

Geisinger Gold Standard 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/

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 Standard 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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What is the Geisinger Gold Standard Rx Formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both

brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Geisinger Gold Standard 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 Standard 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 Standard Rx before you fill your prescriptions. If you don't get approval, Geisinger Gold Standard Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Geisinger Gold Standard Rx limits the amount of the drug that Geisinger Gold Standard Rx will cover. For example, Geisinger Gold Standard 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 Standard 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 Standard Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Geisinger Gold Standard 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 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Geisinger Gold Standard 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 Standard 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 Standard 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 Standard 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 Standard Rx.
- You can ask Geisinger Gold Standard 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 Standard Rx Formulary?

You can ask Geisinger Gold Standard 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 Standard 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 Standard 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 Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Geisinger Gold Standard 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.

Geisinger Gold Standard Rx Formulary

The formulary that begins on page 14 provides coverage information about the drugs covered by Geisinger Gold Standard 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 Standard 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
General		
	<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.
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Geisinger Gold Standard Rx before you fill your prescription for this drug. Without prior approval, Geisinger Gold Standard 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 Standard 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 Standard Rx may not cover this drug.
ABBREVIATION	DESCRIPTION	EXPLANATION
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 Standard Rx before you fill your prescription for this drug. Without prior approval, Geisinger Gold Standard Rx may not cover this drug.
QL	Quantity Limit Restriction	Geisinger Gold Standard 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 Standard 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.
Other Special Requirements for Coverage		
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

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

ABBREVIATION	DESCRIPTION
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca 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
suspr dr	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersible
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release

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

Every medication on the Geisinger Gold Standard RX formulary is in a single cost-sharing tier, which is associated with a 25 % coinsurance. Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

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	
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen with codeine</i> (Vopac)	1	QL: 180 in 30 days	tablet: 300mg-60mg
<i>acetaminophen with codeine</i> (Vopac)	1	QL: 360 in 30 days	tablet: 300mg-30mg
<i>acetaminophen with codeine</i> (Vopac)	1	QL: 390 in 30 days	tablet: 300mg-15mg
<i>acetaminophen/phenyltolx cit</i> (Staflex)	1	QL: 180 in 30 days	tablet: 650mg-50mg
AVINZA	1	NM, QL: 30 in 30 days	cpmp 24hr: 30mg, 45mg, 60mg
AVINZA	1	NM, QL: 60 in 30 days	cpmp 24hr: 75mg, 90mg, 120mg
<i>buprenorphine hcl</i> (Buprenorphine HCl)	1	NM	(oral products only)
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	1		spray, vial
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	1	NM	syringe
BUTRANS	1	PA, QL: 4 in 28 days	
<i>codeine phos/acetaminophen</i> (Codeine Phos/acetaminophen)	1	QL: 5000 in 30 days	
<i>codeine sulfate</i> (Codeine Sulfate)	1	NM, QL: 180 in 30 days	tablet
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor Dc)	1	QL: 330 in 30 days	capsule
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor SS)	1	QL: 150 in 30 days	tablet
<i>dihydrocodeine/aspirin/caffeine</i> (Synalgos-dc)	1	QL: 360 in 30 days	
<i>fentanyl citrate</i> (Actiq)	1	NM, PA, QL: 120 in 30 days	
<i>fentanyl</i> (Duragesic)	1	NM, QL: 10 in 30 days	patch td72: 12mcg/hr, 25mcg/hr, 50mcg/hr
<i>fentanyl</i> (Duragesic)	1	NM, QL: 20 in 30 days	patch td72: 75mcg/hr, 100mcg/hr

Drug Name		Drug Tier	Requirements/Limits	
<i>hydrocodone/acetaminophen</i>	(Hycet)	1	QL: 2025 in 30 days	solution: 10-300/15
<i>hydrocodone/acetaminophen</i>	(Hycet)	1	QL: 2700 in 30 days	solution: 7.5-325/15
<i>hydrocodone/acetaminophen</i>	(Hycet)	1	QL: 2700 in 30 days	solution: 7.5-500/15
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 150 in 30 days	tablet: 7.5-750mg, 10-750mg
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 180 in 30 days	tablet: 7.5-650mg, 10-660mg, 10mg-650mg
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 240 in 30 days	capsule, tablet: 2.5-500mg, 5mg-500mg, 7.5-500mg, 10mg-500mg
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 360 in 30 days	tablet: 2.5-325mg
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 360 in 30 days	tablet: 5mg-325mg, 7.5-325mg, 10mg-325mg
<i>hydrocodone/acetaminophen</i>	(Norco)	1	QL: 390 in 30 days	tablet: 5mg-300mg, 7.5-300mg, 10mg-300mg
<i>hydrocodone/ibuprofen</i>	(Ibudone)	1	QL: 150 in 30 days	
<i>hydromorphone hcl</i>	(Dilaudid)	1	NM, QL: 180 in 30 days	tablet: 2mg, 4mg
<i>hydromorphone hcl</i>	(Dilaudid)	1	NM, QL: 240 in 30 days	tablet: 8mg
<i>hydromorphone hcl</i>	(Hydromorphone HCl)	1	NM	syringe
<i>hydromorphone hcl/pf</i>	(Dilaudid)	1	NM	ampul
<i>hydromorphone hcl/pf</i>	(Hydromorphone HCl/PF)	1	NM	vial
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	1	NM, QL: 28 in 30 days	
LAZANDA		1	NM, PA	
<i>levorphanol tartrate</i>	(Levo-dromoran)	1	NM, QL: 180 in 30 days	
<i>methadone hcl</i>	(Methadone HCl)	1	NM, QL: 1800 in 30 days	solution
<i>methadone hcl</i>	(Methadone HCl)	1	NM	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>methadone hcl</i>	(Methadose)	1	NM, QL: 1800 in 30 days	oral conc
<i>methadone hcl</i>	(Methadose)	1	NM, QL: 360 in 30 days	tablet
<i>methadone hcl</i>	(Methadose)	1	NM, QL: 90 in 30 days	tablet sol
<i>morphine sulfate</i>	(Avinza)	1	QL: 30 in 30 days	cpmp 24hr: 30mg, 45mg, 60mg
<i>morphine sulfate</i>	(Avinza)	1	QL: 60 in 30 days	cpmp 24hr: 75mg, 90mg, 120mg
<i>morphine sulfate</i>	(Kadian)	1	QL: 120 in 30 days	cap er pel: 10mg
<i>morphine sulfate</i>	(Morphine Sulfate)	1	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)	1	NM	cartridge: 2mg/ml, 4mg/ml
<i>morphine sulfate</i>	(Morphine Sulfate)	1	QL: 300 in 30 days	syringe: 20mg/ml
<i>morphine sulfate</i>	(MS Contin)	1	NM, QL: 120 in 30 days	cap er pel: 20mg, 60mg, 80mg; tablet er: 60mg, 200mg
<i>morphine sulfate</i>	(MS Contin)	1	NM, QL: 90 in 30 days	cap er pel: 30mg, 50mg, 100mg; tablet er: 15mg, 30mg, 100mg
<i>morphine sulfate</i>	(MSIR)	1	NM, QL: 300 in 30 days	solution: 20mg/5ml
<i>morphine sulfate</i>	(MSIR)	1	NM, QL: 700 in 30 days	solution: 10mg/5ml
<i>morphine sulfate</i>	(MSIR)	1	QL: 200 in 30 days	solution: 100mg/5ml
<i>morphine sulfate/0.9% nacl/pf</i>	(Morphine Sulfate/0.9% Nacl/PF)	1		
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	NM	pca vial, vial: 0.5mg/ml, 1mg/ml
MORPHINE SULFATE		1	NM, QL: 180 in 30 days	

Drug Name		Drug Tier	Requirements/Limits	
<i>nalbuphine hcl</i>	(Nalbuphine HCl)	1	NM	
<i>oxycodone hcl</i>	(Dazidox)	1	NM, QL: 180 in 30 days	capsule, oral conc, tablet
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	NM, QL: 1300 in 30 days	solution
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	1	NM, QL: 180 in 30 days	tablet: 10mg-650mg
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	1	NM, QL: 240 in 30 days	capsule, tablet: 5mg-500mg, 7.5-500mg
<i>oxycodone hcl/ acetaminophen</i>	(Alcet)	1	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)	1	NM, QL: 1830 in 30 days	solution
<i>oxycodone hcl/aspirin</i>	(Endodan)	1	NM, QL: 360 in 30 days	
OXYCONTIN		1	NM, ST, QL: 120 in 30 days	tab er 12h: 60mg, 80mg
OXYCONTIN		1	NM, ST, QL: 90 in 30 days	tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg
<i>oxymorphone hcl</i>	(Opana)	1	NM, QL: 180 in 30 days	tablet
<i>sal-amide/acetaminophn/ p-tlox</i>	(Asp)	1	QL: 390 in 30 days	capsule
<i>tramadol hcl</i>	(Tramadol HCl)	1	QL: 60 in 30 days	cpbp 25-75
<i>tramadol hcl</i>	(Ultram ER)	1	QL: 30 in 30 days	tab er 24h: 200mg, 300mg
<i>tramadol hcl</i>	(Ultram ER)	1	QL: 90 in 30 days	tab er 24h: 100mg
<i>tramadol hcl</i>	(Ultram)	1	QL: 240 in 30 days	tablet
<i>tramadol hcl/ acetaminophen</i>	(Ultracet)	1	QL: 240 in 30 days	

Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Agents		
CELEBREX	1	
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	1	
<i>diclofenac potassium</i> (Cataflam)	1	
<i>diclofenac sodium</i> (Voltaren)	1	tab er 24h, tablet dr
<i>diclofenac sodium</i> (Voltaren-XR)	1	tab er 24h, tablet dr, (oral products only)
<i>diclofenac sodium/misoprostol</i> (Arthrotec 50)	1	
<i>diflunisal</i> (Diflunisal)	1	
<i>etodolac</i> (Etodolac)	1	
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	
<i>flurbiprofen</i> (Ansaid)	1	
<i>ibuprofen</i> (Motrin)	1	oral susp: 100mg/5ml; tablet
<i>ketoprofen</i> (Ketoprofen)	1	
<i>meclofenamate sodium</i> (Meclofenamate Sodium)	1	
<i>mefenamic acid</i> (Ponstel)	1	
<i>meloxicam</i> (Mobic)	1	
<i>methyl salicylate</i> (Methyl Salicylate)	1	
<i>nabumetone</i> (Relafen)	1	
<i>naproxen sodium</i> (Anaprox)	1	
<i>naproxen</i> (Naprosyn)	1	
<i>oxaprozin</i> (Daypro)	1	
<i>phenylbutazone</i> (Phenylbutazone)	1	
<i>piroxicam</i> (Feldene)	1	
<i>salsalate</i> (Salflex)	1	
SOLARAZE	1	(oral products only)
<i>sulindac</i> (Clinoril)	1	
<i>tolmetin sodium</i> (Tolmetin Sodium)	1	
Anesthetics		
Local Anesthetics		
<i>cocaine hcl</i> (Cocaine HCl)	1	NM
<i>lidocaine hcl</i> (Lidocaine HCl)	1	NM
<i>lidocaine hcl</i> (Xylocaine)	1	disp syrin jel (ml), jel/pf app, solution: 2%, 40mg/ml
<i>lidocaine hcl</i> (Xylocaine)	1	solution: 4%
<i>lidocaine hcl</i> (Xylocaine)	1	NM, PA BvD vial, (PA for ESRD Only)
<i>lidocaine hcl/d7.5w/pf</i> (Lidocaine HCl/d7.5w/PF)	1	NM

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

Drug Name	Drug Tier	Requirements/Limits	
SUBOXONE	1	NM, QL: 90 in 30 days	film: 8mg-2mg
Antianxiety Agents			
Benzodiazepines			
ALPRAZOLAM INTENSOL	1		
<i>alprazolam</i> (Xanax)	1		
<i>clonazepam</i> (Klonopin)	1		
<i>clorazepate dipotassium</i> (Tranxene T-tab)	1		
<i>diazepam</i> (Diastat)	1	QL: 5 in 30 days	kit
<i>diazepam</i> (Valium)	1		oral conc, solution, tablet
<i>estazolam</i> (Prosom)	1		
<i>lorazepam</i> (Ativan)	1		oral conc, tablet
<i>lorazepam</i> (Ativan)	1		syringe
<i>lorazepam</i> (Ativan)	1	NM	vial
ONFI	1	PA NSO	oral susp, tablet: 10mg, 20mg
ONFI	1	PA NSO	tablet: 5mg
<i>oxazepam</i> (Oxazepam)	1		
<i>quazepam</i> (Doral)	1		
<i>temazepam</i> (Restoril)	1		
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate</i> (Amikacin Sulfate)	1	NM	vial: 1000mg/4ml
<i>amikacin sulfate</i> (Amikacin Sulfate)	1	NM	vial: 100mg/2ml
BETHKIS	1	PA BvD	
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	1	NM	piggyback: 100mg/50ml
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	1	NM	piggyback: 60mg/50ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.1l
<i>gentamicin sulfate</i> (Garamycin)	1	NM	
<i>gentamicin sulfate/pf</i> (Gentamicin Sulfate/PF)	1		
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1	NM	
<i>neomycin sulfate</i> (Neomycin Sulfate)	1		
<i>streptomycin sulfate</i> (Streptomycin Sulfate)	1	NM	
TOBI PODHALER	1	NM, PA, QL: 224 in 28 days	

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

Drug Name		Drug Tier	Requirements/Limits	
<i>cefdinir</i>	(Omnicef)	1		
<i>cefditoren pivoxil</i>	(Spectracef)	1		tablet: 200mg
<i>cefditoren pivoxil</i>	(Spectracef)	1		tablet: 400mg
<i>cefepime hcl</i>	(Maxipime)	1	NM	
<i>cefotaxime sodium</i>	(Claforan)	1	NM	
<i>cefotetan disod/ dextrose,iso</i>	(Cefotetan Disod/ dextrose, Iso)	1	NM	
<i>cefotetan disodium</i>	(Cefotetan Disodium)	1	NM	
<i>cefoxitin sodium</i>	(Mefoxin)	1	NM	
<i>cefoxitin sodium/ dextrose,iso</i>	(Cefoxitin Sodium/ dextrose, Iso)	1	NM	
<i>cefpodoxime proxetil</i>	(Vantin)	1		
<i>cefprozil</i>	(Cefzil)	1		
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	NM	vial port: 1g
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	NM	vial: 2g, 6g, 500mg
CEFTAZIDIME		1	NM	
<i>ceftibuten dihydrate</i>	(Cedax)	1		
<i>ceftriaxone na/ dextrose,iso</i>	(Ceftriaxone Na/ dextrose, Iso)	1	NM	froz.piggy: 1g/50ml
<i>ceftriaxone sodium</i>	(Rocephin)	1	NM	vial
<i>cefuroxime axetil</i>	(Ceftin)	1		
<i>cefuroxime sodium</i>	(Zinacef)	1	NM	
<i>cefuroxime sodium/ dextrose,iso</i>	(Cefuroxime Sodium/ dextrose, Iso)	1	NM	
<i>cephalexin</i>	(Keflex)	1		capsule: 250mg, 500mg; susp recon, tablet
<i>cephalexin</i>	(Keflex)	1		capsule: 750mg
SUPRAX		1		capsule, tablet
TAZICEF IN DEXTROSE		1	NM	froz.piggy: 1g/50ml
<i>tea tree oil</i>	(Tea Tree Oil)	1		
Macrolides				
<i>azithromycin</i>	(Zithromax)	1	NM	vial
<i>azithromycin</i>	(Zithromax)	1	PA	packet, susp recon, tablet
<i>azithromycin</i>	(Zithromax)	1	PA	packet, susp recon, tablet, (PA only w/ digoxin)
<i>clarithromycin</i>	(Biaxin)	1	PA	(PA only w/ digoxin)
<i>ery e-succ/sulfisoxazole</i>	(Pediazole)	1	PA	(PA only w/ digoxin)
ERY-TAB		1	PA	(PA only w/ digoxin)
ERYTHROCIN LACTOBIONATE		1	NM	vial port: 500mg

