

**Geisinger Gold \$0 Deductible Rx**  
**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 08/25/2014. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March – Sept), or visit [www.thehealthplan.com/Gold/Landing\\_Pages/Formulary/](http://www.thehealthplan.com/Gold/Landing_Pages/Formulary/)

**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 Geisinger Gold. When it refers to “plan” or “our plan,” it means Geisinger Gold \$0 Deductible Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of September 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.

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Effective: September 1, 2014  
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## **What is the Geisinger Gold \$0 Deductible Rx Formulary?**

A formulary is a list of covered drugs selected by Geisinger Gold \$0 Deductible Rx 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. Geisinger Gold \$0 Deductible Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Geisinger Gold \$0 Deductible Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug [or move a drug to a higher cost-sharing tier], we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1, 2014. To get updated information about the drugs covered by Geisinger Gold \$0 Deductible Rx, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, Geisinger Gold \$0 Deductible Rx communicates changes to the formulary in the member newsletter and on the monthly explanation of benefits (EOB).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 12. 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 12. 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?**

Geisinger Gold \$0 Deductible Rx 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:** Geisinger Gold \$0 Deductible Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Geisinger Gold \$0 Deductible Rx before you fill your prescriptions. If you don't get approval, Geisinger Gold \$0 Deductible Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Geisinger Gold \$0 Deductible Rx limits the amount of the drug that Geisinger Gold \$0 Deductible Rx will cover. For example, Geisinger Gold \$0 Deductible Rx provides 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Geisinger Gold \$0 Deductible Rx 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, Geisinger Gold \$0 Deductible Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Geisinger Gold \$0 Deductible Rx 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 14. 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 Geisinger Gold \$0 Deductible Rx 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 Geisinger Gold \$0 Deductible Rx formulary?" on page 4 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that Geisinger Gold \$0 Deductible Rx does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Geisinger Gold \$0 Deductible Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Geisinger Gold \$0 Deductible Rx.
- You can ask Geisinger Gold \$0 Deductible Rx 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 Geisinger Gold \$0 Deductible Rx Formulary?**

You can ask Geisinger Gold \$0 Deductible Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Geisinger Gold \$0 Deductible Rx 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, Geisinger Gold \$0 Deductible Rx 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 93-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.

For members who experience a level of care change such as changing from one treatment setting to another (e.g. hospital to long-term care facility), being admitted to or discharged from a long-term care facility, or reverting from hospice status back to standard Medicare Part A and B benefits, an exception for a one-time temporary fill will be granted even if the member is past the first 90 days of membership in our plan. Early refill edits will not be applied when a level of care change exists.

## **For more information**

For more detailed information about your Geisinger Gold \$0 Deductible Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Geisinger Gold \$0 Deductible Rx, 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](http://www.medicare.gov).

## **Geisinger Gold \$0 Deductible Rx Formulary**

The formulary that begins on page 12 provides coverage information about the drugs covered by Geisinger Gold \$0 Deductible Rx. 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., BYETTA) and generic drugs are listed in lower-case italics (e.g. *simvastatin*).

The information in the Requirements/Limits column tells you if Geisinger Gold \$0 Deductible Rx have 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
<b>General</b>		
	<i>generic</i> (Brand)	The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Geisinger Gold \$0 Deductible Rx before you fill your prescription for this drug. Without prior approval, Geisinger Gold \$0 Deductible Rx 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 Geisinger Gold \$0 Deductible Rx to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Geisinger Gold \$0 Deductible Rx 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 Geisinger Gold \$0 Deductible Rx before you fill your prescription for this drug. Without prior approval, Geisinger Gold \$0 Deductible Rx may not cover this drug.
QL	Quantity Limit Restriction	Geisinger Gold \$0 Deductible Rx limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Geisinger Gold \$0 Deductible Rx 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.
<b>Other Special Requirements for Coverage</b>		
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 (800) 988-4861, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March – Sept). TTY/TDD users should call 711.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.

## 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

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
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)

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
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 syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	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
suspd r 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

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
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

Every medication on the Geisinger Gold \$0 Deductible Rx formulary is in one of five (5) cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the medication: As shown in the table below, the amount of the copayment or coinsurance depends on which cost-sharing tier your medication is in. Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, and where you get the medication filled.

**Your share of the cost when you get a *one-month* supply (or less) of a covered Part D prescription drug prior to entering the coverage gap:**

	<b>Classic 1 and Classic Plus</b>	<b>All Other Plans</b>
<b>Tier 1 (preferred generic)</b>	<b>\$3</b>	<b>\$3</b>
<b>Tier 2 (non-preferred generic)</b>	<b>\$7</b>	<b>\$10</b>
<b>Tier 3 (preferred brand)</b>	<b>\$39</b>	<b>\$39</b>
<b>Tier 4 (non-preferred brand)</b>	<b>\$69</b>	<b>\$80</b>
<b>Tier 5 (specialty tier)</b>	<b>33% coinsurance</b>	<b>33% coinsurance</b>

**If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amounts.**

Drug Name	Drug Tier	Requirements/Limits	
<b>Analgesics</b>			
<b>Analgesics, Miscellaneous</b>			
<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-30mg
<i>acetaminophen with codeine</i> (Vopac)	2	QL: 390 in 30 days	tablet: 300mg-15mg
<i>acetaminophen/phenyltolx cit</i> (Staflex)	2	QL: 180 in 30 days	tablet: 650mg-50mg
AVINZA	3	NM, QL: 30 in 30 days	cpmp 24hr: 30mg, 45mg, 60mg
AVINZA	3	NM, QL: 60 in 30 days	cpmp 24hr: 75mg, 90mg, 120mg
<i>buprenorphine hcl</i> (Buprenorphine HCl)	2	NM	(oral products only)
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	2		spray, vial
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	2	NM	syringe
BUTRANS	4	PA, QL: 4 in 28 days	
<i>codeine phos/acetaminophen</i> (Codeine Phos/acetaminophen)	2	QL: 5000 in 30 days	
<i>codeine sulfate</i> (Codeine Sulfate)	2	NM, QL: 180 in 30 days	tablet
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor Dc)	2	QL: 330 in 30 days	capsule
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor SS)	2	QL: 150 in 30 days	tablet
<i>dihydrocodeine/aspirin/caffeine</i> (Synalgos-dc)	2	QL: 360 in 30 days	
<i>fentanyl citrate</i> (Actiq)	2	NM, PA, QL: 120 in 30 days	
<i>fentanyl</i> (Duragesic)	2	NM, QL: 10 in 30 days	patch td72: 12mcg/hr, 25mcg/hr, 50mcg/hr
<i>fentanyl</i> (Duragesic)	2	NM, QL: 20 in 30 days	patch td72: 75mcg/hr, 100mcg/hr

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
<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
<i>hydrocodone/acetaminophen</i>	(Norco)	2	QL: 360 in 30 days	tablet: 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	NM, QL: 180 in 30 days	tablet: 2mg, 4mg
<i>hydromorphone hcl</i>	(Dilaudid)	2	NM, QL: 240 in 30 days	tablet: 8mg
<i>hydromorphone hcl</i>	(Hydromorphone HCl)	2	NM	syringe
<i>hydromorphone hcl/pf</i>	(Dilaudid)	2	NM	ampul
<i>hydromorphone hcl/pf</i>	(Hydromorphone HCl/PF)	2	NM	vial
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	2	NM, QL: 28 in 30 days	
<b>LAZANDA</b>		4	NM, PA	
<i>levorphanol tartrate</i>	(Levo-dromoran)	2	NM, QL: 180 in 30 days	
<i>methadone hcl</i>	(Methadone HCl)	2	NM, QL: 1800 in 30 days	solution
<i>methadone hcl</i>	(Methadone HCl)	2	NM	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>methadone hcl</i>	(Methadose)	2	NM, QL: 1800 in 30 days	oral conc
<i>methadone hcl</i>	(Methadose)	2	NM, QL: 360 in 30 days	tablet
<i>methadone hcl</i>	(Methadose)	2	NM, QL: 90 in 30 days	tablet sol
<i>morphine sulfate</i>	(Avinza)	2	QL: 30 in 30 days	cpmp 24hr: 30mg, 45mg, 60mg
<i>morphine sulfate</i>	(Avinza)	2	QL: 60 in 30 days	cpmp 24hr: 75mg, 90mg, 120mg
<i>morphine sulfate</i>	(Kadian)	2	QL: 120 in 30 days	cap er pel: 10mg
<i>morphine sulfate</i>	(Morphine Sulfate)	2	NM	ampul, cartridge: 8mg/ml, 10mg/ml, 15mg/ml; pen injctr, supp.rect, syringe: 2mg/ml; vial, vial port
<i>morphine sulfate</i>	(Morphine Sulfate)	2	NM	cartridge: 2mg/ml, 4mg/ml
<i>morphine sulfate</i>	(Morphine Sulfate)	2	QL: 300 in 30 days	syringe: 20mg/ml
<i>morphine sulfate</i>	(MS Contin)	2	NM, QL: 120 in 30 days	cap er pel: 20mg, 60mg, 80mg; tablet er: 60mg, 200mg
<i>morphine sulfate</i>	(MS Contin)	2	NM, QL: 90 in 30 days	cap er pel: 30mg, 50mg, 100mg; tablet er: 15mg, 30mg, 100mg
<i>morphine sulfate</i>	(MSIR)	2	NM, QL: 300 in 30 days	solution: 20mg/5ml
<i>morphine sulfate</i>	(MSIR)	2	NM, QL: 700 in 30 days	solution: 10mg/5ml
<i>morphine sulfate</i>	(MSIR)	2	QL: 200 in 30 days	solution: 100mg/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	NM	pca vial, vial: 0.5mg/ml, 1mg/ml
MORPHINE SULFATE		2	NM, QL: 180 in 30 days	

Drug Name		Drug Tier	Requirements/Limits	
<i>nalbuphine hcl</i>	(Nalbuphine HCl)	2	NM	
<i>oxycodone hcl</i>	(Dazidox)	2	NM, QL: 180 in 30 days	capsule, oral conc, tablet
<i>oxycodone hcl</i>	(Oxycodone HCl)	2	NM, QL: 1300 in 30 days	solution
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	2	NM, QL: 180 in 30 days	tablet: 10mg-650mg
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	2	NM, QL: 240 in 30 days	capsule, tablet: 5mg-500mg, 7.5-500mg
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	2	NM, QL: 360 in 30 days	tablet: 2.5-325mg, 5mg- 325mg, 7.5-325mg, 10mg- 325mg
<i>oxycodone hcl/ acetaminophen</i>	(Oxycodone HCl/ acetaminophen)	2	NM, QL: 1830 in 30 days	solution
<i>oxycodone hcl/aspirin</i>	(Endodan)	2	NM, QL: 360 in 30 days	
OXYCONTIN		4	NM, ST, QL: 120 in 30 days	tab er 12h: 60mg, 80mg
OXYCONTIN		4	NM, ST, QL: 90 in 30 days	tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg
<i>oxymorphone hcl</i>	(Opana)	2	NM, QL: 180 in 30 days	tablet
<i>sal-amide/acetaminophn/ p-tlox</i>	(Asp)	2	QL: 390 in 30 days	capsule
<i>tramadol hcl</i>	(Tramadol HCl)	2	QL: 60 in 30 days	cpbp 25-75
<i>tramadol hcl</i>	(Ultram ER)	2	QL: 30 in 30 days	tab er 24h: 200mg, 300mg
<i>tramadol hcl</i>	(Ultram ER)	2	QL: 90 in 30 days	tab er 24h: 100mg
<i>tramadol hcl</i>	(Ultram)	2	QL: 240 in 30 days	tablet
<i>tramadol hcl/ acetaminophen</i>	(Ultracet)	2	QL: 240 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
<b>Nonsteroidal Anti-inflammatory Agents</b>			
CELEBREX	3		
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	2		
<i>diclofenac potassium</i> (Cataflam)	2		
<i>diclofenac sodium</i> (Voltaren)	2	tab er 24h, tablet dr	
<i>diclofenac sodium</i> (Voltaren-XR)	2	tab er 24h, tablet dr, (oral products only)	
<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		
<i>flurbiprofen</i> (Ansaid)	2		
<i>ibuprofen</i> (Motrin)	2	oral susp: 100mg/5ml; tablet	
<i>ketoprofen</i> (Ketoprofen)	2		
<i>meclofenamate sodium</i> (Meclofenamate Sodium)	2		
<i>mefenamic acid</i> (Ponstel)	2		
<i>meloxicam</i> (Mobic)	2		
<i>methyl salicylate</i> (Methyl Salicylate)	2		
<i>nabumetone</i> (Relafen)	2		
<i>naproxen sodium</i> (Anaprox)	2		
<i>naproxen</i> (Naprosyn)	2		
<i>oxaprozin</i> (Daypro)	2		
<i>phenylbutazone</i> (Phenylbutazone)	2		
<i>piroxicam</i> (Feldene)	2		
<i>salsalate</i> (Salflex)	2		
SOLARAZE	4	(oral products only)	
<i>sulindac</i> (Clinoril)	2		
<i>tolmetin sodium</i> (Tolmetin Sodium)	2		
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
<i>cocaine hcl</i> (Cocaine HCl)	2	NM	
<i>lidocaine hcl</i> (Lidocaine HCl)	2	NM	disp syrin
<i>lidocaine hcl</i> (Xylocaine)	2		jel (ml), jel/pf app, solution: 2%, 40mg/ml
<i>lidocaine hcl</i> (Xylocaine)	2		solution: 4%
<i>lidocaine hcl</i> (Xylocaine)	2	NM, PA BvD	vial, (PA for ESRD Only)
<i>lidocaine hcl/d7.5w/pf</i> (Lidocaine HCl/d7.5w/PF)	2	NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>lidocaine hcl/pf</i>	(Xylocaine-MPF)	2	NM, PA BvD	ampul: 15mg/ml, 40mg/ml, (PA for ESRD Only)
<i>lidocaine</i>	(Lidocaine)	2	PA BvD	oint. (g), (PA for ESRD Only)
<i>lidocaine</i>	(Lidoderm)	2	PA	adh. patch
<i>lidocaine/prilocaine</i>	(EMLA)	2	PA BvD	(PA for ESRD Only)
LIDODERM		4	PA	
<b>Anti-addiction/substance Abuse Treatment Agents</b>				
<b>Anti-addiction/substance Abuse Treatment Agents</b>				
<i>acamprosate calcium</i>	(Campral)	2		
<i>buprenorphine hcl</i>	(Subutex)	2	NM, QL: 20 in 30 days	tab sub: 2mg, (oral products only)
<i>buprenorphine hcl</i>	(Subutex)	2	NM, QL: 5 in 30 days	tab sub: 8mg, (oral products only)
<i>buprenorphine hcl/ naloxone hcl</i>	(Suboxone)	2	NM, QL: 360 in 30 days	tab sub: 2mg-0.5mg
<i>buprenorphine hcl/ naloxone hcl</i>	(Suboxone)	2	NM, QL: 90 in 30 days	tab sub: 8mg-2mg
CAMPRAL		4		tab ds pk
CAMPRAL		4		tablet dr
CHANTIX		4		tab ds pk
CHANTIX		4	QL: 60 in 30 days	tablet: 0.5mg, 1mg
CHANTIX		4	QL: 60 in 30 days	tablet: 1mg
<i>disulfiram</i>	(Antabuse)	2		
<i>naloxone hcl</i>	(Naloxone HCl)	2	NM	syringe: 0.4mg/ml; vial
<i>naloxone hcl</i>	(Naloxone HCl)	2	NM	syringe: 1mg/ml
<i>naltrexone hcl</i>	(Revia)	2		
NICOTROL NS		4		
SUBOXONE		4	NM, QL: 180 in 30 days	film: 4mg-1mg
SUBOXONE		4	NM, QL: 360 in 30 days	film: 2mg-0.5mg
SUBOXONE		4	NM, QL: 60 in 30 days	film: 12mg-3mg

