1
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	1
ESTROSTEP FE	3
FEMCON FE	3
GENERESS FE	3
GIANVI TAB 3-0.02MG	1
<i>gildagia</i> (generic of OVCON-35)	1
<i>heather</i> (generic of NOR-QD)	1
<i>introvale 91 day</i>	1
JOLIVETTE	1
<i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	1
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	1
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	1
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1
<i>kariva 28 day</i> (generic of MIRCETTE)	1
<i>kelnor 1/35 28 day</i>	1
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
LEENA TAB	1
<i>lessina 28 day</i>	1
<i>levonest 28 day</i>	1
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP) 1.5mg	1
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B) .75mg	1
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1
<i>levora 0.15/30 28 day</i>	1
LO LOESTRIN FE	2
LO MINASTRIN FE	3
<i>loestrin 1.5/30-21</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>loestrin 1/20-21</i>	3
<i>loestrin fe 1.5/30</i>	3
<i>loestrin fe 1/20</i>	3
<i>lomedica 24 fe</i>	1
<i>loryna 28 day</i> (generic of YAZ)	1
LOSEASONIQUE	3
<i>low-ogestrel 28 day</i>	1
<i>lutra 28 day</i>	1
<i>lyza</i> (generic of ORTHO MICRONOR)	1
<i>marlissa 28 day</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1
<i>microgestin 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	1
<i>microgestin 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	1
<i>microgestin fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	1
<i>microgestin fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	1
MINASTRIN 24 FE	2
MODICON	3
MONONESSA	1
<i>my way</i> (generic of PLAN B ONE-STEP)	1
<i>myzilra</i>	1
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	1
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	1
NECON 7/7/7	1
<i>necon 10/11 28 day</i>	3
NECON TAB 1/50-28	1
<i>next choice tab 1.5mg</i> (generic of PLAN B ONE-STEP)	1
NOR-QD	2
NORA-BE TAB	1

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Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	1
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN)	1
NORINYL 1+35	3
NORINYL 1+50	3
<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	1
<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	1
<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	1
<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	1
NUVARING	2
OCELLA TAB 3-0.03MG	1
<i>ogestrel 28 day</i>	1
<i>orsythia 28 day</i>	1
ORTHO EVRA	3
ORTHO MICRONOR	2
ORTHO TRI-CYCLEN LO	2
ORTHO-CEPT	3
ORTHO-CYCLEN	3
ORTHO-NOVUM 1/35	3
ORTHO-NOVUM 7/7/7	3
<i>ovcon 35 28 day</i>	3
<i>philith</i> (generic of OVCON-35)	1
<i>pimtra pack</i> (generic of MIRCETTE)	1
<i>pirmella 1/35 28 day</i> (generic of NORINYL 1+35)	1
<i>portia 28 day</i>	1
<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	1
QUARTETTE	3
<i>quasense 91 day</i>	1
<i>reclipsen 28 day</i> (generic of DESOGEN)	1
SEASONIQUE	3
SOLIA	1
<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	1
<i>sronyx 28 day</i>	1
<i>syeda</i> (generic of YASMIN 28)	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-legest 28 day</i> (generic of ESTROSTEP FE)	1
TRI-NORINYL 28	3
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	1
TRINESSA	1
<i>trivora 28 day</i>	1
<i>velivet 28 day</i> (generic of CYCLESSA)	1
<i>vestura</i> (generic of YAZ)	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemia 28 day</i> (generic of OVCON-35)	1
<i>xulane dis 150-35</i> (generic of ORTHO EVRA)	1
YASMIN 28	3
YAZ	3
<i>zarah</i> (generic of YASMIN 28)	1
<i>zenchent fe 28 day</i> (generic of FEMCON FE)	1
<i>zenchent tab</i> (generic of OVCON-35)	1
<i>zovia 1/35e 28 day</i>	1
<i>zovia 1/50e 28 day</i>	1
ENDOMETRIOSIS	
<i>danazol CAPS</i>	1
LUPANETA PACK	4 NM PA
SYNAREL	4 NM
ENZYME REPLACEMENTS	
ADAGEN	4 NM LA PA
ALDURAZYME	4 NM LA PA
CARBAGLU	4 NM LA PA
CARNITOR SOLN 1gm/10ml	2 B/D
CARNITOR SOLN 200mg/ml	3 B/D
CARNITOR TABS	2 B/D
CEREZYME	4 NM PA
CYSTADANE	4 NM
CYSTAGON	3 NM PA
ELAPRASE	4 NM PA
ELELYSO	4 NM PA
FABRAZYME	4 NM PA