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

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

Drug Name	Drug Tier	Requirements/Limits	
Anticancer Agents			
Anticancer Agents			
ABRAXANE	1	NM, PA NSO	
ADCETRIS	1	NM, PA NSO	
AFINITOR DISPERZ	1	NM, PA NSO	
AFINITOR	1	NM, PA NSO	
ALIMTA	1	NM	
<i>anastrozole</i> (Arimidex)	1		
ARRANON	1	NM, PA NSO	
ARZERRA	1	NM, PA NSO	
AVASTIN	1	NM, PA NSO	
<i>azacitidine</i> (Vidaza)	1		
<i>bicalutamide</i> (Casodex)	1		
BICNU	1	NM	
<i>bleomycin sulfate</i> (Bleomycin Sulfate)	1	NM, PA BvD	
BOSULIF	1	NM, PA NSO, QL: 30 in 30 days	tablet: 500mg
BOSULIF	1	NM, PA NSO	tablet: 100mg
BUSULFEX	1		
CAPRELSA	1	NM, PA NSO	
<i>carboplatin</i> (Carboplatin)	1	NM	
CEENU	1	NM	capsule: 100mg
CEENU	1	NM	capsule: 10mg, 40mg
<i>cisplatin</i> (Cisplatin)	1	NM	
<i>cladribine</i> (Leustatin)	1	NM, PA BvD	
CLOLAR	1	NM, PA NSO	
COMETRIQ	1	NM, PA NSO	

Drug Name	Drug Tier	Requirements/Limits	
<i>cyclophosphamide</i> (Cyclophosphamide)	1		tablet
<i>cyclophosphamide</i> (Cytosan)	1	NM, PA BvD	vial
CYCLOPHOSPHAMIDE	1		
CYRAMZA	1	NM, PA NSO	
<i>cytarabine/pf</i> (Cytarabine/PF)	1	NM, PA BvD	vial: 1g, 100mg
<i>cytarabine/pf</i> (Cytarabine/PF)	1	NM, PA BvD	vial: 500mg
<i>dacarbazine</i> (Dtic-Dome IV)	1	NM	
DACOGEN	1	NM, PA NSO	
<i>dactinomycin</i> (Cosmegen)	1	NM	
<i>daunorubicin hcl</i> (Cerubidine)	1	NM	
DAUNOXOME	1	NM	
<i>decitabine</i> (Dacogen)	1		
DEPOCYT	1	NM, PA BvD	
DOCEFREZ	1	NM	
<i>docetaxel</i> (Taxotere)	1	NM	vial: 20mg/2ml, 20mg/ml(1)
<i>docetaxel</i> (Taxotere)	1	NM	vial: fnl20mg/2
DOXIL	1	NM, PA BvD	
<i>doxorubicin hcl peg-liposomal</i> (Doxil)	1	NM, PA BvD	
<i>doxorubicin hcl</i> (Adriamycin RDF)	1	NM, PA BvD	vial: 10mg
DROXIA	1		
ELIGARD	1	NM	
ELOXATIN	1	NM, PA NSO	
ELSPAR	1	NM	
EMCYT	1	NM	
<i>epirubicin hcl</i> (Ellence)	1	NM	
ERBITUX	1	NM, PA NSO	
ERIVEDGE	1	LA, NM, PA NSO, QL: 30 in 30 days	

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

Drug Name	Drug Tier	Requirements/Limits	
INLYTA	1	LA, NM, PA NSO	
<i>irinotecan hcl</i> (Camptosar)	1	NM	
ISTODAX	1	NM, PA NSO	
IXEMPRA	1	NM, PA NSO	
JAKAFI	1	LA, NM, PA NSO, QL: 60 in 30 days	
JEVTANA	1	NM, PA NSO	
KADCYLA	1	NM, PA NSO	
KYPROLIS	1	NM, PA NSO	
<i>letrozole</i> (Femara)	1		
LEUKERAN	1	NM	
<i>leuprolide acetate</i> (Leuprolide Acetate)	1	NM	
<i>lomustine</i> (Ceenu)	1		
LUPRON DEPOT	1	NM	
LUPRON DEPOT-PED	1	NM	kit: 7.5mg; syringekit: 30mg
LYSODREN	1	NM	
MARQIBO	1	NM, PA NSO	
MATULANE	1	NM	
MEGACE ES	1		
<i>megestrol acetate</i> (Megace)	1		
MEKINIST	1	NM, PA NSO, QL: 30 in 30 days	tablet: 2mg
MEKINIST	1	NM, PA NSO, QL: 90 in 30 days	tablet: 0.5mg
<i>melphalan hcl</i> (Alkeran)	1	NM	
<i>mercaptopurine</i> (Purinethol)	1		
<i>methotrexate sodium</i> (Methotrexate Sodium)	1		tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	NM, PA BvD	vial

Drug Name	Drug Tier	Requirements/Limits	
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/ PF)	1	NM, PA BvD	
MITHRACIN	1	NM	
<i>mitomycin</i> (Mitomycin)	1	NM, PA BvD	
<i>mitoxantrone hcl</i> (Novantrone)	1		
MUSTARGEN	1	NM	
NEXAVAR	1	NM, PA NSO, QL: 120 in 30 days	
NILANDRON	1	NM	
ONCASPAR	1	NM	
ONTAK	1	NM, PA NSO	
<i>oxaliplatin</i> (Oxaliplatin)	1	NM	
<i>paclitaxel</i> (Taxol)	1	NM	
<i>pentostatin</i> (Nipent)	1	NM	
PERJETA	1	NM, PA NSO	
PHOTOFRIN	1	NM	
POMALYST	1	NM, PA NSO, QL: 21 in 28 days	
PROLEUKIN	1	NM	
PURIXAN	1		
REVLIMID	1	LA, NM, PA NSO	
RITUXAN	1	NM, PA NSO	
SOLTAMOX	1		
SPRYCEL	1	NM, PA NSO	
STIVARGA	1	NM, PA NSO, QL: 120 in 30 days	
SUTENT	1	NM, PA NSO	capsule: 12.5mg, 25mg, 50mg
SUTENT	1	PA NSO	capsule: 37.5mg

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	1	NM, PA NSO
TABLOID	1	NM
TAFINLAR	1	NM, PA NSO, QL: 120 in 30 days
<i>tamoxifen citrate</i> (Nolvadex)	1	
TARCEVA	1	NM, PA NSO
TARGRETIN	1	NM
TASIGNA	1	NM, PA NSO
TEMODAR	1	NM
<i>teniposide</i> (Teniposide)	1	
<i>thiotepa</i> (Thiotepa)	1	NM
<i>topotecan hcl</i> (Hycamtin)	1	NM
TORISEL	1	NM, PA NSO
TREANDA	1	NM, PA NSO
TRELSTAR	1	NM
<i>tretinoin</i> (Tretinoin)	1	NM
TRISENOX	1	NM
TYKERB	1	NM, PA NSO
VALSTAR	1	NM
VECTIBIX	1	NM, PA NSO
VELCADE	1	NM, PA NSO
VIDAZA	1	NM
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	1	NM, PA BvD
<i>vincristine sulfate</i> (Vincristine Sulfate)	1	NM, PA BvD
<i>vinorelbine tartrate</i> (Navelbine)	1	NM
VOTRIENT	1	NM, PA NSO, QL: 120 in 30 days
VUMON	1	NM

Drug Name	Drug Tier	Requirements/Limits	
XALKORI	1	LA, NM, PA NSO, QL: 60 in 30 days	
XTANDI	1	NM, PA NSO, QL: 120 in 30 days	
YERVOY	1	NM, PA NSO	
ZALTRAP	1	NM, PA NSO	
ZANOSAR	1	NM	
ZELBORAF	1	LA, NM, PA NSO, QL: 240 in 30 days	
ZOLADEX	1	NM	
ZOLINZA	1	NM	
ZYKADIA	1	NM, PA NSO, QL: 155 in 31 days	
ZYTIGA	1	LA, NM, PA NSO, QL: 120 in 30 days	
Anticholinergic Agents			
Antimuscarinics/antispasmodics			
ANORO ELLIPTA	1		
<i>atropine sulfate</i> (Atropine Sulfate)	1	NM	syringe
<i>atropine sulfate</i> (Atropine Sulfate)	1	NM	vial
<i>propantheline bromide</i> (Propantheline Bromide)	1		
Anticonvulsants			
Anticonvulsants			
APTIOM	1	PA NSO, QL: 30 in 30 days	tablet: 200mg, 400mg, 800mg
APTIOM	1	PA NSO, QL: 60 in 30 days	tablet: 600mg
BANZEL	1		

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> (Tegretol)	1	
CELONTIN	1	
DILANTIN	1	capsule
DILANTIN	1	tab chew
<i>divalproex sodium</i> (Depakote ER)	1	
<i>ethosuximide</i> (Zarontin)	1	
<i>felbamate</i> (Felbatol)	1	
<i>fosphenytoin sodium</i> (Cerebyx)	1	NM
FYCOMPA	1	PA NSO, QL: 30 in 30 days
<i>gabapentin</i> (Neurontin)	1	
GABITRIL	1	tablet: 12mg, 16mg
LAMICTAL (BLUE)	1	
LAMICTAL (GREEN)	1	
LAMICTAL (ORANGE)	1	
LAMICTAL ODT (BLUE)	1	
LAMICTAL ODT (GREEN)	1	
LAMICTAL ODT (ORANGE)	1	
LAMICTAL ODT	1	
LAMICTAL XR (BLUE)	1	
LAMICTAL XR (GREEN)	1	
LAMICTAL XR (ORANGE)	1	
LAMICTAL	1	tb chw dsp: 2mg
<i>lamotrigine</i> (Lamictal (blue))	1	tab ds pk
<i>lamotrigine</i> (Lamictal)	1	tab er 24, tablet, tb chw dsp
<i>levetiracetam in nacl</i> (<i>iso-os</i>) (Levetiracetam In Nacl (<i>iso-os</i>))	1	NM
<i>levetiracetam</i> (Keppra)	1	solution, tab er 24h, tablet
<i>levetiracetam</i> (Keppra)	1	NM vial
LYRICA	1	
<i>oxcarbazepine</i> (Trileptal)	1	
OXTELLAR XR	1	
PEGANONE	1	
<i>phenobarbital sodium</i> (Phenobarbital Sodium)	1	NM vial: 65mg/ml, 130mg/ml

Drug Name		Drug Tier	Requirements/Limits	
<i>phenobarbital</i>	(Phenobarbital)	1		elixir: 20mg/5ml; tablet: 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg
PHENYTEK		1		
<i>phenytoin sodium extended</i>	(Dilantin)	1		
<i>phenytoin sodium</i>	(Phenytoin Sodium)	1	NM	ampul
<i>phenytoin sodium</i>	(Phenytoin Sodium)	1	NM	syringe
<i>phenytoin</i>	(Dilantin)	1		
POTIGA		1	PA NSO	
<i>primidone</i>	(Mysoline)	1		
QUDEXY XR		1	PA NSO	
SABRIL		1	PA NSO	
STAVZOR		1		
TEGRETOL XR		1		tab er 12h: 100mg
<i>tiagabine hcl</i>	(Gabitril)	1		
<i>topiramate</i>	(Qudexy XR)	1	PA NSO	cap spr 24
<i>topiramate</i>	(Topamax)	1		cap sprink, tablet
TROKENDI XR		1	PA NSO	
<i>valproic acid (as sodium salt)</i>	(Depacon)	1	NM	vial
<i>valproic acid (as sodium salt)</i>	(Depakene)	1		solution
<i>valproic acid</i>	(Depakene)	1		
VIMPAT		1	NM, PA NSO	vial
VIMPAT		1	PA NSO	solution, tablet
<i>zonisamide</i>	(Zonegran)	1		
Antidementia Agents				
Antidementia Agents				
ARICEPT		1		tablet: 23mg
<i>donepezil hcl</i>	(Aricept)	1		
<i>galantamine hbr</i>	(Razadyne)	1		
NAMENDA		1		
<i>rivastigmine tartrate</i>	(Exelon)	1		(oral products only)
Antidepressants				
Antidepressants				
<i>amitrip hcl/ chlordiazepoxide</i>	(Limbitrol)	1		
<i>amitriptyline hcl</i>	(Amitriptyline HCl)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)

Drug Name		Drug Tier	Requirements/Limits	
<i>amoxapine</i>	(Amoxapine)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
APLENZIN		1	PA NSO, QL: 30 in 30 days	
BRINTELLIX		1	PA NSO	
<i>bupropion hcl</i>	(Wellbutrin XL)	1		
<i>citalopram hydrobromide</i>	(Celexa)	1		
<i>clomipramine hcl</i>	(Anafranil)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
CYMBALTA		1		
<i>desipramine hcl</i>	(Norpramin)	1		
DESVENLAFAXINE ER		1	ST	
DESVENLAFAXINE FUMARATE ER		1	ST	
<i>desvenlafaxine</i>	(Khedezla)	1	ST	
<i>doxepin hcl</i>	(Doxepin HCl)	1		
<i>duloxetine hcl</i>	(Cymbalta)	1		
EMSAM		1		
<i>escitalopram oxalate</i>	(Lexapro)	1		
FETZIMA		1	PA NSO	
<i>fluoxetine hcl</i>	(Prozac)	1		
<i>fluvoxamine maleate</i>	(Fluvoxamine Maleate)	1		
FORFIVO XL		1	QL: 30 in 30 days	
<i>imipramine hcl</i>	(Tofranil)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
<i>imipramine pamoate</i>	(Tofranil-PM)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
KHEDEZLA		1	ST	
<i>maprotiline hcl</i>	(Maprotiline HCl)	1		
MARPLAN		1		
<i>mirtazapine</i>	(Remeron)	1		
<i>nefazodone hcl</i>	(Nefazodone HCl)	1		
<i>nortriptyline hcl</i>	(Pamelor)	1		
<i>olanzapine/fluoxetine hcl</i>	(Symbyax)	1		
OLEPTRO ER		1	PA NSO	
<i>paroxetine hcl</i>	(Paxil)	1		
PAXIL		1		oral susp
<i>perphenazine/ amitriptyline hcl</i>	(Perphenazine/ amitriptyline HCl)	1		
PEXEVA		1		

