



Quality Health Plans

of New York

"Where Quality Healthcare Begins"

Comprehensive Formulary

Advantage Silver-NY

Advantage Health-NY



Advantage Health NY-SNP (HMO)
Advantage Silver-NY (HMO)
2015 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00015213, Version Number 17

This formulary was updated on 08/24/2015. For more recent information or other questions, please contact Quality Health Plans of New York at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from February 15 to September 30, or visit qualityhealthplansny.com

Quality Health Plans of New York is an HMO plan with a Medicare contract. Enrollment in Quality Health Plans of New York depends on contract renewal.

This information is available for free in other languages. Please **call** our customer service number at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from February 15 to September 30.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 877-233-7058 o, para los usuarios de TTY, 711, de domingo a sábado, de 8:00 am - 8:00 pm del Este del 1 de octubre al 14 de febrero y de lunes a viernes, de 8:00 am - 8:00 pm Hora del Este del 15 de febrero al 30 Septiembre.

H2773_QHPNY0723 Approved 09/12/2014

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 Quality Health Plans of New York. When it refers to “plan” or “our plan,” it means Advantage Health NY-SNP or Advantage Silver-NY.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Advantage Health NY-SNP or Advantage Silver- Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or 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, 2015. To get updated information about the drugs covered by Quality Health Plans of New York please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, the changes are posted on our website, www.qualityhealthplansny.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 11. 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 66. 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?

Quality Health Plans of New York 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:** Quality Health Plans of New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans of New York before you fill your prescriptions. If you don't get approval, Quality Health Plans of New York may not cover the drug.
- **Quantity Limits:** For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 62 per prescription for Celebrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Quality Health Plans of New York 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, Quality Health Plans of New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans of New York 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Quality Health Plans of New York 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 Quality Health Plans of New York’s formulary?” on page 6 for information about how to request an exception.

What are over-the counter (OTC) drugs?

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

Item #	Product Description	Size	Price
First Aid and Medical Supplies			
2	Alcohol Prep Pads	100	\$2.49
3	Bandage Strips	20	\$1.89
4	Calamine Lotion	180	\$3.19
5	Diphenhydramine-Zinc Acetate Cream 1-0.1%	42.5	\$3.42
6	Gauze Sterile Pads 2" x 2"	25	\$3.67
7	Hydrocortisone Cream 1%	28	\$2.69
8	Muscle Rub Cream	85	\$5.19
9	Salicylic Acid Liquid 17% (Wart Remover)	9.8	\$7.43
10	Triple Antibiotic Ointment	28.4	\$4.89
Laxatives			
11	Bisacodyl Tab 5mg EC	100	\$5.39
12	Bisacodyl 10mg Suppositories	12	\$2.00
13	Docqlace Cap 100mg (Docusate Sodium)	100	\$5.99
14	Dok Plus Tab 8.6-50mg (Sennosides-Docusate Sodium)	100	\$5.09
15	Glycerin Suppositories 2gm	24	\$2.88
Anti-Fungals			
16	Clotrimazole Cream 1%	30	\$1.99
17	Tolnaftate Cream 1%	28	\$2.29
Digestive Aids			
18	Gas Free Cap 125mg (Simethicone)	30	\$3.79
19	Loperamide Cap 2mg	24	\$3.69
20	Pink Bismuth Chewable Tab 262mg (Bismuth Subsalicylate)	30	\$2.29
Eye Care			
21	Artificial Tears Solution 1.4% (Polyvinyl Alcohol)	15	\$2.99
22	Eye Drops Extra Solution (Tetrahydrozoline with Polyethylene Glycol 0.05-1%)	15	\$3.09
Cough/Cold/Allergy			
23	Allergy Relief Tab 10mg (Loratadine)	30	\$4.69

Item #	Product Description	Size	Price
24	Cetirizine Tab 10mg	30	\$15.99
25	Cough Drops Methol Lozenge 10mg	30	\$1.99
26	Cough Drops Methol Sugar Free Lozenge 5.8mg	25	\$2.39
27	Digital Thermometer	1	\$5.69
28	Mucinex Tab 600mg ER (Guaifenesin)	20	\$10.99
29	Mucinex DM Tab 30-600mg ER (Dextromethorphan-Guaifenesin)	20	\$11.99
30	Nasal Decongestant Spray 0.05% (Oxymetazalone)	30	\$2.39
31	Phenol Liquid 1.4% (Sore Throat Spray)	177	\$2.75
32	Q-Dryl Cap 25mg (Diphenhydramine)	24	\$1.49
33	Saline Nasal Spray 0.65%	45	\$1.99
34	Tussin DM Syrup 10-100mg/5ml (Dextromethorphan-Guaifenesin)	237	\$3.09
35	Vicks Vaporub Ointment	50	\$2.89
Anti-Hemorrhoidal			
36	Hemorrhoidal Ointment 1%	57	\$3.49
37	Hemorrhoidal Suppository 0.25%	12	\$5.69
Vitamins			
38	B-Complex Cap (100% RDA)	100	\$5.59
39	Complete Senior Vitamin Tab	60	\$6.09
40	Daily Multivitamin Cap	100	\$4.79
41	Echinacea Cap 400mg	100	\$5.09
42	Ferrous Sulfate Tab 325mg (Iron)	100	\$4.59
43	Fish Oil Cap 1,000mg (Omega 3)	90	\$6.78
44	Folic Acid Tab 800mcg	100	\$2.59
45	Garlic Tab 100mg (Odorless)	100	\$3.99
46	Ginkgo Biloba Cap 60mg	50	\$6.09
47	Glucosamine/Chondroitin Cap	60	\$9.09
48	Multivitamin with Iron Chewable Tab 15mg	100	\$4.29
49	Niacin Tab 500mg	100	\$3.68
50	Oyster Shell Tab 500mg (Calcium Carbonate)	60	\$2.49
51	Oyster Shell + D Tab 250mg-125unit (Calcium Carbonate with Cholecalciferol)	100	\$3.99
52	Vitamin A Cap 10,000 unit	100	\$2.59
53	Vitamin B-12 Tab 100mcg	100	\$4.97
54	Vitamin C Tab 500mg (Ascorbic Acid)	100	\$2.39
55	Vitamin E Cap 400 unit	100	\$4.99
Pain Relievers			

Item #	Product Description	Size	Price
56	Aspirin Tab 325mg	100	\$0.99
57	Aspirin Tab 325mg EC	100	\$1.99
58	Aspirin Tab 81mg EC	120	\$2.39
59	Aspirin Chewable Tab 81mg	36	\$3.09
60	Ibuprofen Tab 200mg	100	\$2.79
61	Icy Hot Patch 5%	5	\$4.49
62	MAPAP Tab 325mg (Acetaminophen)	100	\$3.30
63	MAPAP Tab 500mg (Acetaminophen)	100	\$3.99
64	Naproxen Sodium 250mg Tab	100	\$7.53
Antacids			
65	Calcium Antacid Chewable Tablet 500mg (Calcium Carbonate)	150	\$2.89
66	Famotidine 10mg Tab	30	\$3.57
67	Lansoprazole Cap 15mg DR	14	\$10.33
68	Omeprazole Tab 20mg	14	\$12.99
69	Ranitidine Tab 75mg	60	\$6.05
Motion Sickness			
70	Meclizine Chewable Tab 25mg	100	\$5.00
Ear Care			
71	Carbamide Peroxide Otic Solution 6.5% (Ear Wax Drops)	15	\$2.69

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 Quality Health Plans of New York does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Quality Health Plans of New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Quality Health Plans of New York.
- You can ask Quality Health Plans of New York 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 Advantage Health NY-SNP or Advantage Silver-Formulary?

- You can ask Quality Health Plans of New York 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, Quality Health Plans of New York 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, Quality Health Plans of New York 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 98 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.

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 98-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.

A current member may have a change in his/her treatment setting due to the level of care required.

Such transitions include:

1. Members who are discharged from a hospital to a home;
2. Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to now use their Part D plan;
3. Members who give up Hospice Status and revert back to standard Medicare Part A and B coverage;
4. Members discharged from chronic psychiatric hospitals with highly individualized drug regimens;

For these unplanned transitions, members may need to request an exception or an appeal for continued coverage of their drug. In addition, Quality Health Plans of New York shall review requests for continuation of therapy on a case by case basis for members who have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks. Quality Health Plans of New York may provide a transition fill up to a one-time thirty-one (31) day supply to allow the member time to transition to formulary alternative or to complete the coverage determination and exceptions process.

For more information

For more detailed information about your Quality Health Plans of New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Quality Health Plans of New York, 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 <http://www.medicare.gov>.

Quality Health Plans of New York's Formulary

The formulary below provides coverage information about the drugs covered by Quality Health Plans of New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 66. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., MOTRIN) and generic drugs are listed in lower-case italics (e.g., *ibuprofen*).

The information in the Requirements/Limits column tells you if Quality Health Plans of New York has any special requirements for coverage of your drug. You can find information on what the symbols and abbreviations on this table mean below:

The information in the Requirements/Limits column tells you if Quality Health Plans of New York has any special requirements for coverage of your drug.

Abbreviations:

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CB: This prescription drug has a capped benefit limit.

EA: Each.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-877-233-7058, Monday through Friday, 8:00AM to 8:00PM or Sunday through Saturday, 8:00AM to 8:00PM. TTY/TDD users should call 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services 1-877-233-7058, Monday through Friday, 8:00AM to 8:00PM or Sunday through Saturday, 8:00AM to 8:00PM. TTY/TDD users should call 711.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

PA: Prior Authorization. Quality Health Plans of New York requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans of New York before you fill your prescriptions. If you don't get approval, Quality Health Plans of New York may not cover the drug.

QL: Quantity Limit. For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 62 per prescription for Celebrex. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Quality Health Plans of New York 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, Quality Health Plans of New York may not cover drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans of New York will then cover Drug B.

