

Blue Medicare Access Value (Regional PPO)

2013 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, 2014.

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This information is available for free in other languages. Please call our Customer Service number at 1-800-467-1199, from October 1st through February 14th, Customer Service is available from 8:00 a.m. to 8:00 p.m., 7 days a week, except holidays. From February 15th through September 30th, Customer Service is available from 8:00 a.m. to 8:00 p.m., Monday through Friday. TTY/TDD users should call 711 for an alternate format or language.

What is the Blue Medicare Access Value (Regional PPO) formulary?

A formulary is a list of covered drugs selected by Blue Medicare Access Value (Regional PPO) 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. Blue Medicare Access Value (Regional PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Medicare Access Value (Regional PPO) 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 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market,

we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by Blue Medicare Access Value (Regional PPO), please visit our website at www.anthem.com/medicare or call Customer Service at **1-800-467-1199**, from October 1st through February 14th, Customer Service is available from 8:00 a.m. to 8:00 p.m., 7 days a week, except holidays. From February 15th through September 30th, Customer Service is available from 8:00 a.m. to 8:00 p.m., Monday through Friday. TTY/TDD users should call **711**.

If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications." If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 48. 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?

Blue Medicare Access Value (Regional PPO) 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:** Blue Medicare Access Value (Regional PPO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Medicare Access Value (Regional PPO) before you fill your prescriptions. If you don't get approval, Blue Medicare Access Value (Regional PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Medicare Access Value (Regional PPO) limits the amount of the drug that Blue Medicare Access Value (Regional PPO) will cover. For example, Blue Medicare Access Value (Regional PPO) provides 30 tablets per prescription for LEXAPRO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Medicare Access Value (Regional PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Medicare Access Value (Regional PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Medicare Access Value (Regional PPO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to

specific covered drugs by visiting our website at www.anthem.com/medicare.

You can ask Blue Medicare Access Value (Regional PPO) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue Medicare Access Value (Regional PPO)'s formulary?" on page iii 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 Customer Service and confirm that your drug is not covered. If you learn that Blue Medicare Access Value (Regional PPO) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Medicare Access Value (Regional PPO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Medicare Access Value (Regional PPO).
- You can ask Blue Medicare Access Value (Regional PPO) 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 Blue Medicare Access Value (Regional PPO)'s formulary?

You can ask Blue Medicare Access Value (Regional PPO) 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, Blue Medicare Access Value (Regional PPO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug:
 - If your drug is a brand-name drug in the Injectables tier (Tier 5), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Nonpreferred Brands tier (Tier 4). If the drug is the same price in the Nonpreferred Brand tier, then you can ask us to cover it at the cost sharing amount that applies to drugs in the Preferred Brand tier (Tier 3). This would lower your share of the cost for the drug.
 - If your drug is a generic drug in the Injectables tier (Tier 5), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Nonpreferred Generics tier (Tier 2). This would lower your share of the cost for the drug.
 - If your drug is a brand-name drug in the Nonpreferred Brand tier (Tier 4), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand tier (Tier 3). This would lower your share of the cost for the drug.
 - If your drug is a generic drug in the Nonpreferred Brand tier (Tier 4) or in the Preferred Brand tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Nonpreferred Generics tier (Tier 2). This would lower your share of the cost for the drug.
 - If your drug is a generic drug in the Nonpreferred Generics tier (Tier 2), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Generics tier (Tier 1). This would lower your share of the cost for the drug.
- You cannot ask us to change the cost-sharing tier for any drug in the Specialty tier (Tier 6).

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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, Blue Medicare Access Value (Regional PPO) 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 98-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.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the *Evidence of Coverage* for more information about exceptions.

For more information

For more detailed information about your Blue Medicare Access Value (Regional PPO) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue Medicare Access Value (Regional PPO), please call Customer Service at **1-800-467-1199**, from October 1st through February 14th, Customer Service is available from 8:00 a.m. to 8:00 p.m., 7 days a week, except holidays. From February 15th through September 30th, Customer Service is available from 8:00 a.m. to 8:00 p.m., Monday through Friday. TTY/TDD users should call **711**. Or visit **www.anthem.com/medicare**.

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**.

Blue Medicare Access Value (Regional PPO)'s formulary

The formulary on page 1 provides coverage information about some of the drugs covered by Blue Medicare Access Value (Regional PPO). If

you have trouble finding your drug in the list, turn to the Index that begins on page 48.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEXAPRO) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

The information in the Requirements/Limits column tells you if Blue Medicare Access Value (Regional PPO) has any special requirements for coverage of your drug.

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-467-1199**, from October 1st through February 14th, Customer Service is available from 8:00 a.m. to 8:00 p.m., 7 days a week, except holidays. From February 15th through September 30th, Customer Service is available from 8:00 a.m. to 8:00 p.m., Monday through Friday. TTY/TDD users should call **711**.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Orders: Prescription drugs available through mail order.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lower-case italic (e.g. *enalapril*)

Brand name drugs are shown in capital letters (e.g. LEXAPRO)

QLL = Drugs with Quantity Limits

PAR = Drugs with Prior Authorization

ST = Drugs requiring Step Therapy

B/D = This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA = This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-467-1199**, from October 1st through February 14th, Customer Service is available from 8:00 a.m. to 8:00 p.m., 7 days a week, except holidays. From February 15th through September 30th, Customer Service is available from 8:00 a.m. to 8:00 p.m., Monday through Friday.. TTY/TDD users should call **711**.

INJ = This drug is available in injectable form.

MO = Prescription drugs available through Mail Order.

Drug Name	Drug Tier	Requirements/ Limits
ANESTHETICS		
EMLA	4	
<i>lidocaine hcl dental/mucous membrn products, -gel</i>	2	
<i>lidocaine hcl injection</i> INJ	5	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	2	
<i>lidocaine-prilocaine</i>	2	
LIDODERM	3	QLL (90/30)
XYLOCAINE DENTAL/MUCOUS MEMBRN PRODUCTS, -GEL	4	
XYLOCAINE INJECTION INJ	5	
XYLOCAINE IV INJ	5	
XYLOCAINE-MPF INJ	5	
ANTIINFECTIVES		
<i>abacavir</i>	4	MO
ABELCET INJ	6	

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir capsule, -oral susp, -tablet</i>	2	MO
<i>acyclovir sodium</i> INJ	5	
ALBENZA	4	
ALINIA	4	
ALTABAX	4	QLL (30/30)
<i>amantadine capsule, -tablet</i>	2	MO
AMBISOME INJ	6	
<i>amikacin sulfate injection</i> INJ	5	
<i>amox tr-potassium clavulanate</i>	3	
<i>amoxicillin</i>	2	
<i>amoxicillin-clavulanate er</i>	3	
AMPHOTEC INJ	5	
<i>amphotericin b injection</i> INJ	5	
<i>ampicillin sodium</i> INJ	5	
<i>ampicillin trihydrate</i>	2	
<i>ampicillin-sulbactam</i> INJ	5	
ANCOBON	6	
APTIVUS	6	MO
ARALEN PHOSPHATE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl</i>	4	
ATRIPLA	6	MO
AUGMENTIN	4	
AVELOX	4	QLL (21/1)
AVELOX ABC PACK	4	QLL (5/1)
AVELOX IV INJ	5	
AZACTAM INJ	5	
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	5	
<i>azithromycin 100 mg/5 ml susp</i>	2	QLL (15 ml/1)
<i>azithromycin 200 mg/5 ml susp</i>	2	QLL (46 ml/1)
<i>azithromycin 250 mg tablet</i>	2	QLL (6/1)
<i>azithromycin 500 mg tablet</i>	2	QLL (3/1)
<i>azithromycin 600 mg tablet</i>	2	QLL (8/1)
<i>azithromycin injection INJ</i>	5	
<i>azithromycin packet</i>	2	
<i>aztreonam INJ</i>	5	
<i>baciim INJ</i>	5	
<i>bacitracin injection INJ</i>	5	
BACTRIM	4	
BACTRIM DS	4	
BACTROBAN	4	
BACTROBAN NASAL	4	
BARACLUDGE SOLUTION	4	MO, PAR
BARACLUDGE TABLET	6	MO, PAR
BIAXIN	4	
BIAXIN XL	4	QLL (28/1)
BICILLIN C-R INJ	5	
BICILLIN L-A INJ	5	
BILTRICIDE	4	
CANCIDAS INJ	6	
CAPASTAT SULFATE INJ	5	
CAYSTON	6	LA
CEDAX	4	
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin INJ</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin 20 gm bulk vial, - 500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial INJ</i>	5	
<i>cefdinir</i>	3	
CEFDITOREN PIVOXIL	4	
<i>cefepime INJ</i>	5	
<i>cefepime hcl INJ</i>	5	
<i>cefotaxime sodium INJ</i>	5	
<i>cefotetan INJ</i>	5	
<i>cefoxitin INJ</i>	5	
<i>cefoxitin sodium INJ</i>	5	
<i>cefpodoxime proxetil</i>	3	
<i>cefprozil</i>	3	
CEFTAZIDIME 1 GM PIGGYBACK, -2 GM PIGGYBACK INJ	5	
<i>ceftazidime 1 gm vial, -2 gm vial, -6 gm vial INJ</i>	5	
CEFTIN	4	
<i>ceftriaxone INJ</i>	5	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime injection INJ</i>	5	
<i>cefuroxime sod 750 mg vial, - sod 1.5 gm vial, -sod 7.5 gm vial INJ</i>	5	
<i>cefuroxime tablet</i>	2	
CENTANY	4	
<i>cephalexin</i>	2	
<i>chloramphenicol sod succinate INJ</i>	5	
<i>chloroquine phosphate tablet</i>	2	MO
<i>ciclopirox cream, -gel, -lotion, -oil,shampoo,cleanser</i>	3	
<i>ciclopirox kit, -soln, top</i>	3	PAR
CIPRO	4	
CIPRO I.V. INJ	5	
<i>ciprofloxacin INJ</i>	5	
<i>ciprofloxacin er 1,000 mg tab</i>	2	QLL (14/1)
<i>ciprofloxacin er 500 mg tablet</i>	2	QLL (3/1)
<i>ciprofloxacin hcl tablet</i>	2	
<i>ciprofloxacin-d5w INJ</i>	5	
CLAFORAN INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin er</i>	2	QLL (28/1)
<i>clarithromycin suspension, - tablet</i>	2	
CLEOCIN HCL	4	
CLEOCIN PALMITATE	4	
CLEOCIN PHOSPHATE INJ	5	
CLEOCIN PHOSPHATE IN D5W INJ	5	
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>	2	
<i>clindamycin hcl 75 mg capsule</i>	4	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate injection INJ</i>	5	
<i>clotrimazole cream, -lozenge, -soln, top</i>	2	
<i>clotrimazole-betamethasone</i>	2	
COARTEM	4	
<i>colistimethate 150 mg vial INJ</i>	5	
COLY-MYCIN M PARENTERAL INJ	5	
COMPLERA	6	MO
COPEGUS	6	
CORTISPORIN CREAM, - OINT	4	
CRIXIVAN	3	MO
CUBICIN INJ	6	B/D
CYCLOSERINE	4	
CYTOVENE INJ	5	
DAPSONE	4	MO
DARAPRIM	3	
<i>demeclocycline hcl tablet</i>	3	
DENAVIR	3	QLL (5/1)
<i>dicloxacillin sodium</i>	2	
<i>didanosine</i>	2	MO
DIFICID	6	PAR
DIFLUCAN	4	
DORIBAX INJ	5	
<i>doxycycline hyclate capsule, - e.c. cap, -100 mg tab</i>	2	
<i>doxycycline hyclate e.c. tab</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate injection INJ</i>	5	
<i>doxycycline mono 50 mg cap, -mono 100 mg cap</i>	2	QLL (60/1)
<i>doxycycline mono 75 mg capsule</i>	4	QLL (60/1)
<i>doxycycline monohydrate tablet</i>	2	
DYNACIN	4	
E.E.S. 200	4	
E.E.S. 400	4	
<i>econazole nitrate cream</i>	2	
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR	4	MO
EPIVIR HBV	3	MO
EPZICOM	6	MO
ERTACZO	4	
ERYPED 200	4	
ERYPED 400	4	
ERY-TAB	4	
ERYTHROCIN LACTOBIONATE INJ	5	
<i>erythrocin stearate</i>	2	
<i>erythromycin e.c. cap, -tablet</i>	2	
<i>erythromycin ethylsuccinate tablet</i>	2	
<i>erythromycin-sulfisoxazole</i>	2	
<i>ethambutol hcl</i>	2	MO
EXELDERM	4	
FACTIVE	4	QLL (7/1)
<i>famciclovir 125 mg tablet, - 250 mg tablet</i>	3	QLL (60/30)
<i>famciclovir 500 mg tablet</i>	3	QLL (21/7)
FAMVIR 125 MG TABLET, -250 MG TABLET	4	QLL (60/30)
FAMVIR 500 MG TABLET	4	QLL (21/7)
FLAGYL	4	
FLAGYL ER	4	
<i>fluconazole in dextrose INJ</i>	5	
<i>fluconazole in saline INJ</i>	5	
<i>fluconazole suspension, - tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole-nacl</i> INJ	5	
<i>flucytosine capsule</i>	6	
FLUMADINE	4	
FORTAZ INJ	5	
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	5	
<i>foscarnet sodium</i> INJ	5	
FUZEON 90 MG VIAL INJ	6	MO, QLL (60/30)
FUZEON CONVENIENCE KIT INJ	6	MO, QLL (1/1)
<i>ganciclovir</i>	2	
<i>ganciclovir sodium</i> INJ	5	
GENTAMICIN 80 MG/NS 100 ML PB, -ISOTON GENTAMICIN 80 MG/100 ML, -ISO GENTAMICIN 120 MG/100 ML, -ISOTON GENTAMICIN 100 MG/50 ML INJ	5	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml INJ</i>	5	
<i>gentamicin sulfate cream, -0.1% ointment</i>	2	
<i>gentamicin sulfate injection</i> INJ	5	
GRIFULVIN V	4	
<i>griseofulvin oral susp</i>	2	
GRIS-PEG	3	
HEPSERA	6	
HIPREX	4	
<i>hydroxychloroquine sulfate tablet</i>	2	MO
<i>imipenem-cilastatin sodium</i> INJ	5	
INCIVEK	6	PAR
INTELENCE	6	MO
INVANZ INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPSULE	4	MO
INVIRASE TABLET	6	MO
ISENTRESS	6	MO
<i>isonarif</i>	2	
<i>isoniazid injection</i> INJ	5	
<i>isoniazid syrup, -tablet</i>	1	MO
<i>itraconazole capsule</i>	3	PAR
KALETRA 100-25 MG TABLET	4	MO
KALETRA SOLUTION, -200-50 MG TABLET	6	MO
<i>kanamycin sulfate injection</i> INJ	5	
KEFLEX	4	
KETEK	3	QLL (20/1)
<i>ketoconazole cream, -oil,shampoo,cleanser, -tablet</i>	2	
LAMISIL	4	
<i>lamivudine 150 mg tablet</i>	2	MO
<i>lamivudine 300 mg tablet</i>	4	MO
<i>lamivudine-zidovudine</i>	6	MO
LEVAQUIN INJECTION INJ	5	
<i>levofloxacin injection</i> INJ	5	
<i>levofloxacin solution</i>	4	
<i>levofloxacin tablet</i>	2	QLL (14/1)
<i>levofloxacin-d5w</i> INJ	5	
LEXIVA ORAL SUSP	4	MO
LEXIVA TABLET	6	MO
LINCOCIN INJ	5	
LOPROX	4	
LOTRISONE	4	
MACRODANTIN	4	
MALARONE	4	
<i>mefloquine hcl</i>	2	MO
MEFOXIN INJ	5	
MENTAX	4	
MEPRON	6	
<i>meropenem</i> INJ	5	
MERREM INJ	5	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate e.c. tab, -tablet</i>	2	
<i>metro iv</i> INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole capsule, -tablet</i>	2	
<i>metronidazole injection</i> INJ	5	
<i>miconazole 3 200 mg vag supp</i>	2	QLL (6/30)
MINOCIN	4	
<i>minocycline hcl capsule, -tablet</i>	2	
MONODOX	4	QLL (60/1)
MONUROL	4	
<i>mupirocin oint</i>	2	
MYAMBUTOL	4	MO
MYCAMINE INJ	6	
MYCOBUTIN	3	
<i>nafillin</i> INJ	5	
<i>nafillin sodium</i> INJ	5	
NAFTIN	4	
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	5	
NEBUPENT	3	B/D
NEO-FRADIN	4	
<i>neomycin sulfate tablet</i>	2	
<i>nevirapine oral susp</i>	4	MO
<i>nevirapine tablet</i>	2	MO
<i>nitrofurantoin mcr 50 mg cap</i>	3	
<i>nitrofurantoin mono-macro</i>	3	
<i>nitrofurantoin oral susp</i>	3	
NIZORAL	4	
NOROXIN	4	
NORVIR	4	MO
<i>nyamyc</i>	2	
<i>nystatin cream, -oint, -oral susp, -50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -100,000 unit/gm powd, -tablet, -vaginal products</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<i>ofloxacin tablet</i>	2	
ORACEA	4	
<i>oxacillin</i> INJ	5	
<i>oxacillin sodium</i> INJ	5	
OXISTAT	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>paromomycin sulfate capsule</i>	3	
PASER	4	MO
PCE	4	
<i>pedi-dri</i>	2	
<i>penicillin g potassium</i> INJ	5	
<i>penicillin g procaine</i> INJ	5	
<i>penicillin g sodium</i> INJ	5	
PENICILLIN GK-ISO-OSM DEXTROSE INJ	5	
<i>penicillin v potassium</i>	2	
PENLAC	4	PAR
PENTAM 300 INJ	5	
PFIZERPEN INJ	5	
PHISOHEX	4	
<i>piperacillin-tazobactam</i> INJ	5	
PLAQUENIL	4	MO
<i>polymyxin b sulfate injection</i> INJ	5	
PREZISTA 150 MG TABLET, -400 MG TABLET, -600 MG TABLET	6	MO
PREZISTA 75 MG TABLET	4	MO
PRIFTIN	3	
PRIMAQUINE	3	MO
PRIMAXIN INJ	5	
PRIMSOL	4	
<i>pyrazinamide</i>	2	MO
QUALAQUIN	4	PAR
REBETOL CAPSULE	6	
REBETOL SOLUTION	4	
RELENZA	3	QLL (60 inhalations/180)
RESCRIPTOR	4	MO
RETROVIR CAPSULE, -SYRUP, -TABLET	4	MO
RETROVIR INJECTION INJ	5	
REYATAZ 100 MG CAPSULE	4	MO
REYATAZ 150 MG CAPSULE, -200 MG CAPSULE, -300 MG CAPSULE	6	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>ribapak 200-400 mg dosepack</i>	6	
<i>ribapak 400-400 mg dosepack, -400-600 mg dosepack, -600-600 mg dosepack</i>	6	
<i>ribasphere 400 mg tablet, -600 mg tablet</i>	6	
<i>ribasphere capsule, -200 mg tablet</i>	3	
RIBATAB	6	
<i>ribavirin capsule, -tablet</i>	3	
RIFADIN CAPSULE	4	
RIFADIN INJECTION INJ	5	
RIFAMATE	4	
<i>rifampin capsule</i>	2	
<i>rifampin injection INJ</i>	5	
RIFATER	3	
<i>rimantadine hcl</i>	2	
ROCEPHIN INJ	5	
SELZENTRY	6	MO
SEPTRA DS	4	
SEROMYCIN	4	
SILVADENE	4	
<i>silver sulfadiazine cream</i>	2	
SPECTRACEF	4	
SPORANOX 10 MG/ML SOLUTION	4	
SPORANOX 100 MG CAPSULE	4	PAR
<i>ssd</i>	2	
<i>stavudine</i>	2	MO
STREPTOMYCIN SULFATE INJECTION INJ	5	
STROMEKTOL	3	
<i>sulfadiazine tablet</i>	3	
<i>sulfamethoxazole-trimethoprim injection INJ</i>	5	
<i>sulfamethoxazole-trimethoprim oral susp, -tablet</i>	2	
SULFAMYLON	4	
SUPRAX	4	
SUSTIVA	3	MO

