



2012 Formulary

(List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013

Medicare-approved HMO plan

This information is available for free in other languages. Please contact our Member Services department at 303-602-2111 or toll free at 1-877-956-2111 for more information. TTY/TDD users should call 303-602-2129 or toll free at 1-866-538-5288. Our hours of operation are 8 a.m. - 8 p.m. seven days a week.

Este documento está disponible gratis en otros idiomas. Por favor comuníquese con nuestro departamento de Servicios al Afiliado al 303-602-2111 o llame gratis al 1-877-956-2111, para obtener más información. Los usuarios TTY/TDD favor de llamar al 303-602-2129 o gratis al 1-866-538-5288. Estamos disponibles de las 8 a.m. a las 8 p.m. los siete días de la semana.

H5608_5003_2012_Comprehensive Formulary

CMS File and Use 09/25/2011

Formulary ID: 12146.000, Version 7

Last Updated: January 27, 2012

What is the Denver Health Medical Plan, Inc. Formulary?

A formulary is a list of covered drugs selected by Denver Health Medical Plan 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. Denver Health Medical Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Denver Health Medical Plan 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 change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of February 1, 2012. To get updated information about the drugs covered by Denver Health Medical Plan, please visit our Web site at www.denverhealthmedicalplan.com or call Member Services at 303-602-2111 or toll free at 1-877-956-2111. TTY/TDD user should call 303-602-2129 or toll free at 1-866-538-5288. Our hours of operation are 8 a.m. – 8 p.m. seven days a week.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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, Cardiac Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

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

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

What are generic drugs?

Denver Health Medical Plan 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: Denver Health Medical Plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from Denver Health Medical Plan before you fill your prescriptions. If you don't get approval, Denver Health Medical Plan may not cover the drug.

Quantity Limits: For certain drugs, Denver Health Medical Plan limits the amount of the drug that Denver Health Medical Plan will cover. For example, Denver Health Medical Plan provides 93 capsules per prescription for Lyrica. This may be in addition to a standard one month or three month supply.

Step Therapy: In some cases, Denver Health Medical Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for the condition. For example, if Drug A and Drug B both treat your medical condition, Denver Health Medical Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Denver Health Medical Plan will then cover Drug B.

You can ask Denver Health Medical Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Denver Health Medical Plan formulary?" on the next page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Denver Health Medical Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Denver Health Medical Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Denver Health Medical Plan.
- You can ask Denver Health Medical Plan 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 Denver Health Medical Plan Formulary?

You can ask Denver Health Medical Plan 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Denver Health Medical Plan limit 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drugs tier, you can ask us to cover it at the cost sharing amount that applies to drugs in the Generic Drugs tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Denver Health Medical Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tiered 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 are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician'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 your prescriber's or prescribing physician's supporting statement.

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

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

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

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

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

For more information

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

If you have questions about Denver Health Medical Plan, please call Member Services 303-602-2111 or toll free 1-877-956-2111. Our hours of operation are 8 a.m. – 8 p.m. seven days a week. TTY/TDD users should call 303-602-2129 or toll free 1-866-538-5288. Or visit www.denverhealthmedicalplan.com.

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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Denver Health Medical Plan’s Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by Denver Health Medical Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Denver Health Medical Plan has any special requirements for coverage of your drug. Abbreviations in the Requirements/Limits column include:

PA - Prior Authorization: You (or your physician) are required to get prior authorization from Denver Health Medical Plan before you fill your prescription for this drug. Without prior approval, Denver Health Medical Plan may not cover this drug.

OL - Quantity Limits: Denver Health Medical Plan limits the amount of this drug that is covered per prescription, or within a specific time frame.

ST - Step Therapy: Before Denver Health Medical Plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 303-602-2111 or toll free at 1-877-956-2111. TTY/TDD users call 303-602-2129 or toll free at 1-866-538-5288. Our hours of operation are 8 a.m. – 8 p.m. seven days a week.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	
Acidifying and Alkalinizing Agents			
Acidifying and Alkalinizing Agents			
<i>ammonium chloride</i> (Ammonium Chloride)	1		
<i>citric acid/sodium citrate</i> (Bicitra)	1		
K-PHOS M.F.	2		
K-PHOS NO.2	2		
<i>phosphorus #1</i> (K-phos Neutral)	1		
<i>potassium citrate</i> (Urocit-K)	1		
<i>potassium citrate/citric acid</i> (Polycitra-k)	1		
<i>sod/pot/k cit/sod cit/cit acid</i> (Polycitra-lc)	1		
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1		disp syrin: 0.5meq/ml; iv soln., vial
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1		disp syrin: 0.9meq/ml, 1meq/ml
<i>sodium lactate</i> (Sodium Lactate)	1		vial
Adrenals			
Adrenals			
ADVAIR DISKUS	2	QL: 62 in 31 days	
ADVAIR HFA	2	QL: 12 in 28 days	
<i>betamet acet/betamet na ph</i> (Celestone)	1	PA	
<i>budesonide</i> (Entocort EC)	1		capdr & er
<i>cortisone acetate</i> (Cortisone Acetate)	1	PA	
DEPO-MEDROL	2	PA	vial: 20mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	PA	vial: 10mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	PA	vial: 4mg/ml
<i>dexamethasone</i> (Dexamethasone)	1	PA	elixir, tablet
<i>dexamethasone</i> (Dexpak)	1	PA	tab ds pk
DULERA	2	QL: 13 in 28 days	
ENTOCORT EC	2		
FLOVENT DISKUS	2	QL: 120 in 30 days	disk w/dev: 250mcg
FLOVENT DISKUS	2	QL: 60 in 30 days	disk w/dev: 50mcg, 100mcg

Drug Name	Drug Tier	Requirements/Limits	
FLOVENT HFA	2	QL: 12 in 28 days	aer w/adap: 110mcg
FLOVENT HFA	2	QL: 21.2 in 28 days	aer w/adap: 44mcg
FLOVENT HFA	2	QL: 24 in 28 days	aer w/adap: 220mcg
<i>fludrocortisone acetate</i> (Florinef Acetate)	1		
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	1	PA	vial: 100mg
<i>hydrocortisone</i> (Cortef)	1	PA	
<i>methylprednisolone acetate</i> (Depo-medrol)	1	PA	
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	PA	
<i>methylprednisolone</i> (Medrol)	1	PA	
<i>prednisolone acetate</i> (Prednisolone Acetate)	1	PA	
<i>prednisolone sod phosphate</i> (Orapred)	1	PA	
<i>prednisolone</i> (Prednisolone)	1	PA	
PREDNISON INTENSOL	3	PA	
<i>prednisone</i> (Prednisone)	1	PA	solution, tablet
<i>prednisone</i> (Prednisone)	1	PA	tab ds pk
QVAR	2	QL: 17.4 in 25 days	
SOLU-MEDROL	2	PA	vial: 2g
SYMBICORT	2	QL: 11 in 25 days	hfa aer ad: 80-4.5mcg, 160-4.5mcg
<i>triamcinolone acetonide</i> (Kenalog-40)	1	PA	
VERIPRED 20	1	PA	
Adrenocortical Insufficiency			
Adrenocortical Insufficiency			
ACTHAR H.P.	2	PA, QL: 45 in 28 days	
Alpha-Adrenergic Blocking Agents			
Alpha-Adrenergic Blocking Agents			
<i>doxazosin mesylate</i> (Cardura)	1		
<i>prazosin hcl</i> (Minipress)	1		
<i>terazosin hcl</i> (Hytrin)	1		

Drug Name	Drug Tier	Requirements/Limits
Ammonia Detoxicants		
Ammonia Detoxicants		
BUPHENYL	2	
CARBAGLU	2	
<i>lactulose</i> (Lactulose)	1	solution
<i>lactulose</i> (Lactulose)	1	syrup
LITHOSTAT	2	
Analgesics and Antipyretics		
Analgesics And Antipyretics, Miscellaneous		
<i>acetaminophen/phenyltolx cit</i> (Staflex)	1	tablet: 500mg-30mg, 500mg-50mg, 650-50mg, 650mg-60mg
<i>mg sal/acetaminophn/p-tlox/caf</i> (Durabac Forte)	1	
OFIRMEV	3	
<i>sal-amide/acetamin/p-tlox/caff</i> (Durabac)	1	
<i>sal-amide/acetaminophn/p-tlox</i> (Asp)	1	
<i>salicylamide/acetaminophen</i> (Salicylamide/acetaminophen)	1	
Nonsteroidal Anti-inflammatory Agents		
<i>aspirin</i> (Easprin)	1	
CALDOLOR	3	
CELEBREX	2	ST, QL: 62 in 31 days
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	1	
<i>diclofenac potassium</i> (Cataflam)	1	
<i>diclofenac sodium</i> (Voltaren)	1	
<i>diflunisal</i> (Diflunisal)	1	
<i>etodolac</i> (Etodolac)	1	
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	
<i>flurbiprofen</i> (Ansaid)	1	
<i>ibuprofen</i> (Motrin)	1	
INDOCIN	2	oral susp
<i>indomethacin sodium trihydrate</i> (Indocin I.v.)	1	
<i>indomethacin</i> (Indomethacin)	1	
<i>ketoprofen</i> (Ketoprofen)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>ketorolac tromethamine</i>	(Ketorolac Tromethamine)	1	QL: 40 in 31 days vial: 15mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	1	QL: 20 in 31 days cartridge
<i>ketorolac tromethamine</i>	(Toradol)	1	QL: 20 in 31 days tablet, vial: 60mg/2ml
<i>magnesium salicylate</i>	(Novasal)	1	
<i>meclofenamate sodium</i>	(Meclofenamate Sodium)	1	
<i>mefenamic acid</i>	(Ponstel)	1	
<i>meloxicam</i>	(Mobic)	1	
<i>methyl salicylate</i>	(Methyl Salicylate)	1	
<i>nabumetone</i>	(Relafen)	1	
<i>naproxen sodium</i>	(Anaprox)	1	
<i>naproxen</i>	(Naprosyn)	1	oral susp, tablet: 250mg, 375mg; tablet dr
<i>naproxen</i>	(Naprosyn)	1	tablet: 500mg
<i>oxaprozin</i>	(Daypro)	1	
<i>phenylbutazone</i>	(Phenylbutazone)	1	
<i>piroxicam</i>	(Feldene)	1	
<i>salsalate</i>	(Salflex)	1	
<i>sulindac</i>	(Clinoril)	1	
<i>tolmetin sodium</i>	(Tolmetin Sodium)	1	
VIMOVO		2	ST
VOLTAREN		2	ST gel (gram)
Opiate Agonists			
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	tablet: 300mg-15mg, 300mg-30mg, 300mg-60mg
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	tablet: 650mg-30mg, 650mg-60mg
ASTRAMORPH-PF		1	
<i>codeine phos/acetaminophen</i>	(Codeine Phos/acetaminophen)	1	
<i>codeine phosphate</i>	(Codeine Phosphate)	1	
<i>codeine sulf</i>	(Codeine Sulf)	1	
<i>codeine/butalbit/acetamin/caff</i>	(Fioricet with Codeine)	1	
<i>codeine/butalbital/asa/caffein</i>	(Fiorinal with Codeine #3)	1	
<i>dhcodeine bt/acetaminophn/caff</i>	(Dhcodeine Bt/acetaminophn/caff)	1	capsule

Drug Name		Drug Tier	Requirements/Limits
<i>dhcodeine bt/acetaminophn/caff</i>	(Panlor SS)	1	tablet
<i>fentanyl citrate</i>	(Actiq)	2	PA, QL: 120 in 30 days
<i>fentanyl</i>	(Duragesic)	1	PA, QL: 10 in 30 days patch td72: 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>fentanyl</i>	(Duragesic)	1	PA, QL: 20 in 30 days patch td72: 100mcg/hr
<i>hydrocodone bit/acetaminophen</i>	(Vicodin)	1	capsule, solution: 7.5-500/15; tablet
<i>hydrocodone bit/acetaminophen</i>	(Zamicet)	1	solution: 7.5-325/15, 10-300/15, 10-325/cup
<i>hydrocodone/ibuprofen</i>	(Vicoprofen)	1	
<i>hydromorphone hcl</i>	(Dilaudid)	1	tablet
<i>hydromorphone hcl</i>	(Dilaudid)	1	vial
<i>hydromorphone hcl/pf</i>	(Dilaudid)	1	ampul: 10mg/ml
<i>hydromorphone hcl/pf</i>	(Hydromorphone HCl/PF)	1	ampul: 4mg/ml; disp syrin
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	1	
KADIAN		2	ST, QL: 120 in 30 days cap er pel: 200mg
KADIAN		2	ST, QL: 60 in 30 days cap er pel: 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg
<i>levorphanol tartrate</i>	(Levo-dromoran)	1	
<i>meperidine hcl</i>	(Demerol)	1	
<i>meperidine hcl/pf</i>	(Meperidine HCl/PF)	1	vial: 25mg/ml, 50mg/ml, 100mg/ml
<i>meperidine hcl/pf</i>	(Meperidine HCl/PF)	1	vial: 75mg/ml
<i>methadone hcl</i>	(Methadose)	1	oral conc, solution, tablet, vial
<i>methadone hcl</i>	(Methadose)	1	tablet sol
<i>morphine sulfate</i>	(Kadian)	1	ST, QL: 60 in 30 days cap er pel: 20mg, 30mg, 50mg, 60mg, 80mg

Drug Name		Drug Tier	Requirements/Limits
<i>morphine sulfate</i>	(Kadian)	2	ST, QL: 60 in 30 days cap er pel: 100mg
<i>morphine sulfate</i>	(Morphine Sulfate)	1	ampul, disp syrin, pen injctr, supp.rect, vial
<i>morphine sulfate</i>	(MS Contin)	1	solution, tablet, tablet er
<i>morphine sulfate/normal saline</i>	(Morphine Sulfate/normal Saline)	1	
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	pca vial, vial: 0.5mg/ml, 1mg/ml
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	vial: 25mg/ml
NUCYNTA ER		2	QL: 60 in 30 days
NUCYNTA		2	QL: 181 in 30 days
<i>opium/belladonna alkaloids</i>	(B & O Suppettes No.15-a)	1	
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	QL: 124 in 31 days tab er 12h: 80mg
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	QL: 93 in 31 days tab er 12h: 10mg, 20mg, 40mg
<i>oxycodone hcl</i>	(Roxicodone)	1	capsule, oral conc, tablet: 5mg, 15mg, 30mg
<i>oxycodone hcl</i>	(Roxicodone)	1	solution, tablet: 10mg, 20mg
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	
<i>oxycodone hcl/aspirin</i>	(Percodan)	1	
<i>oxycodone hcl/oxycodon ter/asa</i>	(Oxycodone HCl/oxycodon Ter/asa)	1	
OXYCONTIN		2	QL: 120 in 30 days tab er 12h: 60mg, 80mg
OXYCONTIN		2	QL: 60 in 30 days tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg
<i>oxymorphone hcl</i>	(Opana ER)	1	tab er 12h
<i>oxymorphone hcl</i>	(Opana)	1	tablet

Drug Name		Drug Tier	Requirements/Limits
<i>tramadol hcl</i>	(Ultram ER)	1	tab er 24h: 300mg
<i>tramadol hcl</i>	(Ultram)	1	tab er 24h: 100mg, 200mg; tablet
<i>tramadol hcl/acetaminophen</i>	(Ultracet)	1	
Opiate Partial Agonists			
BUPRENEX		2	
<i>buprenorphine hcl</i>	(Subutex)	1	
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	disp syrin
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	QL: 5 in 28 days spray
<i>nalbuphine hcl</i>	(Nubain)	1	
<i>pentazocine hcl/acetaminophen</i>	(Talacen)	1	
<i>pentazocine hcl/naloxone hcl</i>	(Talwin NX)	1	
SUBOXONE		3	
Androgens			
Androgens			
ANADROL-50		2	
ANDRODERM		2	QL: 30 in 30 days patch td24: 2mg/24hr, 4mg/24hr
ANDRODERM		2	QL: 30 in 30 days patch td24: 5mg/24hr
ANDRODERM		2	QL: 60 in 30 days patch td24: 2.5mg/24hr
ANDROGEL		2	QL: 300 in 30 days
AXIRON		2	QL: 180 in 28 days
<i>danazol</i>	(Danocrine)	1	
<i>flouxymesterone</i>	(Flouxymesterone)	1	
<i>oxandrolone</i>	(Oxandrin)	1	
<i>testosterone cypionate</i>	(Depo-testosterone)	1	PA, QL: 40 in 28 days vial: 100mg/ml
<i>testosterone cypionate</i>	(Depo-testosterone)	1	PA vial: 200mg/ml
<i>testosterone enanthate</i>	(Delatestryl)	1	PA, QL: 5 in 28 days

Drug Name	Drug Tier	Requirements/Limits	
<i>testosterone</i> (Tesamone-100)	1	PA, QL: 40 in 28 days	
Anorexigenics, Respiratory, Cerebral Stimulants			
Amphetamines			
<i>amphet asp/amphet/d-amphet</i> (Adderall XR)	1	PA, QL: 30 in 30 days	cap er 24h
<i>amphet asp/amphet/d-amphet</i> (Adderall)	1	PA, QL: 60 in 30 days	tablet
<i>dextroamphetamine sulfate</i> (Dexedrine)	1	PA, QL: 120 in 30 days	capsule er
<i>dextroamphetamine sulfate</i> (Dextrostat)	1	PA, QL: 180 in 30 days	tablet
<i>methamphetamine hcl</i> (Desoxyn)	1	QL: 150 in 30 days	
Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous			
<i>caffeine citrated</i> (Cafcit)	1		
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	1		
CONCERTA	2	PA, QL: 31 in 31 days	
<i>dexmethylphenidate hcl</i> (Focalin)	1	PA, QL: 60 in 30 days	
<i>methylphenidate hcl</i> (Concerta)	1	PA, QL: 31 in 31 days	tab er 24
<i>methylphenidate hcl</i> (Methylin)	1	PA, QL: 900 in 30 days	solution
<i>methylphenidate hcl</i> (Ritalin)	1	PA, QL: 90 in 30 days	tablet, tablet er
PROVIGIL	2	PA, QL: 62 in 31 days	

