

AlphaCare of New York
2014 Comprehensive Formulary
(List of Covered Drugs)

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

This formulary was updated on 10/25/2014. For more recent information or other questions, please contact *AlphaCare of New York*, Member Services at 1-855-652-5742 (TTY users should call 711) Monday - Sunday from 8:00 AM – 8:00 PM or visit www.alphacare.com.

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 *AlphaCare of New York*. When it refers to “plan” or “our plan,” it means AlphaCare Renew, AlphaCare Reliance or AlphaCare Total.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the *AlphaCare of New York Comprehensive Formulary*?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2014. To get updated information about the drugs covered by AlphaCare, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, AlphaCare will mail you an errata sheet to update your printed formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. 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?

AlphaCare 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:** AlphaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AlphaCare before you fill your prescriptions. If you don't get approval, AlphaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, AlphaCare limits the amount of the drug that AlphaCare will cover. For example, AlphaCare provides 18 tablets per 28 days for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AlphaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AlphaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AlphaCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AlphaCare 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 *AlphaCare of New York* formulary?" on page 4 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. AlphaCare pays for certain OTC drugs. AlphaCare will provide these OTC drugs at no cost to you. The cost to AlphaCare of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>cetirizine hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>cetirizine hydrochloride/ pseudoephedrine hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>loratadine</i>	(Claritin)	Solution, Tablets
<i>loratadine/ pseudoephedrine sulfate</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>ketotifen fumarate</i>	(Zaditor)	Drops

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 Member Services and ask if your drug is covered.

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

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

How do I request an exception to the *AlphaCare of New York* Formulary?

You can ask AlphaCare 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 waive coverage restrictions or limits on your drug. For example, for certain drugs AlphaCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with 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.

Members with levels-of-care changes may contact us (or have their doctor or prescriber contact us) to request transitional supplies of medication during their transitions of care. AlphaCare will not supply a transition fill for any drugs that are not Part D-approved drugs.

For more information

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

If you have questions about AlphaCare 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.

AlphaCare of New York's Formulary

The comprehensive formulary that begins on page 13 provides coverage information about the drugs covered by AlphaCare. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from AlphaCare before you fill your prescription for this drug. Without prior approval, AlphaCare may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from AlphaCare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, AlphaCare may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from AlphaCare before you fill your prescription for this drug. Without prior approval, AlphaCare may not cover this drug.
QL	Quantity Limit Restriction	AlphaCare limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before AlphaCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
HI	Home Infusion Drug	This prescription drug is covered under our medical benefit. For more information, call Member Services at 1-855-652-5742 or for TTY users call 711, Monday - Sunday from 8:00 AM – 8:00 PM.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-855-652-5742 or for TTY users call 711, Monday - Sunday from 8:00 AM – 8:00 PM.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle

ABBREVIATION	DESCRIPTION
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleanser and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)

ABBREVIATION	DESCRIPTION
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syringe	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injectr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersible
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release

ABBREVIATION	DESCRIPTION
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dose pack
tb mp dspk	tablet, multiphasic dose pack
tb rd dspk	tablet, rapid disintegrating dose pack
tbdspk 3mo	tablet, 3-month dose pack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Tier Drug Type	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty (Generic, Brand)
In-Network Pharmacy 1 Month (30 days)	\$2.00 copay	\$8.00 copay	\$40.00 copay	\$90.00 copay	33% coinsurance
In-Network Pharmacy 3 Months (90 days)	\$6.00 copay	\$24.00 copay	\$120.00 copay	\$270.00 copay	33% coinsurance
Out-of-Network Pharmacy 1 Month (30 days)	\$2.00 copay	\$8.00 copay	\$40.00 copay	\$90.00 copay	33% coinsurance
Long Term Care Pharmacy 1 Month (31 days)	\$2.00 copay	\$8.00 copay	\$40.00 copay	\$90.00 copay	33% coinsurance

Drug Name	Drug Tier	Requirements/Limits	
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen with codeine</i> (Vopac)	2	QL: 180 in 30 days	tablet: 300mg-60mg
<i>acetaminophen with codeine</i> (Vopac)	2	QL: 360 in 30 days	tablet: 300mg-15mg, 300mg-30mg
<i>buprenorphine hcl</i> (Buprenorphine HCl)	2		(injectable)
<i>butalb/acetaminophen/caffeine</i> (Dolgic Lq)	2	PA, QL: 2700 in 30 days	solution, (High Risk Med for Ages 65 and Older)
<i>butalb/acetaminophen/caffeine</i> (Esgic)	2	PA, QL: 180 in 30 days	tablet: 50-325-40, (High Risk Med for Ages 65 and Older)
<i>butalbit/acetamin/caff/codeine</i> (Fioricet with Codeine)	2	PA, QL: 180 in 30 days	capsule: 50-300-30, (High Risk Med for Ages 65 and Older)
<i>butalbit/acetamin/caff/codeine</i> (Fioricet with Codeine)	2	PA, QL: 180 in 30 days	capsule: 50-325-30, (High Risk Med for Ages 65 and Older)
<i>butalbital/acetaminophen</i> (Tencon)	2	PA, QL: 180 in 30 days	tablet: 50mg-325mg, (High Risk Med for Ages 65 and Older)
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	2		syringe, vial
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	2	QL: 5 in 28 days	spray
BUTRANS	3	QL: 4 in 28 days	patch tdwk: 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr
BUTRANS	3	QL: 4 in 28 days	patch tdwk: 7.5mcg/hr
<i>codeine phos/acetaminophen</i> (Codeine Phos/acetaminophen)	2	QL: 2500 in 30 days	
<i>codeine sulfate</i> (Codeine Sulfate)	2	QL: 180 in 30 days	tablet
<i>codeine/butalbital/asa/caffein</i> (Fiorinal w/Codeine #3)	2	PA, QL: 180 in 30 days	(High Risk Med for Ages 65 and Older)
<i>fentanyl citrate</i> (Actiq)	5	PA, QL: 120 in 30 days	
<i>fentanyl</i> (Duragesic)	2	PA	

Drug Name		Drug Tier	Requirements/Limits	
<i>hydrocodone/acetaminophen</i>	(Hycet)	2	QL: 2025 in 30 days	solution: 10-300/15
<i>hydrocodone/acetaminophen</i>	(Hycet)	2	QL: 2700 in 30 days	solution: 7.5-325/15
<i>hydrocodone/acetaminophen</i>	(Hycet)	2	QL: 2700 in 30 days	solution: 7.5-500/15, 10-325/15
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 150 in 30 days	tablet: 7.5-750mg, 10-750mg
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 180 in 30 days	tablet: 7.5-650mg, 10-660mg, 10mg-650mg
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 240 in 30 days	capsule, tablet: 2.5-500mg, 5mg-500mg, 7.5-500mg, 10mg-500mg
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 360 in 30 days	tablet: 2.5-325mg, 5mg-325mg, 7.5-325mg, 10mg-325mg
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 390 in 30 days	tablet: 5mg-300mg, 7.5-300mg, 10mg-300mg
<i>hydrocodone/ibuprofen</i>	(Ibudone)	2	QL: 150 in 30 days	
<i>hydromorphone hcl</i>	(Dilaudid)	2	QL: 1200 in 30 days	liquid
<i>hydromorphone hcl</i>	(Dilaudid)	2	QL: 180 in 30 days	tablet: 2mg, 4mg
<i>hydromorphone hcl</i>	(Dilaudid)	2	QL: 240 in 30 days	tablet: 8mg
<i>hydromorphone hcl</i>	(Hydromorphone HCl)	2		syringe
<i>hydromorphone hcl/pf</i>	(Dilaudid)	2		ampul
<i>hydromorphone hcl/pf</i>	(Hydromorphone HCl/PF)	2		vial
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	2	QL: 28 in 30 days	
LAZANDA		5	PA, QL: 30 in 30 days	
<i>levorphanol tartrate</i>	(Levo-dromoran)	2	QL: 180 in 30 days	
<i>methadone hcl</i>	(Methadone HCl)	2		vial
<i>methadone hcl</i>	(Methadone HCl)	2	QL: 1800 in 30 days	solution
<i>methadone hcl</i>	(Methadose)	2	QL: 1800 in 30 days	oral conc

Drug Name		Drug Tier	Requirements/Limits	
<i>methadone hcl</i>	(Methadose)	2	QL: 360 in 30 days	tablet
<i>methadone hcl</i>	(Methadose)	2	QL: 90 in 30 days	tablet sol
<i>morphine sulfate</i>	(Morphine Sulfate)	2		cartridge: 2mg/ml, 4mg/ml
<i>morphine sulfate</i>	(Morphine Sulfate)	2		cartridge: 8mg/ml, 10mg/ml, 15mg/ml; pen injctr, supp.rect, syringe, vial: 10mg/ml
<i>morphine sulfate</i>	(Morphine Sulfate)	2	HI	ampul, vial: 15mg/ml, 50mg/ml; vial port
<i>morphine sulfate</i>	(MS Contin)	2	QL: 120 in 30 days	tablet er: 30mg, 60mg, 100mg
<i>morphine sulfate</i>	(MS Contin)	2	QL: 180 in 30 days	tablet er: 15mg, 200mg
<i>morphine sulfate</i>	(MSIR)	2	QL: 200 in 30 days	solution: 100mg/5ml
<i>morphine sulfate</i>	(MSIR)	2	QL: 300 in 30 days	solution: 20mg/5ml
<i>morphine sulfate</i>	(MSIR)	2	QL: 700 in 30 days	solution: 10mg/5ml
<i>morphine sulfate/0.9% nacl/pf</i>	(Morphine Sulfate/0.9% Nacl/PF)	2		
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	2		
MORPHINE SULFATE		2	QL: 180 in 30 days	
<i>nalbuphine hcl</i>	(Nalbuphine HCl)	2		
NUCYNTA ER		3	QL: 60 in 30 days	
NUCYNTA		3	QL: 181 in 30 days	
OFIRMEV		4	HI	
<i>oxycodone hcl</i>	(Dazidox)	2	QL: 180 in 30 days	capsule, oral conc, tablet
<i>oxycodone hcl</i>	(Oxycodone HCl)	2	QL: 1300 in 30 days	solution
<i>oxycodone hcl/acetaminophen</i>	(Alcet)	2	QL: 180 in 30 days	tablet: 10mg-650mg
<i>oxycodone hcl/acetaminophen</i>	(Alcet)	2	QL: 240 in 30 days	capsule, tablet: 5mg-500mg, 7.5-500mg
<i>oxycodone hcl/acetaminophen</i>	(Alcet)	2	QL: 360 in 30 days	tablet: 2.5-325mg, 5mg-325mg, 7.5-325mg, 10mg-325mg

Drug Name		Drug Tier	Requirements/Limits	
<i>oxycodone hcl/acetaminophen</i>	(Oxycodone HCl/acetaminophen)	2	QL: 1800 in 30 days	solution
<i>oxycodone hcl/aspirin</i>	(Endodan)	2	QL: 360 in 30 days	
OXYCONTIN		3	QL: 120 in 30 days	tab er 12h: 80mg
OXYCONTIN		3	QL: 60 in 30 days	tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg, 60mg
<i>oxymorphone hcl</i>	(Opana ER)	2	QL: 120 in 30 days	tab er 12h: 30mg, 40mg
<i>oxymorphone hcl</i>	(Opana ER)	2	QL: 60 in 30 days	tab er 12h: 5mg, 7.5mg, 10mg, 15mg, 20mg
<i>oxymorphone hcl</i>	(Opana)	2	QL: 180 in 30 days	tablet
<i>tramadol hcl</i>	(Ultram)	2	QL: 240 in 30 days	tablet
<i>tramadol hcl/acetaminophen</i>	(Ultracet)	2	QL: 240 in 30 days	
XARTEMIS XR		3	QL: 360 in 30 days	
Nonsteroidal Anti-inflammatory Agents				
<i>butalbital/aspirin/caffeine</i>	(Fiorinal)	2	PA, QL: 180 in 30 days	(High Risk Med for Ages 65 and Older)
CALDOLOR		4	HI	
CELEBREX		3	ST, QL: 60 in 30 days	
<i>choline sal/mag salicylate</i>	(Choline Sal/mag Salicylate)	2		
<i>diclofenac potassium</i>	(Cataflam)	2		
<i>diclofenac sodium</i>	(Voltaren)	2		gel (gram), tab er 24h, tablet dr
<i>diclofenac sodium/misoprostol</i>	(Arthrotec 50)	2		
<i>diflunisal</i>	(Diflunisal)	2		
<i>etodolac</i>	(Etodolac)	2		
<i>fenoprofen calcium</i>	(Fenoprofen Calcium)	2		
FLECTOR		3		
<i>flurbiprofen</i>	(Ansaid)	2		
<i>ibuprofen</i>	(Ibuprofen)	2		oral susp: 100mg/5ml
<i>ibuprofen</i>	(Motrin)	1		tablet

Drug Name		Drug Tier	Requirements/Limits	
<i>indomethacin sodium</i>	(Indocin I.v.)	2	PA	(High Risk Med for Ages 65 and Older)
<i>indomethacin</i>	(Indocin SR)	2	PA, QL: 60 in 30 days	capsule er, (High Risk Med for Ages 65 and Older)
<i>indomethacin</i>	(Indomethacin)	2	PA, QL: 120 in 30 days	capsule: 50mg, (High Risk Med for Ages 65 and Older)
<i>indomethacin</i>	(Indomethacin)	2	PA, QL: 240 in 30 days	capsule: 25mg, (High Risk Med for Ages 65 and Older)
<i>ketoprofen</i>	(Ketoprofen)	2		
<i>ketorolac tromethamine</i>	(Ketorolac Tromethamine)	2	QL: 40 in 30 days	vial: 15mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	2	QL: 20 in 30 days	cartridge: 30mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	2	QL: 20 in 30 days	tablet, vial: 60mg/2ml
<i>ketorolac tromethamine</i>	(Toradol)	2	QL: 40 in 30 days	cartridge: 15mg/ml
<i>mefenamic acid</i>	(Ponstel)	2		
<i>meloxicam</i>	(Mobic)	1		tablet
<i>meloxicam</i>	(Mobic)	2		oral susp
<i>nabumetone</i>	(Relafen)	2		
<i>naproxen sodium</i>	(Anaprox)	1		
<i>naproxen</i>	(Naprosyn)	1		tablet
<i>naproxen</i>	(Naprosyn)	2		oral susp, tablet dr
<i>piroxicam</i>	(Feldene)	2		
<i>salsalate</i>	(Salflex)	2		
<i>sulindac</i>	(Clinoril)	2		
<i>tolmetin sodium</i>	(Tolmetin Sodium)	2		
VOLTAREN		3		(Topical Gel)
Anesthetics				
Local Anesthetics				
<i>cocaine hcl</i>	(Cocaine HCl)	2		
<i>lidocaine hcl</i>	(Xylocaine)	2		disp syrin, solution: 4%
<i>lidocaine hcl</i>	(Xylocaine)	2		jel (ml), jel/pf app, solution: 2%, 40mg/ml
<i>lidocaine hcl</i>	(Xylocaine)	2	PA BvD	vial, (PA for ESRD Only)
<i>lidocaine hcl/pf</i>	(Xylocaine-MPF)	2	PA BvD	ampul: 15mg/ml, 40mg/ml, (PA for ESRD Only)

Drug Name		Drug Tier	Requirements/Limits	
<i>lidocaine</i>	(Lidocaine)	2	PA BvD	oint. (g), (PA for ESRD Only)
<i>lidocaine/prilocaine</i>	(EMLA)	2	PA BvD	(PA for ESRD Only)
LIDODERM		2		
Anti-addiction/substance Abuse Treatment Agents				
Anti-addiction/substance Abuse Treatment Agents				
<i>acamprosate calcium</i>	(Campral)	2		
<i>buprenorphine hcl</i>	(Subutex)	2	PA, QL: 90 in 30 days	
<i>buprenorphine hcl/ naloxone hcl</i>	(Suboxone)	2	PA, QL: 90 in 30 days	
CAMPRAL		4		tab ds pk
CHANTIX		3	QL: 168 in 84 days	tablet: 0.5mg, 1mg
CHANTIX		3	QL: 53 in 28 days	tab ds pk
CHANTIX		3	QL: 56 in 28 days	tablet: 1mg
<i>disulfiram</i>	(Antabuse)	2		
<i>naloxone hcl</i>	(Naloxone HCl)	2		syringe: 0.4mg/ml; vial
<i>naloxone hcl</i>	(Naloxone HCl)	2		syringe: 1mg/ml
<i>naltrexone hcl</i>	(Revia)	2		
NICOTROL		4	QL: 2016 in 365 days	
SUBOXONE		4	PA, QL: 60 in 30 days	film: 12mg-3mg
SUBOXONE		4	PA, QL: 90 in 30 days	film: 2mg-0.5mg, 4mg-1mg, 8mg-2mg
ZUBSOLV		3	PA, QL: 90 in 30 days	
Antianxiety Agents				
Benzodiazepines				
<i>alprazolam</i>	(Xanax XR)	2	QL: 60 in 30 days	tab er 24h: 1mg, 2mg, 3mg
<i>alprazolam</i>	(Xanax)	2	QL: 90 in 30 days	tab er 24h: 0.5mg; tab rapdis, tablet

Drug Name		Drug Tier	Requirements/Limits	
<i>chlordiazepoxide hcl</i>	(Librium)	2	QL: 120 in 30 days	
<i>clonazepam</i>	(Klonopin)	2	QL: 300 in 30 days	tab rapdis: 2mg; tablet: 2mg
<i>clonazepam</i>	(Klonopin)	2	QL: 90 in 30 days	tab rapdis: 0.125mg, 0.25mg, 0.5mg, 1mg; tablet: 0.5mg, 1mg
<i>clorazepate dipotassium</i>	(Tranxene T-tab)	2	QL: 120 in 30 days	tablet: 15mg
<i>clorazepate dipotassium</i>	(Tranxene T-tab)	2	QL: 60 in 30 days	tablet: 3.75mg, 7.5mg
DIASTAT ACUDIAL		4		
<i>diazepam</i>	(Diastat)	2		kit
<i>diazepam</i>	(Diazepam)	2	QL: 1200 in 30 days	oral conc, solution
<i>diazepam</i>	(Valium)	2	QL: 120 in 30 days	tablet
<i>diazepam</i>	(Valium)	2	QL: 2 in 28 days	syringe
<i>estazolam</i>	(Prosom)	2	QL: 30 in 30 days	
<i>flurazepam hcl</i>	(Dalmane)	2	QL: 30 in 30 days	
<i>lorazepam</i>	(Ativan)	2	QL: 2 in 30 days	syringe, vial
<i>lorazepam</i>	(Ativan)	2	QL: 90 in 30 days	tablet
<i>lorazepam</i>	(Lorazepam)	2	QL: 150 in 30 days	oral conc
<i>midazolam hcl</i>	(Midazolam HCl)	2	QL: 10 in 30 days	syrup
<i>midazolam hcl</i>	(Versed)	2	QL: 2 in 30 days	syringe
<i>midazolam hcl/pf</i>	(Midazolam HCl/PF)	2	QL: 2 in 30 days	
ONFI		4	PA NSO, QL: 480 in 30 days	oral susp
ONFI		4	PA NSO, QL: 60 in 30 days	tablet: 10mg, 20mg