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Drug Name	Drug Requirements/ Tier	Limits
KUVAN	4	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1	B/D
LUMIZYME	4	NM PA
MYOZYME	4	NM PA
NAGLAZYME	4	NM LA PA
ORFADIN	4	NM PA
PROCYSBI	4	NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	4	NM
VIMIZIM	4	NM PA
VPRIV	4	NM PA
ZAVESCA	4	NM LA PA
ESTROGENS		
ALORA	3	PA
CLIMARA	3	PA
COMBIPATCH	3	PA
DELESTROGEN	3	
<i>depo-estradiol</i>	3	
estrace CREA	2	
estrace TABS	3	PA
<i>estradiol</i> (generic of CLIMARA) PTWK	3	PA
<i>estradiol</i> (generic of ESTRACE) TABS	3	PA
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml	1	
ESTRADIOL VALERATE OIL 40mg/ml	1	
ESTRING	3	
FEMRING	3	
MENOSTAR	3	PA
MINIVELLE	3	PA
PREMARIN 1.25mg	3	PA
PREMARIN .3mg, .45mg QL (60 tabs / 30 days)	3	QL PA
PREMARIN .625mg, .9mg QL (30 tabs / 30 days)	3	QL PA
PREMARIN CREAM	2	
PREMARIN INJ	3	
PREMPHASE QL (28 tabs / 28 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
PREMPRO QL (28 tabs / 28 days)	3	QL PA
VAGIFEM	2	
VIVELLE-DOT	3	PA
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	1	
CORTEF	3	
<i>cortisone acetate</i> TABS	1	
DEPO-MEDROL INJ 20MG/ML	3	B/D
DEPO-MEDROL INJ 40MG/ML	3	B/D
DEPO-MEDROL INJ 80MG/ML	3	B/D
<i>dexamethasone</i> CONC	3	
<i>dexamethasone</i> ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexpak taperpak 13 day</i>	2	
FLO-PRED SUS	3	B/D
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	1	
MEDROL PAK 4MG	3	B/D
MEDROL TAB 2MG	3	B/D
MEDROL TAB 4MG	3	B/D
MEDROL TAB 8MG	3	B/D
MEDROL TAB 16MG	3	B/D
MEDROL TAB 32MG	3	B/D
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 500mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	1	B/D
<i>methylpred tab 4mg</i> (generic of MEDROL)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylpred tab 8mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	1	B/D
<i>millipred</i>	3	B/D
<i>orapred</i>	3	B/D
ORAPRED ODT	2	B/D
<i>pediapred sol 6.7/5ml</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml</i> (generic of PRELONE)	1	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	1	B/D
<i>prednisone pak 10mg</i>	1	B/D
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
RAYOS TAB 1MG	4	B/D NM
RAYOS TAB 2MG	4	B/D NM
RAYOS TAB 5MG	4	B/D NM
SOLU-CORTEF	3	
SOLU-MEDROL INJ 1GM	3	B/D
SOLU-MEDROL INJ 2GM	3	B/D
SOLU-MEDROL INJ 40MG	3	B/D
SOLU-MEDROL INJ 125MG	3	B/D
SOLU-MEDROL INJ 500MG	3	B/D
<i>veripred</i>	3	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	4	NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM PA
HUMATROPE	4	NM PA
HUMATROPE COMBO PACK	4	NM PA
NORDITROPIN FLEXPRO	4	NM PA
NORDITROPIN NORDIFLEX PEN	4	NM PA
NUTROPIN AQ INJ 20MG/2ML	4	NM PA
NUTROPIN AQ NUSPIN 5	4	NM PA
NUTROPIN AQ PEN	4	NM PA
OMNITROPE 5.8MG	4	NM PA
OMNITROPE 5MG	4	NM PA
OMNITROPE 10MG	4	NM PA
SAIZEN	4	NM PA
SAIZEN CLICK.EASY	4	NM PA
SEROSTIM	4	NM PA
TEV-TROPIN	4	NM PA
ZORBTIVE	4	NM PA
MISCELLANEOUS		
ACTHAR HP	4	NM PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	
CHORIONIC GONADOTROPIN SOLR	1	NM PA
EGRIFTA	4	NM PA
EVISTA	3	
FORTICAL SPR 200/ACT	3	
INCRELEX	4	NM LA PA
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	1	
MIACALCIN INJ 200U/ML	2	B/D
MIACALCIN SPR 200/ACT	3	
NOVAREL INJ 10000UNT	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	4	NM PA
PREGNYL W/DILUENT BENZYL	1	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PROLIA	3	NM
<i>raloxifene hcl</i> (generic of EVISTA)	1	
SAMSCA	4	NM PA
SANDOSTATIN 50mcg/ml, 500mcg/ml	3	NM PA
SANDOSTATIN 100mcg/ml, 200mcg/ml, 1000mcg/ml	4	NM PA
SANDOSTATIN LAR DEPOT	4	NM PA
SIGNIFOR	4	NM PA
SOMATULINE DEPOT	4	NM PA
SOMAVERT	4	NM LA PA
XGEVA	4	NM PA
PARATHYROID HORMONES		
FORTEO	4	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	1	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	1	
<i>eliphos</i>	3	
FOSRENOL	4	NM
PHOSLO	3	
PHOSLYRA	2	
RENAGEL	3	
RENVELA PAK	4	NM
RENVELA TAB 800MG	2	
VELPHORO	4	NM
PROGESTINS		
<i>aygestin</i>	3	
CRINONE	2	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	1	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS	1	
PROMETRIUM	3	
PROVERA	3	
THYROID AGENTS		
CYTOMEL	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	1	
LEVOXYL	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT) SOLN	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
<i>tapazole</i>	2	
TIROSINT	3	
TRIOSTAT	3	
UNITHROID	1	
VASOPRESSINS		
DDAVP SOLN 4mcg/ml	4	NM
DDAVP SOLN .01%	2	
DDAVP TABS	2	
DESMOPRESSIN ACETATE SOLN	1	
<i>desmopressin acetate</i> (generic of DDAVP) TABS	1	
<i>desmopressin acetate inj</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
STIMATE	3	NM
GASTROINTESTINAL ANTIEMETICS		
ALOXI	4	NM
CESAMET	4	B/D QL NM
QL (60 caps / 30 days)		
<i>compro supp</i>	1	
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg	1	B/D QL
QL (60 caps / 30 days)		
<i>dronabinol</i> (generic of MARINOL) 10mg	4	B/D QL NM
QL (60 caps / 30 days)		
EMEND CAP 40MG	3	PA
EMEND CAP 80MG	3	B/D
EMEND CAP 125MG	3	B/D
EMEND PAK 80 & 125	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
<i>granisol</i>	2	B/D
MARINOL 2.5mg QL (60 caps / 30 days)	3	B/D QL
MARINOL 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL NM
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
<i>metoclopramide hcl inj</i> 5 mg/ml	1	
METOZOLV ODT	3	
<i>ondansetron hcl</i> (generic of ZOFTRAN) SOLN	1	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl inj</i> 4 mg/2ml	1	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	1	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	1	B/D
<i>phenergan inj</i>	3	PA
<i>prochlorperazine inj</i> 5 mg/ml	1	
<i>prochlorperazine maleate</i> (generic of COMPAZINE) TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN	3	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS	3	PA
<i>promethegan</i>	3	PA
REGLAN	3	
SANCUSO QL (4 patches / 30 days)	4	QL NM
TRANSDERM-SCOP QL (10 patches / 30 days)	2	QL PA
ZOFTRAN SOLN 4mg/5ml	4	B/D NM
ZOFTRAN SOLN 40mg/20ml	3	
ZOFTRAN TABS	4	B/D NM
ZOFTRAN ODT	4	B/D NM