Drug Name	Drug Tier	Requirements/Limits	
Anthelmintics			
Anthelmintics			
ALBENZA	2		
BILTRICIDE	2		
<i>mebendazole</i> (Mebendazole)	1		
STROMEKTOL	2		
Antiallergic Agents			
Antiallergic Agents			
ALAMAST	2	ST	
ASTEPRO	2	QL: 30 in 25 days	
<i>azelastine hcl</i> (Astelin)	1	QL: 30 in 25 days	spray/pump
<i>azelastine hcl</i> (Optivar)	1		drops
<i>epinastine hcl</i> (Elestat)	1		
PATADAY	3	ST	
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate</i> (Amikacin Sulfate)	1		
<i>gentamicin in saline, iso-osm</i> (Gentamicin In Saline, Iso-osm)	1		piggyback: 100mg/50ml
<i>gentamicin in saline, iso-osm</i> (Gentamicin In Saline, Iso-osm)	1		piggyback: 60mg/100ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.1l, 120mg/0.1l
<i>gentamicin sulfate</i> (Garamycin)	1		
<i>gentamicin sulfate/pf</i> (Gentamicin Sulfate/PF)	1		
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1		vial: 1g/3ml
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1		vial: 500mg/2ml
<i>neomycin sulfate</i> (Neomycin Sulfate)	1		solution
<i>neomycin sulfate</i> (Neomycin Sulfate)	1		tablet
<i>streptomycin sulfate</i> (Streptomycin Sulfate)	1		
TOBI	2	PA	
<i>tobramycin sulfate</i> (Nebcin)	1		
<i>tobramycin/sodium chloride</i> (Tobramycin/sodium Chloride)	1		
Antibacterials, Miscellaneous			
<i>bacitracin</i> (Bacitracin)	1		
<i>chloramphenicol na succ</i> (Chloramphenicol Na Succ)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	(Cleocin HCl)	1	capsule: 150mg, 300mg
<i>clindamycin hcl</i>	(Cleocin HCl)	1	capsule: 75mg
<i>clindamycin palmitate hcl</i>	(Cleocin Palmitate)	1	
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	
<i>colistin (colistimethate na)</i>	(Coly-mycin M Parenteral)	1	
CUBICIN		2	PA (PA for ESRD only)
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	1	
SYNERCID		2	
VANCOGIN HCL		2	
<i>vancomycin hcl</i>	(Vancomycin HCl)	1	PA (PA for ESRD only)
<i>vancomycin hcl/d5w</i>	(Vancomycin HCl/D5W)	1	
VANCOMYCIN HCL		3	
VIBATIV		2	
XIFAXAN		2	PA, QL: 60 in 30 days tablet: 550mg
XIFAXAN		2	PA, QL: 9 in 30 days tablet: 200mg
ZYVOX		2	
Cephalosporins			
<i>cefaclor</i>	(Ceclor)	1	capsule, tab er 12h
<i>cefaclor</i>	(Ceclor)	1	susp recon
<i>cefadroxil hydrate</i>	(Cefadroxil Hydrate)	1	
<i>cefazolin sodium</i>	(Ancef)	1	
<i>cefdinir</i>	(Omnicef)	1	
<i>cefditoren pivoxil</i>	(Spectracef)	1	
<i>cefepime hcl</i>	(Maxipime)	1	
CEFEPIME		2	
CEFEPIME-DEXTROSE		2	
<i>cefotaxime sodium</i>	(Claforan)	1	
<i>cefpodoxime proxetil</i>	(Vantin)	1	
<i>cefprozil</i>	(Cefzil)	1	
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	vial port: 1g
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	vial: 1g, 2g, 6g; vial port: 2g
<i>ceftazidime pentahydrate</i>	(Fortaz)	2	vial: 2g
CEFTAZIDIME		1	
<i>ceftriaxone na/ dextrose,iso</i>	(Ceftriaxone Na/dextrose, Iso)	1	
<i>ceftriaxone sodium</i>	(Rocephin)	1	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAZONE	1	
<i>cefuroxime axetil</i> (Ceftin)	1	
<i>cefuroxime sodium</i> (Zinacef)	1	
<i>cefuroxime sodium/dextrose, iso</i> (Cefuroxime Sodium/dextrose, Iso)	1	
<i>cephalexin monohydrate</i> (Keflex)	1	
FORTAZ IN ISO-OSMOTIC DEXTROSE	2	
SUPRAX	3	tablet
TAZICEF IN DEXTROSE	2	
Macrolides		
<i>azithromycin hydrogen citrate</i> (Azithromycin Hydrogen Citrate)	1	
<i>azithromycin</i> (Zithromax)	1	packet
<i>azithromycin</i> (Zithromax)	1	susp recon, tablet, vial
<i>clarithromycin</i> (Biaxin)	1	
DIFICID	2	QL: 20 in 10 days
<i>ery e-succ/sulfisoxazole</i> (Pediazole)	1	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE	2	vial
ERYTHROCIN LACTOBIONATE	2	vial port
<i>erythromycin base</i> (Eryc)	1	capsule dr
<i>erythromycin base</i> (Erythromycin Base)	1	tablet, tablet dr
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	oral susp: 200mg/5ml
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	tablet
<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet: 250mg
<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet: 500mg
KETEK PAK	2	ST
KETEK	2	ST
ZMAX	2	
Miscellaneous B-lactam Antibiotics		
<i>aztreonam</i> (Azactam)	1	
CAYSTON	2	LA
<i>cefotetan disod/dextrose, iso</i> (Cefotetan Disod/dextrose, Iso)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>cefotetan disodium</i>	(Cefotetan Disodium)	1	
<i>cefoxitin sodium</i>	(Mefoxin)	1	
<i>cefoxitin sodium/ dextrose, iso</i>	(Cefoxitin Sodium/dextrose, Iso)	1	
DORIBAX		2	
<i>imipenem/cilastatin sodium</i>	(Primaxin)	1	
INVANZ		2	vial
INVANZ		2	vial port
<i>meropenem</i>	(Merrem)	1	
PRIMAXIN I.M.		2	
PRIMAXIN		2	
Penicillins			
<i>amoxicillin</i>	(Amoxil)	1	capsule, susp recon, tab chew: 125mg, 200mg, 250mg; tablet
<i>amoxicillin</i>	(Amoxil)	1	tab chew: 400mg
<i>amoxicillin/potassium clav</i>	(Augmentin)	1	
<i>ampicillin sodium</i>	(Totacillin-N)	1	vial port: 2g
<i>ampicillin sodium</i>	(Totacillin-N)	1	vial, vial port: 1g
<i>ampicillin sodium/ sulbactam na</i>	(Unasyn)	1	vial
<i>ampicillin sodium/ sulbactam na</i>	(Unasyn)	1	vial port
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	1	
BICILLIN C-R		2	
BICILLIN L-A		2	
<i>dicloxacillin sodium</i>	(Dicloxacillin Sodium)	1	
<i>nafcillin sodium</i>	(Unipen)	1	vial
<i>nafcillin sodium</i>	(Unipen)	1	vial port
<i>oxacillin sodium</i>	(Oxacillin Sodium)	1	
<i>oxacillin sodium/ dextrose, iso</i>	(Oxacillin Sodium/dextrose, Iso)	1	
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	froz.piggy: 1mm/ 50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	froz.piggy: 2mm/ 50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	vial: 20mmunit
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	vial: 5mmunit
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	disp syrin: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	disp syrin: 600000/ml
PENICILLIN G SODIUM		1	
<i>penicillin v potassium</i>	(Veetids 500)	1	
<i>piperacillin sodium</i>	(Piperacillin Sodium)	1	
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	1	
ZOSYN		3	froz.piggy
Quinolones			
AVELOX ABC PACK		2	
AVELOX IV		2	
AVELOX		2	
<i>ciprofloxacin hcl</i>	(Cipro)	1	
<i>ciprofloxacin lactate</i>	(Cipro I.V.)	1	
<i>ciprofloxacin lactate/d5w</i>	(Cipro I.V.)	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	(Cipro XR)	1	
LEVAQUIN		2	piggyback
LEVAQUIN		2	solution, tablet, vial
<i>levofloxacin</i>	(Levaquin)	1	
<i>levofloxacin/dextrose 5%-water</i>	(Levaquin)	1	
<i>nalidixic acid</i>	(Nalidixic Acid)	1	
<i>ofloxacin</i>	(Floxin)	1	
Sulfonamides (Systemic)			
<i>sulfadiazine</i>	(Sulfadiazine)	1	
<i>sulfamethoxazole/trimethoprim</i>	(Bactrim DS)	1	
<i>sulfasalazine</i>	(Azulfidine)	1	
Tetracyclines			
<i>demeclocycline hcl</i>	(Declomycin)	1	
<i>doxycycline hyclate</i>	(Morgidox)	1	
<i>doxycycline monohydrate</i>	(Adoxa)	1	capsule
<i>doxycycline monohydrate</i>	(Adoxa)	1	tablet
MINOCIN		2	vial
<i>minocycline hcl</i>	(Dynacin)	1	
<i>tetracycline hcl</i>	(Ala-tet)	1	capsule
<i>tetracycline hcl</i>	(Tetracycline HCl)	1	oral susp
TYGACIL		2	
VIBRAMYCIN		2	syrup

Drug Name	Drug Tier	Requirements/Limits
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Anticholinergic Agents

Antimuscarinics/Antispasmodics		
<i>atropine sulfate</i> (Atropine Sulfate)	1	ampul, tablet, vial
<i>atropine sulfate</i> (Atropine Sulfate)	1	disp syrin
ATROVENT HFA	2	QL: 25.8 in 28 days
CANTIL	2	
<i>dicyclomine hcl</i> (Bentyl)	1	
<i>glycopyrrolate</i> (Robinul)	1	
<i>hyoscyamine sulfate</i> (Levsin-sl)	1	
<i>isopropamide/prochlorperazine</i> (Isopropamide/prochlorperazine)	1	
<i>methscopolamine bromide</i> (Pamine)	1	
<i>propantheline bromide</i> (Propantheline Bromide)	1	
<i>propantheline/phenobarbital</i> (Propantheline/phenobarbital)	1	
<i>scopolamine hydrobromide</i> (Scopolamine Hydrobromide)	1	
SPIRIVA	2	QL: 30 in 30 days

Anticonvulsants

Anticonvulsants, Miscellaneous		
BANZEL	3	ST
<i>carbamazepine</i> (Carbatrol)	1	cpmp 12hr
<i>carbamazepine</i> (Tegretol)	1	oral susp, tab chew, tab er 12h, tablet
CARBATROL	2	
<i>divalproex sodium</i> (Depakote ER)	1	
<i>felbamate</i> (Felbatol)	1	
FELBATOL	2	
<i>gabapentin</i> (Neurontin)	1	
GABITRIL	2	
<i>lamotrigine</i> (Lamictal)	1	tablet, tb chw dsp
<i>lamotrigine</i> (Lamotrigine)	1	tab ds pk
<i>levetiracetam</i> (Keppra XR)	1	tab er 24h
<i>levetiracetam</i> (Keppra)	1	solution, tablet, vial
LYRICA	2	QL: 93 in 31 days
<i>magnesium chloride</i> (Magnesium Chloride)	1	
<i>magnesium sulfate</i> (Magnesium Sulfate)	1	disp syrin, infus. btl, piggyback

Drug Name		Drug Tier	Requirements/Limits
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	vial
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	piggyback
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	plast. bag
<i>oxcarbazepine</i>	(Trileptal)	1	
<i>primidone</i>	(Mysoline)	1	
SABRIL		2	
TEGRETOL XR		2	tab er 12h: 100mg
<i>topiramate</i>	(Topamax)	1	
<i>valproate sodium</i>	(Depakene)	1	
<i>valproic acid</i>	(Depakene)	1	
VIMPAT		3	ST, QL: 1200 in 30 days solution
VIMPAT		3	ST, QL: 200 in 5 days vial
VIMPAT		3	ST, QL: 60 in 30 days tablet
<i>zonisamide</i>	(Zonegran)	1	
Hydantoins			
DILANTIN		2	capsule: 30mg
DILANTIN		2	tab chew
<i>fospheyntoin sodium</i>	(Cerebyx)	1	
PEGANONE		2	
PHENYTEK		2	
<i>phenytoin sodium extended</i>	(Dilantin)	1	
<i>phenytoin sodium</i>	(Phenytoin Sodium)	1	
<i>phenytoin</i>	(Dilantin-125)	1	
Succinimides			
CELONTIN		2	
<i>ethosuximide</i>	(Zarontin)	1	
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose</i>	(Precose)	1	QL: 90 in 30 days
BYETTA		2	PA, QL: 1.2 in 28 days pen injctr: 5mcg/0.02

Drug Name	Drug Tier	Requirements/Limits	
BYETTA	2	PA, QL: 2.4 in 28 days	pen injctr: 10mcg/ 0.04
GLYSET	3	QL: 90 in 30 days	
JANUMET	2	ST, QL: 60 in 30 days	
JANUVIA	2	ST, QL: 30 in 30 days	
JUVISYNC	2	ST, QL: 30 in 30 days	
KOMBIGLYZE XR	2	ST, QL: 30 in 30 days	
<i>metformin hcl</i> (Fortamet)	1	QL: 60 in 30 days	tab er 24
<i>metformin hcl</i> (Glucophage)	1	QL: 120 in 30 days	tab er 24h: 500mg; tablet: 500mg
<i>metformin hcl</i> (Glucophage)	1	QL: 60 in 30 days	tablet: 1000mg
<i>metformin hcl</i> (Glucophage)	1	QL: 90 in 30 days	tab er 24h: 750mg; tablet: 850mg
<i>nateglinide</i> (Starlix)	1	QL: 90 in 30 days	
ONGLYZA	2	ST, QL: 30 in 30 days	
PRANDIMET	2	ST, QL: 150 in 30 days	
PRANDIN	2	ST, QL: 240 in 30 days	
SYMLIN	2	PA, QL: 20 in 28 days	
SYMLINPEN 120	2	PA, QL: 5.4 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
SYMLINPEN 60	2	PA, QL: 3 in 28 days	
TRADJENTA	2	ST, QL: 30 in 30 days	
VICTOZA 3-PAK	2	PA, QL: 9 in 28 days	
Insulins			
HUMALOG MIX 50-50	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 50-50	2	QL: 40 in 28 days	vial
HUMALOG MIX 75-25	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 75-25	2	QL: 40 in 28 days	vial
HUMALOG	2	QL: 30 in 28 days	insuln pen
HUMALOG	2	QL: 40 in 28 days	vial
HUMULIN 50-50	2	QL: 40 in 28 days	
HUMULIN 70-30	2	QL: 30 in 28 days	insuln pen
HUMULIN 70-30	2	QL: 40 in 28 days	vial
HUMULIN N	2	QL: 30 in 28 days	insuln pen
HUMULIN N	2	QL: 40 in 28 days	vial
HUMULIN R	2	QL: 40 in 28 days	
LANTUS SOLOSTAR	2	QL: 30 in 28 days	
LANTUS	2	QL: 40 in 28 days	
LEVEMIR	2	ST, QL: 30 in 28 days	insuln pen

Drug Name	Drug Tier	Requirements/Limits	
LEVEMIR	2	ST, QL: 40 in 28 days	vial
NOVOLIN 70-30 INNOLET	2	QL: 30 in 28 days	
NOVOLIN 70-30	2	QL: 40 in 28 days	
NOVOLIN N INNOLET	2	QL: 30 in 28 days	
NOVOLIN N	2	QL: 40 in 28 days	
NOVOLIN R	2	QL: 30 in 28 days	insuln pen
NOVOLIN R	2	QL: 40 in 28 days	vial
NOVOLOG MIX 70-30	2	QL: 30 in 28 days	insuln pen
NOVOLOG MIX 70-30	2	QL: 40 in 28 days	vial
NOVOLOG	2	QL: 30 in 28 days	insuln pen
NOVOLOG	2	QL: 40 in 28 days	vial
Sulfonylureas			
<i>chlorpropamide</i> (Diabinese)	1	QL: 225 in 30 days	tablet: 100mg
<i>chlorpropamide</i> (Diabinese)	1	QL: 90 in 30 days	tablet: 250mg
<i>glimepiride</i> (Amaryl)	1	QL: 30 in 30 days	tablet: 1mg, 2mg
<i>glimepiride</i> (Amaryl)	1	QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i> (Glucotrol XL)	1	QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
<i>glipizide</i> (Glucotrol)	1	QL: 120 in 30 days	tablet: 10mg
<i>glipizide</i> (Glucotrol)	1	QL: 60 in 30 days	tab er 24: 10mg; tablet: 5mg
<i>glipizide/metformin hcl</i> (Metaglip)	1	QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg

Drug Name	Drug Tier	Requirements/Limits	
<i>glipizide/metformin hcl</i> (Metaglip)	1	QL: 60 in 30 days	tablet: 2.5-250mg
<i>glyburide</i> (Micronase)	1	QL: 120 in 30 days	tablet: 5mg
<i>glyburide</i> (Micronase)	1	QL: 30 in 30 days	tablet: 1.25mg, 2.5mg
<i>glyburide,micronized</i> (Glynase)	1	QL: 30 in 30 days	tablet: 1.5mg, 3mg
<i>glyburide,micronized</i> (Glynase)	1	QL: 60 in 30 days	tablet: 6mg
<i>glyburide/metformin hcl</i> (Glucovance)	1	QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glyburide/metformin hcl</i> (Glucovance)	1	QL: 60 in 30 days	tablet: 1.25-250mg
<i>tolazamide</i> (Tolazamide)	1	QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i> (Tolazamide)	1	QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i> (Tolbutamide)	1	QL: 180 in 30 days	
Thiazolidinediones			
ACTOPLUS MET XR	2	ST, QL: 60 in 30 days	
ACTOPLUS MET	2	ST, QL: 90 in 30 days	
ACTOS	2	ST, QL: 30 in 30 days	
AVANDAMET	2	ST, QL: 60 in 30 days	
AVANDARYL	2	ST, QL: 30 in 30 days	
AVANDIA	2	ST, QL: 30 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
DUETACT	2	ST, QL: 30 in 30 days	
Antidiarrhea Agents			
Antidiarrhea Agents			
<i>diphenoxylate hcl/atropine</i> (Lomotil)	1		
<i>loperamide hcl</i> (Loperamide HCl)	1		
<i>opium</i> (Opium)	1		
<i>paregoric</i> (Paregoric)	1		
Antiemetics			
5-ht3 Receptor Antagonists			
<i>granisetron hcl</i> (Kytril)	1		vial
<i>granisetron hcl</i> (Kytril)	1	PA	solution, tablet
<i>granisetron hcl/pf</i> (Kytril)	1		
<i>ondansetron hcl</i> (Zofran)	1		vial
<i>ondansetron hcl</i> (Zofran)	1	PA	solution, tablet
<i>ondansetron</i> (Zofran Odt)	1	PA	
<i>ondansetron/sod cl/pf</i> (Ondansetron/sod Cl/PF)	1		
Antiemetics, Miscellaneous			
CESAMET	3		
<i>dronabinol</i> (Marinol)	1		
EMEND	2	PA, QL: 1 per fill	capsule: 40mg, 125mg
EMEND	2	PA, QL: 2 per fill	capsule: 80mg
EMEND	2	PA, QL: 3 per fill	cap ds pk
EMEND	2	QL: 2 in 28 days	vial
<i>scopolamine hydrobromide</i> (Scopolamine Hydrobromide)	1		
Antihistamines (GI Drugs)			
ANTIVERT	2		tablet: 50mg
<i>dimenhydrinate</i> (Dimenhydrinate)	1		
<i>meclizine hcl</i> (Antivert)	1		
<i>prochlorperazine edisylate</i> (Compazine)	1		
<i>prochlorperazine maleate</i> (Compazine)	1		
<i>trimethobenzamide hcl</i> (Tigan)	1		
Antifungal (Systemic)			
Antifungals, Miscellaneous			
ABELCET	2	PA	

Drug Name	Drug Tier	Requirements/Limits
AMBISOME	2	PA
AMPHOTEC	2	PA
<i>amphotericin b</i> (Amphotericin B)	1	PA
ANCOBON	2	
<i>flucytosine</i> (Ancobon)	2	
<i>griseofulvin, microsize</i> (Grifulvin V)	1	
GRIS-PEG	3	
<i>nystatin</i> (Nystatin)	1	oral susp, tablet
<i>nystatin</i> (Nystatin)	1	powder
<i>terbinafine hcl</i> (Lamisil)	1	
<i>triacetin</i> (Triacetin)	1	
Azoles		
<i>fluconazole in saline, iso-osm</i> (Diflucan in Saline)	1	
<i>fluconazole</i> (Diflucan)	1	
<i>itraconazole</i> (Sporanox)	1	
<i>ketoconazole</i> (Nizoral)	1	
NOXAFIL	2	
SPORANOX	2	solution
VFEND IV	2	
VFEND	2	susp recon
<i>voriconazole</i> (Vfend)	2	
Echinocandins		
CANCIDAS	2	
ERAXIS (WATER DILUENT)	2	
Antiglaucoma Agents		
Antiglaucoma Agents		
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	1	
<i>acetazolamide</i> (Acetazolamide)	1	
ALPHAGAN P	2	drops: 0.1%
AZOPT	2	
<i>betaxolol hcl</i> (Betaxolol HCl)	1	
BETIMOL	2	ST
<i>brimonidine tartrate</i> (Alphagan P)	1	drops: 0.15%
<i>brimonidine tartrate</i> (Alphagan P)	1	drops: 0.2%
COMBIGAN	2	
<i>dorzolamide hcl</i> (Trusopt)	1	
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	1	
ISOPTO CARPINE	2	drops: 8%
ISTALOL	2	

Drug Name		Drug Tier	Requirements/Limits
<i>latanoprost</i>	(Xalatan)	1	
<i>levobunolol hcl</i>	(Betagan)	1	
LUMIGAN		2	QL: 2.5 in 25 days
<i>methazolamide</i>	(Neptazane)	1	
<i>metipranolol</i>	(Optipranolol)	1	
PHOSPHOLINE IODIDE		3	
<i>pilocarpine hcl</i>	(Isopto Carpine)	1	
PILOPINE HS		3	
<i>timolol maleate</i>	(Timoptic)	1	
TRAVATAN Z		2	QL: 2.5 in 25 days
Anti-infectives (EENT)			
Anti-infectives (EENT)			
<i>acetic acid</i>	(Vosol)	1	
<i>acetic acid/aluminum acetate</i>	(Domeboro)	1	
<i>acetic acid/hydrocortisone</i>	(Vosol HC)	1	
<i>bacitracin</i>	(Bacitracin)	1	
<i>bacitracin/polymyxin b sulfate</i>	(Polycin-b)	1	
BLEPHAMIDE S.O.P.		2	
BLEPHAMIDE		2	
<i>chlorhexidine gluconate</i>	(Peridex)	1	
CIPRO HC		2	
CIPRODEX		2	
<i>ciprofloxacin hcl</i>	(Ciloxan)	1	
COLY-MYCIN S		2	
CORTISPORIN-TC		2	
<i>cresyl ace/ben alc/butanol/ipa</i>	(Cresyl Ace/ben Alc/butanol/ipa)	1	
<i>doxycycline hyclate</i>	(Periostat)	1	
<i>erythromycin base</i>	(Ilotycin)	1	
<i>gentamicin sulfate</i>	(Garamycin)	1	
<i>levofloxacin</i>	(Quixin)	1	
MOXEZA		2	
NATACYN		2	
<i>neo/polymyx b sulf/dexameth</i>	(Maxitrol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomy sulf/bacitra/ polymyxin b</i> (Neo-polycin)	1	
<i>neomy sulf/bacitrac zn/ poly/hc</i> (Triple Antibiotic HC)	1	
<i>neomy sulf/polymyx b sulf/ hc</i> (Oticin HC)	1	
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/dex Na Ph)	1	
<i>neomycin/polymyxn b/ gramicidin</i> (Neosporin)	1	
<i>ofloxacin</i> (Ocuflox)	1	
<i>polymyxin b sulfate/tmp</i> (Polytrim)	1	
POLY-PRED	2	
<i>sulfacetamide sodium</i> (Sulfac)	1	drops
<i>sulfacetamide sodium</i> (Sulfacetamide Sodium)	1	oint. (g)
<i>sulfacetm na/prednis sp</i> (Sulfacetm Na/prednis Sp)	1	
<i>tobramycin sulf/ dexamethasone</i> (Tobradex)	1	
<i>tobramycin sulfate</i> (Tobrex)	1	
<i>trifluridine</i> (Viroptic)	1	
VIGAMOX	2	
ZYLET	2	
ZYMAR	2	
ZYMAXID	2	
Anti-infectives (Skin and Mucous Membrane)		
Antibacterials (Skin and Mucous Membrane)		
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1	
<i>clindamycin phosphate</i> (Cleocin T)	1	
<i>erythromycin base/benz per</i> (Benzamycin)	1	
<i>erythromycin base/ethanol</i> (Emgel)	1	
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	1	
<i>metronidazole</i> (Metrocream)	1	
<i>mupirocin</i> (Bactroban)	1	
<i>neomy sulf/polymyxin b sulfate</i> (Neosporin G.U. Irrigant)	1	
Antifungals (Skin and Mucous Membrane)		
<i>ciclopirox olamine</i> (Loprox)	1	
<i>ciclopirox</i> (Penlac)	1	
<i>clotrimazole</i> (Mycelex)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>clotrimazole/betamet diprop</i>	(Lotrisone)	1	
<i>econazole nitrate</i>	(Spectazole)	1	
EXELDERM		2	
GYNAZOLE-1		2	
<i>ketoconazole</i>	(Extina)	1	foam
<i>ketoconazole</i>	(Kuric)	1	cream (g), shampoo
LAMISIL		2	
<i>miconazole nitrate</i>	(Monistat 3)	1	
NAFTIN		2	
<i>nystatin</i>	(Mycostatin)	1	cream (g), oint. (g), powder
<i>nystatin</i>	(Nystatin)	1	tablet
<i>nystatin/triamcin</i>	(Mycogen II)	1	
<i>sod propionate/inosi/aa14/urea</i>	(Sod Propionate/inosi/aa14/urea)	1	
<i>sodium thiosulfate/sal acid</i>	(Sodium Thiosulfate/sal Acid)	1	
<i>terconazole</i>	(Terazol 7)	1	
Antivirals (Skin and Mucous Membrane)			
DENAVIR		2	
ZOVIRAX		2	QL: 10 per fill cream (g)
ZOVIRAX		2	QL: 30 per fill ointment (g)
Local Anti-infectives, Miscellaneous			
<i>acetic ac/ricinoleic/oxyquinol</i>	(Acetic Ac/ricinoleic/oxyquinol)	1	
<i>alcohol antiseptic pads</i>	(Alcohol Antiseptic Pads)	1	
AVC		2	
<i>selenium sulfide</i>	(Selenium Sulfide)	1	suspension
<i>selenium sulfide</i>	(Selseb)	1	shampoo
<i>silver nitrate</i>	(Silver Nitrate)	1	
<i>silver sulfadiazine</i>	(Thermazene)	1	cream (g): 1%
<i>sulfacetamide sodium</i>	(Klaron)	1	
Scabicides and Pediculicides			
EURAX		2	
<i>lindane</i>	(Lindane)	1	
<i>malathion</i>	(Ovide)	1	
<i>permethrin</i>	(Elimite)	1	
Anti-infectives (systemic), Miscellaneous			
Anti-infectives (systemic), Miscellaneous			
FUROXONE		2	

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents (EENT)		
Anti-inflammatory Agents (EENT)		
ALREX	2	
BROMDAY	2	
<i>bromfenac sodium</i> (Bromfenac Sodium)	1	
DERMOTIC	2	
<i>dexamethasone sod phosphate</i> (Ak-dex)	1	
<i>diclofenac sodium</i> (Voltaren)	1	
DUREZOL	2	
<i>flunisolide</i> (Nasarel)	1	QL: 25 in 25 days
<i>fluocinolone acetonide oil</i> (Dermotic)	1	
<i>fluorometholone</i> (Fluorometholone)	1	
<i>flurbiprofen sodium</i> (Ocufen)	1	
<i>fluticasone propionate</i> (Flonase)	1	QL: 16 in 30 days
<i>ketorolac tromethamine</i> (Acular LS)	1	
LOTEMAX	2	drops susp
LOTEMAX	2	oint. (g)
NASONEX	2	QL: 34 in 28 days
NEVANAC	2	
<i>prednisolone acetate</i> (Pred Forte)	1	
<i>prednisolone sod phosphate</i> (Prednisol)	1	
RESTASIS	3	PA, QL: 64 in 31 days
<i>triamcinolone acetonide</i> (Nasacort Aq)	1	QL: 16.5 in 30 days
Anti-inflammatory Agents (GI Drugs)		
Anti-inflammatory Agents (GI Drugs)		
APRISO	3	
ASACOL HD	2	
ASACOL	3	
<i>balsalazide disodium</i> (Colazal)	1	
DIPENTUM	2	
<i>mesalamine</i> (Rowasa)	1	
PENTASA	3	

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents (Respiratory)		
Anti-inflammatory Agents (Respiratory)		
<i>cromolyn sodium</i> (Cromolyn Sodium)	1	drops
<i>cromolyn sodium</i> (Intal)	1	PA ampul-neb
GASTROCROM	3	
SINGULAIR	2	
<i>zafirlukast</i> (Accolate)	1	
ZYFLO CR	2	
ZYFLO	2	
Anti-inflammatory Agents (Skin and Mucous)		
Anti-inflammatory Agents (Skin and Mucous)		
<i>alclometasone dipropionate</i> (Aclovate)	1	
<i>amcinonide</i> (Amcinonide)	1	
APEXICON E	3	
<i>betamet diprop/prop gly</i> (Diprolene AF)	1	
<i>betamethasone dipropionate</i> (Betamethasone Dipropionate)	1	gel (gram)
<i>betamethasone dipropionate</i> (Del-beta)	1	cream (g), lotion, oint. (g)
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	
<i>clobetasol propionate</i> (Olux)	1	foam
<i>clobetasol propionate</i> (Temovate)	1	cream (g), gel (gram), oint. (g), solution
CLODERM	3	
CORDRAN SP	3	
CORDRAN	3	lotion, med. tape
CORDRAN	3	oint. (g)
CUTIVATE	3	lotion
<i>desonide</i> (Desowen)	1	cream (g), lotion, oint. (g): 0.05%
<i>desoximetasone</i> (Topicort)	1	
<i>diflorasone diacetate</i> (Psorcon)	1	
<i>fluocinolone acetonide</i> (Synalar)	1	cream (g): 0.01%; oil
<i>fluocinolone acetonide</i> (Synalar)	1	cream (g): 0.025%; cream(gm), oint. (g), solution
<i>fluocinolone/shower cap</i> (Derma-smoothe-fs)	1	
<i>fluocinonide</i> (Lidex)	1	
<i>fluticasone propionate</i> (Cutivate)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>halobetasol propionate</i>	(Ultravate)	1	
<i>hydrocortisone acetate</i>	(Hydrocortisone Acetate)	1	
<i>hydrocortisone acetate/alo ver</i>	(Nuzon)	1	
<i>hydrocortisone acetate/ urea</i>	(Carmol HC)	1	
<i>hydrocortisone butyrate</i>	(Locoid)	1	
<i>hydrocortisone valerate</i>	(Westcort)	1	
<i>hydrocortisone</i>	(Anusol-HC)	1	
<i>mometasone furoate</i>	(Elocon)	1	
<i>prednicarbate</i>	(Dermatop)	1	
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	cream
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	cream (g), lotion, oint. (g), paste (g)
Antilipemic Agents			
Antilipemic Agents, Miscellaneous			
LOVAZA		2	
<i>niacin</i>	(Niacin)	1	tablet: 500mg
NIASPAN		2	
ZETIA		3	
Bile Acid Sequestrants			
<i>cholestyramine (with sugar)</i>	(Questran)	1	
<i>cholestyramine/aspartame</i>	(Questran Light)	1	
<i>colestipol hcl</i>	(Colestid)	1	
WELCHOL		2	
Fibric Acid Derivatives			
<i>fenofibrate</i>	(Lofibra)	1	
<i>fenofibrate,micronized</i>	(Lofibra)	1	
<i>fenofibric acid</i>	(Fibricor)	1	
<i>gemfibrozil</i>	(Lopid)	1	
LIPOFEN		2	
TRICOR		2	
TRILIPIX		2	
HMG-CoA Reductase Inhibitors			
<i>amlodipine/atorvastatin</i>	(Caduet)	1	
CRESTOR		2	
LIPITOR		1	
<i>lovastatin</i>	(Mevacor)	1	
<i>pravastatin sodium</i>	(Pravachol)	1	
<i>simvastatin</i>	(Zocor)	1	

Drug Name	Drug Tier	Requirements/Limits
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Antimigraine Agents

Selective Serotonin Agonists			
MAXALT MLT	2	ST, QL: 18 in 28 days	
MAXALT	2	ST, QL: 18 in 28 days	
<i>naratriptan hcl</i> (Amerge)	1	QL: 9 in 28 days	
RELPAK	3	ST, QL: 6 in 28 days	
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in 28 days	cartridge
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in 28 days	vial
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 9 in 28 days	tablet
<i>sumatriptan</i> (Imitrex)	1	QL: 12 in 28 days	spray: 20mg
<i>sumatriptan</i> (Imitrex)	1	QL: 18 in 28 days	spray: 5mg

Antimycobacterials

Antimycobacterials			
CAPASTAT SULFATE	2		
<i>cycloserine</i> (Cycloserine)	3		
<i>dapsone</i> (Dapsone)	1		
<i>ethambutol hcl</i> (Myambutol)	1		
<i>isoniazid</i> (Isoniazid)	1		
MYCOBUTIN	2		
PASER	2		
PRIFTIN	2		
<i>pyrazinamide</i> (Pyrazinamide)	1		
<i>rifampin</i> (Rifadin)	1		
<i>rifampin/isoniazid</i> (Rifamate)	1		
RIFATER	2		
SEROMYCIN	3		
TRECTOR	2		