Drug Name		Drug Tier	Requirements/Limits	
ONFI		4	PA NSO, QL: 60 in 30 days	tablet: 5mg
<i>temazepam</i>	(Restoril)	2	QL: 30 in 30 days	
<i>triazolam</i>	(Halcion)	2	QL: 30 in 30 days	
Antibacterials				
Aminoglycosides				
BETHKIS		5	PA BvD	
<i>gentamicin in nacl, iso-osm</i>	(Gentamicin In Nacl, Iso-osm)	2	HI	piggyback: 100mg/50ml
<i>gentamicin in nacl, iso-osm</i>	(Gentamicin In Nacl, Iso-osm)	2	HI	piggyback: 60mg/50ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.1l
<i>gentamicin sulfate</i>	(Garamycin)	2	HI	
<i>gentamicin sulfate/pf</i>	(Gentamicin Sulfate/PF)	2	HI	
<i>kanamycin sulfate</i>	(Kanamycin Sulfate)	2	HI	
<i>neomycin sulfate</i>	(Neomycin Sulfate)	2		
<i>streptomycin sulfate</i>	(Streptomycin Sulfate)	2		
TOBI PODHALER		5	QL: 224 in 28 days	
<i>tobramycin in 0.225% nacl</i>	(Tobi)	5	PA BvD	
<i>tobramycin sulfate</i>	(Nebcin)	2	HI	
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	2	HI	piggyback: 60mg/50ml
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	2	HI	piggyback: 80mg/100ml
Antibacterials, Miscellaneous				
<i>bacitracin</i>	(Bacitracin)	2		
<i>chloramphenicol sod succ</i>	(Chloramphenicol Sod Succ)	2	HI	
<i>clindamycin hcl</i>	(Cleocin HCl)	2		
<i>clindamycin palmitate hcl</i>	(Cleocin Palmitate)	2		
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	2	HI	vial port
<i>clindamycin phosphate/d5w</i>	(Cleocin Phosphate In D5w)	2	HI	
<i>colistin (colistimethate na)</i>	(Coly-mycin M Parenteral)	2	HI	

Drug Name	Drug Tier	Requirements/Limits	
CUBICIN	5	HI, PA BvD	(PA for ESRD Only)
FUROXONE	3		
<i>methenamine hippurate</i> (Urex)	2		
<i>nitrofurantoin macrocrystal</i> (Macrochantin)	2	PA, QL: 120 in 30 days	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs)
<i>nitrofurantoin</i> (Furadantin)	2	PA, QL: 2400 in 30 days	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs)
<i>polymyxin b sulfate</i> (Polymyxin B Sulfate)	2	HI	
SYNERCID	5	HI	
<i>trimethoprim</i> (Trimethoprim)	2		
<i>vancomycin hcl</i> (Vancocin HCl)	5		capsule
<i>vancomycin hcl</i> (Vancomycin HCl)	2	PA BvD	vial: 1g, 10g, (PA for ESRD Only)
<i>vancomycin hcl</i> (Vancomycin HCl)	2	PA BvD	vial: 750mg, (PA for ESRD Only)
<i>vancomycin hcl/d5w</i> (Vancomycin HCl/D5W)	2		
VANCOMYCIN HCL	4		
XIFAXAN	5	PA, QL: 9 in 30 days	tablet: 200mg
XIFAXAN	5	ST, QL: 60 in 30 days	tablet: 550mg
ZYVOX	5		susp recon, tablet
ZYVOX	5	HI	iv soln
Cephalosporins			
<i>cefaclor</i> (Ceclor)	2		
<i>cefadroxil</i> (Cefadroxil)	2		
<i>cefazolin sodium</i> (Ancef)	2	HI	
<i>cefazolin sodium/dextrose,iso</i> (Cefazolin Sodium/dextrose, Iso)	2	HI	froz.piggy
<i>cefazolin sodium/dextrose,iso</i> (Cefazolin Sodium/dextrose, Iso)	2	HI	piggyback
<i>cefdinir</i> (Omnicef)	2		
<i>cefditoren pivoxil</i> (Spectracef)	2		tablet: 200mg
<i>cefditoren pivoxil</i> (Spectracef)	2		tablet: 400mg
<i>cefepime hcl</i> (Maxipime)	2	HI	

Drug Name	Drug Tier	Requirements/Limits	
CEFEPIME	4	HI	
CEFEPIME-DEXTROSE	4	HI	
<i>cefotaxime sodium</i> (Claforan)	2	HI	
<i>cefotetan disod/dextrose,iso</i> (Cefotetan Disod/dextrose, Iso)	2	HI	
<i>cefotetan disodium</i> (Cefotetan Disodium)	2	HI	
<i>cefoxitin sodium</i> (Mefoxin)	2	HI	
<i>cefoxitin sodium/dextrose,iso</i> (Cefoxitin Sodium/dextrose, Iso)	2	HI	
<i>cefpodoxime proxetil</i> (Vantin)	2		
<i>cefprozil</i> (Cefzil)	2		
<i>ceftazidime pentahydrate</i> (Fortaz)	2	HI	vial
<i>ceftazidime pentahydrate</i> (Fortaz)	2	HI	vial port
<i>ceftibuten dihydrate</i> (Cedax)	2		
<i>ceftriaxone na/dextrose,iso</i> (Ceftriaxone Na/dextrose, Iso)	2	HI	
<i>ceftriaxone sodium</i> (Rocephin)	2	HI	
<i>cefuroxime axetil</i> (Ceftin)	2		tablet
<i>cefuroxime sodium</i> (Zinacef)	2	HI	
<i>cefuroxime sodium/dextrose,iso</i> (Cefuroxime Sodium/dextrose, Iso)	2	HI	
<i>cephalexin</i> (Keflex)	1		capsule: 250mg, 500mg; susp recon, tablet
<i>cephalexin</i> (Keflex)	1		capsule: 750mg
SUPRAX	4		tab chew, tablet
TAZICEF IN DEXTROSE	4	HI	
<i>tea tree oil</i> (Tea Tree Oil)	1		
Macrolides			
<i>azithromycin</i> (Zithromax)	2		packet, susp recon, tablet
<i>azithromycin</i> (Zithromax)	2	HI	vial
<i>clarithromycin</i> (Biaxin)	2		
DIFICID	5	QL: 20 in 10 days	
<i>ery e-succ/sulfisoxazole</i> (Pediazole)	2		
ERY-TAB	2		
ERYTHROCIN LACTOBIONATE	4	HI	vial port: 1g
ERYTHROCIN LACTOBIONATE	4	HI	vial port: 500mg
<i>erythromycin base</i> (Eryc)	2		capsule dr
<i>erythromycin base</i> (Erythromycin Base)	2		tablet, tablet dr

Drug Name		Drug Tier	Requirements/Limits	
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	2		susp recon
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	2		tablet
<i>erythromycin stearate</i>	(Erythromycin Stearate)	2		
KETEK		4	ST	
Miscellaneous B-lactam Antibiotics				
<i>aztreonam</i>	(Azactam)	2	HI	
CAYSTON		5	LA	
<i>imipenem/cilastatin sodium</i>	(Primaxin)	2	HI	
INVANZ		4	HI	vial
INVANZ		4	HI	vial port
<i>meropenem</i>	(Merrem)	2	HI	
Penicillins				
<i>amoxicillin trihydrate</i>	(Amoxicillin Trihydrate)	1		
<i>amoxicillin</i>	(Amoxil)	1		capsule, susp recon, tab chew, tablet
<i>amoxicillin/potassium clav</i>	(Augmentin)	2		
<i>ampicillin sodium</i>	(Totacillin-N)	2	HI	vial
<i>ampicillin sodium</i>	(Totacillin-N)	2	HI	vial port
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	HI	vial
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	HI	vial port
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	1		
BICILLIN C-R		4		
BICILLIN L-A		4		
<i>dicloxacillin sodium</i>	(Dicloxacillin Sodium)	2		
NAFCILL IN DEXTROSE		2	HI	
<i>naficillin sodium</i>	(Unipen)	2	HI	vial
<i>naficillin sodium</i>	(Unipen)	2	HI	vial port
<i>oxacillin sodium</i>	(Oxacillin Sodium)	2	HI	
<i>oxacillin sodium/dextrose, iso</i>	(Oxacillin Sodium/ dextrose, Iso)	2	HI	
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose- water)	2	HI	froz.piggy: 1mm/50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose- water)	2	HI	froz.piggy: 2mm/50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	2	HI	

Drug Name		Drug Tier	Requirements/Limits	
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	2	HI	
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2		syringe: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2		syringe: 600000/ml
<i>penicillin v potassium</i>	(Veetids 500)	2		
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	2	HI	
Quinolones				
AVELOX ABC PACK		3		
AVELOX IV		4	HI	
<i>ciprofloxacin hcl</i>	(Cipro)	1		
<i>ciprofloxacin lactate</i>	(Cipro I.V.)	2	HI	
<i>ciprofloxacin lactate/d5w</i>	(Cipro I.V.)	2	HI	
<i>ciprofloxacin</i>	(Ciprofloxacin)	2		
<i>ciprofloxacin/ciprofloxacin hcl</i>	(Cipro XR)	2		
<i>levofloxacin</i>	(Levaquin)	1		tablet
<i>levofloxacin</i>	(Levaquin)	2		solution
<i>levofloxacin</i>	(Levaquin)	2	HI	vial
<i>levofloxacin/d5w</i>	(Levaquin)	2	HI	
<i>moxifloxacin hcl</i>	(Avelox)	2		
<i>nalidixic acid</i>	(Nalidixic Acid)	2		
<i>ofloxacin</i>	(Floxin)	2		
Sulfonamides				
<i>sulfadiazine</i>	(Sulfadiazine)	2		
<i>sulfamethoxazole/trimethoprim</i>	(Septra)	1		tablet
<i>sulfamethoxazole/trimethoprim</i>	(Sulfamethoxazole/trimethoprim)	2		oral susp
<i>sulfamethoxazole/trimethoprim</i>	(Sulfamethoxazole/trimethoprim)	2	HI	vial
<i>sulfasalazine</i>	(Azulfidine)	2		
Tetracyclines				
<i>demeclocycline hcl</i>	(Declomycin)	2		
<i>doxycycline hyclate</i>	(Doxycycline Hyclate)	2	HI	vial
<i>doxycycline hyclate</i>	(Morgidox)	2		capsule dr, tablet: 100mg
<i>doxycycline hyclate</i>	(Morgidox)	2		capsule, tablet: 20mg; tablet dr
<i>doxycycline monohydrate</i>	(Adoxa)	2		capsule: 150mg
<i>doxycycline monohydrate</i>	(Adoxa)	2		capsule: 75mg, 100mg; susp recon, tablet
MINOCIN		5	HI	vial

Drug Name	Drug Tier	Requirements/Limits	
<i>minocycline hcl</i> (Dynacin)	2		
<i>tetracycline hcl</i> (Ala-tet)	2		
TYGACIL	5	HI	
Anticancer Agents			
Anticancer Agents			
ABRAXANE	5	HI	
ADCETRIS	5	PA NSO, QL: 3 in 21 days	
AFINITOR DISPERZ	5	PA NSO, QL: 112 in 28 days	
AFINITOR	5	PA NSO, QL: 28 in 28 days	
ALIMTA	5	HI	
<i>anastrozole</i> (Arimidex)	2	PA NSO	
ARRANON	5	HI	
ARZERRA	5	HI, PA NSO, QL: 80 in 30 days	
AVASTIN	5	HI, PA NSO	
<i>azacitidine</i> (Vidaza)	5		
BELEODAQ	5	PA NSO	
BEXXAR	5	HI	
<i>bicalutamide</i> (Casodex)	2		
BICNU	4	HI	
<i>bleomycin sulfate</i> (Bleomycin Sulfate)	2	PA BvD	
BOSULIF	5	PA NSO, QL: 120 in 30 days	tablet: 100mg
BOSULIF	5	PA NSO, QL: 30 in 30 days	tablet: 500mg
BUSULFEX	5	HI	
CAPRELSA	5	PA NSO, QL: 30 in 30 days	tablet: 300mg

Drug Name	Drug Tier	Requirements/Limits	
CAPRELSA	5	PA NSO, QL: 60 in 30 days	tablet: 100mg
<i>carboplatin</i> (Carboplatin)	2	HI	
CEENU	3		capsule: 100mg
CEENU	3		capsule: 10mg, 40mg
<i>cisplatin</i> (Cisplatin)	2	HI	
<i>cladribine</i> (Leustatin)	2	PA BvD	
CLOLAR	5	HI	
COMETRIQ	5	PA NSO, QL: 112 in 28 days	
<i>cyclophosphamide</i> (Cyclophosphamide)	2	PA BvD, ST	tablet
<i>cyclophosphamide</i> (Cytoxan)	2	PA BvD	vial
CYCLOPHOSPHAMIDE	4	PA BvD, ST	
CYRAMZA	5	PA NSO	
<i>cytarabine/pf</i> (Cytarabine/PF)	2	PA BvD	vial: 1g, 100mg
<i>cytarabine/pf</i> (Cytarabine/PF)	2	PA BvD	vial: 500mg
<i>dacarbazine</i> (Dtic-Dome IV)	2	HI	
<i>dactinomycin</i> (Cosmegen)	2	HI	
<i>daunorubicin hcl</i> (Cerubidine)	2	HI	
DAUNOXOME	4	HI	
<i>decitabine</i> (Dacogen)	5	HI	
DOCEFREZ	5	HI	
<i>docetaxel</i> (Taxotere)	5	HI	vial: 20mg/2ml, 20mg/ml(1)
<i>docetaxel</i> (Taxotere)	5	HI	vial: fnl20mg/2
<i>doxorubicin hcl peg-liposomal</i> (Doxil)	5	PA BvD	
<i>doxorubicin hcl</i> (Adriamycin RDF)	2	PA BvD	vial: 10mg
DROXIA	3		
ELIGARD	4	QL: 1 in 112 days	syringe: 30mg
ELIGARD	4	QL: 1 in 28 days	syringe: 7.5mg
ELIGARD	4	QL: 1 in 84 days	syringe: 22.5mg
ELIGARD	5	QL: 1 in 168 days	syringe: 45mg
ELSPAR	3	HI	
EMCYT	3		

Drug Name	Drug Tier	Requirements/Limits	
<i>epirubicin hcl</i> (Ellence)	2	HI	
ERBITUX	5	HI, PA NSO	
ERIVEDGE	5	PA NSO, QL: 30 in 30 days	
ERWINAZE	5	PA NSO, QL: 60 in 30 days	
ETOPOPHOS	4	HI	
<i>etoposide</i> (Etoposide)	2	HI	
<i>exemestane</i> (Aromasin)	2	PA NSO	
FARESTON	5		
FASLODEX	5		
FIRMAGON	4		
<i>floxuridine</i> (FUDR)	2	PA BvD	
<i>fludarabine phosphate</i> (Fludara)	5	HI	
<i>fluorouracil</i> (Fluorouracil)	2	PA BvD	vial: 1g/20ml
<i>fluorouracil</i> (Fluorouracil)	2	PA BvD	vial: 500mg/10ml
<i>flutamide</i> (Flutamide)	2		
FOLOTYN	5	HI	
GAZYVA	5	PA NSO	
<i>gemcitabine hcl</i> (Gemzar)	5	HI	
GILOTRIF	5	PA NSO, QL: 30 in 30 days	
GLEEVEC	5	PA NSO, QL: 60 in 30 days	tablet: 400mg
GLEEVEC	5	PA NSO, QL: 90 in 30 days	tablet: 100mg
HALAVEN	5	PA NSO, QL: 24 in 28 days	
HERCEPTIN	5	PA NSO	
HEXALEN	5		
<i>hydroxyurea</i> (Hydrea)	2		
ICLUSIG	5	PA NSO, QL: 30 in 30 days	tablet: 45mg

Drug Name	Drug Tier	Requirements/Limits	
ICLUSIG	5	PA NSO, QL: 60 in 30 days	tablet: 15mg
<i>idarubicin hcl</i> (Idamycin Pfs)	2	HI	
<i>ifosfamide</i> (Ifex)	2	PA BvD	
<i>ifosfamide/mesna</i> (Ifex-mesnex)	5	PA BvD	kit: 1g-1g, 3g-1g
IMBRUVICA	5	PA NSO, QL: 120 in 30 days	
INLYTA	5	PA NSO, QL: 180 in 30 days	tablet: 1mg
INLYTA	5	PA NSO, QL: 60 in 30 days	tablet: 5mg
<i>irinotecan hcl</i> (Camptosar)	5	HI	
ISTODAX	5	PA NSO	
IXEMPRA	5	HI	
JAKAFI	5	PA NSO, QL: 60 in 30 days	
JEVTANA	5	HI	
KADCYLA	5	PA NSO, QL: 2 in 21 days	
KYPROLIS	5	PA NSO, QL: 6 in 21 days	
<i>letrozole</i> (Femara)	2	PA NSO	
LEUKERAN	4		
<i>leuprolide acetate</i> (Leuprolide Acetate)	2	QL: 2 in 28 days	
<i>lomustine</i> (Ceenu)	2		
LUPRON DEPOT	5	QL: 1 in 168 days	syringekit: 45mg
LUPRON DEPOT	5	QL: 1 in 28 days	syringekit: 3.75mg
LUPRON DEPOT	5	QL: 1 in 84 days	syringekit: 11.25mg, 22.5mg
LUPRON DEPOT-PED	5	QL: 1 in 112 days	syringekit: 30mg
LUPRON DEPOT-PED	5	QL: 1 in 28 days	kit, syringekit: 11.25mg

Drug Name	Drug Tier	Requirements/Limits	
LYSODREN	3		
MARQIBO	5	PA NSO, QL: 4 in 28 days	
MATULANE	5		
MEGACE ES	3		
<i>megestrol acetate</i> (Megace)	2		
MEKINIST	5	PA NSO, QL: 30 in 30 days	tablet: 2mg
MEKINIST	5	PA NSO, QL: 90 in 30 days	tablet: 0.5mg
<i>melphalan hcl</i> (Alkeran)	5	HI	
<i>mercaptopurine</i> (Purinethol)	2		
<i>methotrexate sodium</i> (Methotrexate Sodium)	2	PA BvD, ST	tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	2	PA BvD	vial
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/ PF)	2	PA BvD	
<i>mitomycin</i> (Mitomycin)	2	PA BvD	
<i>mitoxantrone hcl</i> (Novantrone)	2	HI	
MUSTARGEN	3	HI	
NEXAVAR	5	PA NSO, QL: 120 in 30 days	
NILANDRON	3		
ONCASPAR	5		
ONTAK	5	HI	
<i>oxaliplatin</i> (Eloxatin)	5	HI	
<i>paclitaxel</i> (Taxol)	2	HI	
<i>pentostatin</i> (Nipent)	5	HI	
PERJETA	5	PA NSO, QL: 14 in 21 days	
POMALYST	5	PA NSO, QL: 21 in 28 days	
PROLEUKIN	5	HI	
PURIXAN	5		

Drug Name	Drug Tier	Requirements/Limits	
REVLIMID	5	LA, PA NSO, QL: 28 in 28 days	
RITUXAN	5	HI, PA NSO	
SOLTAMOX	4		
SPRYCEL	5	PA NSO, QL: 30 in 30 days	
STIVARGA	5	PA NSO, QL: 84 in 28 days	
SUTENT	5	PA NSO, QL: 30 in 30 days	
SYLVANT	5	PA NSO	vial: 100mg
SYLVANT	5	PA NSO	vial: 400mg
SYNRIBO	5	PA NSO, QL: 28 in 28 days	
TABLOID	3		
TAFINLAR	5	PA NSO, QL: 120 in 30 days	
<i>tamoxifen citrate</i> (Nolvadex)	2		
TARCEVA	5	PA NSO, QL: 30 in 30 days	
TARGRETIN	5	PA NSO, QL: 420 in 30 days	
TASIGNA	5	PA NSO, QL: 112 in 28 days	
TEMODAR	5	PA NSO	(vial only)
<i>teniposide</i> (Teniposide)	2	HI	
<i>thiotepa</i> (Thiotepa)	2	HI	
<i>topotecan hcl</i> (Hycamtin)	5	HI	
TORISEL	5	PA BvD, QL: 4 in 28 days	
TREANDA	5		

Drug Name	Drug Tier	Requirements/Limits	
TRELSTAR	5	QL: 1 in 168 days	vial
TRELSTAR	5	QL: 1 in 28 days	syringe: 3.75mg/2ml
TRELSTAR	5	QL: 1 in 84 days	syringe: 11.25/2ml
<i>tretinoin</i> (Tretinoin)	5		(capsule: 10mg)
TREXALL	4	PA BvD, ST	
TRISENOX	5	HI	
TYKERB	5		
VALSTAR	5		
VECTIBIX	5	HI, PA NSO	
VELCADE	5	HI, PA NSO	
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	2	PA BvD	
<i>vincristine sulfate</i> (Vincristine Sulfate)	2	PA BvD	
<i>vinorelbine tartrate</i> (Navelbine)	2	HI	
VOTRIENT	5	PA NSO, QL: 120 in 30 days	
VUMON	4	HI	
XALKORI	5	PA NSO, QL: 60 in 30 days	
XTANDI	5	PA NSO, QL: 120 in 30 days	
YERVOY	5	PA NSO	
ZALTRAP	5	PA NSO	
ZANOSAR	3	HI	
ZELBORAF	5	PA NSO, QL: 240 in 30 days	
ZOLADEX	4	QL: 1 in 28 days	implant: 3.6mg
ZOLADEX	4	QL: 1 in 84 days	implant: 10.8mg
ZOLINZA	5		