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU 12 MG/ML SUSPENSION	3	QLL (175/180)
TAMIFLU 30 MG GELCAP	3	QLL (84/1)
TAMIFLU 45 MG GELCAP	3	QLL (42/1)
TAMIFLU 6 MG/ML SUSPENSION	3	QLL (360 ml/180)
TAMIFLU 75 MG GELCAP	3	QLL (56/365)
TAZICEF INJ	5	
TERAZOL 3 80 MG SUPPOSITORY	4	QLL (3/3)
TERAZOL 3 CREAM	4	QLL (40 gm/30)
TERAZOL 7	4	QLL (90 gm/30)
<i>terbinafine hcl tablet</i>	2	
<i>terconazole 0.4% cream</i>	2	QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	2	QLL (40/30)
<i>terconazole 80 mg suppository</i>	2	QLL (3/3)
<i>tetracycline hcl capsule</i>	2	
<i>thermazene</i>	2	
TIMENTIN INJ	5	
<i>tinidazole</i>	2	
TOBI	6	B/D
<i>tobramycin sulfate in ns INJ</i>	5	
<i>tobramycin sulfate injection INJ</i>	5	
TRECTOR	4	
<i>trimethoprim tablet</i>	2	
TRIZIVIR	6	MO
TRUVADA	6	MO
TYGACIL INJ	5	
TYZEKA	6	MO, PAR
UNASYN INJ	5	
<i>valacyclovir</i>	3	MO, QLL (30/1)
VALCYTE	6	MO
VALTREX	4	MO, QLL (30/1), ST
VANCOCIN HCL 125 MG PULVULE	6	PAR, QLL (40/1)

Drug Name	Drug Tier	Requirements/ Limits
VANCOGIN HCL 250 MG PULVULE	6	PAR, QLL (80/1)
VANCOMYCIN INJ	5	B/D
<i>vancomycin 500 mg a/v vial, - 500 mg vial, -750 mg vial, -1 gm add-van vial, -1 gm vial, - 5 gm vial, -10 gm vial</i> INJ	5	B/D
<i>vancomycin hcl 125 mg capsule</i>	6	PAR, QLL (40/1)
VANCOMYCIN HCL 1G/200 ML BAG INJ	5	B/D
<i>vancomycin hcl 250 mg capsule</i>	6	PAR, QLL (80/1)
VANCOMYCIN-D5W INJ	5	B/D
VFEND	6	PAR
VFEND IV INJ	5	
VIBATIV INJ	5	PAR
VIBRAMYCIN	4	
VICTRELIS	6	PAR
VIDEX 2 GM PEDIATRIC SOLN	3	MO
VIDEX 4 GM PEDIATRIC SOLN	3	MO
VIDEX EC	4	MO
VIRACEPT 250 MG TABLET	4	MO
VIRACEPT 625 MG TABLET	6	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
VIRAZOLE	6	PAR
VIREAD	4	MO
VISTIDE INJ	6	
<i>voriconazole injection</i> INJ	5	
<i>voriconazole tablet</i>	6	PAR
XIFAXAN	4	
XOLEGEL	4	
ZAZOLE 0.8% VAGINAL CREAM	4	QLL (40 gm/30)
ZAZOLE VAGINAL 0.4% CREAM	4	QLL (90 gm/30)
ZERIT	4	MO
ZIAGEN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine</i>	2	MO
ZINACEF INJ	5	
ZINACEF IN ISO-OSMOTIC WATER INJ	5	
ZINACEF ISO-OSMOTIC DEXTROSE INJ	5	
ZITHROMAX 100 MG/5 ML SUSP	4	QLL (15 ml/1)
ZITHROMAX 200 MG/5 ML SUSP	4	QLL (46 ml/1)
ZITHROMAX 250 MG TABLET, -250 MG Z-PAK TABLET	4	QLL (6/1)
ZITHROMAX 500 MG TABLET	4	QLL (3/1)
ZITHROMAX 600 MG TABLET	4	QLL (8/1)
ZITHROMAX INJECTION INJ	5	
ZITHROMAX PACKET	4	
ZITHROMAX TRI-PAK	4	QLL (3/1)
ZMAX	3	
ZOSYN INJ	5	
ZOVIRAX CAPSULE, - ORAL SUSP, -TABLET	4	MO
ZOVIRAX CREAM	3	QLL (5/1)
ZOVIRAX OINT	3	QLL (30/1)
ZYVOX INJECTION INJ	6	
ZYVOX ORAL SUSP	6	PAR, QLL (1800/1)
ZYVOX TABLET	6	PAR, QLL (28/1)
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
AFINITOR	6	MO, PAR
AGRYLIN	4	MO
ALIMTA INJ	6	PAR
ALKERAN INJECTION INJ	5	B/D
ALKERAN TABLET	3	B/D
AMEVIVE INJ	6	LA, PAR
<i>amifostine</i> INJ	6	PAR
<i>anagrelide hcl</i>	2	MO
<i>anastrozole tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ARAVA	4	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARZERRA 1,000 MG/50 ML VIAL INJ	6	B/D
ARZERRA 100 MG/5 ML VIAL INJ	6	B/D
AVASTIN INJ	6	PAR
AZASAN	4	MO, B/D
<i>azathioprine sodium</i> INJ	5	B/D
<i>azathioprine tablet</i>	2	MO, B/D
BENLYSTA INJ	6	MO, PAR
<i>bicalutamide</i>	2	MO
<i>bleomycin sulfate 30 unit vial</i> INJ	5	B/D
CAMPATH INJ	6	
CAPRELSA	6	PAR
CASODEX	4	MO
CEENU	4	
CELLCEPT CAPSULE	4	MO, B/D
CELLCEPT INJECTION INJ	5	B/D
CELLCEPT ORAL SUSP, - TABLET	6	MO, B/D
CIMZIA 200 MG VIAL KIT, -200 MG/ML SYRINGE KIT INJ	6	MO, PAR, QLL (6/28)
CIMZIA 200 MG/ML STARTER KIT INJ	6	MO, PAR, QLL (1/30)
<i>cyclophosphamide tablet</i>	2	B/D
<i>cyclosporine capsule, - solution</i>	2	MO, B/D
<i>cyclosporine injection</i> INJ	5	B/D
<i>cyclosporine modified</i>	2	MO, B/D
DROXIA	4	MO
ELITEK INJ	6	
EMCYT	4	
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, - 50 MG/ML SYRINGE INJ	6	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	6	MO, PAR, QLL (4.08/28)
ERIVEDGE	6	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
ETHYOL INJ	6	PAR
<i>exemestane</i>	3	MO
FARESTON	4	MO
FASLODEX INJ	6	MO, PAR
FEMARA	4	MO
FIRMAGON 2 X 120 MG VIALS INJ	6	B/D
FIRMAGON 80 MG VIAL INJ	5	MO, B/D
<i>flutamide</i>	3	MO
<i>gengraf</i>	2	MO, B/D
GLEEVEC	6	MO, PAR
HALAVEN INJ	6	PAR
<i>hecoria 0.5 mg capsule, -1 mg capsule</i>	2	MO, B/D
<i>hecoria 5 mg capsule</i>	6	MO, B/D
HEXALEN	6	
HUMIRA 20 MG/0.4 ML SYRINGE INJ	6	MO, PAR, QLL (2 syringes/28)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	6	MO, PAR, QLL (6 syringes/365)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	6	MO, PAR, QLL (6 syringes/28)
HYDREA	4	MO
<i>hydroxyurea capsule</i>	2	MO
IMURAN	4	MO, B/D
INLYTA	6	PAR
IRESSA	6	
JAKAFI	6	MO, PAR
<i>leflunomide</i>	2	MO
<i>letrozole</i>	2	MO
<i>leucovorin calcium injection</i> INJ	5	
<i>leucovorin calcium tablet</i>	2	
LEUKERAN	3	
LYSODREN	3	
MATULANE	6	
MEGACE	4	MO
MEGACE ES	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate oral susp</i>	2	MO
<i>megestrol acetate tablet</i>	2	
<i>melphalan hcl</i> INJ	5	B/D
<i>mercaptopurine tablet</i>	2	
<i>mesna</i> INJ	5	
MESNEX INJECTION INJ	5	
<i>methotrexate injection</i> INJ	5	
<i>methotrexate tablet</i>	2	MO
<i>mitoxantrone hcl</i> INJ	5	MO, B/D
<i>mycophenolate mofetil</i>	2	MO, B/D
MYFORTIC	4	MO, B/D
NEORAL	4	MO, B/D
NEXAVAR	6	LA, PAR
NILANDRON	4	MO
NULOJIX INJ	6	MO, B/D
<i>octreotide acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml syr, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i> INJ	6	MO, PAR
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial, -acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl</i> INJ	5	MO, PAR
ONTAK INJ	6	B/D
ORENCIA 125 MG/ML SYRINGE INJ	6	MO, PAR, QLL (4/28)
ORENCIA 250 MG VIAL INJ	6	MO, PAR
PROGRAF 0.5 MG CAPSULE, -1 MG CAPSULE	4	MO, B/D
PROGRAF 5 MG CAPSULE	6	MO, B/D
PROGRAF INJECTION INJ	5	B/D
PURINETHOL	4	
RAPAMUNE	3	MO, B/D
REMICADE INJ	6	MO, PAR
REVLIMID 10 MG CAPSULE	6	LA, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID 15 MG CAPSULE, -25 MG CAPSULE	6	LA, PAR, QLL (30/30)
REVLIMID 2.5 MG CAPSULE	6	MO, PAR, QLL (30/30)
REVLIMID 5 MG CAPSULE	6	LA, PAR, QLL (150/30)
RHEUMATREX	4	MO
RITUXAN INJ	6	PAR
SANDIMMUNE CAPSULE, -SOLUTION	4	MO, B/D
SANDIMMUNE INJECTION INJ	5	B/D
SANDOSTATIN 0.05 MG/ML AMPUL INJ	5	MO, PAR
SANDOSTATIN 0.1 MG/ML AMPUL, -0.2 MG/ML VIAL, -0.5 MG/ML AMPUL, -1 MG/ML VIAL INJ	6	MO, PAR
SANDOSTATIN LAR INJ	6	MO, PAR
SIMPONI INJ	6	MO, PAR, QLL (1/28)
SIMULECT INJ	6	B/D
SPRYCEL	6	MO, PAR
STELARA INJ	6	MO, PAR, QLL (1/28)
SUTENT	6	PAR
TABLOID	4	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>	2	MO, B/D
<i>tacrolimus 5 mg capsule</i>	6	MO, B/D
<i>tamoxifen citrate tablet</i>	2	MO
TARCEVA	6	MO, PAR
TARGRETIN CAPSULE	6	MO, PAR
TARGRETIN GEL	6	
TASIGNA	6	MO, PAR
<i>tretinoin capsule</i>	6	
TREXALL	4	MO
TRISENOX INJ	5	B/D
TYKERB	6	MO, PAR
VANDETANIB	6	PAR
VELCADE INJ	6	PAR
VIDAZA INJ	6	PAR

Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT	6	PAR
XALKORI	6	MO, PAR
YERVOY 50 MG/10 ML VIAL INJ	6	PAR
ZELBORAF	6	MO, PAR
ZOLINZA	6	PAR
ZORTRESS 0.25 MG TABLET	4	MO, B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	6	MO, B/D
ZYTIGA	6	MO, PAR
AUTONOMIC AND CNS MEDICATIONS		
ABILIFY 10 MG TABLET	3	MO, QLL (90/30)
ABILIFY 15 MG TABLET	3	MO, QLL (60/30)
ABILIFY 2 MG TABLET	3	MO, QLL (450/30)
ABILIFY 20 MG TABLET	6	MO, QLL (60/30)
ABILIFY 30 MG TABLET	6	MO, QLL (30/30)
ABILIFY 5 MG TABLET	3	MO, QLL (180/30)
ABILIFY DISCMELT 10 MG TABLET	3	MO, QLL (90/30)
ABILIFY DISCMELT 15 MG TABLET	3	MO, QLL (60/30)
ABILIFY INJECTION INJ	5	
ABILIFY SOLUTION	3	MO, QLL (900/30)
ABSTRAL 100 MCG TAB SUBLINGUAL	4	PAR, QLL (120/30)
ABSTRAL 200 MCG TAB SUBLINGUAL, -300 MCG TAB SUBLINGUAL, -400 MCG TAB SUBLINGUAL, - 600 MCG TAB SUBLINGUAL, -800 MCG TAB SUBLINGUAL	6	PAR, QLL (120/30)
<i>acetaminoph-caff- dihydrocodein</i>	3	QLL (150/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen-codeine elix</i>	2	QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	2	QLL (390/30)
ACTIQ	6	PAR, QLL (120/30)
ALOXI INJ	5	
ALSUMA INJ	5	QLL (4/30)
<i>amitriptyline hcl tablet</i>	2	MO
<i>amoxapine</i>	2	MO
<i>amphetamine salts 12.5 mg tb</i>	3	MO, QLL (120/30)
<i>amphetamine salts 20 mg tab</i>	3	MO, QLL (90/30)
<i>amphetamine salts 5 mg tab, - salts 10 mg tab, -salts 15 mg tab</i>	3	MO, QLL (30/30)
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	3	MO, QLL (60/30)
ANAFRANIL	4	MO
ANTIVERT	4	
ANZEMET INJECTION INJ	5	
APOKYN INJ	6	LA, PAR
ARICEPT 23 MG TABLET	3	MO, QLL (30/30), ST
<i>ascomp with codeine</i>	3	
ASTRAMORPH-PF INJ	5	
<i>atropine sulfate injection INJ</i>	5	
AZILECT	4	MO
BANZEL 200 MG TABLET	4	MO, QLL (480/30)
BANZEL 400 MG TABLET	4	MO, QLL (240/30)
BANZEL ORAL SUSP	4	MO, QLL (2400/30)
<i>benztropine mesylate injection INJ</i>	5	
<i>benztropine mesylate tablet</i>	2	MO
<i>bromocriptine mesylate capsule, -tablet</i>	2	MO
<i>budeprion sr 100 mg tablet</i>	2	MO, QLL (120/30)
<i>budeprion sr 150 mg tablet</i>	2	MO, QLL (80/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>budeprion xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>budeprion xl 300 mg tablet</i>	2	MO, QLL (45/30)
BUPRENEX INJ	5	
<i>buprenorphine 2 mg tablet sl</i>	3	PAR, QLL (240/30)
<i>buprenorphine 8 mg tablet sl</i>	3	PAR, QLL (60/30)
<i>buprenorphine hcl injection INJ</i>	5	
<i>buproban</i>	2	QLL (60/30)
<i>bupropion hcl 100 mg tablet</i>	2	MO, QLL (135/30)
<i>bupropion hcl 75 mg tablet</i>	2	MO, QLL (180/30)
<i>bupropion hcl sr 100 mg tablet</i>	2	MO, QLL (120/30)
<i>bupropion hcl sr 200 mg tab</i>	2	MO, QLL (60/30)
<i>bupropion hcl xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>bupropion hcl xl 300 mg tablet</i>	2	MO, QLL (45/30)
<i>bupropion sr 150 mg tablet</i>	2	MO, QLL (80/30)
<i>buspirone hcl tablet</i>	2	MO
<i>butalb-caff-acetaminoph-codein</i>	3	QLL (180/30)
<i>butalbital compound-codeine</i>	3	
<i>butorphanol tartrate aerosol</i>	3	QLL (60 ml/30)
<i>butorphanol tartrate injection INJ</i>	5	
CAFERGOT	4	
CAPITAL W-CODEINE	4	QLL (2700/30)
<i>carbamazepine chew tab, -oral susp, -tablet</i>	2	MO
<i>carbamazepine er 100 mg cap</i>	3	MO, QLL (480/30)
<i>carbamazepine er 200 mg cap</i>	3	MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine er 200 mg tablet, -400 mg tablet</i>	2	MO
<i>carbamazepine er 300 mg cap</i>	3	MO, QLL (150/30)
<i>carbamazepine xr</i>	2	MO
CARBATROL ER 100 MG CAPSULE	4	MO, QLL (480/30)
CARBATROL ER 200 MG CAPSULE	4	MO, QLL (240/30)
CARBATROL ER 300 MG CAPSULE	4	MO, QLL (150/30)
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO
CELEXA 10 MG TABLET	4	MO, QLL (120/30)
CELEXA 20 MG TABLET	4	MO, QLL (60/30)
CELEXA 40 MG TABLET	4	MO, QLL (30/30)
CELONTIN	4	MO
CESAMET	4	B/D
CHANTIX	4	PAR
<i>chlorpromazine hcl injection INJ</i>	5	
<i>chlorpromazine hcl tablet</i>	2	MO
<i>citalopram</i>	2	MO, QLL (600/30)
<i>citalopram hbr 10 mg tablet</i>	2	MO, QLL (120/30)
<i>citalopram hbr 20 mg tablet</i>	2	MO, QLL (60/30)
<i>citalopram hbr 40 mg tablet</i>	2	MO, QLL (30/30)
<i>citalopram hbr solution</i>	2	MO, QLL (600/30)
<i>clomipramine hcl capsule</i>	2	MO
<i>clonazepam 0.125 mg dis tab</i>	3	MO, QLL (4800/30)
<i>clonazepam 0.25 mg odt</i>	3	MO, QLL (2400/30)
<i>clonazepam 0.5 mg dis tab, -0.5 mg tablet</i>	3	MO, QLL (1200/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam 1 mg dis tablet, -1 mg tablet</i>	3	MO, QLL (600/30)
<i>clonazepam 2 mg odt, -2 mg tablet</i>	3	MO, QLL (300/30)
<i>clorazepate 15 mg tablet</i>	3	QLL (180/30)
<i>clorazepate 3.75 mg tablet</i>	3	QLL (720/30)
<i>clorazepate 7.5 mg tablet</i>	3	QLL (360/30)
<i>clozapine 100 mg tablet</i>	2	MO, QLL (270/30)
<i>clozapine 200 mg tablet</i>	2	MO, QLL (135/30)
<i>clozapine 25 mg tablet</i>	2	MO, QLL (1080/30)
<i>clozapine 50 mg tablet</i>	2	MO, QLL (540/30)
COCET	4	QLL (180/30)
COCET PLUS	4	QLL (180/30)
<i>codeine phosphate injection INJ</i>	5	
<i>codeine sulfate 15 mg tablet</i>	3	QLL (720/30)
<i>codeine sulfate 30 mg tablet</i>	3	QLL (360/30)
<i>codeine sulfate 60 mg tablet</i>	3	QLL (180/30)
COGENTIN INJ	5	
<i>co-gesic</i>	2	QLL (240/30)
<i>compro</i>	2	
COMTAN	4	MO
CYMBALTA 20 MG CAPSULE	4	MO, QLL (180/30)
CYMBALTA 30 MG CAPSULE	4	MO, QLL (120/30)
CYMBALTA 60 MG CAPSULE	4	MO, QLL (60/30)
D.H.E.45 INJ	5	
DEPACON INJ	5	
<i>depade</i>	2	
DEPAKENE	4	MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLE	4	MO
DEPODUR INJ	5	
<i>desipramine hcl tablet</i>	2	MO
<i>dextroamphetamine 10 mg tab</i>	3	MO, PAR, QLL (180/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine 5 mg tab</i>	3	MO, PAR, QLL (360/30)
<i>diazepam 10 mg tablet</i>	3	QLL (120/30)
<i>diazepam 2 mg tablet</i>	3	QLL (600/30)
<i>diazepam 5 mg/5 ml solution</i>	3	QLL (1200/30)
<i>diazepam 5 mg/ml oral conc, -5 mg tablet</i>	3	QLL (240/30)
<i>diazepam rectal</i>	3	QLL (2/1)
<i>dihydroergotamine mesylate injection INJ</i>	5	
DILANTIN 100 MG CAPSULE	4	MO
DILANTIN 30 MG CAPSULE, -CHEW TAB	3	MO
DILANTIN-125	4	MO
DILAUDID 2 MG TABLET	4	QLL (960/30)
DILAUDID 4 MG TABLET	4	QLL (480/30)
DILAUDID 8 MG TABLET	4	QLL (240/30)
DILAUDID INJECTION INJ	5	
DILAUDID-5	4	QLL (1920/30)
DILAUDID-HP INJ	5	
<i>diskets</i>	3	
<i>disulfiram tablet</i>	3	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium er</i>	2	MO
DOLOPHINE HCL 10 MG TABLET	4	QLL (360/30)
DOLOPHINE HCL 5 MG TABLET	4	QLL (720/30)
<i>donepezil hcl</i>	2	MO, QLL (30/30)
<i>doxepin hcl capsule, -solution</i>	1	MO
<i>dronabinol</i>	3	B/D
DURAGESIC	4	QLL (15/30)
DURAMORPH INJ	5	
EFFEXOR XR 150 MG CAPSULE	4	MO, QLL (60/30)
EFFEXOR XR 37.5 MG CAPSULE	4	MO, QLL (180/30)
EFFEXOR XR 75 MG CAPSULE	4	MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/Limits
ELDEPRYL	4	MO
EMEND 125 MG CAPSULE	3	B/D, QLL (4/30)
EMEND 40 MG CAPSULE	3	B/D, QLL (1/1)
EMEND 80 MG CAPSULE	3	B/D, QLL (8/30)
EMEND TRIFOLD PACK	3	B/D, QLL (12/30)
EMSAM	4	MO, QLL (30/30)
<i>endocet 10-650 mg tablet</i>	2	QLL (180/30)
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	2	QLL (360/30)
<i>endocet 7.5-500 mg tablet</i>	2	QLL (240/30)
<i>endodan</i>	2	QLL (360/30)
<i>epitol</i>	2	MO
EQUETRO 100 MG CAPSULE	4	MO, QLL (480/30)
EQUETRO 200 MG CAPSULE	4	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE	4	MO
ERGOMAR	3	
<i>ergotamine-caffeine</i>	2	
<i>escitalopram 10 mg tablet</i>	3	MO, QLL (60/30)
<i>escitalopram 20 mg tablet</i>	3	MO, QLL (30/30)
<i>escitalopram 5 mg tablet</i>	3	MO, QLL (120/30)
<i>escitalopram oxalate solution</i>	3	MO, QLL (600/30)
<i>ethosuximide capsule, -syrup</i>	2	MO
EXELON ADH. PATCH	3	MO, QLL (30/30)
FANAPT 1 MG TABLET	4	MO, QLL (720/30)
FANAPT 10 MG TABLET	4	MO, QLL (72/30)
FANAPT 12 MG TABLET	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
FANAPT 2 MG TABLET	4	MO, QLL (360/30)
FANAPT 4 MG TABLET	4	MO, QLL (180/30)
FANAPT 6 MG TABLET	4	MO, QLL (120/30)
FANAPT 8 MG TABLET	4	MO, QLL (90/30)
FANAPT TITRATION PACK	4	QLL (8/30)
FAZACLO 100 MG ODT	4	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	4	MO, QLL (2160/30)
FAZACLO 150 MG ODT	4	MO, QLL (180/30)
FAZACLO 200 MG ODT	4	MO, QLL (135/30)
FAZACLO 25 MG ODT	4	MO, QLL (1080/30)
<i>felbamate</i>	3	MO
FELBATOL	4	MO
<i>fentanyl</i>	4	QLL (15/30)
<i>fentanyl citrate injection INJ</i>	5	
<i>fentanyl citrate lozenge</i>	6	PAR, QLL (120/30)
FENTORA	6	PAR, QLL (120/30)
FIORICET WITH CODEINE	4	QLL (180/30)
FIORINAL WITH CODEINE #3	4	
<i>fluoxetine dr</i>	4	MO, QLL (4/28)
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet</i>	2	MO, QLL (240/30)
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	2	MO, QLL (120/30)
<i>fluoxetine hcl 40 mg capsule</i>	2	MO, QLL (60/30)
FLUOXETINE HCL 60 MG TABLET	4	MO, QLL (30/30)
<i>fluoxetine hcl solution</i>	2	MO, QLL (600/30)

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection</i> INJ	5	
<i>fluphenazine hcl elix, -tablet</i>	2	MO
<i>fluphenazine hcl injection</i> INJ	5	
<i>fluphenazine hcl solution</i>	2	
<i>fluvoxamine maleate 100 mg tab</i>	2	MO, QLL (90/30)
<i>fluvoxamine maleate 25 mg tab</i>	2	MO, QLL (360/30)
<i>fluvoxamine maleate 50 mg tab</i>	2	MO, QLL (180/30)
<i>fosphenytoin sodium</i> INJ	5	
<i>gabapentin 100 mg capsule</i>	2	MO, QLL (1080/30)
<i>gabapentin 300 mg capsule</i>	2	MO, QLL (360/30)
<i>gabapentin 400 mg capsule</i>	2	MO, QLL (270/30)
<i>gabapentin solution</i>	3	MO, QLL (2160/30)
<i>gabapentin tablet</i>	2	MO, QLL (180/30)
GABITRIL	4	MO
<i>galantamine hbr capsule sustained action</i>	2	MO, QLL (30/30)
<i>galantamine hbr tablet</i>	2	MO, QLL (60/30)
<i>galantamine hydrobromide</i>	2	MO, QLL (180/30)
GEODON 20 MG CAPSULE	4	MO, QLL (240/30)
GEODON 40 MG CAPSULE	4	MO, QLL (120/30)
GEODON 60 MG CAPSULE, -80 MG CAPSULE	4	MO, QLL (90/30)
GEODON INJECTION INJ	5	
<i>granisetron hcl injection</i> INJ	5	
<i>granisetron hcl tablet</i>	3	B/D, QLL (30/30)
<i>guanidine hcl</i>	2	
HALDOL INJ	5	
HALDOL DECANOATE 100 INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 50 INJ	5	MO
<i>haloperidol decanoate</i> INJ	5	MO
<i>haloperidol decanoate 100</i> INJ	5	MO
<i>haloperidol injection</i> INJ	5	
<i>haloperidol lactate injection</i> INJ	5	
<i>haloperidol lactate solution</i>	2	MO
<i>haloperidol tablet</i>	2	MO
HORIZANT	4	MO, PAR, QLL (60/30)
HYCET	4	QLL (5540/30)
<i>hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminophen 5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	2	QLL (240/30)
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	2	QLL (150/30)
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	2	QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	2	QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	2	QLL (480/30)
<i>hydrocodone-acetaminophen soln</i>	2	QLL (5540/30)
<i>hydrocodone-acetaminophen soln</i>	2	QLL (3600/30)
<i>hydrogesic</i>	2	QLL (240/30)
<i>hydromorphone 2 mg tablet</i>	3	QLL (960/30)
<i>hydromorphone 4 mg tablet</i>	3	QLL (480/30)
<i>hydromorphone 8 mg tablet</i>	3	QLL (240/30)
<i>hydromorphone hcl injection</i> INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl rectal</i>	3	
<i>hydromorphone hcl solution</i>	4	
IBUDONE	4	QLL (480/30)
<i>imipramine hcl tablet</i>	2	MO
<i>imipramine pamoate</i>	3	MO
IMITREX 4 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML VIAL INJ	5	QLL (4 vials/30)
IMITREX 4 MG/0.5 ML PEN INJECT, -6 MG/0.5 ML PEN INJECT INJ	5	QLL (4/30)
INFUMORPH INJ	5	
INTUNIV	3	MO, QLL (30/30)
INVEGA ER 1.5 MG TABLET	4	MO, QLL (240/30)
INVEGA ER 3 MG TABLET	4	MO, QLL (120/30)
INVEGA ER 6 MG TABLET	4	MO, QLL (60/30)
INVEGA ER 9 MG TABLET	4	MO, QLL (41/30)
INVEGA SUSTENNA INJ	5	MO, QLL (2/28)
KEPPRA INJECTION INJ	5	
KEPPRA SOLUTION, - TABLET	4	MO
LAMICTAL	4	MO
LAMICTAL (BLUE)	4	
LAMICTAL (GREEN)	4	
LAMICTAL (ORANGE)	4	
<i>lamotrigine</i>	2	MO
LATUDA 20 MG TABLET	4	MO, QLL (240/30)
LATUDA 40 MG TABLET	4	MO, QLL (120/30)
LATUDA 80 MG TABLET	4	MO, QLL (60/30)
<i>levetiracetam er 500 mg tablet</i>	2	MO, QLL (180/30)
<i>levetiracetam er 750 mg tablet</i>	2	MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam injection</i> INJ	5	
<i>levetiracetam solution, -tablet</i>	2	MO
<i>levorphanol tartrate tablet</i>	2	QLL (180/30)
LEXAPRO 10 MG TABLET	4	MO, QLL (60/30)
LEXAPRO 20 MG TABLET	4	MO, QLL (30/30)
LEXAPRO 5 MG TABLET	4	MO, QLL (120/30)
LEXAPRO SOLUTION	4	MO, QLL (600/30)
<i>lithium</i>	2	MO
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	1	MO
LITHOBID	4	MO
LODOSYN	4	MO, ST
<i>loxapine</i>	2	MO
LOXITANE	4	MO
LUNESTA	4	PAR, QLL (30/30)
LYRICA 100 MG CAPSULE	4	MO, PAR, QLL (180/30)
LYRICA 150 MG CAPSULE	4	MO, PAR, QLL (120/30)
LYRICA 200 MG CAPSULE	4	MO, PAR, QLL (90/30)
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	4	MO, PAR, QLL (60/30)
LYRICA 25 MG CAPSULE	4	MO, PAR, QLL (720/30)
LYRICA 50 MG CAPSULE	4	MO, PAR, QLL (360/30)
LYRICA 75 MG CAPSULE	4	MO, PAR, QLL (240/30)
<i>maprotiline 25 mg tablet</i>	2	MO, QLL (270/30)
<i>maprotiline 50 mg tablet</i>	2	MO, QLL (135/30)
<i>maprotiline 75 mg tablet</i>	2	MO
MARPLAN	3	MO
<i>meclizine hcl tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
MESTINON SYRUP, - TABLET SUSTAINED ACTION	3	MO
MESTINON TABLET	4	MO
methadone 10 mg/5 ml solution	3	QLL (1800/30)
methadone 10 mg/ml oral conc, -10 mg tablet	3	QLL (360/30)
methadone 40 mg tablet dispr	3	
methadone 5 mg/5 ml solution	3	QLL (3600/30)
methadone hcl 5 mg tablet	3	QLL (720/30)
methadone hcl injection INJ	5	
methadone intensol	3	
methadose 10 mg tablet	3	QLL (360/30)
methadose solution, -40 mg tablet dispr	3	
migergot	2	
MIGRANAL	4	QLL (8 devices/28)
MIRAPEX	4	MO, ST
mirtazapine 15 mg odt, -15 mg tablet	2	MO, QLL (90/30)
mirtazapine 30 mg odt, -30 mg tablet	2	MO, QLL (45/30)
mirtazapine 45 mg odt, -45 mg tablet	2	MO, QLL (30/30)
mirtazapine 7.5 mg tablet	2	MO, QLL (180/30)
modafinil 100 mg tablet	3	MO, PAR, QLL (30/30)
modafinil 200 mg tablet	3	MO, PAR, QLL (60/30)
morphine sulf 10 mg/5 ml soln	3	QLL (3600/30)
morphine sulf 100 mg/5 ml soln	3	QLL (360/30)
morphine sulf 20 mg/5 ml soln	3	QLL (1800/30)
morphine sulf er 100 mg tab, - sulf er 200 mg tab	3	QLL (180/30)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet	3	QLL (120/30)
morphine sulfate in dextrose INJ	5	
morphine sulfate injection INJ	5	
morphine sulfate ir 15 mg tab	3	QLL (480/30)
morphine sulfate ir 30 mg tab	3	QLL (240/30)
morphine sulfate rectal	3	
MS CONTIN 100 MG TABLET, -200 MG TABLET	4	QLL (180/30)
MS CONTIN 15 MG TABLET, -CR 30 MG TABLET, -60 MG TABLET	4	QLL (120/30)
MYSOLINE	4	MO
MYTELASE	4	
nalbuphine hcl injection INJ	5	
naloxone hcl injection INJ	5	
naltrexone hcl tablet	2	
NAMENDA 5 MG TABLET, -10 MG TABLET	3	MO, QLL (60/30)
NAMENDA 5-10 MG TITRATION PK	3	QLL (60/30)
NAMENDA SOLUTION	3	MO, QLL (300/30)
naratriptan hcl	3	QLL (9/30)
NARDIL	4	MO
nefazodone hcl 100 mg tablet	2	MO, QLL (180/30)
nefazodone hcl 150 mg tablet	2	MO, QLL (120/30)
nefazodone hcl 200 mg tablet	2	MO, QLL (90/30)
nefazodone hcl 250 mg tablet	2	MO, QLL (72/30)
nefazodone hcl 50 mg tablet	2	MO, QLL (360/30)
NEURONTIN 100 MG CAPSULE	4	MO, QLL (1080/30)
NEURONTIN 300 MG CAPSULE	4	MO, QLL (360/30)
NEURONTIN 400 MG CAPSULE	4	MO, QLL (270/30)