ANTISPASMODICS

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Drug Name	Drug Requirements/ Tier	Limits
ATROPINE SULFATE SOLN .05mg/ml, .1mg/ml	1	
BENTYL CAPS; TABS	2	
BENTYL SOLN	3	
CANTIL	3	
CUVPOSA	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	1	
<i>glycate</i>	3	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	1	
PAMINE	3	
PAMINE FORTE	3	
ROBINUL	3	
ROBINUL FORTE	3	
H2-RECEPTOR ANTAGONISTS		
AXID SOLN	3	
<i>cimetidine</i> TABS	1	
<i>cimetidine sol</i> 300/5ml	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>nizatidine</i> CAPS 150mg	1	
<i>nizatidine</i> (generic of AXID) CAPS 300mg	1	
<i>nizatidine</i> (generic of AXID) SOLN	1	
PEPCID SUSP	3	
PEPCID TAB	3	
<i>ranitidine hcl</i> CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	1	
<i>ranitidine hcl</i> SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
ZANTAC	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
<i>budesonide</i> (generic of ENTOCORT EC) CP24	4	NM
CANASA	2	
COLAZAL	3	
<i>colocort</i> (generic of CORTENEMA)	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	4	NM
ENTOCORT EC	4	NM
GIAZO	3	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
<i>mesalamine enema</i> ENEM	1	
<i>mesalamine enema</i> (generic of ROWASA) KIT	1	
PENTASA	2	
ROWASA	3	
SF-ROWASA	2	
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS	4	NM
LAXATIVES		
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfata</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfata</i> (generic of GOLYTELY)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
PREPOPIK	3	
RELISTOR	2	PA
SUCLEAR	2	
SUPREP BOWEL PREP	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
ACTIGALL	2	
AMITIZA	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	1	
CARAFATE	2	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	4	NM
CYTOTEC	2	
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	
GASTROCROM	4	NM

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Drug Name	Drug Requirements/ Tier	Limits
GATTEX	4	NM LA PA
LINZESS	2	
LOMOTIL	2	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	4	NM PA
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
OMECLAMOX-PAK	3	
PREVPAC	2	
PYLERA	2	
SUCRAID	4	NM
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
XIFAXAN TAB 550MG	4	NM PA
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
ULTRESA	2	
VIOKACE 10	2	
VIOKACE 20	4	NM
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 tabs / 30 days)	3	QL
ACIPHEX SPR CAP 5MG	3	
ACIPHEX SPR CAP 10MG QL (60 caps / 30 days)	3	QL
DEXILANT QL (30 caps / 30 days)	2	QL
<i>esomeprazole sodium</i> 20mg	1	
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
NEXIUM CAP 20MG QL (60 caps / 30 days)	2	QL
NEXIUM CAP 40MG QL (30 caps / 30 days)	2	QL
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR QL (30 packets / 30 days)	2	QL
NEXIUM GRA 20MG DR QL (60 packets / 30 days)	2	QL
NEXIUM GRA 40MG DR QL (30 packets / 30 days)	2	QL
NEXIUM I.V.	3	
<i>omeprazole</i> (generic of PRILOSEC) CPDR 10mg, 40mg QL (30 caps / 30 days)	1	QL
<i>omeprazole</i> (generic of PRILOSEC) CPDR 20mg	1	
OMEPRAZOLE-SODIUM BICARBONATE QL (30 caps / 30 days)	1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	1	QL
PREVACID QL (30 caps / 30 days)	3	QL
PREVACID SOLUTAB QL (30 tabs / 30 days)	3	QL
PRILOSEC CPDR 10mg, 40mg QL (30 caps / 30 days)	3	QL
PRILOSEC CPDR 20mg	3	
PRILOSEC PACK	3	
PROTONIX PACK QL (30 packets / 30 days)	3	QL
PROTONIX TBEC QL (30 tabs / 30 days)	3	QL
PROTONIX INJ	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
ZEGERID CAPS QL (30 caps / 30 days)	3	QL
ZEGERID PACK QL (30 packets / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
AVODART	2	
CARDURA XL	3	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
UROXATRAL	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	2	
POTASSIUM CITRATE (ALKALINIZER) 540mg	1	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	1	
<i>urecholine</i>	2	
UROCIT-K	2	
UROCIT-K 15	2	
URINARY ANTISPASMODICS		
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
GELNIQUE	2	
MYRBETRIQ	3	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
SANCTURA	3	
SANCTURA XR	3	

