

**Medco Medicare Prescription Plan® (PDP)
2012 Formulary
(List of Covered Drugs)**

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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

A Medicare-approved Part D sponsor

This information is available for free in other languages. Please contact our Customer Service numbers at **1-800-758-4574** (TTY/TDD users only: **1-800-716-3231**) for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Por favor comuníquese a los números de Servicio al cliente al **1-800-758-4574** (sólo los usuarios de TTY/TDD: **1-800-716-3231**) para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please call the Customer Service numbers listed above if you need plan information in another format.

What is the *Medco Medicare Prescription Plan (PDP) Formulary?*

A formulary is a list of covered drugs selected by **Medco Medicare Prescription Plan (PDP)** 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. Medco Medicare Prescription Plan (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medco Medicare Prescription Plan (PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary change?

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

If we remove drugs from our formulary, 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, 2012. To get updated information about the drugs covered by **Medco Medicare Prescription Plan (PDP)**, please visit our website at www.medco.com or call Customer Service at **1-800-758-4574**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY/TDD users should call **1-800-716-3231**. If there are additional changes made to the formulary that affect you and are not mentioned above, you will also be notified in writing of these changes within a reasonable period of time from when the changes are made.

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, Hypertension/Lipids." 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 35. 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?

Medco Medicare Prescription Plan (PDP) 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: Medco Medicare Prescription Plan (PDP)** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medco Medicare Prescription Plan (PDP) before you fill your prescriptions. If you don't get approval, Medco Medicare Prescription Plan (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medco Medicare Prescription Plan (PDP)** limits the amount of the drug that Medco Medicare Prescription Plan (PDP) will cover. For example, Medco Medicare Prescription Plan (PDP) provides two inhalers (17 grams) for a one-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medco Medicare Prescription Plan (PDP)** 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, Medco Medicare Prescription Plan (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medco Medicare Prescription Plan (PDP) 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.medco.com**.

You can ask **Medco Medicare Prescription Plan (PDP)** to make an exception to these restrictions or limits. See the section "How do I request an exception to the Medco Medicare Prescription Plan (PDP) 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 **Medco Medicare Prescription Plan (PDP)** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medco Medicare Prescription Plan (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medco Medicare Prescription Plan (PDP).
- You can ask Medco Medicare Prescription Plan (PDP) 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 *Medco Medicare Prescription Plan (PDP)* Formulary?

You can ask **Medco Medicare Prescription Plan (PDP)** 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, Medco Medicare Prescription Plan (PDP) 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 contained in our Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drug tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug tier.

Generally, **Medco Medicare Prescription Plan (PDP)** 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 believes 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the Plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-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.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The Plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your **Medco Medicare Prescription Plan (PDP)** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medco Medicare Prescription Plan (PDP)**, please call Customer Service at **1-800-758-4574**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY/TDD users should call **1-800-716-3231**. Or visit **www.medco.com**.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or visit www.medicare.gov.

Medco Medicare Prescription Plan (PDP)’s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medco Medicare Prescription Plan (PDP)**. If you have trouble finding your drug in the list, turn to the Index that begins on page 35.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*). The information in the Requirements/Limits column tells you if **Medco Medicare Prescription Plan (PDP)** has any special requirements for coverage of your drug.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage. Medco Medicare Prescription Plan (PDP)** has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different co-payment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage (EOC)* has more information about the plan’s coverage stages and lists the co-payment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-payments and coinsurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service for more information.

Drug Tiers

Tier	Includes	Helpful Tips
Tier 1: Preferred Generic Drugs	This tier includes many commonly prescribed low-cost drugs.	This tier includes commonly prescribed generic drugs and may include other low-cost drugs. Use Tier 1 drugs for the lowest co-payments.
Tier 2: Non-Preferred Generic Drugs	This tier includes additional low-cost drugs.	This tier includes generic drugs and may include other low-cost drugs. Use Tier 2 drugs to keep your co-payments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower co-payments than non-preferred drugs.
Tier 4: Non-Preferred Brand Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2, and 3. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost drugs.	To learn more about medications in this tier, you may contact a Medco Specialist Pharmacist at the numbers listed on the cover of this document.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try a certain drug 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call Customer Service at **1-800-758-4574**, 24 hours a day, 7 days a week. (TTY/TDD users should call **1-800-716-3231**.)

FF: Free First Fill. This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.

ED: Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for Catastrophic Coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

CB: Capped Benefit. This prescription drug has a capped benefit limit.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b</i>	2	GC PA MO
ANCOBON	3	MO
<i>clotrimazole troc</i>	2	GC MO
DIFLUCAN IN NAACL	3	
ERAXIS INJ 100MG	3	
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	2	GC
<i>fluconazole susr</i>	1	GC MO
<i>fluconazole tabs</i>	1	GC MO
GRIS-PEG	4	MO
<i>griseofulvin microsize</i>	2	GC MO
<i>itraconazole</i>	2	GC MO
<i>ketoconazole</i>	2	GC MO
NOXAFIL	3	MO
<i>nystatin susp</i>	1	GC MO
<i>nystatin tabs</i>	1	GC MO
ORAVIG	3	MO
SPORANOX ORAL SOLN	3	MO
<i>terbinafine tabs</i>	1	GC MO
VFEND IV	3	MO
VFEND SUSR	3	MO
<i>voriconazole</i>	2	GC MO