Drug Name	Drug Tier	Requirements/Limits	
ZYDELIG	5	PA NSO, QL: 60 in 30 days	
ZYKADIA	5	PA NSO, QL: 140 in 28 days	
ZYTIGA	5	PA NSO, QL: 120 in 30 days	
Anticholinergic Agents			
Antimuscarinics/antispasmodics			
ANORO ELLIPTA	3	QL: 60 in 30 days	
<i>atropine sulfate</i> (Atropine Sulfate)	2		syringe
<i>atropine sulfate</i> (Atropine Sulfate)	2		vial
<i>propantheline bromide</i> (Propantheline Bromide)	2		
Anticonvulsants			
Anticonvulsants			
APTIOM	4	ST	
BANZEL	4	ST	
<i>carbamazepine</i> (Tegretol)	2		
CELONTIN	3		
DILANTIN	3		capsule: 30mg
<i>divalproex sodium</i> (Depakote ER)	2		
<i>ethosuximide</i> (Zarontin)	2		
<i>felbamate</i> (Felbatol)	2		
<i>fosphenytoin sodium</i> (Cerebyx)	2	HI	
FYCOMPA	3	ST	
<i>gabapentin</i> (Neurontin)	2		
GABITRIL	3		tablet: 12mg, 16mg
LAMICTAL	4		tb chw dsp: 2mg
<i>lamotrigine</i> (Lamictal (blue))	2		tab ds pk
<i>lamotrigine</i> (Lamictal)	2		tab er 24, tablet, tb chw dsp
<i>levetiracetam in nacl (iso-os)</i> (Levetiracetam In Nacl (iso-os))	2	HI	
<i>levetiracetam</i> (Keppra)	2		solution, tab er 24h, tablet
<i>levetiracetam</i> (Keppra)	2	HI	vial
LUMINAL SODIUM	4	QL: 2 in 30 days	syringe
LYRICA	3	QL: 90 in 30 days	capsule

Drug Name	Drug Tier	Requirements/Limits	
LYRICA	3	QL: 900 in 30 days	solution
<i>oxcarbazepine</i> (Trileptal)	2		
OXTELLAR XR	4	ST	
PEGANONE	3		
<i>phenobarbital sodium</i> (Phenobarbital Sodium)	2	QL: 2 in 30 days	vial: 65mg/ml, 130mg/ml
<i>phenobarbital</i> (Phenobarbital)	2	QL: 1500 in 30 days	elixir: 20mg/5ml
<i>phenobarbital</i> (Phenobarbital)	2	QL: 200 in 30 days	tablet: 30mg
<i>phenobarbital</i> (Phenobarbital)	2	QL: 90 in 30 days	tablet: 15mg, 16.2mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg
PHENYTEK	3		
<i>phenytoin sodium extended</i> (Dilantin)	2		
<i>phenytoin sodium</i> (Phenytoin Sodium)	2	HI	ampul
<i>phenytoin sodium</i> (Phenytoin Sodium)	2	HI	syringe
<i>phenytoin</i> (Dilantin)	2		
POTIGA	4	ST, QL: 270 in 30 days	tablet: 50mg
POTIGA	4	ST, QL: 90 in 30 days	tablet: 200mg, 300mg, 400mg
<i>primidone</i> (Mysoline)	2		
QUDEXY XR	4	ST	
SABRIL	5		
TEGRETOL XR	3		tab er 12h: 100mg
<i>tiagabine hcl</i> (Gabitril)	2		
<i>topiramate</i> (Topamax)	2		cap sprink, tablet
<i>topiramate</i> (Topiramate)	2		cap spr 24
TRILEPTAL	4		oral susp
TROKENDI XR	4	ST	
<i>valproic acid (as sodium salt)</i> (Depacon)	2	HI	vial
<i>valproic acid (as sodium salt)</i> (Depakene)	2		solution
<i>valproic acid</i> (Depakene)	2		
VIMPAT	4	ST, QL: 1200 in 30 days	solution

Drug Name	Drug Tier	Requirements/Limits	
VIMPAT	4	ST, QL: 200 in 5 days	vial
VIMPAT	4	ST, QL: 60 in 30 days	tablet
<i>zonisamide</i> (Zonegran)	2		
Antidementia Agents			
Antidementia Agents			
<i>donepezil hcl</i> (Aricept)	2	QL: 30 in 30 days	
EXELON	3	QL: 30 in 30 days	patch td24
EXELON	4	QL: 232 in 30 days	solution
<i>galantamine hbr</i> (Razadyne ER)	2	QL: 30 in 30 days	cap24h pel
<i>galantamine hbr</i> (Razadyne)	2	QL: 200 in 30 days	solution
<i>galantamine hbr</i> (Razadyne)	2	QL: 60 in 30 days	tablet
NAMENDA XR	3	QL: 28 in 28 days	cap24 dspk
NAMENDA XR	3	QL: 30 in 30 days	cap spr 24
NAMENDA	3	QL: 360 in 30 days	solution
NAMENDA	3	QL: 49 in 28 days	tab ds pk
NAMENDA	3	QL: 60 in 30 days	tablet
<i>rivastigmine tartrate</i> (Exelon)	2	QL: 60 in 30 days	
Antidepressants			
Antidepressants			
<i>amitriptyline hcl</i> (Amitriptyline HCl)	2	PA NSO	(High Risk Med for Ages 65 and Older)
<i>amoxapine</i> (Amoxapine)	2		
BRINTELLIX	4	ST	
<i>bupropion hcl</i> (Wellbutrin XL)	2		
<i>citalopram hydrobromide</i> (Celexa)	1	QL: 30 in 30 days	tablet
<i>citalopram hydrobromide</i> (Celexa)	2		solution

Drug Name		Drug Tier	Requirements/Limits	
<i>clomipramine hcl</i>	(Anafranil)	2	PA NSO	(High Risk Med for Ages 65 and Older)
<i>desipramine hcl</i>	(Norpramin)	2		
DESVENLAFAXINE ER		4	ST, QL: 30 in 30 days	
<i>doxepin hcl</i>	(Doxepin HCl)	2	PA NSO	(High Risk Med for Ages 65 and Older)
<i>duloxetine hcl</i>	(Cymbalta)	2	QL: 30 in 30 days	capsule dr: 30mg
<i>duloxetine hcl</i>	(Cymbalta)	2	QL: 60 in 30 days	capsule dr: 20mg, 60mg
EMSAM		4	QL: 30 in 30 days	
<i>escitalopram oxalate</i>	(Lexapro)	2	QL: 30 in 30 days	tablet
<i>escitalopram oxalate</i>	(Lexapro)	2	QL: 697 in 30 days	solution
FETZIMA		4	ST	
<i>fluoxetine hcl</i>	(Prozac)	1		capsule
<i>fluoxetine hcl</i>	(Rapiflux)	2		capsule dr, solution, tablet
<i>fluvoxamine maleate</i>	(Fluvoxamine Maleate)	2		
<i>imipramine hcl</i>	(Tofranil)	2	PA NSO	(High Risk Med for Ages 65 and Older)
<i>imipramine pamoate</i>	(Tofranil-PM)	2	PA NSO	(High Risk Med for Ages 65 and Older)
KHEDEZLA		4	ST, QL: 30 in 30 days	
<i>maprotiline hcl</i>	(Maprotiline HCl)	2		
MARPLAN		4		
<i>mirtazapine</i>	(Remeron)	2		
<i>nefazodone hcl</i>	(Nefazodone HCl)	2		
<i>nortriptyline hcl</i>	(Pamelor)	2		
<i>olanzapine/fluoxetine hcl</i>	(Symbyax)	2		
<i>paroxetine hcl</i>	(Paxil)	2		
PAXIL		4		oral susp
<i>perphenazine/ amitriptyline hcl</i>	(Perphenazine/ amitriptyline HCl)	2	PA NSO	(High Risk Med for Ages 65 and Older)
<i>phenelzine sulfate</i>	(Nardil)	2		
PRISTIQ ER		4	ST, QL: 30 in 30 days	
<i>protriptyline hcl</i>	(Vivactil)	2		
<i>sertraline hcl</i>	(Zoloft)	1		tablet

Drug Name	Drug Tier	Requirements/Limits	
<i>sertraline hcl</i> (Zoloft)	2		oral conc
SILENOR	3	QL: 30 in 30 days	
<i>tranylcypromine sulfate</i> (Parnate)	2		
<i>trazodone hcl</i> (Trazodone HCl)	1		
<i>trimipramine maleate</i> (Trimipramine Maleate)	2	PA NSO	(High Risk Med for Ages 65 and Older)
VENLAFAXINE HCL ER	2		tab er 24: 37.5mg, 75mg, 150mg
VENLAFAXINE HCL ER	4		tab er 24: 225mg
<i>venlafaxine hcl</i> (Effexor XR)	2		
VIIBRYD	4	PA NSO, QL: 30 in 30 days	
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose</i> (Precose)	2	QL: 90 in 30 days	
BYDUREON PEN	3	ST, QL: 4 in 28 days	
BYDUREON	3	ST, QL: 4 in 28 days	
BYETTA	4	ST, QL: 1.2 in 28 days	pen injctr: 5mcg/0.02
BYETTA	4	ST, QL: 2.4 in 28 days	pen injctr: 10mcg/0.04
CYCLOSET	4	QL: 180 in 30 days	
GLYSET	4	QL: 90 in 30 days	
INVOKAMET	3	ST, QL: 120 in 30 days	tablet: 50mg-500mg
INVOKAMET	3	ST, QL: 60 in 30 days	tablet: 50-1000mg, 150-1000mg, 150-500mg
INVOKANA	3	ST, QL: 30 in 30 days	tablet: 300mg
INVOKANA	3	ST, QL: 60 in 30 days	tablet: 100mg

Drug Name	Drug Tier	Requirements/Limits	
JANUMET XR	3	QL: 30 in 30 days	tbmp 24hr: 50mg-500mg, 100-1000mg
JANUMET XR	3	QL: 60 in 30 days	tbmp 24hr: 50-1000mg
JANUMET	3	QL: 60 in 30 days	
JANUVIA	3	QL: 30 in 30 days	
JENTADUETO	3	QL: 60 in 30 days	
JUVISYNC	3	QL: 30 in 30 days	
KORLYM	5	PA, QL: 112 in 28 days	
<i>metformin hcl</i> (Fortamet)	2	QL: 120 in 30 days	tab er 24h: 500mg
<i>metformin hcl</i> (Fortamet)	2	QL: 60 in 30 days	tab er 24
<i>metformin hcl</i> (Fortamet)	2	QL: 90 in 30 days	tab er 24h: 750mg
<i>metformin hcl</i> (Glucophage)	1	QL: 150 in 30 days	tablet: 500mg
<i>metformin hcl</i> (Glucophage)	1	QL: 60 in 30 days	tablet: 1000mg
<i>metformin hcl</i> (Glucophage)	1	QL: 90 in 30 days	tablet: 850mg
<i>nateglinide</i> (Starlix)	2	QL: 90 in 30 days	
PRANDIMET	3	QL: 150 in 30 days	
<i>repaglinide</i> (Prandin)	2	QL: 240 in 30 days	
SYMLIN	4	PA, QL: 20 in 28 days	
SYMLINPEN 120	4	PA, QL: 10.8 in 28 days	
SYMLINPEN 60	4	PA, QL: 6 in 28 days	
TANZEUM	3	ST	

Drug Name	Drug Tier	Requirements/Limits	
TRADJENTA	3	QL: 30 in 30 days	
VICTOZA 3-PAK	4	PA, QL: 9 in 28 days	
Insulins			
HUMALOG MIX 50-50	3	QL: 30 in 28 days	insuln pen
HUMALOG MIX 50-50	3	QL: 40 in 28 days	vial
HUMALOG MIX 75-25	3	QL: 30 in 28 days	insuln pen
HUMALOG MIX 75-25	3	QL: 40 in 28 days	vial
HUMALOG	3	QL: 30 in 28 days	cartridge
HUMALOG	3	QL: 40 in 28 days	vial
HUMULIN 70-30	3	QL: 30 in 28 days	insuln pen
HUMULIN 70-30	3	QL: 40 in 28 days	vial
HUMULIN N	3	QL: 30 in 28 days	insuln pen
HUMULIN N	3	QL: 40 in 28 days	vial
HUMULIN R	3	QL: 40 in 28 days	
LANTUS SOLOSTAR	3	QL: 30 in 28 days	
LANTUS	3	QL: 40 in 28 days	
LEVEMIR FLEXPEN	3	ST, QL: 30 in 28 days	
LEVEMIR	3	ST, QL: 40 in 28 days	
NOVOLIN 70-30	3	QL: 30 in 28 days	cartridge
NOVOLIN 70-30	3	QL: 40 in 28 days	vial
NOVOLIN N	3	QL: 30 in 28 days	cartridge
NOVOLIN N	3	QL: 40 in 28 days	vial

Drug Name	Drug Tier	Requirements/Limits	
NOVOLIN R	3	QL: 30 in 28 days	cartridge
NOVOLIN R	3	QL: 40 in 28 days	vial
NOVOLOG FLEXPEN	3	QL: 30 in 28 days	
NOVOLOG MIX 70-30 FLEXPEN	3	QL: 30 in 28 days	
NOVOLOG MIX 70-30	3	QL: 40 in 28 days	
NOVOLOG	3	QL: 40 in 28 days	
Sulfonylureas			
<i>glimepiride</i> (Amaryl)	1	QL: 30 in 30 days	tablet: 1mg, 2mg
<i>glimepiride</i> (Amaryl)	1	QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i> (Glucotrol XL)	2	QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
<i>glipizide</i> (Glucotrol XL)	2	QL: 60 in 30 days	tab er 24: 10mg
<i>glipizide</i> (Glucotrol)	1	QL: 120 in 30 days	tablet: 10mg
<i>glipizide</i> (Glucotrol)	1	QL: 60 in 30 days	tablet: 5mg
<i>glipizide/metformin hcl</i> (Metaglip)	2	QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glipizide/metformin hcl</i> (Metaglip)	2	QL: 240 in 30 days	tablet: 2.5-250mg
<i>glyburide</i> (Micronase)	2	PA, QL: 120 in 30 days	tablet: 5mg, (High Risk Med for Ages 65 and Older)
<i>glyburide</i> (Micronase)	2	PA, QL: 30 in 30 days	tablet: 1.25mg, 2.5mg, (High Risk Med for Ages 65 and Older)
<i>glyburide,micronized</i> (Glynase)	2	PA, QL: 30 in 30 days	tablet: 1.5mg, 3mg, (High Risk Med for Ages 65 and Older)
<i>glyburide,micronized</i> (Glynase)	2	PA, QL: 60 in 30 days	tablet: 6mg, (High Risk Med for Ages 65 and Older)

Drug Name	Drug Tier	Requirements/Limits	
<i>glyburide/metformin hcl</i> (Glucovance)	2	PA, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg- 500mg, (High Risk Med for Ages 65 and Older)
<i>glyburide/metformin hcl</i> (Glucovance)	2	PA, QL: 240 in 30 days	tablet: 1.25-250mg, (High Risk Med for Ages 65 and Older)
<i>tolazamide</i> (Tolazamide)	2	QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i> (Tolazamide)	2	QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i> (Tolbutamide)	2	QL: 180 in 30 days	
Thiazolidinediones			
ACTOPLUS MET XR	3	QL: 60 in 30 days	
AVANDAMET	4	PA, QL: 60 in 30 days	
AVANDARYL	4	PA, QL: 30 in 30 days	
AVANDIA	4	PA, QL: 30 in 30 days	
<i>pioglitazone hcl</i> (Actos)	2	QL: 30 in 30 days	
<i>pioglitazone hcl/ glimepiride</i> (Duetact)	2	QL: 30 in 30 days	
<i>pioglitazone hcl/ metformin hcl</i> (Actoplus Met)	2	QL: 90 in 30 days	
Antifungals			
Antifungals			
ABELCET	5	PA BvD	
<i>amphotericin b</i> (Amphotericin B)	2	PA BvD	
CANCIDAS	5	HI	
<i>ciclopirox olamine</i> (Loprox)	2		
<i>ciclopirox</i> (Penlac)	2		
<i>clotrimazole</i> (Mycelex)	2		
<i>clotrimazole/ betamethasone dip</i> (Lotrisone)	2		
<i>econazole nitrate</i> (Spectazole)	2		

Drug Name	Drug Tier	Requirements/Limits	
ERAXIS (WATER DILUENT)	5	HI	
EXELDERM	4		
<i>fluconazole in nacl, iso-osm</i> (Diflucan in Saline)	2	HI	
<i>fluconazole</i> (Diflucan)	1		tablet
<i>fluconazole</i> (Diflucan)	2		susp recon
<i>flucytosine</i> (Ancobon)	5		
<i>griseofulvin ultramicrosize</i> (Gris-peg)	2		
<i>griseofulvin, microsize</i> (Griseofulvin, Microsize)	2		
<i>itraconazole</i> (Sporanox)	2		
<i>ketoconazole</i> (Kuric)	2		
NOXAFIL	5		oral susp, tablet dr
NOXAFIL	5	HI	vial
<i>nystatin</i> (Nystatin)	2		
<i>nystatin/triamcin</i> (Mycogen II)	2		
SPORANOX	4		solution
<i>terbinafine hcl</i> (Lamisil)	2		
<i>voriconazole</i> (Vfend IV)	2	HI	vial
<i>voriconazole</i> (Vfend)	5		susp recon, tablet
Antihistamines			
Antihistamines			
<i>carbinoxamine maleate</i> (Carbinoxamine Maleate)	2	PA	liquid: 4mg/5ml; tablet: 4mg
<i>carbinoxamine maleate</i> (Palgic)	2	PA	liquid: 4mg/5ml; tablet: 4mg, (High Risk Med for Ages 65 and Older)
<i>clemastine fumarate</i> (Clemastine Fumarate)	2	PA	syrup, tablet: 2.68mg, (High Risk Med for Ages 65 and Older)
<i>clemastine fumarate</i> (Clemastine Fumarate)	2	PA	tablet: 1.34mg, (High Risk Med for Ages 65 and Older)
<i>clemastine fumarate</i> (Tavist)	2	PA	syrup, tablet: 2.68mg
<i>cyproheptadine hcl</i> (Cyproheptadine HCl)	2	PA	(High Risk Med for Ages 65 and Older)
<i>diphenhydramine hcl</i> (Benadryl)	2		vial
<i>diphenhydramine hcl</i> (Diphenhydramine HCl)	2		syringe
<i>levocetirizine dihydrochloride</i> (Xyzal)	2		
<i>p-epd tan/chlor-tan</i> (P-epd Tan/chlor-tan)	2		

Drug Name		Drug Tier	Requirements/Limits	
<i>promethazine hcl</i>	(Promethazine HCl)	2	PA	(High Risk Med for Ages 65 and Older)
<i>tripeleennamine hcl</i>	(Tripeleennamine HCl)	2		
Anti-infectives (Skin and Mucous Membrane)				
Anti-infectives (Skin and Mucous Membrane)				
AVC		3		
<i>clindamycin phosphate</i>	(Cleocin)	2		
<i>metronidazole</i>	(Metrogel-vaginal)	2		
<i>miconazole nitrate</i>	(Monistat 3)	2		
<i>sod propion/inositol/aa14/urea</i>	(Sod Propion/inositol/aa14/urea)	2		
<i>terconazole</i>	(Terazol 3)	2		
Antimigraine Agents				
Antimigraine Agents				
<i>dihydroergotamine mesylate</i>	(D.H.E. 45)	2	QL: 30 in 28 days	ampul
<i>dihydroergotamine mesylate</i>	(Migranal)	2	QL: 4 in 28 days	spray/pump
ERGOMAR		3	QL: 40 in 28 days	
<i>naratriptan hcl</i>	(Amerge)	2	QL: 18 in 28 days	
<i>rizatriptan benzoate</i>	(Maxalt Mlt)	2	QL: 18 in 28 days	
<i>sumatriptan succinate</i>	(Imitrex)	2	QL: 18 in 28 days	tablet
<i>sumatriptan succinate</i>	(Imitrex)	2	QL: 4 in 28 days	cartridge: 4mg/0.5ml
<i>sumatriptan succinate</i>	(Imitrex)	2	QL: 4 in 28 days	cartridge: 6mg/0.5ml; vial
<i>sumatriptan</i>	(Imitrex)	2	QL: 12 in 28 days	
<i>zolmitriptan</i>	(Zomig)	2	QL: 12 in 28 days	
Antimycobacterials				
Antimycobacterials				
CAPASTAT SULFATE		4	HI	
<i>dapsone</i>	(Dapsone)	2		
<i>ethambutol hcl</i>	(Myambutol)	2		
<i>isoniazid</i>	(Isoniazid)	1		tablet
<i>isoniazid</i>	(Isoniazid)	2		solution, vial
PASER		4		