Drug Name	Drug Tier	Requirements/Limits	
SUBOXONE	4	NM, QL: 90 in 30 days	film: 8mg-2mg
<b>Antianxiety Agents</b>			
<b>Benzodiazepines</b>			
ALPRAZOLAM INTENSOL	3		
<i>alprazolam</i> (Xanax)	2		
<i>clonazepam</i> (Klonopin)	2		
<i>clorazepate dipotassium</i> (Tranxene T-tab)	2		
<i>diazepam</i> (Diastat)	2	QL: 5 in 30 days	kit
<i>diazepam</i> (Valium)	2		oral conc, solution, tablet
<i>estazolam</i> (Prosom)	2		
<i>lorazepam</i> (Ativan)	2		oral conc, tablet
<i>lorazepam</i> (Ativan)	2		syringe
<i>lorazepam</i> (Ativan)	2	NM	vial
ONFI	4	PA NSO	oral susp, tablet: 10mg, 20mg
ONFI	4	PA NSO	tablet: 5mg
<i>oxazepam</i> (Oxazepam)	2		
<i>quazepam</i> (Doral)	2		
<i>temazepam</i> (Restoril)	2		
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
<i>amikacin sulfate</i> (Amikacin Sulfate)	2	NM	vial: 1000mg/4ml
<i>amikacin sulfate</i> (Amikacin Sulfate)	2	NM	vial: 100mg/2ml
BETHKIS	4	PA BvD	
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	2	NM	piggyback: 100mg/50ml
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	2	NM	piggyback: 60mg/50ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.1l
<i>gentamicin sulfate</i> (Garamycin)	2	NM	
<i>gentamicin sulfate/pf</i> (Gentamicin Sulfate/PF)	2		
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	2	NM	
<i>neomycin sulfate</i> (Neomycin Sulfate)	2		
<i>streptomycin sulfate</i> (Streptomycin Sulfate)	2	NM	
TOBI PODHALER	5	NM, PA, QL: 224 in 28 days	

Drug Name		Drug Tier	Requirements/Limits	
TOBI		4	PA BvD	
<i>tobramycin sulfate</i>	(Nebcin)	2	NM	
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	2	NM	piggyback: 60mg/50ml
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	2	NM	piggyback: 80mg/100ml
<b>Antibacterials, Miscellaneous</b>				
<i>bacitracin</i>	(Bacitracin)	2	NM	
<i>chloramphenicol sod succ</i>	(Chloramphenicol Sod Succ)	2	NM	
<i>clindamycin hcl</i>	(Cleocin HCl)	2		
<i>clindamycin palmitate hcl</i>	(Cleocin Palmitate)	2		
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	2	NM	vial port
<i>clindamycin phosphate/d5w</i>	(Cleocin Phosphate In D5w)	2	NM	
<i>colistin (colistimethate na)</i>	(Coly-mycin M Parenteral)	2	NM	
CUBICIN		5	NM, PA BvD	(PA for ESRD only)
LINCOCIN		4	NM	
<i>methenamine hippurate</i>	(Urex)	2		
<i>nitrofurantoin macrocrystal</i>	(Macrochantin)	2	PA, QL: 90 in 365 days	(PA Req for Ages 65 and Older; High Risk Med)
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	2	NM	
<i>trimethoprim</i>	(Trimethoprim)	2		
<i>vancomycin hcl</i>	(Vancocin HCl)	2		capsule
<i>vancomycin hcl</i>	(Vancomycin HCl)	2	NM, PA BvD	vial: 1g, 10g
<i>vancomycin hcl</i>	(Vancomycin HCl)	2	NM, PA BvD	vial: 1g, 10g, (PA for ESRD only)
<i>vancomycin hcl</i>	(Vancomycin HCl)	2	NM, PA BvD	vial: 750mg, (PA for ESRD Only)
<i>vancomycin hcl/d5w</i>	(Vancomycin HCl/D5W)	2	NM	
ZYVOX		5	NM, PA	
<b>Cephalosporins</b>				
<i>cefaclor</i>	(Ceclor)	2		
<i>cefadroxil</i>	(Cefadroxil)	2		
<i>cefazolin sodium</i>	(Ancef)	2		vial: 20g
<i>cefazolin sodium</i>	(Ancef)	2	NM	vial: 1g, 500mg
<i>cefazolin sodium/dextrose,iso</i>	(Cefazolin Sodium/dextrose, Iso)	2	NM	froz.piggy

Drug Name		Drug Tier	Requirements/Limits	
<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	NM	
<i>cefotaxime sodium</i>	(Claforan)	2	NM	
<i>cefotetan disod/ dextrose,iso</i>	(Cefotetan Disod/ dextrose, Iso)	2	NM	
<i>cefotetan disodium</i>	(Cefotetan Disodium)	2	NM	
<i>cefoxitin sodium</i>	(Mefoxin)	2	NM	
<i>cefoxitin sodium/ dextrose,iso</i>	(Cefoxitin Sodium/ dextrose, Iso)	2	NM	
<i>cefpodoxime proxetil</i>	(Vantin)	2		
<i>cefprozil</i>	(Cefzil)	2		
<i>ceftazidime pentahydrate</i>	(Fortaz)	2	NM	vial port: 1g
<i>ceftazidime pentahydrate</i>	(Fortaz)	2	NM	vial: 2g, 6g, 500mg
CEFTAZIDIME		2	NM	
<i>ceftibuten dihydrate</i>	(Cedax)	2		
<i>ceftriaxone na/ dextrose,iso</i>	(Ceftriaxone Na/ dextrose, Iso)	2	NM	froz.piggy: 1g/50ml
<i>ceftriaxone sodium</i>	(Rocephin)	2	NM	vial
<i>cefuroxime axetil</i>	(Ceftin)	2		
<i>cefuroxime sodium</i>	(Zinacef)	2	NM	
<i>cefuroxime sodium/ dextrose,iso</i>	(Cefuroxime Sodium/ dextrose, Iso)	2	NM	
<i>cephalexin</i>	(Keflex)	2		capsule: 250mg, 500mg; susp recon, tablet
<i>cephalexin</i>	(Keflex)	2		capsule: 750mg
SUPRAX		4		capsule, tablet
TAZICEF IN DEXTROSE		2	NM	froz.piggy: 1g/50ml
<i>tea tree oil</i>	(Tea Tree Oil)	2		
<b>Macrolides</b>				
<i>azithromycin</i>	(Zithromax)	2	NM	vial
<i>azithromycin</i>	(Zithromax)	2	PA	packet, susp recon, tablet
<i>azithromycin</i>	(Zithromax)	2	PA	packet, susp recon, tablet, (PA only w/ digoxin)
<i>clarithromycin</i>	(Biaxin)	2	PA	(PA only w/ digoxin)
<i>ery e-succ/sulfisoxazole</i>	(Pediazole)	2	PA	(PA only w/ digoxin)
ERY-TAB		2	PA	(PA only w/ digoxin)
ERYTHROCIN LACTOBIONATE		3	NM	vial port: 500mg

Drug Name		Drug Tier	Requirements/Limits	
<i>erythromycin base</i>	(Eryc)	2	PA	capsule dr, (PA only w/ digoxin)
<i>erythromycin base</i>	(Erythromycin Base)	2	PA	tablet, tablet dr, (PA only w/ digoxin)
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	2	PA	susp recon
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	2	PA	tablet, (PA only w/ digoxin)
<i>erythromycin stearate</i>	(Erythromycin Stearate)	2	PA	(PA only w/ digoxin)
KETEK		4	PA	
PCE		4	PA	(PA only w/ digoxin)
<b>Miscellaneous B-lactam Antibiotics</b>				
<i>aztreonam</i>	(Azactam)	2	NM	
<i>imipenem/cilastatin sodium</i>	(Primaxin)	2	NM	
<i>meropenem</i>	(Merrem)	2	NM	
PRIMAXIN I.M.		3	NM	
<b>Penicillins</b>				
<i>amoxicillin trihydrate</i>	(Amoxicillin Trihydrate)	2		
<i>amoxicillin</i>	(Amoxil)	2		
<i>amoxicillin/potassium clav</i>	(Augmentin)	2		
<i>ampicillin sodium</i>	(Totacillin-N)	2	NM	vial
<i>ampicillin sodium</i>	(Totacillin-N)	2	NM	vial port
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	NM	vial
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	NM	vial port
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	2		
<i>dicloxacillin sodium</i>	(Dicloxacillin Sodium)	2		
<i>nafcillin sodium</i>	(Unipen)	2	NM	vial
<i>nafcillin sodium</i>	(Unipen)	2	NM	vial port
NALLPEN-ISO-OSMOTIC DEXTROSE		2	NM	
<i>oxacillin sodium</i>	(Oxacillin Sodium)	2	NM	
<i>oxacillin sodium/dextrose,iso</i>	(Oxacillin Sodium/dextrose, Iso)	2	NM	
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	2	NM	froz.piggy: 1mm/50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	2	NM	froz.piggy: 2mm/50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	2	NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	2	NM	
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2	NM	syringe: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2	NM	syringe: 600000/ml
<i>penicillin v potassium</i>	(Veetids 500)	2		
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	2	NM	
TIMENTIN		3	NM	
<b>Quinolones</b>				
AVELOX ABC PACK		3		
AVELOX		3		
<i>ciprofloxacin hcl</i>	(Cipro)	2		
<i>ciprofloxacin lactate/d5w</i>	(Cipro I.V.)	2	NM	
<i>ciprofloxacin</i>	(Ciprofloxacin)	2		
<i>ciprofloxacin/ciprofloxacin hcl</i>	(Cipro XR)	2		
<i>levofloxacin</i>	(Levaquin)	2		solution, tablet
<i>levofloxacin</i>	(Levaquin)	2	NM	vial
<i>levofloxacin/d5w</i>	(Levaquin)	2	NM	
<i>moxifloxacin hcl</i>	(Avelox)	2		
<i>nalidixic acid</i>	(Nalidixic Acid)	2		
<i>ofloxacin</i>	(Floxin)	2		
<b>Sulfonamides</b>				
<i>sulfadiazine</i>	(Sulfadiazine)	2		
<i>sulfamethoxazole/trimethoprim</i>	(Septra)	2		oral susp, tablet
<i>sulfamethoxazole/trimethoprim</i>	(Sulfamethoxazole/trimethoprim)	2	NM	vial
<i>sulfasalazine</i>	(Azulfidine)	2		
<b>Tetracyclines</b>				
<i>demeclocycline hcl</i>	(Declomycin)	2		
<i>doxycycline hyclate</i>	(Doxycycline Hyclate)	2	NM	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
<i>minocycline hcl</i>	(Dynacin)	2		
<i>tetracycline hcl</i>	(Ala-tet)	2		
TYGACIL		4	NM	

Drug Name	Drug Tier	Requirements/Limits	
<b>Anticancer Agents</b>			
<b>Anticancer Agents</b>			
ABRAXANE	4	NM, PA NSO	
ADCETRIS	5	NM, PA NSO	
AFINITOR DISPERZ	4	NM, PA NSO	
AFINITOR	4	NM, PA NSO	
ALIMTA	4	NM	
<i>anastrozole</i> (Arimidex)	2		
ARRANON	4	NM, PA NSO	
ARZERRA	4	NM, PA NSO	
AVASTIN	4	NM, PA NSO	
<i>azacitidine</i> (Vidaza)	2		
<i>bicalutamide</i> (Casodex)	2		
BICNU	4	NM	
<i>bleomycin sulfate</i> (Bleomycin Sulfate)	2	NM, PA BvD	
BOSULIF	5	NM, PA NSO, QL: 30 in 30 days	tablet: 500mg
BOSULIF	5	NM, PA NSO	tablet: 100mg
BUSULFEX	4		
CAPRELSA	5	NM, PA NSO	
<i>carboplatin</i> (Carboplatin)	2	NM	
CEENU	3	NM	capsule: 100mg
CEENU	3	NM	capsule: 10mg, 40mg
<i>cisplatin</i> (Cisplatin)	2	NM	
<i>cladribine</i> (Leustatin)	2	NM, PA BvD	
CLOLAR	4	NM, PA NSO	
COMETRIQ	5	NM, PA NSO	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide</i> (Cyclophosphamide)	2	tablet
<i>cyclophosphamide</i> (Cytosan)	2	NM, PA BvD
CYCLOPHOSPHAMIDE	4	
CYRAMZA	5	NM, PA NSO
<i>cytarabine/pf</i> (Cytarabine/PF)	2	NM, PA BvD
<i>cytarabine/pf</i> (Cytarabine/PF)	2	NM, PA BvD
<i>dacarbazine</i> (Dtic-Dome IV)	2	NM
DACOGEN	4	NM, PA NSO
<i>dactinomycin</i> (Cosmegen)	2	NM
<i>daunorubicin hcl</i> (Cerubidine)	2	NM
DAUNOXOME	4	NM
<i>decitabine</i> (Dacogen)	2	
DEPOCYT	4	NM, PA BvD
DOCEFREZ	4	NM
<i>docetaxel</i> (Taxotere)	2	NM
<i>docetaxel</i> (Taxotere)	2	NM
DOXIL	4	NM, PA BvD
<i>doxorubicin hcl peg-liposomal</i> (Doxil)	2	NM, PA BvD
<i>doxorubicin hcl</i> (Adriamycin RDF)	2	NM, PA BvD
DROXIA	4	
ELIGARD	4	NM
ELOXATIN	4	NM, PA NSO
ELSPAR	4	NM
EMCYT	3	NM
<i>epirubicin hcl</i> (Ellence)	2	NM
ERBITUX	4	NM, PA NSO
ERIVEDGE	5	LA, NM, PA NSO, QL: 30 in 30 days

Drug Name	Drug Tier	Requirements/Limits	
ERWINAZE	5	NM, PA NSO	
ETOPOPHOS	4	NM	
<i>etoposide</i> (Etoposide)	2	NM	
<i>exemestane</i> (Aromasin)	2		
FARESTON	4		
FASLODEX	4	NM	
FIRMAGON	4	NM	
<i>floxuridine</i> (FUDR)	2	NM, PA BvD	
<i>fludarabine phosphate</i> (Fludara)	2	NM	
<i>fluorouracil</i> (Fluorouracil)	2	NM, PA BvD	vial: 1g/20ml
<i>fluorouracil</i> (Fluorouracil)	2	NM, PA BvD	vial: 500mg/10ml
<i>flutamide</i> (Flutamide)	2		
FOLOTYN	4	NM	
GAZYVA	5	NM, PA NSO	
<i>gemcitabine hcl</i> (Gemzar)	2	NM	
GILOTRIF	5	NM, PA NSO, QL: 30 in 30 days	
GLEEVEC	3	NM	
HALAVEN	4	NM, PA NSO	
HERCEPTIN	4	NM, PA BvD	
HEXALEN	4	NM	
<i>hydroxyurea</i> (Hydrea)	2		
ICLUSIG	5	NM, PA NSO	
<i>idarubicin hcl</i> (Idamycin Pfs)	2	NM	
<i>ifosfamide</i> (Ifex)	2	NM, PA BvD	
<i>ifosfamide/mesna</i> (Ifex-mesnex)	2	NM, PA BvD	
IMBRUVICA	5	NM, PA NSO, QL: 120 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
INLYTA	5	LA, NM, PA NSO	
<i>irinotecan hcl</i> (Camptosar)	2	NM	
ISTODAX	4	NM, PA NSO	
IXEMPRA	4	NM, PA NSO	
JAKAFI	5	LA, NM, PA NSO, QL: 60 in 30 days	
JEVTANA	4	NM, PA NSO	
KADCYLA	5	NM, PA NSO	
KYPROLIS	5	NM, PA NSO	
<i>letrozole</i> (Femara)	2		
LEUKERAN	3	NM	
<i>leuprolide acetate</i> (Leuprolide Acetate)	2	NM	
<i>lomustine</i> (Ceenu)	2		
LUPRON DEPOT	5	NM	
LUPRON DEPOT-PED	5	NM	kit: 7.5mg; syringekit: 30mg
LYSODREN	3	NM	
MARQIBO	5	NM, PA NSO	
MATULANE	5	NM	
MEGACE ES	4		
<i>megestrol acetate</i> (Megace)	2		
MEKINIST	5	NM, PA NSO, QL: 30 in 30 days	tablet: 2mg
MEKINIST	5	NM, PA NSO, QL: 90 in 30 days	tablet: 0.5mg
<i>melphalan hcl</i> (Alkeran)	2	NM	
<i>mercaptopurine</i> (Purinethol)	2		
<i>methotrexate sodium</i> (Methotrexate Sodium)	2		tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	2	NM, PA BvD	vial

Drug Name	Drug Tier	Requirements/Limits	
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/ PF)	2	NM, PA BvD	
MITHRACIN	4	NM	
<i>mitomycin</i> (Mitomycin)	2	NM, PA BvD	
<i>mitoxantrone hcl</i> (Novantrone)	2		
MUSTARGEN	4	NM	
NEXAVAR	4	NM, PA NSO, QL: 120 in 30 days	
NILANDRON	3	NM	
ONCASPAR	4	NM	
ONTAK	5	NM, PA NSO	
<i>oxaliplatin</i> (Oxaliplatin)	2	NM	
<i>paclitaxel</i> (Taxol)	2	NM	
<i>pentostatin</i> (Nipent)	2	NM	
PERJETA	5	NM, PA NSO	
PHOTOFRIN	4	NM	
POMALYST	5	NM, PA NSO, QL: 21 in 28 days	
PROLEUKIN	3	NM	
PURIXAN	4		
REVLIMID	5	LA, NM, PA NSO	
RITUXAN	3	NM, PA NSO	
SOLTAMOX	4		
SPRYCEL	5	NM, PA NSO	
STIVARGA	5	NM, PA NSO, QL: 120 in 30 days	
SUTENT	4	NM, PA NSO	capsule: 12.5mg, 25mg, 50mg
SUTENT	4	PA NSO	capsule: 37.5mg