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN SOLUTION	4	MO, QLL (2160/30)
NEURONTIN TABLET	4	MO, QLL (180/30)
NICOTROL	4	
NICOTROL NS	3	
NORPRAMIN	4	MO
<i>nortriptyline hcl capsule, - solution</i>	2	MO
<i>olanzapine 10 mg tablet, -15 mg tablet</i>	4	MO, QLL (60/30)
<i>olanzapine 2.5 mg tablet</i>	4	MO, QLL (240/30)
<i>olanzapine 20 mg tablet</i>	4	MO, QLL (90/30)
<i>olanzapine 5 mg tablet</i>	4	MO, QLL (120/30)
<i>olanzapine 7.5 mg tablet</i>	4	MO, QLL (80/30)
<i>olanzapine injection</i> INJ	5	
<i>olanzapine odt 10 mg tablet, - 15 mg tablet</i>	2	MO, QLL (60/30)
<i>olanzapine odt 20 mg tablet</i>	2	MO, QLL (90/30)
<i>olanzapine odt 5 mg tablet</i>	2	MO, QLL (120/30)
<i>ondansetron hcl 24 mg tablet</i>	3	B/D, QLL (30/30)
<i>ondansetron hcl 4 mg tablet, - 8 mg tablet</i>	3	B/D, QLL (90/30)
<i>ondansetron hcl in dextrose</i> INJ	5	
<i>ondansetron hcl injection</i> INJ	5	
<i>ondansetron hcl solution</i>	3	B/D, QLL (450 ml/30)
<i>ondansetron in sodium chloride</i> INJ	5	
<i>ondansetron odt</i>	3	B/D, QLL (90/30)
ONFI 10 MG TABLET	4	MO, QLL (120/30)
ONFI 20 MG TABLET	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
ONFI 5 MG TABLET	4	MO, QLL (240/30)
ONSOLIS	6	LA, PAR, QLL (120/30)
<i>opium</i>	3	
ORAP	3	MO
<i>oxcarbazepine 150 mg tablet</i>	2	MO, QLL (480/30)
<i>oxcarbazepine 300 mg tablet</i>	2	MO, QLL (240/30)
<i>oxcarbazepine 600 mg tablet</i>	2	MO
<i>oxcarbazepine suspension</i>	3	MO
<i>oxycodon-acetaminophen 7.5-500</i>	2	QLL (240/30)
<i>oxycodone concentrate</i>	3	QLL (405/30)
<i>oxycodone hcl 10 mg tablet</i>	3	QLL (810/30)
<i>oxycodone hcl 15 mg tablet</i>	3	QLL (540/30)
<i>oxycodone hcl 20 mg tablet</i>	3	QLL (390/30)
<i>oxycodone hcl 30 mg tablet</i>	3	QLL (270/30)
<i>oxycodone hcl capsule, -5 mg tablet</i>	3	QLL (1620/30)
<i>oxycodone hcl solution</i>	3	
<i>oxycodone hcl-aspirin</i>	2	QLL (360/30)
<i>oxycodone hcl-ibuprofen</i>	2	QLL (120/30)
<i>oxycodone-acetaminophen 10-325</i>	2	QLL (360/30)
<i>oxycodone-acetaminophen 10-650</i>	2	QLL (180/30)
<i>oxycodone-acetaminophen capsule</i>	2	QLL (240/30)
<i>oxycodone-acetaminophen tablet</i>	2	QLL (360/30)
OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	4	QLL (90/30), ST
OXYCONTIN 80 MG TABLET	6	QLL (120/30), ST
PAMELOR	4	MO
PARCOPA	4	MO, ST
PARLODEL	4	MO
PARNATE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl 10 mg tablet, -cr 12.5 mg tablet</i>	2	MO, QLL (180/30)
<i>paroxetine hcl 20 mg tablet, -cr 25 mg tablet</i>	2	MO, QLL (90/30)
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	2	MO, QLL (60/30)
PAXIL 10 MG TABLET	4	MO, QLL (180/30)
PAXIL 10 MG/5 ML SUSPENSION	4	MO, QLL (1200/30)
PAXIL 20 MG TABLET	4	MO, QLL (90/30)
PAXIL 30 MG TABLET, -40 MG TABLET	4	MO, QLL (60/30)
PAXIL CR 12.5 MG TABLET	4	MO, QLL (180/30)
PAXIL CR 25 MG TABLET	4	MO, QLL (90/30)
PAXIL CR 37.5 MG TABLET	4	MO, QLL (60/30)
PEGANONE	4	MO
<i>pentazocine-acetaminophen</i>	2	QLL (180/30)
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	MO
PEXEVA 10 MG TABLET	4	MO, QLL (180/30)
PEXEVA 20 MG TABLET	4	MO, QLL (90/30)
PEXEVA 30 MG TABLET, -40 MG TABLET	4	MO, QLL (60/30)
<i>phenelzine sulfate tablet</i>	3	MO
<i>phenobarbital 100 mg tablet</i>	3	MO, PAR, QLL (120/30)
<i>phenobarbital 15 mg tablet</i>	3	MO, PAR, QLL (800/30)
<i>phenobarbital 16.2 mg tablet</i>	3	MO, PAR, QLL (741/30)
<i>phenobarbital 30 mg tablet</i>	3	MO, PAR, QLL (400/30)
<i>phenobarbital 32.4 mg tablet</i>	3	MO, PAR, QLL (370/30)
<i>phenobarbital 60 mg tablet</i>	3	MO, PAR, QLL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital 64.8 mg tablet</i>	3	MO, PAR, QLL (185/30)
<i>phenobarbital 97.2 mg tablet</i>	3	MO, PAR, QLL (123/30)
<i>phenobarbital elix</i>	3	MO, PAR, QLL (3000/30)
PHENYTEK	4	MO
<i>phenytoin oral susp</i>	2	MO
<i>phenytoin sod ext 100 mg cap</i>	1	MO
<i>phenytoin sod ext 200 mg cap, -sod ext 300 mg cap</i>	3	MO
<i>phenytoin sodium injection INJ</i>	5	
POLYGESIC	4	QLL (240/30)
POTIGA 200 MG TABLET, -300 MG TABLET, -400 MG TABLET	4	MO, QLL (90/30)
POTIGA 50 MG TABLET	4	MO, QLL (270/30)
<i>pramipexole dihydrochloride</i>	2	MO
<i>primidone tablet</i>	1	MO
PRIMLEV	4	
PRISTIQ ER 100 MG TABLET	4	MO, PAR, QLL (120/30)
PRISTIQ ER 50 MG TABLET	4	MO, PAR, QLL (240/30)
<i>prochlorperazine edisylate injection INJ</i>	5	
<i>prochlorperazine maleate rectal, -tablet</i>	2	
<i>protriptyline hcl</i>	2	MO
PROZAC 10 MG PULVULE	4	MO, QLL (240/30)
PROZAC 20 MG PULVULE	4	MO, QLL (120/30)
PROZAC 40 MG PULVULE	4	MO, QLL (60/30)
PROZAC WEEKLY	4	MO, QLL (4/28)
<i>pyridostigmine bromide tablet</i>	2	MO
<i>quetiapine fumarate 100 mg tab</i>	2	MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate 200 mg tab, -300 mg tab, -400 mg tab</i>	2	MO, QLL (120/30)
<i>quetiapine fumarate 25 mg tab</i>	2	MO, QLL (960/30)
<i>quetiapine fumarate 50 mg tab</i>	2	MO, QLL (480/30)
RAZADYNE ER	4	MO, QLL (30/30)
RAZADYNE SOLUTION	4	MO, QLL (180/30)
RAZADYNE TABLET	4	MO, QLL (60/30)
REGONOL INJ	5	
REMERON 15 MG SOLTAB, -15 MG TABLET	4	MO, QLL (90/30)
REMERON 30 MG SOLTAB, -30 MG TABLET	4	MO, QLL (45/30)
REMERON 45 MG SOLTAB, -45 MG TABLET	4	MO, QLL (30/30)
REQUIP	4	MO, ST
REQUIP XL	4	MO
REVIA	4	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	5	MO, QLL (2/28)
RISPERDAL CONSTA 50 MG SYR INJ	6	MO
<i>risperidone 0.25 mg odt</i>	3	MO, QLL (1920/30)
<i>risperidone 0.25 mg tablet</i>	2	MO, QLL (1920/30)
<i>risperidone 0.5 mg odt</i>	2	MO, QLL (960/30)
<i>risperidone 0.5 mg tablet</i>	2	MO, QLL (960/30)
<i>risperidone 1 mg odt</i>	2	MO, QLL (480/30)
<i>risperidone 1 mg tablet</i>	2	MO, QLL (480/30)
<i>risperidone 2 mg odt</i>	2	MO, QLL (240/30)
<i>risperidone 2 mg tablet</i>	2	MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone 3 mg odt</i>	2	MO, QLL (160/30)
<i>risperidone 3 mg tablet</i>	2	MO, QLL (160/30)
<i>risperidone 4 mg odt</i>	2	MO, QLL (120/30)
<i>risperidone 4 mg tablet</i>	2	MO, QLL (120/30)
<i>risperidone m-tab 0.5 mg odt</i>	2	MO, QLL (960/30)
<i>risperidone m-tab 1 mg odt</i>	2	MO, QLL (480/30)
<i>risperidone m-tab 2 mg odt</i>	2	MO, QLL (240/30)
<i>risperidone m-tab 3 mg odt</i>	2	MO, QLL (160/30)
<i>risperidone m-tab 4 mg odt</i>	2	MO, QLL (120/30)
<i>risperidone solution</i>	2	MO, QLL (480 ml/30)
<i>rivastigmine</i>	2	MO, QLL (60/30)
<i>ropinirole hcl</i>	2	MO
<i>roxicet 5/500 caplet</i>	2	QLL (240/30)
<i>roxicet 5-325 tablet</i>	2	QLL (360/30)
ROXICET SOLUTION	4	QLL (1800/30)
ROXICODONE 15 MG TABLET	4	QLL (540/30)
ROXICODONE 30 MG TABLET	4	QLL (270/30)
ROXICODONE 5 MG TABLET	4	QLL (1620/30)
SABRIL POWDER	4	LA, QLL (1800/30)
SABRIL TABLET	6	LA, QLL (180/30)
SANCUSO	6	PAR, QLL (4/28)
SAPHRIS 10 MG TAB SUBLINGUAL	4	MO, QLL (60/30)
SAPHRIS 5 MG TABLET SUBLINGUAL	4	MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
SARAFEM 10 MG TABLET	4	MO, QLL (240/30)
SARAFEM 20 MG TABLET	4	MO, QLL (120/30)
SAVELLA 100 MG TABLET	3	MO, QLL (60/30)
SAVELLA 12.5 MG TABLET	3	MO, QLL (480/30)
SAVELLA 25 MG TABLET	3	MO, QLL (240/30)
SAVELLA 50 MG TABLET	3	MO, QLL (120/30)
SAVELLA TITRATION PACK	3	QLL (1/365)
<i>selegiline hcl capsule, -tablet</i>	2	MO
SEROQUEL 100 MG TABLET	4	MO, QLL (240/30)
SEROQUEL 200 MG TABLET, -300 MG TABLET, -400 MG TABLET	4	MO, QLL (120/30)
SEROQUEL 25 MG TABLET	4	MO, QLL (960/30)
SEROQUEL 50 MG TABLET	4	MO, QLL (480/30)
SEROQUEL XR 150 MG TABLET	3	MO, QLL (160/30)
SEROQUEL XR 200 MG TABLET, -400 MG TABLET	3	MO, QLL (120/30)
SEROQUEL XR 300 MG TABLET	3	MO, QLL (90/30)
SEROQUEL XR 50 MG TABLET	3	MO, QLL (480/30)
<i>sertraline hcl 100 mg tablet</i>	2	MO, QLL (90/30)
<i>sertraline hcl 25 mg tablet</i>	2	MO, QLL (240/30)
<i>sertraline hcl 50 mg tablet</i>	2	MO, QLL (120/30)
<i>sertraline hcl solution</i>	2	MO, QLL (300/30)
SINEMET 10-100	4	MO, ST
SINEMET 25-100	4	MO, ST
SINEMET 25-250	4	MO, ST
SINEMET CR	4	MO, ST

Drug Name	Drug Tier	Requirements/ Limits
<i>stagesic</i>	2	QLL (240/30)
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	4	MO, PAR, QLL (60/30)
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	4	MO, PAR, QLL (30/30)
<i>sublimaze</i> INJ	5	
SUBOXONE 2 MG-0.5 MG SL FILM, -2 MG-0.5 MG TABLET SL	3	PAR, QLL (360/30)
SUBOXONE 8 MG-2 MG SL FILM, -8 MG-2 MG TABLET SL	3	PAR, QLL (90/30)
SUMATRIPTAN 20 MG NASAL SPRAY	3	QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml cart, -4 mg/0.5 ml inject, -4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -4 mg/0.5 ml vial, -6 mg/0.5 ml inject, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i> INJ	5	QLL (4/30)
SUMATRIPTAN 5 MG NASAL SPRAY	3	QLL (16/30)
<i>sumatriptan 6 mg/0.5 ml vial</i> INJ	5	QLL (4 vials/30)
<i>sumatriptan succinate tablet</i>	3	QLL (9/30)
SURMONTIL	4	MO
SYNALGOS-DC	4	QLL (240/30)
TASMAR	6	MO
TEGRETOL	4	MO
TEGRETOL XR	4	MO
<i>thioridazine hcl</i>	2	MO
<i>thiothixene</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
TIGAN INJECTION INJ	5	
TOFRANIL	4	MO
TOFRANIL-PM	4	MO
TOPAMAX 100 MG TABLET	4	MO, PAR, QLL (480/30)
TOPAMAX 200 MG TABLET	4	MO, PAR, QLL (240/30)
TOPAMAX 25 MG TABLET	4	MO, PAR, QLL (1920/30)
TOPAMAX 50 MG TABLET	4	MO, PAR, QLL (960/30)
TOPAMAX SPRINKLE	4	MO, PAR
<i>topiragen 100 mg tablet</i>	2	MO, PAR, QLL (480/30)
<i>topiragen 200 mg tablet</i>	2	MO, PAR, QLL (240/30)
<i>topiragen 25 mg tablet</i>	2	MO, PAR, QLL (1920/30)
<i>topiragen 50 mg tablet</i>	2	MO, PAR, QLL (960/30)
<i>topiramate 100 mg tablet</i>	2	MO, PAR, QLL (480/30)
<i>topiramate 200 mg tablet</i>	2	MO, PAR, QLL (240/30)
<i>topiramate 25 mg tablet</i>	2	MO, PAR, QLL (1920/30)
<i>topiramate 50 mg tablet</i>	2	MO, PAR, QLL (960/30)
<i>topiramate sprinkle</i>	2	MO, PAR
<i>tramadol hcl er 100 mg tablet, -200 mg tablet, -300 mg tablet</i>	2	QLL (30/30)
<i>tramadol hcl er 100 mg tablet, -er 200 mg tablet, -er 300 mg tablet</i>	2	QLL (30/30)
<i>tramadol hcl tablet</i>	2	QLL (240/30)
<i>tramadol hcl-acetaminophen</i>	2	QLL (240/30)
<i>tranlycypromine sulfate</i>	2	MO
<i>trazodone hcl tablet</i>	2	MO
<i>trifluoperazine hcl</i>	2	MO
<i>trihexphenidyl hcl</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL 150 MG TABLET	4	MO, QLL (480/30)
TRILEPTAL 300 MG TABLET	4	MO, QLL (240/30)
TRILEPTAL 300 MG/5 ML SUSP, -600 MG TABLET	4	MO
<i>trimipramine maleate</i>	4	MO
ULTRACET	4	QLL (240/30)
ULTRAM	4	QLL (240/30)
ULTRAM ER	4	QLL (30/30)
<i>valproate sodium injection INJ</i>	5	
<i>valproic acid capsule, -syrup</i>	2	MO
<i>venlafaxine hcl 100 mg tablet</i>	2	MO, QLL (113/30)
<i>venlafaxine hcl 25 mg tablet</i>	2	MO, QLL (450/30)
<i>venlafaxine hcl 37.5 mg tablet</i>	2	MO, QLL (300/30)
<i>venlafaxine hcl 50 mg tablet</i>	2	MO
<i>venlafaxine hcl 75 mg tablet</i>	2	MO, QLL (150/30)
<i>venlafaxine hcl er 150 mg cap, -150 mg tab</i>	3	MO, QLL (60/30)
<i>venlafaxine hcl er 225 mg tab</i>	3	MO
<i>venlafaxine hcl er 37.5 mg cap, -37.5 mg tab</i>	3	MO, QLL (180/30)
<i>venlafaxine hcl er 75 mg cap, -75 mg tab</i>	3	MO, QLL (90/30)
VIIBRYD 10 MG TABLET	4	MO, QLL (120/30), ST
VIIBRYD 20 MG TABLET	4	MO, QLL (60/30), ST
VIIBRYD 40 MG TABLET	4	MO, QLL (30/30), ST
VIIBRYD TITRATION PACK	4	QLL (30/30), ST
VIMPAT 100 MG TABLET	4	MO, QLL (120/30)
VIMPAT 150 MG TABLET	4	MO, QLL (80/30)
VIMPAT 200 MG TABLET	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
VIMPAT 50 MG TABLET	4	MO, QLL (240/30)
VIMPAT INJECTION INJ	5	QLL (1200/30)
VIMPAT SOLUTION	4	MO, QLL (1200/30)
VIVACTIL	4	MO
WELLBUTRIN 100 MG TABLET	4	MO, QLL (135/30)
WELLBUTRIN 75 MG TABLET	4	MO, QLL (180/30)
WELLBUTRIN SR 100 MG TABLET	4	MO, QLL (120/30)
WELLBUTRIN SR 150 MG TABLET	4	MO, QLL (80/30)
WELLBUTRIN SR 200 MG TABLET	4	MO, QLL (60/30)
WELLBUTRIN XL 150 MG TABLET	4	MO, QLL (90/30)
WELLBUTRIN XL 300 MG TABLET	4	MO, QLL (45/30)
XENAZINE	6	LA, PAR
XOLOX	4	QLL (240/30)
XYREM	6	LA, PAR, QLL (540/30)
<i>zaleplon 10 mg capsule</i>	2	QLL (60/30)
<i>zaleplon 5 mg capsule</i>	2	QLL (30/30)
<i>zamicet</i>	2	QLL (5540/30)
ZARONTIN	4	MO
ZELAPAR	4	MO
<i>ziprasidone hcl 20 mg capsule</i>	2	MO, QLL (240/30)
<i>ziprasidone hcl 40 mg capsule</i>	2	MO, QLL (120/30)
<i>ziprasidone hcl 60 mg capsule, -80 mg capsule</i>	2	MO, QLL (90/30)
ZOFRAN INJECTION INJ	5	
ZOLOFT 100 MG TABLET	4	MO, QLL (90/30)
ZOLOFT 25 MG TABLET	4	MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT 50 MG TABLET	4	MO, QLL (120/30)
ZOLOFT SOLUTION	4	MO, QLL (300/30)
<i>zolpidem tartrate</i>	2	QLL (30/30)
<i>zolpidem tartrate er</i>	2	QLL (30/30)
ZONEGRAN	4	MO
<i>zonisamide</i>	2	MO
ZYBAN	4	QLL (60/30)
ZYPREXA INJECTION INJ	5	QLL (60/30)
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	6	MO, QLL (2/30)
ZYPREXA RELPREVV 405 MG VIAL INJ	6	MO, QLL (1/30)
CARDIOVASCULAR MEDICATIONS		
ACCURETIC	4	MO
<i>acebutolol hcl capsule</i>	2	MO
ACEON	4	MO
ADALAT CC	4	MO
ADCIRCA	6	MO, PAR, QLL (60/30)
<i>afeditab cr</i>	2	MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
ALTOPREV	4	MO, QLL (30/30), ST
<i>amiloride hcl tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl injection</i> INJ	5	
<i>amiodarone hcl tablet</i>	2	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	MO, QLL (45/30)
<i>amlodipine besylate-benazepril</i>	2	MO
<i>amlodipine-atorvastatin</i>	4	MO, QLL (30/30)
ANTARA	4	MO, ST
ATACAND 32 MG TABLET	4	MO, QLL (30/30), ST