Drug Name	Drug Tier	Requirements/Limits	
<i>phenelzine sulfate</i> (Nardil)	1		
PRISTIQ ER	1	ST	
<i>protriptyline hcl</i> (Vivactil)	1		
<i>sertraline hcl</i> (Zoloft)	1		
SILENOR	1	QL: 30 in 30 days	
<i>tranylcypromine sulfate</i> (Parnate)	1		
<i>trazodone hcl</i> (Trazodone HCl)	1		tablet: 50mg, 100mg, 150mg
<i>trimipramine maleate</i> (Trimipramine Maleate)	1	PA NSO	(PA Req for Ages 65 and Older; High Risk Med)
VENLAFAXINE HCL ER	1		
<i>venlafaxine hcl</i> (Effexor XR)	1		
VIIBRYD	1		tab ds pk
VIIBRYD	1	PA NSO	tablet
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose</i> (Precose)	1		
BYDUREON PEN	1		
BYDUREON	1		
BYETTA	1		
CYCLOSET	1	PA	
GLYSET	1		
INVOKANA	1	PA, QL: 30 in 30 days	
JANUMET XR	1	QL: 30 in 30 days	tbmp 24hr: 100-1000mg
JANUMET XR	1	QL: 60 in 30 days	tbmp 24hr: 50-1000mg, 50mg-500mg
JANUMET	1	QL: 60 in 30 days	
JANUVIA	1		
KORLYM	1	LA, NM, PA, QL: 120 in 30 days	
<i>metformin hcl</i> (Fortamet)	1	QL: 120 in 30 days	tab er 24h: 500mg
<i>metformin hcl</i> (Fortamet)	1	QL: 60 in 30 days	tab er 24, tab er 24h: 750mg

Drug Name		Drug Tier	Requirements/Limits	
<i>metformin hcl</i>	(Glucophage)	1	QL: 150 in 30 days	tablet: 500mg
<i>metformin hcl</i>	(Glucophage)	1	QL: 75 in 30 days	tablet: 1000mg
<i>metformin hcl</i>	(Glucophage)	1	QL: 90 in 30 days	tablet: 850mg
<i>nateglinide</i>	(Starlix)	1		
PRANDIN		1		
<i>repaglinide</i>	(Prandin)	1		
SYMLIN		1	PA	
SYMLINPEN 120		1	PA	
SYMLINPEN 60		1	PA	
VICTOZA 3-PAK		1	QL: 9 in 30 days	
Insulins				
LANTUS SOLOSTAR		1		
LANTUS		1		
LEVEMIR FLEXPEN		1		
LEVEMIR		1		
NOVOLIN 70-30		1		cartridge
NOVOLIN 70-30		1		vial
NOVOLIN N		1		cartridge
NOVOLIN N		1		vial
NOVOLIN R		1		cartridge
NOVOLIN R		1		vial
NOVOLOG FLEXPEN		1		
NOVOLOG MIX 70-30 FLEXPEN		1		
NOVOLOG MIX 70-30		1		
NOVOLOG		1		
Sulfonylureas				
<i>chlorpropamide</i>	(Chlorpropamide)	1	PA, QL: 225 in 30 days	tablet: 100mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>chlorpropamide</i>	(Chlorpropamide)	1	PA, QL: 90 in 30 days	tablet: 250mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glimepiride</i>	(Amaryl)	1	QL: 120 in 30 days	tablet: 2mg
<i>glimepiride</i>	(Amaryl)	1	QL: 240 in 30 days	tablet: 1mg

Drug Name		Drug Tier	Requirements/Limits	
<i>glimepiride</i>	(Amaryl)	1	QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i>	(Glucotrol XL)	1	QL: 60 in 30 days	tab er 24: 10mg
<i>glipizide</i>	(Glucotrol)	1	QL: 120 in 30 days	tab er 24: 5mg; tablet: 10mg
<i>glipizide</i>	(Glucotrol)	1	QL: 240 in 30 days	tab er 24: 2.5mg; tablet: 5mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	QL: 240 in 30 days	tablet: 2.5-250mg
<i>glyburide</i>	(Micronase)	1	PA, QL: 120 in 30 days	tablet: 5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide</i>	(Micronase)	1	PA, QL: 240 in 30 days	tablet: 2.5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide</i>	(Micronase)	1	PA, QL: 480 in 30 days	tablet: 1.25mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	1	PA, QL: 120 in 30 days	tablet: 3mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	1	PA, QL: 240 in 30 days	tablet: 1.5mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	1	PA, QL: 60 in 30 days	tablet: 6mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>glyburide/metformin hcl</i>	(Glucovance)	1	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)	1	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	QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i>	(Tolazamide)	1	QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i>	(Tolbutamide)	1	QL: 180 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
Thiazolidinediones			
ACTOPLUS MET XR	1	QL: 30 in 30 days	tbmp 24hr: 30-1000mg
ACTOPLUS MET XR	1	QL: 60 in 30 days	tbmp 24hr: 15-1000mg
<i>pioglitazone hcl</i> (Actos)	1	QL: 30 in 30 days	tablet: 30mg, 45mg
<i>pioglitazone hcl</i> (Actos)	1	QL: 90 in 30 days	tablet: 15mg
<i>pioglitazone hcl/ metformin hcl</i> (Actoplus Met)	1	QL: 90 in 30 days	
Antifungals			
Antifungals			
ABELCET	1	NM, PA BvD	
AMBISOME	1	NM, PA BvD	
<i>amphotericin b</i> (Amphotericin B)	1	NM, PA BvD	
CANCIDAS	1	NM	
<i>ciclopirox olamine</i> (Loprox)	1		
<i>ciclopirox</i> (Penlac)	1		
<i>clotrimazole</i> (Mycelex)	1		cream (g), solution, troche
<i>clotrimazole/ betamethasone dip</i> (Lotrisone)	1		
<i>econazole nitrate</i> (Spectazole)	1		
ERAXIS (WATER DILUENT)	1	PA	
<i>fluconazole in nacl, iso-osm</i> (Diflucan in Saline)	1	NM	
<i>fluconazole</i> (Diflucan)	1		
<i>flucytosine</i> (Ancobon)	1		
<i>griseofulvin ultramicrosize</i> (Gris-peg)	1		
<i>griseofulvin, microsize</i> (Griseofulvin, Microsize)	1		
<i>itraconazole</i> (Sporanox)	1	PA	
<i>ketoconazole</i> (Kuric)	1		
LUZU	1	PA	
NAFTIN	1		
NOXAFIL	1	NM, PA	oral susp, tablet dr
NOXAFIL	1	NM, PA	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>nystatin</i>	(Nystatin)	1		
<i>nystatin/triamcin</i>	(Mycogen II)	1		
<i>terbinafine hcl</i>	(Lamisil)	1		
<i>voriconazole</i>	(Vfend IV)	1	NM	vial
<i>voriconazole</i>	(Vfend)	1		susp recon, tablet
Antihistamines				
Antihistamines				
<i>cetirizine hcl</i>	(Cetirizine HCl)	1		(Rx product only)
<i>cyproheptadine hcl</i>	(Cyproheptadine HCl)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>desloratadine</i>	(Clarinet)	1		tablet
<i>guaifen/theop anhyd/p-ephed</i>	(Guaifen/theop Anhyd/p-ephed)	1		
<i>levocetirizine dihydrochloride</i>	(Xyzal)	1		
<i>p-epd tan/chlor-tan</i>	(P-epd Tan/chlor-tan)	1		
<i>phenylephrine hcl/prometh hcl</i>	(Phenylephrine HCl/prometh HCl)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i>	(Promethazine HCl)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>tripelennamine hcl</i>	(Tripeleennamine HCl)	1		
Anti-infectives (Skin and Mucous Membrane)				
Anti-infectives (Skin and Mucous Membrane)				
<i>clindamycin phosphate</i>	(Cleocin)	1		
CLINDESSE		1		
<i>metronidazole</i>	(Metrogel-vaginal)	1		
<i>miconazole nitrate</i>	(Monistat 3)	1		
<i>sod propion/inositol/aa14/urea</i>	(Sod Propion/inositol/aa14/urea)	1		
<i>terconazole</i>	(Terazol 3)	1		
Antimigraine Agents				
Antimigraine Agents				
AXERT		1	QL: 16 in 28 days	
CAFERGOT		1		
<i>dihydroergotamine mesylate</i>	(D.H.E. 45)	1	NM	ampul
<i>dihydroergotamine mesylate</i>	(Migranal)	1		spray/pump
<i>ergotamine tartrate/caffeine</i>	(Ergotamine Tartrate/caffeine)	1		supp.rect

Drug Name		Drug Tier	Requirements/Limits	
<i>ergotamine tartrate/caffeine</i>	(Ergotamine Tartrate/caffeine)	1		tablet
<i>naratriptan hcl</i>	(Amerge)	1	QL: 16 in 28 days	
<i>rizatriptan benzoate</i>	(Maxalt Mlt)	1	QL: 16 in 28 days	
<i>sumatriptan succinate</i>	(Imitrex)	1	NM, QL: 8 in 28 days	cartridge: 4mg/0.5ml
<i>sumatriptan succinate</i>	(Imitrex)	1	NM, QL: 8 in 28 days	cartridge: 6mg/0.5ml; vial
<i>sumatriptan succinate</i>	(Imitrex)	1	QL: 16 in 28 days	tablet
<i>sumatriptan</i>	(Imitrex)	1	QL: 16 in 28 days	
<i>zolmitriptan</i>	(Zomig)	1	QL: 16 in 28 days	
Antimycobacterials				
Antimycobacterials				
CAPASTAT SULFATE		1	NM	
<i>cycloserine</i>	(Seromycin)	1		
<i>dapsone</i>	(Dapsone)	1		
<i>ethambutol hcl</i>	(Myambutol)	1		
<i>isoniazid</i>	(Isoniazid)	1		solution, tablet
<i>isoniazid</i>	(Isoniazid)	1	NM	vial
MYCOBUTIN		1		
PASER		1		
PRIFTIN		1		
<i>pyrazinamide</i>	(Pyrazinamide)	1		
<i>rifabutin</i>	(Mycobutin)	1		
<i>rifampin</i>	(Rifadin)	1		capsule
<i>rifampin</i>	(Rifadin)	1	NM	vial
RIFATER		1		
SEROMYCIN		1		
TRECATOR		1		
Antinausea Agents				
Antinausea Agents				
ANZEMET		1	PA BvD	tablet
DICLEGIS		1	PA, QL: 112 in 28 days	
<i>dimenhydrinate</i>	(Dimenhydrinate)	1	NM	
<i>dronabinol</i>	(Marinol)	1		

Drug Name	Drug Tier	Requirements/Limits	
EMEND	1	PA	cap ds pk, capsule
<i>granisetron hcl</i> (Kytril)	1		vial
<i>granisetron hcl</i> (Kytril)	1	PA BvD	solution, tablet
<i>granisetron hcl/pf</i> (Kytril)	1	NM	
<i>meclizine hcl</i> (Antivert)	1		
<i>ondansetron hcl</i> (Zofran)	1	NM	vial
<i>ondansetron hcl</i> (Zofran)	1	PA BvD	solution, tablet
<i>ondansetron</i> (Zofran Odt)	1	PA BvD	
<i>prochlorperazine edisylate</i> (Compazine)	1	NM	
<i>prochlorperazine maleate</i> (Compazine)	1		
<i>promethazine hcl</i> (Phenergan)	1	NM, PA	ampul, vial: 25mg/ml, (PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i> (Phenergan)	1	NM, PA	vial: 50mg/ml, (PA Req for Ages 65 and Older; High Risk Med)
<i>promethazine hcl</i> (Promethazine HCl)	1	PA	supp.rect, tablet
<i>promethazine hcl</i> (Promethazine HCl)	1	PA	supp.rect, tablet, (PA Req for Ages 65 and Older; High Risk Med)
Antiparasite Agents			
Antiparasite Agents			
ALBENZA	1		
ALINIA	1	PA	
<i>atovaquone</i> (Mepron)	1		
<i>atovaquone/proguanil hcl</i> (Malarone)	1		
BILTRICIDE	1		
<i>chloroquine phosphate</i> (Aralen Phosphate)	1		
DARAPRIM	1		
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1		
<i>mebendazole</i> (Mebendazole)	1		
<i>mefloquine hcl</i> (Lariam)	1		
MEPRON	1		
<i>metronidazole</i> (Flagyl)	1		
<i>metronidazole/sodium chloride</i> (Metro IV)	1	NM	
NEBUPENT	1	PA BvD	
<i>paromomycin sulfate</i> (Paromomycin Sulfate)	1		
PENTAM 300	1	NM	
<i>pentamidine isethionate</i> (Pentam 300)	1	NM	

Drug Name	Drug Tier	Requirements/Limits	
PRIMAQUINE	1		
STROMEKTOL	1		
<i>tinidazole</i> (Tindamax)	1		
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl</i> (Amantadine HCl)	1		
APOKYN	1	NM	
AZILECT	1		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	NM, PA	vial, (PA Req for Ages 65 and Older; High Risk Med)
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	PA	tablet
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	PA	tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>bromocriptine mesylate</i> (Parlodel)	1		
<i>cabergoline</i> (Cabergoline)	1		
<i>carbidopa</i> (Lodosyn)	1		
<i>carbidopa/levodopa</i> (Sinemet 10-100)	1		
<i>carbidopa/levodopa/entacapone</i> (Stalevo 50)	1		
<i>entacapone</i> (Comtan)	1		
<i>pramipexole di-hcl</i> (Mirapex)	1		
<i>ropinirole hcl</i> (Requip)	1		
<i>selegiline hcl</i> (Eldepryl)	1		
TASMAR	1		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY DISCMELT	1		
ABILIFY MAINTENA	1	NM, PA NSO	
ABILIFY	1		solution, tablet
ABILIFY	1	NM	vial
ADASUVE	1	PA NSO, QL: 1 per fill	
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		oral conc.
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		tablet
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1	NM	ampul
<i>clozapine</i> (Clozaril)	1		tablet
<i>clozapine</i> (Fazaclo)	1		tab rapdis
FANAPT	1		

Drug Name	Drug Tier	Requirements/Limits	
FAZACLO	1		
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	1	NM	
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1		elixir, oral conc, tablet
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1	NM	vial
GEODON	1	NM	vial
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	1	NM	
<i>haloperidol lactate</i> (Haloperidol Lactate)	1		oral conc
<i>haloperidol lactate</i> (Haloperidol Lactate)	1	NM	vial
<i>haloperidol</i> (Haloperidol)	1		
INVEGA SUSTENNA	1	NM, PA NSO	syringe: 117mg/0.75, 156mg/ml, 234mg/1.5
INVEGA SUSTENNA	1	PA NSO	syringe: 39mg/0.25, 78mg/0.5ml
INVEGA	1		
LATUDA	1	PA NSO	
<i>loxapine succinate</i> (Loxitane)	1		
<i>olanzapine</i> (Zyprexa)	1		tab rapdis, tablet
<i>olanzapine</i> (Zyprexa)	1	NM	vial
ORAP	1		
<i>perphenazine</i> (Perphenazine)	1		
<i>quetiapine fumarate</i> (Seroquel)	1		
RISPERDAL CONSTA	1	NM, PA NSO	
<i>risperidone</i> (Risperdal)	1		
SAPHRIS	1	PA NSO	
SEROQUEL XR	1		
<i>thioridazine hcl</i> (Thioridazine HCl)	1	PA NSO	oral conc., (PA Req for Ages 65 and Older; High Risk Med)
<i>thioridazine hcl</i> (Thioridazine HCl)	1	PA NSO	tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>thiothixene</i> (Navane)	1		
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	1		
VERSACLOZ	1		
<i>ziprasidone hcl</i> (Geodon)	1		
ZYPREXA RELPREVV	1	NM, PA NSO	
Antivirals (systemic)			
Antiretrovirals			
<i>abacavir sulfate</i> (Ziagen)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>abacavir/lamivudine/ zidovudine</i> (Trizivir)	1		
APTIVUS	1		capsule
APTIVUS	1		solution
ATRIPLA	1	NM	
COMPLERA	1		
CRIXIVAN	1		
<i>didanosine</i> (Videx EC)	1		
EDURANT	1	QL: 30 in 30 days	
EMTRIVA	1		
EPIVIR HBV	1		tablet
EPIVIR	1		solution
EPZICOM	1		
FUZEON	1	NM	
INTELENCE	1		tablet: 25mg, 200mg
INTELENCE	1	NM	tablet: 100mg
INVIRASE	1		
ISENTRESS	1	NM	
KALETRA	1		
<i>lamivudine</i> (Epivir)	1		
<i>lamivudine/zidovudine</i> (Combivir)	1		
LEXIVA	1		
<i>nevirapine</i> (Viramune)	1		
NORVIR	1		
PREZISTA	1		oral susp, tablet: 75mg, 150mg, 600mg, 800mg
PREZISTA	1		tablet: 400mg
RESCRIPTOR	1		
RETROVIR	1	NM	vial
REYATAZ	1		
SELZENTRY	1	NM	
<i>stavudine</i> (Zerit)	1		
STRIBILD	1	NM	
SUSTIVA	1		capsule: 100mg
SUSTIVA	1		capsule: 50mg, 200mg; tablet
TIVICAY	1	NM	
TRIZIVIR	1		
TRUVADA	1	NM	
VIDEX	1		
VIRACEPT	1		