Drug Name	Drug Requirements/ Tier	Limits
TOLTERODINE TARTRATE ER	1	
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	1	
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA	2	
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
METROGEL-VAGINAL	2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole nitrate vaginal</i>	1	
TERAZOL 3	2	
TERAZOL 7	2	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	1	
<i>terconazole vaginal</i> SUPP	1	
VANDAZOLE	1	
<i>zazole</i> (generic of TERAZOL 7) .4%	1	
ZAZOLE .8%	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA	4	NM
COUMADIN	3	
COUMADIN INJ	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NM
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	4	NM
HEP SOD/NAACL INJ 25000	1	
HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML	1	
<i>heparin sod inj 1000u/ml</i>	1	B/D
HEPARIN SOD INJ 2000U/ML	3	B/D
HEPARIN SOD INJ 2500U/ML	3	B/D
<i>heparin sod inj 5000u/0.5ml</i>	1	B/D
<i>heparin sod inj 5000u/ml</i>	1	B/D
<i>heparin sod inj 10000u/ml</i>	1	B/D
<i>heparin sod inj 20000u/ml</i>	1	B/D
HEPARIN SODIUM/D5W	1	
HEPARIN SODIUM/NAACL 0.45%	3	
HEPARIN SODIUM/SODIUM CHL	1	
<i>jantoven</i> (generic of COUMADIN)	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	2	
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NM
PRADAXA	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM PA
EPOGEN	2	NM PA
GRANIX	4	NM PA
LEUKINE	4	NM PA
MOZOBIL	4	NM PA
NEULASTA	4	NM PA
NEUMEGA	4	NM PA
NEUPOGEN	4	NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM PA
MISCELLANEOUS		
AGRYLIN	2	
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
<i>cilostazol</i> (generic of PLETAL)	1	
CINRYZE	4	NM LA PA
CYKLOKAPRON	3	
FIRAZYR	4	NM PA
LYSTEDA	3	
<i>pentoxifylline</i> TBCR	1	
PLETAL	2	
PROMACTA 12.5mg QL (240 tabs / 30 days)	4	QL NM LA PA
PROMACTA 25mg QL (120 tabs / 30 days)	4	QL NM LA PA
PROMACTA 50mg QL (60 tabs / 30 days)	4	QL NM LA PA
PROMACTA 75mg QL (30 tabs / 30 days)	4	QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	2	
BRILINTA	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clopidogrel bisulfate</i> (generic of PLAVIX)	1	
EFFIENT	2	
PLAVIX	3	

**IMMUNOLOGIC AGENTS
DISEASE-MODIFYING ANTI-RHEUMATIC
DRUGS (DMARDS)**

ACTEMRA	4	NM PA
ARAVA	4	NM
CIMZIA	4	NM PA
ENBREL	4	NM PA
ENBREL SURECLICK	4	NM PA
HUMIRA	4	NM PA
HUMIRA PEN	4	NM PA
HUMIRA PEN-CROHNS STARTER KIT	4	NM PA
HUMIRA PEN-PSORIASIS STARTER KIT	4	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
KINERET	4	NM PA
<i>leflunomide</i> (generic of ARAVA) TABS	1	
<i>methotrexate sodium tabs</i>	1	
ORENCIA	4	NM PA
OTEZLA	4	NM PA
PLAQUENIL	2	
REMICADE	4	NM PA
RHEUMATREX	2	
SIMPONI	4	NM PA
SIMPONI ARIA	4	NM PA
<i>trexall</i>	2	B/D
XELJANZ	4	NM PA

IMMUNOGLOBULINS

BIVIGAM 10gm/100ml	4	NM PA
CARIMUNE NANOFILTERED	4	NM PA
FLEBOGAMMA	4	NM PA
FLEBOGAMMA DIF	4	NM PA
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NM PA
GAMMAGARD S/D	4	NM PA
GAMMAGARD S/D IGA LESS TH	4	NM PA
GAMMAKED	4	NM PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
GAMUNEX-C	4	NM PA
GAMUNEX-C 1GM/10ML	4	NM PA
OCTAGAM	4	NM PA
PRIVIGEN	4	NM PA

IMMUNOMODULATORS

ACTIMMUNE	4	NM LA PA
ARCALYST	4	NM PA
INTRON-A INJ 10MU	4	B/D NM
INTRON-A INJ 18MU	4	B/D NM
INTRON-A INJ 25MU	4	B/D NM
INTRON-A INJ 50MU	4	B/D NM
PEG-INTRON	4	NM PA
PEG-INTRON REDIPEN	4	NM PA
PEGASYS SOLN	4	NM PA
PEGASYS PROCLICK	4	NM PA
REVLIMID	4	NM LA PA
THALOMID	4	NM PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL 5mg	4	B/D NM
ASTAGRAF XL .5mg, 1mg	3	B/D
ATGAM	3	B/D
<i>azasan</i>	2	B/D
<i>azathioprine</i> (generic of IMURAN) TABS	1	B/D
CELLCEPT CAP	4	B/D NM
CELLCEPT INTRAVENOUS	3	B/D
CELLCEPT SUSP	4	B/D NM
CELLCEPT TAB	4	B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	1	B/D
<i>gengraf</i> (generic of NEORAL)	1	B/D
IMURAN	2	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) 180mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>mycophenolate sodium</i> (generic of MYFORTIC) 360mg	4	B/D NM
MYFORTIC 180mg	2	B/D
MYFORTIC 360mg	4	B/D NM
NEORAL	2	B/D
NULOJIX	4	B/D NM
PROGRAF CAPS 5mg	4	B/D NM
PROGRAF CAPS .5mg, 1mg	2	B/D
PROGRAF SOLN	3	B/D
RAPAMUNE SOLN	4	B/D NM
RAPAMUNE TABS 1mg, 2mg	4	B/D NM
RAPAMUNE TABS .5mg	2	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE INJ	3	B/D
SANDIMMUNE SOLN	2	B/D
SIMULECT	3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS	1	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	4	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	1	B/D
THYMOGLOBULIN	4	B/D NM
ZORTRESS TAB 0.5MG	4	B/D NM
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	4	B/D NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DIPHtheria/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	