Drug Name	Drug Tier	Requirements/ Limits
ATACAND 4 MG TABLET, -8 MG TABLET, -16 MG TABLET	4	MO, QLL (60/30), ST
ATACAND HCT 16-12.5 MG TAB	4	MO, QLL (60/30), ST
ATACAND HCT 32-12.5 MG TAB, -32-25 MG TABLET	4	MO, QLL (30/30), ST
<i>atenolol tablet</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>atorvastatin calcium</i>	2	MO, QLL (30/30)
AVALIDE	4	MO, QLL (30/30), ST
AVAPRO	4	MO, QLL (30/30), ST
AZOR	4	MO, QLL (30/30), ST
<i>benazepril hcl tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR 20 MG TABLET, -40 MG TABLET	4	MO, QLL (30/30), ST
BENICAR 5 MG TABLET	4	MO, QLL (60/30), ST
BENICAR HCT	4	MO, QLL (30/30), ST
BETAPACE	4	MO
BETAPACE AF	4	MO
<i>betaxolol hcl tablet</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection INJ</i>	5	
<i>bumetanide tablet</i>	1	MO
BYSTOLIC	3	MO
CADUET	4	MO, QLL (30/30)
CALAN	4	MO
CALAN SR	4	MO
<i>captopril tablet</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
CARDENE I.V. INJ	5	
CARDENE SR	4	MO
CARDIZEM	4	MO
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDURA	4	MO
CARDURA XL	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	2	MO
CATAPRES	4	MO
CATAPRES-TTS 1	4	MO, QLL (4/28)
CATAPRES-TTS 2	4	MO, QLL (4/28)
CATAPRES-TTS 3	4	MO, QLL (4/28)
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium INJ</i>	5	
<i>chlorthalidone</i>	1	MO
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>clonidine</i>	2	MO, QLL (4/28)
<i>clonidine hcl tablet</i>	2	MO
CLORPRES	4	MO
COLESTID	4	MO
<i>colestipol hcl</i>	2	MO
CORDARONE	4	MO
COREG CR	4	MO, ST
CORGARD	4	MO
CORZIDE	4	MO
COVERA-HS	4	MO
COZAAR 100 MG TABLET	4	MO, QLL (30/30)
COZAAR 25 MG TABLET, -50 MG TABLET	4	MO, QLL (60/30)
CRESTOR	3	MO, QLL (30/30), ST
DEMADEX	4	MO
DEMSEER	4	
DIBENZYLINE	4	
<i>digoxin solution, -tablet</i>	2	MO
DILACOR XR	4	MO

Drug Name	Drug Tier	Requirements/ Limits
DILATRATE-SR	4	MO
<i>dilt-cd</i>	2	MO
<i>diltiazem 24hr cd</i>	2	MO
<i>diltiazem 24hr er 120 mg cap, -180 mg cap, -240 mg cap, -300 mg cap</i>	2	MO
<i>diltiazem 24hr er 360 mg cap</i>	4	MO
<i>diltiazem er</i>	2	MO
<i>diltiazem hcl injection</i> INJ	5	
<i>diltiazem hcl tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>diltzac er</i>	2	MO
DIOVAN 160 MG TABLET	4	MO, QLL (60/30), ST
DIOVAN 320 MG TABLET	4	MO, QLL (30/30), ST
DIOVAN 40 MG TABLET, -80 MG TABLET	4	MO, QLL (90/30), ST
DIOVAN HCT	4	MO, QLL (30/30), ST
<i>disopyramide phosphate</i>	2	MO
DIURIL	4	MO
DIURIL SODIUM INJ	5	
<i>dobutamine 250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i> INJ	5	
<i>dobutamine hcl</i> INJ	5	
<i>dopamine hcl in 5% dextrose</i> INJ	5	
<i>dopamine hcl injection</i> INJ	5	
<i>doxazosin mesylate</i>	1	MO
DYAZIDE	4	MO
DYNACIRC CR	4	MO
DYRENIUM	4	MO
EDECRIN	4	MO
<i>enalapril maleate tablet</i>	2	MO
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	2	MO
<i>eprosartan mesylate</i>	4	MO, QLL (30/30)
EXFORGE	4	MO, QLL (30/30), ST

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT	4	MO, QLL (30/30), ST
<i>felodipine er</i>	2	MO
<i>fenofibrate 134 mg capsule, -200 mg capsule</i>	2	MO, QLL (30/30)
<i>fenofibrate 160 mg tablet</i>	3	MO, QLL (30/30)
<i>fenofibrate 54 mg tablet</i>	3	MO, QLL (90/30)
<i>fenofibrate 67 mg capsule</i>	2	MO, QLL (90/30)
<i>flecainide acetate</i>	2	MO
<i>fluvastatin sodium</i>	4	MO, QLL (60/30), ST
<i>fosinopril sodium</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i> INJ	5	
<i>furosemide solution, -tablet</i>	1	MO
<i>gemfibrozil tablet</i>	2	MO
<i>guanfacine hcl</i>	2	MO
<i>hydralazine hcl injection</i> INJ	5	
<i>hydralazine hcl tablet</i>	2	MO
<i>hydrochlorothiazide capsule, -tablet</i>	1	MO
HYZAAR	4	MO, QLL (30/30)
IMDUR	4	MO
<i>indapamide</i>	1	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO
INSPIRA	4	MO
<i>irbesartan</i>	4	MO, QLL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	4	MO, QLL (30/30)
ISOCHRON	4	MO
<i>isoditrate</i>	1	MO
ISOPTIN SR	4	MO
ISORDIL	4	MO
ISORDIL TITRADOSE	4	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	2	MO
<i>kalexate</i>	3	
KAYEXALATE	4	
KERLONE	4	MO
<i>kionex oral susp</i>	3	
KIONEX POWDER	4	
<i>labetalol hcl injection INJ</i>	5	
<i>labetalol hcl tablet</i>	2	MO
LANOXIN PEDIATRIC INJ	5	
LANOXIN TABLET	3	MO
LASIX	4	MO
LESCOL	4	MO, QLL (60/30), ST
LESCOL XL	4	MO, QLL (30/30), ST
LETAIRIS	6	LA, PAR
LEVATOL	4	MO
<i>lisinopril tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	2	MO
LIVALO	4	MO, QLL (30/30), ST
LOFIBRA 134 MG CAPSULE, -200 MG CAPSULE, -TABLET	4	MO, QLL (30/30)
LOFIBRA 54 MG TABLET, -67 MG CAPSULE	4	MO, QLL (90/30)
LOPID	4	MO
LOPRESSOR HCT	4	MO
LOPRESSOR INJECTION INJ	5	
LOPRESSOR TABLET	4	MO
<i>losartan potassium 100 mg tab</i>	2	MO, QLL (30/30)
<i>losartan potassium 25 mg tab, -50 mg tab</i>	2	MO, QLL (60/30)
<i>losartan-hydrochlorothiazide</i>	2	MO, QLL (30/30)
LOTREL	4	MO
<i>lovastatin 10 mg tablet, -20 mg tablet</i>	2	MO, QLL (30/30)
<i>lovastatin 40 mg tablet</i>	2	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
LOVAZA	3	MO
<i>matzim la</i>	4	MO
MAXZIDE	4	MO
MAXZIDE-25 MG	4	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	2	MO
<i>methyldopate hcl INJ</i>	5	
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate injection INJ</i>	5	
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>mexiletine hcl capsule</i>	2	MO
MICARDIS 20 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30), ST
MICARDIS 80 MG TABLET	3	MO, QLL (60/30), ST
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	3	MO, QLL (30/30), ST
MICARDIS HCT 80-12.5 MG TABLET	3	MO, QLL (60/30), ST
MICROZIDE	4	MO
MIDAMOR	4	MO
<i>midodrine hcl</i>	3	
MINIPRESS	4	MO
MINITRAN	4	MO
<i>minoxidil tablet</i>	2	MO
<i>moexipril hcl</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
MONOKET	4	MO
<i>nadolol tablet</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
NIACOR	3	MO
NIASPAN ER 500 MG TABLET	3	MO, QLL (120/30)
NIASPAN ER 750 MG TABLET, -ER 1,000 MG TABLET	3	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>nicardipine hcl capsule</i>	1	MO
<i>nicardipine hcl injection</i> INJ	5	
<i>nifediac cc</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine er 30 mg tablet, -60 mg tablet, -90 mg tablet</i>	2	MO
<i>nifedipine er 90mg tablet</i>	2	
<i>nimodipine</i>	2	
<i>nitro-bid</i>	2	MO
NITRO-DUR	4	MO
NITROGLYCERIN AEROSOL	4	MO
<i>nitroglycerin injection</i> INJ	5	
<i>nitroglycerin patch</i>	2	MO
NITROLINGUAL	4	MO
NITROSTAT	3	MO
NORPACE	4	MO
NORPACE CR	4	MO
NORVASC 2.5 MG TABLET, -10 MG TABLET	4	MO, QLL (30/30)
NORVASC 5 MG TABLET	4	MO, QLL (45/30)
<i>pacerone</i>	2	MO
<i>pentoxifylline tablet sustained action</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	2	MO
<i>pravastatin sodium</i>	2	MO, QLL (30/30)
<i>prazosin hcl</i>	1	MO
<i>prevalite</i>	2	MO
<i>procainamide hcl injection</i> INJ	5	
PROCARDIA XL	4	MO
<i>propafenone hcl capsule sustained action</i>	4	MO
<i>propafenone hcl tablet</i>	2	MO
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	1	MO
<i>propranolol hcl injection</i> INJ	5	
<i>propranolol-hydrochlorothiazid</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
QUESTRAN	4	MO
QUESTRAN LIGHT	4	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate tablet sustained action</i>	2	MO
<i>quinidine sulfate tablet, -tablet sustained action</i>	1	MO
<i>ramipril</i>	2	MO
RANEXA	3	MO
REMODULIN INJ	6	LA, PAR
<i>reserpine tablet</i>	1	MO
REVATIO INJECTION INJ	6	PAR, QLL (1125/30)
REVATIO TABLET	6	PAR, QLL (90/30)
RYTHMOL	4	MO
RYTHMOL SR	4	MO
SECTRAL	4	MO
SIMCOR 1,000-20 MG TABLET	3	MO, QLL (60/30)
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET	3	MO, QLL (60/30)
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET	3	MO, QLL (30/30)
<i>simvastatin tablet</i>	1	MO, QLL (30/30)
SODIUM EDECRIN INJ	5	
<i>sodium polystyrene sulfonate</i>	3	
<i>sorine</i>	2	MO
<i>sotalol</i>	2	MO
<i>sotalol af</i>	2	MO
<i>spironolactone tablet</i>	1	MO
<i>spironolactone-hctz</i>	2	MO
<i>sps</i>	3	
TAMBOCOR	4	MO
TARKA	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	4	MO, QLL (30/30), ST

Drug Name	Drug Tier	Requirements/ Limits
TEKTRNA HCT	4	MO, QLL (30/30), ST
TENEX	4	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	MO
<i>terazosin hcl</i>	2	MO
TEVETEN 400 MG TABLET	4	MO, QLL (60/30), ST
TEVETEN 600 MG TABLET	4	MO, QLL (30/30), ST
TEVETEN HCT	4	MO, QLL (30/30), ST
TIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate tablet</i>	2	MO
TOPROL XL	4	MO
<i>torseamide injection INJ</i>	5	
<i>torseamide tablet</i>	2	MO
TRACLEER	6	LA, PAR
TRANDATE	4	MO
<i>trandolapril</i>	1	MO
TRENTAL	4	MO
<i>triamterene-hctz</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	2	MO
TRICOR	4	MO
TRIGLIDE 160 MG TABLET	4	MO, QLL (30/30), ST
TRIGLIDE 50 MG TABLET	4	MO, ST
TRILIPIX	3	MO
TWYNSTA	3	MO, QLL (30/30), ST
VENTAVIS 10 MCG/1 ML SOLUTION	6	MO, PAR
VENTAVIS 20 MCG/1 ML SOLUTION	6	MO, PAR
<i>verapamil er</i>	2	MO
<i>verapamil er pm</i>	2	MO
<i>verapamil hcl capsule sustained action, -tablet</i>	2	MO
<i>verapamil hcl injection INJ</i>	5	
VERELAN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM	4	MO
VYTORIN	4	MO, PAR, QLL (30/30)
WELCHOL	3	MO
ZAROXOLYN	4	MO
ZEBETA	4	MO
ZETIA	3	MO, PAR, QLL (30/30)
ZIAC	4	MO
DERMATOLOGICAL MEDICATIONS		
8-MOP	4	PAR
ACLOVATE	4	
<i>acticin</i>	2	
<i>adapalene gel</i>	2	
AKNE-MYCIN	4	
ALA-CORT	4	
ALA-SCALP HP	4	
<i>alclometasone dipropionate</i>	2	
ALDARA	4	
<i>amcinonide</i>	2	
<i>ammonium lactate cream, -lotion</i>	2	
<i>amnesteem</i>	3	
APEXICON	4	
APEXICON E	4	
BENZACLIN	4	
BENZAMYCIN	4	
BENZAMYCINPAK	4	
<i>betamethasone dipropionate cream, -gel, -lotion, -oint</i>	2	
<i>betamethasone valerate cream, -lotion, -oint</i>	2	
<i>calcipotriene oint</i>	3	QLL (200/30)
<i>calcipotriene solution</i>	3	QLL (60/30)
CAPEX SHAMPOO	4	
CARAC	4	
CARMOL HC	4	
<i>claravis</i>	3	
<i>clenia emulsion</i>	2	
CLEOCIN T	4	
<i>clindacin p</i>	2	
CLINDAGEL	4	
CLINDAMAX	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate foam (non-contraceptive)</i>	4	
<i>clindamycin phosphate gel, -lotion, -soln, top, -swabs, applicators</i>	2	
<i>clindamycin-benzoyl perox gel</i>	2	
CLINDAREACH	4	
<i>clobetasol emollient</i>	2	
<i>clobetasol propionate cream, -foam (non-contraceptive), -gel, -oint, -soln, top</i>	2	
<i>clobetasol propionate lotion</i>	2	
<i>clobetasol propionate oil, shampoo, cleanser</i>	4	
CLOBEX	4	
CLODERM	4	
CONDYLOX	4	
CORDRAN	4	
CORDRAN SP	4	
<i>cormax</i>	2	
CUTIVATE	4	
DERMA-SMOOTH-FS	4	
DERMATOP	4	
<i>desonide cream, -lotion, -oint</i>	2	
DESOWEN	4	
<i>desoximetasone cream, -gel, -0.25% ointment</i>	3	
<i>diflorasone diacetate</i>	3	
DIPROLENE	4	
DIPROLENE AF	4	
DOVONEX CREAM	3	QLL (200/30)
DOVONEX SOLUTION	4	QLL (60/30)
EFUDEX	4	
ELIDEL	4	PAR, QLL (60/1)
ELOCON	4	
<i>ery</i>	2	
<i>erythromycin gel, -soln, top, -swabs, applicators</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
EURAX	4	
EVOCLIN	4	