Antineoplastic Agents

Antineoplastic Agents			
ABRAXANE	2		

Drug Name	Drug Tier	Requirements/Limits
ADCETRIS	2	
AFINITOR	2	
ALIMTA	2	
<i>anastrozole</i> (Arimidex)	1	PA
ARRANON	2	
ARZERRA	2	PA, QL: 80 in 30 days
AVASTIN	2	
BEXXAR	2	
<i>bicalutamide</i> (Casodex)	1	
BICNU	2	
<i>bleomycin sulfate</i> (Blenoxane)	1	PA
BUSULFEX	2	
CAMPATH	2	
CAPRELSA	2	PA, QL: tablet: 300mg 30 in 30 days
CAPRELSA	2	PA, QL: tablet: 100mg 60 in 30 days
<i>carboplatin</i> (Paraplatin)	1	
CEENU	2	
<i>cisplatin</i> (Cisplatin)	1	
<i>cladribine</i> (Leustatin)	1	PA
CLOLAR	2	
<i>cyclophosphamide</i> (Cytoxan)	1	PA, ST tablet
<i>cyclophosphamide</i> (Cytoxan)	1	PA vial
<i>cytarabine/pf</i> (Cytarabine/PF)	1	PA
<i>dacarbazine</i> (Dtic-Dome IV)	1	
DACOGEN	2	
<i>dactinomycin</i> (Cosmegen)	1	
<i>daunorubicin hcl</i> (Cerubidine)	1	
DAUNOXOME	2	
DOCEFREZ	2	
<i>docetaxel</i> (Taxotere)	2	vial: 20mg/2ml
<i>docetaxel</i> (Taxotere)	2	vial: fnl20mg/2, 20mg/ml(1)
DOXIL	2	PA
<i>doxorubicin hcl</i> (Adriamycin RDF)	1	PA vial: 10mg
DROXIA	2	

Drug Name	Drug Tier	Requirements/Limits
ELIGARD	2	QL: 1 in 112 days disp syrin: 30mg
ELIGARD	2	QL: 1 in 168 days disp syrin: 45mg
ELIGARD	2	QL: 1 in 28 days disp syrin: 7.5mg
ELIGARD	2	QL: 1 in 84 days disp syrin: 22.5mg
ELSPAR	2	
EMCYT	2	
<i>epirubicin hcl</i> (Ellence)	1	
ERBITUX	2	
ETOPOPHOS	2	
<i>etoposide</i> (Etoposide)	1	
<i>exemestane</i> (Aromasin)	1	PA
FARESTON	2	
FASLODEX	2	disp syrin: 125mg/ 2.5
FASLODEX	2	disp syrin: 250mg/ 5ml
FIRMAGON	3	
<i>floxuridine</i> (FUDR)	1	PA
<i>fludarabine phosphate</i> (Fludara)	2	
<i>fluorouracil</i> (Fluorouracil)	1	PA
<i>flutamide</i> (Flutamide)	1	
FOLOTYN	2	
<i>gemcitabine hcl</i> (Gemzar)	2	vial: 1g
<i>gemcitabine hcl</i> (Gemzar)	2	vial: 1g/26.3ml
GLEEVEC	2	
HALAVEN	2	PA, QL: 6 in 28 days
HERCEPTIN	2	PA
HEXALEN	2	
<i>hydroxyurea</i> (Hydrea)	1	
<i>idarubicin hcl</i> (Idamycin Pfs)	1	
<i>ifosfamide</i> (Ifex)	1	PA
<i>ifosfamide/mesna</i> (Ifex/mesnex)	1	PA
IRESSA	2	PA, QL: 30 in 30 days
<i>irinotecan hcl</i> (Camptosar)	2	

Drug Name	Drug Tier	Requirements/Limits
ISTODAX	2	PA
IXEMPRA	2	
J EVTANA	2	
<i>letrozole</i> (Femara)	1	PA
LEUKERAN	2	
<i>leuprolide acetate</i> (Lupron)	1	QL: 2 in 28 days
LUPRON DEPOT	2	ST, QL: 1 in 112 days syringekit: 30mg
LUPRON DEPOT	2	ST, QL: 1 in 28 days syringekit: 3.75mg, 7.5mg
LUPRON DEPOT	2	ST, QL: 1 in 84 days syringekit: 11.25mg, 22.5mg
LUPRON DEPOT-PED	2	ST, QL: 1 in 28 days
LYSODREN	2	
MATULANE	2	
MEGACE ES	2	
<i>megestrol acetate</i> (Megace)	1	
<i>melphalan hcl</i> (Alkeran)	2	
<i>mercaptopurine</i> (Purinethol)	1	
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	PA, ST tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	PA vial
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/PF)	1	PA
MITHRACIN	2	
<i>mitomycin</i> (Mutamycin)	1	PA
<i>mitoxantrone hcl</i> (Novantrone)	1	
MUSTARGEN	2	
MYLOTARG	2	
NEXAVAR	2	
NILANDRON	2	
ONCASPAR	2	
ONTAK	2	
<i>oxaliplatin</i> (Oxaliplatin)	2	
<i>paclitaxel</i> (Taxol)	1	
<i>pentostatin</i> (Nipent)	2	
PHOTOFRIN	2	
PROLEUKIN	2	

Drug Name	Drug Tier	Requirements/Limits
RITUXAN	2	PA
SPRYCEL	2	
SUTENT	2	
TABLOID	2	
<i>tamoxifen citrate</i> (Nolvadex)	1	
TARCEVA	2	PA, QL: 30 in 30 days
TARGRETIN	2	
TASIGNA	2	capsule: 150mg
TASIGNA	2	capsule: 200mg
TAXOTERE	2	
<i>thiotepa</i> (Thiotepa)	1	
<i>topotecan hcl</i> (Hycamtin)	2	
TORISEL	2	PA
TREANDA	2	
TRELSTAR	2	ST, QL: 1 in 168 days vial
TRELSTAR	2	ST, QL: 1 in 28 days disp syrin: 3.75mg/ 2ml
TRELSTAR	2	ST, QL: 1 in 84 days disp syrin: 11.25/ 2ml
<i>tretinoin</i> (Tretinoin)	2	
TREXALL	2	PA, ST
TRISENOX	2	
TYKERB	2	
VALSTAR	2	
VANDETANIB	2	PA, QL: 30 in 30 days tablet: 300mg
VANDETANIB	2	PA, QL: 60 in 30 days tablet: 100mg
VECTIBIX	2	
VELCADE	2	
VIDAZA	2	
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	1	PA
<i>vincristine sulfate</i> (Vincristine Sulfate)	1	PA
<i>vinorelbine tartrate</i> (Navelbine)	1	

Drug Name	Drug Tier	Requirements/Limits	
VOTRIENT	2		
VUMON	2		
XALKORI	2	PA, QL: 60 in 30 days	
YERVOY	2	PA, QL: 30 in 21 days	
ZANOSAR	2		
ZELBORAF	2	PA, QL: 240 in 30 days	
ZOLADEX	3	QL: 1 in 28 days	implant: 3.6mg
ZOLADEX	3	QL: 1 in 84 days	implant: 10.8mg
ZOLINZA	2		
ZYTIGA	2	PA, QL: 120 in 30 days	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl</i> (Amantadine HCl)	1		
APOKYN	2		
AZILECT	2		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1		
<i>bromocriptine mesylate</i> (Parlodel)	1		
<i>cabergoline</i> (Cabergoline)	1		
<i>carbidopa/levodopa</i> (Sinemet 25-100)	1		
COMTAN	2		
<i>pramipexole di-hcl</i> (Mirapex)	1		
<i>ropinirole hcl</i> (Requip)	1		
<i>selegiline hcl</i> (Eldepryl)	1		
STALEVO 100	2		
STALEVO 125	2		
STALEVO 150	2		
STALEVO 200	2		
STALEVO 50	2		
STALEVO 75	2		
TASMAR	2		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	1		
ZELAPAR	2		

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoal Agents		
Antiprotozoal Agents		
ALINIA	3	
<i>atovaquone/proguanil hcl</i> (Malarone)	1	
<i>chloroquine phosphate</i> (Aralen Phosphate)	1	
COARTEM	3	
DARAPRIM	2	
HALFAN	2	
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1	
MALARONE	2	
<i>mefloquine hcl</i> (Lariam)	1	
MEPRON	2	
<i>metronidazole</i> (Flagyl)	1	
<i>metronidazole/sodium chloride</i> (Metro IV)	1	
<i>paromomycin sulfate</i> (Humatin)	1	
<i>pentamidine isethionate</i> (Pentam 300)	1	
PRIMAQUINE	2	
QUALAQUIN	3	PA, QL: 42 in 30 days
YODOXIN	2	
Antipruritics and Local Anesthetics		
Antipruritics and Local Anesthetics		
AMERICAINE	2	
ANACAINE	2	
<i>lidocaine hcl</i> (Xylocaine)	1	
<i>lidocaine/prilocaine</i> (EMLA)	1	
LIDODERM	3	
<i>phenazopyridine hcl</i> (Urodo1)	1	
Antiulcer Agents		
Antiulcer Agents		
<i>cimetidine hcl</i> (Cimetidine HCl)	1	
<i>cimetidine hcl/normal saline</i> (Cimetidine HCl/normal Saline)	1	
<i>cimetidine</i> (Tagamet)	1	
DEXILANT	2	ST
<i>famotidine in saline, iso-os/pf</i> (Pepcid)	1	
<i>famotidine</i> (Pepcid)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>lansoprazole</i>	(Prevacid)	1	ST
<i>misoprostol</i>	(Cytotec)	1	
<i>nizatidine</i>	(Axid)	1	
<i>omeprazole</i>	(Prilosec)	1	capsule dr: 10mg, 20mg, 40mg
<i>omeprazole/sodium bicarbonate</i>	(Zegerid)	1	
<i>pantoprazole sodium</i>	(Protonix)	1	
PROTONIX IV		3	
<i>ranitidine hcl</i>	(Zantac)	1	
<i>sucralfate</i>	(Carafate)	1	tablet
<i>sucralfate</i>	(Sucralfate)	1	oral susp
Antivirals (Systemic)			
Antiretrovirals			
APTIVUS		2	capsule
APTIVUS		3	solution
ATRIPLA		2	
COMBIVIR		2	
COMPLERA		2	
CRIXIVAN		2	
<i>didanosine</i>	(Videx EC)	1	
EDURANT		2	
EMTRIVA		2	
EPIVIR HBV		3	
EPIVIR		3	
EPZICOM		2	
FUZEON		2	
INTELENCE		2	
INVIRASE		2	
ISENTRESS		2	
KALETRA		2	
<i>lamivudine</i>	(Epivir)	1	
LEXIVA		2	
NORVIR		2	
PREZISTA		2	
RESCRIPTOR		3	
RETROVIR		2	vial
REYATAZ		2	
SELZENTRY		2	
<i>stavudine</i>	(Zerit)	1	
SUSTIVA		3	capsule: 100mg

Drug Name	Drug Tier	Requirements/Limits	
SUSTIVA	3		capsule: 50mg, 200mg; tablet
TRIZIVIR	2		
TRUVADA	2		
VIDEX	2		
VIRACEPT	3		
VIRAMUNE XR	3		
VIRAMUNE	2		
VIREAD	2		
ZIAGEN	3		
<i>zidovudine</i> (Retrovir)	1		
Antivirals, Miscellaneous			
<i>foscarnet sodium</i> (Foscavir)	1	PA	
INCIVEK	2	PA, QL: 168 in 28 days	
RELENZA	3		
<i>rimantadine hcl</i> (Flumadine)	1		
SYNAGIS	3		
TAMIFLU	2	QL: 42 in 180 days	capsule: 75mg
TAMIFLU	2	QL: 48 in 180 days	capsule: 45mg
TAMIFLU	2	QL: 525 in 180 days	susp recon: 12mg/ml
TAMIFLU	2	QL: 540 in 180 days	susp recon: 6mg/ml
TAMIFLU	2	QL: 84 in 180 days	capsule: 30mg
VICTRELIS	2	PA, QL: 336 in 28 days	
Interferons			
ALFERON N	2		
INTRON A	2	PA	pen ij kit, vial: 6mmunit/ml, 10mmunit
INTRON A	2	PA	vial: 50mmunit
PEGASYS PROCLICK	2	PA	
PEGASYS	2	PA	

Drug Name	Drug Tier	Requirements/Limits
PEGINTRON REDIPEN	2	PA
PEGINTRON	2	PA kit: 50mcg/0.5
PEGINTRON	2	PA kit: 80mcg/0.5, 120mcg/0.5, 150mcg/0.5
SYLATRON 4-PACK	2	PA, QL: 1 in 28 days
Nucleosides and Nucleotides		
<i>acyclovir sodium</i> (Acyclovir Sodium)	1	PA
<i>acyclovir</i> (Zovirax)	1	
BARACLUDE	2	tablet
BARACLUDE	3	solution
<i>famciclovir</i> (Famvir)	1	
<i>ganciclovir sodium</i> (Cytovene)	1	PA
<i>ganciclovir</i> (Cytovene)	1	capsule: 250mg
<i>ganciclovir</i> (Cytovene)	2	capsule: 500mg
HEPSERA	2	
REBETOL	2	solution
<i>ribavirin</i> (Rebetol)	1	capsule, tablet
<i>ribavirin</i> (Ribatab)	2	tab ds pk
TYZEKA	2	
<i>valacyclovir hcl</i> (Valtrex)	1	
VALCYTE	2	tablet
VALCYTE	3	PA soln recon
VISTIDE	2	
Anxiolytics, Sedatives and Hypnotics		
Anxiolytics, Sedatives and Hypnotics, Miscellaneous		
<i>bupirone hcl</i> (Buspar)	1	
<i>chloral hydrate</i> (Chloral Hydrate)	1	
<i>droperidol</i> (Inapsine)	1	
<i>glutethimide</i> (Glutethimide)	1	
<i>hydroxyzine hcl</i> (Hydroxyzine HCl)	1	
<i>hydroxyzine pamoate</i> (Vistaril)	1	
LUNESTA	2	
<i>meprobamate</i> (Miltown)	1	
<i>zaleplon</i> (Sonata)	1	
<i>zolpidem tartrate</i> (Ambien)	1	
Astringents		
Astringents		
<i>aluminum chloride</i> (Drysol)	1	
XERAC AC	2	

Drug Name	Drug Tier	Requirements/Limits
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Beta-Adrenergic Blocking Agents

Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl</i> (Sectral)	1	
<i>atenolol</i> (Tenormin)	1	
<i>atenolol/chlorthalidone</i> (Tenoretic 100)	1	
<i>betaxolol hcl</i> (Kerlone)	1	
<i>bisoprolol fumarate</i> (Zebeta)	1	
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	
BYSTOLIC	2	
<i>carvedilol</i> (Coreg)	1	
COREG CR	2	
<i>esmolol hcl</i> (Esmolol HCl)	1	PA
<i>labetalol hcl</i> (Trandate)	1	
<i>metoprolol succinate</i> (Toprol XL)	1	
<i>metoprolol tartrate</i> (Lopressor)	1	
<i>metoprolol/hydrochlorothiazide</i> (Lopressor HCT)	1	
<i>nadolol</i> (Corgard)	1	
<i>nadolol/bendroflumethiazide</i> (Corzide)	1	
<i>pindolol</i> (Pindolol)	1	
<i>propranolol hcl</i> (Inderal)	1	
<i>propranolol/hydrochlorothiazid</i> (Inderide-40/25)	1	
<i>sotalol hcl</i> (Betapace)	1	
SOTALOL HCL	3	
<i>timolol maleate</i> (Timolol Maleate)	1	

Blood Derivatives

Blood Derivatives		
ALBUKED-25	2	
ALBUKED-5	2	
ALBUMARC	2	
ALBUMIN (HUMAN)	2	
ALBUMINAR-25	2	
ALBUMINAR-5	2	
ALBURX	2	
ALBUTEIN	2	
BUMINATE	2	
FLEXBUMIN	2	
PLASBUMIN-25	2	
PLASBUMIN-5	2	

Drug Name	Drug Tier	Requirements/Limits
STERILE DILUENT	2	
Calcium-Channel Blocking Agents		
Calcium-Channel Blocking Agents, Miscellaneous		
CARDIZEM CD	2	cap er 24h: 360mg
<i>diltiazem hcl</i> (Cardizem CD)	1	various dosage and/or strengths are available
<i>diltiazem hcl</i> (Dilacor XR)	1	cap er deg: 240mg
<i>verapamil hcl</i> (Calan)	1	ampul, cap24h pct, cap24h pel: 120mg, 180mg, 240mg; tablet, tablet er
<i>verapamil hcl</i> (Verelan)	1	cap24h pel: 360mg
Dihydropyridines		
<i>amlodipine besylate</i> (Norvasc)	1	
<i>amlodipine besylate/benazepril</i> (Lotrel)	1	
AZOR	3	ST
CARDENE I.V.	3	piggyback
CLEVIPREX	3	
EXFORGE HCT	2	ST
EXFORGE	2	ST
<i>felodipine</i> (Plendil)	1	
<i>isradipine</i> (Dynacirc)	1	
<i>nicardipine hcl</i> (Nicardipine HCl)	1	
<i>nifedipine</i> (Procardia XL)	1	
<i>nimodipine</i> (Nimotop)	1	
<i>nisoldipine</i> (Sular)	1	
Caloric Agents		
Caloric Agents		
AMINOSYN II 3.5% M-DEXTROSE 5%	2	PA
AMINOSYN II 3.5%-DEXTROSE 25%	2	PA
AMINOSYN II 3.5%-DEXTROSE 5%	2	PA
AMINOSYN II 4.25% M-DEXT 10%	2	PA
AMINOSYN II 4.25%-DEXTROSE 25%	2	PA
AMINOSYN II 5% IN 25% DEXTROSE	2	PA