Drug Name	Drug Tier	Requirements/Limits	
VIRAMUNE XR	1		
VIRAMUNE	1		oral susp
VIREAD	1		
ZIAGEN	1		solution
<i>zidovudine</i> (Retrovir)	1		
Antivirals, Miscellaneous			
<i>foscarnet sodium</i> (Foscavir)	1	NM, PA BvD	
RELENZA	1		
<i>rimantadine hcl</i> (Flumadine)	1		
TAMIFLU	1	NM	capsule
Hcv Protease Inhibitors			
INCIVEK	1	NM, PA, QL: 168 in 28 days	
VICTRELIS	1	NM, PA, QL: 360 in 30 days	
Interferons			
INTRON A	1	NM	pen ij kit, vial: 18mmunit, 50mmunit
INTRON A	1	NM	vial: 6mmunit/ml, 10mmunit
PEGASYS PROCLICK	1	NM	
PEGASYS	1	NM	
PEGINTRON REDIPEN	1	NM	
PEGINTRON	1	NM	kit: 50mcg/0.5, 80mcg/0.5, 120mcg/0.5
SYLATRON 4-PACK	1	NM, PA NSO	
Nucleosides And Nucleotides			
<i>acyclovir sodium</i> (Acyclovir Sodium)	1	NM, PA BvD	
<i>acyclovir</i> (Zovirax)	1		
<i>adefovir dipivoxil</i> (Hepsera)	1		
BARACLUDE	1		
<i>cidofovir</i> (Vistide)	1	NM	
<i>famciclovir</i> (Famvir)	1		
<i>ganciclovir sodium</i> (Cytovene)	1	NM, PA BvD	
HEPSERA	1	NM	
REBETOL	1		solution
RIBATAB	1		tab ds pk: 600-600mg

Drug Name		Drug Tier	Requirements/Limits	
<i>ribavirin</i>	(Rebetol)	1		capsule, tab ds pk: 400-400mg, 600-400mg; tablet
<i>ribavirin</i>	(Ribatab)	1		tab ds pk: 200-400mg
TYZEKA		1		
<i>valacyclovir hcl</i>	(Valtrex)	1		
VALCYTE		1	NM	tablet
Blood Products/modifiers/volume Expanders				
Anticoagulants				
COUMADIN		1		tablet
ELIQUIS		1		
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 11.2 in 14 days	syringe: 40mg/0.4ml, (30 syringes)
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 16.8 in 14 days	syringe: 60mg/0.6ml, (28 syringes)
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 22.4 in 14 days	syringe: 80mg/0.8ml, 120mg/.8ml, (28 syringes)
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 28 in 14 days	syringe: 100mg/ml, 150mg/ ml; vial
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 28 in 14 days	syringe: 100mg/ml, 150mg/ ml; vial, (28 syringes)
<i>enoxaparin sodium</i>	(Lovenox)	1	NM, QL: 8.4 in 14 days	syringe: 30mg/0.3ml, (30 syringes)
<i>fondaparinux sodium</i>	(Arixtra)	1	NM, QL: 11.2 in 14 days	syringe: 10mg/0.8ml
<i>fondaparinux sodium</i>	(Arixtra)	1	NM, QL: 5.6 in 14 days	syringe: 5mg/0.4ml
<i>fondaparinux sodium</i>	(Arixtra)	1	NM, QL: 7 in 14 days	syringe: 2.5mg/0.5
<i>fondaparinux sodium</i>	(Arixtra)	1	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)	1	NM	

Drug Name	Drug Tier	Requirements/Limits	
<i>heparin sodium,porcine</i> (Hep-lock)	1	NM, PA BvD	vial: 5000/ml, 20000/ml, (PA for ESRD only)
<i>heparin sodium,porcine</i> (Hep-lock)	1	PA BvD	vial: 10000/ml
<i>heparin sodium,porcine/ d5w</i> (Heparin Sodium, porcine/D5W)	1	NM	(PA for ESRD only)
<i>heparin sodium,porcine/ ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1	NM	
<i>heparin sodium,porcine/ pf</i> (Heparin Sodium, porcine/PF)	1	NM, PA BvD	vial, (PA for ESRD only)
<i>heparin sodium,porcine/ pf</i> (Monoject Prefill Advanced)	1	NM, PA BvD	syringe, (PA for ESRD Only)
PRADAXA	1		
REFLUDAN	1	NM, PA BvD	(PA for ESRD only)
<i>warfarin sodium</i> (Coumadin)	1		
XARELTO	1		tablet: 15mg, 20mg
XARELTO	1	QL: 34 per fill	tablet: 10mg
Blood Formation Modifiers			
ARANESP	1	NM, PA	
CINRYZE	1	LA, NM, PA	
EPOGEN	1	NM, PA	
GRANIX	1	NM, PA	
LEUKINE	1	NM, PA	vial: 250mcg
LEUKINE	1	NM, PA	vial: 500mcg/ml
NEULASTA	1	NM, PA	
NEUMEGA	1	NM, PA	
NEUPOGEN	1	NM, PA	
PROCRIT	1	NM, PA	
PROMACTA	1	NM, PA	
Hematologic Agents, Miscellaneous			
<i>aminocaproic acid</i> (Amicar)	1		solution, tablet
<i>aminocaproic acid</i> (Aminocaproic Acid)	1	NM	vial
<i>anagrelide hcl</i> (Agrylin)	1		
<i>protamine sulfate</i> (Protamine Sulfate)	1	NM, PA BvD	(PA for ESRD Only)
<i>tranexamic acid</i> (Tranexamic Acid)	1	NM	vial, (Injectable form only)
Platelet-aggregation Inhibitors			
AGGRENOX	1		
BRILINTA	1		
<i>cilostazol</i> (Pletal)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>clopidogrel bisulfate</i> (Plavix)	1		tablet: 75mg
<i>dipyridamole</i> (Persantine)	1		
EFFIENT	1		
<i>pentoxifylline</i> (Trental)	1		
<i>ticlopidine hcl</i> (Ticlid)	1		
Volume Expanders			
ALBUMIN (HUMAN)	1	NM	
ALBUMINAR-25	1	NM	
ALBUMINAR-5	1	NM	
ALBURX	1	NM	
ALBUTEIN	1	NM	
Caloric Agents			
Caloric Agents			
AMINOSYN II	1	NM, PA BvD	iv soln: 10%
AMINOSYN II	1	NM, PA BvD	iv soln: 15%
AMINOSYN II	1	NM, PA BvD	iv soln: 7%
AMINOSYN II	1	NM, PA BvD	iv soln: 8.5%
AMINOSYN M	1	NM, PA BvD	
AMINOSYN with ELECTROLYTES	1	NM, PA BvD	
AMINOSYN	1	NM, PA BvD	iv soln: 10%
AMINOSYN	1	NM, PA BvD	iv soln: 3.5%
AMINOSYN	1	NM, PA BvD	iv soln: 7%
AMINOSYN	1	NM, PA BvD	iv soln: 8.5%
AMINOSYN-HBC	1	NM, PA BvD	
AMINOSYN-PF	1	NM, PA BvD	iv soln: 10%
AMINOSYN-PF	1	NM, PA BvD	iv soln: 7%
AMINOSYN-RF	1	NM, PA BvD	

Drug Name		Drug Tier	Requirements/Limits	
CLINISOL		1	NM, PA BvD	
<i>cysteine hcl</i>	(Cysteine HCl)	1	NM, PA BvD	
<i>dextrose 10 % and 0.2 % nacl</i>	(Dextrose 10 % and 0.2 % NaCl)	1	NM	dehp fr bg
<i>dextrose 10 % and 0.2 % nacl</i>	(Dextrose 10 % and 0.2 % NaCl)	1	NM	iv soln
<i>dextrose 10 % and 0.9 % nacl</i>	(Dextrose 10 % and 0.9 % NaCl)	1	NM	
<i>dextrose 10%-0.5 normal saline</i>	(Dextrose 10%-0.5 Normal Saline)	1	NM	
<i>dextrose 10%-water</i>	(Dextrose 10%-water)	1	NM, PA BvD	
<i>dextrose 2.5 % in water</i>	(Dextrose 2.5 % in Water)	1	NM, PA BvD	
<i>dextrose 2.5% in half ringers</i>	(Dextrose 2.5% In Half Ringers)	1	NM	
<i>dextrose 2.5%-0.5normal saline</i>	(Dextrose 2.5%-0.5 Normal Saline)	1	NM	
<i>dextrose 20%-water</i>	(Dextrose 20%-water)	1	NM, PA BvD	
<i>dextrose 25 % in water</i>	(Dextrose 25 % in Water)	1	PA BvD	
<i>dextrose 40%-water</i>	(Dextrose 40%-water)	1	NM, PA BvD	
<i>dextrose 5 % and 0.3 % nacl</i>	(Dextrose 5 % and 0.3 % NaCl)	1	NM	
<i>dextrose 5 % and 0.9 % nacl</i>	(Dextrose 5 % and 0.9 % NaCl)	1	NM	
<i>dextrose 5 % in water</i>	(Dextrose 5 % in Water)	1	NM	
<i>dextrose 5 %-0.2 % nacl</i>	(Dextrose 5 %-0.2 % NaCl)	1	NM	
<i>dextrose 5 %-0.45 % nacl</i>	(Dextrose 5 %-0.45 % NaCl)	1	NM	
<i>dextrose 5% in ringers</i>	(Dextrose 5% In Ringers)	1	NM	
<i>dextrose 5%-lactated ringers</i>	(Dextrose 5%-Lactated Ringers)	1	NM	
<i>dextrose 50 % in water</i>	(Dextrose 50 % in Water)	1	NM, PA BvD	
<i>dextrose 60 % in water</i>	(Dextrose 60 % in Water)	1	NM, PA BvD	

Drug Name	Drug Tier	Requirements/Limits	
<i>dextrose 70%-water</i> (Dextrose 70%-water)	1	NM, PA BvD	
<i>fructose 10%</i> (Fructose 10%)	1	NM, PA BvD	
INTRALIPID	1	NM, PA BvD	emulsion: 10%
INTRALIPID	1	NM, PA BvD	emulsion: 20%, 30%
LIPOSYN II	1	NM, PA BvD	
LIPOSYN III	1	NM, PA BvD	emulsion: 10%, 20%
LIPOSYN III	1	NM, PA BvD	emulsion: 30%
NOVAMINE	1	NM, PA BvD	
PREMASOL	1	NM, PA BvD	iv soln: 10%
PREMASOL	1	NM, PA BvD	iv soln: 6%
PROSOL	1	NM, PA BvD	
TRAVAMULSION	1	NM, PA BvD	
TRAVASOL W/ DEXTROSE	1	NM, PA BvD	
TRAVASOL W/ ELECTROLYTES	1	NM, PA BvD	iv soln.: 5.5%
TRAVASOL W/ ELECTROLYTES	1	NM, PA BvD	iv soln.: 8.5%
TRAVASOL with DEXTROSE	1	NM, PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	1	NM, PA BvD	iv soln: 8.5%
TRAVASOL with DEXTROSE	1	NM, PA BvD	iv soln: 8.5%
TRAVASOL with ELECTROLYTES	1	NM, PA BvD	
TRAVASOL	1	NM, PA BvD	iv soln.
TRAVASOL	1	NM, PA BvD	iv soln: 10%

Drug Name	Drug Tier	Requirements/Limits	
TRAVASOL	1	NM, PA BvD	iv soln: 5.5%
TRAVASOL	1	NM, PA BvD	iv soln: 8.5%
TRAVERT IN NORMAL SALINE	1	NM, PA BvD	
TRAVERT	1	NM, PA BvD	iv soln: 10%
TRAVERT	1	NM, PA BvD	iv soln: 5%
TROPHAMINE	1	NM, PA BvD	iv soln: 10%
Cardiovascular Agents			
Alpha-adrenergic Agents			
ALDOMET	1		
ALDORIL-D50	1		
<i>clonidine hcl</i> (Catapres)	1		
<i>clonidine hcl/</i> <i>chlorthalidone</i> (Clonidine HCl/ chlorthalidone)	1		
<i>clonidine</i> (Catapres-tts 1)	1		
<i>doxazosin mesylate</i> (Cardura)	1		
<i>midodrine hcl</i> (Proamatine)	1		
<i>phenylephrine hcl</i> (Vazculep)	1	NM	
<i>prazosin hcl</i> (Minipress)	1		
Angiotensin II Receptor Antagonists			
ATACAND	1		
BENICAR HCT	1		
BENICAR	1		
<i>candesartan cilexetil</i> (Atacand)	1		
<i>candesartan/</i> <i>hydrochlorothiazid</i> (Atacand HCT)	1		
DIOVAN	1		
EDARBI	1		
EDARBYCLOR	1		
<i>eprosartan mesylate</i> (Teveten)	1		
<i>irbesartan</i> (Avapro)	1		
<i>irbesartan/</i> <i>hydrochlorothiazide</i> (Avalide)	1		
<i>losartan potassium</i> (Cozaar)	1		
<i>losartan/</i> <i>hydrochlorothiazide</i> (Hyzaar)	1		
MICARDIS HCT	1		