Plan Cost Sharing

Advantage Silver NY

Drug Tier	Retail 30-day	Retail 90-day	Long Term Care 31-day	Mail Order 30-day	Mail Order 90-day	Out of Network 30-day
Tier 1 Preferred Generic	\$4	\$12	\$4	\$0	\$8	\$0
Tier 2 Non-Preferred Generic	\$15	\$45	\$15	\$15	\$30	\$15

Tier 3 Preferred Brand	\$30	\$90	\$30	\$30	\$90	\$30
Tier 4 Non- Preferred Brand	\$55	\$165	\$55	\$55	\$165	\$55
Tier 5 Specialty Tier	33%	NA	33%	33%	NA	33%

Advantage Health NY-SNP

Drug Tier	Retail 30-day	Retail 90-day	Long Term Care 31-day	Mail Order 30-day	Mail Order 90-day	Out of Network 30-day
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Non- Preferred Generic	\$10	\$30	\$10	\$10	\$20	\$10
Tier 3 Preferred Brand	\$30	\$90	\$30	\$30	\$90	\$30
Tier 4 Non- Preferred Brand	\$55	\$165	\$55	\$55	\$165	\$55
Tier 5 Specialty Tier	33%	NA	33%	33%	NA	33%

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>butalbital/acetaminophen</i>	2	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps</i>	2	QL (180 EA per 30 days) PA
<i>butalbital/apap/caffeine</i>	2	QL (180 EA per 30 days) PA
<i>butalbital/aspirin/caffeine caps</i>	2	QL (180 EA per 30 days) PA
<i>tencon tabs 325mg; 50mg</i>	2	QL (180 EA per 30 days) PA
<i>vanatol lq</i>	4	QL (2700 ML per 30 days) PA
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 200mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days)
<i>celecoxib caps 100mg</i>	4	QL (90 EA per 30 days)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal tabs</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium tabs</i>	4	
<i>flurbiprofen tabs</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSP	4	PA
<i>indomethacin er</i>	2	PA
<i>indomethacin caps</i>	1	PA
<i>ketoprofen er</i>	4	
<i>ketoprofen caps</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	QL (20 ML per 30 days) PA
<i>ketorolac tromethamine inj 15mg/ml</i>	1	QL (40 ML per 30 days) PA
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 5 days) PA
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam susp</i>	4	QL (300 ML per 30 days)
<i>meloxicam tabs 15mg</i>	1	QL (30 EA per 30 days)
<i>meloxicam tabs 7.5mg</i>	1	QL (60 EA per 30 days)
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen tabs</i>	1	
<i>naproxen susp</i>	2	
<i>oxaprozin</i>	4	
PENNSAID	3	
<i>piroxicam caps</i>	2	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs</i>	4	
ZIPSOR	4	ST
Opioid Analgesics, Longlevit-acting		

Drug Name	Drug Tier	Requirements/Limits
EXALGO	3	QL (180 EA per 30 days)
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr</i>	4	QL (15 EA per 30 days)
<i>fentanyl pt72 100mcg/hr, 75mcg/hr</i>	4	QL (30 EA per 30 days)
<i>fentanyl pt72 62.5mcg/hr, 87.5mcg/hr</i>	5	QL (15 EA per 30 days)
HYDROMORPHONE HCL ER T24A 32MG	3	QL (180 EA per 30 days)
<i>hydromorphone hcl er t24a 12mg, 16mg, 8mg</i>	3	QL (180 EA per 30 days)
<i>levorphanol tartrate tabs</i>	4	QL (480 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl tabs</i>	2	QL (360 EA per 30 days)
<i>morphine sulfate er cp24 10mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	QL (120 EA per 30 days)
<i>morphine sulfate er cp24 120mg</i>	4	QL (180 EA per 30 days)
<i>morphine sulfate er cp24 100mg</i>	5	QL (180 EA per 30 days)
<i>morphine sulfate er tbcr 15mg, 30mg, 60mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 200mg</i>	2	QL (180 EA per 30 days)
NUCYNTA ER	3	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT)	3	QL (120 EA per 30 days)
OXYCODONE HCL ER T12A 10MG, 20MG, 40MG	3	QL (120 EA per 30 days)
OXYCODONE HCL ER T12A 80MG	3	QL (180 EA per 30 days)
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	QL (120 EA per 30 days)
OXYCONTIN T12A 80MG	3	QL (180 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	4	QL (120 EA per 30 days)
<i>tramadol hcl er tb24</i>	2	QL (30 EA per 30 days)
Opioid Analgesics, Short-acting		
ABSTRAL	5	QL (120 EA per 30 days) PA
<i>acetaminophen/codeine #3</i>	1	QL (360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (390 EA per 30 days)
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	QL (180 EA per 30 days)
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL (5 ML per 1 days)
<i>codeine sulfate tabs</i>	2	
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>endodan</i>	2	QL (360 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen soln</i>	2	QL (5550 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	2	QL (390 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>hydromorphone hcl tabs</i>	2	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl liqd</i>	4	QL (4800 ML per 30 days)
<i>hydromorphone hcl inj 500mg/50ml</i>	4	
LAZANDA	5	QL (30 EA per 30 days) PA
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>morphine sulfate oral soln</i>	2	
<i>morphine sulfate tabs</i>	2	QL (360 EA per 30 days)
<i>morphine sulfate inj 10mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>nalbuphine hcl inj</i>	4	
NUCYNTA TABS 50MG, 75MG	4	QL (180 EA per 30 days)
NUCYNTA TABS 100MG	4	QL (210 EA per 30 days)
<i>oxycodone hcl caps, tabs</i>	2	QL (480 EA per 30 days)
<i>oxycodone hcl conc, soln</i>	4	
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone/aspirin</i>	2	QL (360 EA per 30 days)
<i>oxycodone/ibuprofen</i>	2	QL (120 EA per 30 days)
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days)
PRIMLEV	5	QL (390 EA per 30 days)
ROXICET SOLN	4	QL (1860 ML per 30 days)
<i>tramadol hcl tabs</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (240 EA per 30 days)
<i>vicodin es tabs 300mg; 7.5mg</i>	2	QL (390 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	2	QL (390 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	2	QL (390 EA per 30 days)

Anesthetics

Local Anesthetics

<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl inj 0.5%</i>	1	B/D
<i>lidocaine hcl inj 2%</i>	2	B/D
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	2	
<i>lidocaine oint</i>	2	
<i>lidocaine ptch</i>	4	QL (90 EA per 30 days) PA

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	4	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	PA

Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl inj</i>	4	
<i>buprenorphine hcl subl</i>	4	QL (90 EA per 30 days)
BUTRANS	3	QL (4 EA per 28 days)
<i>naloxone hcl</i>	2	
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	4	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL (60 EA per 30 days)
ZUBSOLV SUBL 1.4MG; 0.36MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days)
Smoking Cessation Agents		
<i>buproban</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (60 EA per 30 days) PA
CHANTIX STARTING MONTH PAK	4	QL (53 EA per 28 days) PA
CHANTIX TABS 0.5MG, 1MG	4	QL (60 EA per 30 days) PA
NICOTROL INHALER	4	QL (3024 EA per 180 days)
NICOTROL NS	3	QL (720 ML per 180 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</i>	2	
BETHKIS	5	B/D
<i>gentak</i>	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ	3	
0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%		
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate crea, inj, external oint, ophthalmic oint</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJ	4	
TOBI PODHALER	5	QL (240 EA per 30 days)
TOBRAMYCIN SULFATE/SODIUM CHLORIDE INJ	3	
0.9%; 0.8MG/ML		
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	2	
<i>tobramycin nebu</i>	5	B/D
TOBEX OINT	4	
Antibacterials, Other		
<i>baciim</i>	2	
<i>bacitracin inj, oint</i>	2	
BACTROBAN NASAL	3	
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN SUPP	4	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate add-vantage</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate crea, gel, lotn, soln, swab</i>	2	
<i>clindamycin phosphate foam</i>	4	
<i>colistimethate sodium</i>	5	
CUBICIN	5	
FLAGYL ER	4	
FLAGYL CAPS	4	
<i>linezolid inj</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	4	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps, crea, tabs</i>	2	
<i>metronidazole gel, lotn</i>	4	
MONUROL	4	
<i>mupirocin crea, oint</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	QL (90 days supply per 365 days)
<i>nitrofurantoin monohydrate</i>	2	QL (90 days supply per 365 days)
<i>nitrofurantoin susp</i>	4	
NORITATE	4	
<i>polymyxin b sulfate inj</i>	2	
PRIMSOL	4	
SULFAMYLON CREA	3	
SYNERCID	5	
<i>tinidazole</i>	4	
<i>trimethoprim tabs</i>	1	
TYGACIL	5	
<i>vancomycin hcl caps</i>	5	PA
<i>vancomycin hcl inj 1000mg, 10gm, 500mg</i>	2	
<i>vandazole</i>	2	
XIFAXAN	5	
ZYVOX	5	PA
Beta-lactam, Cephalosporins		
<i>cefaclor er</i>	4	
<i>cefaclor caps</i>	4	
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	2	
<i>cefadroxil tabs</i>	4	
<i>cefazolin sodium inj 10gm, 1gm; 5%, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime inj 1gm/50ml; 5%, 1gm, 2gm/50ml; 5%, 2gm</i>	4	
<i>cefixime</i>	3	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tabs</i>	2	
<i>cefpodoxime proxetil susr</i>	4	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	4	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone sodium inj 1gm, 2gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 250mg, 500mg</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	2	
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	2	
SUPRAX CAPS, CHEW, SUSR	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	5	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	
<i>imipenem/cilastatin</i>	4	
INVANZ	3	
<i>meropenem inj 500mg</i>	4	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm</i>	4	
<i>ampicillin-sulbactam</i>	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BACTOCILL IN DEXTROSE INJ 0; 1GM/50ML	4	
BACTOCILL IN DEXTROSE INJ 0; 2GM/50ML	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 10gm</i>	5	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	5	
<i>oxacillin sodium inj 2gm</i>	4	
<i>oxacillin sodium inj 10gm</i>	5	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 5000000unit</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3	
Macrolides		
AZASITE	3	
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin tabs</i>	2	
<i>clarithromycin susr</i>	4	
DIFICID	5	PA
E.E.S. GRANULES	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE	4	
<i>erythromycin base tabs</i>	4	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin gel, oint, soln</i>	2	
<i>ilotycin</i>	2	
KETEK	4	PA
PCE TBEC 333MG	4	
PCE TBEC 500MG	5	
ZMAX	4	
Quinolones		
BESIVANCE	3	
CILOXAN OINT	3	
CIPRO SUSR	4	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl soln, tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin susr</i>	4	
<i>ciprofloxacin inj 400mg/40ml</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
<i>levofloxacin tabs</i>	1	
<i>levofloxacin inj, ophthalmic soln, oral soln</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl</i>	4	
<i>ofloxacin ophthalmic soln</i>	1	
<i>ofloxacin otic soln</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
VIGAMOX	3	
Sulfonamides		
<i>silver sulfadiazine</i>	2	
<i>sodium sulfacetamide soln</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr</i>	4	
<i>doxycycline hyclate caps, tabs</i>	2	
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline monohydrate</i>	2	
<i>doxycycline caps 75mg</i>	2	
<i>doxycycline caps 150mg</i>	4	
<i>doxycycline susr</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl er</i>	4	
<i>minocycline hcl caps</i>	2	
<i>minocycline hcl tabs</i>	4	
ORACEA	4	
<i>tetracycline hcl caps</i>	2	
VIBRAMYCIN SYRP	4	
Anticonvulsants		
Anticonvulsants, Other		
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	
FYCOMPA TABS 2MG	4	QL (30 EA per 30 days)
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
POTIGA TABS 50MG	4	QL (270 EA per 30 days) PA
POTIGA TABS 200MG, 300MG, 400MG	5	QL (90 EA per 30 days) PA
Calcium Channel Modifying Agents		
CELONTIN	4	
<i>ethosuximide</i>	2	
<i>zonisamide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln, tabs</i>	2	
GABITRIL TABS 12MG, 16MG	4	
ONFI SUSP	4	
ONFI TABS 10MG	4	
ONFI TABS 20MG	5	
<i>phenobarbital elix</i>	2	QL (1500 ML per 30 days) PA
<i>phenobarbital tabs 100mg</i>	2	QL (120 EA per 30 days) PA
<i>phenobarbital tabs 97.2mg</i>	2	QL (60 EA per 30 days) PA
<i>phenobarbital tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg</i>	2	QL (90 EA per 30 days) PA
<i>primidone tabs</i>	2	
SABRIL	5	PA LA
<i>tiagabine hydrochloride</i>	4	
<i>valproate sodium inj</i>	4	
<i>valproic acid caps, syrp</i>	2	
Glutamate Reducing Agents		
<i>felbamate tabs</i>	4	PA
<i>felbamate susp</i>	5	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	5	
LAMICTAL STARTER/TAKING VALPROATE	4	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er</i>	4	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	2	
Sodium Channel Agents		
APTIOM TABS 200MG	4	QL (60 EA per 30 days)
APTIOM TABS 400MG	5	QL (30 EA per 30 days)
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days)
BANZEL SUSP	5	
BANZEL TABS 200MG	4	
BANZEL TABS 400MG	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
CEREBYX INJ 500MG PE/10ML	4	
DILANTIN CAPS 30MG	3	
<i>epitol</i>	2	
EQUETRO	3	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
PEGANONE	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	2	
TEGRETOL-XR TB12 100MG	4	
VIMPAT	4	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tabs</i>	1	
<i>donepezil hcl tbdp</i>	2	
EXELON PT24	4	
<i>galantamine hydrobromide cp24, tabs</i>	2	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
NAMENDA TITRATION PAK	4	PA
NAMENDA XR	3	QL (30 EA per 30 days) PA
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days) PA
NAMENDA TABS	4	PA
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl sr tb12 100mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl sr tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl tabs 100mg</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 75mg</i>	2	QL (90 EA per 30 days)
<i>chlordiazepoxide/amitriptyline</i>	2	PA
FORFIVO XL	3	QL (30 EA per 30 days)
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days)
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine</i>	4	
<i>perphenazine/amitriptyline</i>	2	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate tabs</i>	2	QL (180 EA per 30 days)
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
BRINTELLIX	4	QL (30 EA per 30 days)
<i>citalopram hydrobromide tabs</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days)
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate soln</i>	4	QL (600 ML per 30 days)
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (28 EA per 28 days) ST
<i>fluoxetine dr</i>	4	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 10mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine hcl soln</i>	2	QL (600 ML per 30 days)
<i>fluoxetine hcl tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl tabs 60mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine hcl tabs 10mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate</i>	2	QL (90 EA per 30 days)
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
KHEDEZLA TB24 100MG	4	QL (120 EA per 30 days)
KHEDEZLA TB24 50MG	4	QL (30 EA per 30 days)
<i>maprotiline hcl</i>	4	
<i>nefazodone hcl</i>	4	
<i>paroxetine hcl er tb24 12.5mg</i>	2	QL (180 EA per 30 days)
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 25mg</i>	2	QL (90 EA per 30 days)
<i>paroxetine hcl tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 20mg</i>	1	QL (90 EA per 30 days)
PAXIL SUSP	4	QL (900 ML per 30 days)
PEXEVA TABS 10MG, 20MG	4	QL (30 EA per 30 days) ST
PEXEVA TABS 40MG	4	QL (45 EA per 30 days) ST
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ TB24 100MG	3	QL (120 EA per 30 days)
PRISTIQ TB24 25MG, 50MG	3	QL (30 EA per 30 days)
<i>sertraline hcl conc</i>	2	QL (300 ML per 30 days)
<i>sertraline hcl tabs 50mg</i>	1	QL (30 EA per 30 days)
<i>sertraline hcl tabs 25mg</i>	1	QL (45 EA per 30 days)
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl er tb24 225mg</i>	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 150mg</i>	4	QL (60 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg, 75mg</i>	4	QL (90 EA per 30 days)
<i>venlafaxine hcl tabs 50mg</i>	2	QL (210 EA per 30 days)
<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg, 75mg</i>	2	QL (90 EA per 30 days)
VIIBRYD	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs</i>	1	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl caps</i>	4	PA
<i>desipramine hcl tabs</i>	2	
<i>doxepin hcl caps, conc</i>	1	PA
<i>imipramine hcl tabs</i>	1	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	2	
<i>protriptyline hcl</i>	2	
SURMONTIL	4	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>meclizine hcl tabs</i>	2	
<i>metoclopramide hcl inj, oral soln, tabs</i>	1	
<i>metoclopramide odt</i>	5	
<i>perphenazine tabs</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate inj</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
TRANSDERM-SCOP	4	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
ALOXI	4	
ANZEMET INJ	4	
ANZEMET TABS 100MG	5	QL (3 EA per 3 days) B/D
ANZEMET TABS 50MG	5	QL (6 EA per 3 days) B/D
<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (180 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	5	PA
EMEND CAPS	3	PA
<i>granisetron hcl tabs</i>	4	QL (6 EA per 3 days) B/D
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral soln, tabs</i>	2	B/D
<i>ondansetron hcl inj 4mg/2ml</i>	2	
<i>ondansetron odt</i>	1	B/D
SANCUSO	5	QL (2 EA per 28 days)
Antifungals		
<i>Antifungals</i>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D
CANCIDAS	5	
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>clotrimazole soln</i>	1	
<i>clotrimazole crea, troc</i>	2	
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
ERAXIS INJ 100MG	5	
ERTACZO	4	
EXELDERM	4	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
GYNAZOLE-1	4	
<i>itraconazole caps</i>	4	QL (126 EA per 30 days) PA
<i>ketoconazole crea, sham</i>	2	
<i>ketoconazole tabs</i>	4	
LAMISIL PACK	4	
MENTAX	4	
<i>miconazole 3 supp</i>	2	
NAFTIN	4	
NATACYN	3	
NOXAFIL SUSP, TBEC	5	PA
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	QL (30 EA per 30 days) PA
OXISTAT	4	
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	1	
<i>terconazole</i>	2	
VFEND SUSR	5	
<i>voriconazole inj, susr, tabs</i>	5	
<i>zazole crea</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	
COLCRYS	3	QL (120 EA per 30 days)
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	3	ST
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
CAFERGOT	4	
<i>dihydroergotamine mesylate inj</i>	4	
<i>dihydroergotamine mesylate nasal soln</i>	5	
ERGOMAR	3	
MIGERGOT	4	QL (20 EA per 28 days)
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
AXERT	4	QL (12 EA per 30 days) ST
FROVA	4	QL (18 EA per 30 days) ST
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
RELPAK	4	QL (6 EA per 30 days) ST
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan soln</i>	4	QL (6 EA per 30 days)
<i>zolmitriptan odt</i>	4	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	4	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
MESTINON TIMESPAN	3	
MESTINON SYRP	3	
<i>pyridostigmine bromide tabs</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
CAPASTAT SULFATE	4	
<i>ethambutol hcl tabs</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid inj, syrp</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	4	
SIRTURO	5	PA

Drug Name	Drug Tier	Requirements/Limits
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU	4	
BUSULFEX	5	
CYCLOPHOSPHAMIDE CAPS	5	B/D
<i>dacarbazine inj 200mg</i>	4	
GLEOSTINE	3	
HEXALEN	5	PA
<i>ifosfamide inj 1gm</i>	4	
LEUKERAN	4	
<i>lomustine</i>	2	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	
MUSTARGEN	5	
TREANDA INJ 100MG, 45MG/0.5ML	5	PA
VALCHLOR	5	PA
ZANOSAR	4	
<i>Antiandrogens</i>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	5	
XTANDI	5	QL (120 EA per 30 days) PA
ZYTIGA	5	PA
<i>Antiangiogenic Agents</i>		
POMALYST	5	QL (30 EA per 30 days) PA
REVLIMID	5	PA LA
THALOMID	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	PA
FARESTON	5	
FASLODEX	5	
SOLTAMOX	4	
<i>tamoxifen citrate tabs</i>	2	
<i>Antimetabolites</i>		
<i>adrucil inj 500mg/10ml</i>	2	B/D
ALIMTA INJ 500MG	5	PA
<i>cladribine</i>	4	B/D
CLOLAR	5	
<i>cytarabine aqueous</i>	4	B/D
DROXIA	3	
ELITEK INJ 1.5MG	5	
<i>fluorouracil inj 2.5gm/50ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	PA
<i>gemcitabine hcl inj 1gm</i>	5	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	PA

Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	PA
Antineoplastics, Other		
ABRAXANE	5	PA
<i>amifostine</i>	5	
ARRANON	5	
<i>azacitidine</i>	5	PA
BELEODAQ	5	PA
<i>bleomycin sulfate inj 30unit</i>	4	B/D
<i>carboplatin inj 150mg/15ml</i>	2	
<i>cisplatin inj 100mg/100ml</i>	2	
DACOGEN	5	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
DAUNOXOME	5	
<i>decitabine</i>	5	
<i>dexrazoxane inj 250mg</i>	5	PA
DOCEFREZ INJ 20MG	5	
<i>docetaxel inj 80mg/4ml, 80mg/8ml</i>	5	
DOXIL	5	
<i>doxorubicin hcl inj 2mg/ml</i>	2	B/D
<i>epirubicin hcl inj 50mg/25ml</i>	4	
ERWINAZE	5	
<i>fludarabine phosphate inj 50mg</i>	4	
FUSILEV	5	
HALAVEN	5	PA
IBRANCE	5	QL (30 EA per 30 days) PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	
<i>irinotecan inj 100mg/5ml</i>	5	
ISTODAX	5	PA
IXEMPRA KIT INJ 45MG	5	
JEVTANA	5	PA
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj 100mg, 350mg</i>	4	
LEVOLEUCOVORIN CALCIUM	5	
LYNPARZA	5	QL (480 EA per 30 days) PA
<i>mesna</i>	2	
MESNEX TABS	5	
<i>mitomycin inj 20mg</i>	4	
<i>mitoxantrone hcl</i>	3	
ONCASPAR	5	PA
<i>oxaliplatin inj 100mg/20ml</i>	5	
<i>paclitaxel inj 300mg/50ml</i>	4	
PROLEUKIN	5	PA
SYNRIBO	5	PA
TRISENOX	4	PA
VELCADE	5	PA
VIDAZA	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	4	
ZALTRAP INJ 100MG/4ML	5	PA
ZOLINZA	5	PA
Antineoplastics		
FARYDAK	5	PA
ZYKADIA	5	QL (150 EA per 30 days) PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
ETOPOPHOS	5	
<i>etoposide inj 500mg/25ml</i>	2	
<i>toposar inj 1gm/50ml</i>	2	
<i>topotecan hcl inj 4mg</i>	5	
Molecular Target Inhibitors		
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
BOSULIF	5	PA
CAPRELSA	5	PA LA
COMETRIQ	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEEVEC	5	PA
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
IMBRUVICA	5	PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
LENVIMA 10MG DAILY DOSE	5	PA
LENVIMA 14MG DAILY DOSE	5	PA
LENVIMA 20MG DAILY DOSE	5	PA
LENVIMA 24MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
SPRYCEL	5	PA
STIVARGA	5	QL (84 EA per 28 days) PA
SUTENT CAPS 12.5MG	5	QL (210 EA per 30 days) PA
SUTENT CAPS 37.5MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 25MG	5	QL (90 EA per 30 days) PA
TAFINLAR	5	PA
TARCEVA TABS 100MG	5	QL (120 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (540 EA per 30 days) PA
TARCEVA TABS 150MG	5	QL (90 EA per 30 days) PA
TASIGNA	5	PA
TYKERB	5	PA

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	5	QL (120 EA per 30 days) PA
XALKORI	5	PA LA
ZELBORAF	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA
Monoclonal Antibodies		
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	PA
ERBITUX INJ 100MG/50ML	5	PA
HERCEPTIN	5	PA
KADCYLA INJ 100MG	5	PA
KEYTRUDA INJ 50MG	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PERJETA	5	PA
RITUXAN	5	PA
SYLVANT INJ 100MG	5	PA
VECTIBIX INJ 100MG/5ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
Retinoids		
PANRETIN	5	PA
TARGRETIN CAPS	5	PA
<i>tretinoin caps 10mg</i>	5	
Antiparasitics		
Anthelmintics		
ALBENZA	3	
BILTRICIDE	3	
<i>ivermectin tabs</i>	3	
Antiprotozoals		
ALINIA	4	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
DARAPRIM	3	
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	2	
MEPRON	5	
NEBUPENT	4	B/D
PENTAM 300	4	
<i>primaquine phosphate tabs</i>	2	
<i>quinine sulfate</i>	4	PA
Pediculicides/Scabicides		
EURAX	4	
<i>lindane lotn, sham</i>	4	
<i>malathion lotn</i>	4	
<i>permethrin crea</i>	2	
<i>spinosad</i>	4	
Antiparkinson Agents		
Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tabs</i>	1	PA
<i>benztropine mesylate inj</i>	4	
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>amantadine hcl caps, syrpf, tabs</i>	2	
<i>entacapone</i>	4	
TASMAR	5	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN	5	QL (60 ML per 30 days)
<i>bromocriptine mesylate caps, tabs</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er tb24 0.75mg, 1.5mg</i>	4	QL (30 EA per 30 days)
<i>ropinirole er</i>	4	
<i>ropinirole hcl</i>	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	4	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	4	ST
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl elix</i>	2	
<i>fluphenazine hcl conc, inj</i>	4	
<i>fluphenazine hcl tabs 1mg, 2.5mg</i>	1	
<i>fluphenazine hcl tabs 10mg, 5mg</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine succinate caps</i>	2	
ORAP	3	
<i>thioridazine hcl tabs</i>	2	PA
<i>thiothixene caps</i>	2	
<i>trifluoperazine hcl tabs</i>	2	
2nd Generation/Atypical		
ABILIFY DISCMELT	5	QL (60 EA per 30 days)
ABILIFY MAINTENA	5	
ABILIFY TABS	5	QL (30 EA per 30 days)
<i>aripiprazole</i>	5	QL (30 EA per 30 days)
<i>clozapine odt</i>	4	
FANAPT TITRATION PACK	4	QL (8 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
FAZACLO	4	
GEODON INJ	4	
INVEGA	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days)
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
<i>olanzapine odt</i>	4	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	4	
<i>quetiapine fumarate</i>	2	
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (4 EA per 28 days)
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (4 EA per 28 days)
<i>risperidone</i>	2	
<i>risperidone odt</i>	2	
SAPHRIS SUBL 10MG, 5MG	3	
SAPHRIS SUBL 2.5MG	5	
SEROQUEL XR	3	
VERSACLOZ	5	
<i>ziprasidone hcl</i>	4	
ZYPREXA RELPREVV INJ 210MG	5	
Treatment-Resistant		
<i>clozapine</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>foscarnet sodium</i>	3	B/D
<i>ganciclovir inj</i>	5	B/D
VALCYTE	5	
<i>valganciclovir</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	4	
BARACLUDE TABS	5	
<i>entecavir</i>	5	
EPIVIR HBV	3	
HEPSERA	5	
<i>lamivudine tabs 100mg</i>	4	
TYZEKA	5	
Anti-hepatitis C (HCV) Agents		
HARVONI	5	QL (30 EA per 30 days) PA
INTRON A W/DILUENT INJ 10MU	5	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU, 50MU, 6000000UNIT/ML	5	PA
OLYSIO	5	QL (30 EA per 30 days) PA
PEG-INTRON REDIPEN	5	PA
PEG-INTRON INJ 50MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	QL (2 ML per 28 days) PA
PEGASYS INJ 180MCG/ML	5	QL (4 ML per 28 days) PA
PEGINTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	5	PA
REBETOL SOLN	5	
<i>ribasphere caps</i>	4	
<i>ribasphere tabs 200mg, 400mg</i>	4	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin tabs</i>	2	
<i>ribavirin caps</i>	4	
SOVALDI	5	QL (30 EA per 30 days) PA
SYLATRON	5	PA
VICTRELIS	5	PA
VIEKIRA PAK	5	QL (112 EA per 28 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS PACK	4	
ISENTRESS TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
STRIBILD	5	
TIVICAY	5	
VITEKTA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	
COMPLERA	5	
EDURANT	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	2	
<i>nevirapine susp</i>	4	
RESCRIPTOR	4	
SUSTIVA CAPS	4	
SUSTIVA TABS	5	
VIRAMUNE XR TB24 100MG	3	
VIRAMUNE XR TB24 400MG	5	
VIRAMUNE SUSP	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>didanosine</i>	4	