Drug Name	Drug Tier	Requirements/ Limits
FINACEA	4	
<i>fluocinolone acetonide cream, -oint, -soln, top</i>	2	
<i>fluocinolone acetonide oil, shampoo, cleanser</i>	4	
<i>fluocinonide cream, -gel, -oint, -soln, top</i>	2	
<i>fluocinonide emollient</i>	2	
<i>fluocinonide-e</i>	2	
FLUOROPLEX	4	
<i>fluorouracil cream</i>	3	
<i>fluorouracil soln, top</i>	2	
<i>fluticasone propionate cream, -oint</i>	2	
<i>fluticasone propionate lotion</i>	4	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone 1% cream</i>	2	
<i>hydrocortisone 1% cream, -plus 1% cream, -2.5% cream, -2.5% lotion, -1% absorbase, -1% oint, -1% ointment, -2.5% ointment</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>imiquimod cream</i>	3	
KENALOG	4	
KLARON	4	
LAC-HYDRIN	4	
LACLOTION	4	
LEVULAN	3	
LINDANE	4	
LOCOID	4	
LOCOID LIPOCREAM	4	
LOKARA	4	
LUXIQ	4	
<i>malathion</i>	3	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole cream, -gel, -lotion</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate cream, - lotion, -oint</i>	2	
<i>myorisan</i>	3	
NORITATE	4	
OLUX	4	
OVIDE	4	
OXSORALEN-ULTRA	6	PAR
PANDEL	4	
PANRETIN	6	
<i>permethrin cream</i>	2	
<i>podofilox</i>	2	
<i>prascion</i>	2	
<i>prednicarbate</i>	2	
PROTOPIC	4	PAR, QLL (60/1)
PRUDOXIN	4	
REGRANEX	6	PAR
<i>rosadan cream, -gel</i>	2	
SANTYL	4	QLL (30/1)
<i>selenium sulfide 2.25% shampoo</i>	1	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>sodium sulfacetamide-sulfur emulsion</i>	2	
SOLARAZE	3	PAR, QLL (100/30)
SORIATANE	6	
<i>sotret</i>	3	
<i>sulfacetamide sodium lotion</i>	2	
<i>sulfacetamide sodium-sulfur</i>	2	
TACLONEX	4	
TAZORAC	4	
TEMOVATE	4	
TEMOVATE EMOLLIENT	4	
TEXACORT	4	
TOPICORT	4	
<i>tretinoin 0.025% cream, - 0.05% cream, -0.1% cream, - gel</i>	3	QLL (90/30)
<i>triamcinolone acetonide cream, -lotion, -oint</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
U-CORT	4	
ULTRAVATE	4	
ULTRAVATE PAC	4	
VANOS	4	
VELTIN	4	
VERDESO	4	
<i>vitazol</i>	2	
WESTCORT	4	
ZIANA	4	
ZONALON	4	
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS		
ADAGEN INJ	6	LA
AMICAR 1,000 MG TABLET	3	
AMICAR SYRUP, -500 MG TABLET	4	
<i>aminocaproic acid syrup, - 500 mg tab</i>	2	
AMPYRA	6	LA, PAR, QLL (60/30)
ANTIZOL INJ	6	
BUPHENYL	6	PAR
CARBAGLU	6	MO, PAR
CHEMET	4	
COPAXONE INJ	6	MO, PAR
EXJADE 125 MG TABLET	4	LA, PAR
EXJADE 250 MG TABLET, -500 MG TABLET	6	LA, PAR
FERRIPROX	6	PAR
<i>fomepizole INJ</i>	6	
GILENYA	6	MO, PAR
ORFADIN	6	LA
THALOMID	6	MO, PAR
<i>tranexamic acid injection INJ</i>	5	
EAR-NOSE-THROAT MEDICATIONS		
<i>acetasol hc</i>	3	
<i>acetic acid otic drops</i>	2	
<i>acetic acid-aluminum</i>	2	
ASTELIN	4	MO, QLL (30 ml/25)
ASTEPRO	3	MO, QLL (30 ml/25)

Drug Name	Drug Tier	Requirements/ Limits
ATROVENT 0.03% SPRAY	4	MO, QLL (30 ml/30)
ATROVENT 0.06% SPRAY	4	MO, QLL (15 ml/30)
<i>azelastine hcl nasal drops/sprays</i>	2	MO, QLL (30 ml/25)
BECONASE AQ	4	MO, QLL (50/30), ST
<i>chlorhexidine gluconate dental/mucous membrn products</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN OTIC DROPS	4	
CORTISPORIN-TC	4	
DERMOTIC	3	
<i>doxycycline hyclate 20 mg tab</i>	2	
EVOXAC	4	MO
FLONASE	4	MO, QLL (16 gm/30), ST
<i>flunisolide 0.025% spray</i>	2	MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	2	MO, QLL (50/30)
<i>fluocinolone acetonide oil</i>	3	
<i>fluticasone propionate nasal inhaled steroids</i>	2	MO, QLL (16 gm/30)
<i>hydrocortisone-acetic acid</i>	3	
<i>ipratropium 0.03% spray</i>	2	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	2	MO, QLL (15 ml/30)
NASACORT AQ	4	MO, QLL (34/30), ST
NASONEX	3	MO, QLL (34 gm/30)
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin otic drops</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
OMNARIS	4	MO, QLL (13 gm/30), ST
ORALONE	4	
PATANASE	4	QLL (31/30)
<i>periogard</i>	2	
<i>pilocarpine hcl tablet</i>	2	
RHINOCORT AQUA	4	MO, QLL (18 gm/30), ST
SALAGEN	4	
<i>triamcinolone acetonide nasal inhaled steroids</i>	4	MO, QLL (34 gm/30)
<i>triamcinolone acetonide paste</i>	2	
TYZINE 0.1% NOSE DROPS, -0.1% NOSE SPRAY	3	
TYZINE PEDIATRIC 0.05% DROP	4	
VERAMYST	4	MO, QLL (10 gm/30), ST
ENDOCRINE MEDICATIONS		
<i>acarbose</i>	2	MO
ACTHAR H.P. INJ	6	PAR
ACTONEL 150 MG TABLET	4	MO, QLL (1/30), ST
ACTONEL 30 MG TABLET	4	QLL (30/30), ST
ACTONEL 35 MG TABLET	4	MO, QLL (4/28), ST
ACTONEL 5 MG TABLET	4	MO, QLL (30/30), ST
ACTOPLUS MET	3	MO, QLL (90/30)
ACTOPLUS MET XR 15-1,000 MG TB	3	MO, QLL (60/30)
ACTOPLUS MET XR 30-1,000 MG TB	3	MO, QLL (45/30)
ACTOS 15 MG TABLET	3	MO, QLL (90/30)
ACTOS 30 MG TABLET	3	MO, QLL (45/30)
ACTOS 45 MG TABLET	3	MO, QLL (30/30)
A-HYDROCORT INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
ALDURAZYME INJ	6	LA, PAR
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	2	MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	2	MO, QLL (30/30)
AMARYL	4	MO
<i>a-methapred</i> INJ	5	
APIDRA INJ	4	MO, ST
APIDRA SOLOSTAR INJ	4	MO, ST
ARISTOSPAN INJ	5	
ASMALPRED PLUS	4	
AVANDAMET 2 MG-500 MG TABLET	4	MO, PAR, QLL (120/30)
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	4	MO, PAR, QLL (30/30)
AVANDIA 2 MG TABLET	4	MO, PAR, QLL (120/30)
AVANDIA 4 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	4	MO, PAR, QLL (30/30)
<i>baycadron</i>	1	
BONIVA INJECTION INJ	5	MO, B/D
BONIVA TABLET	4	MO, QLL (1/28), ST
BYDUREON INJ	3	MO, QLL (4/28), ST
BYETTA 10 MCG DOSE PEN INJ INJ	3	MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ INJ	3	MO, QLL (2 ml/30), ST
<i>cabergoline</i>	3	MO
<i>calcitonin-salmon</i>	2	MO, QLL (4/30)

Drug Name	Drug Tier	Requirements/ Limits
CELESTONE	4	
CEREZYME 200 UNITS VIAL INJ	6	LA, PAR
CEREZYME 400 UNITS VIAL INJ	6	MO, PAR
CORTEF	4	MO
<i>cortisone acetate tablet</i>	2	
CYTOMEL	4	MO
DDAVP INJECTION INJ	5	
DDAVP NASAL DROPS/SPRAYS, -TABLET	4	MO
DEPO-MEDROL INJ	5	
<i>desmopressin acetate injection</i> INJ	5	
<i>desmopressin acetate nasal drops/sprays, -solution, -tablet</i>	3	MO
<i>dexamethasone elix, -tablet</i>	1	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate injection</i> INJ	5	
DEXPAK	4	
DIABETA	4	MO
DIDRONEL	4	MO
DUETACT	3	MO, QLL (30/30)
ELAPRASE INJ	6	LA, PAR
<i>etidronate disodium</i>	2	MO
EVISTA	3	MO, QLL (30/30)
FABRAZYME 35 MG VIAL INJ	6	LA, PAR
FABRAZYME 5 MG VIAL INJ	6	PAR
<i>fludrocortisone acetate tablet</i>	2	MO
FORTAMET	4	MO
FORTEO INJ	5	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	2	MO, QLL (4/30)
FOSAMAX 35 MG TABLET, -70 MG TABLET	4	MO, QLL (4/28), ST

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	4	MO, QLL (30/30), ST
FOSAMAX PLUS D	4	MO, QLL (4/28), ST
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide tablet</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide-metformin</i>	2	MO
GLUCAGEN INJ	5	
GLUCAGON EMERGENCY KIT INJ	5	
GLUCOPHAGE	4	MO
GLUCOPHAGE XR	4	MO
GLUCOTROL	4	MO
GLUCOTROL XL	4	MO
GLUCOVANCE	4	MO
GLUMETZA	4	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide tablet</i>	1	MO
<i>glyburide-metformin hcl</i>	2	MO
GLYNASE	4	MO
GLYSET	4	MO
HUMALOG INJ	3	MO
HUMALOG MIX 50-50 INJ	3	MO
HUMALOG MIX 75-25 INJ	3	MO
HUMULIN 70-30 INJ	3	MO
HUMULIN N INJ	3	MO
HUMULIN R INJ	3	MO
<i>hydrocortisone tablet</i>	2	MO
<i>ibandronate sodium</i>	2	MO, QLL (1/28)
INCRELEX INJ	6	LA, PAR
JANUMET	3	MO, QLL (60/30)
JANUMET XR 100-1,000 MG TABLET	3	MO, QLL (30/30)
JANUMET XR 50-500 MG TABLET, -50-1,000 MG TABLET	3	MO, QLL (60/30)
JANUVIA 100 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/Limits
JANUVIA 25 MG TABLET	3	MO, QLL (120/30)
JANUVIA 50 MG TABLET	3	MO, QLL (60/30)
KENALOG-10 INJ	5	
KENALOG-40 INJ	5	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	MO, QLL (60/30)
KOMBIGLYZE XR 5-500 MG TABLET, -5-1,000 MG TAB	3	MO, QLL (30/30)
KUVAN	6	LA, PAR
LANTUS INJ	3	MO
LANTUS SOLOSTAR INJ	3	MO
LEVEMIR INJ	3	MO
<i>levothroid</i>	1	MO
LEVOTHYROXINE 100 MCG VIAL INJ	5	
<i>levothyroxine 500 mcg vial INJ</i>	5	
<i>levothyroxine sodium tablet</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection INJ</i>	6	
<i>liothyronine sodium tablet</i>	1	MO
MEDROL	4	
<i>metformin hcl</i>	1	MO
<i>metformin hcl er 1,000 mg tab</i>	4	MO
<i>metformin hcl er 500 mg tab, -750 mg tablet</i>	2	MO
<i>metformin hcl er 500 mg tablet</i>	4	MO
<i>methimazole tablet</i>	1	MO
<i>methylprednisolone acetate injection INJ</i>	5	
<i>methylprednisolone sod succ INJ</i>	5	
<i>methylprednisolone tab(in convenience package), -tablet</i>	2	
MIACALCIN	4	MO, QLL (4/30)
MILLIPRED	4	
MILLIPRED DP	4	

Drug Name	Drug Tier	Requirements/ Limits
NAGLAZYME INJ	6	LA, PAR
<i>nateglinide</i>	2	MO
NOVOLIN 70-30 INJ	3	MO
NOVOLIN N INJ	3	MO
NOVOLIN R INJ	3	MO
NOVOLOG INJ	3	MO
NOVOLOG MIX 70-30 INJ	3	MO
ONGLYZA 2.5 MG TABLET	3	MO, QLL (60/30)
ONGLYZA 5 MG TABLET	3	MO, QLL (30/30)
ORAPRED	4	
ORAPRED ODT	4	
<i>pamidronate disodium</i> INJ	5	B/D
PEDIAPRED	4	
PRANDIN	4	MO
PRECOSE	4	MO
<i>prednisolone 15 mg/5 ml soln</i>	2	
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone solution, -tab(in convenience package), -tablet</i>	1	
PRELONE	4	
PROGLYCEM	3	MO
PROLIA INJ	5	MO, PAR, QLL (2/365)
<i>propylthiouracil tablet</i>	1	MO
RIOMET	4	MO
SAMSCA 15 MG TABLET	6	PAR, QLL (30/30)
SAMSCA 30 MG TABLET	6	PAR, QLL (60/30)
SENSIPAR 30 MG TABLET	3	MO, QLL (60/30)
SENSIPAR 60 MG TABLET	6	MO, QLL (60/30)
SENSIPAR 90 MG TABLET	6	MO, QLL (120/30)
SKELID	4	MO
SOLU-CORTEF INJ	5	
SOLU-MEDROL INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
SOMAVERT INJ	6	LA, PAR
STARLIX	4	MO
STIMATE	4	MO
SYMLIN INJ	4	MO, PAR
SYMLINPEN 120 INJ	4	MO, PAR
SYMLINPEN 60 INJ	4	MO, PAR
SYNTHROID	3	MO
TAPAZOLE	4	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
<i>tolazamide</i>	2	MO
<i>tolbutamide</i>	2	MO
TRIOSTAT INJ	6	
<i>unithroid</i>	1	MO
<i>veripred 20</i>	2	
VICTOZA 2-PAK INJ	3	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	3	MO, QLL (9 pens/30), ST
XGEVA INJ	6	PAR, QLL (1.7/28)
ZAVESCA	6	LA, PAR
ZOMETA 4 MG/100 ML INJECTION INJ	6	MO
ZOMETA 4 MG/5 ML VIAL INJ	6	
GASTROINTESTINAL MEDICATIONS		
ACTIGALL	4	MO
ANUSOL-HC	4	
APRISO	3	MO
ASACOL	3	MO
ASACOL HD	3	MO
AXID	4	MO
AZULFIDINE	4	MO
<i>balsalazide disodium</i>	3	
<i>budesonide ec</i>	2	
CANASA	3	MO
CANTIL	4	
CARAFATE	4	MO
<i>cimetidine injection</i> INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
COLAZAL	4	
COLOCORT	4	
COLYTE WITH FLAVOR PACKETS	4	
COLYTE WITH FLAVOR PACKS	4	
CORTENEMA	4	
CORTIFOAM	4	
CREON DR 3,000 UNITS CAPSULE	3	MO
CREON DR 6,000 UNITS CAPSULE, -DR 12,000 UNITS CAPSULE, -DR 24,000 UNITS CAPSULE	3	MO
CYTOTEC	4	MO
DEXILANT	4	MO, QLL (30/30), ST
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	3	
DIPENTUM	4	MO
ENTOCORT EC	6	
<i>famotidine injection INJ</i>	5	
<i>famotidine oral susp, -20 mg tablet, -40 mg tablet</i>	2	MO
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	MO
<i>glycopyrrolate injection INJ</i>	5	
<i>glycopyrrolate tablet</i>	2	
GOLYTELY	4	
HALFLYTELY-BISACODYL	3	
HELIDAC	4	
<i>hm famotidine 20 mg tablet</i>	2	MO
<i>hm loperamide 2 mg softgel</i>	2	MO
<i>hydrocortisone rectal</i>	2	
<i>lansoprazole capsule sustained action</i>	3	MO, QLL (30/30)
LIALDA	3	MO
<i>loperamide 2 mg capsule</i>	2	MO
LOTRONEX	3	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine kit</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>methscopolamine bromide tablet</i>	2	
<i>metoclopramide hcl injection INJ</i>	5	
<i>metoclopramide hcl syrup, -tablet</i>	1	
<i>misoprostol</i>	2	MO
MOTOFEN	4	
MOVIPREP	4	
NEXIUM	3	MO, QLL (30/30)
NEXIUM I.V. INJ	5	
<i>nizatidine capsule</i>	2	MO
NULYTELY WITH FLAVOR PACKS	4	
<i>omeprazole capsule sustained action</i>	2	MO, QLL (30/30)
OSMOPREP	4	
PAMINE	4	
PAMINE FORTE	4	
<i>pantoprazole sodium</i>	2	MO, QLL (30/30)
<i>paregoric</i>	2	
<i>peg 3350-electrolyte</i>	2	
<i>peg-3350 and electrolytes</i>	2	
<i>peg-3350 with flavor packs</i>	2	
PENTASA	3	MO
PEPCID	4	MO
<i>polyethylene glycol 3350</i>	2	
PREVACID	4	MO, QLL (30/30), ST
PRILOSEC	4	MO
PROCTOCORT	4	
PROCTOCREAM-HC	4	
<i>procto-pak</i>	2	
<i>proctosol-hc</i>	2	
<i>proctozone-hc</i>	2	
<i>propantheline bromide tablet</i>	2	
PROTONIX IV INJ	5	
<i>ranitidine hcl injection INJ</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hcl syrup, -150 mg tablet, -300 mg tablet</i>	2	MO
REGLAN	4	
RELISTOR INJ	5	PAR
ROBINUL FORTE	4	
ROBINUL INJECTION INJ	5	
ROBINUL TABLET	4	
SUCRAID	6	MO
<i>sucralfate oral susp, -tablet</i>	2	MO
<i>sulfasalazine dr</i>	2	MO
<i>sulfasalazine tablet</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	2	MO
SUPREP	4	
<i>trilyte with flavor packets</i>	2	
URSO	4	MO
URSO FORTE	4	MO
<i>ursodiol capsule, -tablet</i>	2	MO
VISICOL	4	
ZANTAC	4	MO
ZANTAC 25	4	MO
ZENPEP	4	MO
IMMUNOLOGICALS AND VACCINES		
ACTEMRA INJ	6	MO, PAR
ACTHIB INJ	3	
ACTIMMUNE INJ	6	LA, PAR
ADACEL SYRINGE INJ	3	
ADACEL VIAL INJ	3	
ARANESP 100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
ARANESP 25 MCG/0.42 ML SYRING, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL INJ	5	MO, PAR
ARCALYST INJ	6	LA, PAR
AVONEX INJ	6	MO, PAR
AVONEX ADMINISTRATION PACK INJ	6	MO, PAR
AVONEX PEN INJ	6	MO, PAR
BETASERON INJ	6	MO, PAR
BOOSTRIX INJ	3	
CARIMUNE NF NANOFILTERED INJ	6	PAR
CERVARIX INJ	3	
CINRYZE INJ	6	MO, PAR
COMVAX INJ	3	
DAPTACEL INJ	3	
DECAVAC INJ	3	
DIPHThERIA-TETANUS TOXOID INJ	3	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE INJ	3	
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	3	
ENGERIX-B 20 MCG/ML VIAL INJ	3	
EPOGEN INJ	5	MO, PAR
EXTAVIA INJ	6	MO, PAR
FIRAZYR INJ	6	PAR
GAMMAGARD LIQUID INJ	6	PAR
GAMMAPLEX INJ	6	PAR
GAMUNEX INJ	6	PAR
GAMUNEX-C INJ	6	PAR
GARDASIL SYRINGE INJ	3	
GARDASIL VIAL INJ	3	