Drug Name	Drug Tier	Requirements/Limits	
MICARDIS	1		
<i>telmisartan</i> (Micardis)	1		
<i>telmisartan/amlodipine</i> (Twynsta)	1		
<i>telmisartan/hydrochlorothiazid</i> (Micardis HCT)	1		
TEVETEN HCT	1		
TEVETEN	1		tablet: 400mg
<i>valsartan</i> (Diovan)	1		
<i>valsartan/hydrochlorothiazide</i> (Diovan HCT)	1		
Angiotensin-converting Enzyme Inhibitors			
<i>benazepril hcl</i> (Lotensin)	1		
<i>benazepril/hydrochlorothiazide</i> (Lotensin HCT)	1		
<i>captopril</i> (Capoten)	1		
<i>captopril/hydrochlorothiazide</i> (Capozide)	1		
<i>enalapril maleate</i> (Vasotec)	1		
<i>enalapril/hydrochlorothiazide</i> (Vaseretic)	1		
<i>enalaprilat dihydrate</i> (Enalaprilat Dihydrate)	1	NM	
<i>fosinopril sodium</i> (Monopril)	1		
<i>fosinopril/hydrochlorothiazide</i> (Monopril HCT)	1		
<i>lisinopril</i> (Zestril)	1		
<i>lisinopril/hydrochlorothiazide</i> (Prinzide)	1		
<i>moexipril hcl</i> (Univasc)	1		
<i>moexipril/hydrochlorothiazide</i> (Uniretic)	1		
<i>perindopril erbumine</i> (Aceon)	1		
<i>quinapril hcl</i> (Accupril)	1		
<i>quinapril/hydrochlorothiazide</i> (Accuretic)	1		
<i>ramipril</i> (Altace)	1		
<i>trandolapril</i> (Mavik)	1		
Antiarrhythmic Agents			
<i>amiodarone hcl</i> (Amiodarone HCl)	1		syringe
<i>amiodarone hcl</i> (Amiodarone HCl)	1	NM	ampul
<i>amiodarone hcl</i> (Cordarone)	1		tablet
<i>disopyramide phosphate</i> (Norpace)	1		
<i>flecainide acetate</i> (Tambocor)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>lidocaine hcl/d5w/pf</i>	(Lidocaine HCl/d5w/PF)	1	NM	iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	1	NM, PA BvD	vial: 20mg/ml, (PA for ESRD Only)
<i>lidocaine hcl/pf</i>	(Lidocaine HCl/PF)	1	NM	syringe, vial: 100mg/ml, 200mg/ml
<i>mexiletine hcl</i>	(Mexitol)	1		
MULTAQ		1		
<i>procainamide hcl</i>	(Procainamide HCl)	1		capsule, tablet sa
<i>procainamide hcl</i>	(Procainamide HCl)	1	NM	vial
<i>propafenone hcl</i>	(Rythmol)	1		
<i>quinidine gluconate</i>	(Quinidine Gluconate)	1		tablet er
<i>quinidine gluconate</i>	(Quinidine Gluconate)	1	NM	vial
<i>quinidine sulfate</i>	(Quinidine Sulfate)	1		
TIKOSYN		1		
XYLOCAINE		1		
Beta-Adrenergic Blocking Agents				
<i>acebutolol hcl</i>	(Sectral)	1		
<i>atenolol</i>	(Tenormin)	1		
<i>atenolol/chlorthalidone</i>	(Tenoretic 50)	1		
<i>betaxolol hcl</i>	(Kerlone)	1		
<i>bisoprolol fumarate</i>	(Zebeta)	1		
<i>bisoprolol fumarate/hctz</i>	(Ziac)	1		
<i>carvedilol</i>	(Coreg)	1		
<i>esmolol hcl</i>	(Esmolol HCl)	1	NM, PA BvD	
INNOPRAN XL		1		
<i>labetalol hcl</i>	(Trandate)	1		tablet
<i>labetalol hcl</i>	(Trandate)	1	NM	vial
<i>metoprolol succinate</i>	(Toprol XL)	1		
<i>metoprolol tartrate</i>	(Lopressor)	1		tablet
<i>metoprolol tartrate</i>	(Metoprolol Tartrate)	1	NM	vial
<i>metoprolol/ hydrochlorothiazide</i>	(Lopressor HCT)	1		
<i>nadolol</i>	(Corgard)	1		
<i>nadolol/ bendroflumethiazide</i>	(Corzide)	1		
<i>pindolol</i>	(Pindolol)	1		
<i>propranolol hcl</i>	(Propranolol HCl)	1		cap sa 24h, solution, tablet
<i>propranolol hcl</i>	(Propranolol HCl)	1	NM	vial
<i>propranolol/ hydrochlorothiazid</i>	(Propranolol/ hydrochlorothiazid)	1		
<i>sotalol hcl</i>	(Betapace)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>timolol maleate</i>	(Timolol Maleate)	1		
Calcium-Channel Blocking Agents				
<i>diltiazem hcl</i>	(Cardizem CD)	1		cap er 12h, cap er 24h, cap er deg, capsule er, tab er 24h, tablet
<i>diltiazem hcl</i>	(Diltiazem HCl)	1	NM	syringe, vial port
<i>verapamil hcl</i>	(Calan)	1		cap24h pct, cap24h pel, tablet, tablet er
<i>verapamil hcl</i>	(Verapamil HCl)	1	NM	ampul
<i>verapamil hcl</i>	(Verapamil HCl)	1	NM	syringe
Cardiovascular Agents, Miscellaneous				
AUVI-Q		1	NM, QL: 2 per fill	auto injct: 0.3mg/0.3
<i>digoxin</i>	(Lanoxin)	1		tablet
<i>digoxin</i>	(Lanoxin)	1	NM	ampul
DIGOXIN		1		
<i>dobutamine hcl</i>	(Dobutamine HCl)	1	NM, PA BvD	
<i>dobutamine hcl/d5w</i>	(Dobutamine HCl/D5W)	1	NM, PA BvD	
<i>dopamine hcl</i>	(Dopamine HCl)	1	NM, PA BvD	
<i>dopamine hcl/d5w</i>	(Dopamine HCl/D5W)	1	NM, PA BvD	
<i>dopamine hcl/dextrose 5%-water</i>	(Dopamine HCl/dextrose 5%-water)	1	NM, PA BvD	infus. btl: 1600mcg/ml
<i>dopamine hcl/dextrose 5%-water</i>	(Dopamine HCl/dextrose 5%-water)	1	PA BvD	infus. btl: 3200mcg/ml
<i>ephedrine sulfate</i>	(Ephedrine Sulfate)	1	NM	
<i>epinephrine</i>	(Adrenacllick)	1		auto injct: 0.3mg/0.3
<i>epinephrine</i>	(Epinephrine)	1	NM	ampul
<i>epinephrine</i>	(Epinephrine)	1	NM	syringe
EIPEN 2-PAK		1	NM, QL: 2 per fill	
<i>ethanolamine oleate</i>	(Ethanolamine Oleate)	1	NM	
FIRAZYR		1	NM, PA, QL: 9 in 30 days	
<i>hydralazine hcl</i>	(Apresoline)	1		tablet
<i>hydralazine hcl</i>	(Hydralazine HCl)	1	NM	vial
<i>hydralazine/hydrochlorothiazid</i>	(Hydralazine/hydrochlorothiazid)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>hydralazine/reserpin/hctz</i>	(Hydralazine/reserpin/hctz)	1		
LANOXIN		1		tablet
<i>milrinone lactate</i>	(Milrinone Lactate)	1	NM, PA BvD	
<i>milrinone lactate/d5w</i>	(Primacor in 5% Dextrose)	1	NM, PA BvD	
<i>norepinephrine bitartrate</i>	(Levophed Bitartrate)	1	NM, PA BvD	
ORENITRAM ER		1	NM, PA	
<i>papaverine hcl</i>	(Papaverine HCl)	1		capsule er, tablet
<i>papaverine hcl</i>	(Papaverine HCl)	1	NM	vial
RANEXA		1		
<i>reserpine/ hydrochlorothiazide</i>	(Reserpine/ hydrochlorothiazide)	1		
Dihydropyridines				
<i>amlodipine besylate</i>	(Norvasc)	1		
<i>amlodipine besylate/ benazepril</i>	(Lotrel)	1		
<i>felodipine</i>	(Plendil)	1		
<i>isradipine</i>	(Dynacirc)	1		
<i>nicardipine hcl</i>	(Nicardipine HCl)	1		capsule
<i>nicardipine hcl</i>	(Nicardipine HCl)	1	NM	vial
<i>nifedipine</i>	(Procardia XL)	1		tab er 24, tablet er
<i>nimodipine</i>	(Nimotop)	1		
<i>nisoldipine</i>	(Sular)	1		
Diuretics				
<i>amiloride hcl</i>	(Midamor)	1		
<i>amiloride/ hydrochlorothiazide</i>	(Amiloride/ hydrochlorothiazide)	1		
<i>bumetanide</i>	(Bumetanide)	1	NM	vial
<i>bumetanide</i>	(Bumex)	1		tablet
<i>chlorothiazide sodium</i>	(Diuril Sodium)	1	NM	
<i>chlorothiazide</i>	(Chlorothiazide)	1		
<i>chlorthalidone</i>	(Chlorthalidone)	1		
<i>furosemide</i>	(Furosemide)	1	NM	ampul
<i>furosemide</i>	(Furosemide)	1	NM	syringe
<i>furosemide</i>	(Lasix)	1		solution, tablet
<i>hydrochlorothiazide</i>	(Hydrochlorothiazide)	1		
<i>indapamide</i>	(Lozol)	1		
<i>methyclothiazide</i>	(Methyclothiazide)	1		
<i>metolazone</i>	(Zaroxolyn)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>toremide</i>	(Demadex)	1		tablet
<i>toremide</i>	(Toremide)	1	NM	vial
<i>triamterene/ hydrochlorothiazid</i>	(Maxzide)	1		
Dyslipidemics				
<i>amlodipine/atorvastatin</i>	(Caduet)	1		
<i>atorvastatin calcium</i>	(Lipitor)	1		
<i>cholestyramine (with sugar)</i>	(Questran)	1		
<i>cholestyramine/ aspartame</i>	(Questran Light)	1		
<i>colestipol hcl</i>	(Colestid)	1		
CRESTOR		1		
<i>fenofibrate nanocrystallized</i>	(Tricor)	1		
<i>fenofibrate</i>	(Lofibra)	1		
<i>fenofibrate, micronized</i>	(Antara)	1		
<i>fenofibric acid (choline)</i>	(Trilipix)	1		
<i>fenofibric acid</i>	(Fibricor)	1		
<i>fluvastatin sodium</i>	(Lescol)	1		
<i>gemfibrozil</i>	(Lopid)	1		
KYNAMRO		1	LA, NM, PA, QL: 4 in 28 days	
<i>lovastatin</i>	(Mevacor)	1		
LOVAZA		1		
<i>niacin</i>	(Niaspan)	1		
NIASPAN		1		
<i>omega-3 acid ethyl esters</i>	(Lovaza)	1		
<i>pravastatin sodium</i>	(Pravachol)	1		
<i>simvastatin</i>	(Zocor)	1		tablet: 5mg, 10mg, 20mg
<i>simvastatin</i>	(Zocor)	1	PA	tablet: 40mg, 80mg, (PA only w/ amiodarone)
TRILIPIX		1		
VASCEPA		1	QL: 120 in 30 days	
WELCHOL		1		
ZETIA		1		
Renin-Angiotensin-Aldosterone System Inhibitors				
ALDACTAZIDE		1		tablet: 50mg-50mg
<i>eplerenone</i>	(Inspra)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>spironolact/ hydrochlorothiazid</i> (Aldactazide)	1		
<i>spironolactone</i> (Aldactone)	1		
TEKTURNA HCT	1		
TEKTURNA	1		
Vasodilators			
<i>isosorbide dinitrate</i> (Isordil)	1		tab sub: 2.5mg; tablet, tablet er
<i>isosorbide dinitrate</i> (Isosorbide Dinitrate)	1		tab sub: 5mg
<i>isosorbide mononitrate</i> (Imdur)	1		
<i>minoxidil</i> (Minoxidil)	1		
NITRO-DUR	1		patch td24: 0.3mg/hr, 0.8mg/hr
<i>nitroglycerin</i> (Nitro-dur)	1		patch td24, spray
<i>nitroglycerin</i> (Nitroglycerin)	1	NM	vial: 50mg/10ml
<i>nitroglycerin</i> (Nitroglycerin)	1	NM	vial: 5mg/ml
<i>nitroglycerin/d5w</i> (Nitroglycerin/D5W)	1	NM	
NITROSTAT	1		
<i>nylidrin hcl</i> (Nylidrin HCl)	1		
PROGLYCEM	1		
Central Nervous System Agents			
Central Nervous System Agents			
AMPYRA	1	NM, PA, QL: 60 in 30 days	
<i>caffeine citrated</i> (Cafcit)	1		solution
<i>caffeine citrated</i> (Cafcit)	1	NM	vial
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	1	NM	
<i>dexmethylphenidate hcl</i> (Focalin)	1		
<i>dextroamphetamine sulfate</i> (Dextrostat)	1		capsule er, tablet: 5mg, 10mg
<i>dextroamphetamine sulfate</i> (Liquadd)	1		solution
<i>dextroamphetamine/ amphetamine</i> (Adderall)	1		
<i>flumazenil</i> (Romazicon)	1		
INTUNIV	1	PA	
<i>lithium carbonate</i> (Eskalith)	1		
<i>lithium citrate</i> (Lithium Citrate)	1		
METADATE CD	1		cpbp 30-70: 20mg, 30mg, 40mg

Drug Name	Drug Tier	Requirements/Limits	
<i>methamphetamine hcl</i> (Desoxyn)	1		
METHYLIN	1		tab chew, (oral products only)
<i>methylphenidate hcl</i> (Concerta)	1		cpbp 30-70, cpbp 50-50, solution, tab er 24, tablet, tablet er: 20mg, (oral products only)
<i>methylphenidate hcl</i> (Ritalin)	1		tablet er: 10mg, (oral products only)
NUEDEXTA	1	PA	
<i>riluzole</i> (Rilutek)	1		
SAVELLA	1		
STRATTERA	1	PA	
XENAZINE	1	LA, NM	
Contraceptives			
Contraceptives			
AMETHYST	1		
<i>desog-e.estradiol/ e.estradiol</i> (Mircette)	1		
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1		
<i>ethinyl estradiol/ drospirenone</i> (Yaz)	1		
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1/50-28)	1		
<i>levonorgestrel</i> (Plan B)	1		tablet: 0.75mg
<i>levonorgestrel-ethin estradiol</i> (Nordette-8)	1		tablet: 0.1-0.02, 0.15-0.03, 6-5-10; tbdspk 3mo
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1		tbdspk 3mo: 100-20(84)
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1		tbdspk 3mo: 150-30(84)
<i>norelgestromin/ ethin.estradiol</i> (Ortho Evra)	1		
<i>noreth-ethinyl estradiol/ iron</i> (Femcon Fe)	1		
<i>norethindrone ac-eth estradiol</i> (Loestrin)	1		
<i>norethindrone</i> (Nor-Q-D)	1		
<i>norethindrone-e.estradiol-iron</i> (Loestrin Fe)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-ethinyl estrad</i> (Modicon)	1	tablet: 0.4-0.035, 0.5-0.035, 1mg-35mcg, 7-9-5, 7daysx3, 10-11
<i>norethindrone-mestranol</i> (Ortho-novum)	1	
<i>norgestimate-ethinyl estradiol</i> (Ortho-cyclen)	1	
<i>norgestrel-ethinyl estradiol</i> (Ovral-21)	1	
NUVARING	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl</i> (Evoxac)	1	
<i>chlorhexidine gluconate</i> (Peridex)	1	
KEPIVANCE	1	NM, PA BvD
<i>pilocarpine hcl</i> (Salagen)	1	
<i>sodium fluoride</i> (Control Rx)	1	
<i>stannous fluoride</i> (Gel-kam)	1	soln(gram)
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	1	
Dermatological Agents		
Dermatological Agents, Other		
8-MOP	1	
ABSORICA	1	
<i>acyclovir</i> (Zovirax)	1	
<i>adapalene</i> (Adapalene)	1	
<i>alcohol antiseptic pads</i> (Alcohol Antiseptic Pads)	1	
<i>aluminum chloride</i> (Drysol)	1	
<i>ammonium lactate</i> (Lac-hydrin)	1	
<i>calcipotriene</i> (Dovonex)	1	
<i>calcipotriene/ betamethasone</i> (Taclonex)	1	
<i>calcitriol</i> (Vectical)	1	
CARAC	1	
CONDYLOX	1	gel (gram)
DENAVIR	1	
FLUOROPLEX	1	
<i>fluorouracil</i> (Efudex)	1	
<i>imiquimod</i> (Aldara)	1	
<i>isotretinoin</i> (Accutane)	1	
LEVULAN	1	