ANTIVIRALS

<i>acyclovir caps</i>	1	GC MO
<i>acyclovir inj 500mg</i>	1	GC MO
<i>acyclovir susp</i>	1	GC MO
<i>acyclovir tabs</i>	1	GC MO
<i>amantadine</i>	2	GC MO
APTIVUS CAPS	5	MO
APTIVUS ORAL SOLN	5	
ATRIPLA	5	MO
BARACLUDE ORAL SOLN	3	QL(1890 per 90 days) MO
BARACLUDE TABS	3	QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR	5	MO
CRIXIVAN CAPS 100MG	3	
CRIXIVAN CAPS 200MG, 400MG	3	MO
<i>didanosine</i>	2	GC MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	5	MO
<i>famciclovir</i>	2	GC MO
<i>foscarnet sodium</i>	2	GC PA MO
FUZEON	5	MO
<i>ganciclovir caps</i>	2	GC MO
HEPSERA	5	QL(90 per 90 days) MO
INTELENCE	5	MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS	5	MO
KALETRA ORAL SOLN	5	MO
KALETRA TABS 200MG; 50MG	5	MO
KALETRA TABS 100MG; 25MG	3	MO
LEXIVA SUSP	3	MO
LEXIVA TABS	5	MO
NORVIR	3	MO
PREZISTA TABS 150MG	3	
PREZISTA TABS 75MG	3	MO
PREZISTA TABS 400MG, 600MG	5	MO
REBETOL ORAL SOLN	3	PA MO
RELENZA DISKHALER	3	QL(300 per 365 days) MO
RESCRIPTOR	4	MO
RETROVIR IV INFUSION	3	MO
REYATAZ	3	MO
<i>ribapak</i>	5	PA MO
<i>ribasphere caps</i>	2	GC PA MO
<i>ribasphere tabs 200mg</i>	2	GC PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere tabs 400mg</i>	5	PA	<i>cefotaxime sodium inj 2gm</i>	2	GC MO
<i>ribasphere tabs 600mg</i>	5	PA MO	<i>cefoxitin sodium inj 10gm, 2gm</i>	2	GC
<i>ribavirin</i>	2	GC PA	<i>cefoxitin sodium inj 1gm</i>	2	GC MO
<i>rimantadine hcl</i>	2	GC MO	<i>cefpodoxime proxetil</i>	2	GC MO
SELZENTRY	5	MO	<i>ceftazidime inj 1gm, 6gm</i>	2	GC
<i>stavudine</i>	2	GC MO	<i>ceftazidime inj 2gm</i>	2	GC MO
SUSTIVA	3	MO	<i>ceftriaxone sodium inj 10gm</i>	2	GC
TAMIFLU CAPS 45MG, 75MG	3	QL(60 per 365 days)	<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	GC MO
TAMIFLU CAPS 30MG	3	QL(120 per 365 days)	<i>cefuroxime axetil</i>	2	GC MO
TAMIFLU SUSR 12MG/ML	3	MO	<i>cefuroxime sodium inj 7.5gm</i>	2	GC
TRIZIVIR	5	MO	<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	GC MO
TRUVADA	5	MO	<i>cephalexin</i>	1	GC MO
TYZEKA	5	MO	FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	3	
<i>valacyclovir hcl tabs 1000mg</i>	2	GC QL(100 per 90 days)	SUPRAX SUSR	4	MO
<i>valacyclovir hcl tabs 500mg</i>	2	GC QL(200 per 90 days)	TAZICEF INJ 1GM, 2GM, 6GM	3	
VALCYTE ORAL SOLN	5	MO	TEFLARO	3	
VALCYTE TABS	5	MO	ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
VIDEX PEDIATRIC ORAL SOLN 2GM	3	MO	ZINACEF IN ISO-OSMOTIC DILUENT	3	
VIRACEPT POWD	3	MO	ZINACEF INJ 1.5GM, 750MG	3	
VIRACEPT TABS	5	MO			
VIRAMUNE	3	MO	ERYTHROMYCINS / OTHER MACROLIDES		
VIREAD	3	MO	<i>azithromycin inj 500mg</i>	2	GC MO
ZIAGEN	3	MO	<i>azithromycin susr</i>	2	GC MO
<i>zidovudine</i>	2	GC MO	<i>azithromycin tabs</i>	2	GC MO
CEPHALOSPORINS			<i>clarithromycin</i>	2	GC MO
<i>cefaclor</i>	2	GC MO	<i>clarithromycin er e.e.s. 400</i>	2	GC MO
<i>cefadroxil</i>	2	GC MO	E.E.S. GRANULES	3	MO
<i>cefazolin inj 1gm; 5%, 20gm, 500mg</i>	2	GC	ERY-TAB TBEC 500MG	3	MO
<i>cefazolin inj 1gm</i>	2	GC MO	<i>ery-tab tbec 250mg, 333mg</i>	2	GC MO
<i>cefdinir</i>	2	GC MO	ERYTHROCIN	3	
<i>cefepime inj 2gm</i>	2	GC	LACTOBIONATE INJ 500MG		
<i>cefepime inj 1gm</i>	2	GC MO	<i>erythrocin stearate</i>	1	GC MO
<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	2	GC	ERYTHROMYCIN BASE	3	MO
			<i>erythromycin ethylsuccinate</i>	2	GC MO
			<i>erythromycin/sulfisoxazole</i>	2	GC MO
			ZMAX	3	MO
			MISCELLANEOUS ANTIINFECTIVES		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALBENZA	3	MO	MEPRON	5	MO
ALINIA	3	MO	<i>meropenem inj 500mg</i>	2	GC MO
<i>amikacin sulfate inj 500mg/2ml</i>	2	GC	<i>metronidazole</i>	1	GC MO
<i>amikacin sulfate inj 50mg/ml</i>	2	GC MO	<i>metronidazole in nacl 0.79%</i>	2	GC MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	3		MYCOBUTIN	3	MO
AZACTAM INJ 2GM	3	MO	NEBUPENT	3	PA MO
<i>aztreonam inj 1gm</i>	2	GC MO	<i>neomycin sulfate</i>	2	GC MO
BILTRICIDE	3	MO	<i>paromomycin</i>	2	GC MO
CAPASTAT SULFATE	4		PASER	3	MO
CAYSTON	5	LA	PRIMAQUINE	3	MO
<i>chloroquine</i>	2	GC MO	PRIMAXIN I.M.	3	MO
CLEOCIN GALAXY	3		PRIMAXIN IV	3	MO
CLEOCIN PEDIATRIC GRANULES	3	MO	<i>pyrazinamide</i>	2	GC MO
<i>clindamycin hcl</i>	2	GC MO	QUALAQUIN	3	MO
<i>clindamycin phosphate advantage</i>	2	GC MO	<i>rifampin</i>	2	GC MO
COARTEM	3	MO	SEROMYCIN	3	MO
<i>colistimethate sodium</i>	2	GC MO	STREPTOMYCIN SULFATE	3	MO
CUBICIN	3	PA MO	STROMEKTOL	3	MO
DAPSONE	3	MO	TOBI	5	PA MO
DARAPRIM	3	MO	<i>tobramycin inj 10mg/ml</i>	1	GC
<i>ethambutol tabs 400mg</i>	2	GC	<i>tobramycin inj 80mg/2ml</i>	1	GC MO
<i>ethambutol tabs 100mg</i>	2	GC MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	3	
<i>gentamicin sulfate inj 10mg/ml</i>	2	GC	TRECTOR	3	MO
<i>gentamicin sulfate inj 40mg/ml</i>	2	GC MO	TYGACIL	3	MO
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	GC	XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	2	GC	XIFAXAN TABS 550MG	3	QL(180 per 90 days) MO
<i>hydroxychloroquine</i>	2	GC MO	ZYVOX INJ	3	MO
<i>isonarif</i>	2	GC MO	ZYVOX SUSR	3	QL(1800 per 30 days) MO
ISONIAZID SYRP	3	MO	ZYVOX TABS	3	QL(56 per 30 days) MO
<i>isoniazid tabs</i>	1	GC MO			
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%</i>	2	GC			
KETEK	3	QL(20 per 30 days) MO	PENICILLINS		
MALARONE	3	MO	<i>amoxicillin</i>	1	GC MO
<i>mebendazole</i>	2	GC MO	<i>amoxicillin/clavulanate potassium</i>	2	GC MO
<i>mefloquine hcl</i>	2	GC MO	<i>amoxicillin/clavulanate potassium er</i>	2	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/potassium clavulanate tabs</i>	2	GC MO	SULFA'S / RELATED AGENTS		
<i>ampicillin caps</i>	2	GC MO	<i>sulfadiazine</i>	2	GC MO
<i>ampicillin inj 10gm, 1gm</i>	2	GC	<i>sulfamethoxazole/trimethoprim</i>	1	GC MO
AMPICILLIN INJ 125MG	3		<i>sulfamethoxazole/trimethoprim ds</i>	1	GC MO
<i>ampicillin susr</i>	2	GC MO	TETRACYCLINES		
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2	GC	<i>demeclocycline hcl</i>	2	GC MO
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	GC MO	<i>doxycycline hyclate caps</i>	1	GC MO
BICILLIN C-R	3	MO	<i>doxycycline hyclate inj</i>	1	GC MO
BICILLIN L-A	3	MO	<i>doxycycline hyclate tabs</i>	1	GC MO
<i>dicloxacillin sodium</i>	2	GC MO	<i>doxycycline hyclate tbec</i>	1	GC MO
<i>nafcillin sodium inj 10gm</i>	2	GC	<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	2	GC MO
<i>nafcillin sodium inj 1gm</i>	2	GC MO	<i>minocycline hcl</i>	2	GC MO
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	3		<i>minocycline hcl er</i>	2	GC MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3		<i>tetracycline hcl</i>	1	GC MO
<i>penicillin g potassium inj 5mu</i>	2	GC	VIBRAMYCIN SYRP	3	MO
PENICILLIN G PROCAINE	3	MO	URINARY TRACT AGENTS		
PENICILLIN G SODIUM	3		MACRODANTIN CAPS 25MG	3	MO
<i>penicillin v potassium</i>	1	GC MO	<i>methenamine hippurate</i>	2	GC MO
<i>pfizerpen-g inj 20mu</i>	2	GC	<i>nitrofurantoin</i>	2	GC MO
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	GC MO	<i>nitrofurantoin macrocrystalline caps 50mg</i>	2	GC MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3		<i>nitrofurantoin monohydrate</i>	2	GC MO
QUINOLONES			PRIMSOL	4	MO
AVELOX ABC PACK	3	MO	<i>trimethoprim</i>	2	GC MO
AVELOX INJ	3		VANCOMYCIN		
AVELOX TABS	3	MO	VANCOCIN ORAL	3	MO
CIPRO I.V.-IN D5W INJ 200MG; 5%	3	MO	<i>vancomycin inj 10gm, 500mg</i>	2	GC PA
<i>ciprofloxacin inj 400mg/40ml</i>	1	GC	<i>vancomycin inj 1000mg</i>	2	GC PA MO
<i>ciprofloxacin tabs</i>	1	GC MO	VIBATIV INJ 250MG	3	
LEVAQUIN INJ 5%; 750MG/150ML	4		ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
LEVAQUIN INJ 25MG/ML	4	MO	ADJUNCTIVE AGENTS		
LEVAQUIN ORAL SOLN	4	MO	<i>amifostine</i>	5	MO
LEVAQUIN TABS	4	MO	<i>dexrazoxane inj 500mg</i>	2	GC MO
NOROXIN	4	MO	ELITEK INJ 1.5MG	5	
<i>ofloxacin</i>	2	GC MO	<i>leucovorin calcium inj 100mg, 350mg</i>	2	GC MO
			<i>leucovorin calcium tabs 25mg, 5mg</i>	2	GC MO
			LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesna</i>	2	GC MO	CYTARABINE AQUEOUS INJ 100MG/ML	3	MO
MESNEX TABS	3	MO	<i>cytarabine aqueous inj 20mg/ml</i>	2	GC MO
XGEVA	5	PA QL(5.1 per 90 days)	<i>cytarabine inj 500mg</i>	2	GC MO
		MO	<i>dacarbazine inj 200mg</i>	2	GC MO
ZINECARD INJ 250MG	3	MO	DACOGEN	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>daunorubicin hcl inj 20mg</i>	2	GC
ABRAXANE	4	MO	DAUNOXOME	4	MO
<i>adriamycin inj 2mg/ml</i>	2	GC	DOCETAXEL INJ 80MG/8ML	3	
AFINITOR TABS 10MG	5	PA QL(180 per 90 days)	DOXIL	3	MO
		MO	<i>doxorubicin hcl</i>	2	GC
AFINITOR TABS 2.5MG, 5MG	5	PA QL(270 per 90 days)	DROXIA	3	MO
		MO	ELLENCE INJ 200MG/100ML	4	MO
ALIMTA INJ 500MG	4	MO	ELOXATIN INJ 100MG/20ML	4	MO
ALKERAN INJ	4		ELSPAR	4	MO
<i>anastrozole</i>	2	GC MO	EMCYT	3	MO
ARRANON	4		<i>epirubicin hcl inj 50mg/25ml</i>	2	GC
ARZERRA	3	MO	ERBITUX INJ 100MG/50ML	4	MO
AVASTIN INJ 100MG/4ML	4	MO	ETOPOPHOS	4	MO
<i>azathioprine</i>	2	GC PA MO	<i>etoposide inj</i>	2	GC MO
<i>azathioprine sodium</i>	2	GC PA MO	<i>exemestane</i>	2	GC MO
<i>bicalutamide</i>	2	GC MO	FARESTON	4	MO
BICNU	4	MO	FASLODEX	5	MO
<i>bleomycin sulfate inj 30unit</i>	2	GC MO	FIRMAGON INJ 120MG	5	QL(1 per 90 days) MO
BUSULFEX	3		FIRMAGON INJ 80MG	3	MO
CAMPATH	4		<i>fludarabine phosphate inj 50mg</i>	2	GC MO
<i>carboplatin inj 150mg/15ml</i>	2	GC MO	<i>fluorouracil inj 500mg/10ml</i>	2	GC MO
CEENU	3	MO	<i>flutamide</i>	2	GC MO
CELLCEPT INTRAVENOUS	3		<i>gemcitabine hcl inj 1gm</i>	5	MO
CELLCEPT SUSR	3	PA MO	<i>gengraf</i>	2	GC PA MO
<i>cisplatin inj 100mg/100ml</i>	2	GC MO	GLEEVEC	5	MO
<i>cladribine</i>	2	GC MO	HALAVEN	5	MO
CLOLAR	4		HERCEPTIN	4	MO
COSMEGEN	4	MO	HEXALEN	5	MO
<i>cyclophosphamide tabs</i>	2	GC PA MO	<i>hydroxyurea</i>	2	GC MO
<i>cyclosporine caps 100mg, 25mg</i>	2	GC PA MO	<i>idarubicin hcl inj 10mg/10ml</i>	2	GC
CYCLOSPORINE CAPS 50MG	3	PA	IFEX INJ 3GM	4	MO
<i>cyclosporine inj</i>	2	GC PA	<i>ifosfamide inj 1gm</i>	2	GC
<i>cyclosporine oral soln</i>	2	GC PA MO	<i>ifosfamide/mesna</i>	5	
			<i>irinotecan inj 100mg/5ml</i>	5	MO
			ISTODAX	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT INJ 45MG	5	MO	ONTAK	4	
JEVTANA	5	MO	<i>oxaliplatin inj 100mg/20ml</i>	5	
<i>letrozole</i>	2	GC MO	<i>paclitaxel inj 300mg/50ml</i>	2	GC MO
LEUKERAN	3	MO	<i>pentostatin</i>	2	GC MO
<i>leuprolide acetate</i>	2	GC MO	PHOTOFRIN	4	
LUPRON DEPOT INJ 3.75MG	3	MO	PROGRAF INJ	3	PA
LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 7.5MG	5	MO	RAPAMUNE	3	PA MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	MO	REVLIMID CAPS 15MG, 25MG	5	LA QL(21 per 28 days) MO
LYSODREN	3	MO	REVLIMID CAPS 10MG, 5MG	5	LA QL(30 per 30 days) MO
MATULANE	5	MO	RHEUMATREX	4	PA MO
MEGACE ES	3	QL(150 per 30 days) MO	RITUXAN	3	PA MO
<i>megestrol acetate susp</i>	1	GC QL(600 per 30 days) MO	SANDIMMUNE CAPS	3	PA MO
<i>megestrol acetate tabs</i>	1	GC QL(240 per 30 days) MO	SANDIMMUNE INJ	3	PA
<i>melphalan hydrochloride</i>	2	GC	SANDIMMUNE ORAL SOLN	3	PA MO
<i>mercaptopurine</i>	2	GC MO	SANDOSTATIN LAR DEPOT	4	MO
<i>methotrexate</i>	2	GC PA MO	SIMULECT INJ 20MG	3	MO
<i>methotrexate sodium inj 25mg/ml</i>	2	GC MO	SOMATULINE DEPOT	5	MO
METHOTREXATE SODIUM INJ 1GM	4		SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL(90 per 90 days) MO
<i>mitomycin inj 20mg</i>	2	GC MO	SPRYCEL TABS 20MG	5	QL(180 per 90 days) MO
<i>mitoxantrone hcl</i>	2	GC MO	SUTENT	5	PA QL(90 per 90 days) MO
MUSTARGEN	4	MO	TABLOID	3	MO
<i>mycophenolate mofetil</i>	2	GC PA MO	<i>tacrolimus</i>	2	GC PA MO
MYFORTIC	3	PA MO	<i>tamoxifen citrate</i>	2	GC MO
NEORAL	3	PA MO	TARCEVA TABS 100MG, 150MG	5	PA QL(90 per 90 days) MO
NEXAVAR	5	LA PA QL(360 per 90 days) MO	TARCEVA TABS 25MG	5	PA QL(180 per 90 days) MO
NILANDRON	4	QL(120 per 90 days) MO	TARGRETIN	3	MO
NIPENT	4	MO	TASIGNA CAPS 200MG	5	QL(336 per 84 days) MO
<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	GC MO	TAXOTERE INJ 80MG/2ML	5	
<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	5	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAXOTERE INJ 80MG/4ML	5	MO	BANZEL	3	MO
THALOMID	5	PA MO	<i>carbamazepine</i>	1	GC MO
<i>thiotepa</i>	2	GC MO	<i>carbamazepine er tb12</i>	1	GC MO
<i>toposar</i>	2	GC MO	CARBATROL	3	MO
<i>topotecan hcl inj 4mg</i>	2	GC MO	CELONTIN	3	MO
TORISEL	5	PA MO	DEPAKENE	4	MO
TREANDA INJ 100MG	5	MO	DEPAKOTE	4	MO
TRELSTAR DEPOT MIXJECT	4	MO	DEPAKOTE ER	4	MO
TRELSTAR LA MIXJECT	4	MO	DEPAKOTE SPRINKLES	4	MO
TRELSTAR MIXJECT	4		DILANTIN CAPS 30MG	3	MO
<i>tretinoin</i>	2	GC MO	DILANTIN INFATABS	3	MO
TRISENOX	3	MO	<i>divalproex sodium cpsp</i>	2	GC MO
TYKERB	5	LA QL(540 per 90 days)	<i>divalproex sodium er</i>	2	GC MO
		MO	<i>divalproex sodium tbec</i>	2	GC MO
VANDETANIB TABS 300MG	5	QL(90 per 90 days)	<i>epitol</i>	1	GC MO
VANDETANIB TABS 100MG	5	QL(180 per 90 days)	EQUETRO	3	MO
			<i>ethosuximide</i>	2	GC MO
VECTIBIX INJ 100MG/5ML	5	MO	FELBATOL	3	MO
VELCADE	4	MO	<i>gabapentin</i>	2	GC MO
VIDAZA	5	QL(4200 per 90 days)	GABITRIL	3	MO
		MO	KEPPRA TABS	4	MO
<i>vinblastine sulfate inj 10mg</i>	2	GC	LAMICTAL CHEWABLE DISPERSIBLE	4	MO
<i>vincasar pfs</i>	2	GC MO	LAMICTAL ODT TBDP	3	MO
<i>vincristine sulfate</i>	2	GC MO	LAMICTAL TABS	4	MO
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	GC MO	LAMICTAL XR KIT	3	MO
VOTRIENT	5	QL(360 per 90 days)	LAMICTAL XR TB24 100MG, 200MG, 25MG, 50MG	3	MO
		MO	<i>lamotrigine</i>	2	GC MO
ZANOSAR	4	MO	<i>levetiracetam inj</i>	2	GC
ZOLINZA	5	QL(360 per 90 days)	<i>levetiracetam oral soln</i>	2	GC MO
		MO	<i>levetiracetam tabs</i>	2	GC MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO	LYRICA CAPS 225MG, 300MG	3	QL(180 per 90 days)
ZORTRESS TABS 0.25MG	3	PA MO			MO
ZYTIGA	5	PA QL(360 per 90 days)	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(270 per 90 days)
		MO			MO
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH			NEURONTIN CAPS	4	MO
ANTICONVULSANTS			NEURONTIN TABS	4	MO