Drug Name	Drug Tier	Requirements/Limits	
PRIFTIN	4		
<i>rifabutin</i> (Mycobutin)	2		
<i>rifampin</i> (Rifadin)	2		capsule
<i>rifampin</i> (Rifadin)	2	HI	vial
RIFATER	4		
SEROMYCIN	4		
SIRTURO	5	PA, QL: 188 in 168 days	
TRECTOR	4		
Antinausea Agents			
Antinausea Agents			
CESAMET	4	QL: 180 in 30 days	
<i>dimenhydrinate</i> (Dimenhydrinate)	2		
<i>dronabinol</i> (Marinol)	2		
EMEND	4	PA BvD, QL: 1 per fill	capsule: 40mg, 125mg
EMEND	4	PA BvD, QL: 2 per fill	capsule: 80mg
EMEND	4	PA BvD, QL: 3 per fill	cap ds pk
EMEND	4	QL: 2 in 28 days	vial
<i>granisetron hcl</i> (Granisetron HCl)	2	PA BvD	solution
<i>granisetron hcl</i> (Kytril)	2		vial
<i>granisetron hcl</i> (Kytril)	2	PA BvD	tablet
<i>granisetron hcl/pf</i> (Kytril)	2		
<i>meclizine hcl</i> (Antivert)	2		
<i>ondansetron hcl</i> (Zofran)	2		vial
<i>ondansetron hcl</i> (Zofran)	2	PA BvD	solution, tablet
<i>ondansetron</i> (Zofran Odt)	2	PA BvD	
<i>prochlorperazine edisylate</i> (Compazine)	2		
<i>prochlorperazine maleate</i> (Compazine)	1		tablet
<i>prochlorperazine maleate</i> (Compazine)	2		supp.rect
<i>promethazine hcl</i> (Promethazine HCl)	2	PA	supp.rect, tablet
<i>promethazine hcl</i> (Promethazine HCl)	2	PA	supp.rect, tablet, (High Risk Med for Ages 65 and Older)

Drug Name	Drug Tier	Requirements/Limits	
Antiparasite Agents			
Antiparasite Agents			
ALBENZA	4		
ALINIA	4		
<i>atovaquone</i> (Mepron)	5		
<i>atovaquone/proguanil hcl</i> (Malarone)	2		
BILTRICIDE	4		
COARTEM	4		
DARAPRIM	4		
HALFAN	4		
<i>hydroxychloroquine sulfate</i> (Plaquenil)	2		
<i>mefloquine hcl</i> (Lariam)	2		
<i>metronidazole</i> (Flagyl)	2		
<i>metronidazole/sodium chloride</i> (Metro IV)	2	HI	
NEBUPENT	4	PA BvD	
<i>paromomycin sulfate</i> (Paromomycin Sulfate)	2		
PENTAM 300	4	HI	
<i>pentamidine isethionate</i> (Pentam 300)	2	HI	
PRIMAQUINE	4	QL: 90 in 30 days	
<i>quinine sulfate</i> (Qualaquin)	2	PA, QL: 42 in 30 days	
STROMECTOL	3		
<i>tinidazole</i> (Tindamax)	2		
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl</i> (Amantadine HCl)	2		
APOKYN	5	QL: 60 in 30 days	
AZILECT	3		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	PA	tablet
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	PA	tablet, (High Risk Med for Ages 65 and Older)
<i>benztropine mesylate</i> (Benztropine Mesylate)	2	PA	vial, (High Risk Med for Ages 65 and Older)
<i>bromocriptine mesylate</i> (Parlodel)	2		
<i>cabergoline</i> (Cabergoline)	2		
<i>carbidopa</i> (Lodosyn)	2		
<i>carbidopa/levodopa</i> (Sinemet 10-100)	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>carbidopa/levodopa/entacapone</i> (Stalevo 50)	2		
<i>entacapone</i> (Comtan)	2		
NEUPRO	3	ST, QL: 30 in 30 days	
<i>pramipexole di-hcl</i> (Mirapex)	2		
<i>ropinirole hcl</i> (Requip)	2		
<i>selegiline hcl</i> (Eldepryl)	2		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	2	PA	(High Risk Med for Ages 65 and Older)
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY DISCMELT	3	ST, QL: 60 in 30 days	tab rapdis: 15mg
ABILIFY DISCMELT	3	ST, QL: 90 in 30 days	tab rapdis: 10mg
ABILIFY MAINTENA	5	QL: 1 in 28 days	
ABILIFY	3	ST, QL: 161.2 in 28 days	vial
ABILIFY	3	ST, QL: 30 in 30 days	tablet: 5mg, 10mg, 15mg, 20mg, 30mg
ABILIFY	3	ST, QL: 60 in 30 days	tablet: 2mg
ABILIFY	3	ST, QL: 900 in 30 days	solution
ADASUVE	5		
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	2		ampul, tablet
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	2		oral conc.
<i>clozapine</i> (Clozaril)	2	QL: 135 in 30 days	tablet: 200mg
<i>clozapine</i> (Clozaril)	2	QL: 270 in 30 days	tablet: 100mg
<i>clozapine</i> (Clozaril)	2	QL: 90 in 30 days	tablet: 25mg, 50mg
<i>clozapine</i> (Fazaclo)	2	ST, QL: 90 in 30 days	tab rapdis
FANAPT	4	ST, QL: 60 in 30 days	tablet

Drug Name	Drug Tier	Requirements/Limits	
FANAPT	4	ST, QL: 8 in 28 days	tab ds pk
FAZACLO	4	ST, QL: 120 in 30 days	tab rapdis: 200mg
FAZACLO	4	ST, QL: 180 in 30 days	tab rapdis: 150mg
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	2		
<i>fluphenazine hcl</i> (Fluphenazine HCl)	2		
GEODON	4	QL: 6 in 28 days	vial
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	2		
<i>haloperidol lactate</i> (Haloperidol Lactate)	2		
<i>haloperidol</i> (Haloperidol)	2		
INVEGA SUSTENNA	3	QL: 0.25 in 28 days	syringe: 39mg/0.25
INVEGA SUSTENNA	3	QL: 0.5 in 28 days	syringe: 78mg/0.5ml
INVEGA SUSTENNA	5	QL: 0.75 in 28 days	syringe: 117mg/0.75
INVEGA SUSTENNA	5	QL: 1 in 28 days	syringe: 156mg/ml
INVEGA SUSTENNA	5	QL: 1.5 in 28 days	syringe: 234mg/1.5
INVEGA	4	ST, QL: 30 in 30 days	tab er 24: 1.5mg, 3mg, 9mg
INVEGA	4	ST, QL: 60 in 30 days	tab er 24: 6mg
LATUDA	4	ST, QL: 30 in 30 days	tablet: 20mg, 40mg, 60mg, 120mg
LATUDA	4	ST, QL: 60 in 30 days	tablet: 80mg
<i>loxapine succinate</i> (Loxitane)	2		
MOBAN	4		
<i>olanzapine</i> (Zyprexa Zydis)	2	QL: 31 in 30 days	tab rapdis: 20mg
<i>olanzapine</i> (Zyprexa)	2	QL: 30 in 30 days	tab rapdis: 5mg, 10mg, 15mg; tablet, vial
ORAP	4		
<i>perphenazine</i> (Perphenazine)	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>quetiapine fumarate</i> (Seroquel)	2	QL: 90 in 30 days	
RISPERDAL CONSTA	4	QL: 4 in 28 days	
<i>risperidone</i> (Risperdal M-tab)	2	QL: 120 in 30 days	tab rapdis: 3mg, 4mg
<i>risperidone</i> (Risperdal)	2	QL: 480 in 30 days	solution
<i>risperidone</i> (Risperdal)	2	QL: 60 in 30 days	tab rapdis: 0.25mg, 0.5mg, 1mg, 2mg; tablet
SAPHRIS	4	ST, QL: 60 in 30 days	
SEROQUEL XR	4	ST, QL: 30 in 30 days	tab er 24h: 200mg
SEROQUEL XR	4	ST, QL: 60 in 30 days	tab er 24h: 50mg, 150mg, 300mg, 400mg
<i>thioridazine hcl</i> (Thioridazine HCl)	2	PA NSO	oral conc., (High Risk Med for Ages 65 and Older)
<i>thioridazine hcl</i> (Thioridazine HCl)	2	PA NSO	tablet, (High Risk Med for Ages 65 and Older)
<i>thiothixene</i> (Navane)	2		
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	2		
VERSACLOZ	5	ST, QL: 540 in 30 days	
<i>ziprasidone hcl</i> (Geodon)	2	QL: 60 in 30 days	
ZYPREXA RELPREVV	5	QL: 2 in 28 days	
Antivirals (systemic)			
Antiretrovirals			
<i>abacavir sulfate</i> (Ziagen)	2		
<i>abacavir/lamivudine/zidovudine</i> (Trizivir)	5		
APTIVUS	4		solution
APTIVUS	5		capsule
ATRIPLA	5		
COMPLERA	5		
CRIXIVAN	4		
<i>didanosine</i> (Videx EC)	2		
EDURANT	5		
EMTRIVA	3		

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV	4	solution
EPIVIR	4	solution
EPZICOM	5	
FUZEON	5	
INTELENCE	3	tablet: 25mg
INTELENCE	5	tablet: 100mg, 200mg
INVIRASE	5	
ISENTRESS	3	powd pack, tab chew
ISENTRESS	5	tablet
KALETRA	3	tablet: 100mg-25mg
KALETRA	5	solution, tablet: 200mg-50mg
<i>lamivudine</i> (Epivir)	2	
<i>lamivudine/zidovudine</i> (Combivir)	5	
LEXIVA	3	oral susp
LEXIVA	5	tablet
<i>nevirapine</i> (Viramune)	2	
NORVIR	4	
PREZISTA	3	tablet: 75mg, 150mg
PREZISTA	4	oral susp
PREZISTA	5	tablet: 400mg
PREZISTA	5	tablet: 600mg, 800mg
RESCRIPTOR	4	
RETROVIR	3	HI vial
REYATAZ	3	capsule: 100mg
REYATAZ	5	capsule: 150mg, 200mg, 300mg
SELZENTRY	5	
<i>stavudine</i> (Zerit)	2	
STRIBILD	5	
SUSTIVA	4	capsule: 100mg
SUSTIVA	4	capsule: 50mg, 200mg; tablet
TIVICAY	5	
TRIUMEQ	5	
TRUVADA	5	
VIDEX	3	
VIRACEPT	4	
VIRAMUNE XR	3	tab er 24h: 100mg
VIREAD	5	
ZIAGEN	4	solution
<i>zidovudine</i> (Retrovir)	2	

Drug Name	Drug Tier	Requirements/Limits	
Antivirals, Miscellaneous			
<i>foscarnet sodium</i> (Foscavir)	2	PA BvD	
RELENZA	4		
<i>rimantadine hcl</i> (Flumadine)	2		
SYNAGIS	5		
TAMIFLU	3	QL: 42 in 180 days	capsule: 75mg
TAMIFLU	3	QL: 48 in 180 days	capsule: 45mg
TAMIFLU	3	QL: 540 in 180 days	susp recon
TAMIFLU	3	QL: 84 in 180 days	capsule: 30mg
Hcv Protease Inhibitors			
INCIVEK	5	PA, QL: 168 in 28 days	
OLYSIO	5	PA, QL: 28 in 28 days	
VICTRELIS	5	PA, QL: 336 in 28 days	
Interferons			
ALFERON N	5		
INTRON A	4	PA NSO	pen ij kit, vial: 18mmunit, 50mmunit
INTRON A	4	PA NSO	vial: 6mmunit/ml, 10mmunit
PEGASYS PROCLICK	5	PA	
PEGASYS	5	PA	
PEGINTRON REDIPEN	5	PA	
PEGINTRON	5	PA	
SYLATRON 4-PACK	5	PA NSO, QL: 1 in 28 days	
Nucleosides And Nucleotides			
<i>acyclovir sodium</i> (Acyclovir Sodium)	2	PA BvD	
<i>acyclovir</i> (Zovirax)	2		
<i>adefovir dipivoxil</i> (Hepsera)	5		
BARACLUDE	4		solution
BARACLUDE	5		tablet
<i>cidofovir</i> (Vistide)	5	HI	

Drug Name		Drug Tier	Requirements/Limits	
<i>entecavir</i>	(Baraclude)	5		
<i>famciclovir</i>	(Famvir)	2		
<i>ganciclovir sodium</i>	(Cytovene)	2	PA BvD	
<i>ribavirin</i>	(Rebetol)	2		capsule, tablet
<i>ribavirin</i>	(Ribatab)	5		tab ds pk: 200-400mg
<i>ribavirin</i>	(Ribatab)	5		tab ds pk: 400-400mg, 600-400mg
SOVALDI		5	PA, QL: 28 in 28 days	
TYZEKA		5		
<i>valacyclovir hcl</i>	(Valtrex)	2		
VALCYTE		5		tablet
Blood Products/modifiers/volume Expanders				
Anticoagulants				
CEPROTIN		5		
ELIQUIS		3		
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 13.6 in 30 days	syringe: 40mg/0.4ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 18 in 30 days	syringe: 30mg/0.3ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 20.4 in 30 days	syringe: 60mg/0.6ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 27.2 in 30 days	syringe: 80mg/0.8ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 36 in 30 days	vial
<i>enoxaparin sodium</i>	(Lovenox)	5	QL: 27.2 in 30 days	syringe: 120mg/.8ml
<i>enoxaparin sodium</i>	(Lovenox)	5	QL: 34 in 30 days	syringe: 150mg/ml
<i>enoxaparin sodium</i>	(Lovenox)	5	QL: 36 in 30 days	syringe: 100mg/ml
<i>fondaparinux sodium</i>	(Arixtra)	2	QL: 12 in 30 days	syringe: 5mg/0.4ml
<i>fondaparinux sodium</i>	(Arixtra)	2	QL: 15 in 30 days	syringe: 2.5mg/0.5
<i>fondaparinux sodium</i>	(Arixtra)	2	QL: 18 in 30 days	syringe: 7.5mg/0.6
<i>fondaparinux sodium</i>	(Arixtra)	2	QL: 24 in 30 days	syringe: 10mg/0.8ml

Drug Name		Drug Tier	Requirements/Limits	
<i>heparin sod,pork in 0.45% nacl</i>	(Heparin Sod,pork In 0.45% NaCl)	2	HI	
<i>heparin sodium,porcine</i>	(Hep-lock)	2	HI, PA BvD	(PA for ESRD Only)
<i>heparin sodium,porcine/d5w</i>	(Heparin Sodium, porcine/D5W)	2	HI	iv soln: 12500/250, 25000/500
<i>heparin sodium,porcine/d5w</i>	(Heparin Sodium, porcine/D5W)	2	HI	iv soln: 20k/500ml, 25000/250
<i>heparin sodium,porcine/ns/pf</i>	(Heparin Sodium, porcine/ns/PF)	2	HI	
<i>heparin sodium,porcine/pf</i>	(Heparin Sodium, porcine/PF)	2	HI, PA BvD	vial, (PA for ESRD Only)
<i>heparin sodium,porcine/pf</i>	(Heparin Sodium, porcine/PF)	2	HI	vial port
<i>heparin sodium,porcine/pf</i>	(Monoject Prefill Advanced)	2	HI, PA BvD	syringe, (PA for ESRD Only)
IPRIVASK		5	PA, QL: 24 in 28 days	
PRADAXA		4	PA, QL: 60 in 30 days	
<i>warfarin sodium</i>	(Coumadin)	1		
XARELTO		3		
Blood Formation Modifiers				
BERINERT		5	PA, QL: 9 in 30 days	
CINRYZE		5	PA, QL: 20 in 28 days	
EPOGEN		3	PA, QL: 12 in 28 days	
GRANIX		5		
LEUKINE		5		vial: 250mcg
LEUKINE		5		vial: 500mcg/ml
MOZOBIL		5	PA, QL: 9.6 per fill	
NEULASTA		5		
NEUMEGA		5		
NEUPOGEN		5		

Drug Name	Drug Tier	Requirements/Limits	
PROCRIT	3	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ml, 4000/ml, 10000/ml
PROCRIT	5	PA, QL: 12 in 28 days	vial: 20000/ml
PROCRIT	5	PA, QL: 6 in 28 days	vial: 40000/ml
PROMACTA	5	PA, QL: 30 in 30 days	
Hematologic Agents, Miscellaneous			
<i>aminocaproic acid</i> (Amicar)	2		
<i>anagrelide hcl</i> (Agrylin)	2		
<i>protamine sulfate</i> (Protamine Sulfate)	2	PA BvD	(PA for ESRD Only)
<i>tranexamic acid</i> (Lysteda)	2	QL: 30 in 30 days	tablet
<i>tranexamic acid</i> (Tranexamic Acid)	2		vial
Platelet-aggregation Inhibitors			
AGGRENOX	4	QL: 60 in 30 days	
BRILINTA	3		
<i>cilostazol</i> (Pletal)	2		
<i>clopidogrel bisulfate</i> (Plavix)	2		
EFFIENT	3	QL: 30 in 30 days	
<i>pentoxifylline</i> (Trental)	2		
Volume Expanders			
ALBUKED-25	4		
ALBUKED-5	4		
ALBUMIN (HUMAN)	4		
ALBUMINAR-25	4		
ALBUMINAR-5	4		
ALBURX	4		
ALBUTEIN	4		
BUMINATE	4		
FLEXBUMIN	4		
KEDBUMIN	4		
PLASBUMIN-25	4		
PLASBUMIN-5	4		
STERILE DILUENT	4		

Drug Name	Drug Tier	Requirements/Limits	
Caloric Agents			
Caloric Agents			
AMINO ACIDS	4	PA BvD	
AMINOSYN II	4	PA BvD	iv soln: 10%
AMINOSYN II	4	PA BvD	iv soln: 15%
AMINOSYN II	4	PA BvD	iv soln: 7%
AMINOSYN II	4	PA BvD	iv soln: 8.5%
AMINOSYN II	4	PA BvD	iv soln: 8.5%
AMINOSYN M	4	PA BvD	
AMINOSYN with ELECTROLYTES	4	PA BvD	
AMINOSYN	4	PA BvD	iv soln: 10%
AMINOSYN	4	PA BvD	iv soln: 3.5%
AMINOSYN	4	PA BvD	iv soln: 7%
AMINOSYN	4	PA BvD	iv soln: 8.5%
AMINOSYN	4	PA BvD	iv soln: 8.5%
AMINOSYN-HBC	4	PA BvD	
AMINOSYN-PF	4	PA BvD	iv soln: 10%
AMINOSYN-PF	4	PA BvD	iv soln: 7%
AMINOSYN-RF	4	PA BvD	
CLINIMIX E	4	PA BvD	iv soln: 2.75%
CLINIMIX E	4	PA BvD	iv soln: 2.75%
CLINIMIX E	4	PA BvD	iv soln: 4.25%
CLINIMIX E	4	PA BvD	iv soln: 4.25%
CLINIMIX E	4	PA BvD	iv soln: 4.25%
CLINIMIX E	4	PA BvD	iv soln: 5%
CLINIMIX E	4	PA BvD	iv soln: 5%
CLINIMIX E	4	PA BvD	iv soln: 5%
CLINIMIX E	4	PA BvD	iv soln: 5%
CLINIMIX	4	PA BvD	iv soln: 2.75%
CLINIMIX	4	PA BvD	iv soln: 4.25%
CLINIMIX	4	PA BvD	iv soln: 4.25%
CLINIMIX	4	PA BvD	iv soln: 4.25%
CLINIMIX	4	PA BvD	iv soln: 4.25%
CLINIMIX	4	PA BvD	iv soln: 5%
CLINIMIX	4	PA BvD	iv soln: 5%
CLINIMIX	4	PA BvD	iv soln: 5%
CLINISOL	4	PA BvD	
<i>cysteine hcl</i> (Cysteine HCl)	2	PA BvD	
<i>dextrose 10 % and 0.2 % nacl</i> (Dextrose 10 % and 0.2 % NaCl)	2	HI	dehp fr bg