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	5	NM, PA NSO
TABLOID	3	NM
TAFINLAR	5	NM, PA NSO, QL: 120 in 30 days
<i>tamoxifen citrate</i> (Nolvadex)	2	
TARCEVA	5	NM, PA NSO
TARGRETIN	4	NM
TASIGNA	5	NM, PA NSO
TEMODAR	4	NM
<i>teniposide</i> (Teniposide)	2	
<i>thiotepa</i> (Thiotepa)	2	NM
<i>topotecan hcl</i> (Hycamtin)	2	NM
TORISEL	4	NM, PA NSO
TREANDA	4	NM, PA NSO
TRELSTAR	4	NM
<i>tretinoin</i> (Tretinoin)	2	NM
TRISENOX	3	NM
TYKERB	5	NM, PA NSO
VALSTAR	4	NM
VECTIBIX	5	NM, PA NSO
VELCADE	5	NM, PA NSO
VIDAZA	4	NM
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	2	NM, PA BvD
<i>vincristine sulfate</i> (Vincristine Sulfate)	2	NM, PA BvD
<i>vinorelbine tartrate</i> (Navelbine)	2	NM
VOTRIENT	3	NM, PA NSO, QL: 120 in 30 days
VUMON	4	NM

Drug Name	Drug Tier	Requirements/Limits	
XALKORI	5	LA, NM, PA NSO, QL: 60 in 30 days	
XTANDI	5	NM, PA NSO, QL: 120 in 30 days	
YERVOY	5	NM, PA NSO	
ZALTRAP	5	NM, PA NSO	
ZANOSAR	4	NM	
ZELBORAF	5	LA, NM, PA NSO, QL: 240 in 30 days	
ZOLADEX	4	NM	
ZOLINZA	5	NM	
ZYKADIA	5	NM, PA NSO, QL: 155 in 31 days	
ZYTIGA	5	LA, NM, PA NSO, QL: 120 in 30 days	
<b>Anticholinergic Agents</b>			
<b>Antimuscarinics/antispasmodics</b>			
ANORO ELLIPTA	3		
<i>atropine sulfate</i> (Atropine Sulfate)	2	NM	syringe
<i>atropine sulfate</i> (Atropine Sulfate)	2	NM	vial
<i>propantheline bromide</i> (Propantheline Bromide)	2		
<b>Anticonvulsants</b>			
<b>Anticonvulsants</b>			
APTIOM	4	PA NSO, QL: 30 in 30 days	tablet: 200mg, 400mg, 800mg
APTIOM	4	PA NSO, QL: 60 in 30 days	tablet: 600mg
BANZEL	4		

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> (Tegretol)	2	
CELONTIN	4	
DILANTIN	3	tab chew
DILANTIN	4	capsule
<i>divalproex sodium</i> (Depakote ER)	2	
<i>ethosuximide</i> (Zarontin)	2	
<i>felbamate</i> (Felbatol)	2	
<i>fosphenytoin sodium</i> (Cerebyx)	2	NM
FYCOMPA	4	PA NSO, QL: 30 in 30 days
<i>gabapentin</i> (Neurontin)	2	
GABITRIL	3	tablet: 12mg, 16mg
LAMICTAL (BLUE)	4	
LAMICTAL (GREEN)	4	
LAMICTAL (ORANGE)	4	
LAMICTAL ODT (BLUE)	4	
LAMICTAL ODT (GREEN)	4	
LAMICTAL ODT (ORANGE)	4	
LAMICTAL ODT	4	
LAMICTAL XR (BLUE)	4	
LAMICTAL XR (GREEN)	4	
LAMICTAL XR (ORANGE)	4	
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</i> ( <i>iso-os</i> ) (Levetiracetam In Nacl ( <i>iso-os</i> ))	2	NM
<i>levetiracetam</i> (Keppra)	2	solution, tab er 24h, tablet
<i>levetiracetam</i> (Keppra)	2	NM vial
LYRICA	3	
<i>oxcarbazepine</i> (Trileptal)	2	
OXTELLAR XR	4	
PEGANONE	3	
<i>phenobarbital sodium</i> (Phenobarbital Sodium)	2	NM vial: 65mg/ml, 130mg/ml

Drug Name		Drug Tier	Requirements/Limits	
<i>phenobarbital</i>	(Phenobarbital)	2		elixir: 20mg/5ml; tablet: 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg
PHENYTEK		4		
<i>phenytoin sodium extended</i>	(Dilantin)	2		
<i>phenytoin sodium</i>	(Phenytoin Sodium)	2	NM	ampul
<i>phenytoin sodium</i>	(Phenytoin Sodium)	2	NM	syringe
<i>phenytoin</i>	(Dilantin)	2		
POTIGA		4	PA NSO	
<i>primidone</i>	(Mysoline)	2		
QUDEXY XR		4	PA NSO	
SABRIL		3	PA NSO	
STAVZOR		4		
TEGRETOL XR		3		tab er 12h: 100mg
<i>tiagabine hcl</i>	(Gabitril)	2		
<i>topiramate</i>	(Qudexy XR)	2	PA NSO	cap spr 24
<i>topiramate</i>	(Topamax)	2		cap sprink, tablet
TROKENDI XR		4	PA NSO	
<i>valproic acid (as sodium salt)</i>	(Depacon)	2	NM	vial
<i>valproic acid (as sodium salt)</i>	(Depakene)	2		solution
<i>valproic acid</i>	(Depakene)	2		
VIMPAT		4	NM, PA NSO	vial
VIMPAT		4	PA NSO	solution, tablet
<i>zonisamide</i>	(Zonegran)	2		
<b>Antidementia Agents</b>				
<b>Antidementia Agents</b>				
ARICEPT		4		tablet: 23mg
<i>donepezil hcl</i>	(Aricept)	2		
<i>galantamine hbr</i>	(Razadyne)	2		
NAMENDA		3		solution, tablet
NAMENDA		4		tab ds pk
<i>rivastigmine tartrate</i>	(Exelon)	2		(oral products only)
<b>Antidepressants</b>				
<b>Antidepressants</b>				
<i>amitrip hcl/ chlordiazepoxide</i>	(Limbitrol)	2		

Drug Name		Drug Tier	Requirements/Limits	
<i>amitriptyline hcl</i>	(Amitriptyline HCl)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
<i>amoxapine</i>	(Amoxapine)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
APLENZIN		4	PA NSO, QL: 30 in 30 days	
BRINTELLIX		4	PA NSO	
<i>bupropion hcl</i>	(Wellbutrin XL)	2		
<i>citalopram hydrobromide</i>	(Celexa)	1	GC	
<i>clomipramine hcl</i>	(Anafranil)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
CYMBALTA		3		
<i>desipramine hcl</i>	(Norpramin)	2		
DESVENLAFAXINE ER		4	ST	
DESVENLAFAXINE FUMARATE ER		4	ST	
<i>desvenlafaxine</i>	(Khedezla)	2	ST	
<i>doxepin hcl</i>	(Doxepin HCl)	2		
<i>duloxetine hcl</i>	(Cymbalta)	2		
EMSAM		4		
<i>escitalopram oxalate</i>	(Lexapro)	2		
FETZIMA		4	PA NSO	
<i>fluoxetine hcl</i>	(Prozac)	2		
<i>fluvoxamine maleate</i>	(Fluvoxamine Maleate)	2		
FORFIVO XL		4	QL: 30 in 30 days	
<i>imipramine hcl</i>	(Tofranil)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
<i>imipramine pamoate</i>	(Tofranil-PM)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
KHEDEZLA		4	ST	
<i>maprotiline hcl</i>	(Maprotiline HCl)	2		
MARPLAN		3		
<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		
OLEPTRO ER		4	PA NSO	
<i>paroxetine hcl</i>	(Paxil CR)	2		tab er 24h
<i>paroxetine hcl</i>	(Paxil)	1	GC	tablet
PAXIL		4		oral susp

Drug Name		Drug Tier	Requirements/Limits	
<i>perphenazine/ amitriptyline hcl</i>	(Perphenazine/ amitriptyline HCl)	2		
PEXEVA		4		
<i>phenelzine sulfate</i>	(Nardil)	2		
PRISTIQ ER		4	ST	
<i>protriptyline hcl</i>	(Vivactil)	2		
<i>sertraline hcl</i>	(Zoloft)	1	GC	
SILENOR		4	QL: 30 in 30 days	
<i>tranylcypromine sulfate</i>	(Parnate)	2		
<i>trazodone hcl</i>	(Trazodone HCl)	1	GC	tablet: 50mg, 100mg, 150mg
<i>trimipramine maleate</i>	(Trimipramine Maleate)	2	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
VENLAFAXINE HCL ER		2		
<i>venlafaxine hcl</i>	(Effexor XR)	2		
VIIBRYD		4		tab ds pk
VIIBRYD		4	PA NSO	tablet
<b>Antidiabetic Agents</b>				
<b>Antidiabetic Agents, Miscellaneous</b>				
<i>acarbose</i>	(Precose)	1	GC	
BYDUREON PEN		3		
BYDUREON		3		
BYETTA		3		
CYCLOSET		4	PA	
GLYSET		4		
INVOKANA		4	PA, QL: 30 in 30 days	
JANUMET XR		3	QL: 30 in 30 days	tbmp 24hr: 100-1000mg
JANUMET XR		3	QL: 60 in 30 days	tbmp 24hr: 50-1000mg, 50mg-500mg
JANUMET		3	QL: 60 in 30 days	
JANUVIA		3		
KORLYM		5	LA, NM, PA, QL: 120 in 30 days	
<i>metformin hcl</i>	(Fortamet)	2	QL: 120 in 30 days	tab er 24h: 500mg

Drug Name		Drug Tier	Requirements/Limits	
<i>metformin hcl</i>	(Fortamet)	2	QL: 60 in 30 days	tab er 24, tab er 24h: 750mg
<i>metformin hcl</i>	(Glucophage)	1	GC, QL: 150 in 30 days	tablet: 500mg
<i>metformin hcl</i>	(Glucophage)	1	GC, QL: 75 in 30 days	tablet: 1000mg
<i>metformin hcl</i>	(Glucophage)	1	GC, QL: 90 in 30 days	tablet: 850mg
<i>nateglinide</i>	(Starlix)	2		
PRANDIN		3		
<i>repaglinide</i>	(Prandin)	2		
SYMLIN		3	PA	
SYMLINPEN 120		3	PA	
SYMLINPEN 60		3	PA	
VICTOZA 3-PAK		3	QL: 9 in 30 days	
<b>Insulins</b>				
LANTUS SOLOSTAR		3		
LANTUS		3		
LEVEMIR FLEXPEN		3		
LEVEMIR		3		
NOVOLIN 70-30		3		cartridge
NOVOLIN 70-30		3		vial
NOVOLIN N		3		cartridge
NOVOLIN N		3		vial
NOVOLIN R		3		cartridge
NOVOLIN R		3		vial
NOVOLOG FLEXPEN		3		
NOVOLOG MIX 70-30 FLEXPEN		3		
NOVOLOG MIX 70-30		3		
NOVOLOG		3		
<b>Sulfonylureas</b>				
<i>chlorpropamide</i>	(Chlorpropamide)	2	PA, QL: 225 in 30 days	tablet: 100mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>chlorpropamide</i>	(Chlorpropamide)	2	PA, QL: 90 in 30 days	tablet: 250mg, (PA Req for Ages 65 and Older; High Risk Med)

Drug Name		Drug Tier	Requirements/Limits	
<i>glimepiride</i>	(Amaryl)	1	GC, QL: 120 in 30 days	tablet: 2mg
<i>glimepiride</i>	(Amaryl)	1	GC, QL: 240 in 30 days	tablet: 1mg
<i>glimepiride</i>	(Amaryl)	1	GC, QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i>	(Glucotrol XL)	1	GC, QL: 60 in 30 days	tab er 24: 10mg
<i>glipizide</i>	(Glucotrol)	1	GC, QL: 120 in 30 days	tab er 24: 5mg; tablet: 10mg
<i>glipizide</i>	(Glucotrol)	1	GC, QL: 240 in 30 days	tab er 24: 2.5mg; tablet: 5mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	GC, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg- 500mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	GC, QL: 240 in 30 days	tablet: 2.5-250mg
<i>glyburide</i>	(Micronase)	2	PA, QL: 120 in 30 days	tablet: 5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide</i>	(Micronase)	2	PA, QL: 240 in 30 days	tablet: 2.5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide</i>	(Micronase)	2	PA, QL: 480 in 30 days	tablet: 1.25mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	2	PA, QL: 120 in 30 days	tablet: 3mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	2	PA, QL: 240 in 30 days	tablet: 1.5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	2	PA, QL: 60 in 30 days	tablet: 6mg, (PA Req for Ages 65 and Older; High Risk Med)

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, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide/metformin hcl</i> (Glucovance)	2	PA, QL: 240 in 30 days	tablet: 1.25-250mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>tolazamide</i> (Tolazamide)	1	GC, QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i> (Tolazamide)	1	GC, QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i> (Tolbutamide)	1	GC, QL: 180 in 30 days	
<b>Thiazolidinediones</b>			
ACTOPLUS MET XR	3	QL: 30 in 30 days	tbmp 24hr: 30-1000mg
ACTOPLUS MET XR	3	QL: 60 in 30 days	tbmp 24hr: 15-1000mg
<i>pioglitazone hcl</i> (Actos)	2	QL: 30 in 30 days	tablet: 30mg, 45mg
<i>pioglitazone hcl</i> (Actos)	2	QL: 90 in 30 days	tablet: 15mg
<i>pioglitazone hcl/ metformin hcl</i> (Actoplus Met)	2	QL: 90 in 30 days	
<b>Antifungals</b>			
<b>Antifungals</b>			
ABELCET	5	NM, PA BvD	
AMBISOME	5	NM, PA BvD	
<i>amphotericin b</i> (Amphotericin B)	2	NM, PA BvD	
CANCIDAS	4	NM	
<i>ciclopirox olamine</i> (Loprox)	2		
<i>ciclopirox</i> (Penlac)	2		
<i>clotrimazole</i> (Mycelex)	2		cream (g), solution, troche
<i>clotrimazole/ betamethasone dip</i> (Lotrisone)	2		
<i>econazole nitrate</i> (Spectazole)	2		

Drug Name		Drug Tier	Requirements/Limits	
ERAXIS (WATER DILUENT)		4	PA	
<i>fluconazole in nacl, iso-osm</i>	(Diflucan in Saline)	2	NM	
<i>fluconazole</i>	(Diflucan)	2		
<i>flucytosine</i>	(Ancobon)	2		
<i>griseofulvin ultramicrosize</i>	(Gris-peg)	2		
<i>griseofulvin, microsize</i>	(Griseofulvin, Microsize)	2		
<i>itraconazole</i>	(Sporanox)	2	PA	
<i>ketoconazole</i>	(Kuric)	2		
LUZU		4	PA	
NAFTIN		3		
NOXAFIL		5	NM, PA	oral susp, tablet dr
NOXAFIL		5	NM, PA	vial
<i>nystatin</i>	(Nystatin)	2		
<i>nystatin/triamcin</i>	(Mycogen II)	2		
<i>terbinafine hcl</i>	(Lamisil)	2		
<i>voriconazole</i>	(Vfend IV)	2	NM	vial
<i>voriconazole</i>	(Vfend)	2		susp recon, tablet
<b>Antihistamines</b>				
<b>Antihistamines</b>				
<i>cetirizine hcl</i>	(Cetirizine HCl)	2		(Rx product only)
<i>cyproheptadine hcl</i>	(Cyproheptadine HCl)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>desloratadine</i>	(Clarinex)	2		tablet
<i>guaifin/theop anhyd/p-ephed</i>	(Guaifin/theop Anhyd/p-ephed)	2		
<i>levocetirizine dihydrochloride</i>	(Xyzal)	2		
<i>p-epd tan/chlor-tan</i>	(P-epd Tan/chlor-tan)	2		
<i>phenylephrine hcl/prometh hcl</i>	(Phenylephrine HCl/prometh HCl)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i>	(Promethazine HCl)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>tripelennamine hcl</i>	(Tripeleennamine HCl)	2		
<b>Anti-infectives (Skin and Mucous Membrane)</b>				
<b>Anti-infectives (Skin and Mucous Membrane)</b>				
<i>clindamycin phosphate</i>	(Cleocin)	2		
CLINDESSE		3		
<i>metronidazole</i>	(Metrogel-vaginal)	2		