			<i>oxcarbazepine</i>	2	GC MO
			PEGANONE	3	MO
			<i>phenytoin</i>	2	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHENYTOIN SODIUM	3		STALEVO 75	3	MO
<i>phenytoin sodium extended</i>	2	GC MO	<i>trihexyphenidyl</i>	1	GC MO
<i>primidone</i>	2	GC MO	ZELAPAR	3	MO
SABRIL	3	MO	MIGRAINE / CLUSTER HEADACHE THERAPY		
TEGRETOL	4	MO	<i>dihydroergotamine mesylate</i>	2	GC MO
TEGRETOL-XR TB12 200MG, 400MG	4	MO	<i>ergotamine tartrate / caffeine</i>	2	GC MO
TEGRETOL-XR TB12 100MG	3	MO	IMITREX INJ	4	QL(12 per 90 days) MO
TOPAMAX	4	MO	IMITREX TABS 100MG	4	QL(27 per 90 days) MO
<i>topiramate</i>	2	GC MO	IMITREX TABS 25MG, 50MG	4	QL(54 per 90 days) MO
<i>valproate sodium</i>	2	GC MO	MAXALT	3	QL(36 per 90 days) MO
<i>valproic acid</i>	2	GC MO	MAXALT-MLT	3	QL(36 per 90 days) MO
VIMPAT INJ	3		<i>migergot</i>	2	GC MO
VIMPAT ORAL SOLN	3	MO	MIGRANAL	4	QL(24 per 90 days) MO
VIMPAT TABS	3	MO	<i>naratriptan hcl tabs 2.5mg</i>	2	GC QL(24 per 90 days) MO
<i>zonisamide</i>	2	GC MO	<i>naratriptan hcl tabs 1mg</i>	2	GC QL(36 per 90 days) MO
ANTIPARKINSONISM AGENTS			RELPAK	3	QL(24 per 90 days) MO
APOKYN	3	LA MO	<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	GC QL(12 per 90 days) MO
AZILECT	3	MO	<i>sumatriptan succinate tabs 100mg</i>	2	GC QL(27 per 90 days) MO
<i>benztropine mesylate inj</i>	1	GC	<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	GC QL(54 per 90 days) MO
<i>benztropine mesylate tabs</i>	1	GC MO	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>bromocriptine mesylate</i>	2	GC MO			
<i>carbidopa / levodopa</i>	2	GC MO			
<i>carbidopa/levodopa cr</i>	2	GC MO			
<i>carbidopa/levodopa odt</i>	2	GC MO			
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	2	GC MO			
COMTAN	3	MO			
LODOSYN	3	MO			
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	3	MO			
MIRAPEX TABS 0.125MG, 0.25MG, 0.5MG, 1.5MG, 1MG	4	MO			
<i>pramipexole dihydrochloride</i>	2	GC MO			
REQUIP XL	3	MO			
<i>ropinirole</i>	2	GC MO			
<i>selegiline</i>	2	GC MO			
STALEVO 100	3	MO			
STALEVO 125	3	MO			
STALEVO 150	3	MO			
STALEVO 200	3	MO			
STALEVO 50	3	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARICEPT ODT	3	QL(90 per 90 days) MO	<i>cyclobenzaprine hcl</i>	1	GC MO
ARICEPT TABS 23MG	3	QL(90 per 90 days) MO	<i>dantrolene sodium caps</i>	2	GC MO
COPAXONE	5	PA QL(90 per 90 days) MO	MESTINON SYRP	3	MO
<i>donepezil hcl</i>	2	GC QL(90 per 90 days) MO	MESTINON TIMESPAN	3	MO
EXELON ORAL SOLN	3	MO	<i>pyridostigmine bromide</i>	2	GC MO
EXELON PT24	3	QL(90 per 90 days) MO	<i>regonol</i>	2	GC
<i>galantamine hydrobromide cp24</i>	2	GC QL(90 per 90 days) MO	<i>tizanidine hcl</i>	2	GC MO
<i>galantamine hydrobromide oral soln</i>	2	GC MO	NARCOTIC ANALGESICS		
<i>galantamine hydrobromide tabs</i>	2	GC QL(180 per 90 days) MO	<i>acetaminophen / codeine oral soln</i>	2	GC MO
GILENYA	5	PA QL(28 per 28 days) MO	<i>acetaminophen / codeine tabs 300mg; 15mg</i>	2	GC MO
MYTELASE	3	MO	<i>acetaminophen/codeine #3</i>	2	GC MO
NAMENDA ORAL SOLN	3	MO	<i>acetaminophen/codeine #4</i>	2	GC MO
NAMENDA TABS 10MG	3	QL(180 per 90 days) MO	<i>ascomp/codeine</i>	2	GC MO
NAMENDA TABS 5MG	3	QL(270 per 90 days) MO	BUPRENEX	3	MO
NAMENDA TITRATION PAK	3	MO	<i>buprenorphine hcl inj</i>	2	GC
NUEDEXTA	3	QL(180 per 90 days) MO	<i>buprenorphine hcl subl</i>	2	GC MO
<i>rivastigmine tartrate</i>	2	GC QL(180 per 90 days) MO	<i>codeine sulfate</i>	2	GC MO
XENAZINE	5	LA MO	DILAUDID INJ	3	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			DILAUDID-5	3	MO
<i>baclofen</i>	1	GC MO	DILAUDID-HP INJ 10MG/ML	3	
			<i>duramorph</i>	2	GC MO
			EMBEDA	4	
			<i>endocet</i>	2	GC MO
			EXALGO	4	MO
			<i>fentanyl citrate</i>	2	GC
			<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	GC PA QL(360 per 90 days) MO
			<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA QL(360 per 90 days) MO
			<i>fentanyl patches</i>	2	GC MO
			<i>hydrocodone</i>	2	GC MO
			<i>bitartrate/acetaminophen tabs</i>		
			<i>hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml</i>	2	GC MO
			<i>hydrocodone/acetaminophen tabs</i>	2	GC MO
			<i>hydrocodone/ibuprofen</i>	2	GC MO
			<i>hydromorphone hcl inj 10mg/ml</i>	2	GC MO
			<i>hydromorphone hcl tabs</i>	2	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFUMORPH 200	3	MO	NON-NARCOTIC ANALGESICS		
INFUMORPH 500	3	MO	ARTHROTEC 50	4	MO
KADIAN	3	MO	ARTHROTEC 75	4	MO
<i>levorphanol tartrate</i>	2	GC MO	<i>butorphanol tartrate nasal soln</i>	2	GC PA
<i>margesic-h</i>	2	GC MO			QL(30 per 90 days)
<i>methadone hcl conc</i>	2	GC MO			MO
<i>methadone hcl inj</i>	2	GC	CELEBREX	3	QL(180 per 90 days)
<i>methadone hcl oral soln 5mg/5ml</i>	2	GC MO			MO
METHADONE HCL ORAL SOLN 10MG/5ML	3	MO	<i>depade</i>	2	GC MO
<i>methadone hcl tabs</i>	2	GC MO	<i>diclofenac potassium</i>	2	GC MO
<i>methadose tabs</i>	2	GC MO	<i>diclofenac sodium</i>	1	GC MO
<i>morphine sulfate er</i>	2	GC MO	<i>diclofenac sodium ec</i>	1	GC MO
<i>morphine sulfate inj 0.5mg/ml</i>	2	GC	<i>diclofenac sodium xr</i>	1	GC MO
<i>morphine sulfate inj 1mg/ml</i>	2	GC MO	<i>diflunisal</i>	2	GC MO
<i>morphine sulfate oral soln</i>	2	GC MO	<i>etodolac</i>	2	GC MO
<i>morphine sulfate tabs</i>	2	GC MO	<i>fenoprofen calcium</i>	2	GC MO
ONSOLIS FILM 1200MCG, 400MCG, 600MCG, 800MCG	3	QL(360 per 90 days)	FLECTOR	4	MO
ONSOLIS FILM 200MCG	3	QL(720 per 90 days)	<i>flurbiprofen</i>	2	GC MO
OPANA ER	3	MO	<i>ibuprofen susp</i>	1	GC MO
<i>oxycodone / acetaminophen caps</i>	2	GC MO	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC MO
<i>oxycodone / acetaminophen tabs 325mg; 5mg</i>	2	GC	<i>indomethacin caps</i>	1	GC MO
<i>oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg, 500mg; 7.5mg, 650mg; 10mg</i>	2	GC MO	<i>indomethacin er</i>	1	GC MO
<i>oxycodone hcl caps</i>	2	GC MO	<i>ketoprofen</i>	2	GC MO
<i>oxycodone hcl conc</i>	2	GC MO	<i>ketoprofen er</i>	2	GC MO
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	2	GC MO	<i>meclofenamate sodium</i>	2	GC MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	GC	<i>mefenamic acid</i>	2	GC MO
<i>oxycodone/aspirin tabs 325mg; 4.5mg; 0.38mg</i>	2	GC MO	<i>meloxicam</i>	1	GC MO
OXYCONTIN	3	MO	<i>nabumetone</i>	2	GC MO
<i>oxymorphone hydrochloride</i>	2	GC MO	<i>naloxone</i>	2	GC
<i>reprexain tabs 10mg; 200mg</i>	2	GC MO	<i>naltrexone</i>	2	GC MO
ROXICET ORAL SOLN	3	MO	<i>naproxen sodium tabs 275mg, 550mg</i>	2	GC MO
<i>roxicet tabs 325mg; 5mg</i>	2	GC MO	<i>naproxen susp</i>	1	GC MO
<i>stagesic</i>	2	GC MO	<i>naproxen tabs 250mg, 375mg</i>	1	GC MO
<i>zerlor</i>	2	GC MO	<i>naproxen tbec</i>	1	GC MO
			<i>oxaprozin</i>	2	GC MO
			PENNSAID	3	MO
			<i>piroxicam</i>	1	GC MO
			SUBOXONE	3	MO
			<i>sulindac</i>	2	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium</i>	2	GC MO	<i>chlordiazepoxide/amitriptyline</i>	2	GC MO
<i>tramadol</i>	2	GC QL(720 per 90 days) MO	<i>chlorpromazine</i>	2	GC MO
<i>tramadol hcl er</i>	2	GC QL(90 per 90 days) MO	<i>citalopram oral soln</i>	1	GC MO
VIMOVO	3	QL(180 per 90 days) MO	<i>citalopram tabs 40mg</i>	1	GC QL(90 per 90 days) MO
VOLTAREN GEL	3	MO	<i>citalopram tabs 10mg</i>	1	GC QL(180 per 90 days) MO
PSYCHOTHERAPEUTIC DRUGS			<i>citalopram tabs 20mg</i>	1	GC QL(270 per 90 days) MO
ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO	<i>clomipramine</i>	2	GC MO
ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	GC
ABILIFY INJ	3	MO	CLOZAPINE TABS 200MG	3	
ABILIFY ORAL SOLN	3	MO	CYMBALTA CPEP 60MG	3	QL(90 per 90 days) MO
ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) MO	CYMBALTA CPEP 20MG, 30MG	3	QL(180 per 90 days) MO
ABILIFY TABS 15MG	3	QL(180 per 90 days) MO	<i>desipramine</i>	2	GC MO
ABILIFY TABS 10MG	3	QL(270 per 90 days) MO	<i>dextroamphetamine sulfate</i>	2	GC PA MO
AMBIEN	4	MO	<i>dextroamphetamine sulfate er</i>	2	GC PA MO
<i>amitriptyline</i>	1	GC MO	<i>doxepin</i>	1	GC MO
<i>amoxapine</i>	2	GC MO	EFFEXOR XR CP24 150MG, 37.5MG	4	QL(90 per 90 days) MO
<i>budeprion sr</i>	2	GC QL(180 per 90 days) MO	EFFEXOR XR CP24 75MG	4	QL(270 per 90 days) MO
<i>budeprion xl tb24 300mg</i>	2	GC QL(90 per 90 days) MO	EMSAM	4	QL(90 per 90 days) MO
<i>budeprion xl tb24 150mg</i>	2	GC QL(270 per 90 days) MO	FANAPT TABS 1MG, 2MG, 4MG	4	QL(90 per 90 days) MO
<i>bupropion hcl</i>	2	GC MO	FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL(180 per 90 days) MO
<i>bupropion hcl sr</i>	2	GC QL(180 per 90 days) MO	FANAPT TITRATION PACK	4	MO
<i>buspironone hcl</i>	2	GC MO	FAZACLO	4	
			<i>fluoxetine caps 40mg</i>	1	GC QL(180 per 90 days) MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine caps 20mg</i>	1	GC QL(360 per 90 days) MO	INVEGA SUSTENNA INJ 117MG/0.75ML	3	QL(2.25 per 90 days) MO
<i>fluoxetine caps 10mg</i>	1	GC QL(720 per 90 days) MO	INVEGA SUSTENNA INJ 156MG/ML	3	QL(3 per 90 days) MO
<i>fluoxetine dr</i>	1	GC QL(12 per 90 days) MO	INVEGA SUSTENNA INJ 234MG/1.5ML	3	QL(4.5 per 90 days) MO
<i>fluoxetine oral soln</i>	1	GC MO	INVEGA TB24 1.5MG, 3MG, 9MG	3	QL(90 per 90 days) MO
<i>fluoxetine tabs 20mg</i>	1	GC QL(360 per 90 days) MO	INVEGA TB24 6MG	3	QL(180 per 90 days) MO
<i>fluoxetine tabs 10mg</i>	1	GC QL(720 per 90 days) MO	LATUDA TABS 80MG	3	QL(90 per 90 days) MO
<i>fluphenazine conc</i>	1	GC	LATUDA TABS 40MG	3	QL(180 per 90 days) MO
<i>fluphenazine decanoate inj</i>	1	GC MO	LEXAPRO ORAL SOLN	3	MO
<i>fluphenazine elix</i>	1	GC MO	LEXAPRO TABS	3	QL(90 per 90 days) MO
<i>fluphenazine inj</i>	1	GC MO	<i>lithium carbonate</i>	1	GC MO
<i>fluphenazine tabs</i>	1	GC MO	<i>lithium carbonate er</i>	1	GC MO
<i>fluvoxamine</i>	2	GC QL(270 per 90 days) MO	<i>lithium citrate</i>	2	GC MO
FOCALIN XR	3	PA MO	<i>loxapine</i>	2	GC MO
GEODON CAPS	3	QL(180 per 90 days) MO	<i>maprotiline</i>	2	GC MO
GEODON INJ	3	MO	MARPLAN	3	MO
HALDOL	3	MO	METADATE CD CPCR 20MG, 30MG, 40MG, 50MG, 60MG	4	PA MO
HALDOL DECANOATE 100	3	MO	<i>methylphenidate hcl tabs 20mg</i>	2	GC PA
HALDOL DECANOATE 50	3	MO	<i>methylphenidate hcl tabs 10mg, 5mg</i>	2	GC PA MO
<i>haloperidol conc</i>	2	GC MO	<i>methylphenidate hydrochloride</i>	2	GC PA MO
<i>haloperidol decanoate inj</i>	2	GC MO	<i>mirtazapine</i>	2	GC QL(90 per 90 days) MO
<i>haloperidol lactate inj</i>	2	GC MO	<i>mirtazapine odt tbdp 30mg, 45mg</i>	2	GC QL(90 per 90 days) MO
<i>haloperidol tabs</i>	1	GC MO	<i>nefazodone</i>	2	GC QL(180 per 90 days) MO
<i>imipramine</i>	2	GC MO	<i>nortriptyline</i>	1	GC MO
<i>imipramine pamoate</i>	2	GC MO			
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL(0.75 per 90 days) MO			
INVEGA SUSTENNA INJ 78MG/0.5ML	3	QL(1.5 per 90 days) MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORAP	3	MO	RISPERDAL CONSTA	3	QL(12 per 84 days)
<i>paroxetine er tb24 12.5mg, 37.5mg</i>	1	GC QL(180 per 90 days)			MO
<i>paroxetine er tb24 25mg</i>	1	GC QL(270 per 90 days)	<i>risperidone odt</i>	2	GC QL(180 per 90 days)
<i>paroxetine susp</i>	1	GC MO			MO
<i>paroxetine tabs 20mg, 40mg</i>	1	GC QL(90 per 90 days)	<i>risperidone oral soln</i>	2	GC MO
		MO	<i>risperidone tabs</i>	2	GC QL(180 per 90 days)
<i>paroxetine tabs 10mg, 30mg</i>	1	GC QL(180 per 90 days)			MO
		MO	RITALIN LA	4	PA MO
PAXIL CR TB24 12.5MG, 37.5MG	4	QL(180 per 90 days)	ROZEREM	4	MO
		MO	SAPHRIS	3	QL(180 per 90 days)
PAXIL CR TB24 25MG	4	QL(270 per 90 days)			MO
		MO	SEROQUEL TABS 25MG, 300MG, 400MG	3	QL(180 per 90 days)
PAXIL SUSP	3	MO			MO
PAXIL TABS 20MG, 40MG	4	QL(90 per 90 days)	SEROQUEL TABS 100MG, 200MG, 50MG	3	QL(270 per 90 days)
		MO			MO
PAXIL TABS 10MG, 30MG	4	QL(180 per 90 days)	SEROQUEL XR TB24 150MG, 300MG, 400MG	3	QL(180 per 90 days)
		MO			MO
<i>perphenazine</i>	2	GC MO	SEROQUEL XR TB24 200MG, 50MG	3	QL(270 per 90 days)
<i>phenelzine sulfate</i>	2	GC MO			MO
PRISTIQ	3	QL(90 per 90 days)	<i>sertraline conc</i>	2	GC MO
		MO	<i>sertraline tabs 100mg, 25mg</i>	2	GC QL(180 per 90 days)
<i>protriptyline hcl</i>	2	GC MO			MO
PROVIGIL	3	PA QL(90 per 90 days)	<i>sertraline tabs 50mg</i>	2	GC QL(270 per 90 days)
		MO			MO
PROZAC CAPS 40MG	4	QL(180 per 90 days)	SILENOR	4	QL(90 per 90 days)
		MO			MO
PROZAC CAPS 20MG	4	QL(360 per 90 days)	STRATTERA	3	MO
		MO	SURMONTIL	4	MO
PROZAC CAPS 10MG	4	QL(720 per 90 days)	SYMBYAX	4	QL(90 per 90 days)
		MO			MO
		MO	<i>thioridazine</i>	2	GC MO
		MO	<i>thiothixene</i>	1	GC MO
		MO	<i>tranlycypromine</i>	2	GC MO
		MO	<i>trazodone</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine</i>	2	GC MO	PACERONE TABS 100MG	3	MO
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	GC QL(90 per 90 days) MO	<i>pacerone tabs 200mg</i>	2	GC MO
<i>venlafaxine hcl er cp24 75mg</i>	2	GC QL(270 per 90 days) MO	<i>procainamide</i>	2	GC
<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg</i>	2	GC QL(270 per 90 days) MO	<i>propafenone hcl</i>	2	GC MO
<i>venlafaxine hcl tabs 75mg</i>	2	GC QL(450 per 90 days) MO	<i>propafenone hcl er</i>	2	GC MO
<i>venlafaxine hcl tabs 50mg</i>	2	GC QL(675 per 90 days) MO	<i>quinidine gluconate er</i>	2	GC MO
VIIBRYD	4	PA QL(90 per 90 days) MO	<i>quinidine sulfate</i>	2	GC MO
XYREM	5	PA	<i>quinidine sulfate er</i>	2	GC MO
<i>zaleplon caps 5mg</i>	2	GC QL(90 per 90 days) MO	<i>sorine tabs 240mg</i>	1	GC
<i>zaleplon caps 10mg</i>	2	GC QL(180 per 90 days) MO	<i>sorine tabs 120mg, 160mg, 80mg</i>	1	GC MO
<i>zolpidem</i>	2	GC MO	<i>sotalol</i>	1	GC MO
<i>zolpidem tartrate er</i>	2	GC MO	TIKOSYN	4	MO
ZYPREXA INJ	3	MO	ANTIHYPERTENSIVE THERAPY		
ZYPREXA TABS	3	QL(90 per 90 days) MO	<i>acebutolol</i>	2	GC MO
ZYPREXA ZYDIS	3	QL(90 per 90 days) MO	<i>afeditab cr</i>	2	GC MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS			<i>amiloride</i>	2	GC MO
ANTIARRHYTHMIC AGENTS			<i>amiloride/hydrochlorothiazide</i>	1	GC MO
<i>amiodarone inj 50mg/ml</i>	2	GC	<i>amlodipine</i>	2	GC MO