Drug Name	Drug Tier	Requirements/Limits	
<i>dextrose 10 % and 0.2 % nacl</i> (Dextrose 10 % and 0.2 % NaCl)	2	HI	iv soln
<i>dextrose 10 % and 0.9 % nacl</i> (Dextrose 10 % and 0.9 % NaCl)	2	HI	
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	2	HI	
<i>dextrose 10%-water</i> (Dextrose 10%-water)	2	PA BvD	
<i>dextrose 2.5 % in water</i> (Dextrose 2.5 % in Water)	2	PA BvD	
<i>dextrose 2.5% in half ringers</i> (Dextrose 2.5% In Half Ringers)	2	HI	
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	2	HI	
<i>dextrose 20%-water</i> (Dextrose 20%-water)	2	PA BvD	
<i>dextrose 25 % in water</i> (Dextrose 25 % in Water)	2	PA BvD	
<i>dextrose 40%-water</i> (Dextrose 40%-water)	2	PA BvD	
<i>dextrose 5 % and 0.3 % nacl</i> (Dextrose 5 % and 0.3 % NaCl)	2	HI	
<i>dextrose 5 % and 0.9 % nacl</i> (Dextrose 5 % and 0.9 % NaCl)	2	HI	
<i>dextrose 5 % in water</i> (Dextrose 5 % in Water)	2	HI	
<i>dextrose 5 %-0.2 % nacl</i> (Dextrose 5 %-0.2 % NaCl)	2	HI	
<i>dextrose 5 %-0.45 % nacl</i> (Dextrose 5 %-0.45 % NaCl)	2	HI	
<i>dextrose 5% in ringers</i> (Dextrose 5% In Ringers)	2	HI	
<i>dextrose 5%-lactated ringers</i> (Dextrose 5%-Lactated Ringers)	2	HI	
<i>dextrose 50 % in water</i> (Dextrose 50 % in Water)	2	PA BvD	
<i>dextrose 60 % in water</i> (Dextrose 60 % in Water)	2	PA BvD	
<i>dextrose 70%-water</i> (Dextrose 70%-water)	2	PA BvD	
FREAMINE HBC	4	PA BvD	
FREAMINE III	4	PA BvD	iv soln: 10%
FREAMINE III	4	PA BvD	iv soln: 8.5%
<i>fructose 10%</i> (Fructose 10%)	2	PA BvD	
HEPATAMINE	4	PA BvD	
HEPATASOL	4	PA BvD	
INTRALIPID	4	PA BvD	emulsion: 10%

Drug Name	Drug Tier	Requirements/Limits	
INTRALIPID	4	PA BvD	emulsion: 20%, 30%
KABIVEN	4	PA BvD	
LIPOSYN II	4	PA BvD	
LIPOSYN III	4	PA BvD	emulsion: 10%, 20%
LIPOSYN III	4	PA BvD	emulsion: 30%
NEPHRAMINE	4	PA BvD	
NOVAMINE	4	PA BvD	
PERIKABIVEN	4	PA BvD	
PREMASOL	4	PA BvD	iv soln: 10%
PREMASOL	4	PA BvD	iv soln: 6%
PROCALAMINE	4	PA BvD	
PROSOL	4	PA BvD	
QUICK MIX with LYTES	4	PA BvD	
TRAVAMULSION	4	PA BvD	
TRAVASOL W/ DEXTROSE	4	PA BvD	
TRAVASOL W/ ELECTROLYTES	4	PA BvD	iv soln.: 5.5%
TRAVASOL W/ ELECTROLYTES	4	PA BvD	iv soln.: 8.5%
TRAVASOL with DEXTROSE	4	PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	4	PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	4	PA BvD	iv soln: 8.5%
TRAVASOL with ELECTROLYTES	4	PA BvD	
TRAVASOL	4	PA BvD	iv soln.
TRAVASOL	4	PA BvD	iv soln: 10%
TRAVASOL	4	PA BvD	iv soln: 5.5%
TRAVASOL	4	PA BvD	iv soln: 8.5%
TRAVERT IN NORMAL SALINE	4	PA BvD	
TRAVERT	4	PA BvD	iv soln: 10%
TRAVERT	4	PA BvD	iv soln: 5%
TROPHAMINE	4	PA BvD	iv soln: 10%
TROPHAMINE	4	PA BvD	iv soln: 6%
Cardiovascular Agents			
Alpha-adrenergic Agents			
<i>clonidine hcl</i> (Catapres)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>clonidine hcl/</i> <i>chlorthalidone</i>	(Clonidine HCl/ chlorthalidone)	2		
<i>clonidine</i>	(Catapres-tts 1)	2	QL: 4 in 28 days	patch tdwk: 0.1mg/24hr, 0.2mg/24hr
<i>clonidine</i>	(Catapres-tts 1)	2	QL: 8 in 28 days	patch tdwk: 0.3mg/24hr
<i>doxazosin mesylate</i>	(Cardura)	2		
<i>guanfacine hcl</i>	(Tenex)	2	PA	(High Risk Med for Ages 65 and Older)
<i>midodrine hcl</i>	(Proamatine)	2		
<i>phenylephrine hcl</i>	(Vazculep)	2		
<i>prazosin hcl</i>	(Minipress)	2		
Angiotensin Ii Receptor Antagonists				
BENICAR HCT		3		
BENICAR		3		
<i>candesartan cilexetil</i>	(Atacand)	2		
<i>candesartan/</i> <i>hydrochlorothiazid</i>	(Atacand HCT)	2		
DIOVAN		2		
<i>eprosartan mesylate</i>	(Teveten)	2		
<i>irbesartan</i>	(Avapro)	2		
<i>irbesartan/</i> <i>hydrochlorothiazide</i>	(Avalide)	2		
<i>losartan potassium</i>	(Cozaar)	1		
<i>losartan/</i> <i>hydrochlorothiazide</i>	(Hyzaar)	2		
<i>telmisartan</i>	(Micardis)	2		
<i>telmisartan/</i> <i>hydrochlorothiazid</i>	(Micardis HCT)	2		
TRIBENZOR		3		
<i>valsartan/</i> <i>hydrochlorothiazide</i>	(Diovan HCT)	2		
Angiotensin-converting Enzyme Inhibitors				
<i>benazepril hcl</i>	(Lotensin)	1		
<i>benazepril/</i> <i>hydrochlorothiazide</i>	(Lotensin HCT)	2		
<i>captopril</i>	(Capoten)	1		
<i>captopril/</i> <i>hydrochlorothiazide</i>	(Capozide)	2		
<i>enalapril maleate</i>	(Vasotec)	1		
<i>enalapril/</i> <i>hydrochlorothiazide</i>	(Vaseretic)	2		

Drug Name		Drug Tier	Requirements/Limits	
<i>enalaprilat dihydrate</i>	(Enalaprilat Dihydrate)	2	HI	
<i>fosinopril sodium</i>	(Monopril)	2		
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	2		
<i>lisinopril</i>	(Zestril)	1		
<i>lisinopril/ hydrochlorothiazide</i>	(Prinzide)	1		
<i>moexipril hcl</i>	(Univasc)	2		
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	2		
<i>perindopril erbumine</i>	(Aceon)	2		
<i>quinapril hcl</i>	(Accupril)	2		
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	2		
<i>ramipril</i>	(Altace)	2		
<i>trandolapril</i>	(Mavik)	2		
Antiarrhythmic Agents				
<i>amiodarone hcl</i>	(Amiodarone HCl)	2	HI	ampul
<i>amiodarone hcl</i>	(Amiodarone HCl)	2	HI	syringe
<i>amiodarone hcl</i>	(Cordarone)	2		tablet
<i>disopyramide phosphate</i>	(Norpace)	2		
<i>flecainide acetate</i>	(Tambocor)	2		
<i>lidocaine hcl/d5w/pf</i>	(Lidocaine HCl/d5w/PF)	2	HI	iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	2		syringe: 50mg/5ml
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	2	HI	syringe: 100mg/5ml; vial: 100mg/ml, 200mg/ml
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	2	PA BvD	vial: 20mg/ml, (PA for ESRD Only)
<i>mexiletine hcl</i>	(Mexitol)	2		
MULTAQ		3		
<i>procainamide hcl</i>	(Procainamide HCl)	2		capsule, tablet sa
<i>procainamide hcl</i>	(Procainamide HCl)	2		vial
PRONESTYL		4		
<i>propafenone hcl</i>	(Rythmol)	2		
<i>quinidine gluconate</i>	(Quinidine Gluconate)	2		
<i>quinidine sulfate</i>	(Quinidine Sulfate)	2		
TIKOSYN		3		
XYLOCAINE		2		
Beta-Adrenergic Blocking Agents				
<i>acebutolol hcl</i>	(Sectral)	2		
<i>atenolol</i>	(Tenormin)	1		
<i>atenolol/chlorthalidone</i>	(Tenoretic 50)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>betaxolol hcl</i>	(Kerlone)	2		
<i>bisoprolol fumarate</i>	(Zebeta)	2		
<i>bisoprolol fumarate/hctz</i>	(Ziac)	2		
BYSTOLIC		3		
<i>carvedilol</i>	(Coreg)	1		
COREG CR		3		
DUTOPROL		3		
<i>esmolol hcl</i>	(Esmolol HCl)	2	PA BvD	
<i>labetalol hcl</i>	(Trandate)	2		tablet
<i>labetalol hcl</i>	(Trandate)	2	HI	vial
<i>metoprolol succinate</i>	(Toprol XL)	2		
<i>metoprolol tartrate</i>	(Lopressor)	1		tablet
<i>metoprolol tartrate</i>	(Metoprolol Tartrate)	2	HI	vial
<i>metoprolol/ hydrochlorothiazide</i>	(Lopressor HCT)	2		
<i>nadolol</i>	(Corgard)	2		
<i>pindolol</i>	(Pindolol)	2		
<i>propranolol hcl</i>	(Propranolol HCl)	2		cap sa 24h, solution, tablet
<i>propranolol hcl</i>	(Propranolol HCl)	2	HI	vial
<i>propranolol/ hydrochlorothiazid</i>	(Propranolol/ hydrochlorothiazid)	2		
<i>sotalol hcl</i>	(Betapace)	2		
SOTALOL HCL		4	HI	
<i>timolol maleate</i>	(Timolol Maleate)	2		
Calcium-Channel Blocking Agents				
<i>diltiazem hcl</i>	(Cardizem CD)	1		tablet
<i>diltiazem hcl</i>	(Cardizem CD)	2		cap er 12h, cap er 24h, cap er deg, capsule er, tab er 24h
<i>diltiazem hcl</i>	(Cardizem CD)	2	HI	syringe, vial port
<i>verapamil hcl</i>	(Calan)	1		tablet
<i>verapamil hcl</i>	(Calan)	2		cap24h pct, cap24h pel, tablet er
<i>verapamil hcl</i>	(Verapamil HCl)	2	HI	ampul
<i>verapamil hcl</i>	(Verapamil HCl)	2	HI	syringe
Cardiovascular Agents, Miscellaneous				
<i>digoxin</i>	(Lanoxin)	2	PA, QL: 30 in 30 days	tablet, (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day)
<i>digoxin</i>	(Lanoxin)	2	PA	ampul, (High Risk Med for Ages 65 and Older)

Drug Name	Drug Tier	Requirements/Limits	
DIGOXIN	3	PA, QL: 75 in 30 days	(High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day)
<i>dobutamine hcl</i> (Dobutamine HCl)	2	PA BvD	
<i>dobutamine hcl/d5w</i> (Dobutamine HCl/D5W)	2	PA BvD	
<i>dopamine hcl</i> (Dopamine HCl)	2	PA BvD	
<i>dopamine hcl/d5w</i> (Dopamine HCl/D5W)	2	PA BvD	
<i>dopamine hcl/dextrose 5%-water</i> (Dopamine HCl/dextrose 5%-water)	2	PA BvD	
<i>ephedrine sulfate</i> (Ephedrine Sulfate)	2		
<i>epinephrine</i> (Adrenaclick)	2		auto inject, syringe
<i>epinephrine</i> (Epinephrine)	2		ampul
EPIPEN 2-PAK	3		
EPIPEN JR 2-PAK	3		
<i>ethanolamine oleate</i> (Ethanolamine Oleate)	2		
FIRAZYR	5		
<i>hydralazine hcl</i> (Apresoline)	2		tablet
<i>hydralazine hcl</i> (Hydralazine HCl)	2	HI	vial
<i>hydralazine/ hydrochlorothiazid</i> (Hydralazine/ hydrochlorothiazid)	2		
LANOXIN	4	PA, QL: 30 in 30 days	tablet: 62.5mcg, 187.5mcg, (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day)
<i>milrinone lactate</i> (Milrinone Lactate)	5	PA BvD	
<i>milrinone lactate/d5w</i> (Primacor in 5% Dextrose)	5	PA BvD	
<i>norepinephrine bitartrate</i> (Levophed Bitartrate)	2	PA BvD	
ORENITRAM ER	3	PA	tablet er: 0.125mg
ORENITRAM ER	5	PA	tablet er: 0.25mg, 1mg, 2.5mg
<i>papaverine hcl</i> (Papaverine HCl)	2	PA	
RANEXA	3		
VECAMYL	5		
Dihydropyridines			
<i>amlodipine besylate</i> (Norvasc)	1		
<i>amlodipine besylate/ benazepril</i> (Lotrel)	2		
AZOR	3		
CLEVIPREX	4		

Drug Name		Drug Tier	Requirements/Limits	
EXFORGE HCT		3		
EXFORGE		2		
<i>felodipine</i>	(Plendil)	2		
<i>isradipine</i>	(Dynacirc)	2		
<i>nicardipine hcl</i>	(Cardene I.v.)	2	HI	ampul
<i>nicardipine hcl</i>	(Nicardipine HCl)	2		capsule
<i>nifedipine</i>	(Adalat CC)	2		tablet er: 90mg
<i>nifedipine</i>	(Procardia XL)	2		tab er 24, tablet er: 30mg, 60mg
Diuretics				
<i>amiloride hcl</i>	(Midamor)	2		
<i>amiloride/ hydrochlorothiazide</i>	(Amiloride/ hydrochlorothiazide)	2		
<i>bumetanide</i>	(Bumetanide)	2	HI	vial
<i>bumetanide</i>	(Bumex)	2		tablet
<i>chlorothiazide sodium</i>	(Diuril Sodium)	2	HI	
<i>chlorothiazide</i>	(Chlorothiazide)	1		
<i>chlorthalidone</i>	(Chlorthalidone)	1		
DYRENIUM		4		
<i>furosemide</i>	(Furosemide)	2		solution, syringe: 10mg/ml; vial
<i>furosemide</i>	(Furosemide)	2		syringe: 10mg/ml
<i>furosemide</i>	(Lasix)	1		tablet
<i>hydrochlorothiazide</i>	(Hydrochlorothiazide)	1		
<i>indapamide</i>	(Lozol)	1		
<i>methyclothiazide</i>	(Methyclothiazide)	2		
<i>metolazone</i>	(Zaroxolyn)	2		
<i>torsemide</i>	(Demadex)	2		tablet
<i>torsemide</i>	(Torsemide)	2	HI	vial
<i>triamterene/ hydrochlorothiazid</i>	(Maxzide)	2		
Dyslipidemics				
<i>amlodipine/atorvastatin</i>	(Caduet)	2		
<i>atorvastatin calcium</i>	(Lipitor)	2		
<i>cholestyramine (with sugar)</i>	(Questran)	2		
<i>cholestyramine/ aspartame</i>	(Questran Light)	2		
<i>colestipol hcl</i>	(Colestid)	2		
CRESTOR		3		
<i>fenofibrate nanocrystallized</i>	(Tricor)	2		

Drug Name		Drug Tier	Requirements/Limits	
<i>fenofibrate</i>	(Lofibra)	2		tablet
<i>fenofibrate, micronized</i>	(Antara)	2		
<i>fenofibric acid (choline)</i>	(Trilipix)	2		
<i>fenofibric acid</i>	(Fibricor)	2		
<i>fluvastatin sodium</i>	(Lescol)	2		
<i>gemfibrozil</i>	(Lopid)	2		
KYNAMRO		5	PA, QL: 4 in 28 days	
<i>lovastatin</i>	(Mevacor)	1		
<i>niacin</i>	(Niaspan)	2		tab er 24h, tablet
<i>omega-3 acid ethyl esters</i>	(Lovaza)	2		
<i>pravastatin sodium</i>	(Pravachol)	1		
<i>simvastatin</i>	(Zocor)	1	QL: 30 in 30 days	
VASCEPA		3		
WELCHOL		3		
ZETIA		4		
Renin-Angiotensin-Aldosterone System Inhibitors				
<i>eplerenone</i>	(Inspra)	2		
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	2		
<i>spironolactone</i>	(Aldactone)	2		
Vasodilators				
<i>isosorbide dinitrate</i>	(Isordil)	2		tablet, tablet er
<i>isosorbide dinitrate</i>	(Isosorbide Dinitrate)	1		tab subl: 2.5mg
<i>isosorbide dinitrate</i>	(Isosorbide Dinitrate)	1		tab subl: 5mg
<i>isosorbide mononitrate</i>	(Imdur)	2		
<i>minoxidil</i>	(Minoxidil)	2		
NITRO-BID		3		
<i>nitroglycerin</i>	(Nitro-dur)	2	QL: 30 in 30 days	patch td24: 0.1mg/hr, 0.2mg/hr, 0.6mg/hr
<i>nitroglycerin</i>	(Nitro-dur)	2	QL: 60 in 30 days	patch td24: 0.4mg/hr
<i>nitroglycerin</i>	(Nitroglycerin)	2	HI	vial: 50mg/10ml
<i>nitroglycerin</i>	(Nitroglycerin)	2	HI	vial: 5mg/ml
<i>nitroglycerin/d5w</i>	(Nitroglycerin/D5W)	2	HI	
NITROSTAT		3		
<i>nylidrin hcl</i>	(Nylidrin HCl)	2		
PROGLYCEM		4		

Drug Name	Drug Tier	Requirements/Limits	
Central Nervous System Agents			
Central Nervous System Agents			
AMPYRA	5	PA, QL: 60 in 30 days	
<i>caffeine citrated</i> (Cafcit)	2		
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	2		
<i>clonidine hcl</i> (Kapvay)	2		
<i>dexmethylphenidate hcl</i> (Focalin)	2	QL: 60 in 30 days	tablet
<i>dextroamphetamine sulfate</i> (Dexedrine)	2	QL: 120 in 30 days	capsule er
<i>dextroamphetamine sulfate</i> (Dexedrine)	2	QL: 180 in 30 days	tablet: 5mg, 10mg
<i>dextroamphetamine/amphetamine</i> (Adderall XR)	2	QL: 30 in 30 days	cap er 24h: 5mg, 10mg, 15mg
<i>dextroamphetamine/amphetamine</i> (Adderall)	2	QL: 60 in 30 days	cap er 24h: 20mg, 25mg, 30mg; tablet
<i>flumazenil</i> (Romazicon)	2		
INTUNIV	4	QL: 30 in 30 days	
<i>lithium carbonate</i> (Eskalith)	2		
<i>lithium citrate</i> (Lithium Citrate)	2		
<i>methylphenidate hcl</i> (Concerta)	2	QL: 30 in 30 days	cpbp 30-70, cpbp 50-50: 20mg, 40mg; tab er 24: 18mg, 27mg, 54mg
<i>methylphenidate hcl</i> (Concerta)	2	QL: 60 in 30 days	cpbp 50-50: 30mg; tab er 24: 36mg
<i>methylphenidate hcl</i> (Methylin)	2	QL: 900 in 30 days	solution
<i>methylphenidate hcl</i> (Ritalin)	2	QL: 90 in 30 days	tablet er: 10mg
<i>methylphenidate hcl</i> (Ritalin)	2	QL: 90 in 30 days	tablet, tablet er: 20mg
NUEDEXTA	3	QL: 60 in 30 days	
QUILLIVANT XR	3		
<i>riluzole</i> (Rilutek)	2		
SAVELLA	3	QL: 60 in 30 days	
STRATTERA	3		