Drug Name	Drug Tier	Requirements/ Limits
HAVRIX 720 UNIT/0.5 ML SYRINGE, -1,440 UNITS/ML VIAL INJ	3	
HAVRIX 720 UNITS/0.5 ML VIAL, -1,440 UNITS/ML SYRINGE INJ	3	
HIBERIX INJ	3	
HIZENTRA INJ	6	MO, PAR
ILARIS INJ	6	LA, PAR
IMOVAX RABIES VACCINE INJ	3	
INFANRIX VACCINE SYRINGE INJ	3	
INFANRIX VACCINE VIAL INJ	3	
INFERGEN INJ	6	PAR
INTRON A 10 MILLION UNITS VIAL INJ	5	PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN INJ	5	MO, PAR
INTRON A 5 MILLION UNIT/ML PEN INJ	6	MO, PAR
INTRON A 6 MILLION UNIT/ML VL, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	6	PAR
IPOL SINGLE DOSE SYRINGE INJ	3	
IPOL VIAL INJ	3	
IXIARO INJ	3	
JE-VAX INJ	3	
KINERET INJ	6	MO, PAR, QLL (28/28)
KINRIX INJ	3	
LEUKINE INJ	6	PAR
MENACTRA 4 MCG/0.5 ML SYRINGE INJ	3	
MENACTRA VIAL INJ	3	
MENOMUNE-A-C-Y-W-135 INJ	3	
MENVEO A-C-Y-W-135-DIP	3	

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II VACCINE INJ	3	
NEULASTA INJ	6	PAR, QLL (2 syringes/28)
NEUMEGA INJ	6	PAR, QLL (21 vials/21)
NEUPOGEN INJ	6	PAR
PEDIARIX INJ	3	
PEDVAXHIB INJ	3	
PEGASYS INJ	6	PAR
PEGASYS PROCLICK INJ	6	PAR
PEGINTRON INJ	6	PAR
PEGINTRON REDIPEN INJ	6	PAR
PRIVIGEN INJ	6	PAR
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL INJ	5	MO, PAR
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	6	MO, PAR
PROLEUKIN INJ	6	
PROMACTA	6	LA, PAR
PROQUAD INJ	3	
RABAVERT INJ	3	
REBIF INJ	6	MO, PAR
RECOMBIVAX HB 10 MCG/ML SYR, -5 MCG/0.5 ML VL INJ	3	
RECOMBIVAX HB 10 MCG/ML VIAL, -40 MCG/ML VIAL INJ	3	
ROTATEQ	3	
SYLATRON INJ	6	MO, PAR
SYLATRON 4-PACK INJ	6	MO, PAR
TENIVAC INJ	3	
TETANUS DIPHTHERIA TOXOIDS INJ	3	
<i>tetanus toxoid adsorbed</i> INJ	3	
TETANUS-DIPHTHERIA-DECAVAC INJ	3	
TEV-TROPIN INJ	5	MO, PAR
THYMOGLOBULIN INJ	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
TRIHIBIT INJ	3	
TRIPEDIA INJ	3	
TWINRIX VACCINE SYRINGE INJ	3	
TWINRIX VACCINE VIAL INJ	3	
TYPHIM VI 25 MCG/0.5 ML SYRNG INJ	3	
TYPHIM VI 25 MCG/0.5 ML VIAL INJ	3	
VAQTA 25 UNITS/0.5 ML VIAL INJ	3	
VAQTA 50 UNITS/ML SYRINGE, -50 UNITS/ML VIAL INJ	3	
VARIVAX VACCINE INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	
MEDICAL (MISCELLANEOUS) SUPPLIES		
AIMSCO INS SYR 1 ML 29GX1/2, -AIMSCO SYRING 0.3 ML 31GX5/16, -BD INSULIN SYR 0.3ML 31GX5/16, -BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 1 ML 29GX1/2, -BD INSULIN SYR 1 ML 31GX5/16, -FIFTY50 INS SYR 1 ML 31GX5/16, -FIFTY50 INSULIN SYRINGE 0.3 ML, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 29GX1/2, -INS SYR 1 ML 31GX5/16, -INS SYRIN 1 ML 29GX1/2, -INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 30GX1/2, -1 ML SYRINGE, -SYR 1 ML 29GX1/2, -SYR 1 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML	3	MO, QLL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
30GX5/16, -SYRIN 1 ML 29GX1/2, -0.5 ML, -1 ML, -1 ML 29GX1/2, -1 ML 31GX5/16, -KINRAY INS SYR 1 ML 31GX5/16, -KINRAY SYRING 0.3 ML 31GX5/16, -PREF PLUS SYRING 1 ML 29GX1/2, -RELI-ON INSULIN 1 ML SYR, -RELION INS SYR 1 ML 29GX1/2, -RELION INS SYR 1 ML 31GX5/16, -RELION SYRING 0.3 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.3 ML, -SYRING 0.3 ML 31GX5/16, -SYRINGE 1/2 ML, -U100 INS SYR 1 ML 29GX1/2, -ULTCARE INS SYR 1 ML 31GX5/16, -ULTICARE INS SYR 1 ML 29GX1/2, -ULTICARE SYR 0.3 ML 31GX5/16, -VH INS SYR 1 ML 29GX1/2, -WD MEDIC SYR 1 ML 29GX1/2		
<i>alcohol swabs</i>	1	
INSULIN SYRINGE 0.5 ML, -INSULIN SYRINGE 1 ML	3	MO, QLL (200/30)
PEN NEEDLE	3	MO, QLL (200/30)
MUSCULOSKELETAL MEDICATIONS		
<i>allopurinol sodium</i> INJ	5	
<i>allopurinol</i> tablet	1	MO
ALOPRIM INJ	5	
ANAPROX	4	MO
ANAPROX DS	4	MO
ARTHROTEC 50	4	MO
ARTHROTEC 75	4	MO
<i>baclofen</i> tablet	2	MO
CATAFLAM	4	
CELEBREX	4	MO, PAR, QLL (60/30)
CLINORIL	4	MO
COLCRYS	4	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
CUPRIMINE	4	MO
<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>	3	
DANTRIMUM	4	MO
<i>dantrolene sodium capsule</i>	3	MO
DAYPRO	4	MO
DEPEN	4	MO
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium e.c. tab, -tablet sustained action</i>	2	MO
<i>diflunisal tablet</i>	2	MO
DYSPORT INJ	5	PAR
EC-NAPROSYN	4	MO
<i>etodolac capsule, -tablet, -tablet sustained action</i>	2	MO
FELDENE	4	MO
<i>fenoprofen calcium tablet</i>	2	MO
<i>flurbiprofen tablet</i>	2	MO
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>	1	MO
INDOCIN	4	
<i>indomethacin capsule, -capsule sustained action</i>	2	
<i>ketoprofen capsule, -capsule sustained action</i>	2	MO
<i>meclofenamate sodium capsule</i>	2	MO
<i>mefenamic acid capsule</i>	2	
<i>meloxicam oral susp</i>	2	MO, QLL (300/30)
<i>meloxicam tablet</i>	2	MO, QLL (30/30)
<i>metaxalone</i>	3	
MOBIC ORAL SUSP	4	MO, QLL (300/30)
MOBIC TABLET	4	MO, QLL (30/30)
<i>nabumetone</i>	2	MO
NAPROSYN	4	MO
<i>naproxen e.c. tab, -oral susp, -tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam capsule</i>	2	MO
PONSTEL	4	
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	
RIDAURA	4	MO
RILUTEK	6	MO
<i>sulindac tablet</i>	2	MO
SYPRINE	3	
<i>tizanidine hcl capsule</i>	4	MO
<i>tizanidine hcl tablet</i>	2	MO
<i>tolmetin sodium</i>	2	MO
ULORIC	3	MO, ST
VOLTAREN GEL	3	MO, QLL (1000/30)
VOLTAREN-XR	4	MO
ZANAFLEX	4	MO
ZYLOPRIM	4	MO
NUTRITION,BLOOD MODIFIERS,ELECTROLYTES		
AGGRENOX	3	MO, QLL (60/30)
<i>amino acids INJ</i>	5	
AMINOSYN INJ	5	
AMINOSYN II INJ	5	
AMINOSYN II 5% IN 25% DEXTROSE INJ	5	
AMINOSYN M INJ	5	
AMINOSYN WITH ELECTROLYTES INJ	5	
AMINOSYN-HBC INJ	5	
AMINOSYN-HF INJ	5	
AMINOSYN-PF INJ	5	
AMINOSYN-RF INJ	5	
AMMONIUM CHLORIDE INJECTION INJ	5	
CALCIJEX INJ	5	B/D
<i>calcitriol capsule, -solution</i>	2	MO, B/D
<i>calcitriol injection INJ</i>	5	B/D
<i>calcium acetate capsule</i>	2	MO
CARNITOR INJECTION INJ	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR SF	4	MO, B/D
CARNITOR SOLUTION, - TABLET	4	MO, B/D
CAVIRINSE	4	MO
<i>cilostazol</i>	2	MO
CLINIMIX INJ	5	
CLINIMIX E INJ	5	
CLINISOL INJ	5	
<i>clopidogrel 300 mg tablet</i>	3	
<i>clopidogrel 75 mg tablet</i>	2	MO, QLL (30/30)
<i>constulose</i>	2	MO
CONTROL RX	4	MO
COUMADIN INJECTION INJ	5	
COUMADIN TABLET	4	MO
CYSTAGON	3	LA
<i>cytra-2</i>	2	
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>dextrose 10%-1/4ns</i> INJ	5	
<i>dextrose 5%-1/2ns-kcl</i> INJ	5	
<i>dextrose 5%-1/3ns-kcl</i> INJ	5	
<i>dextrose 5%-1/4ns-kcl</i> INJ	5	
<i>dextrose 5%-electrolyte #48</i> INJ	5	
<i>dextrose 5%-ns-kcl</i> INJ	5	
<i>dextrose 5%-potassium chloride</i> INJ	5	
<i>dextrose in lactated ringers</i> INJ	5	
<i>dextrose in ringers injection</i> INJ	5	
<i>dextrose in water</i> INJ	5	
<i>dextrose with sodium chloride</i> INJ	5	
EFFER-K 10 MEQ TABLET EFF, -20 MEQ TABLET EFF	4	MO
<i>effer-k 25 meq tablet eff</i>	1	MO
EFFIENT	4	MO, QLL (30/30)
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> INJ	6	

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr, -300 mg/3 ml vial</i> INJ	5	
<i>enulose</i>	2	MO
<i>epiflur</i>	2	MO
FLUORABON	4	MO
<i>fluor-a-day chew tab</i>	2	MO
FLUOR-A-DAY ORAL DROPS	4	MO
<i>fluoridex daily defense</i>	2	MO
FLUORIDEX SENSITIVITY RELIEF	4	MO
<i>fluoritab chew tab</i>	2	MO
FLUORITAB ORAL DROPS	4	MO
FLURA-DROPS	4	MO
<i>fondaparinux 2.5 mg/0.5 ml syr</i> INJ	5	
<i>fondaparinux 5 mg/0.4 ml syr, -7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> INJ	6	
FOSRENOL	6	MO, ST
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE INJ	5	ST
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	6	ST
FREAMINE HBC INJ	5	
FREAMINE III INJ	5	
FREAMINE III WITH ELECTROLYTES INJ	5	
HECTOROL INJECTION INJ	5	MO, B/D
<i>heparin sodium in 0.45% nacl</i> INJ	5	B/D
<i>heparin sodium in 5% dextrose</i> INJ	5	B/D
<i>heparin sodium injection</i> INJ	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium-ns</i> INJ	5	B/D
HEPATAMINE INJ	5	
HEPATASOL INJ	5	
HYPERLYTE CR INJ	5	
INTRALIPID INJ	5	
IONOSOL B WITH DEXTROSE 5% INJ	5	
IONOSOL MB-DEXTROSE 5% INJ	5	
ISOLYTE H WITH DEXTROSE INJ	5	
ISOLYTE M WITH DEXTROSE INJ	5	
ISOLYTE P WITH DEXTROSE INJ	5	
ISOLYTE S INJ	5	
ISOLYTE S WITH DEXTROSE INJ	5	
<i>jantoven</i>	1	MO
<i>k effervescent</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
KLOR-CON 25 MEQ PACKET	4	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con-ef</i>	1	MO
K-PHOS NEUTRAL	4	
KRISTALOSE	4	MO
K-TAB	4	MO
<i>lactated ringers injection</i> INJ	5	
<i>lactated ringers solution</i>	5	B/D
<i>lactulose</i>	2	MO
<i>levocarnitine injection</i> INJ	5	B/D
<i>levocarnitine solution, -tablet</i>	2	MO, B/D
LIPOSYN II INJ	5	
<i>liposyn iii</i> INJ	5	
<i>lozi-flur</i>	2	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate injection</i> INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE-D5W INJ	5	
MICRO-K	4	MO
NEPHRAMINE INJ	5	
<i>neutragard advanced</i>	2	MO
NORMOSOL-M AND DEXTROSE INJ	5	
NORMOSOL-R INJ	5	
NORMOSOL-R AND DEXTROSE INJ	5	
NORMOSOL-R PH 7.4 INJ	5	
<i>nutrilyte</i> INJ	5	
<i>nutrilyte ii</i> INJ	5	
ORACIT	4	
PHOS-FLUR	4	MO
PHOSLO	4	MO, ST
<i>phospha 250 neutral</i>	2	
PHYSIOLYTE	5	B/D
PHYSIOSOL	5	B/D
PLASMA-LYTE 148 INJ	5	
PLASMA-LYTE 56 IN DEXTROSE INJ	5	
PLASMA-LYTE A PH 7.4 INJ	5	
PLAVIX 300 MG TABLET	4	
PLAVIX 75 MG TABLET	4	MO, QLL (30/30)
PLETAL	4	MO
<i>potassium bicarbonate unique tablet formulation</i>	1	MO
<i>potassium chl-normal saline</i> INJ	5	
<i>potassium chloride capsule sustained action, -cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -cl 20% (40 meq/15 ml, -tablet sustained action, -unique tablet formulation</i>	1	MO
<i>potassium chloride in d5lr</i> INJ	5	
<i>potassium chloride injection</i> INJ	5	
<i>potassium chloride-nacl</i> INJ	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol</i>	5	
PRADAXA	4	MO, PAR, QLL (60/30)
PREMASOL INJ	5	
PREVIDENT	4	MO
PREVIDENT 5000	4	MO
PREVIDENT 5000 ENAMEL PROTECT	4	MO
PREVIDENT 5000 PLUS	4	MO
PREVIDENT 5000 SENSITIVE	4	MO
PROCALAMINE INJ	5	
PROSOL INJ	5	
RENAGEL	4	MO, ST
REVELA	3	MO
<i>ringers injection</i> INJ	5	
<i>ringers irrigation</i>	5	B/D
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -4 meq/ml vl, -5% iv soln</i> INJ	5	
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium bicarbonate injection</i> INJ	5	
<i>sodium chloride solution</i>	5	
<i>sodium citrate & citric acid</i>	2	
<i>sodium fluoride chew tab, -dental/mucous membrn products, -oral drops</i>	2	MO
<i>sodium lactate injection</i> INJ	5	
<i>tis-u-sol</i>	5	B/D
TPN ELECTROLYTES INJ	5	
TPN ELECTROLYTES II INJ	5	
TRAVASOL INJ	5	
TROPHAMINE INJ	5	
<i>warfarin sodium tablet</i>	1	MO
ZEMPLAR	4	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
ACTIVELLA	4	MO
ANADROL-50	6	PAR
ANDRODERM 2 MG/24HR PATCH, -4 MG/24HR PATCH	4	MO, PAR, QLL (30/30)
ANDROGEL 1% GEL PUMP	3	MO, PAR, QLL (150/30)
ANDROGEL 1%(2.5G) GEL PACKET	3	MO, PAR, QLL (300/30)
ANDROGEL 1%(5G) GEL PACKET	3	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP	3	MO, PAR, QLL (150/30)
ANDROXY	4	MO, PAR
<i>apri</i>	3	MO
<i>aranelle</i>	3	MO
<i>aviane</i>	3	MO
AYGESTIN	4	MO
<i>balziva</i>	3	MO
BREVICON	4	MO
<i>briellyn</i>	3	MO
<i>camila</i>	3	MO
CLEOCIN	4	
CLIMARA	4	MO, QLL (4/28)
CLIMARA PRO	4	MO, QLL (4/28)
<i>clindamycin phosphate vaginal products</i>	2	
CRINONE	4	
<i>cryselle</i>	3	MO
<i>cyclafem</i>	3	MO
CYCLESSA	4	MO
<i>danazol capsule</i>	3	
DELESTROGEN INJ	5	
DEPO-TESTOSTERONE INJ	5	
DESOGEN	4	MO
<i>emoquette</i>	3	MO
<i>enpresse</i>	3	MO
<i>errin</i>	3	MO
ESTRACE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol adh. patch</i>	1	MO, QLL (4/28)
<i>estradiol tablet</i>	1	MO
<i>estradiol valerate injection</i> INJ	5	
<i>estradiol-noreth 0.5-0.1 mg tb</i>	4	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	3	MO
ESTRING	4	MO, QLL (1/90)
ESTROSTEP FE	4	MO
FEMCON FE	4	MO
FEMHRT	4	MO
FEMRING	4	MO, QLL (1/90)
FEMTRACE	4	MO, ST
<i>gianvi</i>	4	MO
<i>heather</i>	3	MO
<i>introvale</i>	3	MO
<i>jevantique</i>	4	MO
<i>jinteli</i>	4	MO
<i>jolivette</i>	3	MO
<i>junel</i>	3	MO
<i>junel fe</i>	3	MO
<i>kariva</i>	3	MO
<i>kelnor 1-35</i>	3	MO
<i>leena</i>	3	MO
<i>lessina</i>	3	MO
<i>leuprolide acetate injection</i> INJ	5	PAR
<i>levora-28</i>	3	MO
LOESTRIN 24 FE	4	MO
LO-OVRAL-28	4	MO
<i>low-ogestrel</i>	3	MO
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT INJ	5	PAR
<i>luteru</i>	3	MO
MAKENA INJ	6	PAR
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate</i> <i>injection</i> INJ	5	MO
<i>medroxyprogesterone acetate</i> <i>tablet</i>	2	MO
MENEST	4	MO