Drug Name	Drug Requirements/ Tier	Limits
IPOL INACTIVATED IPV	2	
IXIARO	3	
M-M-R II W/DILUENT 10 DOS	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	2	
ROTATEQ	3	
SYNAGIS	4	NM
TENIVAC	3	B/D
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHtheria TOXOID	3	B/D
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>ammonium chloride</i> SOLN	3	
K-TAB 10meq	2	
K-TAB 20meq	3	
KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	3	
<i>magnesium sulfate</i> SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	3	
MICRO-K	2	
<i>potassium chloride</i> LIQD	1	
POTASSIUM CHLORIDE TBCR	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride caps er</i> (generic of MICRO-K)	1	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	1	B/D
IV NUTRITION		
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 8.5%/ELECTROL	1	B/D
AMINOSYN INJ 8.5/LYTE	1	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	1	B/D
<i>hepatasol 8</i>	1	B/D
INTRALIPID INJ 20%	1	B/D
INTRALIPID INJ 30%	3	B/D
LIPOSYN II	3	B/D
LIPOSYN III	3	B/D
LIPOSYN III INJ 10%	3	B/D
NEPHRAMINE	3	B/D
<i>premasol 6%</i>	1	B/D
<i>premasol 10%</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>travasol 10</i>	3	B/D
TROPHAMINE	3	B/D
TROPHAMINE INJ 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE SOLN 50%	1	
<i>dextrose</i> SOLN 70%	1	
DEXTROSE 2.5%/NACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NACL 0.2%	1	
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.9%	1	
DEXTROSE 5%/NACL 0.33%	1	
DEXTROSE 5%/NACL 0.45%	1	
DEXTROSE 5%/NACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	

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Drug Name	Drug Requirements/ Tier Limits
DEXTROSE 10% FLEX CONTAIN	1
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3
DEXTROSE 10%/NACL 0.45%	1
ELECTROLYTE-R IN DEXTROSE	3
IONOSOL-B/DEXTROSE 5%	3
IONOSOL-MB/DEXTROSE 5%	3
ISOLYTE P	3
<i>isolyte s</i>	3
KCL0.15%/D5W/NACL0.2%	1
KCL0.15%/D5W/NACL0.225 %	3
<i>kcl 0.3%/d5w/lr iv lac ri</i>	3
KCL 0.3%/D5W/NACL 0.9%	3
KCL 0.3%/D5W/NACL 0.45%	1
KCL 0.15%/D5W/LR	3
KCL 0.15%/D5W/NACL 0.9%	1
KCL 0.075%/D5W/NACL 0.45%	1
LACTATED RINGERS VIAFLEX	1
<i>normosol-m</i>	1
NORMOSOL-R	3
PLASMA-LYTE A	3
PLASMA-LYTE-56/D5W	3
PLASMA-LYTE-148	3
<i>potassium chloride</i> SOLN	1
POTASSIUM CHLORIDE 0.3%/D	1
POTASSIUM CHLORIDE 0.15%	1
POTASSIUM CHLORIDE 0.22%	1
<i>potassium chloride in nacl</i>	1
POTASSIUM CHLORIDE IN NACL	1
RINGER'S	1
SODIUM CHLORIDE SOLN .9%, 3%, 5%	1
SODIUM CHLORIDE 0.45% VIA	1

VITAMINS

Drug Name	Drug Requirements/ Tier Limits
<i>calcitriol</i> (generic of ROCALTROL) CAPS	1 B/D
<i>calcitriol</i> SOLN 1mcg/ml	1 B/D
<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	1 B/D
<i>doxercalciferol</i> (generic of HECTOROL)	1 B/D
HECTOROL CAPS	2 B/D
HECTOROL SOLN	3 B/D
<i>paricalcitol</i> (generic of ZEMPLAR)	1 B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1
ROCALTROL	2 B/D
ZEMPLAR CAPS 1mcg, 2mcg	2 B/D
ZEMPLAR CAPS 4mcg	4 B/D NM
ZEMPLAR SOLN	3 B/D
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-poly-neomycin-hc</i>	1
<i>blephamide</i> OINT	3
BLEPHAMIDE SUSP	3
MAXITROL	3
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1
<i>neomycin-polymyxin-hc</i> (<i>ophth</i>)	1
PRED-G	3
PRED-G S.O.P.	3
<i>sulfacetamide</i>	1
<i>sod-prednisolone</i>	
TOBRADEX OINT	2
TOBRADEX SUSP	3
TOBRADEX ST	2
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1
ZYLET	2
ANTI-INFECTIVES	
AZASITE	3
<i>bacitracin (ophthalmic)</i>	1
<i>bacitracin-polymyxin b (ophth)</i>	1
BESIVANCE	2
BLEPH-10	3
CILOXAN OIN 0.3% OP	3