Drug Name	Drug Tier	Requirements/Limits	
XENAZINE	5	PA, QL: 112 in 28 days	
Contraceptives			
Contraceptives			
<i>desog-e.estradiol/</i> <i>e.estradiol</i>	(Mircette)	2	
<i>desogestrel-ethinyl</i> <i>estradiol</i>	(Desogen)	2	
<i>ethinyl estradiol/</i> <i>drospirenone</i>	(Yaz)	2	
<i>ethynodiol d-ethinyl</i> <i>estradiol</i>	(Demulen 1/50-28)	2	
<i>levonorgestrel</i>	(Plan B)	2	
<i>levonorgestrel-ethin</i> <i>estradiol</i>	(Nordette-8)	2	tablet: 0.1-0.02, 0.15-0.03, 6-5-10
<i>levonorgestrel-ethin</i> <i>estradiol</i>	(Seasonale)	2	QL: 91 in 84 days tbdspk 3mo
<i>l-norgest-eth estr/ethin</i> <i>estra</i>	(Seasonique)	2	QL: 91 in 84 days tbdspk 3mo: 100-20(84)
<i>l-norgest-eth estr/ethin</i> <i>estra</i>	(Seasonique)	2	QL: 91 in 84 days tbdspk 3mo: 150-30(84)
<i>norelgestromin/</i> <i>ethin.estradiol</i>	(Ortho Evra)	2	
<i>noreth-ethinyl estradiol/</i> <i>iron</i>	(Femcon Fe)	2	
<i>norethindrone ac-eth</i> <i>estradiol</i>	(Loestrin)	2	
<i>norethindrone</i>	(Nor-Q-D)	2	
<i>norethindrone-</i> <i>e.estradiol-iron</i>	(Loestrin Fe)	2	
<i>norethindrone-ethinyl</i> <i>estradiol</i>	(Modicon)	2	tablet: 0.4-0.035, 0.5-0.035, 1mg-35mcg, 7-9-5, 7daysx3, 10-11
<i>norethindrone-mestranol</i>	(Ortho-novum)	2	
<i>norgestimate-ethinyl</i> <i>estradiol</i>	(Ortho-cyclen)	2	
<i>norgestrel-ethinyl</i> <i>estradiol</i>	(Ovral-21)	2	
NUVARING	3	ST, QL: 1 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
ORTHO EVRA	4	ST, QL: 3 in 28 days	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline hcl</i> (Evoxac)	2		
<i>chlorhexidine gluconate</i> (Peridex)	2		
KEPIVANCE	5	HI	
<i>pilocarpine hcl</i> (Salagen)	2		
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	2		
Dermatological Agents			
Dermatological Agents, Other			
8-MOP	4		
<i>acitretin</i> (Soriatane)	5		
<i>acyclovir</i> (Zovirax)	2	QL: 30 in 30 days	
<i>adapalene</i> (Adapalene)	2		
<i>alcohol antiseptic pads</i> (Alcohol Antiseptic Pads)	1		
<i>aluminum chloride</i> (Drysol)	2		
<i>ammonium lactate</i> (Lac-hydrin)	2		
ANACAINE	4		
<i>calcipotriene</i> (Dovonex)	2		
<i>calcipotriene/ betamethasone</i> (Taclonex)	2		
<i>calcitriol</i> (Vectical)	2		
CARAC	4		
CONDYLOX	4		gel (gram)
DENAVIR	4		
FLUOROPLEX	4		
<i>fluorouracil</i> (Efudex)	2		
<i>imiquimod</i> (Aldara)	2	PA NSO, QL: 24 in 30 days	
LEVULAN	4		
<i>mafenide acetate</i> (Mafenide Acetate)	2		
<i>methoxsalen, rapid</i> (Oxsoralen-ultra)	5		
METVIXIA	4		
OXSORALEN-ULTRA	5		
PANRETIN	5		
PICATO	3	QL: 2 in 56 days	gel (ea): 0.05%

Drug Name	Drug Tier	Requirements/Limits	
PICATO	3	QL: 3 in 56 days	gel (ea): 0.015%
<i>podofilox</i> (Condylox)	2		
<i>podophyllum resin</i> (Pododerm)	2		
<i>potassium hydroxide</i> (Potassium Hydroxide)	2		
SANTYL	4		
<i>silver nitrate applicator</i> (Silver Nitrate Applicator)	2		
UVADEX	4		
VALCHLOR	5		
XERAC AC	3		
ZOVIRAX	4	QL: 15 in 30 days	cream (g)
Dermatological Antibacterials			
<i>clindamycin phos/benzoyl perox</i> (Duac)	2		gel (gram): 1%-5%
<i>clindamycin phosphate</i> (Cleocin T)	2		
<i>erythromycin base/ethanol</i> (Emgel)	2		
<i>erythromycin/benzoyl peroxide</i> (Benzamycin)	2		
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	2		
<i>metronidazole</i> (Nydamax)	2		
<i>mupirocin calcium</i> (Bactroban)	2		
<i>mupirocin</i> (Centany)	2		
<i>neomy sulf/polymyxin b sulfate</i> (Neosporin G.U. Irrigant)	2		
<i>selenium sulfide</i> (Selenium Sulfide)	2		suspension
<i>selenium sulfide</i> (Selseb)	2		shampoo
<i>silver nitrate</i> (Silver Nitrate)	2		
<i>silver sulfadiazine</i> (Silvadene)	2		
<i>sulfacetamide sodium</i> (Klaron)	2		
THERMAZENE	2		
Dermatological Anti-inflammatory Agents			
<i>alclometasone dipropionate</i> (Aclovate)	2		
APEXICON E	4		
<i>betamethasone dipropionate</i> (Del-beta)	2		
<i>betamethasone valerate</i> (Betamethasone Valerate)	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>betamethasone/propylene glycol</i> (Diprolene AF)	2		
<i>clobetasol propionate</i> (Temovate)	2		
<i>clocortolone pivalate</i> (Cloderm)	2		
CLODERM	4		
CORDRAN	4		cream (g), lotion, oint. (g)
CORDRAN	4		med. tape
<i>desonide</i> (Desowen)	2		
<i>desoximetasone</i> (Topicort)	2		
<i>diflorasone diacetate</i> (Psorcon)	2		
ELIDEL	3	PA	(PA for Ages < 2)
<i>fluocinonide</i> (Vanos)	2		cream (g): 0.05%; gel (gram), oint. (g), solution
<i>fluticasone propionate</i> (Cutivate)	2		cream (g), oint. (g)
<i>halobetasol propionate</i> (Ultravate)	2		
<i>hydrocortisone acetate</i> (Hydrocortisone Acetate)	2		
<i>hydrocortisone acetate/ aloe v</i> (Nuzon)	2		
<i>hydrocortisone acetate/ urea</i> (Carmol HC)	2		
<i>hydrocortisone butyrate</i> (Hydrocortisone Butyrate)	2		
<i>hydrocortisone valerate</i> (Hydrocortisone Valerate)	2		
<i>hydrocortisone</i> (Hydrocortisone)	2		cream(gm)
<i>hydrocortisone</i> (Hytone)	2		cream (g), cream/appl, enema, lotion, oint. (g)
LOCOID	4		cream (g)
<i>mometasone furoate</i> (Elocon)	2		
<i>prednicarbate</i> (Dermatop)	2		
PROTOPIC	4	PA	(0.03%; PA for Ages < 2)
PROTOPIC	4	PA	(0.1%; PA for Ages < 15)
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	2		cream (g), lotion, oint. (g): 0.025%, 0.1%, 0.5%
<i>triamcinolone acetonide</i> (Triderm)	2		cream, oint. (g): 0.05%
Dermatological Retinoids			
<i>adapalene</i> (Differin)	2		
TARGRETIN	5	PA NSO, QL: 60 in 28 days	
TAZORAC	4		

Drug Name		Drug Tier	Requirements/Limits	
<i>tretinoin microspheres</i>	(Retin-a Micro)	2	PA	
<i>tretinoin</i>	(Retin-A)	2	PA	
Scabicides And Pediculicides				
EURAX		4		
<i>malathion</i>	(Ovide)	2		
<i>permethrin</i>	(Elimite)	2		
<i>spinosad</i>	(Natroba)	2		
Devices				
Devices				
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	2		
<i>syring w-ndl, disp, insul, 0.3ml</i>	(Syring W-ndl, disp, insul, 0.3ml)	2		
<i>syring w-ndl, disp, insul, 0.5ml</i>	(Syring W-ndl, disp, insul, 0.5ml)	2		
<i>syring w-o ndl, disp, insul, 1ml</i>	(Syring W-o Ndl, disp, insul, 1ml)	2		
Enzyme Replacement/modifiers				
Enzyme Replacement/modifiers				
ADAGEN		5		
ALDURAZYME		5	HI	
CEREZYME		5	HI	
CHENODAL		5	PA, QL: 210 in 30 days	
CIMZIA		5	PA, QL: 3 in 28 days	
CREON		3		
ELAPRASE		5	HI	
ELELYSO		5		
ELITEK		5	HI	
FABRAZYME		5	HI	
KRYSTEXXA		5		
KUVAN		5		
LINZESS		3	QL: 30 in 30 days	
<i>lipase/protease/amylase</i>	(Zenpep)	2		
LOTRONEX		5		
LUMIZYME		5	HI	
MYOZYME		5	HI	
NAGLAZYME		5	HI	
ORFADIN		5		

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	5	PA BvD
VIMIZIM	5	PA
VPRIV	5	
ZAVESCA	5	QL: 90 in 30 days
ZENPEP	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Anti-infectives Agents		
<i>acetic acid</i> (Vosol)	2	
<i>acetic acid/hydrocortisone</i> (Vosol HC)	2	
<i>bacitracin</i> (Bacitracin)	2	
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	2	
BLEPHAMIDE S.O.P.	3	
BLEPHAMIDE	4	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin hcl</i> (Cetraxal)	2	droperette
<i>ciprofloxacin hcl</i> (Ciloxan)	2	drops
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>erythromycin base</i> (Ilotycin)	2	
<i>gatifloxacin</i> (Zymaxid)	2	
<i>gentamicin sulfate</i> (Garamycin)	2	
<i>levofloxacin</i> (Quixin)	2	
MOXEZA	3	
NATACYN	3	
<i>neo/polymyx b sulf/dexameth</i> (Maxitrol)	2	
<i>neomy sulf/bacitra/polymyxin b</i> (Neo-polycin)	2	
<i>neomy sulf/bacitrac zn/poly/hc</i> (Triple Antibiotic HC)	2	
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/dex Na Ph)	2	
<i>neomycin/polymyxin b sulf/hc</i> (Oticin HC)	2	
<i>neomycin/polymyxn b/gramicidin</i> (Neosporin)	2	
<i>ofloxacin</i> (Floxin)	2	

Drug Name	Drug Tier	Requirements/Limits	
<i>polymyxin b sulf/ trimethoprim</i> (Polytrim)	2		
<i>sulfacetamide sodium</i> (Sulfac)	2		
<i>sulfacetamide/ prednisolone sp</i> (Sulfacetamide/ prednisolone Sp)	2		
<i>tobramycin sulfate</i> (Tobramycin Sulfate)	2		
<i>tobramycin/ dexamethasone</i> (Tobradex)	2		
<i>trifluridine</i> (Viroptic)	2		
VIGAMOX	3		
ZYLET	3		
Eye, Ear, Nose, Throat Anti-inflammatory Agents			
ALREX	3		
BROMDAY	3		
<i>bromfenac sodium</i> (Bromfenac Sodium)	2		
<i>dexamethasone sod phosphate</i> (Ak-dex)	2		
<i>diclofenac sodium</i> (Voltaren)	2		
DUREZOL	3		
<i>fluorometholone</i> (FML)	2		
<i>flurbiprofen sodium</i> (Ocufen)	2		
ILEVRO	3		
<i>ketorolac tromethamine</i> (Acular)	2		
LOTEMAX	3		
NEVANAC	3		
<i>prednisolone acetate</i> (Omnipred)	2		
<i>prednisolone sod phosphate</i> (Prednisol)	2		
PROLENSA	3		
RESTASIS	3	PA, QL: 60 in 30 days	
Eye, Ear, Nose, Throat Drugs, Miscellaneous			
AKTEN	4		
<i>apraclonidine hcl</i> (Iopidine)	2		
<i>atropine sulfate</i> (Isopto Atropine)	2		
<i>azelastine hcl</i> (Astelin)	2	QL: 30 in 25 days	spray/pump
<i>azelastine hcl</i> (Optivar)	2		drops
<i>carteolol hcl</i> (Carteolol HCl)	2		
<i>cromolyn sodium</i> (Cromolyn Sodium)	2		
CYCLOGYL	3		drops: 0.5%

Drug Name	Drug Tier	Requirements/Limits	
<i>cyclopentolate hcl</i> (Cyclogyl)	2		
CYSTARAN	5		
<i>epinastine hcl</i> (Elestat)	2		
<i>homatropine hbr</i> (Isopto Homatropine)	2		
ISOPTO HOMATROPINE	3		drops: 2%
LACRISERT	3		
<i>naphazoline hcl/antazoline</i> (Naphazoline HCl/antazoline)	2		
PATADAY	3	ST	
PATANOL	3	ST	
<i>phenylephrine hcl</i> (Mydfrin)	1		drops: 2.5%
<i>phenylephrine hcl</i> (Mydfrin)	2		drops: 10%
<i>proparacaine hcl</i> (Ophthetic)	2		
<i>proparacaine/fluorescein sod</i> (Proparacaine/fluorescein Sod)	2		
<i>tetracaine hcl/pf</i> (Tetracaine HCl/PF)	2		
TYZINE	4		drops: 0.05%
TYZINE	4		drops: 0.1%; spray
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
CARAFATE	3		oral susp
<i>cimetidine hcl</i> (Cimetidine HCl)	2		solution
<i>cimetidine hcl</i> (Cimetidine HCl)	2	HI	vial
<i>cimetidine in 0.9 % nacl</i> (Cimetidine In 0.9 % NaCl)	2	HI	
<i>cimetidine</i> (Tagamet)	2		(Rx Product Only)
<i>esomeprazole sodium</i> (Nexium I.v.)	2	HI	
<i>famotidine in nacl, iso-osm/pf</i> (Famotidine In Nacl, iso-osm/PF)	2	HI	
<i>famotidine</i> (Pepcid)	1		tablet
<i>famotidine</i> (Pepcid)	1		tablet, (Rx Product Only)
<i>famotidine</i> (Pepcid)	2		oral susp, (Rx Product Only)
<i>famotidine</i> (Pepcid)	2	HI	vial
<i>lansoprazole</i> (Prevacid)	2		(Rx Product Only)
<i>lansoprazole/amoxicilin/clarith</i> (Prevpac)	2		
<i>misoprostol</i> (Cytotec)	2		
<i>nizatidine</i> (Axid)	2		
<i>omeprazole</i> (Prilosec)	2		
<i>pantoprazole sodium</i> (Protonix IV)	2	HI	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>pantoprazole sodium</i>	(Protonix)	2		tablet dr
<i>ranitidine hcl</i>	(Zantac)	1		tablet, (Rx Product Only)
<i>ranitidine hcl</i>	(Zantac)	2		capsule, syrup, (Rx Product Only)
<i>ranitidine hcl</i>	(Zantac)	2	HI	vial, (Rx Product Only)
<i>sucralfate</i>	(Carafate)	2		tablet
<i>sucralfate</i>	(Sucralfate)	2		oral susp
Gastrointestinal Agents, Other				
AMITIZA		3	QL: 60 in 30 days	
BUPHENYL		5		tablet
CARBAGLU		5		
<i>cromolyn sodium</i>	(Gastrocrom)	5		
<i>dicyclomine hcl</i>	(Bentyl)	2		
<i>diphenoxylate hcl/ atropine</i>	(Lomotil)	2		
FULYZAQ		4	QL: 60 in 30 days	
<i>glycopyrrolate</i>	(Robinul)	2		
<i>isopropamide/ prochlorperazine</i>	(Isopropamide/ prochlorperazine)	2		
<i>lactulose</i>	(Lactulose)	2		solution: 10; syrup
<i>lactulose</i>	(Lactulose)	2		solution: 10g/15ml
<i>loperamide hcl</i>	(Loperamide HCl)	2		
<i>methscopolamine bromide</i>	(Pamine)	2		
<i>metoclopramide hcl</i>	(Metoclopramide HCl)	2		solution
<i>metoclopramide hcl</i>	(Metoclopramide HCl)	2	HI	disp syrin
<i>metoclopramide hcl</i>	(Reglan)	1		tablet
<i>metoclopramide hcl</i>	(Reglan)	2	HI	vial
NUTRESTORE		4		
<i>paregoric</i>	(Paregoric)	2		
RAVICTI		5	PA	
RELISTOR		4	PA, QL: 28 in 28 days	syringe: 12mg/0.6ml
RELISTOR		4	PA, QL: 28 in 28 days	syringe: 8mg/0.4ml
<i>sodium phenylbutyrate</i>	(Buphenyl)	5		
<i>ursodiol</i>	(Actigall)	2		

Drug Name	Drug Tier	Requirements/Limits
Laxatives		
MOVIPREP	3	
<i>peg 3350/na sulf,bicarb,cl/kcl</i> (Golytely)	2	
<i>polyethylene glycol 3350</i> (Miralax)	2	
<i>sodium chloride/na hco3/kcl/peg</i> (Nulytely with Flavor Packs)	2	
Phosphate Binders		
<i>calcium acetate</i> (Phoslo)	2	
<i>calcium carbonate/mag carb/fa</i> (Calcium Carbonate/mag Carb/fa)	2	
PHOSLYRA	4	
RENAGEL	3	
RENVELA	3	
<i>sodium polystyrene sulfonate</i> (Sodium Polystyrene Sulfonate)	2	oral susp
<i>sodium polystyrene sulfonate</i> (Sps)	2	enema
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate hcl</i> (Urispas)	2	
<i>oxybutynin chloride</i> (Ditropan XL)	2	tab er 24
<i>oxybutynin chloride</i> (Ditropan)	1	tablet
<i>tolterodine tartrate</i> (Detrol)	2	
<i>tropium chloride</i> (Sanctura)	2	
VESICARE	3	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferoxamine mesylate</i> (Desferal)	2	PA BvD
<i>edetate disodium</i> (Edetate Disodium)	2	HI
EXJADE	4	tab disper: 125mg
EXJADE	5	tab disper: 250mg, 500mg
FERRIPROX	5	
GALZIN	4	
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/ amyl Nit)	2	HI
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	2	HI
SYPRINE	5	
Hormonal Agents, Stimulant/replacement/modifying		
Androgens		
ANADROL-50	5	

Drug Name	Drug Tier	Requirements/Limits	
ANDRODERM	3	PA, QL: 30 in 30 days	
ANDROGEL	3	PA, QL: 150 in 30 days	gel md pmp
ANDROGEL	3	PA, QL: 150 in 30 days	gel packet: 1.25g-1.62
ANDROGEL	3	PA, QL: 300 in 30 days	gel packet: 50mg(1%)
AXIRON	3	PA, QL: 180 in 28 days	
<i>danazol</i> (Danocrine)	2		
<i>flouxymesterone</i> (Flouxymesterone)	2		
<i>oxandrolone</i> (Oxandrin)	2		
<i>testosterone cypionate</i> (Testosterone Cypionate)	2	PA	
<i>testosterone enanthate</i> (Delatestryl)	2	PA, QL: 5 in 28 days	
Estrogens and Antiestrogens			
COMBIPATCH	3	PA, QL: 8 in 28 days	(High Risk Med for Ages 65 and Older)
DUAVEE	3	PA	(High Risk Med for Ages 65 and Older)
ESTRACE	3		cream/appl
<i>estradiol valerate</i> (Delestrogen)	2		vial: 10mg/ml
<i>estradiol valerate</i> (Delestrogen)	2		vial: 20mg/ml, 40mg/ml
<i>estradiol</i> (Climara)	2	PA, QL: 4 in 28 days	patch tdwk, (High Risk Med for Ages 65 and Older)
<i>estradiol</i> (Estrace)	2	PA	tablet, (High Risk Med for Ages 65 and Older)
<i>estradiol/norethindrone acet</i> (Activella)	2	PA	
<i>estradiol/norethindrone acet</i> (Activella)	2	PA	(High Risk Med for Ages 65 and Older)
ESTRASORB	4	PA, QL: 97.44 in 28 days	(High Risk Med for Ages 65 and Older)
<i>estropipate</i> (Ogen)	2	PA	(High Risk Med for Ages 65 and Older)