<i>amiodarone tabs</i>	2	GC MO	<i>amlodipine / benazepril</i>	2	GC QL(90 per 90 days) MO
<i>disopyramide phosphate</i>	2	GC MO	AMTURNIDE	3	QL(90 per 90 days) MO
<i>flecainide acetate</i>	2	GC MO	<i>atenolol</i>	1	GC MO
<i>mexiletine</i>	2	GC MO	<i>atenolol / chlorthalidone</i>	1	GC MO
MULTAQ	3	MO	<i>benazepril</i>	1	GC MO
NORPACE CR CP12 100MG	3	MO	<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	2	GC QL(360 per 90 days) MO
			<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	GC QL(720 per 90 days) MO
			<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	2	GC QL(1440 per 90 days) MO
			<i>betaxolol hcl</i>	2	GC MO
			BIDIL	3	QL(540 per 90 days) MO
			<i>bisoprolol fumarate</i>	2	GC MO
			<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bumetanide</i>	1	GC MO	<i>enalapril</i>	1	GC MO
BYSTOLIC	3	MO	<i>enalapril / hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	GC QL(90 per 90 days) MO
<i>captopril</i>	1	GC MO	<i>enalapril / hydrochlorothiazide tabs 10mg; 25mg</i>	1	GC QL(180 per 90 days) MO
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg</i>	2	GC QL(90 per 90 days) MO	<i>eplerenone</i>	2	GC MO
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	2	GC QL(270 per 90 days) MO	EXFORGE	3	QL(90 per 90 days) MO
<i>cartia xt</i>	2	GC MO	EXFORGE HCT	3	QL(90 per 90 days) MO
<i>carvedilol</i>	2	GC MO	<i>felodipine er</i>	2	GC MO
<i>chlorothiazide</i>	1	GC MO	<i>fosinopril</i>	2	GC MO
<i>chlorothiazide sodium</i>	2	GC MO	<i>fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	GC QL(90 per 90 days) MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC MO	<i>fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	GC QL(360 per 90 days) MO
<i>clonidine ptwk</i>	2	GC MO	<i>furosemide inj</i>	1	GC MO
<i>clonidine tabs</i>	1	GC MO	<i>furosemide oral soln 10mg/ml</i>	1	GC MO
COREG CR	3	MO	FUROSEMIDE ORAL SOLN 8MG/ML	3	MO
DEMSEER	3	MO	<i>furosemide tabs</i>	1	GC MO
DIBENZYLINE	4	MO	<i>guanfacine hcl</i>	1	GC MO
<i>dilt-cd cp24 120mg, 300mg</i>	2	GC MO	<i>hydralazine</i>	1	GC MO
<i>dilt-xr cp24 180mg, 240mg</i>	2	GC	<i>hydrochlorothiazide</i>	1	GC MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	GC MO	<i>indapamide</i>	1	GC MO
<i>diltiazem hcl er cp12</i>	2	GC MO	<i>isradipine</i>	2	GC MO
<i>diltiazem hcl er cp24 360mg, 420mg</i>	2	GC MO	<i>labetalol inj</i>	2	GC
<i>diltiazem hcl inj 25mg/5ml</i>	2	GC	<i>labetalol tabs</i>	2	GC MO
DILTIAZEM HCL INJ 100MG	3		<i>lisinopril</i>	1	GC MO
<i>diltiazem hcl tabs</i>	2	GC MO	<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	1	GC QL(90 per 90 days) MO
<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	2	GC MO	<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	GC QL(360 per 90 days) MO
DIOVAN HCT	3	QL(90 per 90 days) MO	<i>losartan potassium tabs 100mg</i>	2	GC QL(90 per 90 days) MO
DIOVAN TABS 320MG	3	QL(90 per 90 days) MO			
DIOVAN TABS 160MG, 40MG, 80MG	3	QL(180 per 90 days) MO			
<i>doxazosin</i>	1	GC QL(180 per 90 days) MO			
EDECIN	3	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tabs 25mg, 50mg</i>	2	GC QL(180 per 90 days) MO	<i>perindopril erbumine</i>	2	GC MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	2	GC QL(90 per 90 days) MO	<i>pindolol</i>	1	GC MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	2	GC QL(180 per 90 days) MO	<i>prazosin</i>	1	GC QL(360 per 90 days) MO
<i>matzim la</i>	2	GC MO	<i>propranolol hcl er</i>	1	GC MO
<i>methyclothiazide</i>	2	GC MO	<i>propranolol hcl inj</i>	1	GC
<i>metolazone</i>	2	GC MO	<i>propranolol hcl oral soln</i>	1	GC MO
<i>metoprolol succinate er</i>	2	GC	<i>propranolol hcl tabs</i>	1	GC MO
<i>metoprolol tartrate inj</i>	1	GC	<i>propranolol/hydrochlorothiazide</i>	2	GC MO
<i>metoprolol tartrate tabs</i>	1	GC MO	<i>quinapril</i>	2	GC MO
<i>metoprolol/hydrochlorothiazide</i>	2	GC MO	<i>quinapril/hydrochlorothiazide</i>	2	GC QL(90 per 90 days) MO
MICARDIS HCT	3	QL(90 per 90 days) MO	<i>ramipril</i>	2	GC MO
MICARDIS TABS 20MG, 40MG	3	QL(90 per 90 days) MO	REMODULIN	5	PA MO
MICARDIS TABS 80MG	3	QL(180 per 90 days) MO	<i>reserpine</i>	2	GC MO
<i>minoxidil tabs</i>	2	GC MO	SODIUM EDECIN	3	
<i>moexipril</i>	2	GC MO	<i>spironolactone</i>	1	GC MO
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	2	GC QL(90 per 90 days) MO	<i>spironolactone/hydrochlorothiazide</i>	2	GC MO
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	2	GC QL(180 per 90 days) MO	<i>taztia xt</i>	2	GC MO
<i>nadolol</i>	1	GC MO	TEKAMLO	3	QL(90 per 90 days) MO
<i>nadolol/bendroflumethiazide</i>	2	GC MO	TEKTURNA	3	QL(90 per 90 days) MO
<i>nicardipine caps</i>	2	GC MO	TEKTURNA HCT	3	QL(90 per 90 days) MO
<i>nifediac cc</i>	2	GC MO	<i>terazosin hcl</i>	1	GC QL(180 per 90 days) MO
<i>nifedical xl</i>	2	GC MO	<i>timolol maleate</i>	1	GC MO
<i>nifedipine</i>	2	GC MO	<i>torse mide tabs</i>	2	GC MO
<i>nifedipine er tb24 30mg, 60mg</i>	2	GC	<i>trandolapril</i>	2	GC MO
<i>nifedipine er tb24 90mg</i>	2	GC MO	<i>triamterene/hydrochlorothiazide</i>	1	GC MO
<i>nimodipine</i>	2	GC MO	TWYNSTA	3	QL(90 per 90 days) MO
<i>nisoldipine</i>	2	GC MO	VALTURNA	3	QL(90 per 90 days) MO
<i>nisoldipine er</i>	2	GC MO	<i>verapamil er cp24</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>verapamil er tbc</i> 120mg, 240mg	1	GC	PROMACTA TABS 25MG	5	LA PA
<i>verapamil er tbc</i> 180mg	1	GC MO			QL(270 per 90 days)
<i>verapamil inj</i>	1	GC			MO
<i>verapamil tabs</i>	1	GC MO	<i>ticlopidine hcl</i>	2	GC MO
CARDIAC GLYCOSIDES			<i>warfarin</i>	1	GC MO
<i>digoxin inj</i>	1	GC	LIPID/CHOLESTEROL LOWERING AGENTS		
<i>digoxin oral soln</i>	1	GC MO	CADUET	3	QL(90 per 90 days)
<i>digoxin tabs</i>	1	GC MO			MO
LANOXIN INJ	3		<i>cholestyramine light pack</i>	2	GC MO
LANOXIN TABS	3	MO	<i>colestipol</i>	2	GC MO
COAGULATION THERAPY			CRESTOR	3	QL(90 per 90 days)
AGGRENOX	3	MO			MO
ARIXTRA	3	MO	<i>fenofibrate</i>	2	GC MO
<i>cilostazol</i>	2	GC MO	<i>fenofibrate micronized</i>	2	GC MO
COUMADIN TABS	4	MO	<i>gemfibrozil</i>	2	GC MO
CYKLOKAPRON	3	MO	<i>lipitor</i>	2	GC QL(90 per 90 days)
EFFIENT	3	MO			MO
<i>enoxaparin sodium inj</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	2	GC MO	<i>lovastatin tabs 10mg</i>	1	GC QL(90 per 90 days)
<i>enoxaparin sodium inj</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	5	MO			MO
FRAGMIN	3	MO	<i>lovastatin tabs 20mg, 40mg</i>	1	GC QL(180 per 90 days)
HEPARIN SODIUM INJ 2000UNIT/ML	3	MO			MO
<i>heparin sodium inj</i> 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	2	GC MO	LOVAZA	3	MO
<i>heparin sodium/d5w inj</i> 5%; 40unit/ml	2	GC	NIASPAN	3	MO
HEPARIN SODIUM/NACL 0.45%	3		<i>pravastatin tabs</i> 10mg, 20mg, 80mg	2	GC QL(90 per 90 days)
<i>heparin sodium/sodium chloride</i> 0.9% premix	2	GC			MO
<i>jantoven</i>	1	GC MO	<i>pravastatin tabs</i> 40mg	2	GC QL(180 per 90 days)
LOVENOX INJ 300MG/3ML	3	MO			MO
<i>pentopak</i>	2	GC MO	<i>prevalite powd</i>	2	GC MO
<i>pentoxifylline er</i>	2	GC MO	<i>simvastatin</i>	2	GC QL(90 per 90 days)
PLAVIX	3	MO			MO
PRADAXA	3	MO	TRICOR	3	MO
PROMACTA TABS 50MG, 75MG	5	LA PA QL(90 per 90 days) MO	TRILIPIX	3	MO
			WELCHOL	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZETIA	3	QL(90 per 90 days) MO	<i>imiquimod</i>	2	GC MO
MISCELLANEOUS CARDIOVASCULAR AGENTS			<i>laclotion</i>	2	GC MO
RANEXA	3	MO	OXSORALEN ULTRA	5	MO
NITRATES			PANRETIN	3	MO
<i>isosorbide dinitrate</i>	1	GC MO	<i>podofilox</i>	2	GC MO
<i>isosorbide dinitrate er</i>	1	GC MO	PROTOPIC	4	MO
<i>isosorbide mononitrate</i>	2	GC MO	REGRANEX	3	PA MO
<i>isosorbide mononitrate er</i>	1	GC MO	SOLARAZE	3	MO
<i>nitro-bid</i>	2	GC MO	UVADEX	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO	VEREGEN	4	MO
<i>nitroglycerin inj</i>	2	GC PA	ZONALON	3	MO
<i>nitroglycerin pt24 0.2mg/hr, 0.6mg/hr</i>	2	GC	THERAPY FOR ACNE		
<i>nitroglycerin pt24 0.4mg/hr</i>	2	GC MO	<i>adapalene</i>	2	GC
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	GC MO	<i>amnesteem</i>	2	GC
NITROLINGUAL PUMPSPRAY	3	MO	<i>avita crea</i>	2	GC MO
NITROSTAT	3	MO	AZELEX	3	MO
DERMATOLOGICALS/TOPICAL THERAPY			<i>claravis caps 10mg, 20mg, 40mg</i>	2	GC
ANTIPSORIATIC / ANTISEBORRHEIC			<i>claravis caps 30mg</i>	5	
<i>calcipotriene</i>	2	GC MO	<i>clindamycin phosphate external soln</i>	2	GC MO
<i>selenium sulfide lotn 2.5%</i>	1	GC MO	<i>clindamycin phosphate foam</i>	2	GC MO
SORIATANE	3	MO	<i>clindamycin phosphate gel</i>	2	GC MO
BURN THERAPY			<i>clindamycin phosphate lotn</i>	2	GC MO
<i>silver sulfadiazine</i>	2	GC MO	<i>clindamycin phosphate swab</i>	2	GC MO
<i>ssd</i>	2	GC MO	<i>clindamycin/benzoyl peroxide</i>	2	GC MO
<i>thermazene</i>	2	GC MO	DIFFERIN LOTN	3	MO
MISCELLANEOUS DERMATOLOGICALS			<i>ery</i>	1	GC MO
8-MOP	3	MO	<i>erythromycin / benzoyl peroxide</i>	2	GC MO
<i>ammonium lactate</i>	2	GC MO	<i>erythromycin external soln</i>	1	GC MO
CARAC	3	MO	<i>erythromycin gel</i>	1	GC MO
CARMOL-HC	3	MO	FINACEA	3	MO
CONDYLOX GEL	3	MO	METROGEL	3	MO
ELIDEL	4	MO	<i>metronidazole</i>	1	GC MO
FLUOROPLEX	3	MO	<i>sotret</i>	2	GC
<i>fluorouracil crea</i>	2	GC MO	TAZORAC	3	MO
<i>fluorouracil external soln</i>	2	GC MO	<i>tretinoin</i>	2	GC MO
			TOPICAL ANESTHETICS		
			<i>lidocaine / prilocaine crea</i>	2	GC MO
			<i>lidocaine external soln</i>	2	GC MO
			<i>lidocaine gel</i>	2	GC MO
			<i>lidocaine inj 0.5%, 1%</i>	2	GC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine oint</i>	2	GC MO	<i>augmented betamethasone dipropionate lotn</i>	2	GC MO
<i>lidocaine viscous</i>	2	GC MO	<i>augmented betamethasone dipropionate oint</i>	1	GC MO
LIDODERM	3	PA MO	<i>betamethasone dipropionate</i>	2	GC MO
TOPICAL ANTIBACTERIALS			<i>betamethasone valerate</i>	1	GC MO
ALTABAX	3	MO	CAPEX	3	MO
BACTROBAN CREA	3	MO	<i>clobetasol propionate e</i>	2	GC MO
<i>gentamicin sulfate crea</i>	1	GC MO	<i>clobetasol propionate external soln</i>	2	GC
<i>gentamicin sulfate oint 0.1%</i>	1	GC MO	<i>clobetasol propionate gel</i>	2	GC MO
<i>mupirocin</i>	2	GC MO	<i>clobetasol propionate oint</i>	2	GC MO
PHISOHEX	3	MO	CLOBEX LOTN	3	MO
<i>sodium sulfacetamide</i>	2	GC MO	CLOBEX SHAM	3	MO
SULFAMYLON	3	MO	CORDRAN TAPE	3	MO
TOPICAL ANTIFUNGALS			DERMA-SMOOTHIE / FS BODY OIL	3	MO
<i>ciclopirox</i>	2	GC MO	<i>desonide</i>	2	GC MO
<i>ciclopirox nail lacquer</i>	2	GC MO	<i>desoximetasone</i>	2	GC MO
<i>ciclopirox olamine</i>	2	GC MO	<i>diflorasone diacetate</i>	2	GC MO
<i>clotrimazole / betamethasone</i>	2	GC MO	<i>fluocinolone acetonide</i>	1	GC MO
<i>clotrimazole external crea</i>	2	GC MO	<i>fluocinonide emollient base</i>	2	GC
<i>clotrimazole external soln</i>	2	GC MO	<i>fluocinonide external soln</i>	2	GC MO
<i>econazole nitrate</i>	2	GC MO	<i>fluocinonide gel</i>	2	GC MO
<i>ketoconazole</i>	2	GC MO	<i>fluocinonide oint</i>	2	GC MO
NAFTIN	3	MO	<i>fluticasone propionate</i>	2	GC MO
<i>nyamyc</i>	1	GC MO	<i>halobetasol propionate</i>	2	GC MO
<i>nystatin / triamcinolone</i>	1	GC MO	<i>hydrocortisone butyrate</i>	2	GC MO
<i>nystatin crea</i>	1	GC MO	<i>hydrocortisone crea 1%, 2.5%</i>	1	GC MO
<i>nystatin external powd</i>	1	GC	<i>hydrocortisone lotn 2.5%</i>	1	GC MO
<i>nystatin oint</i>	1	GC MO	<i>hydrocortisone oint 1%, 2.5%</i>	1	GC MO
<i>nystop</i>	1	GC MO	<i>hydrocortisone valerate</i>	2	GC MO
<i>pedi-dri</i>	1	GC MO	LOCOID LOTN	3	MO
TOPICAL ANTIVIRALS			LUXIQ	3	MO
DENAVIR	3	MO	<i>mometasone furoate</i>	2	GC MO
ZOVIRAX CREA	4	MO	PANDEL	3	MO
ZOVIRAX OINT	4	MO	<i>prednicarbate</i>	2	GC MO
TOPICAL CORTICOSTEROIDS			<i>triamcinolone acetonide crea</i>	1	GC MO
<i>ala cort</i>	1	GC MO	<i>triamcinolone acetonide lotn</i>	1	GC MO
<i>alclometasone dipropionate</i>	2	GC MO	<i>triamcinolone acetonide oint</i>	1	GC MO
<i>amcinonide crea</i>	2	GC MO	<i>triderm</i>	1	GC MO
<i>amcinonide lotn</i>	2	GC MO	TOPICAL ENZYMES		
<i>amcinonide oint</i>	2	GC			
<i>augmented betamethasone dipropionate crea</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SANTYL	3	MO	EXJADE TBSO 125MG	3	LA MO
TOPICAL SCABICIDES / PEDICULICIDES			EXJADE TBSO 250MG, 500MG	5	LA MO
<i>acticin</i>	2	GC MO	FOSRENOL	3	MO
EURAX	3	MO	INCRELEX	5	LA PA MO
LINDANE	3	QL(1800 per 365 days) MO	<i>kionex powd</i>	2	GC MO
<i>malathion</i>	2	GC MO	<i>levocarnitine oral soln</i>	2	GC PA MO
<i>permethrin crea</i>	2	GC MO	<i>levocarnitine tabs</i>	2	GC PA MO
ULESFIA	4	MO	<i>midodrine</i>	2	GC MO
DIAGNOSTICS / MISCELLANEOUS AGENTS			ORFADIN	5	LA MO
MISCELLANEOUS AGENTS			<i>pilocarpine hcl tabs</i>	2	GC MO
ACTONEL TABS 30MG	4	PA QL(60 per 120 days) MO	PROLASTIN INJ 500MG	5	LA MO
ADAGEN	5	LA MO	PROLASTIN-C	5	LA
<i>alendronate sodium tabs 40mg</i>	2	GC PA QL(180 per 365 days) MO	RENAGEL	3	MO
<i>anagrelide hydrochloride</i>	2	GC MO	REVELA	3	MO
ANTABUSE TABS 250MG	3	MO	RILUTEK	5	MO
ARALAST NP INJ 400MG	5	LA MO	SKELID	4	PA QL(180 per 90 days) MO
BUPHENYL	3	MO	<i>sodium chloride 0.9%</i>	2	GC MO
CAMPRAL	3	QL(540 per 90 days) MO	<i>sodium chloride inj 0.9%</i>	2	GC MO
CHEMET	3	MO	<i>sodium polystyrene sulfonate</i>	2	GC MO
CLINIMIX / DEXTROSE	3		SYPRINE	3	MO
DEXTROSE 10%/NACL 0.45%	3		SMOKING DETERRENTS		
<i>dextrose 10% flex container</i>	2	GC	<i>buproban</i>	2	GC PA QL(180 per 90 days) MO
DEXTROSE 10%/NACL 0.2%	3		CHANTIX TABS	3	PA MO
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	GC	CHANTIX TABS 0.5MG, 1MG	3	PA QL(168 per 90 days) MO
<i>dextrose 5%</i>	2	GC MO	NICOTROL INHALER	4	PA QL(1008 per 90 days) MO
<i>dextrose 5%/nacl 0.2%</i>	2	GC	NICOTROL NASAL	4	PA QL(120 per 90 days) MO
<i>dextrose 5%/nacl 0.225%</i>	2	GC	EAR, NOSE / THROAT MEDICATIONS		
DEXTROSE 5%/NACL 0.33%	3		MISCELLANEOUS AGENTS		
<i>dextrose 5%/nacl 0.45%</i>	2	GC MO	ASTEPRO	3	MO
<i>dextrose 5%/nacl 0.9%</i>	2	GC MO	<i>azelastine hcl</i>	2	GC MO
<i>etidronate disodium</i>	2	GC MO			
EVOXAC	4	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BACTROBAN NASAL	3	MO	<i>methylprednisolone acetate</i>	2	GC PA MO