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Drug Name	Drug Requirements/ Tier Limits
CILOXAN SOL 0.3% OP	3
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	1
<i>erythromycin (ophth)</i>	1
<i>garamycin</i>	3
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	1
<i>gentak</i>	1
<i>gentamicin sulfate (ophth)</i> OINT	1
<i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN) SOLN	1
<i>levofloxacin (ophth)</i>	1
MOXEZA	2
NATACYN	2
<i>neomycin-bacitracin zn-polymyxin</i>	1
<i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN)	1
<i>neosporin solution</i>	3
OCUFLOX	3
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1
POLYTRIM	3
<i>sulfacetamide sodium (ophth)</i> OINT	1
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	1
<i>tobramycin sulfate (ophth)</i> (generic of TOBREX)	1
TOBREX OINT 0.3%	3
TOBREX SOL 0.3% OP	3
<i>trifluridine</i> (generic of VIROPTIC) SOLN	1
VIGAMOX	2
VIROPTIC	2
ZIRGAN	3
ZYMAXID	3
ANTI-INFLAMMATORIES	
ACULAR	3
ACULAR LS	3
ACUVAIL	3

Drug Name	Drug Requirements/ Tier Limits
ALREX	2
<i>bromfenac sodium (ophth)</i>	1
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1
<i>dexamethasone sodium phosphate (ophth)</i>	1
<i>diclofenac sodium (ophth)</i>	1
DUREZOL	2
FLAREX	3
FLUOROMETHOLONE (OPHTH)	1
<i>flurbiprofen sodium</i> (generic of OCUFEN)	1
FML	3
FML FORTE	3
FML LIQUIFILM	3
ILEVRO	3
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	1
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) .5%	1
LOTEMAX	2
MAXIDEX	3
NEVANAC	3
OCUFEN	3
OMNIPRED	3
PRED FORTE	3
PRED MILD	3
PREDNISOLONE ACETATE (OPHTH)	1
<i>prednisolone sodium phosphate (ophth)</i>	3
VEXOL	3
ANTIALLERGICS	
ALOCRIAL	3
ALOMIDE	3
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	1
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
ELESTAT	3
EMADINE	3

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Drug Name	Drug Requirements/ Tier Limits
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1
LASTACAFT	3
OPTIVAR	3
PATADAY	2
PATANOL	2
ANTIGLAUCOMA	
ALPHAGAN P 0.1%	2
ALPHAGAN P 0.15%	2
AZOPT	2
BETAGAN	3
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	2
BETOPTIC-S	2
<i>brimonidine sol 0.2%</i>	1
BRIMONIDINE SOL 0.15%	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3
COSOPT PF	2
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1
ISOPTO CARPINE	3
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN)	1
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	1
LEVOBUNOLOL HCL .25%	1
LUMIGAN	3
<i>metipranolol</i>	1
OPTIPRANOLOL	3
PHOSPHOLINE IODIDE	3
PILOCARPINE HCL SOLN	1
SIMBRINZA SUS 1-0.2%	2
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC)	1
TIMOLOL MALEATE GEL	1
TIMOPTIC	3
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE	3
TRAVATAN Z	2