Drug Name	Drug Tier	Requirements/Limits	
FEMRING	4	QL: 1 in 84 days	
MENEST	4	PA	(High Risk Med for Ages 65 and Older)
<i>norethindrone ac-eth estradiol</i> (Femhrt)	2	PA	(High Risk Med for Ages 65 and Older)
PREMARIN	3		cream/appl, vial
PREMARIN	3	PA	tablet, (High Risk Med for Ages 65 and Older)
PREMPHASE	3	PA	(High Risk Med for Ages 65 and Older)
PREMPRO	3	PA	(High Risk Med for Ages 65 and Older)
<i>raloxifene hcl</i> (Evista)	2		
VAGIFEM	3	QL: 18 in 28 days	
VIVELLE-DOT	3	PA, QL: 8 in 28 days	(High Risk Med for Ages 65 and Older)
Glucocorticoids/mineralocorticoids			
A-HYDROCORT	4	HI, PA BvD	
<i>betamet acet/betamet na ph</i> (Celestone)	2	PA BvD	
<i>cortisone acetate</i> (Cortisone Acetate)	2	PA BvD	
<i>dexamethasone acetate</i> (Dexamethasone Acetate)	2	HI, PA BvD	
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	2	HI, PA BvD	vial: 10mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	2	PA BvD	vial: 4mg/ml
<i>dexamethasone</i> (Dexamethasone)	1	PA BvD	tablet
<i>dexamethasone</i> (Dexamethasone)	2	PA BvD	elixir
<i>fludrocortisone acetate</i> (Fludrocortisone Acetate)	2		
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	2	PA BvD	
<i>hydrocortisone</i> (Cortef)	2	PA BvD	
<i>methylprednisolone acetate</i> (Depo-medrol)	2	PA BvD	
<i>methylprednisolone sod succ</i> (A-methapred)	2	PA BvD	vial: 40mg, 125mg

Drug Name	Drug Tier	Requirements/Limits	
<i>methylprednisolone sod succ</i> (A-methapred)	2	PA BvD	vial: 500mg, 1000mg
<i>methylprednisolone</i> (Medrol)	2	PA BvD	
<i>prednisolone acetate</i> (Prednisolone Acetate)	2	PA BvD	
<i>prednisolone sod phosphate</i> (Orapred)	2	PA BvD	
<i>prednisolone</i> (Prednisolone)	2	PA BvD	
PREDNISON INTENSOL	4	PA BvD	
<i>prednisone</i> (Prednisone)	1	PA BvD	tablet
<i>prednisone</i> (Prednisone)	2	PA BvD	solution
<i>prednisone</i> (Sterapred Ds)	2	PA BvD	tab ds pk
SOLU-CORTEF	4	PA BvD	
SOLU-MEDROL	4	PA BvD	vial: 40mg/ml
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	2	PA BvD	
UCERIS	5	ST	
Pituitary			
DDAVP	4		ampul: 15mcg/ml
<i>desmopressin (nonrefrigerated)</i> (DDAVP)	2	QL: 15 in 30 days	
<i>desmopressin acetate</i> (DDAVP)	2		tablet, vial
<i>desmopressin acetate</i> (Desmopressin Acetate)	2	QL: 15 in 30 days	solution
GENOTROPIN	4	PA	syringe: 0.2mg/0.25
GENOTROPIN	5	PA	various dosage and/or strengths are available
HUMATROPE	5	PA	
INCRELEX	5		
NORDITROPIN FLEXPRO	5	PA	
NORDITROPIN NORDIFLEX	5	PA	
NORDITROPIN	5	PA	
NOVAREL	4		
NUTROPIN AQ NUSPIN	5	PA	
NUTROPIN AQ	5	PA	
NUTROPIN	5	PA	vial: 10mg
NUTROPIN	5	PA	vial: 5mg
<i>octreotide acetate</i> (Sandostatin)	2		ampul, vial: 100mcg/ml, 200mcg/ml

Drug Name	Drug Tier	Requirements/Limits	
<i>octreotide acetate</i> (Sandostatin)	5		vial: 1000mcg/ml
OMNITROPE	4	PA	cartridge: 10mg/1.5ml
OMNITROPE	5	PA	cartridge: 5mg/1.5ml; vial
SAIZEN	5	PA	cartridge, vial: 5mg
SAIZEN	5	PA	vial: 8.8mg
SANDOSTATIN LAR	5		
SEROSTIM	5	PA	
SOMATULINE DEPOT	5	QL: 1 in 28 days	
SOMAVERT	5		vial: 10mg, 15mg, 20mg
SOMAVERT	5		vial: 25mg, 30mg
SUPPRELIN LA	5	QL: 1 in 360 days	
TEV-TROPIN	4	PA	
VANTAS	5	QL: 1 in 360 days	
<i>vasopressin</i> (Pitressin)	2		
ZORBTIVE	5	PA	
Progestins			
DEPO-PROVERA	4	QL: 10 in 28 days	vial: 400mg/ml
<i>medroxyprogesterone acet</i> (Medroxyprogesterone Acet)	2		
<i>medroxyprogesterone acetate</i> (Depo-provera)	2	QL: 1 in 84 days	syringe
<i>medroxyprogesterone acetate</i> (Depo-provera)	2	QL: 1 in 84 days	vial
<i>medroxyprogesterone acetate</i> (Provera)	2		tablet
<i>norethindrone acetate</i> (Aygestin)	2		
<i>progesterone</i> (Progesterone)	2		
<i>progesterone, micronized</i> (Prometrium)	2		
Thyroid and Antithyroid Agents			
<i>levothyroxine sodium</i> (Levothyroxine Sodium)	2	HI	vial: 100mcg
<i>levothyroxine sodium</i> (Levothyroxine Sodium)	2	HI	vial: 200mcg, 500mcg
<i>levothyroxine sodium</i> (Levoxyl)	1		tablet
<i>liothyronine sodium</i> (Cytomel)	2		
<i>methimazole</i> (Tapazole)	2		tablet: 20mg
<i>methimazole</i> (Tapazole)	2		tablet: 5mg, 10mg
<i>propylthiouracil</i> (Propylthiouracil)	2		

Drug Name	Drug Tier	Requirements/Limits	
Immunological Agents			
Immunological Agents			
ARCALYST	5		
ASTAGRAF XL	4	PA BvD	
AUBAGIO	5	PA, QL: 28 in 28 days	
<i>azathioprine sodium</i> (Azathioprine Sodium)	2	PA BvD	
<i>azathioprine</i> (Imuran)	2	PA BvD	
CARIMUNE NF NANOFILTERED	5	PA BvD	
CELLCEPT	4	PA BvD	vial
CELLCEPT	5	PA BvD	susp recon
<i>cyclosporine</i> (Sandimmune)	2	PA BvD	
<i>cyclosporine, modified</i> (Neoral)	2	PA BvD	
ENBREL	5	PA, QL: 7.84 in 28 days	pen injectr
ENBREL	5	PA, QL: 8 in 28 days	vial
ENBREL	5	PA, QL: 8.16 in 28 days	syringe
FLEBOGAMMA DIF	5	PA BvD	
FLEBOGAMMA	5	PA BvD	
GAMASTAN S-D	3		
GAMMAGARD LIQUID	5	PA BvD	
GAMMAPLEX	5	PA BvD	
GAMUNEX-C	5	PA BvD	
HUMIRA	5	PA, QL: 4 in 28 days	kit, pen ij kit: 40mg/0.8ml
HUMIRA	5	PA, QL: 6 in 28 days	pen ij kit: 40mg/0.8ml, (Starter Kit)
HYPERRAB S-D	4		
HYPERRHO S-D	4		
ILARIS	5	PA, QL: 2 in 28 days	
IMOGAM RABIES-HT	4		
KINERET	5	PA, QL: 18.76 in 28 days	
<i>leflunomide</i> (Arava)	2		

Drug Name	Drug Tier	Requirements/Limits	
MICRHOGAM ULTRA-FILTERED PLUS	4		
<i>mycophenolate mofetil</i> (Cellcept)	2	PA BvD	
<i>mycophenolate sodium</i> (Myfortic)	2	PA BvD	
NULOJIX	5	PA BvD	
OCTAGAM	5	PA BvD	
ORENCIA	5	PA, QL: 4 in 28 days	syringe
ORENCIA	5	PA, QL: 4 in 28 days	vial
PRIVIGEN	5	PA BvD	
PROGRAF	4	PA BvD	ampul
RAPAMUNE	3	PA BvD	solution
RAPAMUNE	5	PA BvD	tablet: 1mg, 2mg
RHOGAM ULTRA-FILTERED PLUS	4		
RHOPHYLAC	4		
RIDAURA	5		
<i>sirolimus</i> (Rapamune)	2	PA BvD	
<i>tacrolimus</i> (Hecoria)	2	PA BvD	
TYSABRI	5	HI, LA, PA, QL: 15 in 28 days	
WINRHO SDF	4		
ZORTRESS	4	PA BvD, QL: 120 in 30 days	tablet: 0.25mg
ZORTRESS	5	PA BvD, QL: 120 in 30 days	tablet: 0.5mg, 0.75mg
Vaccines			
ACTHIB	3		
ADACEL TDAP	3		syringe
ADACEL TDAP	3		vial
BCG VACCINE (TICE STRAIN)	3	PA BvD	
BOOSTRIX TDAP	3		
CERVARIX	4		
COMVAX	3		
DAPTACEL DTAP	3		

Drug Name	Drug Tier	Requirements/Limits	
DIPHThERIA- TETANUS TOXOIDS- PED	3		
ENGERIX-B ADULT	3	PA BvD	
ENGERIX-B PEDIATRIC- ADOLESCENT	3	PA BvD	
GARDASIL	4		
HAVRIX	3		syringe: 1440/ml
HAVRIX	3		syringe: 720/0.5ml; vial
IMOVAX RABIES VACCINE	3	PA BvD	
INFANRIX DTAP	3		
INFANRIX PF	3		
IPOL	3		
IXIARO	3		
JE-VAX	3		
KINRIX	3		
MENACTRA	3		
MENHIBRIX	3		
MENOMUNE-A-C-Y- W-135	3		
MENVEO A-C-Y-W- 135-DIP	3		
M-M-R II VACCINE	3		
PEDIARIX	3		
PEDVAXHIB	3		
PENTACEL ACTHIB COMPONENT	3		
PENTACEL DTAP-IPV COMPONENT	3		
PENTACEL	3		
PROQUAD	4		
RABAVERT	3	PA BvD	
RECOMBIVAX HB	3	PA BvD	
ROTARIX	3		
ROTATEQ	3		
TE ANATOXAL BERNA	3	PA BvD	
TENIVAC	3		

Drug Name	Drug Tier	Requirements/Limits	
TETANUS DIPHTHERIA TOXOIDS	3		
TETANUS TOXOID ADSORBED	3	PA BvD	
THERACYS	3	PA BvD	
TWINRIX	3		syringe
TWINRIX	3		vial
TYPHIM VI	3		
VAQTA	3		
VARIVAX VACCINE	3		
YF-VAX	3		
ZOSTAVAX	3		
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
APRISO	3		
<i>balsalazide disodium</i> (Colazal)	2		
<i>budesonide</i> (Entocort EC)	5		
DIPENTUM	4	ST	
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid</i> (Acetic Acid)	2		
GLYCINE	2		
LACTATED RINGERS	3		
<i>mannitol/sorbitol solution</i> (Mannitol/sorbitol Solution)	2		
<i>ringers solution</i> (Tis-u-sol)	2		
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	2		
<i>sorbitol solution</i> (Sorbitol Solution)	2		
<i>urologic solution-g</i> (Urologic Solution-g)	3		
<i>water for irrigation,sterile</i> (Water for Irrigation, Sterile)	2		
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL	3	ST, QL: 1 in 28 days	tablet: 150mg
ACTONEL	3	ST, QL: 30 in 30 days	tablet: 5mg, 30mg
ACTONEL	3	ST, QL: 4 in 28 days	tablet: 35mg
<i>alendronate sodium</i> (Fosamax)	1		tablet: 5mg, 10mg, 40mg

Drug Name		Drug Tier	Requirements/Limits	
<i>alendronate sodium</i>	(Fosamax)	1	QL: 4 in 28 days	tablet: 35mg, 70mg
<i>alendronate sodium</i>	(Fosamax)	2	QL: 300 in 28 days	solution
<i>calcitonin, salmon, synthetic</i>	(Miacalcin)	2	QL: 3.7 in 28 days	
<i>calcitriol</i>	(Calcijex)	2	HI, PA BvD	ampul, (PA for ESRD Only)
<i>calcitriol</i>	(Rocaltrol)	2	PA BvD	capsule, solution, (PA for ESRD Only)
<i>doxercalciferol</i>	(Hectorol)	2	HI, PA BvD	vial, (PA for ESRD Only)
<i>doxercalciferol</i>	(Hectorol)	2	PA BvD	capsule, (PA for ESRD Only)
<i>etidronate disodium</i>	(Didronel)	2		
FORTEO		4	PA, QL: 3 in 28 days	
FORTICAL		4	QL: 3.7 in 28 days	
<i>ibandronate sodium</i>	(Boniva)	2	QL: 1 in 28 days	tablet
<i>ibandronate sodium</i>	(Ibandronate Sodium)	2	PA BvD, QL: 3 in 84 days	vial, (PA for ESRD Only)
MIACALCIN		3	PA BvD	vial, (PA for ESRD Only)
<i>pamidronate disodium</i>	(Aredia)	2	HI, PA BvD	(PA for ESRD Only)
<i>paricalcitol</i>	(Zemplar)	2	PA BvD	(PA for ESRD Only)
PROLIA		4	PA, QL: 1 in 180 days	
<i>risedronate sodium</i>	(Actonel)	2	QL: 1 in 28 days	
XGEVA		5	PA, QL: 1.7 in 28 days	
ZEMPLAR		3	HI, PA BvD	vial, (PA for ESRD Only)
<i>zoledronic acid</i>	(Zometa)	2		
<i>zoledronic acid/ mannitol&water</i>	(Reclast)	2	QL: 100 in 300 days	infus. btl
<i>zoledronic acid/ mannitol&water</i>	(Zoledronic Acid/ mannitol&water)	2	HI	piggyback

Drug Name	Drug Tier	Requirements/Limits	
ZOMETA	5	HI	infus. btl
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTEMRA	5	PA, QL: 3.6 in 28 days	syringe
ACTEMRA	5	PA, QL: 40 in 30 days	vial
ACTIMMUNE	5		
<i>allopurinol sodium</i> (Aloprim)	2		
<i>allopurinol</i> (Zyloprim)	1		
<i>amifostine crystalline</i> (Ethyol)	2		
<i>ammonium chloride</i> (Ammonium Chloride)	2		
AVODART	3		
AVONEX ADMINISTRATION PACK	5	ST	
AVONEX	5	ST	
BENLYSTA	5	PA, QL: 2 in 28 days	
BETASERON	5	ST	
<i>bethanechol chloride</i> (Urecholine)	2		
BOTOX	4	QL: 1 in 90 days	vial: 200unit
BOTOX	4	QL: 4 in 90 days	vial: 100unit
<i>buspirone hcl</i> (Buspar)	2		
<i>citrate phosphate dextros soln</i> (Citrate Phosphate Dextros Soln)	2		
<i>colchicine/probenecid</i> (Colchicine/probenecid)	2		
COLCRYS	3		
COPAXONE	5		
CYSTADANE	5		
<i>dexrazoxane</i> (Totect)	2		
<i>droperidol</i> (Droperidol)	2		
DUODOTE	3		
DYSPORT	4		
ELMIRON	4		
EXTAVIA	5	ST	
<i>finasteride</i> (Proscar)	2		
<i>fomepizole</i> (Antizol)	5		

Drug Name	Drug Tier	Requirements/Limits	
FUSILEV	5		
<i>gauze bandage</i> (Gauze Bandage)	1		
GILENYA	5	PA, QL: 28 in 28 days	
GLUCAGEN	3		
GLUCAGON EMERGENCY KIT	3		
<i>glutethimide</i> (Glutethimide)	2		
<i>guanidine hcl</i> (Guanidine HCl)	2		
H.P. ACTHAR	5	PA, QL: 35 in 28 days	
<i>hydroxyzine hcl</i> (Hydroxyzine HCl)	2	PA	(High Risk Med for Ages 65 and Older)
<i>hydroxyzine pamoate</i> (Vistaril)	2	PA	(High Risk Med for Ages 65 and Older)
JALYN	3	QL: 30 in 30 days	
KALBITOR	5		
<i>leucovorin calcium</i> (Leucovorin Calcium)	2		tablet
<i>leucovorin calcium</i> (Leucovorin Calcium)	2	HI	vial
<i>levocarnitine (with sugar)</i> (Carnitor)	2	PA BvD	(PA for ESRD Only)
<i>levocarnitine</i> (Carnitor)	2	HI, PA BvD	vial, (PA for ESRD Only)
<i>levocarnitine</i> (Carnitor)	2	PA BvD	tablet, (PA for ESRD Only)
LITHOSTAT	3		
<i>mesna</i> (Mesnex)	2	HI	
MESNEX	5		tablet
MESTINON	4		syrup, tablet er
<i>methylene blue</i> (Methylene Blue)	2		
<i>methylergonovine maleate</i> (Methergine)	2		ampul
<i>methylergonovine maleate</i> (Methergine)	2		tablet
MYOBLOC	4	QL: 1 in 90 days	
MYTELASE	4		
<i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate)	2		
NPLATE	5	PA, QL: 8 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
OTEZLA	5	PA, QL: 60 in 30 days	
<i>physostigmine salicylate</i> (Physostigmine Salicylate)	2		
PRALIDOXIME CHLORIDE	4		
<i>probenecid</i> (Probenecid)	2		
PROCYSBI	5		
PROSTIGMIN	4		
PROTOPAM CHLORIDE	4		
<i>pyridostigmine bromide</i> (Mestinon)	2		
REBIF REBIDOSE	5		
REBIF	5		
REGONOL	4		
REMICADE	5	PA	
SENSIPAR	3		tablet: 30mg
SENSIPAR	5		tablet: 60mg, 90mg
SIGNIFOR	5	QL: 60 in 30 days	
SIMPONI ARIA	5	PA, QL: 24 in 28 days	
SIMPONI	5	PA, QL: 0.5 in 28 days	pen injctr
SIMPONI	5	PA, QL: 3 in 28 days	syringe
SIMULECT	5	PA BvD	
<i>sodium morrhuate</i> (Sodium Morrhuate)	2		
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	2		
SOLIRIS	5		
STELARA	5	PA, QL: 10 in 360 days	syringe: 45mg/0.5ml
STELARA	5	PA, QL: 10 in 360 days	vial