Drug Name	Drug Tier	Requirements/Limits	
<i>mafenide acetate</i> (Mafenide Acetate)	1		
<i>methoxsalen, rapid</i> (Oxsoralen-ultra)	1		
METVIXIA	1		
OXSORALEN	1		
OXSORALEN-ULTRA	1		
PANRETIN	1		
PICATO	1	PA NSO, QL: 2 per fill	gel (ea): 0.05%
PICATO	1	PA NSO, QL: 3 per fill	gel (ea): 0.015%
<i>podofilox</i> (Condylox)	1		
<i>podophyllum resin</i> (Pododerm)	1		
<i>potassium hydroxide</i> (Potassium Hydroxide)	1		
REGRANEX	1	NM	
SANTYL	1		
<i>silver nitrate applicator</i> (Silver Nitrate Applicator)	1		
SORIATANE	1	NM, PA	
UVADEX	1	NM	
VALCHLOR	1	NM, PA NSO	
XERESE	1	PA	
ZONALON	1		
ZOVIRAX	1		cream (g)
ZYCLARA	1		
Dermatological Antibacterials			
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1		gel (gram)
<i>clindamycin phosphate</i> (Cleocin T)	1		
<i>erythromycin base/ethanol</i> (Emgel)	1		
<i>erythromycin/benzoyl peroxide</i> (Benzamycin)	1		
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	1		
METROGEL	1		
<i>metronidazole</i> (Nydamax)	1		
<i>mupirocin calcium</i> (Bactroban)	1		
<i>mupirocin</i> (Centany)	1		
<i>neomy sulf/polymyxin b sulfate</i> (Neosporin G.U. Irrigant)	1		

Drug Name	Drug Tier	Requirements/Limits
PHISOHEX	1	
<i>selenium sulfide</i> (Selenium Sulfide)	1	suspension
<i>selenium sulfide</i> (Selseb)	1	shampoo
<i>silver nitrate</i> (Silver Nitrate)	1	
<i>silver sulfadiazine</i> (Silvadene)	1	
<i>sulfacetamide sodium</i> (Klaron)	1	
THERMAZENE	1	
Dermatological Anti-inflammatory Agents		
<i>alclometasone dipropionate</i> (Aclovate)	1	
<i>amcinonide</i> (Amcinonide)	1	
<i>betamethasone dipropionate</i> (Del-beta)	1	
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	
<i>betamethasone/propylene glyc</i> (Diprolene AF)	1	
<i>clobetasol propionate</i> (Temovate)	1	
<i>clocortolone pivalate</i> (Cloderm)	1	
<i>desonide</i> (Desowen)	1	
<i>desoximetasone</i> (Topicort)	1	
<i>diflorasone diacetate</i> (Psorcon)	1	
ELIDEL	1	PA
<i>fluocinolone acetonide</i> (Synalar)	1	
<i>fluocinolone/shower cap</i> (Derma-smoothe-fs)	1	
<i>fluocinonide</i> (Vanos)	1	
<i>fluticasone propionate</i> (Cutivate)	1	
<i>halobetasol propionate</i> (Ultravate)	1	
<i>hydrocortisone acetate</i> (Hydrocortisone Acetate)	1	suppos.
<i>hydrocortisone acetate/ aloe v</i> (Nuzon)	1	gel (gram)
<i>hydrocortisone acetate/ urea</i> (Carmol HC)	1	
<i>hydrocortisone butyrate</i> (Hydrocortisone Butyrate)	1	
<i>hydrocortisone valerate</i> (Hydrocortisone Valerate)	1	
<i>hydrocortisone</i> (Hydrocortisone)	1	cream(gm), cream/appl: 2.5%

Drug Name		Drug Tier	Requirements/Limits	
<i>hydrocortisone</i>	(Hytone)	1		cream (g), cream/appl: 2.5%; enema, lotion, oint. (g)
<i>mometasone furoate</i>	(Elocon)	1		
<i>prednicarbate</i>	(Dermatop)	1		
RECTACORT-HC		1		
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1		cream (g), lotion, oint. (g): 0.025%, 0.1%, 0.5%
<i>triamcinolone acetonide</i>	(Triderm)	1		cream, oint. (g): 0.05%
Dermatological Retinoids				
<i>adapalene</i>	(Differin)	1		
FABIOR		1		
TARGRETIN		1		
TAZORAC		1		
<i>tretinoin microspheres</i>	(Retin-a Micro)	1		
<i>tretinoin</i>	(Retin-A)	1		
Scabicides And Pediculicides				
<i>lindane</i>	(Lindane)	1		
<i>malathion</i>	(Ovide)	1		
<i>permethrin</i>	(Elimite)	1		
<i>spinosad</i>	(Natroba)	1		
Devices				
Devices				
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	1		
<i>syring w-ndl, disp, insul, 0.3ml</i>	(Syring W-ndl, disp, insul, 0.3ml)	1		
<i>syring w-ndl, disp, insul, 0.5ml</i>	(Syring W-ndl, disp, insul, 0.5ml)	1		
<i>syring w-o ndl, disp, insul, 1ml</i>	(Syring W-o Ndl, disp, insul, 1ml)	1		
Enzyme Replacement/modifiers				
Enzyme Replacement/modifiers				
ADAGEN		1	NM	
ALDURAZYME		1	NM, PA	
CEREZYME		1	NM, PA	
CIMZIA		1	NM, PA, QL: 3 in 28 days	
CREON		1		
CYSTAGON		1	LA, NM	
ELAPRASE		1	NM, PA	

Drug Name	Drug Tier	Requirements/Limits	
ELELYSO	1	NM, PA	
ELITEK	1	NM, PA	
FABRAZYME	1	NM, PA	
GATTEX	1	LA, NM, PA, QL: 30 in 30 days	
KUVAN	1	NM, PA	
LINZESS	1	PA, QL: 30 in 30 days	
<i>lipase/protease/amylase</i> (Zenpep)	1		
LOTRONEX	1		
MYOZYME	1	NM, PA	
NAGLAZYME	1	NM, PA	
ORFADIN	1		
PULMOZYME	1	PA BvD	
VPRIV	1	NM, PA	
ZAVESCA	1	NM, PA	
ZENPEP	1		capsule dr: 3k-10k-16k, 10-34-55k, 15-51-82k, 20-68-109k, 25-85-136k
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Anti-infectives Agents			
<i>acetic acid</i> (Vosol)	1		
<i>acetic acid/ hydrocortisone</i> (Vosol HC)	1		
ANTIBIOTIC EAR SOLUTION	1		
AZASITE	1		
<i>bacitracin</i> (Bacitracin)	1		
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	1		
BESIVANCE	1		
BLEPHAMIDE S.O.P.	1		
BLEPHAMIDE	1		
CILOXAN	1		oint. (g)
CIPRODEX	1		
<i>ciprofloxacin hcl</i> (Cetraxal)	1		droperette
<i>ciprofloxacin hcl</i> (Ciloxan)	1		drops
<i>erythromycin base</i> (Ilotycin)	1		
<i>gatifloxacin</i> (Zymaxid)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i>	(Garamycin)	1	
<i>levofloxacin</i>	(Quixin)	1	
<i>neo/polymyx b sulf/ dexameth</i>	(Maxitrol)	1	
<i>neomy sulf/bacitra/ polymyxin b</i>	(Neo-polycin)	1	
<i>neomy sulf/bacitrac zn/ poly/hc</i>	(Triple Antibiotic HC)	1	
<i>neomycin sulfate/dex na ph</i>	(Neomycin Sulfate/dex Na Ph)	1	
<i>neomycin/polymyxin b sulf/hc</i>	(Oticin HC)	1	
<i>neomycin/polymyxn b/ gramicidin</i>	(Neosporin)	1	
<i>ofloxacin</i>	(Floxin)	1	
<i>polymyxin b sulf/ trimethoprim</i>	(Polytrim)	1	
PRED-G		1	drops susp
<i>sulfacetamide sodium</i>	(Sulfac)	1	
<i>sulfacetamide/ prednisolone sp</i>	(Sulfacetamide/ prednisolone Sp)	1	
TOBRADEX ST		1	
TOBRADEX		1	oint. (g)
<i>tobramycin sulfate</i>	(Tobramycin Sulfate)	1	
<i>tobramycin/ dexamethasone</i>	(Tobradex)	1	
<i>trifluridine</i>	(Viroptic)	1	
VIGAMOX		1	
ZIRGAN		1	
ZYMAXID		1	
Eye, Ear, Nose, Throat Anti-inflammatory Agents			
ALOCRIL		1	
ALREX		1	
<i>bromfenac sodium</i>	(Bromfenac Sodium)	1	
<i>dexamethasone sod phosphate</i>	(Ak-dex)	1	
<i>diclofenac sodium</i>	(Voltaren)	1	(oral products only)
FLAREX		1	
<i>fluocinolone acetonide oil</i>	(Dermotic)	1	
<i>fluorometholone</i>	(FML)	1	
<i>flurbiprofen sodium</i>	(Ocufen)	1	
FML FORTE		1	

Drug Name	Drug Tier	Requirements/Limits	
FML S.O.P.	1		
FML	1		
<i>ketorolac tromethamine</i> (Acular)	1		
LOTEMAX	1		drops susp
MAXIDEX	1		
<i>prednisolone acetate</i> (Omnipred)	1		
<i>prednisolone sod phosphate</i> (Prednisol)	1		
RESTASIS	1		
Eye, Ear, Nose, Throat Drugs, Miscellaneous			
AKTEN	1		
ALOMIDE	1		
<i>apraclonidine hcl</i> (Iopidine)	1		
<i>atropine sulfate</i> (Isopto Atropine)	1		
<i>azelastine hcl</i> (Astelin)	1		
<i>carteolol hcl</i> (Carteolol HCl)	1		
<i>cromolyn sodium</i> (Cromolyn Sodium)	1		
<i>cyclopentolate hcl</i> (Cyclogyl)	1		
<i>epinastine hcl</i> (Elestat)	1		
<i>homatropine hbr</i> (Isopto Homatropine)	1		
<i>naphazoline hcl/ antazoline</i> (Naphazoline HCl/ antazoline)	1		
PATADAY	1		
<i>phenylephrine hcl</i> (Mydrin)	1		
<i>proparacaine hcl</i> (Ophthetic)	1		
<i>proparacaine/fluorescein sod</i> (Proparacaine/ fluorescein Sod)	1		
<i>tetracaine hcl</i> (Tetcaine)	1		
<i>tropicamide</i> (Mydral)	1		
TYZINE	1		drops: 0.1%; spray
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
CARAFATE	1		oral susp
<i>cimetidine hcl</i> (Cimetidine HCl)	1		solution
<i>cimetidine hcl</i> (Cimetidine HCl)	1	NM	vial
<i>cimetidine in 0.9 % nacl</i> (Cimetidine In 0.9 % NaCl)	1	NM	
<i>cimetidine</i> (Tagamet)	1		
<i>esomeprazole sodium</i> (Nexium I.v.)	1		
ESOMEPRAZOLE STRONTIUM	1	ST	capsule dr: 24.65mg

Drug Name		Drug Tier	Requirements/Limits	
ESOMEPRAZOLE		1	ST	capsule dr: 49.3mg
STRONTIUM				
<i>famotidine in nacl, iso-</i>	(Famotidine In Nacl, iso-	1	NM	
<i>osm/pf</i>	<i>osm/PF</i>)			
<i>famotidine</i>	(Pepcid)	1		oral susp, tablet
<i>famotidine</i>	(Pepcid)	1	NM	vial
<i>lansoprazole</i>	(Prevacid)	1		
<i>lansoprazole/amoxiciln/</i>	(Prevpac)	1		
<i>clarith</i>				
<i>misoprostol</i>	(Cytotec)	1		
NEXIUM I.V.		1	NM, PA	
NEXIUM		1	ST	capsule dr, suspdr pkt: 20mg, 40mg
<i>nizatidine</i>	(Axid)	1		
<i>omeprazole</i>	(Prilosec)	1		
<i>omeprazole/sodium</i>	(Zegerid)	1		
<i>bicarbonate</i>				
<i>pantoprazole sodium</i>	(Protonix IV)	1	NM	vial
<i>pantoprazole sodium</i>	(Protonix)	1		tablet dr
<i>rabeprazole sodium</i>	(Aciphex)	1		
<i>ranitidine hcl</i>	(Zantac)	1		capsule, syrup, tablet
<i>sucralfate</i>	(Carafate)	1		tablet
<i>sucralfate</i>	(Sucralfate)	1		oral susp
Gastrointestinal Agents, Other				
AMITIZA		1	QL: 60 in 30 days	
BUPHENYL		1		tablet
<i>cromolyn sodium</i>	(Gastrocrom)	1		
<i>dicyclomine hcl</i>	(Bentyl)	1		
<i>diphenoxylate hcl/</i>	(Lomotil)	1		
<i>atropine</i>				
<i>glycopyrrolate</i>	(Robinul)	1		tablet
<i>glycopyrrolate</i>	(Robinul)	1	NM	vial
<i>isopropamide/</i>	(Isopropamide/	1		
<i>prochlorperazine</i>	<i>prochlorperazine)</i>			
KRISTALOSE		1		
<i>lactulose</i>	(Lactulose)	1		solution: 10; syrup
<i>lactulose</i>	(Lactulose)	1		solution: 10g/15ml
<i>loperamide hcl</i>	(Loperamide HCl)	1		
<i>methscopolamine</i>	(Pamine)	1		
<i>bromide</i>				
<i>metoclopramide hcl</i>	(Metoclopramide HCl)	1	NM	disp syrin

Drug Name		Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i>	(Reglan)	1	tablet
<i>metoclopramide hcl</i>	(Reglan)	1	NM vial
<i>paregoric</i>	(Paregoric)	1	
RELISTOR		1	NM, PA, QL: 12 in 30 days syringe: 8mg/0.4ml
RELISTOR		1	NM, PA, QL: 18 in 30 days syringe: 12mg/0.6ml
<i>sodium phenylbutyrate</i>	(Buphenyl)	1	
<i>ursodiol</i>	(Actigall)	1	
Laxatives			
GOLYTELY		1	powd pack
HALFLYTELY- BISACODYL		1	
MOVIPREP		1	
OSMOPREP		1	
<i>peg 3350/na sulf,bicarb,cl/kcl</i>	(Golytely)	1	
<i>polyethylene glycol 3350</i>	(Miralax)	1	
PREPOPIK		1	
<i>sodium chloride/nahco3/ kcl/peg</i>	(Nulytely with Flavor Packs)	1	
SUCLEAR		1	
Phosphate Binders			
<i>calcium acetate</i>	(Phoslo)	1	
<i>calcium carbonate/mag carb/fa</i>	(Calcium Carbonate/mag Carb/fa)	1	
FOSRENOL		1	
KAYEXALATE		1	
RENAGEL		1	
RENVELA		1	
<i>sevelamer carbonate</i>	(Renvela)	1	
<i>sodium polystyrene sulfonate</i>	(Sodium Polystyrene Sulfonate)	1	oral susp
<i>sodium polystyrene sulfonate</i>	(Sps)	1	enema
Genitourinary Agents			
Antispasmodics, Urinary			
DETROL LA		1	
<i>flavoxate hcl</i>	(Urispas)	1	
<i>oxybutynin chloride</i>	(Ditropan)	1	(oral products only)