Drug Name	Drug Tier	Requirements/Limits	
<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		
<b>Antimigraine Agents</b>			
<b>Antimigraine Agents</b>			
AXERT	3	QL: 16 in 28 days	
CAFERGOT	3		
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	2	NM	ampul
<i>dihydroergotamine mesylate</i> (Migranal)	2		spray/pump
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	2		supp.rect
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	2		tablet
<i>naratriptan hcl</i> (Amerge)	2	QL: 16 in 28 days	
<i>rizatriptan benzoate</i> (Maxalt Mlt)	2	QL: 16 in 28 days	
<i>sumatriptan succinate</i> (Imitrex)	2	NM, QL: 8 in 28 days	cartridge: 4mg/0.5ml
<i>sumatriptan succinate</i> (Imitrex)	2	NM, QL: 8 in 28 days	cartridge: 6mg/0.5ml; vial
<i>sumatriptan succinate</i> (Imitrex)	2	QL: 16 in 28 days	tablet
<i>sumatriptan</i> (Imitrex)	2	QL: 16 in 28 days	
<i>zolmitriptan</i> (Zomig)	2	QL: 16 in 28 days	
<b>Antimycobacterials</b>			
<b>Antimycobacterials</b>			
CAPASTAT SULFATE	4	NM	
<i>cycloserine</i> (Seromycin)	2		
<i>dapsone</i> (Dapsone)	2		
<i>ethambutol hcl</i> (Myambutol)	2		
<i>isoniazid</i> (Isoniazid)	2		solution, tablet
<i>isoniazid</i> (Isoniazid)	2	NM	vial
MYCOBUTIN	3		
PASER	4		
PRIFTIN	3		

Drug Name		Drug Tier	Requirements/Limits	
<i>pyrazinamide</i>	(Pyrazinamide)	2		
<i>rifabutin</i>	(Mycobutin)	2		
<i>rifampin</i>	(Rifadin)	2		capsule
<i>rifampin</i>	(Rifadin)	2	NM	vial
RIFATER		4		
SEROMYCIN		4		
TRECTOR		4		
<b>Antinausea Agents</b>				
<b>Antinausea Agents</b>				
ANZEMET		4	PA BvD	tablet
DICLEGIS		4	PA, QL: 112 in 28 days	
<i>dimenhydrinate</i>	(Dimenhydrinate)	2	NM	
<i>dronabinol</i>	(Marinol)	2		
EMEND		4	PA	cap ds pk, capsule
<i>granisetron hcl</i>	(Kytril)	2		vial
<i>granisetron hcl</i>	(Kytril)	2	PA BvD	solution, tablet
<i>granisetron hcl/pf</i>	(Kytril)	2	NM	
<i>meclizine hcl</i>	(Antivert)	2		
<i>ondansetron hcl</i>	(Zofran)	2	NM	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	NM	
<i>prochlorperazine maleate</i>	(Compazine)	2		
<i>promethazine hcl</i>	(Phenergan)	2	NM, PA	ampul, vial: 25mg/ml, (PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i>	(Phenergan)	2	NM, PA	vial: 50mg/ml, (PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i>	(Promethazine HCl)	2	PA	supp.rect, tablet
<i>promethazine hcl</i>	(Promethazine HCl)	2	PA	supp.rect, tablet, (PA Req for Ages 65 and Older; High Risk Med)
<b>Antiparasite Agents</b>				
<b>Antiparasite Agents</b>				
ALBENZA		3		
ALINIA		4	PA	
<i>atovaquone</i>	(Mepron)	2		
<i>atovaquone/proguanil hcl</i>	(Malarone)	2		

Drug Name	Drug Tier	Requirements/Limits	
BILTRICIDE	3		
<i>chloroquine phosphate</i> (Aralen Phosphate)	2		
DARAPRIM	3		
<i>hydroxychloroquine sulfate</i> (Plaquenil)	2		
<i>mebendazole</i> (Mebendazole)	2		
<i>mefloquine hcl</i> (Lariam)	2		
MEPRON	3		
<i>metronidazole</i> (Flagyl)	2		
<i>metronidazole/sodium chloride</i> (Metro IV)	2	NM	
NEBUPENT	4	PA BvD	
<i>paromomycin sulfate</i> (Paromomycin Sulfate)	2		
PENTAM 300	4	NM	
<i>pentamidine isethionate</i> (Pentam 300)	2	NM	
PRIMAQUINE	2		
STROMEKTOL	4		
<i>tinidazole</i> (Tindamax)	2		
<b>Antiparkinsonian Agents</b>			
<b>Antiparkinsonian Agents</b>			
<i>amantadine hcl</i> (Amantadine HCl)	2		
APOKYN	5	NM	
AZILECT	4		
<i>benztropine mesylate</i> (Benztropine Mesylate)	2	NM, PA	vial, (PA Req for Ages 65 and Older; High Risk Med)
<i>benztropine mesylate</i> (Benztropine Mesylate)	2	PA	tablet
<i>benztropine mesylate</i> (Benztropine Mesylate)	2	PA	tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>bromocriptine mesylate</i> (Parlodel)	2		
<i>cabergoline</i> (Cabergoline)	2		
<i>carbidopa</i> (Lodosyn)	2		
<i>carbidopa/levodopa</i> (Sinemet 10-100)	2		
<i>carbidopa/levodopa/entacapone</i> (Stalevo 50)	2		
<i>entacapone</i> (Comtan)	2		
<i>pramipexole di-hcl</i> (Mirapex)	2		
<i>ropinirole hcl</i> (Requip)	2		
<i>selegiline hcl</i> (Eldepryl)	2		
TASMAR	3		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)

Drug Name	Drug Tier	Requirements/Limits	
<b>Antipsychotic Agents</b>			
<b>Antipsychotic Agents</b>			
ABILIFY DISCMELT	3		
ABILIFY MAINTENA	5	NM, PA NSO	
ABILIFY	3		solution, tablet
ABILIFY	3	NM	vial
ADASUVE	4	PA NSO, QL: 1 per fill	
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	2		oral conc.
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	2		tablet
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	2	NM	ampul
<i>clozapine</i> (Clozaril)	2		tablet
<i>clozapine</i> (Fazaclo)	2		tab rapdis
FANAPT	3		
FAZACLO	3		tab rapdis: 25mg, 100mg
FAZACLO	4		tab rapdis: 12.5mg, 150mg, 200mg
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	2	NM	
<i>fluphenazine hcl</i> (Fluphenazine HCl)	2		elixir, oral conc, tablet
<i>fluphenazine hcl</i> (Fluphenazine HCl)	2	NM	vial
GEODON	3	NM	vial
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	2	NM	
<i>haloperidol lactate</i> (Haloperidol Lactate)	2		oral conc
<i>haloperidol lactate</i> (Haloperidol Lactate)	2	NM	vial
<i>haloperidol</i> (Haloperidol)	2		
INVEGA SUSTENNA	4	PA NSO	syringe: 39mg/0.25, 78mg/ 0.5ml
INVEGA SUSTENNA	5	NM, PA NSO	syringe: 117mg/0.75, 156mg/ml, 234mg/1.5
INVEGA	3		
LATUDA	4	PA NSO	
<i>loxapine succinate</i> (Loxitane)	2		
<i>olanzapine</i> (Zyprexa)	2		tab rapdis, tablet
<i>olanzapine</i> (Zyprexa)	2	NM	vial
ORAP	3		
<i>perphenazine</i> (Perphenazine)	2		
<i>quetiapine fumarate</i> (Seroquel)	2		
RISPERDAL CONSTA	3	NM, PA NSO	

Drug Name	Drug Tier	Requirements/Limits	
<i>risperidone</i> (Risperdal)	2		
SAPHRIS	3	PA NSO	
SEROQUEL XR	3		
<i>thioridazine hcl</i> (Thioridazine HCl)	2	PA NSO	oral conc., (PA Req for Ages 65 and Older; High Risk Med)
<i>thioridazine hcl</i> (Thioridazine HCl)	2	PA NSO	tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>thiothixene</i> (Navane)	2		
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	2		
VERSACLOZ	4		
<i>ziprasidone hcl</i> (Geodon)	2		
ZYPREXA RELPREVV	4	NM, PA NSO	
<b>Antivirals (systemic)</b>			
<b>Antiretrovirals</b>			
<i>abacavir sulfate</i> (Ziagen)	2		
<i>abacavir/lamivudine/zidovudine</i> (Trizivir)	2		
APTIVUS	4		capsule
APTIVUS	4		solution
ATRIPLA	5	NM	
COMPLERA	4		
CRIXIVAN	3		
<i>didanosine</i> (Videx EC)	2		
EDURANT	4	QL: 30 in 30 days	
EMTRIVA	3		
EPIVIR HBV	3		tablet
EPIVIR	3		solution
EPZICOM	3		
FUZEON	5	NM	
INTELENCE	4		tablet: 25mg, 200mg
INTELENCE	5	NM	tablet: 100mg
INVIRASE	4		
ISENTRESS	4		powd pack
ISENTRESS	5	NM	tablet, tab chew
KALETRA	4		
<i>lamivudine</i> (Epivir)	2		
<i>lamivudine/zidovudine</i> (Combivir)	2		
LEXIVA	4		
<i>nevirapine</i> (Viramune)	2		

Drug Name	Drug Tier	Requirements/Limits	
NORVIR	3		
PREZISTA	4		oral susp, tablet: 75mg, 150mg, 600mg, 800mg
PREZISTA	4		tablet: 400mg
RESCRIPTOR	3		
RETROVIR	4	NM	vial
REYATAZ	4		
SELZENTRY	5	NM	
<i>stavudine</i> (Zerit)	2		
STRIBILD	5	NM	
SUSTIVA	3		capsule: 100mg
SUSTIVA	3		capsule: 50mg, 200mg; tablet
TIVICAY	5	NM	
TRIZIVIR	4		
TRUVADA	5	NM	
VIDEX	3		
VIRACEPT	3		
VIRAMUNE XR	4		
VIRAMUNE	3		oral susp
VIREAD	3		tablet
VIREAD	4		powder
ZIAGEN	3		solution
<i>zidovudine</i> (Retrovir)	2		
<b>Antivirals, Miscellaneous</b>			
<i>foscarnet sodium</i> (Foscavir)	2	NM, PA BvD	
RELENZA	3		
<i>rimantadine hcl</i> (Flumadine)	2		
TAMIFLU	3	NM	capsule
<b>Hcv Protease Inhibitors</b>			
INCIVEK	5	NM, PA, QL: 168 in 28 days	
VICTRELIS	5	NM, PA, QL: 360 in 30 days	
<b>Interferons</b>			
INTRON A	4	NM	pen ij kit, vial: 18mmunit, 50mmunit
INTRON A	4	NM	vial: 6mmunit/ml, 10mmunit
PEGASYS PROCLICK	5	NM	

Drug Name	Drug Tier	Requirements/Limits	
PEGASYS	5	NM	
PEGINTRON REDIPEN	5	NM	
PEGINTRON	5	NM	kit: 50mcg/0.5, 80mcg/0.5, 120mcg/0.5
SYLATRON 4-PACK	5	NM, PA NSO	
<b>Nucleosides And Nucleotides</b>			
<i>acyclovir sodium</i> (Acyclovir Sodium)	2	NM, PA BvD	
<i>acyclovir</i> (Zovirax)	2		
<i>adefovir dipivoxil</i> (Hepsera)	2		
BARACLUDE	3		
<i>cidofovir</i> (Vistide)	2	NM	
<i>famciclovir</i> (Famvir)	2		
<i>ganciclovir sodium</i> (Cytovene)	2	NM, PA BvD	
HEPSERA	5	NM	
REBETOL	4		solution
RIBATAB	2		tab ds pk: 600-600mg
<i>ribavirin</i> (Rebetol)	2		capsule, tab ds pk: 400-400mg, 600-400mg; tablet
<i>ribavirin</i> (Ribatab)	2		tab ds pk: 200-400mg
TYZEKA	4		
<i>valacyclovir hcl</i> (Valtrex)	2		
VALCYTE	5	NM	tablet
<b>Blood Products/modifiers/volume Expanders</b>			
<b>Anticoagulants</b>			
COUMADIN	4		tablet
ELIQUIS	3		
<i>enoxaparin sodium</i> (Lovenox)	2	NM, QL: 11.2 in 14 days	syringe: 40mg/0.4ml, (30 syringes)
<i>enoxaparin sodium</i> (Lovenox)	2	NM, QL: 16.8 in 14 days	syringe: 60mg/0.6ml, (28 syringes)
<i>enoxaparin sodium</i> (Lovenox)	2	NM, QL: 22.4 in 14 days	syringe: 80mg/0.8ml, 120mg/.8ml, (28 syringes)
<i>enoxaparin sodium</i> (Lovenox)	2	NM, QL: 28 in 14 days	syringe: 100mg/ml, 150mg/ml; vial

Drug Name		Drug Tier	Requirements/Limits	
<i>enoxaparin sodium</i>	(Lovenox)	2	NM, QL: 28 in 14 days	syringe: 100mg/ml, 150mg/ ml; vial, (28 syringes)
<i>enoxaparin sodium</i>	(Lovenox)	2	NM, QL: 8.4 in 14 days	syringe: 30mg/0.3ml, (30 syringes)
<i>fondaparinux sodium</i>	(Arixtra)	2	NM, QL: 11.2 in 14 days	syringe: 10mg/0.8ml
<i>fondaparinux sodium</i>	(Arixtra)	2	NM, QL: 5.6 in 14 days	syringe: 5mg/0.4ml
<i>fondaparinux sodium</i>	(Arixtra)	2	NM, QL: 7 in 14 days	syringe: 2.5mg/0.5
<i>fondaparinux sodium</i>	(Arixtra)	2	NM, QL: 8.4 in 14 days	syringe: 7.5mg/0.6
<i>heparin sod,pork in 0.45% nacl</i>	(Heparin Sod,pork In 0.45% NaCl)	2	NM	
<i>heparin sodium,porcine</i>	(Hep-lock)	2	NM, PA BvD	vial: 5000/ml, 20000/ml, (PA for ESRD only)
<i>heparin sodium,porcine</i>	(Hep-lock)	2	PA BvD	vial: 10000/ml
<i>heparin sodium,porcine/ d5w</i>	(Heparin Sodium, porcine/D5W)	2	NM	(PA for ESRD only)
<i>heparin sodium,porcine/ ns/pf</i>	(Heparin Sodium, porcine/ns/PF)	2	NM	
<i>heparin sodium,porcine/ pf</i>	(Heparin Sodium, porcine/PF)	2	NM, PA BvD	vial, (PA for ESRD only)
<i>heparin sodium,porcine/ pf</i>	(Monoject Prefill Advanced)	2	NM, PA BvD	syringe, (PA for ESRD Only)
PRADAXA		4		
REFLUDAN		4	NM, PA BvD	(PA for ESRD only)
<i>warfarin sodium</i>	(Coumadin)	2		
XARELTO		3		tablet: 15mg, 20mg
XARELTO		3	QL: 34 per fill	tablet: 10mg
<b>Blood Formation Modifiers</b>				
ARANESP		4	NM, PA	syringe: 25mcg/0.42, 40mcg/0.4, 60mcg/0.3, 100mcg/0.5, 150mcg/0.3; vial