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA	4	
EPIVIR	3	
EPZICOM	5	
<i>lamivudine/zidovudine</i>	5	
<i>lamivudine soln 10mg/ml</i>	3	
<i>lamivudine tabs 150mg, 300mg</i>	4	
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	2	
<i>stavudine solr</i>	4	
TRIZIVIR	5	
TRUVADA	5	
VIDEX PEDIATRIC SOLR 2GM	4	
VIREAD	5	
ZIAGEN SOLN	3	
<i>zidovudine tabs</i>	2	
<i>zidovudine caps, syrp</i>	4	
Anti-HIV Agents, Other		
FUZEON	5	
SELZENTRY	5	
TRIUMEQ	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	5	
CRIXIVAN	3	
EVOTAZ	5	
INVIRASE	5	
KALETRA SOLN	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NORVIR	4	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	
REYATAZ PACK	5	
REYATAZ CAPS 150MG, 200MG, 300MG	5	
VIRACEPT	5	
Anti-influenza Agents		
RELENZA DISKHALER	4	
<i>rimantadine hcl</i>	2	
TAMIFLU SUSR	3	QL (375 ML per 30 days)
TAMIFLU CAPS	3	QL (60 EA per 30 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps</i>	1	
<i>acyclovir susp, tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oint</i>	4	
DENAVIR	4	
<i>famciclovir tabs</i>	2	
<i>trifluridine soln</i>	4	
<i>valacyclovir hcl</i>	2	
Antivirals		
VIRAZOLE	5	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl tabs</i>	1	PA
<i>hydroxyzine hcl soln</i>	2	PA
<i>hydroxyzine pamoate caps</i>	1	PA
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam intensol</i>	2	QL (300 ML per 30 days)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (240 EA per 30 days)
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (360 EA per 30 days)
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg, 7.5mg</i>	2	QL (180 EA per 30 days)
DIAZEPAM INTENSOL	4	QL (240 ML per 30 days)
<i>diazepam soln 1mg/ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days)
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days)
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	2	QL (120 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
acarbose tabs 50mg	2	QL (180 EA per 30 days)
acarbose tabs 25mg	2	QL (360 EA per 30 days)
acarbose tabs 100mg	2	QL (90 EA per 30 days)
AVANDAMET TABS 500MG; 2MG	4	QL (120 EA per 30 days) PA
AVANDAMET TABS 1000MG; 2MG, 500MG; 4MG	4	QL (60 EA per 30 days) PA
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG, 4MG; 8MG	4	QL (30 EA per 30 days) PA
AVANDIA TABS 2MG	4	QL (120 EA per 30 days) PA
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) PA
AVANDIA TABS 4MG	4	QL (60 EA per 30 days) PA
BYDUREON	4	QL (4 EA per 28 days) ST
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) ST
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) ST
CYCLOSET	4	QL (180 EA per 30 days) PA
glimepiride tabs 2mg	1	QL (120 EA per 30 days)
glimepiride tabs 1mg	1	QL (240 EA per 30 days)
glimepiride tabs 4mg	1	QL (60 EA per 30 days)
glipizide er tb24 5mg	2	QL (120 EA per 30 days)
glipizide er tb24 2.5mg	2	QL (240 EA per 30 days)
glipizide er tb24 10mg	2	QL (60 EA per 30 days)
glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	2	QL (120 EA per 30 days)
glipizide/metformin hcl tabs 2.5mg; 250mg	2	QL (240 EA per 30 days)
glipizide tabs 10mg	1	QL (120 EA per 30 days)
glipizide tabs 5mg	1	QL (240 EA per 30 days)
GLUMETZA TB24 500MG	4	QL (120 EA per 30 days)
GLUMETZA TB24 1000MG	4	QL (60 EA per 30 days)
glyburide micronized tabs 3mg	1	QL (120 EA per 30 days) PA
glyburide micronized tabs 1.5mg	1	QL (240 EA per 30 days) PA
glyburide micronized tabs 6mg	1	QL (60 EA per 30 days) PA
glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	2	QL (120 EA per 30 days) PA
glyburide/metformin hcl tabs 1.25mg; 250mg	2	QL (240 EA per 30 days) PA
glyburide tabs 5mg	2	QL (120 EA per 30 days) PA
glyburide tabs 2.5mg	2	QL (240 EA per 30 days) PA
glyburide tabs 1.25mg	2	QL (480 EA per 30 days) PA
GLYSET TABS 50MG	4	QL (180 EA per 30 days) ST
GLYSET TABS 25MG	4	QL (360 EA per 30 days) ST
GLYSET TABS 100MG	4	QL (90 EA per 30 days) ST
INVOKAMET	3	QL (60 EA per 30 days) ST
INVOKANA	3	QL (30 EA per 30 days) ST
JANUMET	3	QL (60 EA per 30 days) ST
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) ST
JANUVIA TABS 25MG	3	QL (120 EA per 30 days) ST
JANUVIA TABS 100MG	3	QL (30 EA per 30 days) ST
JANUVIA TABS 50MG	3	QL (60 EA per 30 days) ST
JARDIANCE	3	QL (30 EA per 30 days) ST
JENTADUETO	4	QL (60 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
KAZANO	4	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST
<i>metformin hcl er tb24 1000mg, 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide tabs 60mg</i>	2	QL (180 EA per 30 days)
<i>nateglinide tabs 120mg</i>	2	QL (90 EA per 30 days)
NESINA	4	QL (30 EA per 30 days) ST
ONGLYZA TABS 5MG	3	QL (30 EA per 30 days) ST
ONGLYZA TABS 2.5MG	3	QL (60 EA per 30 days) ST
OSENI	4	QL (30 EA per 30 days) ST
<i>pioglitazone hcl-glimepiride</i>	4	QL (30 EA per 30 days) ST
<i>pioglitazone hcl/metformin hcl</i>	4	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 30mg, 45mg</i>	2	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	2	QL (90 EA per 30 days)
<i>repaglinide tabs 2mg</i>	4	QL (240 EA per 30 days) ST
<i>repaglinide tabs 1mg</i>	4	QL (480 EA per 30 days) ST
<i>repaglinide tabs 0.5mg</i>	4	QL (960 EA per 30 days) ST
RIOMET	4	QL (750 ML per 30 days)
SYMLINPEN 120	5	QL (10.8 ML per 30 days)
SYMLINPEN 60	4	QL (6 ML per 30 days)
<i>tolazamide tabs 250mg</i>	2	QL (120 EA per 30 days)
<i>tolazamide tabs 500mg</i>	2	QL (60 EA per 30 days)
<i>tolbutamide</i>	2	QL (180 EA per 30 days)
TRADJENTA	4	QL (30 EA per 30 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
Glycemic Agents		
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
Insulins		
APIDRA	3	
APIDRA SOLOSTAR	3	
HUMALOG	3	
HUMALOG KWIKPEN INJ 100UNIT/ML	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	4	B/D

Drug Name	Drug Tier	Requirements/Limits
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

COUMADIN TABS	3	
ELIQUIS	3	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>enoxaparin sodium inj 80mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (90 ML per 30 days)
<i>enoxaparin sodium inj 120mg/0.8ml</i>	5	QL (48 ML per 30 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	5	QL (60 ML per 30 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (12 ML per 30 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (18 ML per 30 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (24 ML per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (12 ML per 30 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (15 ML per 30 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (18 ML per 30 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (21.6 ML per 30 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 30 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (30 ML per 30 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (9 ML per 30 days)
<i>heparin sodium/d5w</i>	2	B/D
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	B/D
<i>jantoven</i>	1	
PRADAXA	3	
<i>warfarin sodium tabs</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