Drug Name	Drug Requirements/ Tier Limits
TRUSOPT	3
XALATAN	3
ZIOPTAN	2
MISCELLANEOUS	
<i>alcaine</i>	3
BOTOX INJ 100UNIT	3 NM PA
LACRISERT	3
<i>naphazoline 0.1%</i>	1
PROLENSA	3
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1
RESTASIS	2
XEOMIN	3 NM PA
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25 QL (1 inhaler / 30 days)	2 QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	2 QL
DUONEB	3 B/D
<i>ipratropium-albuterol</i>	1 B/D
ANTICHOLINERGICS	
ATROVENT	2
ATROVENT HFA QL (2 inhalers / 30 days)	3 QL
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	1
<i>ipratropium sol inhal</i>	1 B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2 QL
TUDORZA PRESSAIR QL (1 inhaler / 30 days)	3 QL
ANTI-HISTAMINE COMBINATIONS	
CLARINEX-D TAB 2.5-120	3
CLARINEX-D TAB 5-240MG	3
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3 QL
SEMPREX-D	3
ANTI-HISTAMINES	
ASTELIN	3
ASTEPRO	2
<i>azelastine hcl</i> (generic of ASTEPRO) SOLN	1
<i>azelastine spr 0.1%</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>cetirizine syrup</i>	1	
CLARINEX	3	
<i>desloratadine</i> (generic of CLARINEX) TABS	1	
<i>desloratadine</i> (generic of CLARINEX REDITABS) TBDP	1	
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i> SOLN; TABS	3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	3	PA
<i>hydroxyzine pamoate</i> CAPS 100mg	3	PA
<i>levocetirizine soln 2.5mg/5ml</i> (generic of XYZAL)	1	
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
PATANASE	2	
VISTARIL	3	PA
XYZAL SOLN	3	
XYZAL TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS	1	
<i>albuterol sulfate er</i> (generic of VOSPIRE ER)	1	
ARCAPTA NEOHALER QL (30 caps / 30 days)	2	QL
BROVANA	3	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL
<i>levalbuterol conc 1.25mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	1	B/D
LEVALBUTEROL HCL 1.25mg/3ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) .31mg/3ml, .63mg/3ml	1	B/D
PERFORMIST	2	B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
SEREVENT DISKUS QL (1 inhaler / 30 days)	2	QL
<i>terbutaline sulfate</i> SOLN; TABS	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
<i>vospire</i>	2	
XOPENEX	3	B/D
XOPENEX CONCENTRATE	3	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	1	
SINGULAIR	3	
<i>zafirlukast</i> (generic of ACCOLATE)	1	
ZYFLO CR	4	NM
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ADRENACLICK	3	
ARALAST NP	4	NM LA PA
AUVI-Q	2	
DALIRESP	2	
EPINEPHRINE SOAJ	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	4	NM LA PA
PROLASTIN-C	4	NM LA PA
PULMOZYME	4	B/D NM
<i>tyzine</i> .05%	3	
XOLAIR	4	NM LA PA
ZEMAIRA	4	NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
<i>budesonide (nasal)</i> (generic of RHINOCORT AQUA) QL (2 bottles / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
FLONASE QL (1 bottle / 30 days)	3	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
NASONEX QL (2 bottles / 30 days)	2	QL
OMNARIS QL (1 inhaler / 30 days)	3	QL
QNASL QL (1 inhaler / 30 days)	3	QL
RHINOCORT AQUA QL (2 bottles / 30 days)	3	QL
<i>triamcinolone acetonide (nasal)</i> QL (1 bottle / 30 days)	1	QL
VERAMYST QL (1 bottle / 30 days)	3	QL
ZETONNA QL (1 inhaler / 30 days)	3	QL
STEROID INHALANTS		
AEROSPAN QL (2 inhalers / 30 days)	3	QL
ALVESCO QL (2 inhalers / 30 days)	3	QL
ASMANEX QL (2 inhalers / 30 days)	2	QL
ASMANEX 14 METERED DOSES QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days)	2	QL
FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days)	2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	2	QL
PULMICORT INH SUSP 0.5MG/2 ML	3	B/D
PULMICORT INH SUSP 0.25MG/2 ML	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
PULMICORT INH SUSP 1MG/2ML	4	B/D NM
QVAR 40mcg/act QL (1 inhaler / 30 days)	2	QL
QVAR 80mcg/act QL (2 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA QL (1 inhaler / 30 days)	3	QL
DULERA QL (1 inhaler / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	2	QL
XANTHINES		
<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	2	
LUFYLLIN	3	
<i>theo-24</i>	2	
<i>theophylline</i>	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	4	NM
ACANYA	2	
ACZONE	3	
<i>adapalene</i> (generic of DIFFERIN) CREA	1	
<i>adapalene</i> (generic of DIFFERIN) GEL .1%	1	
ADAPALENE GEL .3%	1	
AKNE-MYCIN	3	
<i>amnesteam</i>	1	
ATRALIN	2	
AVITA CREA	1	
AVITA GEL	1	
AZELEX	3	
BENZAACLIN	2	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>claravis</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
CLEOCIN-T	3
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	1
DIFFERIN	2
EPIDUO	2
<i>ery pad 2%</i>	1
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	1
<i>erythromycin (acne aid)</i> SOLN	1
FABIOR	3
KLARON	3
<i>myorisan</i>	1
RETIN-A	3
RETIN-A MICRO	2
RETIN-A MICRO PUMP	3
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1
<i>tretin-x</i> CREA	3
<i>tretinoin</i> (generic of RETIN-A) CREA; GEL	1
TRETINOIN MICROSPHERE	1
VELTIN	3
<i>zenatane</i>	1
ZIANA	3
DERMATOLOGY, ANTIBIOTICS	
ALTABAX	3
BACTROBAN	2
BACTROBAN NASAL	3
CENTANY	3
CORTISPORIN CREA; OINT	3
<i>gentamicin sulfate (topical)</i>	1
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK	1
<i>mupirocin</i> (generic of BACTROBAN) OINT	1