Drug Name	Drug Tier	Requirements/Limits	
ARANESP	5	NM, PA	syringe: 200mcg/0.4, 300mcg/0.6, 500mcg/ml
CINRYZE	5	LA, NM, PA	
EPOGEN	4	NM, PA	
GRANIX	5	NM, PA	
LEUKINE	5	NM, PA	vial: 250mcg
LEUKINE	5	NM, PA	vial: 500mcg/ml
NEULASTA	5	NM, PA	
NEUMEGA	5	NM, PA	
NEUPOGEN	5	NM, PA	
PROCRIT	3	NM, PA	
PROMACTA	5	NM, PA	
<b>Hematologic Agents, Miscellaneous</b>			
<i>aminocaproic acid</i> (Amicar)	2		solution, tablet
<i>aminocaproic acid</i> (Aminocaproic Acid)	2	NM	vial
<i>anagrelide hcl</i> (Agylin)	2		
<i>protamine sulfate</i> (Protamine Sulfate)	2	NM, PA BvD	(PA for ESRD Only)
<i>tranexamic acid</i> (Tranexamic Acid)	2	NM	vial, (Injectable form only)
<b>Platelet-aggregation Inhibitors</b>			
AGGRENOX	3		
BRILINTA	3		
<i>cilostazol</i> (Pletal)	2		
<i>clopidogrel bisulfate</i> (Plavix)	2		tablet: 75mg
<i>dipyridamole</i> (Persantine)	2		
EFFIENT	4		
<i>pentoxifylline</i> (Trental)	2		
<i>ticlopidine hcl</i> (Ticlid)	2		
<b>Volume Expanders</b>			
ALBUMIN (HUMAN)	4	NM	
ALBUMINAR-25	4	NM	
ALBUMINAR-5	4	NM	
ALBURX	4	NM	
ALBUTEIN	4	NM	
<b>Caloric Agents</b>			
<b>Caloric Agents</b>			
AMINOSYN II	4	NM, PA BvD	iv soln: 10%
AMINOSYN II	4	NM, PA BvD	iv soln: 15%

Drug Name	Drug Tier	Requirements/Limits	
AMINOSYN II	4	NM, PA BvD	iv soln: 7%
AMINOSYN II	4	NM, PA BvD	iv soln: 8.5%
AMINOSYN M	4	NM, PA BvD	
AMINOSYN with ELECTROLYTES	4	NM, PA BvD	
AMINOSYN	4	NM, PA BvD	iv soln: 10%
AMINOSYN	4	NM, PA BvD	iv soln: 3.5%
AMINOSYN	4	NM, PA BvD	iv soln: 7%
AMINOSYN	4	NM, PA BvD	iv soln: 8.5%
AMINOSYN-HBC	4	NM, PA BvD	
AMINOSYN-PF	4	NM, PA BvD	iv soln: 10%
AMINOSYN-PF	4	NM, PA BvD	iv soln: 7%
AMINOSYN-RF	4	NM, PA BvD	
CLINISOL	4	NM, PA BvD	
<i>cysteine hcl</i> (Cysteine HCl)	2	NM, PA BvD	
<i>dextrose 10 % and 0.2 % nacl</i> (Dextrose 10 % and 0.2 % NaCl)	2	NM	dehp fr bg
<i>dextrose 10 % and 0.2 % nacl</i> (Dextrose 10 % and 0.2 % NaCl)	2	NM	iv soln
<i>dextrose 10 % and 0.9 % nacl</i> (Dextrose 10 % and 0.9 % NaCl)	2	NM	
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	2	NM	
<i>dextrose 10%-water</i> (Dextrose 10%-water)	2	NM, PA BvD	
<i>dextrose 2.5 % in water</i> (Dextrose 2.5 % in Water)	2	NM, PA BvD	
<i>dextrose 2.5% in half ringers</i> (Dextrose 2.5% In Half Ringers)	2	NM	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	2	NM	
<i>dextrose 20%-water</i> (Dextrose 20%-water)	2	NM, PA BvD	
<i>dextrose 25 % in water</i> (Dextrose 25 % in Water)	2	PA BvD	
<i>dextrose 40%-water</i> (Dextrose 40%-water)	2	NM, PA BvD	
<i>dextrose 5 % and 0.3 % nacl</i> (Dextrose 5 % and 0.3 % NaCl)	2	NM	
<i>dextrose 5 % and 0.9 % nacl</i> (Dextrose 5 % and 0.9 % NaCl)	2	NM	
<i>dextrose 5 % in water</i> (Dextrose 5 % in Water)	2	NM	
<i>dextrose 5 %-0.2 % nacl</i> (Dextrose 5 %-0.2 % NaCl)	2	NM	
<i>dextrose 5 %-0.45 % nacl</i> (Dextrose 5 %-0.45 % NaCl)	2	NM	
<i>dextrose 5% in ringers</i> (Dextrose 5% In Ringers)	2	NM	
<i>dextrose 5%-lactated ringers</i> (Dextrose 5%-Lactated Ringers)	2	NM	
<i>dextrose 50 % in water</i> (Dextrose 50 % in Water)	2	NM, PA BvD	
<i>dextrose 60 % in water</i> (Dextrose 60 % in Water)	2	NM, PA BvD	
<i>dextrose 70%-water</i> (Dextrose 70%-water)	2	NM, PA BvD	
<i>fructose 10%</i> (Fructose 10%)	2	NM, PA BvD	
INTRALIPID	3	NM, PA BvD	emulsion: 20%
INTRALIPID	4	NM, PA BvD	emulsion: 10%
INTRALIPID	4	NM, PA BvD	emulsion: 30%
LIPOSYN II	4	NM, PA BvD	
LIPOSYN III	4	NM, PA BvD	emulsion: 10%, 20%
LIPOSYN III	4	NM, PA BvD	emulsion: 30%
NOVAMINE	4	NM, PA BvD	

Drug Name	Drug Tier	Requirements/Limits	
PREMASOL	4	NM, PA BvD	iv soln: 10%
PREMASOL	4	NM, PA BvD	iv soln: 6%
PROSOL	4	NM, PA BvD	
TRAVAMULSION	4	NM, PA BvD	
TRAVASOL W/ DEXTROSE	4	NM, PA BvD	
TRAVASOL W/ ELECTROLYTES	4	NM, PA BvD	iv soln.: 5.5%
TRAVASOL W/ ELECTROLYTES	4	NM, PA BvD	iv soln.: 8.5%
TRAVASOL with DEXTROSE	4	NM, PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	4	NM, PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	4	NM, PA BvD	iv soln: 8.5%
TRAVASOL with ELECTROLYTES	4	NM, PA BvD	
TRAVASOL	4	NM, PA BvD	iv soln.
TRAVASOL	4	NM, PA BvD	iv soln: 10%
TRAVASOL	4	NM, PA BvD	iv soln: 5.5%
TRAVASOL	4	NM, PA BvD	iv soln: 8.5%
TRAVERT IN NORMAL SALINE	4	NM, PA BvD	
TRAVERT	4	NM, PA BvD	iv soln: 10%
TRAVERT	4	NM, PA BvD	iv soln: 5%
TROPHAMINE	3	NM, PA BvD	iv soln: 10%
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agents</b>			
ALDOMET	4		
ALDORIL-D50	4		

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i> (Catapres)	2	
<i>clonidine hcl/ chlorthalidone</i> (Clonidine HCl/ chlorthalidone)	2	
<i>clonidine</i> (Catapres-tts 1)	2	
<i>doxazosin mesylate</i> (Cardura)	2	
<i>midodrine hcl</i> (Proamatine)	2	
<i>phenylephrine hcl</i> (Vazculep)	2	NM
<i>prazosin hcl</i> (Minipress)	2	
<b>Angiotensin Ii Receptor Antagonists</b>		
ATACAND	4	
BENICAR HCT	4	
BENICAR	4	
<i>candesartan cilexetil</i> (Atacand)	2	
<i>candesartan/ hydrochlorothiazid</i> (Atacand HCT)	2	
DIOVAN	4	
EDARBI	4	
EDARBYCLOR	4	
<i>eprosartan mesylate</i> (Teveten)	2	
<i>irbesartan</i> (Avapro)	2	
<i>irbesartan/ hydrochlorothiazide</i> (Avalide)	2	
<i>losartan potassium</i> (Cozaar)	1	GC
<i>losartan/ hydrochlorothiazide</i> (Hyzaar)	1	GC
MICARDIS HCT	4	
MICARDIS	4	
<i>telmisartan</i> (Micardis)	2	
<i>telmisartan/amlodipine</i> (Twynsta)	2	
<i>telmisartan/ hydrochlorothiazid</i> (Micardis HCT)	2	
TEVETEN HCT	4	
TEVETEN	4	tablet: 400mg
<i>valsartan</i> (Diovan)	2	
<i>valsartan/ hydrochlorothiazide</i> (Diovan HCT)	2	
<b>Angiotensin-converting Enzyme Inhibitors</b>		
<i>benazepril hcl</i> (Lotensin)	1	GC
<i>benazepril/ hydrochlorothiazide</i> (Lotensin HCT)	1	GC
<i>captopril</i> (Capoten)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>captopril/ hydrochlorothiazide</i>	(Capozide)	1	GC	
<i>enalapril maleate</i>	(Vasotec)	1	GC	
<i>enalapril/ hydrochlorothiazide</i>	(Vaseretic)	1	GC	
<i>enalaprilat dihydrate</i>	(Enalaprilat Dihydrate)	2	NM	
<i>fosinopril sodium</i>	(Monopril)	1	GC	
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	1	GC	
<i>lisinopril</i>	(Zestril)	1	GC	
<i>lisinopril/ hydrochlorothiazide</i>	(Prinzide)	1	GC	
<i>moexipril hcl</i>	(Univase)	1	GC	
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1	GC	
<i>perindopril erbumine</i>	(Aceon)	2		
<i>quinapril hcl</i>	(Accupril)	1	GC	
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1	GC	
<i>ramipril</i>	(Altace)	1	GC	
<i>trandolapril</i>	(Mavik)	1	GC	
<b>Antiarrhythmic Agents</b>				
<i>amiodarone hcl</i>	(Amiodarone HCl)	2		syringe
<i>amiodarone hcl</i>	(Amiodarone HCl)	2	NM	ampul
<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	NM	iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	2	NM, PA BvD	vial: 20mg/ml, (PA for ESRD Only)
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	2	NM	syringe, vial: 100mg/ml, 200mg/ml
<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	NM	vial
<i>propafenone hcl</i>	(Rythmol)	2		
<i>quinidine gluconate</i>	(Quinidine Gluconate)	2		tablet er
<i>quinidine gluconate</i>	(Quinidine Gluconate)	2	NM	vial
<i>quinidine sulfate</i>	(Quinidine Sulfate)	2		
TIKOSYN		3		
XYLOCAINE		2		

Drug Name	Drug Tier	Requirements/Limits
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i> (Sectral)	2	
<i>atenolol</i> (Tenormin)	1	GC
<i>atenolol/chlorthalidone</i> (Tenoretic 50)	1	GC
<i>betaxolol hcl</i> (Kerlone)	1	GC
<i>bisoprolol fumarate</i> (Zebeta)	1	GC
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	GC
<i>carvedilol</i> (Coreg)	1	GC
<i>esmolol hcl</i> (Esmolol HCl)	2	NM, PA BvD
INNOPRAN XL	3	
<i>labetalol hcl</i> (Trandate)	2	tablet
<i>labetalol hcl</i> (Trandate)	2	NM vial
<i>metoprolol succinate</i> (Toprol XL)	1	GC
<i>metoprolol tartrate</i> (Lopressor)	1	GC tablet
<i>metoprolol tartrate</i> (Metoprolol Tartrate)	1	GC, NM vial
<i>metoprolol/ hydrochlorothiazide</i> (Lopressor HCT)	1	GC
<i>nadolol</i> (Corgard)	1	GC
<i>nadolol/ bendroflumethiazide</i> (Corzide)	2	
<i>pindolol</i> (Pindolol)	1	GC
<i>propranolol hcl</i> (Propranolol HCl)	1	GC, NM vial
<i>propranolol hcl</i> (Propranolol HCl)	1	GC cap sa 24h, solution, tablet
<i>propranolol/ hydrochlorothiazid</i> (Propranolol/ hydrochlorothiazid)	1	GC
<i>sotalol hcl</i> (Betapace)	2	
<i>timolol maleate</i> (Timolol Maleate)	1	GC
<b>Calcium-Channel Blocking Agents</b>		
<i>diltiazem hcl</i> (Cardizem CD)	2	cap er 12h, cap er 24h, cap er deg, capsule er, tab er 24h, tablet
<i>diltiazem hcl</i> (Diltiazem HCl)	2	NM syringe, vial port
<i>verapamil hcl</i> (Calan)	2	cap24h pct, cap24h pel, tablet, tablet er
<i>verapamil hcl</i> (Verapamil HCl)	2	NM ampul
<i>verapamil hcl</i> (Verapamil HCl)	2	NM syringe
<b>Cardiovascular Agents, Miscellaneous</b>		
AUVI-Q	3	NM, QL: 2 per fill auto injct: 0.3mg/0.3
<i>digoxin</i> (Lanoxin)	1	GC, NM ampul
<i>digoxin</i> (Lanoxin)	1	GC tablet

Drug Name		Drug Tier	Requirements/Limits	
DIGOXIN		1	GC	
<i>dobutamine hcl</i>	(Dobutamine HCl)	2	NM, PA BvD	
<i>dobutamine hcl/d5w</i>	(Dobutamine HCl/D5W)	2	NM, PA BvD	
<i>dopamine hcl</i>	(Dopamine HCl)	2	NM, PA BvD	
<i>dopamine hcl/d5w</i>	(Dopamine HCl/D5W)	2	NM, PA BvD	
<i>dopamine hcl/dextrose 5%-water</i>	(Dopamine HCl/dextrose 5%-water)	2	NM, PA BvD	infus. btl: 1600mcg/ml
<i>dopamine hcl/dextrose 5%-water</i>	(Dopamine HCl/dextrose 5%-water)	2	PA BvD	infus. btl: 3200mcg/ml
<i>ephedrine sulfate</i>	(Ephedrine Sulfate)	2	NM	
<i>epinephrine</i>	(Adrenacllick)	2		auto injct: 0.3mg/0.3
<i>epinephrine</i>	(Epinephrine)	2	NM	ampul
<i>epinephrine</i>	(Epinephrine)	2	NM	syringe
EPIPEN 2-PAK		4	NM, QL: 2 per fill	
<i>ethanolamine oleate</i>	(Ethanolamine Oleate)	2	NM	
FIRAZYR		5	NM, PA, QL: 9 in 30 days	
<i>hydralazine hcl</i>	(Apresoline)	1	GC	tablet
<i>hydralazine hcl</i>	(Hydralazine HCl)	2	NM	vial
<i>hydralazine/ hydrochlorothiazid</i>	(Hydralazine/ hydrochlorothiazid)	2		
<i>hydralazine/reserpin/hctz</i>	(Hydralazine/reserpin/ hctz)	2		
LANOXIN		4		tablet
<i>milrinone lactate</i>	(Milrinone Lactate)	2	NM, PA BvD	
<i>milrinone lactate/d5w</i>	(Primacor in 5% Dextrose)	2	NM, PA BvD	
<i>norepinephrine bitartrate</i>	(Levophed Bitartrate)	2	NM, PA BvD	
ORENITRAM ER		4	PA	tablet er: 0.125mg
ORENITRAM ER		5	NM, PA	tablet er: 0.25mg, 1mg, 2.5mg
<i>papaverine hcl</i>	(Papaverine HCl)	2		capsule er, tablet
<i>papaverine hcl</i>	(Papaverine HCl)	2	NM	vial
RANEXA		4		

Drug Name		Drug Tier	Requirements/Limits	
<i>reserpine/ hydrochlorothiazide</i>	(Reserpine/ hydrochlorothiazide)	2		
<b>Dihydropyridines</b>				
<i>amlodipine besylate</i>	(Norvasc)	2		
<i>amlodipine besylate/ benazepril</i>	(Lotrel)	2		
<i>felodipine</i>	(Plendil)	2		
<i>isradipine</i>	(Dynacirc)	2		
<i>nicardipine hcl</i>	(Nicardipine HCl)	2		capsule
<i>nicardipine hcl</i>	(Nicardipine HCl)	2	NM	vial
<i>nifedipine</i>	(Procardia XL)	2		tab er 24, tablet er
<i>nimodipine</i>	(Nimotop)	2		
<i>nisoldipine</i>	(Sular)	2		
<b>Diuretics</b>				
<i>amiloride hcl</i>	(Midamor)	1	GC	
<i>amiloride/ hydrochlorothiazide</i>	(Amiloride/ hydrochlorothiazide)	2		
<i>bumetanide</i>	(Bumetanide)	1	GC, NM	vial
<i>bumetanide</i>	(Bumex)	1	GC	tablet
<i>chlorothiazide sodium</i>	(Diuril Sodium)	2	NM	
<i>chlorothiazide</i>	(Chlorothiazide)	1	GC	
<i>chlorthalidone</i>	(Chlorthalidone)	1	GC	
<i>furosemide</i>	(Furosemide)	1	GC, NM	ampul
<i>furosemide</i>	(Furosemide)	1	GC, NM	syringe
<i>furosemide</i>	(Lasix)	1	GC	solution, tablet
<i>hydrochlorothiazide</i>	(Hydrochlorothiazide)	1	GC	
<i>indapamide</i>	(Lozol)	1	GC	
<i>methyclothiazide</i>	(Methyclothiazide)	2		
<i>metolazone</i>	(Zaroxolyn)	1	GC	
<i>toremide</i>	(Demadex)	1	GC	tablet
<i>toremide</i>	(Toremide)	2	NM	vial
<i>triamterene/ hydrochlorothiazid</i>	(Maxzide)	1	GC	
<b>Dyslipidemics</b>				
<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		