<i>chlorhexidine gluconate oral rinse</i>	1	GC MO	<i>methylprednisolone</i>	2	GC PA
<i>ipratropium bromide nasal soln</i>	1	GC MO	<i>sodiumsuccinate inj 125mg, 40mg</i>		
<i>periogard</i>	1	GC MO	METHYLPREDNISOLONE	3	PA MO
<i>triamcinolone in orabase</i>	1	GC MO	SODIUMSUCCINATE INJ 1000MG		
TYZINE	3	MO	<i>methylprednisolone tabs 32mg</i>	1	GC PA
TYZINE PEDIATRIC NASAL DROPS	3		<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	GC PA MO
MISCELLANEOUS OTIC PREPARATIONS			<i>prednisolone sodium phosphate oral soln</i>	2	GC PA MO
<i>acetasol hc</i>	2	GC MO	<i>prednisone</i>	1	GC PA MO
<i>acetic acid</i>	2	GC MO	PREDNISONE INTENSOL	3	PA MO
<i>acetic acid / hydrocortisone</i>	2	GC MO	SOLU-CORTEF INJ 100MG, 250MG	3	MO
DERMOTIC	3	MO	SOLU-MEDROL INJ 2GM	3	PA
<i>ofloxacin</i>	2	GC MO	SOLU-MEDROL INJ 125MG, 40MG, 500MG	3	PA MO
OTIC STEROID / ANTIBIOTIC			ANTITHYROID AGENTS		
CIPRO HC	4	MO	<i>methimazole</i>	2	GC MO
CIPRODEX	3	MO	<i>propylthiouracil</i>	2	GC MO
COLY-MYCIN S	3	MO	DIABETES THERAPY		
CORTISPORIN-TC	3	MO	<i>acarbose</i>	2	GC QL(270 per 90 days) MO
<i>cortomycin</i>	2	GC MO	ACTOPLUS MET	3	QL(270 per 90 days) MO
<i>neomycin/polymyxin/hc</i>	2	GC MO	ACTOS	3	QL(90 per 90 days) MO
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	2	GC MO	ALCOHOL PREPS	3	
ENDOCRINE/DIABETES			AVANDAMET	3	QL(180 per 90 days) MO
ADRENAL HORMONES			AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	3	QL(90 per 90 days) MO
<i>a-hydrocort</i>	2	GC MO	AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	3	QL(180 per 90 days) MO
<i>a-methapred inj 40mg</i>	2	GC PA	AVANDIA TABS 8MG	3	QL(90 per 90 days) MO
<i>a-methapred inj 125mg</i>	2	GC PA MO			
<i>cortisone acetate</i>	2	GC MO			
DEPO-MEDROL	3	PA MO			
<i>dexamethasone elix</i>	1	GC MO			
<i>dexamethasone inj 4mg/ml</i>	1	GC MO			
DEXAMETHASONE	3	MO			
INTENSOL					
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	GC MO			
DEXAMETHASONE TABS 1MG, 2MG	3	MO			
<i>fludrocortisone acetate</i>	2	GC MO			
<i>hydrocortisone tabs</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVANDIA TABS 2MG, 4MG	3	QL(180 per 90 days) MO	GLUCOPHAGE TABS 1000MG	4	QL(180 per 90 days) MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO	GLUCOPHAGE TABS 850MG	4	QL(270 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	MO	GLUCOPHAGE TABS 500MG	4	QL(450 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO	GLUCOPHAGE XR TB24 750MG	4	QL(270 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO	GLUCOPHAGE XR TB24 500MG	4	QL(450 per 90 days) MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	MO	<i>glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	2	GC QL(180 per 90 days) MO
BYETTA	4	QL(7.2 per 90 days) ST MO	<i>glyburide / metformin tabs 5mg; 500mg</i>	2	GC QL(360 per 90 days) MO
DUETACT	3	QL(90 per 90 days) MO	<i>glyburide micronized</i>	1	GC QL(180 per 90 days) MO
GAUZE PADS 2"X2"	3	MO	<i>glyburide tabs 1.25mg, 2.5mg</i>	1	GC QL(180 per 90 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	GC QL(90 per 90 days) MO	<i>glyburide tabs 5mg</i>	1	GC QL(360 per 90 days) MO
<i>glimepiride tabs 4mg</i>	1	GC QL(180 per 90 days) MO	<i>glycron tabs 1.5mg</i>	1	GC QL(180 per 90 days) MO
<i>glipizide / metformin</i>	2	GC QL(360 per 90 days) MO	GLYCRON TABS 4.5MG	3	QL(360 per 90 days)
<i>glipizide er tb24 2.5mg, 5mg</i>	1	GC QL(90 per 90 days)	HUMALOG	3	QL(60 per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	GC QL(180 per 90 days)	HUMALOG KWIKPEN	3	QL(60 per 30 days) MO
<i>glipizide tabs 10mg</i>	1	GC QL(360 per 90 days) MO	HUMALOG MIX 50/50	3	QL(60 per 30 days) MO
<i>glipizide tabs 5mg</i>	1	GC QL(720 per 90 days) MO	HUMALOG MIX 50/50 KWIKPEN	3	QL(60 per 30 days) MO
GLUCAGEN HYPOKIT	3	MO			
GLUCAGON EMERGENCY KIT	3	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 1000mg</i>	1	GC QL(180 per 90 days) MO
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 850mg</i>	1	GC QL(270 per 90 days) MO
HUMULIN 70/30	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 500mg</i>	1	GC QL(450 per 90 days) MO
HUMULIN 70/30 PEN	3	QL(60 per 30 days) MO	<i>nateglinide</i>	2	GC QL(270 per 90 days) MO
HUMULIN N	3	QL(60 per 30 days) MO	NOVOLOG	3	QL(60 per 30 days) MO
HUMULIN N U-100 PEN	3	QL(60 per 30 days) MO	NOVOLOG FLEXPEN	3	QL(60 per 30 days) MO
HUMULIN R	3	QL(60 per 30 days) MO	NOVOLOG MIX 70/30	3	QL(60 per 30 days) MO
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 per 30 days) MO	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(60 per 30 days) MO
JANUMET	3	QL(180 per 90 days) MO	ONGLYZA	3	QL(90 per 90 days) MO
JANUVIA	3	QL(90 per 90 days) MO	PRANDIN TABS 0.5MG, 1MG	3	QL(360 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL(90 per 90 days) MO	PRANDIN TABS 2MG	3	QL(720 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL(180 per 90 days) MO	PROGLYCEM	3	MO
LANTUS	3	QL(30 per 30 days) MO	SYMLIN	4	QL(60 per 90 days)
LANTUS SOLOSTAR	3	QL(30 per 30 days) MO	SYMLINPEN 120	4	QL(33 per 90 days) MO
<i>metformin hcl er tb24 750mg</i>	1	GC QL(270 per 90 days) MO	SYMLINPEN 60	4	QL(33 per 90 days) MO
<i>metformin hcl er tb24 500mg</i>	1	GC QL(450 per 90 days) MO	<i>tolazamide</i>	2	GC MO
			<i>tolbutamide</i>	2	GC MO
MISCELLANEOUS HORMONES					
			ALDURAZYME	5	LA PA MO
			ANADROL-50	4	PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANDRODERM	3	PA MO	<i>levoxyl</i>	1	GC MO
ANDROGEL GEL 50MG/5GM	3	PA MO	<i>liothyronine sodium tabs</i>	2	GC MO
ANDROGEL PUMP GEL 1.62%	3	PA MO	SYNTHROID	3	MO
ANDROID	3	PA MO	<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	GC MO
<i>androxy</i>	2	GC PA MO	GASTROENTEROLOGY		
<i>cabergoline</i>	2	GC MO	ANTIDIARRHEALS / ANTISPASMODICS		
<i>calcitonin-salmon</i>	2	GC QL(12 per 90 days) MO	<i>atropine sulfate inj 0.1mg/ml</i>	2	GC
<i>calcitriol</i>	2	GC PA MO	ATROPINE SULFATE INJ 0.05MG/ML	3	
CEREZYME INJ 200UNIT	5	LA PA MO	<i>dicyclomine hcl caps</i>	2	GC MO
<i>danazol</i>	2	GC MO	<i>dicyclomine hcl inj</i>	2	GC
<i>desmopressin acetate</i>	2	GC MO	<i>dicyclomine hcl oral soln</i>	2	GC MO
FABRAZYME INJ 35MG	5	LA PA MO	<i>dicyclomine hcl tabs</i>	2	GC MO
<i>fortical</i>	2	GC QL(12 per 90 days) MO	<i>glycopyrrolate</i>	2	GC MO
KUVAN	5	LA MO	<i>loperamide hcl caps</i>	2	GC MO
NAGLAZYME	5	LA MO	<i>propantheline bromide</i>	2	GC MO
<i>oxandrolone tabs 10mg</i>	5	PA MO	MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>oxandrolone tabs 2.5mg</i>	2	GC PA MO	AMITIZA	3	MO
SAMSCA TABS 30MG	5	QL(730 per 365 days) MO	ASACOL	3	MO
SAMSCA TABS 15MG	5	QL(1460 per 365 days) MO	ASACOL HD	3	MO
SENSIPAR TABS 60MG, 90MG	5	MO	<i>balsalazide</i>	2	GC MO
SENSIPAR TABS 30MG	3	MO	CANASA	3	MO
SOMAVERT	3	PA QL(90 per 90 days) MO	CIMZIA	5	PA QL(6 per 28 days) MO
STIMATE	3	MO	<i>compro</i>	2	GC MO
SYNAREL	4	MO	<i>constulose</i>	1	GC MO
<i>testosterone cypionate inj 100mg/ml</i>	2	GC PA MO	CORTIFOAM	3	MO
<i>testosterone enanthate</i>	2	GC PA MO	CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT; 30000UNIT; 6000UNIT; 19000UNIT; 60000UNIT; 12000UNIT; 38000UNIT	3	MO
ZAVESCA	3	LA	CYSTADANE	3	MO
ZEMPLAR	3	PA MO	DIPENTUM	4	MO
ZOMETA	5	QL(30 per 90 days) MO	<i>dronabinol</i>	2	GC PA MO
THYROID HORMONES			EMEND CAPS 40MG	3	PA QL(3 per 90 days) MO
<i>levothyroxine tabs</i>	1	GC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMEND CAPS 125MG	3	PA QL(6 per 90 days) MO	<i>ondansetron hcl tabs 4mg, 8mg</i>	2	GC PA QL(135 per 90 days) MO
EMEND CAPS	3	PA QL(18 per 90 days) MO	<i>ondansetron odt</i>	2	GC PA QL(135 per 90 days) MO
EMEND CAPS 80MG	3	PA QL(24 per 90 days) MO	PENTASA	3	MO
ENTOCORT EC	3	MO	<i>polyethylene glycol 3350 powd</i>	2	GC MO
<i>enulose</i>	1	GC MO	<i>prochlorperazine</i>	2	GC
GASTROCROM	3	MO	<i>prochlorperazine edisylate</i>	2	GC MO
<i>gavilyte-c</i>	2	GC QL(4000 per 30 days) MO	<i>prochlorperazine maleate</i>	1	GC MO
<i>gavilyte-g</i>	2	GC QL(4000 per 30 days) MO	<i>procto-pak</i>	1	GC MO
<i>gavilyte-n/flavor pack</i>	2	GC QL(4000 per 30 days) MO	<i>proctosol hc</i>	1	GC MO
<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	2	GC QL(42 per 90 days) MO	<i>proctozone-hc</i>	1	GC MO
<i>granisetron tabs</i>	2	GC PA QL(180 per 90 days) MO	RELISTOR	3	MO
<i>hydrocortisone enem</i>	1	GC	REMICADE	5	PA MO
<i>lactulose</i>	1	GC MO	SANCUSO	3	QL(6 per 90 days) MO
LOTRONEX	3	QL(180 per 90 days) MO	<i>sulfasalazine tabs</i>	2	GC MO
<i>meclizine hcl</i>	2	GC MO	<i>sulfazine ec</i>	2	GC
<i>mesalamine enem</i>	2	GC MO	TRANSDERM-SCOP	4	MO
<i>metoclopramide</i>	1	GC MO	<i>trilyte</i>	2	GC QL(4000 per 30 days) MO
<i>ondansetron hcl inj 4mg/2ml</i>	2	GC MO	<i>ursodiol caps</i>	2	GC MO
<i>ondansetron hcl oral soln</i>	2	GC PA MO	<i>ursodiol tabs</i>	2	GC
<i>ondansetron hcl tabs 24mg</i>	2	GC PA QL(21 per 90 days)	ZENPEP	3	MO
			ZUPLENZ	3	PA QL(135 per 90 days) MO
ULCER THERAPY					
			CARAFATE SUSP	3	MO
			DEXILANT	4	QL(90 per 90 days) ST MO
			<i>famotidine inj</i>	1	GC MO
			<i>famotidine premixed</i>	2	GC
			<i>famotidine susr</i>	1	GC MO
			<i>famotidine tabs 20mg, 40mg</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole</i>	2	GC QL(180 per 90 days) MO	ARANESP INJ 100MCG/0.5ML	3	PA QL(6 per 90 days) MO
<i>lansoprazole odt</i>	2	GC QL(180 per 90 days) MO	ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	3	PA QL(7.2 per 90 days) MO
<i>misoprostol</i>	2	GC MO	ARANESP INJ 40MCG/0.4ML	3	PA QL(9.6 per 90 days) MO
NEXIUM	3	QL(90 per 90 days) MO	ARANESP INJ 25MCG/0.42ML	3	PA QL(10.08 per 90 days) MO
NEXIUM I.V. INJ 20MG	3				
NEXIUM I.V. INJ 40MG	3	MO			
<i>nizatidine</i>	2	GC MO	ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	3	PA QL(12 per 90 days) MO
<i>omeprazole cpdr 40mg</i>	2	GC QL(90 per 90 days) MO	ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	PA QL(24 per 90 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	2	GC QL(180 per 90 days) MO	ARCALYST	5	LA MO
<i>omeprazole/sodium bicarbonate</i>	2	GC QL(90 per 90 days) MO	AVONEX	5	PA QL(12 per 90 days) MO
PREVPAC	4	MO	BETASERON	5	PA QL(45 per 90 days) MO
PYLERA	3	MO	EPOGEN INJ 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(36 per 90 days) MO
<i>ranitidine hcl caps</i>	1	GC MO	EPOGEN INJ 10000UNIT/ML	4	PA QL(72 per 90 days) MO
<i>ranitidine hcl syrp</i>	1	GC MO			
<i>ranitidine hcl tabs</i>	1	GC MO			
<i>sucralfate</i>	2	GC MO			
ZANTAC INJ 50MG/50ML; 0.45%	3	MO			
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY					
BIOTECHNOLOGY DRUGS					
ACTIMMUNE	5	LA PA MO	INTRON-A INJ 3MU/0.2ML	3	PA
ARANESP INJ 500MCG/ML	3	PA QL(3 per 90 days) MO	INTRON-A INJ 6000000UNIT/ML	3	PA MO
ARANESP INJ 150MCG/0.3ML	3	PA QL(3.6 per 90 days) MO	INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	5	PA
ARANESP INJ 200MCG/0.4ML	3	PA QL(4.8 per 90 days) MO	INTRON-A WITH DILUENT INJ 10MU	5	PA MO
			LEUKINE	5	PA MO
			MOZOBIL	5	QL(4.8 per 90 days) MO
			NEULASTA	4	PA QL(3.6 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEUMEGA	5	PA QL(63 per 90 days) MO	COMVAX	3	MO
NEUPOGEN INJ 300MCG/0.5ML	5	PA QL(21 per 90 days) MO	DAPTACEL	3	MO
NEUPOGEN INJ 480MCG/0.8ML	5	PA QL(33.6 per 90 days) MO	DECAVAC	3	MO
NEUPOGEN INJ 480MCG/1.6ML	5	PA QL(67.2 per 90 days) MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	MO
NORDITROPIN FLEXPRO	5	PA MO	ENGERIX-B INJ 10MCG/0.5ML	3	PA
NORDITROPIN NORDIFLEX PEN	5	PA MO	ENGERIX-B INJ 20MCG/ML	3	PA MO
<i>omnitrope inj 5mg/1.5ml</i>	2	GC PA MO	GARDASIL	3	PA MO
PEG-INTRON INJ 50MCG/0.5ML	5	PA QL(12 per 90 days) MO	HAVRIX INJ 720ELU/0.5ML	3	
PEG-INTRON REDIPEN	5	PA QL(12 per 90 days) MO	HAVRIX INJ 1440ELU/ML	3	MO
PEGASYS INJ 180MCG/0.5ML	5	PA QL(6 per 90 days) MO	HIZENTRA INJ 1GM/5ML	5	PA MO
PEGASYS INJ 180MCG/ML	5	PA QL(12 per 90 days) MO	IMOVAX RABIES (H.D.C.V.)	3	
PROCRIT INJ 40000UNIT/ML	3	PA QL(18 per 90 days) MO	INFANRIX	3	MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 90 days) MO	IPOL INACTIVATED IPV	3	MO
PROLEUKIN	5	MO	IXIARO	3	
REBIF	5	PA QL(18 per 90 days) MO	JE-VAX	3	MO
REBIF TITRATION PACK	5	PA MO	M-M-R II W/DILUENT 10 DOSE	3	MO
TEV-TROPIN	3	PA MO	MENACTRA	3	
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			MENOMUNE-A/C/Y/W-135	3	MO
ACTHIB	3		MENVEO	3	
ADACEL	3	MO	PEDVAX HIB	3	MO
BOOSTRIX	3	MO	PRIVIGEN INJ 20GM/200ML	5	PA MO
CERVARIX	3	PA	PROQUAD	3	
			RABAVERT	3	MO
			RECOMBIVAX HB INJ 40MCG/ML	3	PA
			RECOMBIVAX HB INJ 10MCG/ML	3	PA MO
			ROTATEQ	3	
			TETANUS / DIPHThERIA	3	MO
			TOXOIDS-ADSORBED ADULT		
			TETANUS TOXOID ADSORBED	3	
			THYMOGLOBULIN	3	PA
			TRIPEDIA	3	
			TWINRIX	3	PA MO
			TYPHIM VI	3	
			VAQTA	3	MO
			VARIVAX	3	
			VIVAGLOBIN	5	PA MO
			YF-VAX	3	
			ZOSTAVAX	3	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY			MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY			GOUT THERAPY		
<i>allopurinol</i>	1	GC MO	HUMIRA PEN-CROHNS DISEASE STARTER	5	PA MO
COLCRYS	3	QL(360 per 90 days) MO	<i>leflunomide</i>	2	GC QL(90 per 90 days) MO
<i>probenecid</i>	2	GC MO	RIDAURA	4	MO
<i>probenecid / colchicine</i>	2	GC MO	SAVELLA	3	QL(180 per 90 days) MO
ULORIC	3	MO	SAVELLA TITRATION PACK	3	MO
OSTEOPOROSIS THERAPY			OSTEOPOROSIS THERAPY		
ACTONEL TABS 150MG	4	QL(3 per 90 days) ST MO	SIMPONI	5	PA QL(1 per 30 days) MO
ACTONEL TABS 35MG	4	QL(12 per 90 days) ST MO	OBSTETRICS / GYNECOLOGY		
ACTONEL TABS 5MG	4	QL(90 per 90 days) ST MO	ESTROGENS / PROGESTINS		
<i>alendronate sodium tabs 35mg, 70mg</i>	2	GC QL(12 per 90 days) MO	ALORA	3	MO
<i>alendronate sodium tabs 10mg, 5mg</i>	2	GC QL(90 per 90 days) MO	<i>camila</i>	2	GC MO
BONIVA TABS	4	PA MO	CLIMARA PRO	3	MO
EVISTA	3	QL(90 per 90 days) MO	COMBIPATCH	3	MO
FORTEO	3	QL(7.2 per 90 days) MO	CRINONE GEL 4%	3	MO
OTHER RHEUMATOLOGICALS			CRINONE GEL 8%	3	PA MO
CUPRIMINE	3	MO	DEPO-PROVERA	3	MO