Drug Name	Drug Tier	Requirements/Limits	
<i>tolterodine tartrate</i> (Detrol)	1		
<i>trospium chloride</i> (Sanctura)	1		
VESICARE	1		
Heavy Metal Antagonists			
Heavy Metal Antagonists			
CUPRIMINE	1		
<i>deferoxamine mesylate</i> (Desferal)	1	NM, PA BvD	(PA for ESRD Only)
DEPEN	1		
<i>edetate disodium</i> (Edetate Disodium)	1	NM	
EXJADE	1	PA	
FERRIPROX	1	LA, NM, PA	
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/ amyl Nit)	1	NM	
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	1	NM	
Hormonal Agents, Stimulant/replacement/modifying			
Androgens			
ANADROL-50	1		
ANDRODERM	1		
ANDROGEL	1		
ANDROID	1		
<i>danazol</i> (Danocrine)	1		
<i>fluoxymesterone</i> (Fluoxymesterone)	1		
<i>oxandrolone</i> (Oxandrin)	1		
<i>testosterone cypionate</i> (Depo-testosterone)	1	NM	
<i>testosterone enanthate</i> (Delatestryl)	1	NM	
Estrogens and Antiestrogens			
CENESTIN	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
DUAVEE	1	PA	
ESTRACE	1		cream/appl
<i>estradiol valerate</i> (Delestrogen)	1	NM	vial: 10mg/ml
<i>estradiol valerate</i> (Delestrogen)	1	NM	vial: 20mg/ml, 40mg/ml
<i>estradiol</i> (Estrace)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>estradiol/norethindrone acet</i> (Activella)	1	PA	
<i>estradiol/norethindrone acet</i> (Activella)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
ESTRING	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>estropipate</i> (Ogen)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
EVISTA	1		
FEMRING	1		
MENEST	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>norethindrone ac-eth estradiol</i> (Femhrt)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
PREMARIN	1		cream/appl
PREMARIN	1	NM	vial
PREMARIN	1	PA	tablet, (PA Req for Ages 65 and Older; High Risk Med)
PREMPHASE	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
PREMPRO	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>raloxifene hcl</i> (Evista)	1		
VAGIFEM	1		
VIVELLE-DOT	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
Glucocorticoids/mineralocorticoids			
<i>betamet acet/betamet na ph</i> (Celestone)	1	NM, PA BvD	
<i>cortisone acetate</i> (Cortisone Acetate)	1	PA BvD	
DEXAMETHASONE INTENSOL	1		
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	NM, PA BvD	
<i>dexamethasone</i> (Dexamethasone)	1	PA BvD	
<i>fludrocortisone acetate</i> (Fludrocortisone Acetate)	1		
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	1	NM, PA BvD	
<i>hydrocortisone</i> (Cortef)	1	PA BvD	
KENALOG-10	1	PA BvD	
KENALOG-40	1	PA BvD	
<i>methylprednisolone acetate</i> (Depo-medrol)	1	NM, PA BvD	
<i>methylprednisolone sod succ</i> (A-methapred)	1	NM, PA BvD	vial: 125mg/2ml, 500mg, 1000mg
<i>methylprednisolone sod succ</i> (A-methapred)	1	NM, PA BvD	vial: 40mg, 125mg

Drug Name		Drug Tier	Requirements/Limits	
<i>methylprednisolone</i>	(Medrol)	1	PA BvD	
<i>prednisolone acetate</i>	(Prednisolone Acetate)	1	NM, PA BvD	
<i>prednisolone sod phosphate</i>	(Orapred)	1	PA BvD	
<i>prednisolone</i>	(Prednisolone)	1	PA BvD	
<i>prednisone</i>	(Prednisone)	1	PA BvD	solution, tablet
<i>prednisone</i>	(Sterapred Ds)	1		tab ds pk
SOLU-MEDROL		1	NM, PA BvD	vial: 40mg/ml
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	PA BvD	
VERIPRED 20		1	PA BvD	
Pituitary				
CHORIONIC GONADOTROPIN		1	NM	
<i>desmopressin acetate</i>	(DDAVP)	1		spray/pump, tablet
<i>desmopressin acetate</i>	(Desmopressin Acetate)	1		solution
<i>desmopressin acetate</i>	(Desmopressin Acetate)	1	NM	vial
GENOTROPIN		1	NM, PA	
INCRELEX		1	NM	
NORDITROPIN FLEXPRO		1	NM, PA	
NORDITROPIN NORDIFLEX		1	NM, PA	
NUTROPIN AQ NUSPIN		1	NM, PA	
NUTROPIN AQ		1	NM, PA	
NUTROPIN		1	NM, PA	
<i>octreotide acetate</i>	(Sandostatin)	1	NM	
OMNITROPE		1	NM, PA	vial
SEROSTIM		1	NM	
SOMATULINE DEPOT		1	NM, PA	
SOMAVERT		1	LA, NM	
SUPPRELIN LA		1	NM, PA	
SUPPRELIN		1	NM	
VANTAS		1	NM	
<i>vasopressin</i>	(Pitressin)	1	NM	
ZORBTIVE		1	NM, PA	
Progestins				
CRINONE		1		gel/pf app: 4%

Drug Name		Drug Tier	Requirements/Limits	
<i>medroxyprogesterone acet</i>	(Medroxyprogesterone Acet)	1		
<i>medroxyprogesterone acetate</i>	(Depo-provera)	1	NM	syringe
<i>medroxyprogesterone acetate</i>	(Depo-provera)	1	NM	vial
<i>medroxyprogesterone acetate</i>	(Provera)	1		tablet
<i>norethindrone acetate</i>	(Aygestin)	1		
<i>progesterone</i>	(Progesterone)	1	NM	
<i>progesterone, micronized</i>	(Prometrium)	1		
Thyroid and Antithyroid Agents				
LEVOTHROID		1		
<i>levothyroxine sodium</i>	(Levothyroxine Sodium)	1	NM	vial: 100mcg
<i>levothyroxine sodium</i>	(Levothyroxine Sodium)	1	NM	vial: 200mcg
<i>levothyroxine sodium</i>	(Levoxyl)	1		tablet
LEVOXYL		1		
<i>liothyronine sodium</i>	(Cytomel)	1		tablet
<i>liothyronine sodium</i>	(Triostat)	1	NM	vial
<i>methimazole</i>	(Tapazole)	1		tablet: 20mg
<i>methimazole</i>	(Tapazole)	1		tablet: 5mg, 10mg
<i>propylthiouracil</i>	(Propylthiouracil)	1		
SYNTHROID		1		
UNITHROID		1		
Immunological Agents				
Immunological Agents				
ANTIVENIN LATRODECTUS MACTANS		1	NM	
ANTIVENIN MICRURUS FULVIUS		1	NM	
ARCALYST		1	NM	
ASTAGRAF XL		1	PA BvD	
ATGAM		1	NM	
AUBAGIO		1	NM, PA, QL: 28 in 28 days	tablet: 14mg
AZASAN		1	PA BvD	
<i>azathioprine sodium</i>	(Azathioprine Sodium)	1	NM, PA BvD	
<i>azathioprine</i>	(Imuran)	1	PA BvD	
BIVIGAM		1	NM, PA	

Drug Name	Drug Tier	Requirements/Limits	
CARIMUNE NF NANOFILTERED	1	NM, PA	
CELLCEPT	1	NM, PA BvD	vial
CELLCEPT	1	PA BvD	susp recon
<i>cyclosporine</i> (Cyclosporine)	1	NM, PA BvD	vial
<i>cyclosporine</i> (Sandimmune)	1	PA BvD	capsule
<i>cyclosporine, modified</i> (Neoral)	1	PA BvD	
ENBREL	1	NM, PA, QL: 4 in 14 days	pen injctr, syringe, (4 syringes)
ENBREL	1	NM, PA, QL: 4 in 14 days	pen injctr, syringe, (8 syringes)
ENBREL	1	NM, PA, QL: 8 in 14 days	vial, (4 syringes)
FLEBOGAMMA DIF	1	NM, PA	
FLEBOGAMMA	1	NM, PA	
GAMASTAN S-D	1	NM, PA	
GAMMAGARD LIQUID	1	NM, PA	
GAMUNEX-C	1	PA	
HIZENTRA	1	NM, PA	
HUMIRA	1	NM, PA, QL: 4 in 28 days	pen ij kit: 40mg/0.8ml
HUMIRA	1	NM, PA, QL: 6 in 28 days	pen ij kit: 40mg/0.8ml, (Starter Kit)
KINERET	1	NM, PA	
<i>leflunomide</i> (Arava)	1		
<i>mycophenolate mofetil</i> (Cellcept)	1	PA BvD	
<i>mycophenolate sodium</i> (Myfortic)	1		
MYFORTIC	1	PA BvD	
NULOJIX	1	NM, PA NSO	
ORENCIA	1	NM, PA, QL: 4 in 28 days	syringe
PRIVIGEN	1	NM, PA	

Drug Name	Drug Tier	Requirements/Limits	
PROGRAF	1	NM, PA BvD	ampul
RAPAMUNE	1	PA BvD	
RIDAURA	1		
<i>sirolimus</i> (Rapamune)	1	PA BvD	
<i>tacrolimus</i> (Hecoria)	1	PA BvD	
THYMOGLOBULIN	1	NM	
TYSABRI	1	LA, NM, PA	
VARIZIG	1	NM	
ZORTRESS	1	NM, PA NSO	
Vaccines			
ACTHIB	1	NM	
ADACEL TDAP	1	NM	syringe
ADACEL TDAP	1	NM	vial
BCG VACCINE (TICE STRAIN)	1	NM, PA BvD	
BOOSTRIX TDAP	1	NM	
CERVARIX	1	NM	
COMVAX	1	NM	
DAPTACEL DTAP	1	NM	
DIPHThERIA-TETANUS TOXOIDS-PED	1	NM	
ENGERIX-B ADULT	1	NM, PA BvD	
ENGERIX-B PEDIATRIC-ADOLESCENT	1	NM, PA BvD	vial
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA BvD	syringe
GARDASIL	1	NM	vial
HAVRIX	1	NM, PA BvD	vial
HAVRIX	1	PA BvD	syringe: 1440/ml
HAVRIX	1	PA BvD	syringe: 720/0.5ml
IMOVAX RABIES VACCINE	1	NM, PA BvD	
INFANRIX DTAP	1	NM	
INFANRIX PF	1		

Drug Name	Drug Tier	Requirements/Limits	
IPOL	1	NM	
IXIARO	1	NM	
JE-VAX	1	NM	
MENACTRA	1	NM	
MENHIBRIX	1		
MENOMUNE-A-C-Y-W-135	1	NM	
MENVEO A-C-Y-W-135-DIP	1	NM	
M-M-R II VACCINE	1	NM	
PEDVAXHIB	1	NM	
PENTACEL ACTHIB COMPONENT	1		
PROQUAD	1	NM	
RABAVERT	1	NM, PA BvD	
RECOMBIVAX HB	1	NM, PA BvD	vial
ROTATEQ	1		
TE ANATOXAL BERNA	1	NM, PA BvD	
TETANUS DIPHTHERIA TOXOIDS	1	NM	
TETANUS TOXOID ADSORBED	1	NM, PA BvD	
THERACYS	1	NM, PA BvD	
TWINRIX	1	NM	vial
TYPHIM VI	1	NM	
VAQTA	1	NM, PA BvD	syringe, vial: 25/0.5ml
VAQTA	1	NM, PA BvD	vial: 50unit/ml
VARIVAX VACCINE	1	NM	
VIVOTIF BERNA	1		
YF-VAX	1	NM	
ZOSTAVAX	1	NM	
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
ASACOL HD	1		
<i>balsalazide disodium</i> (Colazal)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>budesonide</i> (Entocort EC)	1		
CANASA	1		
DIPENTUM	1		
<i>mesalamine w/cleansing wipes</i> (Rowasa)	1		
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid</i> (Acetic Acid)	1		
LACTATED RINGERS	1		
<i>mannitol/sorbitol solution</i> (Mannitol/sorbitol Solution)	1		
<i>ringers solution</i> (Tis-u-sol)	1		
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	1		
<i>sorbitol solution</i> (Sorbitol Solution)	1		
<i>urologic solution-g</i> (Urologic Solution-g)	1		
<i>water for irrigation,sterile</i> (Water for Irrigation, Sterile)	1		
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL	1		
<i>alendronate sodium</i> (Fosamax)	1		
BONIVA	1	NM, PA	syringe
<i>calcitonin, salmon, syntheti c</i> (Miacalcin)	1		
<i>calcitriol</i> (Calcijex)	1	NM, PA BvD	ampul, (PA for ESRD only)
<i>calcitriol</i> (Rocaltrol)	1	PA BvD	capsule, solution, (PA for ESRD only)
<i>doxercalciferol</i> (Doxercalciferol)	1	PA BvD	
<i>etidronate disodium</i> (Didronel)	1		
FORTEO	1	NM, PA	
FORTICAL	1		
FOSAMAX PLUS D	1		
HECTOROL	1	NM, PA BvD	ampul, (PA for ESRD only)
HECTOROL	1	PA BvD	capsule, (PA for ESRD only)
<i>ibandronate sodium</i> (Boniva)	1		
MIACALCIN	1	NM, PA BvD	vial, (PA for ESRD only)

Drug Name	Drug Tier	Requirements/Limits	
<i>pamidronate disodium</i> (Aredia)	1	NM, PA BvD	
<i>pamidronate disodium</i> (Aredia)	1	NM, PA BvD	(PA for ESRD only)
<i>paricalcitol</i> (Zemplar)	1	PA BvD	(PA for ESRD Only)
RECLAST	1	NM	
<i>risedronate sodium</i> (Actonel)	1		
XGEVA	1	NM, PA NSO	
ZEMPLAR	1	NM, PA BvD	vial, (PA for ESRD only)
ZEMPLAR	1	PA BvD	capsule, (PA for ESRD only)
<i>zoledronic acid</i> (Zometa)	1	NM	
<i>zoledronic acid/ mannitol&water</i> (Reclast)	1	NM	infus. btl
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTEMRA	1	NM, PA, QL: 3.6 in 28 days	syringe
ACTEMRA	1	NM, PA, QL: 40 in 30 days	vial
ACTIMMUNE	1	LA, NM	
<i>allopurinol</i> (Zyloprim)	1		
<i>amifostine crystalline</i> (Ethyol)	1	NM	
<i>ammonium chloride</i> (Ammonium Chloride)	1	NM	
AVODART	1		
AVONEX ADMINISTRATION PACK	1	NM, ST	
AVONEX	1	NM, ST	
BETASERON	1	NM	
<i>bethanechol chloride</i> (Urecholine)	1		
<i>buspirone hcl</i> (Buspar)	1		
<i>citrate phosphate dextros soln</i> (Citrate Phosphate Dextros Soln)	1	NM	
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1		
COLCRYS	1	QL: 60 in 30 days	
COPAXONE	1	NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>dexrazoxane</i>	(Totect)	1	NM	
<i>droperidol</i>	(Droperidol)	1	NM	
ELMIRON		1		
<i>finasteride</i>	(Proscar)	1		
<i>fomepizole</i>	(Antizol)	1	NM	
FUSILEV		1	NM	
<i>gauze bandage</i>	(Gauze Bandage)	1		
GILENYA		1	NM	
GLUCAGEN		1	NM	
GLUCAGON EMERGENCY KIT		1	NM	
<i>glutethimide</i>	(Glutethimide)	1		
<i>guanidine hcl</i>	(Guanidine HCl)	1		
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	1	NM, PA	vial, (PA Req for Ages 65 and Older; High Risk Med)
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	1	PA	syrup, tablet, (PA Req for Ages 65 and Older; High Risk Med)
<i>hydroxyzine pamoate</i>	(Vistaril)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>leucovorin calcium</i>	(Leucovorin Calcium)	1		tablet
<i>leucovorin calcium</i>	(Leucovorin Calcium)	1	NM	vial
<i>levocarnitine (with sugar)</i>	(Carnitor)	1	PA BvD	(PA for ESRD only)
<i>levocarnitine</i>	(Carnitor)	1	NM, PA BvD	vial, (PA for ESRD only)
<i>levocarnitine</i>	(Carnitor)	1	PA BvD	tablet, (PA for ESRD only)
<i>meprobamate</i>	(Miltown)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>mesna</i>	(Mesnex)	1	NM	
MESNEX		1		tablet
<i>methylene blue</i>	(Methylene Blue)	1	NM	
<i>methylergonovine maleate</i>	(Methergine)	1		tablet
<i>methylergonovine maleate</i>	(Methergine)	1	NM	ampul
<i>neostigmine methylsulfate</i>	(Neostigmine Methylsulfate)	1	NM	
NPLATE		1	LA, NM, PA	
<i>phosphorus #1</i>	(Phosphorus #1)	1		
<i>physostigmine salicylate</i>	(Physostigmine Salicylate)	1	NM	