Drug Name	Drug Tier	Requirements/Limits	
<i>fenofibrate</i> <i>nanocrystallized</i> (Tricor)	2		
<i>fenofibrate</i> (Lofibra)	2		
<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	LA, NM, PA, QL: 4 in 28 days	
<i>lovastatin</i> (Mevacor)	2		
LOVAZA	3		
<i>niacin</i> (Niaspan)	2		
NIASPAN	3		
<i>omega-3 acid ethyl esters</i> (Lovaza)	2		
<i>pravastatin sodium</i> (Pravachol)	2		
<i>simvastatin</i> (Zocor)	2		tablet: 5mg, 10mg, 20mg
<i>simvastatin</i> (Zocor)	2	PA	tablet: 40mg, 80mg, (PA only w/ amiodarone)
TRILIPIX	3		
VASCEPA	4	QL: 120 in 30 days	
WELCHOL	3		
ZETIA	3		
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>			
ALDACTAZIDE	4		tablet: 50mg-50mg
<i>eplerenone</i> (Inspra)	1	GC	
<i>spironolact/</i> <i>hydrochlorothiazid</i> (Aldactazide)	1	GC	
<i>spironolactone</i> (Aldactone)	1	GC	
TEKTURNA HCT	4		
TEKTURNA	4		
<b>Vasodilators</b>			
<i>isosorbide dinitrate</i> (Isordil)	1	GC	tab subl: 2.5mg; tablet
<i>isosorbide dinitrate</i> (Isordil)	2		tablet er
<i>isosorbide dinitrate</i> (Isosorbide Dinitrate)	1	GC	tab subl: 5mg
<i>isosorbide mononitrate</i> (Imdur)	2		
<i>minoxidil</i> (Minoxidil)	2		
NITRO-DUR	3		patch td24: 0.3mg/hr, 0.8mg/hr
<i>nitroglycerin</i> (Nitro-dur)	2		patch td24, spray

Drug Name		Drug Tier	Requirements/Limits	
<i>nitroglycerin</i>	(Nitroglycerin)	2	NM	vial: 50mg/10ml
<i>nitroglycerin</i>	(Nitroglycerin)	2	NM	vial: 5mg/ml
<i>nitroglycerin/d5w</i>	(Nitroglycerin/D5W)	2	NM	
NITROSTAT		3		
<i>nylidrin hcl</i>	(Nylidrin HCl)	2		
PROGLYCEM		3		
<b>Central Nervous System Agents</b>				
<b>Central Nervous System Agents</b>				
AMPYRA		5	NM, PA, QL: 60 in 30 days	
<i>caffeine citrated</i>	(Cafcit)	2		solution
<i>caffeine citrated</i>	(Cafcit)	2	NM	vial
<i>caffeine/sodium benzoate</i>	(Caffeine/sodium Benzoate)	2	NM	
<i>dexmethylphenidate hcl</i>	(Focalin)	2		
<i>dextroamphetamine sulfate</i>	(Dextrostat)	2		capsule er, tablet: 5mg, 10mg
<i>dextroamphetamine sulfate</i>	(Liquadd)	2		solution
<i>dextroamphetamine/amphetamine</i>	(Adderall)	2		
<i>flumazenil</i>	(Romazicon)	2		
INTUNIV		4	PA	
<i>lithium carbonate</i>	(Eskalith)	2		
<i>lithium citrate</i>	(Lithium Citrate)	2		
METADATE CD		3		cpbp 30-70: 20mg, 30mg, 40mg
<i>methamphetamine hcl</i>	(Desoxyn)	2		
METHYLIN		2		tab chew, (oral products only)
<i>methylphenidate hcl</i>	(Concerta)	2		cpbp 30-70, cpbp 50-50, solution, tab er 24, tablet, tablet er: 20mg, (oral products only)
<i>methylphenidate hcl</i>	(Ritalin)	2		tablet er: 10mg, (oral products only)
NUEDEXTA		4	PA	
<i>riluzole</i>	(Rilutek)	2		
SAVELLA		3		
STRATTERA		4	PA	
XENAZINE		5	LA, NM	

Drug Name	Drug Tier	Requirements/Limits
<b>Contraceptives</b>		
<b>Contraceptives</b>		
AMETHYST	2	
<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	tablet: 0.75mg
<i>levonorgestrel-ethin</i> <i>estradiol</i> (Nordette-8)	2	tablet: 0.1-0.02, 0.15-0.03, 6-5-10; tbdspk 3mo
<i>l-norgest-eth estr/ethin</i> <i>estra</i> (Seasonique)	2	tbdspk 3mo: 100-20(84)
<i>l-norgest-eth estr/ethin</i> <i>estra</i> (Seasonique)	2	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	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i> (Evoxac)	2	
<i>chlorhexidine gluconate</i> (Peridex)	2	
KEPIVANCE	5	NM, PA BvD

Drug Name		Drug Tier	Requirements/Limits
<i>pilocarpine hcl</i>	(Salagen)	2	
<i>sodium fluoride</i>	(Control Rx)	2	
<i>stannous fluoride</i>	(Gel-kam)	2	soln(gram)
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	2	
<b>Dermatological Agents</b>			
<b>Dermatological Agents, Other</b>			
8-MOP		4	
ABSORICA		3	
<i>acyclovir</i>	(Zovirax)	2	
<i>adapalene</i>	(Adapalene)	2	
<i>alcohol antiseptic pads</i>	(Alcohol Antiseptic Pads)	3	
<i>aluminum chloride</i>	(Drysol)	2	
<i>ammonium lactate</i>	(Lac-hydrin)	2	
<i>calcipotriene</i>	(Dovonex)	2	
<i>calcipotriene/ betamethasone</i>	(Taclonex)	2	
<i>calcitriol</i>	(Vectical)	2	
CARAC		4	
CONDYLOX		3	gel (gram)
DENAVIR		4	
FLUOROPLEX		3	
<i>fluorouracil</i>	(Efudex)	2	
<i>imiquimod</i>	(Aldara)	2	
<i>isotretinoin</i>	(Accutane)	2	
LEVULAN		4	
<i>mafenide acetate</i>	(Mafenide Acetate)	2	
<i>methoxsalen, rapid</i>	(Oxsoralen-ultra)	2	
METVIXIA		4	
OXSORALEN		4	
OXSORALEN-ULTRA		4	
PANRETIN		3	
PICATO		4	PA NSO, QL: 2 per fill gel (ea): 0.05%
PICATO		4	PA NSO, QL: 3 per fill gel (ea): 0.015%
<i>podofilox</i>	(Condylox)	2	
<i>podophyllum resin</i>	(Pododerm)	2	
<i>potassium hydroxide</i>	(Potassium Hydroxide)	2	

Drug Name	Drug Tier	Requirements/Limits	
REGRANEX	5	NM	
SANTYL	3		
<i>silver nitrate applicator</i> (Silver Nitrate Applicator)	2		
SORIATANE	5	NM, PA	
UVADEX	4	NM	
VALCHLOR	5	NM, PA NSO	
XERESE	4	PA	
ZONALON	3		
ZOVIRAX	4		cream (g)
ZYCLARA	4		
<b>Dermatological Antibacterials</b>			
<i>clindamycin phos/benzoyl perox</i> (Benzacilin)	2		gel (gram)
<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		
METROGEL	3		
<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		
PHISOHEX	4		
<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		
<b>Dermatological Anti-inflammatory Agents</b>			
<i>alclometasone dipropionate</i> (Aclovate)	2		
<i>amcinonide</i> (Amcinonide)	2		
<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	
<i>desonide</i> (Desowen)	2	
<i>desoximetasone</i> (Topicort)	2	
<i>diflorasone diacetate</i> (Psorcon)	2	
ELIDEL	4	PA
<i>fluocinolone acetonide</i> (Synalar)	2	
<i>fluocinolone/shower cap</i> (Derma-smoothe-fs)	2	
<i>fluocinonide</i> (Vanos)	2	
<i>fluticasone propionate</i> (Cutivate)	2	
<i>halobetasol propionate</i> (Ultravate)	2	
<i>hydrocortisone acetate</i> (Hydrocortisone Acetate)	2	suppos.
<i>hydrocortisone acetate/aloe v</i> (Nuzon)	2	gel (gram)
<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), cream/appl: 2.5%
<i>hydrocortisone</i> (Hytone)	2	cream (g), cream/appl: 2.5%; enema, lotion, oint. (g)
<i>mometasone furoate</i> (Elocon)	2	
<i>prednicarbate</i> (Dermatop)	2	
RECTACORT-HC	4	
<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%
<b>Dermatological Retinoids</b>		
<i>adapalene</i> (Differin)	2	
FABIOR	4	
TARGRETIN	4	
TAZORAC	4	
<i>tretinoin microspheres</i> (Retin-a Micro)	2	
<i>tretinoin</i> (Retin-A)	2	

Drug Name		Drug Tier	Requirements/Limits	
<b>Scabicides And Pediculicides</b>				
<i>lindane</i>	(Lindane)	2		
<i>malathion</i>	(Ovide)	2		
<i>permethrin</i>	(Elimite)	2		
<i>spinosad</i>	(Natroba)	2		
<b>Devices</b>				
<b>Devices</b>				
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	3		
<i>syring w-ndl, disp, insul, 0.3ml</i>	(Syring W-ndl, disp, insul, 0.3ml)	3		
<i>syring w-ndl, disp, insul, 0.5ml</i>	(Syring W-ndl, disp, insul, 0.5ml)	3		
<i>syring w-o ndl, disp, insul, 1ml</i>	(Syring W-o Ndl, disp, insul, 1ml)	3		
<b>Enzyme Replacement/modifiers</b>				
<b>Enzyme Replacement/modifiers</b>				
ADAGEN		4	NM	
ALDURAZYME		5	NM, PA	
CEREZYME		5	NM, PA	
CIMZIA		5	NM, PA, QL: 3 in 28 days	
CREON		3		
CYSTAGON		4	LA, NM	
ELAPRASE		5	NM, PA	
ELELYSO		5	NM, PA	
ELITEK		4	NM, PA	
FABRAZYME		5	NM, PA	
GATTEX		5	LA, NM, PA, QL: 30 in 30 days	
KUVAN		5	NM, PA	
LINZESS		3	PA, QL: 30 in 30 days	
<i>lipase/protease/amylase</i>	(Zenpep)	2		
LOTRONEX		3		
MYOZYME		5	NM, PA	
NAGLAZYME		5	NM, PA	
ORFADIN		3		

Drug Name	Drug Tier	Requirements/Limits	
PULMOZYME	4	PA BvD	
VPRIV	5	NM, PA	
ZAVESCA	5	NM, PA	
ZENPEP	3		capsule dr: 3k-10k-16k, 10-34-55k, 15-51-82k, 20-68-109k, 25-85-136k
<b>Eye, Ear, Nose, Throat Agents</b>			
<b>Eye, Ear, Nose, Throat Anti-infectives Agents</b>			
<i>acetic acid</i> (Vosol)	2		
<i>acetic acid/hydrocortisone</i> (Vosol HC)	2		
ANTIBIOTIC EAR SOLUTION	2		
AZASITE	4		
<i>bacitracin</i> (Bacitracin)	2		
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	2		
BESIVANCE	4		
BLEPHAMIDE S.O.P.	3		
BLEPHAMIDE	4		
CILOXAN	3		oint. (g)
CIPRODEX	3		
<i>ciprofloxacin hcl</i> (Cetraxal)	2		droperette
<i>ciprofloxacin hcl</i> (Ciloxan)	2		drops
<i>erythromycin base</i> (Ilotycin)	2		
<i>gatifloxacin</i> (Zymaxid)	2		
<i>gentamicin sulfate</i> (Garamycin)	2		
<i>levofloxacin</i> (Quixin)	2		
<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	
PRED-G	4	drops susp
<i>sulfacetamide sodium</i> (Sulfac)	2	
<i>sulfacetamide/ prednisolone sp</i> (Sulfacetamide/ prednisolone Sp)	2	
TOBRADEX ST	4	
TOBRADEX	3	oint. (g)
<i>tobramycin sulfate</i> (Tobramycin Sulfate)	2	
<i>tobramycin/ dexamethasone</i> (Tobradex)	2	
<i>trifluridine</i> (Viroptic)	2	
VIGAMOX	4	
ZIRGAN	4	
ZYMAXID	3	
<b>Eye, Ear, Nose, Throat Anti-inflammatory Agents</b>		
ALOCRIL	4	
ALREX	4	
<i>bromfenac sodium</i> (Bromfenac Sodium)	2	
<i>dexamethasone sod phosphate</i> (Ak-dex)	2	
<i>diclofenac sodium</i> (Voltaren)	2	(oral products only)
FLAREX	4	
<i>fluocinolone acetonide oil</i> (Dermotic)	2	
<i>fluorometholone</i> (FML)	2	
<i>flurbiprofen sodium</i> (Ocufen)	2	
FML FORTE	4	
FML S.O.P.	4	
FML	4	
<i>ketorolac tromethamine</i> (Acular)	2	
LOTEMAX	4	drops susp
MAXIDEX	4	
<i>prednisolone acetate</i> (Omnipred)	2	
<i>prednisolone sod phosphate</i> (Prednisol)	2	
RESTASIS	4	
<b>Eye, Ear, Nose, Throat Drugs, Miscellaneous</b>		
AKTEN	4	
ALOMIDE	4	
<i>apraclonidine hcl</i> (Iopidine)	2	
<i>atropine sulfate</i> (Isopto Atropine)	2	
<i>azelastine hcl</i> (Astelin)	2	

Drug Name		Drug Tier	Requirements/Limits	
<i>carteolol hcl</i>	(Carteolol HCl)	2		
<i>cromolyn sodium</i>	(Cromolyn Sodium)	2		
<i>cyclopentolate hcl</i>	(Cyclogyl)	2		
<i>epinastine hcl</i>	(Elestat)	2		
<i>homatropine hbr</i>	(Isopto Homatropine)	2		
<i>naphazoline hcl/ antazoline</i>	(Naphazoline HCl/ antazoline)	2		
PATADAY		3		
<i>phenylephrine hcl</i>	(Mydfrin)	2		
<i>proparacaine hcl</i>	(Ophthetic)	2		
<i>proparacaine/fluorescein sod</i>	(Proparacaine/ fluorescein Sod)	2		
<i>tetracaine hcl</i>	(Tetcaine)	2		
<i>tropicamide</i>	(Mydral)	2		
TYZINE		3		drops: 0.1%
TYZINE		4		spray
<b>Gastrointestinal Agents</b>				
<b>Antiulcer Agents And Acid Suppressants</b>				
CARAFATE		4		oral susp
<i>cimetidine hcl</i>	(Cimetidine HCl)	2		solution
<i>cimetidine hcl</i>	(Cimetidine HCl)	2	NM	vial
<i>cimetidine in 0.9 % nacl</i>	(Cimetidine In 0.9 % NaCl)	2	NM	
<i>cimetidine</i>	(Tagamet)	2		
<i>esomeprazole sodium</i>	(Nexium I.v.)	2		
ESOMEPRAZOLE		4	ST	capsule dr: 24.65mg
STRONTIUM				
ESOMEPRAZOLE		4	ST	capsule dr: 49.3mg
STRONTIUM				
<i>famotidine in nacl,iso- osm/pf</i>	(Famotidine In Nacl,iso- osm/PF)	2	NM	
<i>famotidine</i>	(Pepcid)	1	GC, NM	vial
<i>famotidine</i>	(Pepcid)	1	GC	oral susp, tablet
<i>lansoprazole</i>	(Prevacid)	2		
<i>lansoprazole/amoxiciln/ clarith</i>	(Prevpac)	2		
<i>misoprostol</i>	(Cytotec)	2		
NEXIUM I.V.		4	NM, PA	
NEXIUM		4	ST	capsule dr, suspdr pkt: 20mg, 40mg
<i>nizatidine</i>	(Axid)	2		
<i>omeprazole</i>	(Prilosec)	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>omeprazole/sodium bicarbonate</i> (Zegerid)	2		
<i>pantoprazole sodium</i> (Protonix IV)	2	NM	vial
<i>pantoprazole sodium</i> (Protonix)	2		tablet dr
<i>rabeprazole sodium</i> (Aciphex)	2		
<i>ranitidine hcl</i> (Zantac)	1	GC	capsule, syrup, tablet
<i>sucralfate</i> (Carafate)	2		tablet
<i>sucralfate</i> (Sucralfate)	2		oral susp
<b>Gastrointestinal Agents, Other</b>			
AMITIZA	3	QL: 60 in 30 days	
BUPHENYL	3		tablet
<i>cromolyn sodium</i> (Gastrocrom)	2		
<i>dicyclomine hcl</i> (Bentyl)	2		
<i>diphenoxylate hcl/atropine</i> (Lomotil)	2		
<i>glycopyrrolate</i> (Robinul)	2		tablet
<i>glycopyrrolate</i> (Robinul)	2	NM	vial
<i>isopropamide/prochlorperazine</i> (Isopropamide/prochlorperazine)	2		
KRISTALOSE	3		
<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	NM	disp syrin
<i>metoclopramide hcl</i> (Reglan)	2		tablet
<i>metoclopramide hcl</i> (Reglan)	2	NM	vial
<i>paregoric</i> (Paregoric)	2		
RELISTOR	4	NM, PA, QL: 12 in 30 days	syringe: 8mg/0.4ml
RELISTOR	4	NM, PA, QL: 18 in 30 days	syringe: 12mg/0.6ml
<i>sodium phenylbutyrate</i> (Buphenyl)	2		
<i>ursodiol</i> (Actigall)	2		
<b>Laxatives</b>			
GOLYTELY	4		powd pack
HALFLYTELY-BISACODYL	4		