Drug Name	Drug Tier	Requirements/Limits	
STELARA	5	PA, QL: 5 in 360 days	syringe: 90mg/ml
SYNAREL	5		
TECFIDERA	5	PA, QL: 14 in 30 days	capsule dr: 120mg
TECFIDERA	5	PA, QL: 60 in 30 days	capsule dr: 120-240mg, 240mg
THALOMID	5	PA NSO, QL: 60 in 30 days	
ULORIC	3	ST, QL: 30 in 30 days	
VORAXAZE	5		
XELJANZ	5	PA, QL: 60 in 30 days	
Ophthalmic Agents			
Antiglaucoma Agents			
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	2		
<i>acetazolamide</i> (Acetazolamide)	2		
ALPHAGAN P	3		drops: 0.1%
AZOPT	3		
<i>betaxolol hcl</i> (Betaxolol HCl)	2		
BETIMOL	4	ST	
<i>brimonidine tartrate</i> (Alphagan P)	2		(drops: 0.15%, 0.20%)
COMBIGAN	3		
<i>dorzolamide hcl</i> (Trusopt)	2		
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	2		
ISOPTO CARPINE	3		drops: 8%
ISTALOL	4		
<i>latanoprost</i> (Xalatan)	2		
<i>levobunolol hcl</i> (Betagan)	2		drops: 0.25%
<i>levobunolol hcl</i> (Betagan)	2		drops: 0.5%
LUMIGAN	3	QL: 2.5 in 25 days	
<i>methazolamide</i> (Neptazane)	2		
<i>metipranolol</i> (Optipranolol)	2		

Drug Name	Drug Tier	Requirements/Limits	
PHOSPHOLINE IODIDE	4		
<i>pilocarpine hcl</i> (Isopto Carpine)	2		
PILOPINE HS	4		
SIMBRINZA	3		
<i>timolol maleate</i> (Timoptic)	2		
TRAVATAN Z	3	QL: 2.5 in 25 days	
<i>travoprost (benzalkonium)</i> (Travatan)	2	QL: 2.5 in 25 days	
Replacement Preparations			
Replacement Preparations			
<i>0.9 % sodium chloride</i> (0.9 % Sodium Chloride)	2	HI	
<i>calcium chloride</i> (Calcium Chloride)	2	HI	
<i>calcium gluconate</i> (Calcium Gluconate)	2	HI, PA BvD	(PA for ESRD Only)
<i>citric acid/sodium citrate</i> (Bicitra)	2		
<i>dex 2.5%-half str lact.ringers</i> (Dex 2.5%-half Str Lact.ringers)	2	HI	
DEXTROSE W/ ELECTROLYTE A	4	HI	
DEXTROSE W/ ELECTROLYTE B	4	HI	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	2	HI	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	2	HI	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	2	HI	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	2	HI	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	2	HI	
HYPERLYTE CR	4	HI	
HYPERLYTE R	4	HI	
IONOSOL B with DEXTROSE 5%	4	HI	
IONOSOL MB-DEXTROSE 5%	4	HI	
IONOSOL T-DEXTROSE 5%	4	HI	
ISOLYTE E	4	HI	

Drug Name	Drug Tier	Requirements/Limits	
ISOLYTE H W/ DEXTROSE	4	HI	
ISOLYTE M W/ DEXTROSE	4	HI	
ISOLYTE P with DEXTROSE	4	HI	
ISOLYTE R W/ DEXTROSE	2	HI	
ISOLYTE S with DEXTROSE	4	HI	
ISOLYTE S	4	HI	
K-PHOS NO.2	3		
<i>magnesium chloride</i> (Magnesium Chloride)	2	HI	
<i>magnesium sulfate in water</i> (Magnesium Sulfate in Water)	2	HI	
<i>magnesium sulfate</i> (Magnesium Sulfate)	2	HI	infus. btl
<i>magnesium sulfate</i> (Magnesium Sulfate)	2	HI	syringe, vial
<i>magnesium sulfate/d5w</i> (Magnesium Sulfate/D5W)	2	HI	
NORMOSOL-M and DEXTROSE	4	HI	
NORMOSOL-R PH 7.4	4	HI	
NUTRILYTE II	4	HI	
NUTRILYTE	4	HI	
<i>phosphorus #1</i> (K-phos Neutral)	2		
PLASMA-LYTE 148	4	HI	
PLASMA-LYTE 56 IN DEXTROSE	4	HI	
PLASMA-LYTE A PH 7.4	4	HI	
PLASMA-LYTE M IN DEXTROSE	4	HI	
<i>pot chloride/pot bicarb/cit ac</i> (Pot Chloride/pot Bicarb/cit Ac)	2		
<i>potassium acetate</i> (Potassium Acetate)	2	HI	
<i>potassium bicarbonate/cit ac</i> (Potassium Bicarbonate/cit Ac)	2		
<i>potassium chlorid/d10-0.2%nacl</i> (Potassium Chlorid/d10-0.2%NaCl)	2	HI	
<i>potassium chloride in 0.9%nacl</i> (Potassium Chloride In 0.9%NaCl)	2	HI	

Drug Name		Drug Tier	Requirements/Limits	
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	2	HI	iv soln: 10meq/l, 30meq/l
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	2	HI	iv soln: 20meq/l, 40meq/l
<i>potassium chloride in lr-d5</i>	(Potassium Chloride In Lr-d5)	2	HI	
<i>potassium chloride</i>	(Kaochlor)	2		liquid, packet, tablet sa
<i>potassium chloride</i>	(K-dur)	2		capsule er, tab er prt, tablet er
<i>potassium chloride</i>	(Potassium Chloride)	2	HI	piggyback, syringe
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	2	HI	iv soln: 10meq/l, 30meq/l, 40meq/l
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	2	HI	iv soln: 20meq/l
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	2	HI	
<i>potassium chloride/d5-0.3%nacl</i>	(Potassium Chloride/d5-0.3%NaCl)	2	HI	
<i>potassium chloride/d5-0.45nacl</i>	(Potassium Chloride/d5-0.45NaCl)	2	HI	
<i>potassium chloride/d5-0.9%nacl</i>	(Potassium Chloride/d5-0.9%NaCl)	2	HI	
<i>potassium chloride-0.45% nacl</i>	(Potassium Chloride-0.45% NaCl)	2	HI	
<i>potassium citrate/citric acid</i>	(Polycitra-k)	2		
<i>potassium gluconate</i>	(Potassium Gluconate)	2		
<i>potassium phos,m-basic-d-basic</i>	(Potassium Phos,m-basic-d-basic)	2	HI	
<i>ringers solution</i>	(Ringers Solution)	2	HI	
SHOHL'S MODIFIED		2		
<i>sod/pot/k cit/sod cit/cit acid</i>	(Polycitra-lc)	2		
<i>sodium acetate</i>	(Sodium Acetate)	2	HI	
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	2		
<i>sodium chloride 0.45 %</i>	(Sodium Chloride 0.45 %)	2	HI	
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	2	HI	
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	2	HI	
<i>sodium chloride</i>	(Sodium Chloride)	2	HI	vial: 2.5meq/ml
<i>sodium chloride</i>	(Sodium Chloride)	2	HI	vial: 4meq/ml
<i>sodium lactate</i>	(Sodium Lactate)	2	HI	

Drug Name	Drug Tier	Requirements/Limits	
SODIUM LACTATE	2	HI	
<i>sodium phos,m-basic-d-basic</i> (Sodium Phos,m-basic-d-basic)	2	HI	
TPN ELECTROLYTES	4	HI	
TRAVERT-ELECTROLYTE NO.1	4	HI	
TRAVERT-ELECTROLYTE NO.2	4	HI	iv soln: 10%
TRAVERT-ELECTROLYTE NO.2	4	HI	iv soln: 5%
TRAVERT-ELECTROLYTE NO.3	4	HI	
TRAVERT-ELECTROLYTE NO.4	4	HI	
Respiratory Tract Agents			
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS	3	QL: 60 in 30 days	
ADVAIR HFA	3	QL: 12 in 28 days	
BREO ELLIPTA	3	QL: 60 in 30 days	
DULERA	3	QL: 13 in 28 days	
FLOVENT DISKUS	3	QL: 120 in 30 days	blst w/dev: 250mcg
FLOVENT DISKUS	3	QL: 60 in 30 days	blst w/dev: 50mcg, 100mcg
FLOVENT HFA	3	QL: 12 in 28 days	aer w/adap: 110mcg
FLOVENT HFA	3	QL: 21.2 in 28 days	aer w/adap: 44mcg
FLOVENT HFA	3	QL: 24 in 28 days	aer w/adap: 220mcg
<i>flunisolide</i> (Nasarel)	2	QL: 50 in 25 days	spray: 25mcg
<i>flunisolide</i> (Nasarel)	2	QL: 50 in 25 days	spray: 29mcg
<i>fluticasone propionate</i> (Flonase)	2	QL: 16 in 30 days	
NASONEX	3	QL: 34 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
QNASL	3	QL: 8.7 in 28 days	
QVAR	3	QL: 17.4 in 25 days	
<i>triamcinolone acetonide</i> (Nasacort Aq)	2	QL: 16.5 in 30 days	
Antileukotrienes			
<i>montelukast sodium</i> (Singulair)	2		
<i>zafirlukast</i> (Accolate)	2		
Bronchodilators			
<i>albuterol sulfate</i> (Accuneb)	2	PA BvD	solution, vial-neb: 0.63mg/ 3ml, 1.25mg/3ml
<i>albuterol sulfate</i> (Albuterol Sulfate)	2		syrup, tab er 12h, tablet
<i>aminophylline</i> (Aminophylline)	2		liquid
<i>aminophylline</i> (Aminophylline)	2	HI	vial
ATROVENT HFA	3	QL: 25.8 in 28 days	
COMBIVENT RESPIMAT	3	QL: 8 in 30 days	
COMBIVENT	3	QL: 29.4 in 30 days	
FORADIL	3	QL: 62 in 30 days	
<i>ipratropium bromide</i> (Atrovent)	2	QL: 15 in 10 days	spray: 42mcg
<i>ipratropium bromide</i> (Atrovent)	2	QL: 30 in 28 days	spray: 21mcg
<i>metaproterenol sulfate</i> (Metaproterenol Sulfate)	2		
PROAIR HFA	3	QL: 17 in 25 days	
SEREVENT DISKUS	3	QL: 60 in 30 days	
SPIRIVA	3	QL: 30 in 30 days	
<i>terbutaline sulfate</i> (Brethine)	2		
<i>theophylline anhydrous</i> (Theochron)	2		
<i>theophylline/d5w</i> (Theophylline/D5W)	2	HI	
VENTOLIN HFA	3	QL: 36 in 25 days	
Respiratory Tract Agents, Other			
<i>acetylcysteine</i> (Acetadote)	2	PA BvD	
ARALAST NP	5	HI	

Drug Name	Drug Tier	Requirements/Limits	
<i>cromolyn sodium</i> (Intal)	2	PA BvD	
DALIRESP	3	QL: 30 in 30 days	
KALYDECO	5	PA, QL: 60 in 30 days	
XOLAIR	5	PA, QL: 6 in 28 days	
ZEMAIRA	5	HI	
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
<i>baclofen</i> (Baclofen)	2		
<i>carisoprodol</i> (Soma)	2	PA, QL: 120 in 30 days	tablet: 250mg, (High Risk Med for Ages 65 and Older)
<i>carisoprodol</i> (Soma)	2	PA, QL: 120 in 30 days	tablet: 350mg, (High Risk Med for Ages 65 and Older)
<i>chlorzoxazone</i> (Parafon Forte DSC)	2	PA	(High Risk Med for Ages 65 and Older)
<i>chlorzoxazone/acetaminophen</i> (Chlorzoxazone/acetaminophen)	2	PA	(High Risk Med for Ages 65 and Older)
<i>cyclobenzaprine hcl</i> (Fexmid)	2	PA	(High Risk Med for Ages 65 and Older)
<i>dantrolene sodium</i> (Dantrium)	2		capsule
<i>dantrolene sodium</i> (Dantrium)	2	HI	vial
<i>metaxalone</i> (Skelaxin)	2	PA	(High Risk Med for Ages 65 and Older)
<i>methocarbamol</i> (Robaxin)	2	PA	(High Risk Med for Ages 65 and Older)
<i>tizanidine hcl</i> (Zanaflex)	2		
Sleep Disorder Agents			
Sleep Disorder Agents			
BUTISOL SODIUM	4	QL: 120 in 30 days	tablet: 30mg
BUTISOL SODIUM	4	QL: 473 in 30 days	elixir: 30mg/5ml
BUTISOL SODIUM	4	QL: 60 in 30 days	tablet: 50mg
<i>modafinil</i> (Provigil)	2	PA, QL: 60 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
ROZEREM	3		
XYREM	5	LA	
<i>zaleplon</i> (Sonata)	2	PA, QL: 60 in 30 days	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug)
<i>zolpidem tartrate</i> (Ambien)	2	PA, QL: 30 in 30 days	(High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug)
Sympatholytic Adrenergic Blocking Agents			
Alpha-Adrenergic Blocking Agents			
<i>alfuzosin hcl</i> (Uroxatral)	2		
<i>phentolamine mesylate</i> (Phentolamine Mesylate)	2	PA	
<i>tamsulosin hcl</i> (Flomax)	2		
<i>terazosin hcl</i> (Hytrin)	1		
Vasodilating Agents			
Vasodilating Agents			
ADCIRCA	5	PA, QL: 60 in 30 days	
ADEMPAS	5	PA, QL: 90 in 30 days	
<i>alprostadil</i> (Prostin Vr Pediatric)	2	PA	
<i>epoprostenol sodium (glycine)</i> (Flolan)	2	PA BvD	vial: 0.5mg
<i>epoprostenol sodium (glycine)</i> (Flolan)	5	PA BvD	vial: 1.5mg
ISOVEX	4		
LETAIRIS	5	PA, QL: 30 in 30 days	
OPSUMIT	5	PA, QL: 30 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
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REVATIO	5	PA, QL: 37.5 in 1 day	vial
<i>sildenafil citrate</i> (Revatio)	2	PA, QL: 90 in 30 days	
TRACLEER	5	LA, PA, QL: 60 in 30 days	
TYVASO	5	PA BvD	
VENTAVIS	5	PA BvD	
Vitamins and Minerals			
Vitamins and Minerals			
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<i>pedi mvi no.12/sodium fluoride</i> (Multivitamins with Fluoride)	2		
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<i>potassium chloride/d5-0.3%nacl</i>	88	PROCRIT	52	<i>ramipril</i>	57
<i>potassium chloride/d5-0.45nacl</i>	88	PROCYSBI	84	RANEXA	59
<i>potassium chloride/d5-0.9%nacl</i>	88	<i>progesterone</i>	76	<i>ranitidine hcl</i>	71
<i>potassium chloride-0.45% nacl</i>	88	<i>progesterone,micronized</i>	76	RAPAMUNE	78
<i>potassium citrate/citric acid</i> ..	88	PROGLYCEM	61	RAVICTI	71
<i>potassium gluconate</i>	88	PROGRAF	78	REBIF	84
<i>potassium hydroxide</i>	65	PROLENSA	69	REBIF REBIDOSE	84
<i>potassium phos,m-basic-d-basic</i>	88	PROLEUKIN	29	RECOMBIVAX HB	79
POTIGA	33	PROLIA	81	REGONOL	84
PRADAXA	51	PROMACTA	52	RELENZA	49
PRALIDOXIME CHLORIDE	84	<i>promethazine hcl</i>	42, 43	RELISTOR	71
<i>pramipexole di-hcl</i>	45	PRONESTYL	57	REMICADE	84
PRANDIMET	37	<i>propafenone hcl</i>	57	REMODULIN	93
<i>pravastatin sodium</i>	61	<i>propantheline bromide</i>	32	RENAGEL	72
<i>prazosin hcl</i>	56	<i>proparacaine hcl</i>	70	REVELA	72
<i>prednicarbate</i>	66	<i>proparacaine/fluorescein sod</i> ..	70	<i>repaglinide</i>	37
<i>prednisolone</i>	75	<i>propranolol hcl</i>	58	RESCRIPTOR	48
<i>prednisolone acetate</i>	69, 75	<i>propranolol/hydrochlorothiazid</i>	58	RESTASIS	69
<i>prednisolone sod phosphate</i> ..	75	<i>propylthiouracil</i>	76	RETROVIR	48
<i>prednisone</i>	75	PROQUAD	79	REVATIO	93
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PREMARIN	74	PROSTIGMIN	84	REYATAZ	48
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PREMPHASE	74	PROTOPAM CHLORIDE ...	84	RHOPHYLAC	78
PREMPRO	74	PROTOPIC	66	<i>ribavirin</i>	50
PREZISTA	48	<i>protriptyline hcl</i>	35	RIDAURA	78
PRIFTIN	43	PULMOZYME	68	<i>rifabutin</i>	43
PRIMAQUINE	44	PURIXAN	29	<i>rifampin</i>	43
<i>primidone</i>	33	<i>pyridostigmine bromide</i>	84	RIFATER	43
PRISTIQ ER	35	QNASL	90	<i>riluzole</i>	62
PRIVIGEN	78	QUDEXY XR	33	<i>rimantadine hcl</i>	49
PROAIR HFA	90	<i>quetiapine fumarate</i>	47	<i>ringers solution</i>	80, 88
<i>probenecid</i>	84	QUICK MIX with LYLES ...	55	<i>risedronate sodium</i>	81
<i>procainamide hcl</i>	57	QUILLIVANT XR	62	RISPERDAL CONSTA	47
PROCALAMINE	55	<i>quinapril hcl</i>	57	<i>risperidone</i>	47
<i>prochlorperazine edisylate</i> ...	43	<i>quinapril/hydrochlorothiazide</i>	57	RITUXAN	30
<i>prochlorperazine maleate</i>	43	<i>quinidine gluconate</i>	57	<i>rivastigmine tartrate</i>	34
		<i>quinidine sulfate</i>	57	<i>rizatriptan benzoate</i>	42
		<i>quinine sulfate</i>	44	<i>ropinirole hcl</i>	45
		QVAR	90	ROTARIX	79
		RABAVERT	79	ROTATEQ	79
		<i>raloxifene hcl</i>	74	ROZEREM	92
				SABRIL	33

SAIZEN	76	<i>sodium morrhuate</i>	84	SUPRAX.....	22
<i>salsalate</i>	17	<i>sodium phenylbutyrate</i>	71	SUSTIVA.....	48
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SANTYL.....	65	<i>sodium polystyrene sulfonate</i>	72	SYLATRON 4-PACK	49
SAPHRIS	47	<i>sodium tetradecyl sulfate</i>	84	SYLVANT	30
SAVELLA	62	<i>sodium thiosulfate</i>	72	SYMLIN	37
<i>selegiline hcl</i>	45	SOLIRIS	84	SYMLINPEN 120.....	37
<i>selenium sulfide</i>	65	SOLTAMOX	30	SYMLINPEN 60.....	37
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SENSIPAR.....	84	SOLU-MEDROL.....	75	SYNAREL	85
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SEROSTIM.....	76	<i>sotalol hcl</i>	58	<i>syring w-ndl,disp,insul,0.3ml</i>	67
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<i>sildenafil citrate</i>	93	SPIRIVA.....	90	<i>tacrolimus</i>	78
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<i>silver nitrate</i>	65	61	TAMIFLU.....	49
<i>silver nitrate applicator</i>	65	<i>spironolactone</i>	61	<i>tamoxifen citrate</i>	30
<i>silver sulfadiazine</i>	65	SPORANOX.....	41	<i>tamsulosin hcl</i>	92
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SIRTURO	43	<i>streptomycin sulfate</i>	20	TE ANATOXAL BERNA... ..	79
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<i>sodium acetate</i>	88	<i>sucralfate</i>	71	<i>telmisartan</i>	56
<i>sodium bicarbonate</i>	88	<i>sulfacetamide sodium</i>	65, 69	<i>telmisartan/hydrochlorothiazid</i>	
<i>sodium chloride</i>	88	<i>sulfacetamide/prednisolone sp</i>		56
<i>sodium chloride 0.45 %</i>	88	69	<i>temazepam</i>	20
<i>sodium chloride 3%</i>	88	<i>sulfadiazine</i>	24	TEMODAR.....	30
<i>sodium chloride 5%</i>	88	<i>sulfamethoxazole/trimethoprim</i>		<i>teniposide</i>	30
<i>sodium chloride irrig solution</i>		24	TENIVAC	79
.....	80	<i>sulfasalazine</i>	24	<i>terazosin hcl</i>	92
<i>sodium chloride/nahco3/kcl/peg</i>		<i>sulindac</i>	17	<i>terbinafine hcl</i>	41
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<i>tetracaine hcl/pf</i>	70	TRAVASOL with DEXTROSE		TYGACIL	25
<i>tetracycline hcl</i>	25	55	TYKERB.....	31
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<i>theophylline/d5w</i>	90	TRAVERT	55	TYZEKA.....	50
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