Blood Formation Modifiers

<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	QL (1.7 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	4	QL (4 ML per 28 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
EPOGEN INJ 10000UNIT/ML	4	QL (12 ML per 28 days) PA
GRANIX	5	PA
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
NEULASTA	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PROCRIT INJ 10000UNIT/ML	4	QL (12 ML per 28 days) PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	QL (15 ML per 30 days) PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 20000UNIT/ML	5	QL (12 ML per 28 days) PA
PROMACTA	5	PA
Blood Products/Modifiers/Volume Expanders		
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	QL (3.2 ML per 28 days) PA
<i>argatroban</i>	5	B/D
BERINERT	5	PA
Coagulants		
<i>tranexamic acid inj</i>	3	
<i>tranexamic acid tabs</i>	4	QL (30 EA per 28 days)
Platelet Modifying Agents		
AGGRENOX	3	QL (60 EA per 30 days)
BRILINTA	3	QL (60 EA per 30 days)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	1	QL (3 EA per 30 days)
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days)
EFFIENT	3	QL (30 EA per 30 days)
<i>ticlopidine hcl</i>	2	QL (60 EA per 30 days) PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk 0.1mg/24hr</i>	4	QL (4 EA per 28 days)
<i>clonidine hcl ptwk 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days)
<i>guanfacine hcl</i>	1	PA
<i>methyldopa tabs</i>	1	PA
<i>methyldopate hcl</i>	2	PA
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	4	
<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>reserpine tabs</i>	2	PA
Angiotensin II Receptor Antagonists		
BENICAR TABS 20MG, 40MG	3	QL (30 EA per 30 days)
BENICAR TABS 5MG	3	QL (60 EA per 30 days)
<i>candesartan cilexetil tabs 32mg, 4mg</i>	2	QL (30 EA per 30 days)
<i>candesartan cilexetil tabs 16mg</i>	2	QL (60 EA per 30 days)
<i>candesartan cilexetil tabs 8mg</i>	2	QL (90 EA per 30 days)
DIOVAN TABS 320MG	4	QL (30 EA per 30 days)
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days)
EDARBI	4	QL (30 EA per 30 days)
<i>eprosartan mesylate</i>	2	QL (30 EA per 30 days)
<i>irbesartan tabs 300mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan tabs 150mg</i>	2	QL (60 EA per 30 days)
<i>irbesartan tabs 75mg</i>	2	QL (90 EA per 30 days)
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days)
<i>telmisartan</i>	4	QL (30 EA per 30 days)
<i>valsartan tabs 320mg</i>	4	QL (30 EA per 30 days)
<i>valsartan tabs 160mg, 40mg, 80mg</i>	4	QL (60 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	1	
EPANED	5	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine tabs 4mg, 8mg</i>	2	
<i>perindopril erbumine tabs 2mg</i>	2	QL (240 EA per 30 days)
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	
<i>disopyramide phosphate caps</i>	2	PA
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL (60 EA per 30 days) PA
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine gluconate cr</i>	4	
QUINIDINE GLUCONATE INJ	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af) tabs 120mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	2	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC TABS 2.5MG	3	QL (30 EA per 30 days)
BYSTOLIC TABS 20MG	3	QL (60 EA per 30 days)
BYSTOLIC TABS 10MG, 5MG	3	QL (90 EA per 30 days)
<i>carvedilol tabs 25mg</i>	1	QL (120 EA per 30 days)
<i>carvedilol tabs 12.5mg</i>	1	QL (240 EA per 30 days)
<i>carvedilol tabs 6.25mg</i>	1	QL (480 EA per 30 days)
<i>carvedilol tabs 3.125mg</i>	1	QL (960 EA per 30 days)
INNOPRAN XL	4	
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate inj, tabs</i>	1	
<i>nadolol tabs</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl tabs</i>	1	
<i>propranolol hcl inj, oral soln</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 60mg</i>	2	QL (30 EA per 30 days)
<i>afeditab cr tb24 30mg</i>	2	QL (90 EA per 30 days)
<i>amlodipine besylate tabs 2.5mg</i>	1	QL (120 EA per 30 days)
<i>amlodipine besylate tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate tabs 5mg</i>	1	QL (60 EA per 30 days)
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd cp24 240mg</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 300mg, 360mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl inj 100mg, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps, inj</i>	4	
<i>nifedical xl tb24 30mg</i>	2	QL (120 EA per 30 days)
<i>nifedical xl tb24 60mg</i>	2	QL (60 EA per 30 days)
<i>nifedipine er tb24 30mg</i>	2	QL (120 EA per 30 days)
<i>nifedipine er tb24 90mg</i>	2	QL (30 EA per 30 days)
<i>nifedipine er tb24 60mg</i>	2	QL (60 EA per 30 days)
<i>nimodipine caps</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine er</i>	4	QL (30 EA per 30 days)
<i>nisoldipine tb24 20mg, 30mg, 40mg</i>	4	
<i>nisoldipine tb24 17mg, 34mg, 8.5mg</i>	4	QL (30 EA per 30 days)
<i>taztia xt</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl sr cp24 360mg</i>	2	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl inj</i>	2	
Cardiovascular Agents, Other		
ALDACTAZIDE	4	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	4	QL (30 EA per 30 days)
<i>amlodipine besylate/benazepril hcl</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	3	
<i>amlodipine/valsartan/hctz</i>	3	QL (30 EA per 30 days)
<i>atenolol/chlorthalidone</i>	1	
AZOR	3	QL (30 EA per 30 days)
<i>benazepril hcl/hydrochlorothiazide</i>	2	
BENICAR HCT	3	QL (30 EA per 30 days)
BIDIL	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 2 32mg; 25mg</i>	2	QL (30 EA per 30 days)
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days)
<i>captopril/hydrochlorothiazide</i>	2	
CLORPRES	4	QL (60 EA per 30 days)
DEMSER	5	QL (480 EA per 30 days)
<i>digitek tabs 0.25mg</i>	1	PA
<i>digitek tabs 0.125mg</i>	1	QL (60 EA per 30 days)
<i>digoxin inj</i>	2	PA
<i>digoxin oral soln</i>	2	QL (75 ML per 30 days)
<i>digoxin tabs 250mcg</i>	1	PA
<i>digoxin tabs 125mcg</i>	1	QL (60 EA per 30 days)
EDARBYCLOR	4	QL (30 EA per 30 days)
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	2	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	2	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG, 250MCG	3	PA
LANOXIN TABS 62.5MCG	3	QL (120 EA per 30 days)
LANOXIN TABS 125MCG	3	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	2	QL (60 EA per 30 days)
<i>methyldopa/hydrochlorothiazide</i>	2	PA
<i>metoprolol/hydrochlorothiazide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril/hydrochlorothiazide</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA
<i>pentoxifylline er</i>	4	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
RANEXA TB12 500MG	3	QL (120 EA per 30 days)
RANEXA TB12 1000MG	3	QL (60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA	3	QL (30 EA per 30 days) ST
TEKTURNA HCT	3	QL (30 EA per 30 days) ST
<i>telmisartan/amlodipine</i>	4	QL (30 EA per 30 days)
<i>telmisartan/hydrochlorothiazide</i>	4	QL (30 EA per 30 days)
<i>telmisartan/hydrochlorothiazide</i>	4	QL (30 EA per 30 days)
<i>triamterene/hydrochlorothiazide</i>	1	
TRIBENZOR	3	QL (30 EA per 30 days)
<i>valsartan/hydrochlorothiazide</i>	2	QL (60 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	2	
<i>acetazolamide tabs</i>	2	
Diuretics, Loop		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	2	
EDECRIN	4	
<i>furosemide oral soln, tabs</i>	1	
<i>furosemide inj</i>	1	B/D
<i>toremide tabs</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
DYRENIUM	4	
<i>eplerenone tabs 25mg</i>	2	QL (120 EA per 30 days)
<i>eplerenone tabs 50mg</i>	2	QL (60 EA per 30 days)
<i>spironolactone tabs</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	4	B/D
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL	3	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized caps 67mg</i>	2	QL (90 EA per 30 days)
<i>fenofibrate caps 130mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate caps 43mg, 50mg</i>	2	QL (90 EA per 30 days)
<i>fenofibrate caps 150mg</i>	4	QL (30 EA per 30 days)
<i>fenofibrate tabs 145mg, 160mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate tabs 54mg</i>	2	QL (60 EA per 30 days)
<i>fenofibrate tabs 48mg</i>	2	QL (90 EA per 30 days)
<i>fenofibric acid dr cpdr 135mg</i>	2	QL (30 EA per 30 days)
<i>fenofibric acid dr cpdr 45mg</i>	2	QL (90 EA per 30 days)
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV	4	QL (30 EA per 30 days) ST
<i>atorvastatin calcium</i>	2	QL (30 EA per 30 days)
CRESTOR	3	QL (30 EA per 30 days)
<i>fluvastatin caps 20mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin caps 40mg</i>	2	QL (60 EA per 30 days)
LIVALO	4	QL (30 EA per 30 days) ST
<i>lovastatin tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>lovastatin tabs 10mg</i>	1	QL (240 EA per 30 days)
<i>lovastatin tabs 40mg</i>	1	QL (60 EA per 30 days)
<i>pravastatin sodium</i>	2	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
Dyslipidemics, Other		
ADVICOR TB24 40MG; 1000MG	4	QL (30 EA per 30 days)
ADVICOR TB24 20MG; 1000MG, 20MG; 500MG, 20MG; 750MG	4	QL (60 EA per 30 days)
<i>cholestyramine light pack</i>	2	
<i>colestipol hcl</i>	2	
JUXTAPID CAPS 30MG, 40MG, 60MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA
JUXTAPID CAPS 20MG	5	QL (90 EA per 30 days) PA
KYNAMRO	5	PA
LOVAZA	4	QL (120 EA per 30 days)
<i>niacin er tbc 500mg</i>	4	QL (120 EA per 30 days)
<i>niacin er tbc 1000mg, 750mg</i>	4	QL (60 EA per 30 days)
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days)
<i>prevalite powd</i>	2	
VASCEPA	4	QL (120 EA per 30 days)
VYTORIN TABS 10MG; 80MG	4	QL (30 EA per 30 days) PA
VYTORIN TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG	4	QL (30 EA per 30 days) ST
WELCHOL	3	
ZETIA	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE TABS 40MG	4	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin lingual soln</i>	4	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	
<i>nitroglycerin inj</i>	2	
<i>nitroglycerin pt24 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
NITROSTAT	3	
RECTIV	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs</i>	2	
<i>hydralazine hcl inj</i>	4	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24</i>	4	QL (60 EA per 30 days)
<i>dexedrine tabs 10mg</i>	4	QL (180 EA per 30 days)
<i>dexedrine tabs 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	4	QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>clonidine hcl er</i>	4	QL (120 EA per 30 days)
DAYTRANA	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 15mg, 30mg</i>	4	
<i>dexmethylphenidate hcl er cp24 10mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs</i>	2	QL (60 EA per 30 days)
FOCALIN XR CP24 10MG, 25MG, 35MG, 5MG	4	QL (30 EA per 30 days)
FOCALIN XR CP24 20MG	4	QL (60 EA per 30 days)
<i>guanfacine er</i>	4	QL (30 EA per 30 days) PA
INTUNIV	4	QL (30 EA per 30 days) PA
<i>metadate er</i>	4	QL (90 EA per 30 days)
METHYLIN CHEW 10MG	4	QL (180 EA per 30 days)
METHYLIN CHEW 2.5MG, 5MG	4	QL (90 EA per 30 days)
<i>methylphenidate hcl cd cpr 10mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24 40mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24 30mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24 20mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl er tbc 36mg, 54mg</i>	4	
<i>methylphenidate hcl er tbc 18mg, 27mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days)
QUILLIVANT XR	4	QL (360 ML per 30 days)
RITALIN LA CP24 10MG, 60MG	4	QL (30 EA per 30 days)
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	4	QL (60 EA per 30 days) ST
Central Nervous System, Other		
HETLIOZ	5	QL (30 EA per 30 days) PA
NUEDEXTA	3	PA
<i>riluzole</i>	4	
XENAZINE	5	PA LA
Fibromyalgia Agents		
<i>duloxetine hcl cpep</i>	4	QL (60 EA per 30 days)
LYRICA	4	PA
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (55 EA per 30 days)
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	PA
BETASERON	5	PA
COPAXONE INJ 40MG/ML	5	PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
EXTAVIA	5	PA
GILENYA	5	QL (28 EA per 28 days) PA
REBIF	5	PA
REBIF REBIDOSE	5	PA
REBIF REBIDOSE TITRATION PACK	5	PA
REBIF TITRATION PACK	5	PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (60 EA per 30 days) PA
TYSABRI	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl</i>	4	ST
<i>chlorhexidine gluconate oral rinse</i>	1	
KEPIVANCE	5	
<i>perio gard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone in orabase</i>	2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin</i>	5	
<i>adapalene crea, gel</i>	4	
<i>ammonium lactate crea, lotn</i>	2	
<i>amnestem</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ATRALIN	4	PA
<i>avita crea</i>	2	PA
<i>avita gel</i>	4	PA
AZELEX	4	
<i>calcipotriene</i>	4	
<i>calcipotriene/betamethasone dipropionate</i>	4	
CARAC	3	
<i>claravis</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
CONDYLOX GEL	4	
CORTISPORIN CREA	3	
CORTISPORIN OINT	4	
COSENTYX SENSOREADY PEN	5	PA
<i>diclofenac sodium gel 3%</i>	5	
<i>diclofenac sodium transdermal soln 1.5%</i>	3	
DIFFERIN LOTN	4	
ELIDEL	4	ST
EPIDUO	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>imiquimod crea</i>	4	
<i>methoxsalen caps</i>	5	PA
MIRVASO	4	
OXSORALEN	4	PA
OXSORALEN ULTRA	5	PA
PICATO	3	
<i>podofilox soln</i>	2	
<i>prudoxin</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>selenium sulfide lotn</i>	2	
SOLARAZE	5	
STELARA	5	PA
<i>sulfacetamide sodium susp 10%</i>	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	ST
TAZORAC	4	PA
<i>tretinoin microsphere gel 0.1%</i>	3	PA
<i>tretinoin microsphere gel 0.04%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA
UVADEX	4	
VELTIN	4	PA
VOLTAREN	3	