DEPEN TITRATABS	3	MO	DEPO-SUBQ PROVERA 104	4	MO
ENBREL	5	PA QL(600 per 90 days) MO	DIVIGEL GEL 1MG/GM	3	MO
HUMIRA INJ 20MG/0.4ML	5	PA QL(2.4 per 90 days) MO	<i>errin</i>	2	GC MO
HUMIRA INJ 40MG/0.8ML	5	PA QL(4.8 per 90 days) MO	ESTRADERM	3	MO
			<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	2	GC MO
			<i>estradiol ptwk</i>	1	GC
			<i>estradiol tabs</i>	1	GC MO
			ESTRING	4	QL(1 per 90 days) MO
			<i>estropipate</i>	1	GC MO
			<i>jinteli</i>	2	GC MO
			<i>jolivette</i>	2	GC MO
			<i>medroxyprogesterone acetate</i>	1	GC MO
			MENOSTAR	4	MO
			<i>nora-be</i>	2	GC MO
			<i>norethindrone tabs 5mg</i>	2	GC MO
			<i>ortho-est</i>	1	GC
			PREFEST	4	MO
			PREMARIN TABS	3	MO
			PREMARIN W/APPLICATOR	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	3	MO	<i>microgestin 1.5/30</i>	2	GC MO
PREMPRO	3	MO	<i>microgestin 1/20</i>	2	GC MO
PROMETRIUM	3	MO	<i>microgestin fe</i>	2	GC MO
VAGIFEM	3	MO	<i>microgestin fe 1.5/30</i>	2	GC MO
VIVELLE-DOT	3	MO	<i>mononessa</i>	2	GC MO
MISCELLANEOUS OB/GYN			<i>necon 0.5/35-28</i>	2	GC MO
CLEOCIN SUPP	3	MO	<i>necon 1/35-28</i>	2	GC MO
<i>clindamycin phosphate crea</i>	2	GC MO	<i>necon 10/11-28</i>	2	GC MO
GYNAZOLE-1	3		<i>necon 7/7/7</i>	2	GC MO
LYSTEDA	4	QL(120 per 90 days)	<i>next choice</i>	2	GC
		MO	<i>nortrel 0.5/35 (28)</i>	2	GC MO
<i>metronidazole vaginal</i>	1	GC MO	<i>nortrel 1/35 (21)</i>	2	GC MO
<i>miconazole 3</i>	2	GC MO	<i>nortrel 1/35 (28)</i>	2	GC MO
NUVARING	4	MO	<i>nortrel 7/7/7</i>	2	GC MO
ORTHO EVRA	4	MO	<i>ocella</i>	2	GC MO
<i>terconazole</i>	2	GC MO	<i>ogestrel</i>	2	GC MO
<i>vandazole</i>	1	GC MO	<i>portia-28</i>	2	GC MO
<i>zazole crea 0.4%</i>	2	GC MO	<i>previfem</i>	2	GC MO
ORAL CONTRACEPTIVES / RELATED AGENTS			<i>quasense</i>	2	GC MO
<i>apri</i>	2	GC MO	<i>reclipsen</i>	2	GC MO
<i>aranelle</i>	2	GC MO	<i>solia</i>	2	GC MO
<i>aviane</i>	2	GC MO	<i>sprintec 28</i>	2	GC MO
<i>balziva</i>	2	GC MO	<i>sronyx</i>	2	GC MO
<i>cesia</i>	2	GC MO	<i>tri-legest fe</i>	2	GC MO
<i>cryselle-28</i>	2	GC MO	<i>tri-previfem</i>	2	GC MO
<i>cyclafem 1/35</i>	2	GC MO	<i>tri-sprintec</i>	2	GC MO
<i>cyclafem 7/7/7</i>	2	GC MO	<i>trinessa</i>	2	GC MO
ELLA	3		<i>trivora-28</i>	2	GC MO
<i>enpresse-28</i>	2	GC MO	<i>velivet</i>	2	GC MO
<i>gianvi</i>	2	GC MO	<i>zeosa</i>	2	GC MO
<i>junel</i>	2	GC MO	<i>zovia 1/35e</i>	2	GC MO
<i>junel fe 1.5/30</i>	2	GC MO	<i>zovia 1/50e</i>	2	GC MO
<i>junel fe 1/20</i>	2	GC MO	OXYTOCICS		
<i>kariva</i>	2	GC MO	METHERGINE TABS 3		
<i>kelnor 1/35</i>	2	GC MO	OPHTHALMOLOGY		
<i>leena</i>	2	GC MO	ANTIBIOTICS		
<i>lessina-28</i>	2	GC MO	<i>ak-tob</i>	1	GC
<i>levora</i>	2	GC MO	AZASITE	3	MO
<i>low-ogestrel</i>	2	GC MO	<i>bacitracin / polymyxin b</i>	2	GC MO
<i>lutera</i>	2	GC MO	<i>bacitracin ophthalmic oint</i>	1	GC MO
			BESIVANCE	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT	3	MO	ALOCRI	4	MO
<i>ciprofloxacin ophthalmic soln</i>	1	GC MO	<i>azelastine hcl</i>	2	GC MO
<i>erythromycin oint</i>	1	GC MO	BEPREVE	3	MO
<i>gentak</i>	1	GC MO	<i>cromolyn sodium ophthalmic soln</i>	2	GC MO
<i>gentamicin sulfate ophthalmic soln</i>	1	GC MO	<i>epinastine hcl</i>	2	GC MO
<i>gentasol</i>	1	GC MO	LACRISERT	3	MO
<i>levofloxacin ophthalmic soln</i>	2	GC MO	PATADAY	3	MO
MOXEZA	3	MO	PATANOL	3	MO
NATACYN	3	MO	RESTASIS	3	MO
<i>neomycin/bacitracin/polymyxin</i>	1	GC MO	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>neomycin/polymyxin/gramicidin</i>	2	GC MO	ACUVAIL	3	MO
<i>ofloxacin</i>	2	GC MO	BROMDAY	3	MO
<i>romycin</i>	2	GC MO	<i>bromfenac</i>	2	GC MO
<i>tobramycin ophthalmic soln</i>	1	GC MO	<i>diclofenac sodium</i>	1	GC MO
<i>tobrasol</i>	1	GC	<i>flurbiprofen sodium</i>	2	GC MO
TOBEX OINT	3	MO	<i>ketorolac tromethamine ophthalmic soln</i>	2	GC MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC MO	NEVANAC	3	MO
VIGAMOX	3	MO	ORAL DRUGS FOR GLAUCOMA		
ZYMAR	3	MO	<i>acetazolamide</i>	2	GC MO
ZYMAXID	3	MO	<i>acetazolamide sodium</i>	2	GC
ANTIVIRALS			<i>methazolamide</i>	2	GC MO
<i>trifluridine</i>	2	GC MO	OTHER GLAUCOMA DRUGS		
ZIRGAN	4	MO	AZOPT	3	MO
BETA-BLOCKERS			COMBIGAN	3	MO
<i>betaxolol hcl</i>	2	GC MO	<i>dorzolamide hcl</i>	2	GC MO
BETOPTIC-S	3	MO	<i>dorzolamide hcl/timolol maleate</i>	2	GC MO
<i>carteolol hcl</i>	2	GC MO	<i>latanoprost</i>	2	GC MO
ISTALOL	3	MO	LUMIGAN	3	MO
<i>levobunolol hcl</i>	1	GC MO	TRAVATAN Z	3	MO
<i>metipranolol</i>	2	GC MO	STEROID-ANTIBIOTIC COMBINATIONS		
<i>timolol maleate</i>	1	GC MO	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	GC MO
<i>timolol maleate ophthalmic gel forming</i>	1	GC MO	<i>neomycin/polymyxin/dexamethasone</i>	1	GC MO
TIMOPTIC OCUDOSE	3	MO	<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	2	GC MO
CYCLOPLEGIC MYDRIATICS			<i>poly-dex oint</i>	1	GC MO
<i>tropicamide</i>	1	GC MO	<i>poly-dex susp</i>	1	GC
DIRECT ACTING MIOTICS			TOBRADEX OINT	3	MO
PILOPINE HS	3	MO	TOBRADEX ST	3	MO
MISCELLANEOUS OPHTHALMOLOGICS					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin/dexamethasone</i>	2	GC MO	CLARINEX-D 12 HOUR	3	QL(180 per 90 days)
ZYLET	3	MO			MO
STEROID-SULFONAMIDE COMBINATIONS			CLARINEX-D 24 HOUR	3	QL(90 per 90 days)
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	2	GC MO			MO
STEROIDS			<i>clemastine fumarate syrup</i>	2	GC MO
ALREX	3	MO	<i>clemastine fumarate tabs 2.68mg</i>	2	GC MO
<i>dexamethasone ophthalmic soln</i>	1	GC MO	<i>epinephrine hcl inj 0.1mg/ml</i>	2	GC
DUREZOL	3	MO	EPIPEN	3	MO
<i>fluorometholone</i>	2	GC MO	EPIPEN-JR	3	MO
FML	3	MO	<i>fexofenadine hcl tabs 180mg</i>	2	GC QL(90 per 90 days)
FML FORTE	3	MO	<i>fexofenadine hcl tabs 30mg, 60mg</i>	2	GC QL(180 per 90 days)
LOTEMAX	3	MO	<i>hydroxyzine hcl inj 25mg/ml</i>	2	GC
<i>prednisolone acetate</i>	2	GC MO	<i>hydroxyzine hcl inj 50mg/ml</i>	2	GC MO
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	GC MO	<i>hydroxyzine hcl syrup</i>	2	GC MO
SULFONAMIDES			<i>hydroxyzine hcl tabs</i>	2	GC MO
BLEPH-10	3	MO	<i>levocetirizine dihydrochloride</i>	2	GC QL(90 per 90 days)
<i>sodium sulfacetamide</i>	2	GC MO			MO
SYMPATHOMIMETICS			<i>palgic liqd</i>	2	GC MO
ALPHAGAN P	3	MO	<i>phenadoz</i>	2	GC
<i>apraclonidine</i>	2	GC MO	<i>promethazine hcl inj 25mg/ml</i>	2	GC
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	GC MO	<i>promethazine hcl inj 50mg/ml</i>	2	GC MO
IOPIDINE OPHTHALMIC SOLN 1%	4	MO	<i>promethazine hcl supp</i>	2	GC MO
VASOCONSTRICTOR DECONGESTANTS			<i>promethazine hcl syrup</i>	2	GC MO
<i>ak-con</i>	1	GC MO	<i>promethazine hcl tabs</i>	2	GC MO
RESPIRATORY AND ALLERGY ANTIHISTAMINE / ANTIALLERGENIC AGENTS			<i>promethegan supp 25mg</i>	2	GC
<i>carbinoxamine maleate</i>	2	GC MO	<i>promethegan supp 50mg</i>	2	GC MO
<i>cetirizine hcl syrup</i>	2	GC MO	TWINJECT	3	MO
CLARINEX REDITABS	3	QL(90 per 90 days)	PULMONARY AGENTS		
		MO	<i>acetylcysteine</i>	2	GC PA MO
CLARINEX SYRP	3	MO	ADVAIR DISKUS	3	QL(180 per 90 days)
CLARINEX TABS	3	QL(90 per 90 days)			MO
		MO	ADVAIR HFA	3	QL(36 per 90 days)
					MO
			<i>albuterol sulfate er</i>	1	GC MO
			<i>albuterol sulfate nebu</i>	1	GC PA MO
			<i>albuterol sulfate syrup</i>	1	GC MO
			<i>albuterol sulfate tabs</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aminophylline inj</i>	1	GC	PERFOROMIST	3	PA MO
<i>aminophylline tabs</i>	1	GC MO	PROAIR HFA	3	QL(51 per 90 days) MO
ASMANEX 120 METERED DOSES	3	QL(3 per 90 days) MO	PULMICORT SUSP 1MG/2ML	3	PA MO
ASMANEX 14 METERED DOSES	3	QL(3 per 90 days) MO	PULMOZYME	5	PA MO
ASMANEX 30 METERED DOSES	3	QL(3 per 90 days) MO	REVATIO INJ	5	QL(3375 per 90 days) MO
ASMANEX 60 METERED DOSES	3	QL(3 per 90 days) MO	REVATIO TABS	5	PA QL(270 per 90 days) MO
ATROVENT HFA	3	QL(77.4 per 90 days) MO	SEREVENT DISKUS	3	QL(180 per 90 days) MO
<i>budesonide susp</i>	2	GC PA MO	SINGULAIR	3	QL(90 per 90 days) MO
COMBIVENT	3	QL(88.2 per 90 days) MO	SPIRIVA HANDIHALER	3	QL(90 per 90 days) MO
<i>cromolyn sodium nebu</i>	2	GC PA MO	SYMBICORT AERO	3	QL(30.6 per 90 days)
DULERA	4	QL(39 per 90 days) MO	80MCG/ACT; 4.5MCG/ACT	3	QL(30.6 per 90 days) MO
ELIXOPHYLLIN	4	MO	SYMBICORT AERO	3	QL(30.6 per 90 days) MO
FLOVENT DISKUS	3	QL(360 per 90 days) MO	160MCG/ACT; 4.5MCG/ACT	3	QL(30.6 per 90 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QL(63.6 per 90 days) MO	<i>terbutaline sulfate</i>	2	GC MO
FLOVENT HFA AERO 220MCG/ACT, 44MCG/ACT	3	QL(72 per 90 days) MO	THEO-24	4	MO
<i>flunisolide nasal soln 0.025%</i>	2	GC MO	<i>theochron tb12 300mg</i>	2	GC
<i>fluticasone propionate</i>	2	GC MO	<i>theochron tb12 100mg</i>	2	GC MO
FORADIL AEROLIZER	3	QL(180 per 90 days) MO	<i>theophylline er</i>	2	GC MO
<i>ipratropium bromide inhalation soln</i>	1	GC PA MO	TRACLEER	5	LA PA QL(180 per 90 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	2	GC PA MO	VENTOLIN HFA	3	QL(108 per 90 days) MO
LETAIRIS	5	LA PA QL(90 per 90 days) MO	VERAMYST	3	MO
<i>metaproterenol sulfate</i>	2	GC MO	XOLAIR	5	PA QL(7.2 per 30 days) MO
NASONEX	3	MO	<i>zafirlukast</i>	2	GC QL(180 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYFLO CR	4	QL(360 per 90 days) MO	<i>finasteride</i>	2	GC QL(90 per 90 days) MO
UROLOGICALS			JALYN	3	QL(90 per 90 days) MO
ANTICHOLINERGICS / ANTISPASMODICS			RAPAFLO	3	QL(90 per 90 days) MO
DETROL	3	QL(180 per 90 days) MO	<i>tamsulosin hcl</i>	2	GC QL(180 per 90 days) MO
DETROL LA	3	QL(90 per 90 days) MO	UROXATRAL	3	QL(90 per 90 days) MO
ENABLEX	3	QL(90 per 90 days) MO	CHOLINERGIC STIMULANTS		
<i>flavoxate hcl</i>	2	GC MO	<i>bethanechol chloride</i>	2	GC MO
GELNIQUE	3	QL(90 per 90 days) MO	MISCELLANEOUS UROLOGICALS		
<i>oxybutynin er tb24 5mg</i>	1	GC QL(90 per 90 days) MO	CYSTAGON	3	LA
<i>oxybutynin er tb24 10mg, 15mg</i>	1	GC QL(180 per 90 days) MO	ELMIRON	3	MO
<i>oxybutynin syrp</i>	1	GC MO	<i>potassium citrate extended-release</i>	2	GC MO
<i>oxybutynin tabs</i>	1	GC QL(360 per 90 days) MO	VITAMINS, HEMATINICS / ELECTROLYTES		
OXYTROL	3	QL(32 per 90 days) MO	ELECTROLYTES		
TOVIAZ	3	QL(90 per 90 days) MO	<i>calcium acetate</i>	2	GC MO
<i>tropium chloride</i>	2	GC QL(180 per 90 days) MO	<i>eliphos</i>	2	GC MO
VESICARE	3	QL(90 per 90 days) MO	K-TABS	4	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY			<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	GC
AVODART	3	QL(90 per 90 days) MO	<i>kcl 0.15%/d5w/lr</i>	2	GC
			KCL 0.15%/D5W/NACL 0.2%	3	
			KCL 0.15%/D5W/NACL 0.225%	3	
			<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	GC
			<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	GC
			KCL 0.3%/D5W/NACL 0.2%	3	
			<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	GC
			<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	GC
			<i>klor-con 10</i>	2	GC MO
			<i>klor-con 8</i>	2	GC MO
			KLOR-CON M15	4	MO
			<i>klor-con m20</i>	2	GC MO
			LACTATED RINGERS	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3		CLINIMIX / DEXTROSE	3	
MAGNESIUM SULFATE INJ NORMOSOL	3		CLINISOL SF	3	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	3		DEXTROSE 5%	3	
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX	3		/ELECTROLYTE #48 VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	GC	FREAMINE III	3	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	GC MO	HEPATAMINE	3	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	GC	HEPATASOL	3	
POTASSIUM CHLORIDE 0.15%/D5W	3		INTRALIPID INJ 1.7%; 30%	3	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	3		<i>intralipid inj 2.25%; 20%</i>	2	GC
<i>potassium chloride 0.224%/d5w</i>	2	GC	IONOSOL	3	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	3		ISOLYTE	3	
<i>potassium chloride 0.3%/d5w</i>	2	GC	KCL 0.15%/D10W/NACL 0.2%	3	
<i>potassium chloride er cpr</i>	2	GC MO	LIPOSYN III INJ 1.8%; 2.5%; 30%	3	
<i>potassium chloride er tbc 10meq</i>	2	GC	NEPHRAMINE	3	
<i>potassium chloride er tbc 20meq</i>	2	GC MO	NORMOSOL	3	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	2	GC	PLASMA-LYTE	3	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 30MEQ/100ML	3		PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	3	
<i>ringers injection</i>	2	GC	<i>premasol inj 52meq/l;</i>	2	GC
<i>sodium bicarbonate inj 7.5%, 8.4%</i>	2	GC	<i>1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml;</i>		
<i>sodium chloride 0.45% viaflex</i>	2	GC MO	<i>372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml;</i>		
<i>sodium chloride inj 3%, 5%</i>	2	GC	<i>492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml;</i>		
<i>sodium chloride inj 2.5meq/ml</i>	2	GC MO	<i>390mg/100ml; 34mg/100ml; 152mg/100ml</i>		
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<i>sodium chloride</i>	20, 34	<i>sulfamethoxazole/trimethoprim ds</i>	4
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<i>sodium chloride 0.45% viaflex</i>	34	<i>sulfasalazine</i>	25
SODIUM EDECIN.....	16	<i>sulfazine ec</i>	25
<i>sodium fluoride</i>	34	<i>sulindac</i>	10
<i>sodium polystyrene sulfonate</i>	20	<i>sumatriptan succinate</i>	8
<i>sodium sulfacetamide</i>	19, 31	SUPRAX.....	2
SOLARAZE.....	18	SURMONTIL.....	13
<i>solia</i>	29	SUSTIVA.....	2
SOLU-CORTEF.....	21	SUTENT.....	6
SOLU-MEDROL.....	21	SYMBICORT.....	32
SOMATULINE DEPOT.....	6	SYMBYAX.....	13
SOMAVERT.....	24	SYMLIN.....	23
SORIATANE.....	18	SYMLINPEN 120.....	23
<i>sorine</i>	14	SYMLINPEN 60.....	23
<i>sotalol</i>	14	SYNAREL.....	24
<i>sotret</i>	18	SYNTHROID.....	24
SPIRIVA HANDIHALER.....	32	SYPRINE.....	20
<i>spironolactone</i>	16	T	
<i>spironolactone/hydrochlorothiazide</i>	16	TABLOID.....	6
SPORANOX.....	1	<i>tacrolimus</i>	6
<i>sprintec 28</i>	29	TAMIFLU.....	2
SPRYCEL.....	6	<i>tamoxifen citrate</i>	6
<i>sronyx</i>	29	<i>tamsulosin hcl</i>	33
<i>ssd</i>	18	TARCEVA.....	6
<i>stagesic</i>	10	TARGRETIN.....	6
STALEVO 100.....	8	TASIGNA.....	6
STALEVO 125.....	8	TAXOTERE.....	6, 7
STALEVO 150.....	8		