Drug Name	Drug Tier	Requirements/Limits	
MOVIPREP	4		
OSMOPREP	4		
<i>peg 3350/na</i> (Golytely) <i>sulf,bicarb,cl/kcl</i>	2		
<i>polyethylene glycol 3350</i> (Miralax)	2		
PREPOPIK	4		
<i>sodium chloride/nahco3/</i> (Nulytely with Flavor <i>kcl/peg</i> Packs)	2		
SUCLEAR	4		
<b>Phosphate Binders</b>			
<i>calcium acetate</i> (Phoslo)	2		
<i>calcium carbonate/mag</i> (Calcium Carbonate/mag <i>carb/fa</i> Carb/fa)	2		
FOSRENOL	3		
KAYEXALATE	3		
RENAGEL	3		
REVELA	4		
<i>sevelamer carbonate</i> (Renvela)	2		
<i>sodium polystyrene</i> (Sodium Polystyrene <i>sulfonate</i> Sulfonate)	2		oral susp
<i>sodium polystyrene</i> (Sps) <i>sulfonate</i>	2		enema
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
DETROL LA	3		
<i>flavoxate hcl</i> (Urispas)	2		
<i>oxybutynin chloride</i> (Ditropan)	2		(oral products only)
<i>tolterodine tartrate</i> (Detrol)	2		
<i>tropium chloride</i> (Sanctura)	2		
VESICARE	3		
<b>Heavy Metal Antagonists</b>			
<b>Heavy Metal Antagonists</b>			
CUPRIMINE	4		
<i>deferoxamine mesylate</i> (Desferal)	2	NM, PA BvD	(PA for ESRD Only)
DEPEN	4		
<i>edetate disodium</i> (Edetate Disodium)	2	NM	
EXJADE	4	PA	
FERRIPROX	5	LA, NM, PA	
<i>na nitrite/na thiosul/amyl</i> (Na Nitrite/na Thiosul/ <i>nit</i> amyl Nit)	2	NM	

Drug Name	Drug Tier	Requirements/Limits	
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	2	NM	
<b>Hormonal Agents, Stimulant/replacement/modifying</b>			
<b>Androgens</b>			
ANADROL-50	3		
ANDRODERM	3		
ANDROGEL	3		
ANDROID	4		
<i>danazol</i> (Danocrine)	2		
<i>fluoxymesterone</i> (Fluoxymesterone)	2		
<i>oxandrolone</i> (Oxandrin)	2		
<i>testosterone cypionate</i> (Depo-testosterone)	2	NM	
<i>testosterone enanthate</i> (Delatestryl)	2	NM	
<b>Estrogens and Antiestrogens</b>			
CENESTIN	3	PA	(PA Req for Ages 65 and Older; High Risk Med)
DUA VEE	4	PA	
ESTRACE	4		cream/appl
<i>estradiol valerate</i> (Delestrogen)	2	NM	vial: 10mg/ml
<i>estradiol valerate</i> (Delestrogen)	2	NM	vial: 20mg/ml, 40mg/ml
<i>estradiol</i> (Estrace)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>estradiol/norethindrone acet</i> (Activella)	2	PA	
<i>estradiol/norethindrone acet</i> (Activella)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
ESTRING	4		
<i>estropipate</i> (Ogen)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
EVISTA	3		
FEMRING	4		
MENEST	4	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>norethindrone ac-eth estradiol</i> (Femhrt)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
PREMARIN	3		cream/appl
PREMARIN	3	NM	vial
PREMARIN	3	PA	tablet, (PA Req for Ages 65 and Older; High Risk Med)
PREMPHASE	3	PA	(PA Req for Ages 65 and Older; High Risk Med)
PREMPRO	3	PA	(PA Req for Ages 65 and Older; High Risk Med)

Drug Name	Drug Tier	Requirements/Limits	
<i>raloxifene hcl</i> (Evista)	2		
VAGIFEM	4		
VIVELLE-DOT	3	PA	(PA Req for Ages 65 and Older; High Risk Med)
<b>Glucocorticoids/mineralocorticoids</b>			
<i>betamet acet/betamet na ph</i> (Celestone)	2	NM, PA BvD	
<i>cortisone acetate</i> (Cortisone Acetate)	2	PA BvD	
DEXAMETHASONE INTENSOL	4		
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	2	NM, PA BvD	
<i>dexamethasone</i> (Dexamethasone)	2	PA BvD	
<i>fludrocortisone acetate</i> (Fludrocortisone Acetate)	2		
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	2	NM, PA BvD	
<i>hydrocortisone</i> (Cortef)	2	PA BvD	
KENALOG-10	4	PA BvD	
KENALOG-40	4	PA BvD	
<i>methylprednisolone acetate</i> (Depo-medrol)	2	NM, PA BvD	
<i>methylprednisolone sod succ</i> (A-methapred)	2	NM, PA BvD	vial: 125mg/2ml, 500mg, 1000mg
<i>methylprednisolone sod succ</i> (A-methapred)	2	NM, PA BvD	vial: 40mg, 125mg
<i>methylprednisolone</i> (Medrol)	2	PA BvD	
<i>prednisolone acetate</i> (Prednisolone Acetate)	2	NM, PA BvD	
<i>prednisolone sod phosphate</i> (Orapred)	2	PA BvD	
<i>prednisolone</i> (Prednisolone)	2	PA BvD	
<i>prednisone</i> (Prednisone)	2	PA BvD	solution, tablet
<i>prednisone</i> (Sterapred Ds)	2		tab ds pk
SOLU-MEDROL	4	NM, PA BvD	vial: 40mg/ml
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	2	PA BvD	
VERIPRED 20	2	PA BvD	
<b>Pituitary</b>			
CHORIONIC GONADOTROPIN	2	NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>desmopressin acetate</i>	(DDAVP)	2		spray/pump, tablet
<i>desmopressin acetate</i>	(Desmopressin Acetate)	2		solution
<i>desmopressin acetate</i>	(Desmopressin Acetate)	2	NM	vial
GENOTROPIN		4	NM, PA	syringe
GENOTROPIN		5	NM, PA	cartridge
INCRELEX		4	NM	
NORDITROPIN FLEXPRO		4	NM, PA	
NORDITROPIN NORDIFLEX		4	NM, PA	
NUTROPIN AQ NUSPIN		5	NM, PA	
NUTROPIN AQ		5	NM, PA	
NUTROPIN		5	NM, PA	
<i>octreotide acetate</i>	(Sandostatin)	2	NM	
OMNITROPE		5	NM, PA	vial
SEROSTIM		5	NM	
SOMATULINE DEPOT		4	NM, PA	
SOMAVERT		5	LA, NM	
SUPPRELIN LA		4	NM, PA	
SUPPRELIN		4	NM	
VANTAS		4	NM	
<i>vasopressin</i>	(Pitressin)	2	NM	
ZORBTIVE		5	NM, PA	
<b>Progestins</b>				
CRINONE		4		gel/pf app: 4%
<i>medroxyprogesterone acet</i>	(Medroxyprogesterone Acet)	2		
<i>medroxyprogesterone acetate</i>	(Depo-provera)	2	NM	syringe
<i>medroxyprogesterone acetate</i>	(Depo-provera)	2	NM	vial
<i>medroxyprogesterone acetate</i>	(Provera)	2		tablet
<i>norethindrone acetate</i>	(Aygestin)	2		
<i>progesterone</i>	(Progesterone)	2	NM	
<i>progesterone, micronized</i>	(Prometrium)	2		
<b>Thyroid and Antithyroid Agents</b>				
LEVOTHROID		4		
<i>levothyroxine sodium</i>	(Levothyroxine Sodium)	2	NM	vial: 100mcg
<i>levothyroxine sodium</i>	(Levothyroxine Sodium)	2	NM	vial: 200mcg
<i>levothyroxine sodium</i>	(Levoxyl)	2		tablet

Drug Name	Drug Tier	Requirements/Limits	
LEVOXYL	4		
<i>liothyronine sodium</i> (Cytomel)	2		tablet
<i>liothyronine sodium</i> (Triostat)	2	NM	vial
<i>methimazole</i> (Tapazole)	2		tablet: 20mg
<i>methimazole</i> (Tapazole)	2		tablet: 5mg, 10mg
<i>propylthiouracil</i> (Propylthiouracil)	2		
SYNTHROID	4		
UNITHROID	4		
<b>Immunological Agents</b>			
<b>Immunological Agents</b>			
ANTIVENIN LATRODECTUS MACTANS	4	NM	
ANTIVENIN MICRURUS FULVIUS	4	NM	
ARCALYST	4	NM	
ASTAGRAF XL	4	PA BvD	
ATGAM	4	NM	
AUBAGIO	5	NM, PA, QL: 28 in 28 days	tablet: 14mg
AZASAN	4	PA BvD	
<i>azathioprine sodium</i> (Azathioprine Sodium)	2	NM, PA BvD	
<i>azathioprine</i> (Imuran)	2	PA BvD	
BIVIGAM	5	NM, PA	
CARIMUNE NF NANOFILTERED	5	NM, PA	
CELLCEPT	4	NM, PA BvD	vial
CELLCEPT	4	PA BvD	susp recon
<i>cyclosporine</i> (Cyclosporine)	2	NM, PA BvD	vial
<i>cyclosporine</i> (Sandimmune)	2	PA BvD	capsule
<i>cyclosporine, modified</i> (Neoral)	2	PA BvD	
ENBREL	5	NM, PA, QL: 4 in 14 days	pen injctr, syringe, (4 syringes)
ENBREL	5	NM, PA, QL: 4 in 14 days	pen injctr, syringe, (8 syringes)

Drug Name	Drug Tier	Requirements/Limits	
ENBREL	5	NM, PA, QL: 8 in 14 days	vial, (4 syringes)
FLEBOGAMMA DIF	4	NM, PA	
FLEBOGAMMA	4	NM, PA	
GAMASTAN S-D	4	NM, PA	
GAMMAGARD LIQUID	5	NM, PA	
GAMUNEX-C	4	PA	
HIZENTRA	5	NM, PA	
HUMIRA	5	NM, PA, QL: 4 in 28 days	pen ij kit: 40mg/0.8ml
HUMIRA	5	NM, PA, QL: 6 in 28 days	pen ij kit: 40mg/0.8ml, (Starter Kit)
KINERET	5	NM, PA	
<i>leflunomide</i> (Arava)	2		
<i>mycophenolate mofetil</i> (Cellcept)	2	PA BvD	
<i>mycophenolate sodium</i> (Myfortic)	2		
MYFORTIC	4	PA BvD	
NULOJIX	5	NM, PA NSO	
ORENCIA	5	NM, PA, QL: 4 in 28 days	syringe
PRIVIGEN	5	NM, PA	
PROGRAF	3	NM, PA BvD	ampul
RAPAMUNE	4	PA BvD	
RIDAURA	3		
<i>sirolimus</i> (Rapamune)	2	PA BvD	
<i>tacrolimus</i> (Hecoria)	2	PA BvD	
THYMOGLOBULIN	3	NM	
TYSABRI	5	LA, NM, PA	
VARIZIG	4	NM	
ZORTRESS	5	NM, PA NSO	
<b>Vaccines</b>			
ACTHIB	3	NM	
ADACEL TDAP	3	NM	syringe
ADACEL TDAP	3	NM	vial

Drug Name	Drug Tier	Requirements/Limits	
BCG VACCINE (TICE STRAIN)	4	NM, PA BvD	
BOOSTRIX TDAP	3	NM	
CERVARIX	3	NM	
COMVAX	3	NM	
DAPTACEL DTAP	3	NM	
DIPHThERIA- TETANUS TOXOIDS- PED	3	NM	
ENGERIX-B ADULT	3	NM, PA BvD	
ENGERIX-B PEDIATRIC- ADOLESCENT	3	NM, PA BvD	vial
ENGERIX-B PEDIATRIC- ADOLESCENT	3	PA BvD	syringe
GARDASIL	3	NM	vial
HAVRIX	3	NM, PA BvD	vial
HAVRIX	3	PA BvD	syringe: 1440/ml
HAVRIX	3	PA BvD	syringe: 720/0.5ml
IMOVAX RABIES VACCINE	3	NM, PA BvD	
INFANRIX DTAP	3	NM	
INFANRIX PF	3		
IPOL	3	NM	
IXIARO	3	NM	
JE-VAX	3	NM	
MENACTRA	3	NM	
MENHIBRIX	4		
MENOMUNE-A-C-Y- W-135	3	NM	
MENVEO A-C-Y-W- 135-DIP	3	NM	
M-M-R II VACCINE	3	NM	
PEDVAXHIB	3	NM	
PENTACEL ACTHIB COMPONENT	3		
PROQUAD	3	NM	
RABAVERT	3	NM, PA BvD	

Drug Name	Drug Tier	Requirements/Limits	
RECOMBIVAX HB	3	NM, PA BvD	vial
ROTATEQ	3		
TE ANATOXAL BERNA	3	NM, PA BvD	
TETANUS DIPHThERIA TOXOIDS	2	NM	
TETANUS TOXOID ADSORBED	2	NM, PA BvD	
THERACYS	4	NM, PA BvD	
TWINRIX	3	NM	vial
TYPHIM VI	3	NM	
VAQTA	4	NM, PA BvD	syringe, vial: 25/0.5ml
VAQTA	4	NM, PA BvD	vial: 50unit/ml
VARIVAX VACCINE	3	NM	
VIVOTIF BERNA	4		
YF-VAX	3	NM	
ZOSTAVAX	3	NM	
<b>Inflammatory Bowel Disease Agents</b>			
<b>Inflammatory Bowel Disease Agents</b>			
ASACOL HD	3		
<i>balsalazide disodium</i> (Colazal)	2		
<i>budesonide</i> (Entocort EC)	2		
CANASA	4		
DIPENTUM	4		
<i>mesalamine w/cleansing wipes</i> (Rowasa)	2		
<b>Irrigating Solutions</b>			
<b>Irrigating Solutions</b>			
<i>acetic acid</i> (Acetic Acid)	2		
LACTATED RINGERS	2		
<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)	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>water for irrigation, sterile</i> (Water for Irrigation, Sterile)	2		
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
ACTONEL	3		
<i>alendronate sodium</i> (Fosamax)	1	GC	tablet
<i>alendronate sodium</i> (Fosamax)	2		solution
BONIVA	3	NM, PA	syringe
<i>calcitonin, salmon, synthetic</i> (Miacalcin)	2		
<i>calcitriol</i> (Calcijex)	2	NM, PA BvD	ampul, (PA for ESRD only)
<i>calcitriol</i> (Rocaltrol)	2	PA BvD	capsule, solution, (PA for ESRD only)
<i>doxercalciferol</i> (Doxercalciferol)	2	PA BvD	(PA for ESRD only)
<i>doxercalciferol</i> (Hectorol)	2	PA BvD	
<i>etidronate disodium</i> (Didronel)	2		
FORTEO	5	NM, PA	
FORTICAL	2		
FOSAMAX PLUS D	3		
HECTOROL	3	NM, PA BvD	ampul, (PA for ESRD only)
HECTOROL	3	PA BvD	capsule, (PA for ESRD only)
<i>ibandronate sodium</i> (Boniva)	2		
MIACALCIN	3	NM, PA BvD	vial, (PA for ESRD only)
<i>pamidronate disodium</i> (Aredia)	2	NM, PA BvD	
<i>pamidronate disodium</i> (Aredia)	2	NM, PA BvD	(PA for ESRD only)
<i>paricalcitol</i> (Zemplar)	2	PA BvD	(PA for ESRD Only)
RECLAST	4	NM	
<i>risedronate sodium</i> (Actonel)	2		
XGEVA	5	NM, PA NSO	
ZEMPLAR	3	NM, PA BvD	vial, (PA for ESRD only)
ZEMPLAR	3	PA BvD	capsule, (PA for ESRD only)
<i>zoledronic acid</i> (Zometa)	2	NM	