Drug Name	Drug Tier	Requirements/ Limits
METHERGINE	4	
<i>methylergonovine maleate</i> <i>injection</i> INJ	5	
<i>methylergonovine maleate</i> <i>tablet</i>	4	
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i> <i>products</i>	2	
<i>microgestin</i>	3	MO
<i>microgestin fe</i>	3	MO
MICRONOR	4	MO
<i>mimvey</i>	3	MO
MODICON	4	MO
<i>mononessa</i>	3	MO
<i>necon</i>	3	MO
<i>nora-be</i>	3	MO
NORDETTE-28	4	MO
<i>norethindrone</i>	3	MO
<i>norethindrone acetate tablet</i>	2	MO
NORINYL 1+35	4	MO
NOR-Q-D	4	MO
<i>nortrel</i>	3	MO
NUVARING	4	MO
<i>ocella</i>	3	MO
<i>ogestrel</i>	3	MO
<i>orsythia</i>	3	MO
ORTHO EVRA	4	MO
ORTHO TRI-CYCLEN	4	MO
ORTHO-CEPT	4	MO
ORTHO-CYCLEN	4	MO
ORTHO-NOVUM	4	MO
OVCON-35	4	MO
OVCON-50	4	MO
OXANDRIN 10 MG TABLET	6	MO, PAR
<i>oxandrolone 10 mg tablet</i>	6	MO, PAR
<i>oxandrolone 2.5 mg tablet</i>	3	MO, PAR
<i>portia</i>	3	MO
PREFEST	4	MO
PREMARIN INJECTION INJ	5	
PREMARIN TABLET	4	MO, ST
PREMARIN VAGINAL PRODUCTS	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>previfem</i>	3	MO
<i>progesterone</i>	4	MO, ST
PROMETRIUM	4	MO, ST
PROVERA	4	MO
<i>quasense</i>	3	MO
<i>reclipsen</i>	3	MO
SEASONALE	4	MO
<i>sprintec</i>	3	MO
<i>sronyx</i>	3	MO
SYNAREL	6	PAR
TESTIM	3	MO, PAR, QLL (300/30)
<i>testosterone cypionate injection INJ</i>	5	
<i>testosterone enanthate injection INJ</i>	5	
<i>tri-legest fe</i>	3	MO
<i>trinessa</i>	3	MO
TRI-NORINYL	4	MO
<i>tri-previfem</i>	3	MO
<i>tri-sprintec</i>	3	MO
<i>trivora-28</i>	3	MO
VAGIFEM	4	MO
<i>vandazole</i>	2	
<i>velivet</i>	3	MO
<i>vestura</i>	4	MO
YASMIN 28	4	MO
YAZ	4	MO
<i>zeosa</i>	4	MO
<i>zovia 1-35e</i>	3	MO
<i>zovia 1-50e</i>	3	MO
OPHTHALMIC MEDICATIONS		
<i>acetazolamide capsule sustained action, -tablet</i>	1	MO
<i>acetazolamide sodium INJ</i>	5	
ACULAR	4	
ACULAR LS	4	
<i>ak-con</i>	2	
<i>ak-poly-bac</i>	2	
ALCAINE	4	
ALOCRIAL	4	
ALOMIDE	4	
ALPHAGAN P 0.1% DROPS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ALPHAGAN P 0.15% EYE DROPS	4	MO
ALREX	4	
<i>altafrin</i>	2	
<i>apraclonidine hcl</i>	2	
<i>atropine care</i>	2	MO
<i>atropine sulfate oint, -ophth drops</i>	2	MO
AZASITE	4	
<i>azelastine hcl ophth drops</i>	2	
AZOPT	4	MO
<i>bacitracin 500 unit/gm ointmnt</i>	2	
<i>bacitracin-polymyxin eye oint</i>	2	
BESIVANCE	4	
BETAGAN	4	MO
<i>betaxolol hcl ophth drops</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
BLEPH-10	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>brimonidine tartrate</i>	2	MO
<i>carteolol hcl</i>	2	MO
CILOXAN	4	
<i>ciprofloxacin hcl ophth drops</i>	2	
COMBIGAN	3	MO
COSOPT	4	MO
COSOPT PF	4	MO
<i>cromolyn sodium ophth drops</i>	2	
<i>dexamethasone sodium phosphate ophth drops</i>	2	
DIAMOX SEQUELS	4	MO
<i>diclofenac sodium ophth drops</i>	2	
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	
ELESTAT	4	
EMADINE	4	
<i>epinastine hcl</i>	2	
<i>erythromycin oint</i>	2	
FLAREX	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone ophth drops</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
FML S.O.P.	4	
GARAMYCIN OINT	4	
<i>garamycin ophth drops</i>	2	
<i>gentak</i>	2	
<i>gentamicin 3 mg/gm eye oint, -ophth drops</i>	2	
<i>homatropaire</i>	2	MO
<i>homatropine</i>	2	MO
ILOTYCIN	4	
IOPIDINE	4	
ISOPTO ATROPINE	4	MO
ISOPTO CARPINE	4	MO
ISTALOL	4	MO
<i>ketorolac tromethamine ophth drops</i>	2	
LACRISERT	3	
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
<i>levofloxacin ophth drops</i>	2	
LOTEMAX	4	
LUMIGAN	3	MO
MAXIDEX	4	
MAXITROL	4	
<i>methazolamide tablet</i>	2	MO
<i>metipranolol</i>	2	MO
MOXEZA	3	
MYDFRIN	4	
<i>mydral</i>	2	MO
MYDRIACYL	4	MO
NATACYN	3	
<i>neofrin</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc ophth drops</i>	2	
<i>neo-polycin</i>	2	
NEOSPORIN	4	
NEVANAC	3	
OCUFEN	4	
OCUFLOX	4	
<i>ofloxacin ophth drops</i>	2	
OMNIPRED	4	
OPTIPRANOLOL	4	MO
OPTIVAR	4	
<i>parcaine</i>	2	
PATADAY	3	
PATANOL	3	
<i>phenylephrine hcl ophth drops</i>	2	
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophth drops</i>	2	MO
PILOPINE HS	4	MO
<i>polycin-b</i>	2	
<i>poly-dex</i>	2	
<i>polymyxin b sul-trimethoprim</i>	2	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	4	
PRED-G	4	
<i>prednisolone acetate ophth drops</i>	2	
<i>prednisolone sodium phosphate ophth drops</i>	2	
<i>proparacaine hcl ophth drops</i>	2	
RESTASIS	3	MO
<i>romycin</i>	2	
<i>sulfacetamide sodium oint, -ophth drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
<i>sulfamide</i>	2	
<i>timolol maleate ophth drops</i>	2	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OINT	3	
TOBRADEX OPHTH DROPS	4	

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST	3	
<i>tobramycin sulfate ophth drops</i>	2	
<i>tobramycin-dexamethasone</i>	2	
TOBREX	4	
TRAVATAN Z	3	MO
<i>trifluridine ophth drops</i>	3	
<i>tropicamide ophth drops</i>	2	MO
TRUSOPT	4	MO
VEXOL	4	
VIGAMOX	3	
VIROPTIC	4	
VOLTAREN OPHTH DROPS	4	
ZIRGAN	4	
ZYLET	4	
RESPIRATORY MEDICATIONS		
ACCOLATE	4	MO, QLL (60/30)
ACCUNEB	4	MO, B/D, QLL (360/30)
<i>acetylcysteine nebs</i>	2	B/D
ADRENALIN CHLORIDE INJECTION INJ	5	
ADRENALIN CHLORIDE NEBS	4	
ADVAIR DISKUS	3	MO, QLL (60 doses/30)
ADVAIR HFA	3	MO, QLL (12 gm/30)
<i>albuterol 2.5 mg/0.5 ml sol, -5 mg/ml solution</i>	2	MO, B/D, QLL (60/30)
<i>albuterol sul 0.63 mg/3 ml sol, -sul 1.25 mg/3 ml sol, -0.083% inhal soln</i>	2	MO, B/D, QLL (360/30)
<i>albuterol sulfate syrup, -tablet, -tablet sustained action</i>	2	MO
<i>aminophylline injection</i> INJ	5	
<i>aminophylline tablet</i>	2	MO
ARALAST NP INJ	5	LA
<i>arbinoxa</i>	2	
ATROVENT HFA	4	MO, QLL (39 gm/30)

Drug Name	Drug Tier	Requirements/ Limits
BROVANA	4	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	2	
<i>cetirizine hcl syrup</i>	2	MO, QLL (300/30)
<i>clemaprine fumarate syrup, -fum 2.68 mg tab</i>	2	
COMBIVENT	4	MO, QLL (45 gm/30)
<i>cromolyn sodium nebs</i>	2	MO, B/D, QLL (240/30)
<i>cromolyn sodium solution</i>	3	
<i>dexchlorpheniramine maleate</i>	2	
<i>diphenhydramine hcl injection</i> INJ	5	
DULERA	3	MO, QLL (13 gm/30)
DUONEB	4	MO, B/D, QLL (540/30)
ELIXOPHYLLIN	3	MO
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i> INJ	5	
EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT INJ	5	QLL (2/1)
EPIPEN INJ	5	QLL (2 pens/1)
EPIPEN JR INJ	5	QLL (2 pens/1)
FLOVENT 100 MCG DISKUS	3	MO, QLL (60 doses/30)
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	3	MO, QLL (240 doses/30)
FLOVENT HFA 110 MCG INHALER	3	MO, QLL (12 gm/30)
FLOVENT HFA 220 MCG INHALER	3	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER	3	MO, QLL (11 gm/30)
FORADIL	3	MO, QLL (60/30)
GASTROCROM	3	

Drug Name	Drug Tier	Requirements/ Limits
GLASSIA INJ	6	LA
<i>ipratropium bromide nebs</i>	2	MO, B/D
<i>ipratropium-albuterol</i>	2	MO, B/D, QLL (540/30)
KALYDECO	6	MO, PAR, QLL (60/30)
<i>levalbuterol concentrate</i>	3	MO, B/D, QLL (45/30)
<i>levocetirizine dihydrochloride tablet</i>	2	MO, QLL (30/30)
LUFYLLIN	4	MO
MAXAIR AUTOHALER	4	MO, QLL (28/30)
<i>metaproterenol sulfate syrup, -tablet</i>	2	MO
<i>palgic</i>	2	
PERFOROMIST	4	MO, B/D, QLL (120/30)
PROAIR HFA	3	MO, QLL (27 gm/30)
PROLASTIN C INJ	6	LA
PROVENTIL HFA	3	MO, QLL (21 gm/30)
PULMOZYME	6	MO, B/D
QVAR	3	MO, QLL (27/30)
SEREVENT DISKUS	3	MO, QLL (60 doses/30)
SINGULAIR	4	MO, QLL (30/30)
<i>sodium chloride 0.9% inhal vl</i>	2	B/D
SPIRIVA	3	MO, QLL (30 capsules/30)
SYMBICORT	3	MO, QLL (11/30)
<i>terbutaline sulfate injection INJ</i>	5	
<i>terbutaline sulfate tablet</i>	1	MO
THEO-24	4	MO
<i>theochron</i>	2	MO
<i>theophylline</i>	2	MO
<i>theophylline anhydrous tablet sustained action</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
TWINJECT INJ	5	QLL (2 pens/1)
VENTOLIN HFA	4	MO, QLL (54 gm/30), ST
VOSPIRE ER	4	MO
XOLAIR INJ	6	LA, PAR, QLL (6 vials/28)
XOPENEX	4	MO, B/D, QLL (270/30)
XOPENEX CONCENTRATE	4	MO, B/D, QLL (45/30)
XOPENEX HFA	4	MO, QLL (45 gm/30), ST
<i>zafirlukast</i>	3	MO, QLL (60/30)
ZEMAIRA INJ	5	LA
ZYFLO	4	MO, QLL (120/30)
ZYFLO CR	4	MO, QLL (120/30)
UROLOGICAL MEDICATIONS		
<i>acetic acid 0.25% irrig soln</i>	2	
<i>alfuzosin hcl</i>	2	MO
AVODART	3	MO
<i>bethanechol chloride tablet</i>	3	
CIALIS	4	MO, PAR, QLL (30/30)
CYSTADANE	3	
<i>cytra-3</i>	2	
<i>cytra-k</i>	2	
DETROL 1 MG TABLET	4	MO, QLL (30/30), ST
DETROL 2 MG TABLET	4	MO, QLL (60/30), ST
DETROL LA	3	MO, QLL (30/30)
DITROPAN XL 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30), ST
DITROPAN XL 5 MG TABLET	4	MO, QLL (30/30), ST
ELMIRON	4	

Drug Name	Drug Tier	Requirements/ Limits
ENABLEX	4	MO, QLL (30/30), ST
<i>finasteride tablet</i>	2	MO
<i>flavoxate hcl</i>	2	MO
FLOMAX	4	MO
GELNIQUE GEL	3	MO, QLL (100/30), ST
GELNIQUE PACKET	3	MO, QLL (30/30), ST
<i>glycine solution</i>	2	
JALYN	3	MO
K-PHOS M.F.	4	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
<i>neomycin-polymyxin b INJ</i>	5	
NEOSPORIN G.U. IRRIGANT INJ	5	
<i>oxybutynin chloride syrup</i>	2	MO
<i>oxybutynin chloride tablet</i>	2	MO, QLL (120/30)
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	2	MO, QLL (60/30)
<i>oxybutynin cl er 5 mg tablet</i>	2	MO, QLL (30/30)
OXYTROL	4	MO, QLL (8/30), ST
<i>potassium citrate TABLET SUSTAINED ACTION</i>	2	MO
<i>potassium citrate-citric acid</i>	2	
PROSCAR	4	MO, ST
RAPAFLO	4	MO
RENACIDIN	4	
SANCTURA	4	MO, QLL (60/30), ST
SANCTURA XR	4	MO, QLL (30/30), ST
<i>tamsulosin hcl</i>	2	MO
TOVIAZ	3	MO, QLL (30/30)
<i>tricitrates</i>	2	
<i>trospium chloride</i>	4	MO, QLL (60/30)
UROXATRAL	4	MO

Drug Name	Drug Tier	Requirements/ Limits
VESICARE	4	MO, QLL (30/30), ST

Index

Legend

Generic drugs are shown in lower-case italics (e.g. *enalapril*)
Brand name drugs are shown in capital letters (e.g. LEXAPRO)

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