TAZICEF	2	TOBEX.....	30
TAZORAC	18	<i>tolazamide</i>	23
<i>taztia xt</i>	16	<i>tolbutamide</i>	23
TEFLARO.....	2	<i>tolmetin sodium</i>	11
TEGRETOL	8	TOPAMAX.....	8
TEGRETOL-XR	8	<i>topiramate</i>	8
TEKAMLO	16	<i>toposar</i>	7
TEKURNA	16	<i>topotecan hcl</i>	7
TEKURNA HCT	16	TORISEL	7
<i>terazosin hcl</i>	16	<i>torseamide</i>	16
<i>terbinafine</i>	1	TOVIAZ.....	33
<i>terbutaline sulfate</i>	32	TRACLEER.....	32
<i>terconazole</i>	29	<i>tramadol</i>	11
<i>testosterone cypionate</i>	24	<i>tramadol hcl er</i>	11
<i>testosterone enanthate</i>	24	<i>trandolapril</i>	16
TETANUS / DIPHTHERIA TOXOIDS-		TRANSDERM-SCOP.....	25
ADSORBED ADULT.....	27	<i>translucypromine</i>	13
TETANUS TOXOID ADSORBED.....	27	TRAVASOL	34
<i>tetracycline hcl</i>	4	TRAVATAN Z.....	30
TEV-TROPIN	27	<i>trazodone</i>	13
THALOMID.....	7	TREANDA	7
THEO-24.....	32	TRECATOR	3
<i>theochron</i>	32	TRELSTAR DEPOT MIXJECT.....	7
<i>theophylline er</i>	32	TRELSTAR LA MIXJECT	7
<i>thermazene</i>	18	TRELSTAR MIXJECT	7
<i>thioridazine</i>	13	<i>tretinoin</i>	7, 18
<i>thiotepa</i>	7	<i>triamcinolone acetonide</i>	19
<i>thiothixene</i>	13	<i>triamcinolone in orabase</i>	21
THYMOGLOBULIN.....	27	<i>triamterene/hydrochlorothiazide</i>	16
<i>ticlopidine hcl</i>	17	TRICOR	17
TIKOSYN	14	<i>triderm</i>	19
<i>timolol maleate</i>	16, 30	<i>trifluoperazine</i>	14
<i>timolol maleate ophthalmic gel forming</i>	30	<i>trifluridine</i>	30
TIMOPTIC OCUDOSE	30	<i>trihexyphenidyl</i>	8
<i>tizanidine hcl</i>	9	<i>tri-legest fe</i>	29
TOBI.....	3	TRILIPIX.....	17
TOBRADEX	30	<i>trilyte</i>	25
TOBRADEX ST	30	<i>trimethoprim</i>	4
<i>tobramycin</i>	3, 30	<i>trimethoprim sulfate/polymyxin b sulfate</i>	30
TOBRAMYCIN SULFATE / SODIUM		<i>trinessa</i>	29
CHLORIDE.....	3	TRIPEDIA	27
<i>tobramycin/dexamethasone</i>	31	<i>tri-previfem</i>	29
<i>tobrasol</i>	30	TRISENOX.....	7