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II IN DEXTROSE	2	PA
AMINOSYN II with LYNES-CA-DW	2	PA iv soln: 3.5%
AMINOSYN II with LYNES-CA-DW	2	PA iv soln: 4.25%
AMINOSYN II	2	PA iv soln: 10%
AMINOSYN II	2	PA iv soln: 15%
AMINOSYN II	2	PA iv soln: 7%
AMINOSYN II	2	PA iv soln: 8.5%
AMINOSYN M	2	PA
AMINOSYN with ELECTROLYTES	2	PA
AMINOSYN	2	PA iv soln: 10%
AMINOSYN	2	PA iv soln: 3.5%
AMINOSYN	2	PA iv soln: 5%
AMINOSYN	2	PA iv soln: 7%
AMINOSYN	2	PA iv soln: 8.5%
AMINOSYN-HBC	2	PA
AMINOSYN-HF	2	PA
AMINOSYN-PF	2	PA iv soln: 10%
AMINOSYN-PF	2	PA iv soln: 7%
AMINOSYN-RF	2	PA
BRANCHAMIN	2	PA
CLINIMIX E	2	PA iv soln: 2.75%
CLINIMIX E	2	PA iv soln: 4.25%
CLINIMIX E	2	PA iv soln: 5%
CLINIMIX	2	PA iv soln: 2.75%
CLINIMIX	2	PA iv soln: 4.25%
CLINIMIX	2	PA iv soln: 5%
CLINISOL	2	PA
<i>cysteine hcl</i> (Cysteine HCl)	1	PA
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1	
<i>dextrose 10%-1/4 normal saline</i> (Dextrose 10%-1/4 Normal Saline)	1	
<i>dextrose 10%-normal saline</i> (Dextrose 10%-normal Saline)	1	
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	PA
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1	
<i>dextrose 2.5%-water</i> (Dextrose 2.5%-water)	1	PA

Drug Name		Drug Tier	Requirements/Limits
<i>dextrose 20%-water</i>	(Dextrose 20%-water)	1	PA
<i>dextrose 25%-water</i>	(Dextrose 25%-water)	1	PA
<i>dextrose 40%-water</i>	(Dextrose 40%-water)	1	PA
<i>dextrose 5%-1/2 normal saline</i>	(Dextrose 5%-1/2 Normal Saline)	1	
<i>dextrose 5%-1/3 normal saline</i>	(Dextrose 5%-1/3 Normal Saline)	1	
<i>dextrose 5%-1/4 normal saline</i>	(Dextrose 5%-1/4 Normal Saline)	1	
<i>dextrose 5%-normal saline</i>	(Dextrose 5%-Normal Saline)	1	
<i>dextrose 5%-water</i>	(Dextrose 5%-water)	1	
<i>dextrose 50%-water</i>	(Dextrose 50%-water)	1	PA
<i>dextrose 60%-water</i>	(Dextrose 60%-water)	1	PA
<i>dextrose 70%-water</i>	(Dextrose 70%-water)	1	PA
<i>ethyl alcohol/d5w</i>	(Ethyl Alcohol/D5W)	1	
FREAMINE HBC		2	PA
FREAMINE III with ELECTROLYTES		2	PA
FREAMINE III		2	PA iv soln: 10%
FREAMINE III		2	PA iv soln: 8.5%
<i>fructose 10%</i>	(Fructose 10%)	1	PA
HEPATAMINE		2	PA
HEPATASOL		2	PA
INTRALIPID		2	PA emulsion: 10%
INTRALIPID		2	PA emulsion: 20%, 30%
LIPOSYN II		2	PA
LIPOSYN III		2	PA
NEPHRAMINE		2	PA
NOVAMINE		2	PA
NUTRESTORE		2	
PREMASOL		2	PA iv soln: 10%
PREMASOL		2	PA iv soln: 6%
PROCALAMINE		2	PA
PROSOL		2	PA
QUICK MIX with LYTES		2	PA
RENAMIN		2	PA
TRAVAMULSION		2	PA
TRAVASOL W/ ELECTROLYTES		2	PA iv soln.: 5.5%

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL W/ ELECTROLYTES	2	PA iv soln.: 8.5%
TRAVASOL with DEXTROSE	2	PA iv soln: 8.5%
TRAVASOL with ELECTROLYTES	2	PA
TRAVASOL	2	PA iv soln: 10%
TRAVASOL	2	PA iv soln: 5.5%
TRAVASOL	2	PA iv soln: 8.5%
TRAVERT IN NORMAL SALINE	2	PA
TRAVERT	2	PA iv soln: 10%
TRAVERT	2	PA iv soln: 5%
TROPHAMINE	2	PA iv soln: 10%
TROPHAMINE	2	PA iv soln: 6%
Cardiac Drugs		
Antiarrhythmic Agents		
<i>amiodarone hcl</i> (Amiodarone HCl)	1	disp syrin
<i>amiodarone hcl</i> (Cordarone)	1	ampul, tablet
<i>disopyramide phosphate</i> (Norpace)	1	capsule
<i>disopyramide phosphate</i> (Norpace)	1	capsule er
<i>flecainide acetate</i> (Tambocor)	1	
<i>lidocaine hcl</i> (Lidocaine HCl)	1	
<i>lidocaine hcl/d5w/pf</i> (Lidocaine HCl/d5w/PF)	1	iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/d7.5w/pf</i> (Lidocaine HCl/d7.5w/PF)	1	
<i>lidocaine hcl/pf</i> (Lidocaine HCl)	1	
<i>mexiletine hcl</i> (Mexitil)	1	
MULTAQ	2	
<i>procainamide hcl</i> (Procainamide HCl)	1	capsule, tablet er, tablet sa
<i>procainamide hcl</i> (Procainamide HCl)	1	vial
PRONESTYL	2	
<i>propafenone hcl</i> (Rythmol)	1	
<i>quinidine gluconate</i> (Quinidine Gluconate)	1	
<i>quinidine sulfate</i> (Quinidine Sulfate)	1	
TIKOSYN	2	
Cardiac Drugs, Miscellaneous		
<i>digoxin</i> (Lanoxin)	1	
DIGOXIN	2	
<i>inamrinone lactate</i> (Inamrinone Lactate)	1	PA
LANOXIN PEDIATRIC	2	

Drug Name	Drug Tier	Requirements/Limits	
<i>milrinone lactate</i> (Milrinone Lactate)	2	PA	
<i>milrinone lactate/d5w</i> (Primacor in 5% Dextrose)	2	PA	
RANEXA	2	QL: 120 in 30 days	tab er 12h: 500mg
RANEXA	2	QL: 60 in 30 days	tab er 12h: 1000mg
Cathartics and Laxatives			
Cathartics and Laxatives			
AMITIZA	2	QL: 60 in 30 days	
<i>peg 3350/na sulf,bicarb,cl/ kcl</i> (Colyte with Flavor Packets)	1		
<i>polyethylene glycol 3350</i> (Polyethylene Glycol 3350)	1		powd pack: 17g
<i>sodium chloride/nahco3/ kcl/peg</i> (Nulytely)	1		
Cell Stimulants and Proliferants			
Cell Stimulants and Proliferants			
KEPIVANCE	2		
<i>tretinoin</i> (Retin-A)	1	PA	
Central Nervous System Agents, Miscellaneous			
Central Nervous System Agents, Miscellaneous			
CAMPRAL	2		tab ds pk
CAMPRAL	2		tablet dr
<i>flumazenil</i> (Romazicon)	1		
<i>lithium carbonate</i> (Eskalith)	1		
<i>lithium citrate</i> (Lithium Citrate)	1		
LODOSYN	2		
NAMENDA	2	PA, QL: 360 in 30 days	solution
NAMENDA	2	PA, QL: 49 in 28 days	tab ds pk
NAMENDA	2	PA, QL: 62 in 31 days	tablet
RILUTEK	2		
SAVELLA	2	QL: 60 in 30 days	
STRATTERA	2		

Drug Name	Drug Tier	Requirements/Limits	
XENAZINE	2	PA, QL: 112 in 28 days	
XYREM	2	LA	
Contraceptives			
Contraceptives			
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1		
<i>desog-et estra/ethin estra</i> (Mircette)	1		
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1		
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1-50-21)	1		
<i>levonorgestrel</i> (Plan B)	1		
<i>levonorgestrel-eth estra</i> (Lybrel)	1		tablet: 0.1-0.02, 0.15-0.03, 6-5-10
<i>levonorgestrel-eth estra</i> (Lybrel)	1		tablet: 90-20mcg
<i>levonorgestrel-eth estra</i> (Seasonale)	1	QL: 91 in 84 days	tbds pk 3mo
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1	QL: 91 in 84 days	
<i>noreth a-et estra/fe fumarate</i> (Loestrin Fe)	1		
<i>noreth-ethinyl estradiol/iron</i> (Femcon Fe)	1		
<i>norethindrone a-e estradiol</i> (Loestrin)	1		
<i>norethindrone</i> (Nor-Q-D)	1		
<i>norethindrone-ethinyl estrad</i> (Ortho-novum)	1		
<i>norethindrone-mestranol</i> (Ortho-novum)	1		
<i>norgestimate-ethinyl estradiol</i> (Ortho-cyclen)	1		
<i>norgestrel-ethinyl estradiol</i> (Lo-ovral-28)	1		
NUVARING	2	ST, QL: 1 in 28 days	
ORTHO EVRA	3	ST, QL: 3 in 28 days	

Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
<i>needles, insulin disposable</i> (Needles, Insulin Disposable)	1	
<i>syring w-ndl,disp,insul,0.3ml</i> (Syring W-ndl,disp,insul,0.3ml)	1	
<i>syring w-ndl,disp,insul,0.5ml</i> (Syring W-ndl,disp,insul,0.5ml)	1	
<i>syringe & needle,insulin,1 ml</i> (Syringe & Needle,insulin,1 ML)	1	
Diuretics		
Diuretics, Miscellaneous		
<i>chlorthalidone</i> (Chlorthalidone)	1	
<i>indapamide</i> (Lozol)	1	
<i>metolazone</i> (Zaroxolyn)	1	
SAMSCA	2	QL: 30 in 30 days tablet: 15mg
SAMSCA	2	QL: 60 in 30 days tablet: 30mg
Loop Diuretics		
<i>bumetanide</i> (Bumex)	1	
<i>furosemide</i> (Furosemide)	1	disp syrin
<i>furosemide</i> (Lasix)	1	solution, tablet, vial
<i>torseamide</i> (Demadex)	1	
Potassium-sparing Diuretics		
<i>amiloride hcl</i> (Midamor)	1	
<i>amiloride/hydrochlorothiazide</i> (Amiloride/hydrochlorothiazide)	1	
DYRENIUM	3	
<i>triamterene/hydrochlorothiazid</i> (Maxzide-25mg)	1	
Thiazide Diuretics		
<i>chlorothiazide sodium</i> (Diuril Sodium)	1	
<i>chlorothiazide</i> (Chlorothiazide)	1	
<i>hydrochlorothiazide</i> (Hydrochlorothiazide)	1	
<i>methyclothiazide</i> (Methyclothiazide)	1	
EENT Drugs, Miscellaneous		
EENT Drugs, Miscellaneous		
<i>apraclonidine hcl</i> (Iopidine)	1	
<i>carteolol hcl</i> (Carteolol HCl)	1	
<i>ipratropium bromide</i> (Atrovent)	1	QL: 15 in 10 days spray: 42mcg

Drug Name	Drug Tier	Requirements/Limits	
<i>ipratropium bromide</i> (Atrovent)	1	QL: 30 in 28 days	spray: 21mcg
LACRISERT	2		
<i>naphazoline hcl</i> (Albalon)	1		
<i>naphazoline hcl/antazoline</i> (Naphazoline HCl/antazoline)	1		
<i>phenylephrine hcl</i> (Mydrin)	1		
TYZINE	2		
Enzymes			
Enzymes			
ADAGEN	2		
ALDURAZYME	2		
CEREDASE	2		
CEREZYME	2		
ELAPRASE	2		
ELITEK	2		
FABRAZYME	2		
KRYSTEXXA	2		
LUMIZYME	2		
MYOZYME	2		
NAGLAZYME	2		
PULMOZYME	2	PA	
SUCRAID	2		
VPRIV	2		
XIAFLEX	2	PA, QL: 1 in 28 days	
Estrogens and Antiestrogens			
Estrogens and Antiestrogens			
COMBIPATCH	2	QL: 8 in 28 days	
ESTRACE	2		cream/appl
ESTRADERM	2	QL: 8 in 28 days	
<i>estradiol valerate</i> (Delestrogen)	1		
<i>estradiol</i> (Climara)	1	QL: 4 in 28 days	patch tdwk
<i>estradiol</i> (Estrace)	1		tablet
<i>estradiol/noreth ac</i> (Activella)	1		tablet: 0.5-0.1mg
<i>estradiol/noreth ac</i> (Activella)	1		tablet: 1-0.5mg
ESTRASORB	3	QL: 97.44 in 28 days	

Drug Name		Drug Tier	Requirements/Limits
<i>estropipate</i>	(Ogen)	1	
EVISTA		2	
<i>norethind ac/ethinyl estradiol</i>	(Femhrt)	1	tablet: 1mg-5mcg
PREMARIN		2	
PREMPHASE		2	
PREMPRO		2	
VIVELLE-DOT		2	QL: 8 in 28 days
First Generation Antihistamines			
First Generation Antihistamines			
<i>carbinoxamine maleate</i>	(Palgic)	1	
<i>chlorpheniramine maleate</i>	(Chlorpheniramine Maleate)	1	
<i>clemastine fumarate</i>	(Clemastine Fumarate)	1	syrup, tablet: 2.68mg
<i>clemastine fumarate</i>	(Clemastine Fumarate)	1	tablet: 1.34mg
<i>cyproheptadine hcl</i>	(Cyproheptadine HCl)	1	
<i>dexchlorpheniramine maleate</i>	(Dexchlorpheniramine Maleate)	1	syrup
<i>dexchlorpheniramine maleate</i>	(Dexchlorpheniramine Maleate)	1	tablet er
<i>diphenhydramine hcl</i>	(Diphenhydramine HCl)	1	capsule: 25mg; disp syrin
<i>diphenhydramine hcl</i>	(Diphenhydramine HCl)	1	capsule: 50mg; vial
<i>doxylamine succinate</i>	(Doxylamine Succinate)	1	
<i>p-epd tan/chlor-tan</i>	(P-epd Tan/chlor-tan)	1	
<i>phenyleph/acetaminop/p-tlox/cp</i>	(Phenyleph/acetaminop/p-tlox/cp)	1	
<i>phenylephrine hcl/prometh hcl</i>	(Phenylephrine HCl/prometh HCl)	1	
<i>phenylephrine/chlor-tan</i>	(Rynatan)	1	
<i>phenylephrine/dp-hydram tan</i>	(Phenylephrine/dp-hydram Tan)	1	tab chew: 5mg-12.5mg
<i>promethazine hcl</i>	(Promethazine HCl)	1	
<i>tripelennamine hcl</i>	(Tripelennamine HCl)	1	
Genitourinary Smooth Muscle Relaxants			
Genitourinary Smooth Muscle Relaxants			
DETROL LA		2	
DETROL		2	
<i>flavoxate hcl</i>	(Urispas)	1	
<i>oxybutynin chloride</i>	(Ditropan)	1	
TOVIAZ		2	

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride</i> (Sanctura)	1	
VESICARE	2	
GI Drugs, Miscellaneous		
GI Drugs, Miscellaneous		
CHENODAL	2	PA, QL: 120 in 30 days
CIMZIA	2	PA, QL: 3 in 28 days
CREON	2	capsule dr: 3-9.5- 15k
CREON	2	capsule dr: 6k-19k- 30k, 12k-38k-60, 24-76-120k
<i>lipase/protease/amylase</i> (Zenpep)	1	
LOTRONEX	2	
<i>metoclopramide hcl</i> (Reglan)	1	
RELISTOR	3	PA, QL: 28 in 28 days
<i>ursodiol</i> (Actigall)	1	
ZENPEP	2	capsule dr: 3k-10k- 16k, 25-85-136k
ZENPEP	2	capsule dr: 5k-17k- 27k, 10-34-55k, 15- 51-82k, 20-68-109k
Heavy Metal Antagonists		
Heavy Metal Antagonists		
BAL IN OIL	2	
CA-DTPA	2	
CALCIUM DISODIUM VERSENATE	2	
CHEMET	2	
CUPRIMINE	2	
<i>deferoxamine mesylate</i> (Desferal)	1	PA
DEPEN	2	
<i>edetate disodium</i> (Edetate Disodium)	1	
ENDRATE	2	
EXJADE	2	
GALZIN	2	

Drug Name	Drug Tier	Requirements/Limits	
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/amyl Nit)	1		
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	1		
SYPRINE	2		
ZN-DTPA	2		
Hematologic Agents			
Anticoagulants			
ARIXTRA	2	PA, QL: 11.2 in 28 days	disp syrin: 10mg/0.8ml
ARIXTRA	2	PA, QL: 5.6 in 28 days	disp syrin: 5mg/0.4ml
ARIXTRA	2	PA, QL: 7 in 28 days	disp syrin: 2.5mg/0.5
ARIXTRA	2	PA, QL: 8.4 in 28 days	disp syrin: 7.5mg/0.6
CEPROTIN	2		
<i>citrate-phos-dex solution</i> (Citrate-phos-dex Solution)	1		
COUMADIN	2		vial
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 13.6 in 30 days	disp syrin: 40mg/0.4ml
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 18 in 30 days	disp syrin: 30mg/0.3ml
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 20.4 in 30 days	disp syrin: 60mg/0.6ml
<i>enoxaparin sodium</i> (Lovenox)	2	QL: 27.2 in 30 days	disp syrin: 80mg/0.8ml, 120mg/.8ml
<i>enoxaparin sodium</i> (Lovenox)	2	QL: 34 in 30 days	disp syrin: 150mg/ml
<i>enoxaparin sodium</i> (Lovenox)	2	QL: 36 in 30 days	disp syrin: 100mg/ml
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 11.2 in 28 days	disp syrin: 10mg/0.8ml