Drug Name	Drug Requirements/ Tier Limits
<i>mupirocin calcium (topical)</i> (generic of BACTROBAN)	1
SILVADENE	2
SILVER SULFADIAZINE CREA	1
SSD	1
SULFAMYLON	3
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox</i> GEL	1
<i>ciclopirox cre 0.77%</i>	1
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	1
<i>ciclopirox sus 0.77%</i>	1
<i>clotrimazole (topical)</i>	1
<i>econazole nitrate</i> CREA	1
ERTACZO	3
EXELDERM	3
EXTINA	3
<i>ketoconazole (topical)</i>	1
LOPROX SHAMPOO	3
LUZU	3
MENTAX	2
NAFTIN	3
<i>nyamyc</i>	1
<i>nystatin (topical)</i>	1
<i>nystatin pow 100000</i>	1
<i>nystop</i>	1
OXISTAT	3
<i>pedi-dri</i>	1
DERMATOLOGY, ANTIPRURITIC	
<i>anusol hc</i>	2
CORTIFOAM	2
<i>procto-pak</i>	1
<i>proctozone hc</i> (generic of ANUSOL-HC)	1
PRUDOXIN CRE 5%	1
ZONALON	3
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin</i> (generic of SORIATANE)	4 NM PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	1
<i>calcipotriene</i> OINT; SOLN	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>calcitrene oin 0.005%</i>	1	
CALCITRIOL OINT	1	
DOVONEX CRE 0.005%	3	
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	4	NM
8-MOP	3	
OXSORALEN ULTRA	4	NM
SORIATANE	4	NM PA
SORILUX	2	
STELARA	4	NM PA
TAZORAC	2	PA
VECTICAL	4	NM
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
NIZORAL	3	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
DENAVIR	3	
XERESE	3	
ZOVIRAX CREA	3	
ZOVIRAX OINT	4	NM
DERMATOLOGY, CORTICOSTEROIDS		
<i>aclovate</i>	2	
<i>ala-cort</i>	1	
<i>ala-scalp</i>	3	
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	1	
<i>alclometasone dipropionate</i> OINT	1	
<i>amcinonide</i> CREA; LOTN	1	
<i>amcinonide</i> OINT	3	
<i>apexicon</i>	3	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1	
<i>calcipotrien oin betameth</i> (generic of TACLONEX)	1	
CAPEX	2	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN; SHAM	1	
<i>clobetasol propionate emollient base</i> (generic of TEMOVATE E)	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1	
CLOBEX	2	
CLOCORTOLONE PIVALATE	1	
CLODERM PUMP	2	
CORDRAN TAPE	3	
CUTIVATE CREA	3	
CUTIVATE LOTN	4	NM
DERMATOP	3	
DESONATE	3	
DESONIDE CREA	1	
<i>desonide</i> (generic of DESOWEN) LOTN; OINT	1	
DESOWEN CREA	2	
<i>desowen</i> LOTN	2	
<i>desoximetasone</i> (generic of TOPICORT) CREA	1	
<i>desoximetasone</i> (generic of TOPICORT) GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	1	
<i>diflorasone diacetate</i>	1	
DIPROLENE LOTN	3	
DIPROLENE OINT	2	
DIPROLENE AF	3	
ELOCON CREA; LOTN	3	
ELOCON OINT	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>fluocinolone acetonide</i> CREA .01%	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	1
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	1
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1
<i>fluocinonide</i> CREA .05%	1
<i>fluocinonide</i> GEL	1
<i>fluocinonide</i> OINT	1
<i>fluocinonide</i> SOLN	1
<i>fluocinonide emulsified base</i>	1
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA; LOTN; OINT	1
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1
HALOG	3
<i>hydrocortisone (topical)</i>	1
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1
<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM)	1
<i>hydrocortisone valerate</i> CREA	1
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	1
KENALOG	3
LOKARA LOTN 0.05%	1
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	1
PANDEL	3
PREDNICARBATE CREA	1
<i>prednicarbate</i> (generic of DERMATOP) OINT	1

Drug Name	Drug Requirements/ Tier Limits
SYNALAR CREA; OINT	3
SYNALAR SOLN	2
TACLONEX	4 NM
TEMOVATE CRE 0.05%	2
TEMOVATE E CREAM	2
TEMOVATE GEL 0.05%	2
TEMOVATE OIN 0.05%	2
TEMOVATE SOL 0.05%	3
<i>texacort</i>	2
<i>topicort</i> CREA	3
<i>topicort</i> GEL	2
TOPICORT LIQD	3
TOPICORT OINT .05%	2
<i>topicort</i> OINT .25%	2
<i>triamcinolone acetonide</i> (<i>topical</i>)	1
<i>triderm</i>	1
<i>u-cort</i>	1
ULTRAVATE	2
VANOS	3
DERMATOLOGY, LOCAL ANESTHETICS	
EMLA	3 B/D
<i>lidocaine</i> OINT	1
<i>lidocaine</i> (generic of LIDODERM) PTCH	1 PA
<i>lidocaine hcl</i> GEL	1
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	1
<i>lidocaine-prilocaine</i> (generic of EMLA)	1 B/D
LIDODERM	2 PA
SYNERA	3
XYLOCAINE 4%	3
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
ALDARA	3
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	1
CARAC	2
CONDYLOX	2
<i>diclofenac sodium (actinic keratoses)</i> (generic of SOLARAZE)	4 NM PA
<i>diclofenac sodium (topical)</i> (generic of PENNSAID)	1

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Drug Name	Drug Requirements/ Tier	Limits
EFUDEX	3	
ELIDEL	2	PA
FINACEA	2	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA	1	
<i>fluorouracil (topical)</i> SOLN	1	
<i>imiquimod</i> (generic of ALDARA) CREA	1	
LAC-HYDRIN	2	
<i>laclotion lot 12%</i> (generic of LAC-HYDRIN)	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
NORITATE	3	
ORACEA	2	
OXSORALEN	3	
PANRETIN	4	NM
PENNSAID	2	
PICATO	4	NM
<i>podofilox</i> (generic of CONDYLOX) SOLN	1	
PROTOPIC	2	PA
RECTIV	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	1	
SOLARAZE	4	NM PA
TARGRETIN GEL	4	NM PA
VALCHLOR	4	NM LA PA
VOLTAREN GEL 1%	2	
ZYCLARA	4	NM
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	

Drug Name	Drug Requirements/ Tier	Limits
OVIDE	2	
<i>permethrin</i> (generic of ELIMITE) CREA	1	
SKLICE	3	
ULESFIA	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	4	NM PA
SANTYL	3	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
<i>clotrimazole</i> TROC	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard soln 0.12%</i> (generic of PERIDEX)	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
SALAGEN	2	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetazol hc</i> (generic of VOSOL HC)	1	
<i>acetic acid (otic)</i>	1	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN SOLN	2	
CORTISPORIN-TC	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	1
<i>neomycin-polymyxin-hc (otic)</i> SUSP	1
<i>ofloxacin (otic)</i>	1

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<i>acetaminophen 5-325mg</i>	5	<i>5mg/5ml</i>	40	<i>percocet 7.5/325</i>	5
<i>oxycodone w/</i>		<i>pediapred sol 6.7/5ml</i>	40	<i>percocet tab 5-325mg</i>	5
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P.O. Box 52424, Phoenix, AZ 85072-2424



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