Drug Name	Drug Tier	Requirements/Limits	
<i>potassium citrate/citric acid</i> (Potassium Citrate/citric Acid)	1		
<i>probenecid</i> (Probenecid)	1		
PROCYSBI	1	LA	
<i>pyridostigmine bromide</i> (Mestinon)	1		
REMICADE	1	NM, PA	
SCLEROSOL	1	NM	
SENSIPAR	1		
SIMPONI ARIA	1	NM, PA	
SIMPONI	1	NM, PA, QL: 0.5 in 28 days	pen injctr, (1 syringe)
SIMPONI	1	NM, PA, QL: 7 in 28 days	syringe
SIMULECT	1	NM, PA BvD	
<i>sodium morrhuate</i> (Sodium Morrhuate)	1	NM	
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	1	NM	
STELARA	1	NM, PA	syringe
STELARA	1	NM, PA	vial
SYNAREL	1		
<i>talc</i> (Talc)	1	NM	
TECFIDERA	1	NM	
THALOMID	1	NM	
ULORIC	1	ST	
VORAXAZE	1	NM, PA NSO, QL: 6 per fill	
XELJANZ	1	NM, PA, QL: 60 in 30 days	
Ophthalmic Agents			
Antiglaucoma Agents			
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	1	NM	
<i>acetazolamide</i> (Acetazolamide)	1		
ALPHAGAN P	1		drops: 0.1%
AZOPT	1		
<i>betaxolol hcl</i> (Betaxolol HCl)	1		
BETOPTIC S	1		
<i>brimonidine tartrate</i> (Alphagan P)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>dorzolamide hcl</i> (Trusopt)	1		
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	1		
<i>latanoprost</i> (Xalatan)	1		
<i>levobunolol hcl</i> (Betagan)	1		drops: 0.25%
<i>levobunolol hcl</i> (Betagan)	1		drops: 0.5%
LUMIGAN	1		
<i>methazolamide</i> (Neptazane)	1		
<i>metipranolol</i> (Optipranolol)	1		
PHOSPHOLINE IODIDE	1		
<i>pilocarpine hcl</i> (Isopto Carpine)	1		
PILOPINE HS	1		
SIMBRINZA	1		
<i>timolol maleate</i> (Timoptic)	1		
TRAVATAN Z	1		
<i>travoprost (benzalkonium)</i> (Travatan)	1		
Replacement Preparations			
Replacement Preparations			
<i>0.9 % sodium chloride</i> (0.9 % Sodium Chloride)	1	NM	
<i>calcium chloride</i> (Calcium Chloride)	1	NM	
<i>calcium gluconate</i> (Calcium Gluconate)	1	NM, PA BvD	(PA for ESRD Only)
<i>citric acid/sodium citrate</i> (Bicitra)	1		
<i>dex 2.5%-half str lact.ringers</i> (Dex 2.5%-half Str Lact.ringers)	1	NM	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	1	NM	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	1	NM	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	1	NM	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	1	NM	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	1	NM	
ISOLYTE R W/ DEXTROSE	1	NM	
<i>magnesium chloride</i> (Magnesium Chloride)	1	NM	
<i>magnesium sulfate</i> (Magnesium Sulfate)	1	NM	infus. btl, piggyback, vial
<i>magnesium sulfate</i> (Magnesium Sulfate)	1	NM	syringe

Drug Name		Drug Tier	Requirements/Limits	
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	NM	
<i>phosphorus #1</i>	(K-phos Neutral)	1		
<i>pot chloride/pot bicarb/cit ac</i>	(Pot Chloride/pot Bicarb/cit Ac)	1		
<i>potassium acetate</i>	(Potassium Acetate)	1	NM	
<i>potassium bicarbonate/cit ac</i>	(Potassium Bicarbonate/cit Ac)	1		
<i>potassium chlorid/d10-0.2%nacl</i>	(Potassium Chlorid/d10-0.2%NaCl)	1	NM	
<i>potassium chloride in 0.9%nacl</i>	(Potassium Chloride In 0.9%NaCl)	1	NM	
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	1	NM	iv soln: 10meq/l, 30meq/l
<i>potassium chloride in d5w</i>	(Potassium Chloride In D5w)	1	NM	iv soln: 20meq/l, 40meq/l
<i>potassium chloride in lr-d5</i>	(Potassium Chloride In Lr-d5)	1	NM	
<i>potassium chloride</i>	(Kaochlor)	1		liquid, packet, tablet sa
<i>potassium chloride</i>	(K-dur)	1		capsule er, syringe, tab er prt, tablet er
<i>potassium chloride</i>	(Potassium Chloride)	1	NM	piggyback
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	1	NM	iv soln: 10meq/l, 30meq/l, 40meq/l
<i>potassium chloride/d5-0.2%nacl</i>	(Potassium Chloride/d5-0.2%NaCl)	1	NM	iv soln: 20meq/l
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	1	NM	
<i>potassium chloride/d5-0.3%nacl</i>	(Potassium Chloride/d5-0.3%NaCl)	1	NM	
<i>potassium chloride/d5-0.45nacl</i>	(Potassium Chloride/d5-0.45NaCl)	1	NM	
<i>potassium chloride/d5-0.9%nacl</i>	(Potassium Chloride/d5-0.9%NaCl)	1	NM	
<i>potassium chloride-0.45% nacl</i>	(Potassium Chloride-0.45% NaCl)	1	NM	
<i>potassium citrate</i>	(Urocit-K)	1		tablet er: 15meq
<i>potassium citrate</i>	(Urocit-K)	1		tablet er: 5meq, 10meq
<i>potassium citrate/citric acid</i>	(Polycitra-k)	1		packet: 3300-1002
<i>potassium gluconate</i>	(Potassium Gluconate)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>potassium phos,m-basic-d-basic</i>	(Potassium Phos,m-basic-d-basic)	1	NM	
<i>ringers solution</i>	(Ringers Solution)	1	NM	
SHOHL'S MODIFIED		1		
<i>sod/pot/k cit/sod cit/cit acid</i>	(Polycitra-lc)	1		
<i>sodium acetate</i>	(Sodium Acetate)	1	NM	
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	1		syringe: 1meq/ml; vial: 1meq/ml
<i>sodium bicarbonate</i>	(Sodium Bicarbonate)	1	NM	disp syrin, iv soln., syringe: 0.5meq/ml, 0.9meq/ml; vial: 0.9meq/ml
<i>sodium chloride 0.45 %</i>	(Sodium Chloride 0.45 %)	1	NM	
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	NM	
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	NM	
<i>sodium chloride</i>	(Sodium Chloride)	1	NM	vial: 2.5meq/ml
<i>sodium chloride</i>	(Sodium Chloride)	1	NM	vial: 4meq/ml
<i>sodium lactate</i>	(Sodium Lactate)	1	NM	vial
<i>sodium phos,m-basic-d-basic</i>	(Sodium Phos,m-basic-d-basic)	1	NM	
TPN ELECTROLYTES		1	NM	
Respiratory Tract Agents				
Anti-inflammatories, Inhaled Corticosteroids				
ADVAIR DISKUS		1		
ADVAIR HFA		1		
ASMANEX		1		aer pow ba: 110mcg(30), 220mcg(30), 220mcg(60), 220mcg120
ASMANEX		1		aer pow ba: 110mcg(7), 220mcg(14)
BREO ELLIPTA		1		
<i>budesonide</i>	(Rhinocort Aqua)	1		
DULERA		1		
FLOVENT DISKUS		1		
FLOVENT HFA		1		
<i>flunisolide</i>	(Nasarel)	1		
<i>fluticasone propionate</i>	(Flonase)	1		
NASONEX		1		
PULMICORT FLEXHALER		1		
QVAR		1		

Drug Name	Drug Tier	Requirements/Limits	
RHINOCORT AQUA	1		
SYMBICORT	1		
<i>triamcinolone acetonide</i> (Nasacort Aq)	1		
Antileukotrienes			
<i>montelukast sodium</i> (Singulair)	1		
<i>zafirlukast</i> (Accolate)	1		
ZYFLO CR	1		
Bronchodilators			
<i>albuterol sulfate</i> (Accuneb)	1	PA BvD	solution, vial-neb
<i>albuterol sulfate</i> (Albuterol Sulfate)	1		syrup, tab er 12h, tablet
<i>aminophylline</i> (Aminophylline)	1		liquid
<i>aminophylline</i> (Aminophylline)	1	NM	vial
ATROVENT HFA	1		
COMBIVENT RESPIMAT	1		
COMBIVENT	1		
FORADIL	1		
<i>ipratropium bromide</i> (Atrovent)	1		
<i>ipratropium/albuterol sulfate</i> (Duoneb)	1	PA BvD	
<i>metaproterenol sulfate</i> (Metaproterenol Sulfate)	1		
SEREVENT DISKUS	1		blst w/dev: 50mcg
SPIRIVA	1		
<i>terbutaline sulfate</i> (Brethine)	1		tablet
<i>terbutaline sulfate</i> (Terbutaline Sulfate)	1	NM	vial
<i>theophylline anhydrous</i> (Theochron)	1		
<i>theophylline/d5w</i> (Theophylline/D5W)	1	NM	
TUDORZA PRESSAIR	1		
VENTOLIN HFA	1		
Respiratory Tract Agents, Other			
<i>acetylcysteine</i> (Acetadote)	1		
ARALAST NP	1	NM, PA	
<i>cromolyn sodium</i> (Intal)	1	PA BvD	
DALIRESP	1	PA	
KALYDECO	1	NM, PA, QL: 60 in 30 days	
PROLASTIN C	1	NM, PA	
XOLAIR	1	NM, PA	
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
<i>baclofen</i> (Baclofen)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>carisoprodol</i>	(Soma)	1	PA	tablet: 250mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>carisoprodol</i>	(Soma)	1	PA	tablet: 350mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>carisoprodol/aspirin</i>	(Carisoprodol/aspirin)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>chlorzoxazone</i>	(Parafon Forte DSC)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>codeine/carisoprodol/aspirin</i>	(Codeine/carisoprodol/aspirin)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>cyclobenzaprine hcl</i>	(Fexmid)	1	PA	tablet: 5mg, 10mg, (PA Req for Ages 65 and Older; High Risk Med)
<i>dantrolene sodium</i>	(Dantrium)	1		capsule
<i>dantrolene sodium</i>	(Dantrium)	1	NM	vial
<i>metaxalone</i>	(Skelaxin)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>methocarbamol</i>	(Robaxin)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine citrate</i>	(Norflex)	1	NM, PA	ampul, (PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine citrate</i>	(Norflex)	1	PA	tablet er, (PA Req for Ages 65 and Older; High Risk Med)
<i>orphenadrine/aspirin/caffeine</i>	(Norgesic Forte)	1	PA	(PA Req for Ages 65 and Older; High Risk Med)
<i>tizanidine hcl</i>	(Zanaflex)	1		
Sleep Disorder Agents				
Sleep Disorder Agents				
BUTISOL SODIUM		1		elixir: 30mg/5ml; tablet: 30mg, 50mg
<i>modafinil</i>	(Provigil)	1	PA	
NUVIGIL		1	PA	tablet: 200mg
NUVIGIL		1	PA	tablet: 50mg, 150mg, 250mg
ROZEREM		1	QL: 30 in 30 days	
XYREM		1	LA, NM	

Drug Name		Drug Tier	Requirements/Limits	
<i>zaleplon</i>	(Sonata)	1	PA, QL: 90 in 365 days	(PA Req for Ages 65 and Older; High Risk Med)
<i>zolpidem tartrate</i>	(Ambien)	1	PA, QL: 90 in 365 days	(PA Req for Ages 65 and Older; High Risk Med)
Sympatholytic Adrenergic Blocking Agents				
Alpha-Adrenergic Blocking Agents				
<i>alfuzosin hcl</i>	(Uroxatral)	1		
<i>phentolamine mesylate</i>	(Phentolamine Mesylate)	1	NM	
<i>tamsulosin hcl</i>	(Flomax)	1		
<i>terazosin hcl</i>	(Hytrin)	1		
Vasodilating Agents				
Vasodilating Agents				
ADEMPAS		1	NM, PA, QL: 93 in 31 days	
<i>alprostadil</i>	(Prostin Vr Pediatric)	1	NM	
<i>epoprostenol sodium (glycine)</i>	(Flolan)	1	NM, PA BvD	
LETAIRIS		1	LA, PA	
OPSUMIT		1	NM, PA	
REVATIO		1	NM, PA	vial
<i>sildenafil citrate</i>	(Revatio)	1	PA	
TRACLEER		1	LA, NM, PA	
TYVASO		1	NM, PA	
VENTAVIS		1	NM, PA	
Vitamins and Minerals				
Vitamins and Minerals				
LOZI-FLUR		1		
<i>pedi m.vit no.17 with fluoride</i>	(Pedi M.vit No.17 with Fluoride)	1		
<i>pedi mvi no.12/sodium fluoride</i>	(Multivitamins with Fluoride)	1		
<i>pnv with ca,no.72/iron/fa</i>	(Pnv with Ca,no.72/iron/ fa)	1		

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21	64	55
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<i>cyclosporine, modified</i>	71	<i>dextroamphetamine sulfate</i> ...	56	13
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TROPHAMINE.....	50	VERSACLOZ.....	42	ZEMPLAR.....	75
<i>tropicamide</i>	64	VESICARE.....	67	ZENPEP.....	62
<i>trospium chloride</i>	67	VICTOZA 3-PAK.....	35	ZETIA.....	55
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TUDORZA PRESSAIR.....	81	VIDAZA.....	29	<i>zidovudine</i>	44
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ZIRGAN	63	<i>zolpidem tartrate</i>	83	ZYCLARA	59
ZOLADEX	30	ZONALON	59	ZYFLO CR	81
<i>zoledronic acid</i>	75	<i>zonisamide</i>	32	ZYKADIA	30
<i>zoledronic acid/</i>		ZORBTIVE	69	ZYMAXID	63
<i>mannitol&water</i>	75	ZORTRESS	72	ZYPREXA RELPREVV	42
ZOLINZA	30	ZOSTAVAX	73	ZYTIGA	30
<i>zolmitriptan</i>	39	ZOVIRAX	59	ZYVOX	20

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.

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