Drug Name	Drug Tier	Requirements/Limits	
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 5.6 in 28 days	disp syrin: 5mg/0.4ml
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 7 in 28 days	disp syrin: 2.5mg/0.5
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 8.4 in 28 days	disp syrin: 7.5mg/0.6
FRAGMIN	2	PA, QL: 10.2 in 30 days	disp syrin: 15000/0.6
FRAGMIN	2	PA, QL: 12 in 30 days	disp syrin: 2500/0.2ml
FRAGMIN	2	PA, QL: 12.24 in 30 days	disp syrin: 18000/0.72
FRAGMIN	2	PA, QL: 15.2 in 30 days	vial
FRAGMIN	2	PA, QL: 17 in 30 days	disp syrin: 10000/ml
FRAGMIN	2	PA, QL: 5.1 in 30 days	disp syrin: 7500/0.3ml
FRAGMIN	2	PA, QL: 6 in 30 days	disp syrin: 5000/0.2ml
FRAGMIN	2	PA, QL: 8.5 in 30 days	disp syrin: 12500/0.5
<i>heparin sodium,porcine</i> (Hep-lock)	1	PA	(PA for ESRD only)
<i>heparin sodium,porcine/d5w</i> (Heparin Sodium, porcine/D5W)	1		
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1		iv soln: 1000/500ml
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1		iv soln: 2k/1000ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1		vial port: 10000/5ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1		vial port: 25k/10ml
<i>heparin sodium,pork in 1/2 ns</i> (Heparin Sodium, pork in 1/2 NS)	1		

Drug Name	Drug Tier	Requirements/Limits	
IPRIVASK	2	PA, QL: 24 in 28 days	
LOVENOX	2	QL: 12 in 30 days	vial
<i>warfarin sodium</i> (Coumadin)	1		
Hematologic Agents, Miscellaneous			
<i>aminocaproic acid</i> (Amicar)	1		
<i>anagrelide hcl</i> (Agrylin)	1		
CYKLOKAPRON	2		
LYSTEDA	3	QL: 30 in 30 days	
<i>pentoxifylline</i> (Trental)	1		
<i>protamine sulfate</i> (Protamine Sulfate)	1		
<i>tranexamic acid</i> (Tranexamic Acid)	1		
Platelet-aggregation Inhibitors			
<i>cilostazol</i> (Pletal)	1		
EFFIENT	2		
PLAVIX	2		
<i>ticlopidine hcl</i> (Ticlid)	1		
Hematopoietic Agents			
Hematopoietic Agents			
ARANESP	2	PA, QL: 1.2 in 28 days	disp syrin: 60mcg/ 0.3, 150mcg/0.3
ARANESP	2	PA, QL: 1.6 in 28 days	disp syrin: 40mcg/ 0.4, 200mcg/0.4
ARANESP	2	PA, QL: 1.68 in 28 days	disp syrin: 25mcg/ 0.42
ARANESP	2	PA, QL: 2 in 28 days	disp syrin: 100mcg/ 0.5
ARANESP	2	PA, QL: 2.4 in 28 days	disp syrin: 300mcg/ 0.6
ARANESP	2	PA, QL: 4 in 28 days	disp syrin: 500mcg/ ml; vial

Drug Name	Drug Tier	Requirements/Limits	
EPOGEN	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml, 20000/ml
EPOGEN	2	PA, QL: 6 in 28 days	vial: 40000/ml
LEUKINE	2		
MOZOBIL	2	PA, QL: 9.6 per fill	
NEULASTA	2		
NEUMEGA	2		
NEUPOGEN	2		
PROCRIT	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml, 20000/ml
PROCRIT	2	PA, QL: 6 in 28 days	vial: 40000/ml
PROMACTA	2	PA, QL: 30 in 30 days	
Hypotensive Agents			
Hypotensive Agents, Miscellaneous			
<i>clonidine hcl</i>		(Catapres)	1
<i>clonidine hcl/ chlorthalidone</i>		(Clonidine HCl/chlorthalidone)	1
<i>clonidine</i>		(Catapres-TTS 3)	1
<i>clonidine</i>		(Catapres-TTS 3)	1
<i>fenoldopam mesylate</i>		(Fenoldopam Mesylate)	1
<i>guanabenz acetate</i>		(Guanabenz Acetate)	1
<i>guanabenz acetate</i>		(Guanabenz Acetate)	1
<i>guanfacine hcl</i>		(Tenex)	1
<i>hydralazine hcl</i>		(Apresoline)	1
<i>hydralazine/ hydrochlorothiazid</i>		(Hydralazine/ hydrochlorothiazid)	1
<i>hydralazine/reserpin/hctz</i>		(Hydralazine/reserpin/hctz)	1
<i>methyl dopa</i>		(Aldomet)	1
<i>methyl dopa/ hydrochlorothiazide</i>		(Methyl dopa/ hydrochlorothiazide)	1

Drug Name		Drug Tier	Requirements/Limits
<i>methyldopate hcl</i>	(Methyldopate HCl)	1	
<i>minoxidil</i>	(Minoxidil)	1	
PROGLYCEM		2	
<i>reserpine</i>	(Reserpine)	1	
<i>reserpine/ hydrochlorothiazide</i>	(Reserpine/hydrochlorothiazide)	1	
Ion-Removing Agents			
Ion-Removing Agents			
<i>calcium acetate</i>	(Phoslo)	1	
<i>calcium carbonate/mag carb/fa</i>	(Calcium Carbonate/mag Carb/ fa)	1	
PHOSLYRA		3	
RENAGEL		2	
REVELA		2	powd pack: 2.4g; tablet
<i>sodium polystyrene sulfonate</i>	(Sodium Polystyrene Sulfonate)	1	
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid</i>	(Acetic Acid)	1	
IRRIGATING SOLUTION G		2	
LACTATED RINGERS		2	
<i>mannitol/sorbitol solution</i>	(Mannitol/sorbitol Solution)	1	
<i>ringers solution</i>	(Tis-u-sol)	1	
<i>sod chloride 0.45% irrig. soln</i>	(Sod Chloride 0.45% Irrig. Soln)	1	
<i>sodium chloride irrig solution</i>	(Sodium Chloride Irrig Solution)	1	
<i>sorbitol solution</i>	(Sorbitol Solution)	1	
<i>urologic solution-g</i>	(Urologic Solution-g)	1	
<i>water for irrigation,sterile</i>	(Water for Irrigation, Sterile)	1	
Keratolytic Agents			
Keratolytic Agents			
<i>benzoyl peroxide microspheres</i>	(Neobenz Micro)	1	
<i>benzoyl peroxide&skin cleansr5</i>	(Brevoxyl-4)	1	
<i>benzoyl peroxide</i>	(Delos)	1	
<i>benzoyl peroxide/aloe vera</i>	(Benzoyl Peroxide/aloe Vera)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>benzoyl peroxide/hydrocortison</i>	(Benzoyl Peroxide/hydrocortison)	1	
<i>benzoyl peroxide/skin clnsr7</i>	(Benzoyl Peroxide/skin Clnsr7)	1	
<i>benzoyl peroxide/urea</i>	(Zoderm)	1	
<i>potassium hydroxide</i>	(Potassium Hydroxide)	1	
<i>salicylic acid</i>	(Salex)	1	
<i>salicylic acid/ammon lact/aloe</i>	(Salkera)	1	
<i>salicylic acid/ceramide cmb #1</i>	(Salex)	1	
<i>silver nitrate applicator</i>	(Silver Nitrate Applicator)	1	stick (ea): 75%-25%
<i>urea</i>	(Uramaxin)	1	
<i>urea/lactic ac/zn undecylenate</i>	(Kerol)	1	
<i>urea/lactic acid/salicyl acid</i>	(Kerol)	1	
Keratoplastic Agents			
Keratoplastic Agents			
CARMOL SCALP		2	
DRITHO-SCALP		2	
<i>sulfacetamide sodium/urea</i>	(Rosula Ns)	1	
Local Anesthetics			
Local Anesthetics			
<i>aa/antipyrn/bcaine/polico#1/al</i>	(Auralgan)	1	
<i>aa/anpty/bcaine/polico/al acet</i>	(Aa/anpty/bcaine/polico/al Acet)	1	
AKTEN		3	
<i>antipyrine/benzocaine/glycerin</i>	(Otra Nr)	1	
<i>benzocaine</i>	(Omedia Otic)	1	
<i>chloroprocaine hcl/pf</i>	(Nesacaine-MPF)	1	
<i>chloroxylonol/pramoxine hcl</i>	(Oticin)	1	
<i>cocaine hcl</i>	(Cocaine HCl)	1	
<i>lidocaine hcl</i>	(Xylocaine)	1	jel (ml), jel/pf app, solution, vial: 10mg/ml
<i>lidocaine hcl</i>	(Xylocaine)	1	vial: 20mg/ml
<i>lidocaine hcl/pf</i>	(Xylocaine-MPF)	1	ampul
<i>lidocaine hcl/pf</i>	(Xylocaine-MPF)	1	vial

Drug Name	Drug Tier	Requirements/Limits
<i>mepivacaine hcl/pf</i> (Mepivacaine HCl/PF)	1	
NESACAINE	2	vial: 10mg/ml
<i>phenylephrine/antipy/b-caine</i> (Otogesic)	1	
<i>proparacaine hcl</i> (Ophthetic)	1	
<i>proparacaine/fluorescein sod</i> (Proparacaine/fluorescein Sod)	1	
<i>tetracaine hcl</i> (Pontocaine)	1	
<i>tetracaine hcl/pf</i> (Tetracaine HCl/PF)	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTEMRA	2	PA, QL: 40 in 30 days
ACTIMMUNE	2	
ACTONEL with CALCIUM	2	ST, QL: 28 in 28 days
ACTONEL	2	ST, QL: 1 in 28 days tablet: 150mg
ACTONEL	2	ST, QL: 31 in 31 days tablet: 5mg, 30mg
ACTONEL	2	ST, QL: 4 in 28 days tablet: 35mg
<i>alendronate sodium</i> (Fosamax)	1	tablet: 5mg, 10mg, 40mg
<i>alendronate sodium</i> (Fosamax)	1	QL: 4 in 28 days tablet: 35mg, 70mg
<i>allopurinol sodium</i> (Aloprim)	1	
<i>allopurinol</i> (Zyloprim)	1	
<i>amifostine crystalline</i> (Ethyol)	1	
AMPYRA	2	PA, QL: 60 in 30 days
ANTABUSE	2	
ARCALYST	2	
ATGAM	2	
AVODART	2	

Drug Name	Drug Tier	Requirements/Limits	
AVONEX ADMINISTRATION PACK	2		
AVONEX	2		
<i>azathioprine sodium</i> (Azathioprine Sodium)	1	PA	
<i>azathioprine</i> (Imuran)	1	PA	
BENLYSTA	2	PA, QL: 2 in 28 days	
BERINERT	2		
BETASERON	2	ST	
BONIVA	2	PA, ST, QL: 1 in 84 days	disp syrin, (PA for ESRD only)
BONIVA	2	ST, QL: 1 in 28 days	tablet: 150mg
BONIVA	2	ST, QL: 31 in 31 days	tablet: 2.5mg
BOTOX	2	PA, QL: 1 in 90 days	vial: 200unit
BOTOX	2	PA, QL: 3 in 90 days	vial: 100unit
CELLCEPT	2	PA	susp recon
CELLCEPT	3	PA	vial
CINRYZE	2	PA, QL: 20 in 28 days	
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1		
COLCRYS	2		
COPAXONE	2		
<i>cyclosporine</i> (Sandimmune)	1	PA	capsule, vial
<i>cyclosporine</i> (Sandimmune)	1	PA	solution
<i>cyclosporine, modified</i> (Neoral)	1	PA	
CYSTADANE	3		
CYSTAGON	2		
<i>dexrazoxane</i> (Totect)	1		
<i>disulfiram</i> (Antabuse)	1		
DUODOTE	2		

Drug Name	Drug Tier	Requirements/Limits	
DYSPORT	3	PA, QL: 2 in 90 days	
ELMIRON	2		
ENBREL	2	PA, QL: 7.84 in 28 days	pen injctr
ENBREL	2	PA, QL: 8 in 28 days	kit
ENBREL	2	PA, QL: 8.16 in 28 days	disp syrin
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1		tab subl
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1		tablet
<i>etidronate disodium</i> (Didronel)	1		
EXTAVIA	2	ST	
<i>finasteride</i> (Proscar)	1		
FIRAZYR	2		
FLUOR-A-DAY	3		drops
FLUOR-A-DAY	3		tab chew
FLUORITAB	3		
FLURA-DROPS	3		
<i>fomepizole</i> (Antizol)	2		
FOSAMAX	2	QL: 300 in 28 days	solution
FUSILEV	2		
<i>gauze bandage</i> (Gauze Bandage)	1		
GILENYA	2	PA, QL: 28 in 28 days	
GLUCAGEN	2		
GLUCAGON EMERGENCY KIT	2		
<i>gold sodium thiomalate</i> (Myochrysine)	1		
HUMIRA	2	PA, QL: 4 in 28 days	kit, pen ij kit: 40mg/ 0.8ml
HUMIRA	2	PA, QL: 6 in 28 days	pen ij kit: 40mg/ 0.8ml

Drug Name	Drug Tier	Requirements/Limits
ILARIS	2	
KALBITOR	2	
KINERET	2	PA, QL: 18.76 in 28 days
KUVAN	2	
<i>leflunomide</i> (Leflunomide)	1	
<i>leucovorin calcium</i> (Leucovorin Calcium)	1	
<i>levocarnitine (with sugar)</i> (Carnitor)	1	PA (PA for ESRD only)
<i>levocarnitine</i> (Carnitor)	1	PA (PA for ESRD only)
<i>mesna</i> (Mesnex)	1	
MESNEX	2	tablet
METHERGINE	3	tablet
<i>methylene blue</i> (Methylene Blue)	1	
<i>methylergonovine maleate</i> (Methergine)	1	
<i>mycophenolate mofetil</i> (Cellcept)	1	PA
MYFORTIC	3	PA
MYOBLOC	3	PA, QL: 1 in 90 days
NPLATE	2	PA, QL: 8 in 28 days
NULOJIX	2	PA
<i>octreotide acetate</i> (Sandostatin)	1	vial: 50mcg/ml, 100mcg/ml, 200mcg/ml
<i>octreotide acetate</i> (Sandostatin)	2	ampul, vial: 1000mcg/ml
ORENCIA	2	PA, QL: 4 in 28 days disp syrin
ORENCIA	2	PA, QL: 4 in 28 days vial
ORFADIN	2	
ORTHOCLONE OKT-3	2	PA
<i>pamidronate disodium</i> (Aredia)	1	PA (PA for ESRD only)
PRALIDOXIME CHLORIDE	2	
<i>probenecid</i> (Probenecid)	1	
PROGRAF	3	PA ampul

Drug Name	Drug Tier	Requirements/Limits
PROLIA	3	PA, QL: 1 in 180 days
PROTOPAM CHLORIDE	3	
RAPAMUNE	2	PA
REBIF	2	
RECLAST	3	QL: 100 in 300 days
REMICADE	2	PA, QL: 35 in 150 days
REVLIMID	2	LA, QL: 30 in 30 days
RIDAURA	2	
SANDOSTATIN LAR	2	
SENSIPAR	2	
SIMPONI	2	PA, QL: 0.5 in 28 days
SIMULECT	2	PA
<i>sodium fluoride</i> (Sodium Fluoride)	3	drops, tab chew
SOLIRIS	2	
SOMATULINE DEPOT	2	QL: 1 in 28 days
STELARA	2	PA, QL: 10 in 360 days disp syrin: 45mg/0.5ml
STELARA	2	PA, QL: 10 in 360 days vial
STELARA	2	PA, QL: 5 in 360 days disp syrin: 90mg/ml
SUPPRELIN LA	2	QL: 1 in 360 days
SUPPRELIN	2	
SYNAREL	2	
<i>tacrolimus</i> (Prograf)	1	PA
THALOMID	2	QL: 60 in 30 days

Drug Name	Drug Tier	Requirements/Limits
THIOLA	2	
THYMOGLOBULIN	2	
TYSABRI	2	LA, PA, QL: 15 in 28 days
ULORIC	2	ST, QL: 31 in 31 days
VANTAS	3	QL: 1 in 360 days
XGEVA	2	PA, QL: 1.7 in 28 days
ZAVESCA	2	
ZOMETA	3	infus. btl
ZOMETA	3	vial
ZORTRESS	2	PA, QL: 60 in 30 days tablet: 0.5mg, 0.75mg
ZORTRESS	3	PA, QL: 60 in 30 days tablet: 0.25mg
Myasthenia Gravis		
Myasthenia Gravis		
ENLON-PLUS	2	
Mydriatics		
Mydriatics		
<i>atropine sulfate</i> (Isopto Atropine)	1	
CYCLOGYL	2	drops: 0.5%, 2%
<i>cyclopentolate hcl</i> (Cyclogyl)	1	
<i>homatropine hbr</i> (Isopto Homatropine)	1	
ISOPTO HOMATROPINE	2	drops: 2%
PROPINE	2	
<i>tropicamide</i> (Mydriacyl)	1	
Opiate Antagonists		
Opiate Antagonists		
<i>naloxone hcl</i> (Naloxone HCl)	1	disp syrin
<i>naloxone hcl</i> (Naloxone HCl)	1	vial
<i>naltrexone hcl</i> (Revia)	1	