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA	5	
ZYCLARA PUMP CREA 2.5%	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>clodan</i>	4	
<i>proctosol hc</i>	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN	5	LA
ALDURAZYME	5	
CEREZYME INJ 400UNIT	5	PA
CREON	3	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	
FABRAZYME INJ 35MG	5	
KUVAN TBSO	5	
LUMIZYME	5	
MYOZYME	5	
NAGLAZYME	5	
ORFADIN	5	LA
RAVICTI	5	
<i>sodium phenylbutyrate powd</i>	5	
SUCRAID	5	LA
VPRIV	5	PA
ZAVESCA	5	PA LA
ZENPEP	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
<i>dicyclomine hcl caps, tabs</i>	1	PA
<i>dicyclomine hcl soln</i>	2	PA
<i>glycopyrrolate tabs</i>	4	
<i>glycopyrrolate inj 4mg/20ml</i>	4	
<i>methscopolamine bromide</i>	4	
<i>propantheline bromide</i>	4	
Gastrointestinal Agents, Other		
CHENODAL	5	
<i>cromolyn sodium conc 100mg/5ml</i>	5	
GATTEX	5	PA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (112 EA per 180 days)
<i>loperamide hcl caps</i>	2	
RELISTOR	4	PA
<i>ursodiol caps</i>	2	
<i>ursodiol tabs</i>	4	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine tabs</i>	1	
<i>famotidine premixed</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine susr</i>	4	
<i>famotidine inj 20mg/2ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine</i>	2	
<i>ranitidine hcl caps, syrp</i>	2	
<i>ranitidine hcl inj 150mg/6ml</i>	1	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
Irritable Bowel Syndrome Agents		
AMITIZA	3	QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
LOTRONEX	5	QL (60 EA per 30 days) PA
Laxatives		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
MOVIPREP	4	
<i>peg-3350/electrolytes</i>	1	
<i>polyethylene glycol 3350 powd</i>	2	
SUPREP BOWEL PREP	3	
<i>trilyte</i>	2	
Protectants		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (60 EA per 30 days)
<i>esomeprazole magnesium</i>	3	QL (60 EA per 30 days)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
NEXIUM	3	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate</i>	4	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
PRILOSEC PACK	3	
<i>rabeprazole sodium</i>	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate hcl</i>	4	
GELNIQUE GEL 10%	3	QL (30 GM per 30 days)
GELNIQUE GEL 3%	3	QL (92 GM per 30 days)
MYRBETRIQ	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OXYTROL	3	QL (8 EA per 28 days)
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days)
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days)
TOVIAZ	3	QL (30 EA per 30 days)
<i>tropium chloride</i>	4	QL (60 EA per 30 days)
<i>tropium chloride er</i>	4	QL (30 EA per 30 days)
VESICARE	3	QL (30 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days)
AVODART	3	QL (30 EA per 30 days)
CARDURA XL	4	QL (30 EA per 30 days)
CIALIS TABS 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days)
RAPAFLO	3	QL (30 EA per 30 days)
<i>tamsulosin hcl</i>	2	QL (60 EA per 30 days)
<i>terazosin hcl</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
CUPRIMINE	5	
DEPEN TITRATABS	4	
ELMIRON	4	
LEVITRA TAB 2.5MG, 5MG, 10MG, 20MG	4	QL (6 EA per 30 days) ED
VIAGRA TAB 50MG, 100MG	4	QL (6 EA per 30 days) ED
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>eliphos</i>	2	
FOSRENOL PACK	4	
FOSRENOL CHEW	5	
PHOSLO	3	
PHOSLYRA	3	
RENAGEL	3	
REVELA	3	
VELPHORO	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort</i>	1	
<i>ala cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	4	
<i>apexicon</i>	4	
APEXICON E	4	
<i>augmented betamethasone dipropionate crea, gel, oint</i>	2	
<i>augmented betamethasone dipropionate lotn</i>	4	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
CAPEX	4	
<i>clobetasol propionate e</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel, oint, soln</i>	2	
<i>clobetasol propionate foam, liqd, lotn, sham</i>	4	
CLOBEX LIQD	4	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	2	
CORTIFOAM	4	
<i>cortisone acetate tabs</i>	2	
DEPO-MEDROL INJ 20MG/ML	3	
<i>desonide crea, lotn, oint</i>	4	
<i>desoximetasone crea</i>	2	
<i>desoximetasone gel, oint</i>	4	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone tabs</i>	1	
<i>dexamethasone elix</i>	2	
DEXPAK 13 DAY	4	
<i>diflorasone diacetate crea, oint</i>	4	
<i>fludrocortisone acetate tabs</i>	2	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide-e</i>	2	
<i>fluocinonide crea 0.1%</i>	4	
<i>fluocinonide gel, oint, soln</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate</i>	4	
HALOG	4	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate oint, soln</i>	2	
<i>hydrocortisone valerate crea</i>	2	
<i>hydrocortisone valerate oint</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
KENALOG	3	
KENALOG-10	4	
KENALOG-40	4	
<i>lokara</i>	4	
MEDROL TABS 2MG	3	
<i>methylprednisolone acetate inj</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate crea, oint, soln</i>	2	
PANDEL	4	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone tabs</i>	1	
<i>prednisone soln</i>	2	
RAYOS	5	B/D
SOLU-CORTEF INJ 100MG, 250MG	4	
SOLU-MEDROL INJ 2GM	3	
<i>triamcinolone acetonide aers 0</i>	3	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide inj 10mg/ml, 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
triderm	2	
<i>u-cort</i>	2	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj, nasal soln</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
H.P. ACTHAR	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPOR INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
<i>novarel</i>	4	PA
NUTROPIN AQ NUSPIN 5	5	PA
NUTROPIN AQ PEN	5	PA
OMNITROPE	5	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
STIMATE	4	
ZOMACTON	5	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

KORLYM	5	PA
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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANADROL-50	5	PA
ANDRODERM	3	QL (30 EA per 30 days) PA
ANDROGEL PUMP GEL 1.62%	3	QL (150 GM per 30 days) PA
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	QL (150 GM per 30 days) PA
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA
<i>danazol caps</i>	4	
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	3	QL (60 EA per 30 days) PA
STRIANT	4	QL (60 EA per 30 days) PA
<i>testosterone cypionate inj 200mg/ml</i>	2	PA
<i>testosterone enanthate inj</i>	2	PA
Estrogens		
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANGELIQ	4	PA
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
CLIMARA PRO	4	PA
COMBIPATCH	4	PA
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>delyla</i>	2	
DEPO-ESTRADIOL	4	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
DIVIGEL GEL 0.5MG/0.5GM	4	QL (30 EA per 30 days)
<i>drospirenone/ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
ESTRACE CREA	4	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	2	
<i>estradiol/norethindrone acetate</i>	2	PA
<i>estradiol tabs</i>	1	PA
<i>estradiol ptwk</i>	2	PA
<i>estradiol pttw</i>	3	PA
ESTRING	3	QL (1 EA per 90 days)
<i>estropipate tabs</i>	1	PA
<i>falmina</i>	2	
FEMHRT LOW DOSE	3	PA

Drug Name	Drug Tier	Requirements/Limits
FEMRING	4	QL (1 EA per 90 days)
GENERESS FE	4	
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30</i>	2	
<i>gildess 24 fe</i>	2	
<i>introvale</i>	2	
<i>jinteli</i>	2	PA
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 2</i>		
<i>0.1mg</i>		
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	
<i>lopreeza</i>	2	PA
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>marlissa</i>	2	
MENEST	3	PA
MENOSTAR	4	PA
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mimvey</i>	2	PA
<i>mimvey lo</i>	2	PA
MINASTRIN 24 FE	4	
MINIVELLE	4	PA
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nikki</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	2	PA
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	3	PA
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	3	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	PA
PREMARIN CREA	3	
PREMARIN TABS	3	PA
PREMPHASE	3	PA
PREMPRO	3	PA
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>zenchent</i>	2	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	
<i>deblitane</i>	2	
DEPO-PROVERA	4	
DEPO-SUBQ PROVERA 104	4	
ELLA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>errin</i>	2	
<i>jolivette</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	
MEGACE ES	5	PA
<i>megestrol acetate susp, tabs</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	3	QL (30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium inj 100mcg</i>	5	
<i>levoxyl</i>	1	
<i>liothyronine sodium tabs</i>	2	
<i>liothyronine sodium inj</i>	4	
SYNTHROID	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	3	
EGRIFTA	5	PA
ELIGARD INJ 30MG	4	QL (1 EA per 112 days)
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days)
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days)
ELIGARD INJ 45MG	5	QL (1 EA per 168 days)
FIRMAGON INJ 80MG	4	QL (4 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (2 days supply per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj</i>	4	
LUPANETA PACK	5	PA
LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	
LUPRON DEPOT INJ 11.25MG	5	
LUPRON DEPOT INJ 30MG	5	QL (1 EA per 112 days)
LUPRON DEPOT INJ 45MG	5	QL (1 EA per 168 days)
LUPRON DEPOT INJ 3.75MG, 7.5MG	5	QL (1 EA per 28 days)
LUPRON DEPOT INJ 22.5MG	5	QL (1 EA per 84 days)
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	PA
TRELSTAR MIXJECT	5	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema (HAE) Agents</i>		
CINRYZE	5	PA LA
FIRAZYR	5	PA
RUCONEST	5	PA
<i>Immune Suppressants</i>		
AZASAN	3	B/D
<i>azathioprine tabs</i>	2	B/D
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT SUSR	5	PA
CIMZIA	5	PA
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine inj</i>	4	
<i>cyclosporine caps</i>	4	B/D
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
<i>gengraf</i>	4	B/D
HUMIRA	5	QL (2 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	QL (6 EA per 28 days) PA
KINERET	5	QL (20.1 ML per 30 days) PA
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	2	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	PA
<i>mycophenolate mofetil susr</i>	5	PA
<i>mycophenolic acid dr tbec 180mg</i>	4	B/D
<i>mycophenolic acid dr tbec 360mg</i>	5	B/D
NULOJIX	5	PA

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
ORENCIA INJ 250MG	5	QL (80 EA per 28 days) PA
PROGRAF INJ	4	PA
PROGRAF CAPS 5MG	5	PA
RAPAMUNE SOLN	5	B/D
RAPAMUNE TABS 1MG, 2MG	5	B/D
REMICADE	5	PA
RHEUMATREX	4	
SANDIMMUNE SOLN	4	B/D
SANDIMMUNE CAPS 100MG	5	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tabs 2mg</i>	5	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	PA
TORISEL	5	
TREXALL	4	
XELJANZ	5	PA
ZORTRESS TABS 0.25MG	4	QL (60 EA per 30 days) PA
ZORTRESS TABS 0.75MG	5	PA
ZORTRESS TABS 0.5MG	5	QL (60 EA per 30 days) PA
<i>Immunizing Agents, Passive</i>		
ATGAM	5	
BIVIGAM INJ 10GM/100ML	5	PA
CARIMUNE NANOFILTERED INJ 6GM	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
OCTAGAM INJ 25GM/500ML, 2GM/20ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
THYMOGLOBULIN	5	
<i>Immunomodulators</i>		
ACTEMRA INJ 162MG/0.9ML, 200MG/10ML	5	PA
ACTIMMUNE	5	
ARCALYST	5	PA LA
BENLYSTA	5	PA
ILARIS	5	PA LA
<i>leflunomide</i>	2	
OTEZLA	5	PA
RIDAURA	5	
SIMULECT INJ 20MG	5	
SYNAGIS INJ 50MG/0.5ML	5	
<i>Vaccines</i>		
ACTHIB	3	
ADACEL	3	
BEXSERO	3	
BOOSTRIX	3	

Drug Name	Drug Tier	Requirements/Limits
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
TENIVAC	3	
<i>tetanus toxoid adsorbed</i>	2	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	2	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	3	
<i>balsalazide disodium</i>	2	
CANASA	5	
DIPENTUM	5	
LIALDA	3	
<i>mesalamine kit</i>	4	
PENTASA	4	