Drug Name	Drug Tier	Requirements/Limits	
<i>zoledronic acid/ mannitol&amp;water</i> (Reclast)	2	NM	infus. btl
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
ACTEMRA	5	NM, PA, QL: 3.6 in 28 days	syringe
ACTEMRA	5	NM, PA, QL: 40 in 30 days	vial
ACTIMMUNE	5	LA, NM	
<i>allopurinol</i> (Zyloprim)	1	GC	
<i>amifostine crystalline</i> (Ethyol)	2	NM	
<i>ammonium chloride</i> (Ammonium Chloride)	2	NM	
AVODART	3		
AVONEX ADMINISTRATION PACK	5	NM, ST	
AVONEX	5	NM, ST	
BETASERON	5	NM	
<i>bethanechol chloride</i> (Urecholine)	2		
<i>bupirone hcl</i> (Buspar)	2		
<i>citrate phosphate dextros soln</i> (Citrate Phosphate Dextros Soln)	2	NM	
<i>colchicine/probenecid</i> (Colchicine/probenecid)	2		
COLCRYS	3	QL: 60 in 30 days	
COPAXONE	5	NM	
<i>dexrazoxane</i> (Totect)	2	NM	
<i>droperidol</i> (Droperidol)	2	NM	
ELMIRON	3		
<i>finasteride</i> (Proscar)	2		
<i>fomepizole</i> (Antizol)	2	NM	
FUSILEV	4	NM	
<i>gauze bandage</i> (Gauze Bandage)	3		
GILENYA	5	NM	
GLUCAGEN	3	NM	
GLUCAGON EMERGENCY KIT	3	NM	
<i>glutethimide</i> (Glutethimide)	2		
<i>guanidine hcl</i> (Guanidine HCl)	2		

Drug Name		Drug Tier	Requirements/Limits	
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	2	NM, PA	vial, (PA Req for Ages 65 and Older; High Risk Med)
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	2	PA	syrup, tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>hydroxyzine pamoate</i>	(Vistaril)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>leucovorin calcium</i>	(Leucovorin Calcium)	2		tablet
<i>leucovorin calcium</i>	(Leucovorin Calcium)	2	NM	vial
<i>levocarnitine (with sugar)</i>	(Carnitor)	2	PA BvD	(PA for ESRD only)
<i>levocarnitine</i>	(Carnitor)	2	NM, PA BvD	vial, (PA for ESRD only)
<i>levocarnitine</i>	(Carnitor)	2	PA BvD	tablet, (PA for ESRD only)
<i>meprobamate</i>	(Miltown)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>mesna</i>	(Mesnex)	2	NM	
MESNEX		4		tablet
<i>methylene blue</i>	(Methylene Blue)	2	NM	
<i>methylergonovine maleate</i>	(Methergine)	2		tablet
<i>methylergonovine maleate</i>	(Methergine)	2	NM	ampul
<i>neostigmine methylsulfate</i>	(Neostigmine Methylsulfate)	2	NM	
NPLATE		5	LA, NM, PA	
<i>phosphorus #1</i>	(Phosphorus #1)	2		
<i>physostigmine salicylate</i>	(Physostigmine Salicylate)	2	NM	
<i>potassium citrate/citric acid</i>	(Potassium Citrate/citric Acid)	2		
<i>probenecid</i>	(Probenecid)	2		
PROCYSBI		4	LA	
<i>pyridostigmine bromide</i>	(Mestinon)	2		
REMICADE		5	NM, PA	
SCLEROSOL		4	NM	
SENSIPAR		3		
SIMPONI ARIA		5	NM, PA	
SIMPONI		5	NM, PA, QL: 0.5 in 28 days	pen injctr, (1 syringe)

Drug Name	Drug Tier	Requirements/Limits	
SIMPONI	5	NM, PA, QL: 7 in 28 days	syringe
SIMULECT	4	NM, PA BvD	
<i>sodium morrhuate</i> (Sodium Morrhuate)	2	NM	
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	2	NM	
STELARA	5	NM, PA	syringe
STELARA	5	NM, PA	vial
SYNAREL	4		
<i>talc</i> (Talc)	2	NM	
TECFIDERA	5	NM	
THALOMID	5	NM	
ULORIC	4	ST	
VORAXAZE	5	NM, PA NSO, QL: 6 per fill	
XELJANZ	5	NM, PA, QL: 60 in 30 days	
<b>Ophthalmic Agents</b>			
<b>Antiglaucoma Agents</b>			
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	2	NM	
<i>acetazolamide</i> (Acetazolamide)	2		
ALPHAGAN P	3		drops: 0.1%
AZOPT	4		
<i>betaxolol hcl</i> (Betaxolol HCl)	2		
BETOPTIC S	4		
<i>brimonidine tartrate</i> (Alphagan P)	2		
<i>dorzolamide hcl</i> (Trusopt)	2		
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	2		
<i>latanoprost</i> (Xalatan)	2		
<i>levobunolol hcl</i> (Betagan)	2		drops: 0.25%
<i>levobunolol hcl</i> (Betagan)	2		drops: 0.5%
LUMIGAN	4		
<i>methazolamide</i> (Neptazane)	2		
<i>metipranolol</i> (Optipranolol)	2		
PHOSPHOLINE IODIDE	4		
<i>pilocarpine hcl</i> (Isopto Carpine)	2		

Drug Name	Drug Tier	Requirements/Limits	
PILOPINE HS	3		
SIMBRINZA	4		
<i>timolol maleate</i> (Timoptic)	2		
TRAVATAN Z	3		
<i>travoprost</i> (Travatan) ( <i>benzalkonium</i> )	2		
<b>Replacement Preparations</b>			
<b>Replacement Preparations</b>			
<i>0.9 % sodium chloride</i> (0.9 % Sodium Chloride)	2	NM	
<i>calcium chloride</i> (Calcium Chloride)	2	NM	
<i>calcium gluconate</i> (Calcium Gluconate)	2	NM, 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	NM	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	2	NM	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	2	NM	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	2	NM	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	2	NM	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	2	NM	
ISOLYTE R W/ DEXTROSE	2	NM	
<i>magnesium chloride</i> (Magnesium Chloride)	2	NM	
<i>magnesium sulfate</i> (Magnesium Sulfate)	2	NM	infus. btl, piggyback, vial
<i>magnesium sulfate</i> (Magnesium Sulfate)	2	NM	syringe
<i>magnesium sulfate/d5w</i> (Magnesium Sulfate/D5W)	2	NM	
<i>phosphorus #1</i> (K-phos Neutral)	2		
<i>pot chloride/pot bicarb/cit ac</i> (Pot Chloride/pot Bicarb/cit Ac)	2		
<i>potassium acetate</i> (Potassium Acetate)	2	NM	
<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	NM	
<i>potassium chloride in 0.9%nacl</i> (Potassium Chloride In 0.9%NaCl)	2	NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	2	NM	iv soln: 10meq/l, 30meq/l
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	2	NM	iv soln: 20meq/l, 40meq/l
<i>potassium chloride in lr-d5</i>	(Potassium Chloride In Lr-d5)	2	NM	
<i>potassium chloride</i>	(Kaochlor)	2		liquid, packet, tablet sa
<i>potassium chloride</i>	(K-dur)	2		capsule er, syringe, tab er prt, tablet er
<i>potassium chloride</i>	(Potassium Chloride)	2	NM	piggyback
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	2	NM	iv soln: 10meq/l, 30meq/l, 40meq/l
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	2	NM	iv soln: 20meq/l
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	2	NM	
<i>potassium chloride/d5-0.3%nacl</i>	(Potassium Chloride/d5-0.3%NaCl)	2	NM	
<i>potassium chloride/d5-0.45nacl</i>	(Potassium Chloride/d5-0.45NaCl)	2	NM	
<i>potassium chloride/d5-0.9%nacl</i>	(Potassium Chloride/d5-0.9%NaCl)	2	NM	
<i>potassium chloride-0.45% nacl</i>	(Potassium Chloride-0.45% NaCl)	2	NM	
<i>potassium citrate</i>	(Urocit-K)	2		tablet er: 15meq
<i>potassium citrate</i>	(Urocit-K)	2		tablet er: 5meq, 10meq
<i>potassium citrate/citric acid</i>	(Polycitra-k)	2		packet: 3300-1002
<i>potassium gluconate</i>	(Potassium Gluconate)	2		
<i>potassium phos,m-basic-d-basic</i>	(Potassium Phos,m-basic-d-basic)	2	NM	
<i>ringers solution</i>	(Ringers Solution)	2	NM	
SHOHL'S MODIFIED		2		
<i>sod/pot/k cit/sod cit/cit acid</i>	(Polycitra-lc)	2		
<i>sodium acetate</i>	(Sodium Acetate)	2	NM	
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	2		syringe: 1meq/ml; vial: 1meq/ml
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	2	NM	disp syrin, iv soln., syringe: 0.5meq/ml, 0.9meq/ml; vial: 0.9meq/ml

Drug Name	Drug Tier	Requirements/Limits	
<i>sodium chloride 0.45 %</i> (Sodium Chloride 0.45 %)	2	NM	
<i>sodium chloride 3%</i> (Sodium Chloride 3%)	2	NM	
<i>sodium chloride 5%</i> (Sodium Chloride 5%)	2	NM	
<i>sodium chloride</i> (Sodium Chloride)	2	NM	vial: 2.5meq/ml
<i>sodium chloride</i> (Sodium Chloride)	2	NM	vial: 4meq/ml
<i>sodium lactate</i> (Sodium Lactate)	2	NM	vial
<i>sodium phos,m-basic-d-basic</i> (Sodium Phos,m-basic-d-basic)	2	NM	
TPN ELECTROLYTES	2	NM	
<b>Respiratory Tract Agents</b>			
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
ADVAIR DISKUS	3		
ADVAIR HFA	3		
ASMANEX	4		aer pow ba: 110mcg(30), 220mcg(30), 220mcg(60), 220mcg120
ASMANEX	4		aer pow ba: 110mcg(7), 220mcg(14)
BREO ELLIPTA	3		
<i>budesonide</i> (Rhinocort Aqua)	2		
DULERA	3		
FLOVENT DISKUS	3		
FLOVENT HFA	3		
<i>flunisolide</i> (Nasarel)	2		
<i>fluticasone propionate</i> (Flonase)	2		
NASONEX	3		
PULMICORT FLEXHALER	3		
QVAR	3		
RHINOCORT AQUA	4		
SYMBICORT	3		
<i>triamcinolone acetonide</i> (Nasacort Aq)	2		
<b>Antileukotrienes</b>			
<i>montelukast sodium</i> (Singulair)	2		
<i>zafirlukast</i> (Accolate)	2		
ZYFLO CR	4		
<b>Bronchodilators</b>			
<i>albuterol sulfate</i> (Accuneb)	2	PA BvD	solution, vial-neb
<i>albuterol sulfate</i> (Albuterol Sulfate)	2		syrup, tab er 12h, tablet
<i>aminophylline</i> (Aminophylline)	2		liquid
<i>aminophylline</i> (Aminophylline)	2	NM	vial

Drug Name	Drug Tier	Requirements/Limits	
ATROVENT HFA	3		
COMBIVENT RESPIMAT	4		
COMBIVENT	4		
FORADIL	3		
<i>ipratropium bromide</i> (Atrovent)	2		
<i>ipratropium/albuterol sulfate</i> (Duoneb)	2	PA BvD	
<i>metaproterenol sulfate</i> (Metaproterenol Sulfate)	2		
SEREVENT DISKUS	3		blst w/dev: 50mcg
SPIRIVA	3		
<i>terbutaline sulfate</i> (Brethine)	2		tablet
<i>terbutaline sulfate</i> (Terbutaline Sulfate)	2	NM	vial
<i>theophylline anhydrous</i> (Theochron)	2		
<i>theophylline/d5w</i> (Theophylline/D5W)	2	NM	
TUDORZA PRESSAIR	3		
VENTOLIN HFA	2		
<b>Respiratory Tract Agents, Other</b>			
<i>acetylcysteine</i> (Acetadote)	2		
ARALAST NP	5	NM, PA	
<i>cromolyn sodium</i> (Intal)	2	PA BvD	
DALIRESP	4	PA	
KALYDECO	5	NM, PA, QL: 60 in 30 days	
PROLASTIN C	5	NM, PA	
XOLAIR	5	NM, PA	
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			
<i>baclofen</i> (Baclofen)	2		
<i>carisoprodol</i> (Soma)	2	PA	tablet: 250mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>carisoprodol</i> (Soma)	2	PA	tablet: 350mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>carisoprodol/aspirin</i> (Carisoprodol/aspirin)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>chlorzoxazone</i> (Parafon Forte DSC)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>codeine/carisoprodol/aspirin</i> (Codeine/carisoprodol/aspirin)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)

Drug Name		Drug Tier	Requirements/Limits	
<i>cyclobenzaprine hcl</i>	(Fexmid)	2	PA	tablet: 5mg, 10mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>dantrolene sodium</i>	(Dantrium)	2		capsule
<i>dantrolene sodium</i>	(Dantrium)	2	NM	vial
<i>metaxalone</i>	(Skelaxin)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>methocarbamol</i>	(Robaxin)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine citrate</i>	(Norflex)	2	NM, PA	ampul, (PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine citrate</i>	(Norflex)	2	PA	tablet er, (PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine/aspirin/caffeine</i>	(Norgesic Forte)	2	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>tizanidine hcl</i>	(Zanaflex)	2		
<b>Sleep Disorder Agents</b>				
<b>Sleep Disorder Agents</b>				
BUTISOL SODIUM		3		elixir: 30mg/5ml; tablet: 30mg, 50mg
<i>modafinil</i>	(Provigil)	2	PA	
NUVIGIL		4	PA	tablet: 200mg
NUVIGIL		4	PA	tablet: 50mg, 150mg, 250mg
ROZEREM		4	QL: 30 in 30 days	
XYREM		5	LA, NM	
<i>zaleplon</i>	(Sonata)	2	PA, QL: 90 in 365 days	(PA Req for Ages 65 and Older; High Risk Med)
<i>zolpidem tartrate</i>	(Ambien)	2	PA, QL: 90 in 365 days	(PA Req for Ages 65 and Older; High Risk Med)
<b>Sympatholytic Adrenergic Blocking Agents</b>				
<b>Alpha-Adrenergic Blocking Agents</b>				
<i>alfuzosin hcl</i>	(Uroxatral)	2		
<i>phentolamine mesylate</i>	(Phentolamine Mesylate)	2	NM	
<i>tamsulosin hcl</i>	(Flomax)	2		
<i>terazosin hcl</i>	(Hytrin)	2		

Drug Name	Drug Tier	Requirements/Limits	
<b>Vasodilating Agents</b>			
<b>Vasodilating Agents</b>			
ADEMPAS	5	NM, PA, QL: 93 in 31 days	
<i>alprostadil</i> (Prostin Vr Pediatric)	2	NM	
<i>epoprostenol sodium</i> (Flolan) ( <i>glycine</i> )	2	NM, PA BvD	
LETAIRIS	4	LA, PA	
OPSUMIT	5	NM, PA	
REVATIO	5	NM, PA	vial
<i>sildenafil citrate</i> (Revatio)	2	PA	
TRACLEER	5	LA, NM, PA	
TYVASO	5	NM, PA	
VENTAVIS	5	NM, PA	
<b>Vitamins and Minerals</b>			
<b>Vitamins and Minerals</b>			
LOZI-FLUR	2		
<i>pedi m.vit no.17 with fluoride</i> (Pedi M.vit No.17 with Fluoride)	2		
<i>pedi mvi no.12/sodium fluoride</i> (Multivitamins with Fluoride)	2		
<i>pnv with ca,no.72/iron/fa</i> (Pnv with Ca,no.72/iron/fa)	2		

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