Drug Name	Drug Tier	Requirements/Limits
Parasympathomimetics (Cholinergic Agents)		
Parasympathomimetics (Cholinergic Agents)		
ARICEPT	2	PA, QL: 31 in 31 days tablet: 23mg
<i>bethanechol chloride</i> (Urecholine)	1	
CHANTIX	3	PA, QL: 168 in 84 days tablet
CHANTIX	3	PA, QL: 53 in 28 days tab ds pk
<i>donepezil hcl</i> (Aricept)	1	QL: 31 in 31 days
EVOXAC	2	
EXELON	3	PA, QL: 30 in 30 days patch td24
EXELON	3	QL: 240 in 31 days solution
<i>galantamine hbr</i> (Razadyne ER)	1	QL: 30 in 30 days cap24h pel
<i>galantamine hbr</i> (Razadyne)	1	QL: 200 in 30 days solution
<i>galantamine hbr</i> (Razadyne)	1	QL: 60 in 30 days tablet
<i>guanidine hcl</i> (Guanidine HCl)	1	
MESTINON	2	syrup, tablet er
MYTELASE	2	
<i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate)	1	
NICOTROL	3	QL: 2016 in 365 days
<i>physostigmine salicylate</i> (Physostigmine Salicylate)	1	
<i>pilocarpine hcl</i> (Salagen)	1	
PROSTIGMIN	2	
<i>pyridostigmine bromide</i> (Mestinon)	1	
REGONOL	2	
<i>rivastigmine tartrate</i> (Exelon)	1	QL: 62 in 31 days

Drug Name	Drug Tier	Requirements/Limits	
Parathyroid			
Parathyroid			
<i>calcitonin, salmon, synthetic</i> (Miacalcin) <i>c</i>	1	QL: 3.7 in 28 days	
FORTEO	3	PA, QL: 3 in 28 days	
FORTICAL	2	QL: 3.7 in 28 days	
MIACALCIN	2	PA	vial, (PA for ESRD only)
Pituitary			
Pituitary			
DDAVP	2		ampul: 15mcg/ml
<i>desmopressin acetate</i> (DDAVP)	1		tablet, vial
<i>desmopressin acetate</i> (Minirin)	1	QL: 15 in 30 days	solution, spray/ pump
GENOTROPIN	2	PA, QL: 28 in 28 days	disp syrin
GENOTROPIN	2	PA, QL: 5 in 28 days	cartridge
HUMATROPE	2	PA, QL: 18 in 28 days	cartridge: 6mg
HUMATROPE	2	PA, QL: 25 in 28 days	vial
HUMATROPE	2	PA, QL: 5 in 28 days	cartridge: 24mg
HUMATROPE	2	PA, QL: 9 in 28 days	cartridge: 12mg
NORDITROPIN NORDIFLEX	2	PA, QL: 13 in 28 days	pen injctr: 15mg/ 1.5ml

Drug Name	Drug Tier	Requirements/Limits	
NORDITROPIN NORDIFLEX	2	PA, QL: 15 in 28 days	pen injctr: 30mg/ 3ml
NORDITROPIN NORDIFLEX	2	PA, QL: 20 in 28 days	pen injctr: 10mg/ 1.5ml
NORDITROPIN NORDIFLEX	2	PA, QL: 39 in 28 days	pen injctr: 5mg/ 1.5ml
NORDITROPIN	2	PA, QL: 17 in 28 days	vial: 8mg
NORDITROPIN	2	PA, QL: 33 in 28 days	vial: 4mg
NOVAREL	3		
NUTROPIN AQ NUSPIN	2	PA, QL: 20 in 28 days	cartridge: 10mg/2ml
NUTROPIN AQ NUSPIN	2	PA, QL: 34 in 28 days	cartridge: 5mg/2ml
NUTROPIN AQ	2	PA, QL: 10 in 28 days	cartridge: 20mg/2ml
NUTROPIN AQ	2	PA, QL: 20 in 28 days	cartridge: 10mg/2ml
NUTROPIN	2	PA, QL: 10 in 28 days	
OMNITROPE	2	PA, QL: 13.5 in 28 days	cartridge: 10mg/ 1.5ml
OMNITROPE	2	PA, QL: 22.5 in 28 days	cartridge: 5mg/ 1.5ml
OMNITROPE	2	PA, QL: 8 in 28 days	vial
SAIZEN	2	PA, QL: 3 in 28 days	cartridge

Drug Name	Drug Tier	Requirements/Limits	
SAIZEN	2	PA, QL: 3 in 28 days	vial: 8.8mg
SAIZEN	2	PA, QL: 4 in 28 days	vial: 5mg
SEROSTIM	2	PA, QL: 28 in 28 days	
TEV-TROPIN	2	PA, QL: 17 in 28 days	
<i>vasopressin</i> (Pitressin)	1		
ZORBTIVE	2	PA, QL: 28 in 28 days	
Progestins			
Progestins			
DEPO-PROVERA	2	QL: 10 in 28 days	vial: 400mg/ml
DEPO-SUBQ PROVERA 104	2	QL: 1 in 84 days	
<i>medroxyprogesterone acet</i> (Depo-provera)	1	QL: 1 in 84 days	disp syrin
<i>medroxyprogesterone acet</i> (Depo-provera)	1	QL: 1 in 84 days	vial
<i>medroxyprogesterone acet</i> (Provera)	1		tablet
<i>norethindrone acetate</i> (Aygestin)	1		
<i>progesterone</i> (Progesterone In Oil)	1		
PROMETRIUM	2		
Psychotherapeutic Agents			
Antidepressants			
<i>amitrip hcl/</i> <i>chlordiazepoxide</i> (Limbitrol)	1		
<i>amitriptyline hcl</i> (Amitriptyline HCl)	1		
<i>amoxapine</i> (Amoxapine)	1		
<i>bupropion hcl</i> (Wellbutrin SR)	1		
<i>citalopram hydrobromide</i> (Celexa)	1		
<i>clomipramine hcl</i> (Anafranil)	1		
CYMBALTA	2	QL: 30 in 30 days	capsule dr: 30mg

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA	2	QL: 60 in 30 days capsule dr: 20mg, 60mg
<i>desipramine hcl</i> (Norpramin)	1	
<i>doxepin hcl</i> (Doxepin HCl)	1	
EMSAM	3	QL: 30 in 30 days
<i>fluoxetine hcl</i> (Prozac)	1	capsule, capsule dr, solution, tablet: 10mg, 20mg
<i>fluoxetine hcl</i> (Rapiflux)	1	tablet: 60mg
<i>fluvoxamine maleate</i> (Fluvoxamine Maleate)	1	
<i>imipramine hcl</i> (Tofranil)	1	
<i>imipramine pamoate</i> (Tofranil-PM)	1	
LEXAPRO	3	ST, QL: 31 in 31 days tablet
LEXAPRO	3	ST, QL: 720 in 31 days solution
LUVOX CR	3	ST, QL: 62 in 31 days cap er 24h: 150mg
LUVOX CR	3	ST, QL: 93 in 31 days cap er 24h: 100mg
<i>maprotiline hcl</i> (Maprotiline HCl)	1	
MARPLAN	3	
<i>mirtazapine</i> (Remeron)	1	
<i>nefazodone hcl</i> (Serzone)	1	
<i>nortriptyline hcl</i> (Pamelor)	1	
<i>paroxetine hcl</i> (Paxil)	1	
<i>perphenazine/ amitriptyline hcl</i> (Perphenazine/amitriptyline HCl)	1	
<i>phenelzine sulfate</i> (Nardil)	1	
PRISTIQ ER	3	ST, QL: 31 in 31 days
<i>protriptyline hcl</i> (Vivactil)	1	
<i>sertraline hcl</i> (Zoloft)	1	
SURMONTIL	3	capsule: 100mg
<i>tranylcypromine sulfate</i> (Parnate)	1	
<i>trazodone hcl</i> (Desyrel)	1	

Drug Name	Drug Tier	Requirements/Limits	
<i>trimipramine maleate</i> (Surmontil)	1		
VENLAFAXINE HCL ER	1		
<i>venlafaxine hcl</i> (Effexor XR)	1		
VIIBRYD	3	PA, QL: 30 in 30 days	
Antipsychotic Agents			
ABILIFY DISCMELT	2	QL: 62 in 31 days	tab rapdis: 15mg
ABILIFY DISCMELT	2	QL: 93 in 31 days	tab rapdis: 10mg
ABILIFY	2	QL: 161.2 in 28 days	vial
ABILIFY	2	QL: 31 in 31 days	tablet
ABILIFY	2	QL: 930 in 31 days	solution
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		ampul, tablet
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		oral conc.
<i>clozapine</i> (Clozaril)	1	QL: 140 in 31 days	tablet: 200mg
<i>clozapine</i> (Clozaril)	1	QL: 279 in 31 days	tablet: 100mg
<i>clozapine</i> (Clozaril)	1	QL: 93 in 31 days	tablet: 25mg, 50mg
FANAPT	3	ST, QL: 60 in 30 days	tablet
FANAPT	3	ST, QL: 8 in 28 days	tab ds pk
FAZACLO	3	ST, QL: 124 in 31 days	tab rapdis: 200mg
FAZACLO	3	ST, QL: 186 in 31 days	tab rapdis: 150mg

Drug Name	Drug Tier	Requirements/Limits
FAZACLO	3	ST, QL: 93 in 31 days tab rapdis: 12.5mg, 25mg, 100mg
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	1	
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1	
GEODON	3	QL: 6 in 28 days vial
GEODON	3	QL: 62 in 31 days capsule
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
HALDOL	3	
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	1	
<i>haloperidol lactate</i> (Haloperidol Lactate)	1	
<i>haloperidol</i> (Haloperidol)	1	
INVEGA SUSTENNA	2	QL: 0.25 in 28 days disp syrin: 39mg/0.25
INVEGA SUSTENNA	2	QL: 0.5 in 28 days disp syrin: 78mg/0.5ml
INVEGA SUSTENNA	2	QL: 0.75 in 28 days disp syrin: 117mg/0.75
INVEGA SUSTENNA	2	QL: 1 in 28 days disp syrin: 156mg/ml
INVEGA SUSTENNA	2	QL: 1.5 in 28 days disp syrin: 234mg/1.5
INVEGA	3	ST, QL: 31 in 31 days tab er 24: 1.5mg, 3mg, 9mg
INVEGA	3	ST, QL: 62 in 31 days tab er 24: 6mg
LATUDA	3	ST, QL: 30 in 30 days
<i>loxapine succinate</i> (Loxitane)	1	
MOBAN	3	

Drug Name	Drug Tier	Requirements/Limits
NAVANE	3	capsule: 20mg
<i>olanzapine</i> (Zyprexa)	1	QL: 31 in 31 days
ORAP	3	
<i>perphenazine</i> (Perphenazine)	1	
RISPERDAL CONSTA	3	QL: 4 in 28 days
<i>risperidone</i> (Risperdal M-tab)	1	QL: 124 in 31 days tab rapdis: 3mg, 4mg
<i>risperidone</i> (Risperdal)	1	QL: 496 in 31 days solution
<i>risperidone</i> (Risperdal)	1	QL: 62 in 31 days tab rapdis: 0.25mg, 0.5mg, 1mg, 2mg; tablet
SAPHRIS	3	ST, QL: 60 in 30 days
SEROQUEL XR	2	QL: 31 in 31 days tab er 24h: 200mg
SEROQUEL XR	2	QL: 62 in 31 days tab er 24h: 50mg, 150mg, 300mg, 400mg
SEROQUEL	2	QL: 93 in 31 days
<i>thioridazine hcl</i> (Thioridazine HCl)	1	oral conc.
<i>thioridazine hcl</i> (Thioridazine HCl)	1	tablet
<i>thiothixene</i> (Navane)	1	
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	1	
ZYPREXA RELPREVV	2	QL: 2 in 28 days
ZYPREXA ZYDIS	2	QL: 31 in 31 days
ZYPREXA	2	QL: 31 in 31 days
Renin-Angiotensin-Aldosterone System Inhibitors		
Angiotensin II Receptor Antagonists		
BENICAR HCT	2	ST
BENICAR	2	ST
DIOVAN HCT	2	ST
DIOVAN	2	ST

Drug Name		Drug Tier	Requirements/Limits	
<i>losartan potassium</i>	(Cozaar)	1		
<i>losartan/ hydrochlorothiazide</i>	(Hyzaar)	1		
TRIBENZOR		3	ST	
Angiotensin-Converting Enzyme Inhibitors				
<i>benazepril hcl</i>	(Lotensin)	1		
<i>benazepril/ hydrochlorothiazide</i>	(Lotensin HCT)	1		
<i>captopril</i>	(Capoten)	1		
<i>captopril/ hydrochlorothiazide</i>	(Capozide)	1		
<i>enalapril maleate</i>	(Vasotec)	1		
<i>enalapril/ hydrochlorothiazide</i>	(Vaseretic)	1		
<i>enalaprilat dihydrate</i>	(Enalaprilat Dihydrate)	1		
<i>fosinopril sodium</i>	(Monopril)	1		
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	1		
<i>lisinopril</i>	(Zestril)	1		
<i>lisinopril/ hydrochlorothiazide</i>	(Prinzide)	1		
<i>moexipril hcl</i>	(Univasc)	1		
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1		
<i>perindopril erbumine</i>	(Aceon)	1		
<i>quinapril hcl</i>	(Accupril)	1		
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1		
<i>ramipril</i>	(Altace)	1		
<i>trandolapril</i>	(Mavik)	1		
<i>trandolapril/verapamil hcl</i>	(Trandolapril/verapamil HCl)	1		
Renin-Angiotensin-Aldosterone System Inhibitors				
<i>eplerenone</i>	(Inspra)	1		
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	1		
<i>spironolactone</i>	(Aldactone)	1		
Replacement Preparations				
Replacement Preparations				
<i>calcium chloride</i>	(Calcium Chloride)	1		
<i>calcium gluconate</i>	(Calcium Gluconate)	1	PA	(PA for ESRD only)
<i>dex 2.5%-half str lact.ringers</i>	(Dex 2.5%-half Str Lact.ringers)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 2.5% in half ringers</i> (Dextrose 2.5% In Half Ringers)	1	
<i>dextrose 5% in ringers</i> (Dextrose 5% In Ringers)	1	
<i>dextrose 5%-lactated ringers</i> (Dextrose 5%-Lactated Ringers)	1	
DEXTROSE W/ ELECTROLYTE A	2	
DEXTROSE W/ ELECTROLYTE B	2	
<i>electrolyte-48 solution/d10w</i> (Electrolyte-48 Solution/d10w)	1	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	1	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	1	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	1	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	1	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	1	
<i>electrolyte-r solution/d5w</i> (Normosol-r and Dextrose)	1	
HYPERLYTE CR	2	
HYPERLYTE R	2	
IONOSOL B with DEXTROSE 5%	2	
IONOSOL MB- DEXTROSE 5%	2	
IONOSOL T-DEXTROSE 5%	2	
ISOLYTE E	2	
ISOLYTE H W/ DEXTROSE	2	
ISOLYTE M W/ DEXTROSE	2	
ISOLYTE P with DEXTROSE	2	
ISOLYTE S with DEXTROSE	2	
ISOLYTE S	2	
LACTATED RINGERS	3	
<i>normal saline</i> (Normal Saline)	1	
NORMOSOL-M and DEXTROSE	2	