Glucocorticoids

<i>budesonide cp24 3mg</i>	5	
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-pak</i>	2	
<i>proctozone-hc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24	5	ST
Sulfonamides		
<i>sulfasalazine tabs</i>	2	
<i>sulfazine ec</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tabs</i>	1	
<i>alendronate sodium soln</i>	2	
ATELVIA	4	QL (4 EA per 28 days)
BINOSTO	4	
<i>calcitonin-salmon</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps</i>	2	B/D
<i>calcitriol inj, oral soln</i>	4	B/D
<i>doxercalciferol inj</i>	2	B/D
<i>doxercalciferol caps</i>	4	B/D
<i>etidronate disodium</i>	2	
FORTEO	5	PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days)
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ	4	PA
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	3	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	2	
<i>paricalcitol caps</i>	4	B/D
PROLIA	4	QL (1 ML per 180 days) PA
RECLAST	4	
<i>risedronate sodium dr</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)
XGEVA	5	QL (1.7 ML per 28 days) PA
<i>zoledronic acid inj 5mg/100ml</i>	4	
<i>zoledronic acid inj 4mg/5ml</i>	4	B/D
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads</i>	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
BOTOX	4	PA
CURITY GAUZE PADS 2"X2"	3	
<i>ergoloid mesylates</i>	2	PA
<i>methylergonovine maleate tabs</i>	4	
<i>sterile water irrigation</i>	1	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE	3	

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P.	3	
CYSTARAN	5	
LACRISERT	4	
LASTACAFT	3	
<i>naphazoline hcl</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED-G	4	
PRED-G S.O.P.	3	
<i>proparacaine hcl</i>	1	
RESTASIS	3	QL (60 EA per 30 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	1	
EMADINE	4	ST
<i>epinastine hcl</i>	2	
PATADAY	3	
PATANOL	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	4	
ALREX	3	
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
DUREZOL	3	
FLAREX	3	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
ILEVRO	3	
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	
LOTEMAX	3	
MAXIDEX	3	
NEVANAC	3	
PRED MILD	3	
<i>prednisolone acetate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	
VEXOL	3	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL SOLN 0.5%	4	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	1	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
IOPIDINE SOLN 1%	4	
ISTALOL	3	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>methazolamide tabs</i>	4	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RESCULA	4	QL (10 ML per 30 days) ST
SIMBRINZA	4	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	3	
<i>latanoprost</i>	2	
LUMIGAN	3	
TRAVATAN Z	3	
<i>travoprost</i>	2	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	3	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract Agents		
Bronchodilators, Sympathomimetic		
ANORO ELLIPTA	3	QL (60 EA per 30 days)
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		

Drug Name	Drug Tier	Requirements/Limits
AEROSPAN	4	QL (17.8 GM per 30 days)
ALVESCO	4	QL (12.2 GM per 30 days) ST
ASMANEX HFA	4	
ASMANEX TWISTHALER 120 METERED DOSES	4	
ASMANEX TWISTHALER 30 METERED DOSES	4	
ASMANEX TWISTHALER 60 METERED DOSES	4	
BECONASE AQ	4	QL (50 GM per 30 days)
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml</i>	4	B/D
<i>budesonide nasal susp 32mcg/act</i>	4	QL (17.2 GM per 30 days)
FLOVENT DISKUS	3	QL (120 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide soln 0.025%</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days)
NASONEX	3	QL (34 GM per 30 days)
OMNARIS	4	QL (12.5 GM per 30 days)
PULMICORT FLEXHALER	3	QL (2 EA per 30 days)
PULMICORT SUSP 1MG/2ML	5	B/D
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
<i>triamcinolone acetone aero 55mcg/act</i>	2	QL (16.5 GM per 30 days)
Antihistamines		
ASTEPRO	3	QL (60 ML per 30 days)
<i>azelastine hcl nasal soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (60 ML per 30 days)
<i>cetirizine hcl syrpf 1mg/ml</i>	2	
<i>clemastine fumarate syrpf</i>	2	PA
<i>clemastine fumarate tabs 2.68mg</i>	2	PA
<i>cyproheptadine hcl syrpf, tabs</i>	2	PA
<i>desloratadine</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl elix</i>	1	QL (4800 ML per 30 days) PA
<i>diphenhydramine hcl inj</i>	2	B/D
<i>levocetirizine dihydrochloride tabs</i>	2	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride soln</i>	4	QL (300 ML per 30 days)
<i>olopatadine hcl</i>	3	QL (30.5 GM per 30 days)
<i>phenadoz suppf 12.5mg</i>	4	PA
<i>phenergan suppf</i>	4	PA
<i>promethazine hcl syrpf</i>	1	PA
<i>promethazine hcl inj, tabs</i>	2	PA
<i>promethazine hcl suppf</i>	4	PA
<i>promethegan suppf 25mg, 50mg</i>	4	PA
Antileukotrienes		
<i>montelukast sodium tabs</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium chew</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium pack</i>	4	QL (30 EA per 30 days)
<i>zafirlukast</i>	2	QL (60 EA per 30 days)
ZYFLO	5	QL (120 EA per 30 days) ST
ZYFLO CR	5	QL (120 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	B/D
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 1MG/ML	4	
<i>albuterol sulfate nebu</i>	1	B/D
<i>albuterol sulfate syrp, tabs</i>	4	
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)
AUVI-Q	4	
BROVANA	4	QL (120 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.15ML	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
FORADIL AEROLIZER	3	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	4	QL (1080 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol nebu</i>	4	QL (270 EA per 30 days) B/D
<i>metaproterenol sulfate syrp, tabs</i>	4	
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (54 GM per 30 days)
PROAIR RESPICLICK	3	QL (3 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
<i>terbutaline sulfate tabs</i>	4	
<i>terbutaline sulfate inj</i>	5	
VENTOLIN HFA	3	QL (54 GM per 30 days)
XOPENEX HFA	4	QL (30 GM per 30 days)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	2	
DALIRESP	4	PA
THEO-24	4	
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	4	
Pulmonary Antihypertensives		
ADCIRCA	5	QL (60 EA per 30 days) PA
ADEMPAS	5	PA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG, 0.25MG	4	QL (180 EA per 30 days) PA
ORENITRAM TBCR 1MG, 2.5MG	5	PA
REMODULIN	5	PA LA
REVIATIO INJ	5	PA
REVIATIO SUSR	5	QL (180 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil tabs</i>	2	QL (90 EA per 30 days) PA
TRACLEER	5	QL (60 EA per 30 days) PA
VENTAVIS	5	PA LA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	2	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ARALAST NP INJ 400MG	5	PA LA
BREO ELLIPTA	3	
CAYSTON	5	LA
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
DULERA	4	QL (13 GM per 30 days)
ESBRIET	5	QL (270 EA per 30 days) PA
GLASSIA	5	PA LA
KALYDECO	5	QL (60 EA per 30 days) PA
PROLASTIN-C	5	PA LA
SEMPREX-D	4	
SYMBICORT	3	QL (10.2 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS	3	
ZEMAIRA	5	PA LA
Respiratory Tract/Pulmonary Agents		
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DYMISTA	3	QL (23.1 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
PULMOZYME	5	B/D
XOLAIR	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen</i>	1	
<i>carisoprodol tabs 350mg</i>	2	QL (120 EA per 30 days) PA
<i>chlorzoxazone tabs</i>	2	QL (180 EA per 30 days) PA
<i>cyclobenzaprine hcl tabs</i>	2	QL (90 EA per 30 days) PA
<i>dantrolene sodium</i>	2	
GABLOFEN INJ 10000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
<i>methocarbamol tabs 750mg</i>	2	QL (180 EA per 30 days) PA
<i>methocarbamol tabs 500mg</i>	2	QL (270 EA per 30 days) PA
<i>orphenadrine citrate er</i>	2	QL (60 EA per 30 days) PA
<i>tizanidine hcl tabs</i>	2	
<i>tizanidine hcl caps</i>	4	
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>eszopiclone</i>	4	QL (30 days supply per 30 days)
<i>temazepam</i>	2	QL (30 EA per 30 days)
<i>zaleplon</i>	2	QL (90 days supply per 365 days)
<i>zolpidem tartrate</i>	1	QL (90 days supply per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate er</i>	2	QL (90 days supply per 365 days)
Sleep Disorders, Other		
BELSOMRA	3	QL (30 EA per 30 days)
BUTISOL SODIUM TABS 30MG	4	QL (180 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	5	QL (60 EA per 30 days) PA
ROZEREM	4	QL (30 EA per 30 days)
SECONAL	4	PA
XYREM	5	QL (540 ML per 30 days) PA LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
EXJADE	5	
FERRIPROX	5	PA
JADENU	5	PA
<i>kionex powd</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>sodium polystyrene sulfonate susp</i>	2	
SYPRINE	5	
Electrolyte/Mineral Replacement		
CARBAGLU	5	LA
ISOLYTE-S	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
NORMOSOL-R	4	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium chloride 0.15%/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15%/nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
<i>potassium chloride er</i>	2	
<i>potassium chloride liqd</i>	4	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er tbc 1080mg, 540mg</i>	2	
<i>potassium citrate er tbc 15meq</i>	4	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 2.5meq/ml, 3%, 5%</i>	4	
<i>sodium fluoride tabs 1mg</i>	2	
Therapeutic Nutrients/Minerals/Electrolytes		
AMINOSYN 7%/ELECTROLYTES	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn 8.5%/electrolytes</i>	2	B/D
AMINOSYN II	4	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/potassium chloride 0.15%</i>	2	
FREAMINE HBC 6.9%	4	B/D
<i>hepatamine</i>	4	B/D
<i>intralipid</i>	4	B/D
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringers dextrose 5% viaflex</i>	2	
<i>lactated ringers irrigation</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>levocarnitine inj, oral soln, tabs</i>	2	B/D
NEPHRAMINE	4	B/D
<i>normosol-m in d5w</i>	2	
NORMOSOL-R IN D5W	3	
<i>nutrilipid</i>	4	B/D
PLASMA-LYTE-56/D5W	4	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection</i>	2	
<i>ringers irrigation</i>	1	
<i>sodium lactate</i>	2	
<i>tpn electrolytes</i>	4	
TRAVASOL	4	B/D
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