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R PH 7.4	2	
NUTRILYTE II	2	
NUTRILYTE	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE 56 IN DEXTROSE	2	
PLASMA-LYTE A PH 7.4	2	
PLASMA-LYTE M IN DEXTROSE	2	
<i>pot chloride/pot bicarb/cit ac</i> (K-lyte-cl)	1	
<i>potassium acetate</i> (Potassium Acetate)	1	
<i>potassium bicarbonate/cit ac</i> (K-lyte)	1	
<i>potassium chlorid/d10-0.2%nacl</i> (Potassium Chlorid/d10-0.2%NaCl)	1	
<i>potassium chloride in d5-1/2ns</i> (Potassium Chloride In D5-1/2ns)	1	
<i>potassium chloride in d5-1/3ns</i> (Potassium Chloride In D5-1/3ns)	1	
<i>potassium chloride</i> (Kaon-cl)	1	liquid, packet
<i>potassium chloride</i> (K-dur)	1	capsule er, piggyback, tab er prt, tablet er, tablet sa, vial
<i>potassium chloride/d5-0.25ns</i> (Potassium Chloride/D5-0.25 NS)	1	iv soln, 10meq/l, 20meq/l, 40meq/l
<i>potassium chloride/d5-0.25ns</i> (Potassium Chloride/D5-0.25 NS)	1	iv soln., 30meq/l
<i>potassium chloride/d5lr</i> (Potassium Chloride/D5 LR)	1	
<i>potassium chloride/d5-ns</i> (Potassium Chloride/D5-NS)	1	
<i>potassium chloride/d5w</i> (Potassium Chloride/D5W)	1	
<i>potassium chloride/ns</i> (Potassium Chloride/NS)	1	
<i>potassium chloride-0.45% nacl</i> (Potassium Chloride-0.45% NaCl)	1	
<i>potassium gluconate</i> (Potassium Gluconate)	1	
<i>potassium phos,m-basic-d-basic</i> (Potassium Phos,m-basic-d-basic)	1	
<i>ringers solution</i> (Ringers Solution)	1	
<i>sodium acetate</i> (Sodium Acetate)	1	
<i>sodium chloride 0.45 %</i> (Sodium Chloride 0.45 %)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	
<i>sodium chloride</i>	(Sodium Chloride)	1	vial: 2.5meq/ml
<i>sodium chloride</i>	(Sodium Chloride)	1	vial: 4meq/ml
<i>sodium phos,m-basic-d-basic</i>	(Sodium Phos,m-basic-d-basic)	1	
TPN ELECTROLYTES		2	
TRAVERT-ELECTROLYTE NO.1		2	
TRAVERT-ELECTROLYTE NO.2		2	iv soln: 10%
TRAVERT-ELECTROLYTE NO.2		2	iv soln: 5%
TRAVERT-ELECTROLYTE NO.3		2	
TRAVERT-ELECTROLYTE NO.4		2	
Respiratory Tract Agents, Miscellaneous			
Respiratory Tract Agents, Miscellaneous			
<i>acetylcysteine</i>	(Acetylcysteine)	1	
<i>aminophylline</i>	(Aminophylline)	1	liquid
<i>aminophylline</i>	(Aminophylline)	1	tablet, vial
ARALAST NP		2	
DALIRESP		3	ST, QL: 30 in 30 days
<i>guaifen/theop anhyd/p-ephed</i>	(Guaifen/theop Anhyd/p-ephed)	1	
PROLASTIN C		2	
PROLASTIN		2	
<i>theophylline anhydrous</i>	(Theochron)	1	elixir, tab er 12h: 100mg, 200mg, 300mg, 450mg; tablet er
<i>theophylline anhydrous</i>	(Theochron)	1	solution, tab er 12h: 200mg
<i>theophylline/dextrose 5%-water</i>	(Theophylline/dextrose 5%-water)	1	
XOLAIR		2	PA, QL: 6 in 28 days
ZEMAIRA		2	

Drug Name	Drug Tier	Requirements/Limits
Sclerosing Agents		
Sclerosing Agents		
<i>ethanolamine oleate</i> (Ethanolamine Oleate)	1	
<i>sodium morrhuate</i> (Sodium Morrhuate)	1	
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	1	
<i>talc</i> (Talc)	1	
Second Generation Antihistamines		
Second Generation Antihistamines		
<i>fexofenadine hcl</i> (Allegra)	1	
<i>levocetirizine dihydrochloride</i> (Xyzal)	1	solution
<i>levocetirizine dihydrochloride</i> (Xyzal)	1	tablet
XYZAL	2	solution
Serums		
Serums		
ANASCORP	2	
ANTIVENIN LATRODECTUS MACTANS	2	
ANTIVENIN MICRURUS FULVIUS	2	
CARIMUNE NF NANOFILTERED	2	PA
CROFAB	2	
CYTOGAM	2	
DIGIBIND	2	
DIGIFAB	2	
FLEBOGAMMA DIF	2	PA
FLEBOGAMMA	2	PA
GAMASTAN S-D	2	PA
GAMMAGARD S-D	2	PA
GAMMAPLEX	2	PA
GAMUNEX	2	PA
HIZENTRA	2	PA
HYPERRAB S-D	2	
HYPERRHO S-D	2	
IMOGAM RABIES-HT	2	
MICRHOGAM PLUS	2	
OCTAGAM	2	PA
PRIVIGEN	2	PA

Drug Name	Drug Tier	Requirements/Limits	
RHOGAM PLUS	2		
RHOPHYLAC	2		
VIVAGLOBIN	2	PA	
WINRHO SDF	2		
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
<i>baclofen</i> (Baclofen)	1		
<i>carisoprodol</i> (Soma)	1	QL: 120 in 30 days	tablet: 250mg
<i>carisoprodol</i> (Soma)	1	QL: 120 in 30 days	tablet: 350mg
<i>carisoprodol/aspirin</i> (Soma Compound)	1	QL: 240 in 30 days	
<i>chlorzoxazone</i> (Parafon Forte DSC)	1		
<i>chlorzoxazone/acetaminophen</i> (Chlorzoxazone/acetaminophen)	1		
<i>codeine phos/carisoprodol/asa</i> (Soma Compound with Codeine)	1		
<i>cyclobenzaprine hcl</i> (Flexeril)	1		cap er 24h, tablet: 5mg, 10mg
<i>cyclobenzaprine hcl</i> (Flexeril)	1		tablet: 7.5mg
<i>dantrolene sodium</i> (Dantrium)	1		capsule
<i>dantrolene sodium</i> (Dantrium)	1		vial
<i>metaxalone</i> (Skelaxin)	1		
<i>methocarbamol</i> (Robaxin-750)	1		
<i>orphenadrine citrate</i> (Norflex)	1		
<i>orphenadrine/aspirin/caffeine</i> (Norgesic Forte)	1		
<i>tizanidine hcl</i> (Zanaflex)	1		
Skin and Mucous Membrane Agents, Miscellaneous			
Skin and Mucous Membrane Agents, Miscellaneous			
8-MOP	2		
<i>adapalene</i> (Differin)	1		
AMEVIVE	2	PA, QL: 4 in 28 days	
<i>ammonium lactate</i> (Lac-hydrin)	1		
<i>calcipotriene</i> (Dovonex)	1		
CARAC	2		

Drug Name	Drug Tier	Requirements/Limits
CONDYLOX	3	gel (gram)
DOVONEX	2	cream
ELIDEL	2	PA
FLUOROPLEX	2	
<i>fluorouracil</i> (Efudex)	1	
<i>imiquimod</i> (Aldara)	1	PA, QL: 24 in 30 days
<i>isotretinoin</i> (Accutane)	1	
LEVULAN	2	
METVIXIA	2	
OXSORALEN-ULTRA	2	
PANRETIN	2	
<i>podofilox</i> (Condylox)	1	
<i>podophyllum resin</i> (Pododerm)	1	
PROTOPIC	3	PA
REGRANEX	2	PA, QL: 30 in 30 days
SANTYL	2	
TARGRETIN	2	
TAZORAC	2	
UVADEX	2	
VECTICAL	3	
ZYCLARA	3	PA, QL: 28 in 28 days
Somatotropin Agonists and Antagonists		
Somatotropin Agonists and Antagonists		
INCRELEX	2	
SOMAVERT	2	
Sympatholytic Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>alfuzosin hcl</i> (Uroxatral)	1	
DIBENZYLINE	2	
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	1	
<i>phentolamine mesylate</i> (Phentolamine Mesylate)	1	PA
<i>tamsulosin hcl</i> (Flomax)	1	

Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate</i> (Accuneb)	1	PA solution, vial-neb: 0.63mg/3ml, 1.25mg/3ml, 2.5mg/ 3ml
<i>albuterol sulfate</i> (Proventil)	1	syrup, tab er 12h, tablet
<i>albuterol</i> (Albuterol)	1	
COMBIVENT	2	QL: 29.4 in 30 days
<i>dobutamine hcl</i> (Dobutamine HCl)	1	PA
<i>dobutamine hcl/d5w</i> (Dobutamine HCl/D5W)	1	PA
<i>dopamine hcl</i> (Dopamine HCl)	1	PA
<i>dopamine hcl/dextrose 5%-water</i> (Dopamine HCl/dextrose 5%-water)	1	PA
<i>ephedrine sulfate</i> (Ephedrine Sulfate)	1	
<i>epinephrine</i> (Adrenaclick)	1	QL: 2 in 30 days pen injctr
<i>epinephrine</i> (Epinephrine)	1	disp syrin
<i>epinephrine/pf</i> (Epinephrine/PF)	1	
EPIPEN JR	3	QL: 2 in 30 days
EPIPEN	3	QL: 2 in 30 days
FORADIL	2	QL: 62 in 31 days
<i>isoproterenol hcl</i> (Isoproterenol HCl)	1	
<i>metaproterenol sulfate</i> (Metaproterenol Sulfate)	1	syrup, tablet
<i>midodrine hcl</i> (Proamatine)	1	
<i>norepinephrine bitartrate</i> (Norepinephrine Bitartrate)	1	PA
<i>norepinephrine bitartrate/ns</i> (Norepinephrine Bitartrate/NS)	1	PA
<i>phenylephrine hcl</i> (Phenylephrine HCl)	1	
<i>phenylephrine tannate</i> (Phenylephrine Tannate)	1	
PROAIR HFA	2	QL: 17 in 25 days
SEREVENT DISKUS	2	QL: 62 in 31 days
<i>terbutaline sulfate</i> (Brethine)	1	

Drug Name	Drug Tier	Requirements/Limits
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Thyroid and Antithyroid Agents

Thyroid and Antithyroid Agents		
ARMOUR THYROID	3	
<i>levothyroxine sodium</i> (Levothyroxine Sodium)	1	vial
<i>levothyroxine sodium</i> (Synthroid)	1	tablet
<i>liothyronine sodium</i> (Cytomel)	1	
<i>methimazole</i> (Tapazole)	1	tablet: 20mg
<i>methimazole</i> (Tapazole)	1	tablet: 5mg, 10mg
<i>propylthiouracil</i> (Propylthiouracil)	1	
<i>thyroid</i> (Thyroid)	1	

Toxoids

Toxoids		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL	2	
DIPHThERIA-TETANUS TOXOID	2	
INFANRIX	2	vial: 25-58-10
TE ANATOXAL BERNA	2	PA
TETANUS DIPHThERIA TOXOIDS	1	
TETANUS TOXOID ADSORBED	2	PA
TETANUS-DIPHThERIA-DECAVAC	2	
TRIHIBIT	2	
TRIPEDIA	2	

Urinary Anti-infectives

Urinary Anti-infectives		
<i>methen mand/naphos m-b m-h</i> (Methen Mand/naphos M-b M-h)	1	
<i>methen/m-blue/sal/na phos/hyos</i> (Uro Blue)	1	
<i>methenamine hippurate</i> (Hiprex)	1	
<i>methenamine mandelate</i> (Mandelamine)	1	
MONUROL	2	
<i>mt h/me blue/sod phos/phen/hyos</i> (Mth/me Blue/sod Phos/phen/hyos)	1	
<i>nitrofurantoin macrocrystal</i> (Macrobid)	1	
<i>nitrofurantoin</i> (Furadantin)	1	
PRIMSOL	2	

Drug Name	Drug Tier	Requirements/Limits	
<i>trimethoprim</i> (Trimethoprim)	1		
Vaccines			
Vaccines			
ACTHIB	2		
ATTENUVAX VACCINE with DILUENT	2	PA	
BCG VACCINE (TICE STRAIN)	2	PA	
BIOTHRAX	2		
CERVARIX	3		
COMVAX	2		
ENGERIX-B	2	PA	disp syrin: 10mcg/ 0.5
ENGERIX-B	2	PA	disp syrin: 20mcg/ ml; vial
GARDASIL	3		disp syrin
GARDASIL	3		vial
HAVRIX	2	PA	disp syrin
HAVRIX	2	PA	vial
HIBERIX	2		
IMOVAX RABIES VACCINE	2	PA	
IPOL	2		
IXIARO	2		
JE-VAX	2		
KINRIX	2		
MENACTRA	2		disp syrin
MENACTRA	2		vial
MENOMUNE-A-C-Y-W- 135	2		
MENVEO A-C-Y-W-135- DIP	2		
MERUVAX II VACCINE W-DILUENT	2		
M-M-R II VACCINE	2		
MUMPSVAX VACCINE W-DILUENT	2		
PEDIARIX	2		
PEDVAXHIB	2		
PENTACEL	2		
PROQUAD	3		

Drug Name	Drug Tier	Requirements/Limits
RABAVERT	2	PA
RECOMBIVAX HB	2	PA disp syrin
RECOMBIVAX HB	2	PA vial
ROTARIX	2	
ROTATEQ	2	
THERACYS	2	PA
TWINRIX	2	disp syrin
TWINRIX	2	vial
TYPHIM VI	2	
VAQTA	2	PA disp syrin
VAQTA	2	PA vial
VARIVAX VACCINE	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA	2	PA, QL: 60 in 30 days
AGGRENOX	2	QL: 60 in 30 days
<i>alprostadil</i> (Prostin Vr Pediatric)	1	PA
<i>amyl nitrite</i> (Amyl Nitrite)	1	
<i>dipyridamole</i> (Persantine)	1	
<i>epoprostenol sodium (glycine)</i> (Flolan)	1	PA vial: 0.5mg
<i>epoprostenol sodium (glycine)</i> (Flolan)	2	PA vial: 1.5mg
<i>isosorbide dinitrate</i> (Isordil)	1	
<i>isosorbide mononitrate</i> (Imdur)	1	
ISOVEX	2	
LETAIRIS	2	PA, QL: 30 in 30 days
NITRO-BID	2	
<i>nitroglycerin</i> (Nitro-dur)	1	QL: 30 in 30 days patch td24: 0.1mg/hr, 0.2mg/hr, 0.6mg/hr
<i>nitroglycerin</i> (Nitro-dur)	1	QL: 60 in 30 days patch td24: 0.4mg/hr
<i>nitroglycerin</i> (Nitroglycerin)	1	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>nitroglycerin</i>	(Nitrolingual)	1		spray
<i>nitroglycerin/d5w</i>	(Nitroglycerin/D5W)	1		
NITROSTAT		2		
<i>nylidrin hcl</i>	(Nylidrin HCl)	1		tablet: 12mg
<i>papaverine hcl</i>	(Papaverine HCl)	1	PA	
REMODULIN		2	PA	
REVATIO		2	PA, QL: 37.5 in 1 day	vial
REVATIO		2	PA, QL: 90 in 30 days	tablet
TRACLEER		2	LA, PA, QL: 60 in 30 days	
Vitamins and Minerals				
Vitamins and Minerals				
<i>calcitriol</i>	(Rocaltrol)	1	PA	(PA for ESRD only)
CYANOKIT		2		
FLUOR-A-DAY		3		
FLURA		3		
HECTOROL		2	PA	(PA for ESRD only)
LOZI-FLUR		3		
<i>pedi m.vit no.17 with fluoride</i>	(Pedi M.vit No.17 with Fluoride)	3		
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<i>clonidine hcl</i>	<i>desmopressin acetate</i>
60	30	70
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12	<i>cyclopentolate hcl</i>	<i>dexamethasone</i>
<i>codeine phos/carisoprodol/</i>	37	9
<i>asa</i>	<i>cycloserine</i>	<i>dexamethasone sod phosphate</i>
82	36
<i>codeine phosphate</i>	<i>cyclosporine</i>	9, 33
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<i>codeine sulf</i>	<i>cyclosporine, modified</i>
12	64	55
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<i>caff</i>	59	42
12	CYMBALTA	<i>dexmethylphenidate hcl</i>
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<i>colchicine/probenecid</i>	CYSTADANE.....	64
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<i>colestipol hcl</i>	<i>cysteine hcl</i>	<i>saline</i>
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<i>colistin (colistimethate na)</i> ..	<i>cytarabine/pf</i>	
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<i>dextrose 10%-1/4 normal saline</i>	48	<i>digoxin</i>	50	DUODOTE	64
<i>dextrose 10%-normal saline</i>	48	DIGOXIN	50	DUREZOL	33
<i>dextrose 10%-water</i>	48	<i>dihydroergotamine mesylate</i>	83	DYRENIUM	53
<i>dextrose 2.5% in half ringers</i>	78	DILANTIN	23	DYSPORT	65
<i>dextrose 2.5%-0.5normal saline</i>	48	<i>diltiazem hcl</i>	47	<i>econazole nitrate</i>	32
<i>dextrose 2.5%-water</i>	48	<i>dimenhydrinate</i>	28	<i>edetate disodium</i>	56
<i>dextrose 20%-water</i>	49	DIOVAN	76	EDURANT	43
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<i>dextrose 5% in ringers</i>	78	<i>diphenhydramine hcl</i>	55	<i>electrolyte-48 solution/d10w</i>	78
<i>dextrose 5%-1/2 normal saline</i>	49	<i>diphenoxylate hcl/atropine</i>	28	<i>electrolyte-48 solution/d5w</i>	78
<i>dextrose 5%-1/3 normal saline</i>	49	DIPHThERIA-TETANUS TOXOID	85	<i>electrolyte-48/fructose 10%</i>	78
<i>dextrose 5%-1/4 normal saline</i>	49	<i>dipyridamole</i>	87	<i>electrolyte-48/fructose 5%</i>	78
<i>dextrose 5%-lactated ringers</i>	78	<i>disopyramide phosphate</i>	50	<i>electrolyte-75 solution/d5w</i>	78
<i>dextrose 5%-normal saline</i>	49	<i>disulfiram</i>	64	<i>electrolyte-75/fructose 5%</i>	78
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<i>dextrose 50%-water</i>	49	<i>dobutamine hcl</i>	84	ELIDEL	83
<i>dextrose 60%-water</i>	49	<i>dobutamine hcl/d5w</i>	84	ELIGARD	38
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<i>meclizine hcl</i>	28	<i>methyl dopa</i>	60	<i>mometasone furoate</i>	35
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MOXEZA	30	<i>neomy sulf/bacitrac zn/poly/hc</i>	31	<i>norethind ac/ethinyl estradiol</i>	55
MOZOBIL	60	<i>neomy sulf/polymyx b sulf/hc</i>	31	<i>norethindrone</i>	52
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