<i>tri-sprintec</i>	29	VERAMYST.....	32
<i>trivora-28</i>	29	<i>verapamil</i>	17
TRIZIVIR.....	2	<i>verapamil er</i>	16, 17
TROPHAMINE.....	34	VEREGEN.....	18
<i>tropicamide</i>	30	VESICARE.....	33
<i>trospium chloride</i>	33	VFEND	1
TRUVADA	2	VFEND IV	1
TWINJECT	31	VIBATIV	4
TWINRIX.....	27	VIBRAMYCIN.....	4
TWYNSTA	16	VIDAZA	7
TYGACIL	3	VIDEX PEDIATRIC	2
TYKERB.....	7	VIGAMOX	30
TYPHIM VI	27	VIIBRYD.....	14
TYZEKA.....	2	VIMOVO	11
TYZINE	21	VIMPAT	8
TYZINE PEDIATRIC NASAL DROPS	21	<i>vinblastine sulfate</i>	7
U		<i>vincasar pfs</i>	7
ULESFIA	20	<i>vincristine sulfate</i>	7
ULORIC	28	<i>vinorelbine tartrate</i>	7
<i>unithroid</i>	24	VIRACEPT.....	2
UROXATRAL	33	VIRAMUNE.....	2
<i>ursodiol</i>	25	VIREAD	2
UVADEX	18	VIVAGLOBIN	27
V		VIVELLE-DOT	29
VAGIFEM.....	29	VOLTAREN.....	11
<i>valacyclovir hcl</i>	2	<i>voriconazole</i>	1
VALCYTE	2	VOTRIENT.....	7
<i>valproate sodium</i>	8	W	
<i>valproic acid</i>	8	<i>warfarin</i>	17
VALTURNA.....	16	WELCHOL.....	17
VANCOGIN ORAL.....	4	X	
<i>vancomycin</i>	4	XENAZINE	9
<i>vandazole</i>	29	XGEVA.....	5
VANDETANIB.....	7	XIFAXAN.....	3
VAQTA.....	27	XOLAIR	32
VARIVAX	27	XYREM	14
VECTIBIX	7	Y	
VELCADE	7	YF-VAX	27
<i>velivet</i>	29	Z	
<i>venlafaxine hcl</i>	14	<i>zafirlukast</i>	32
<i>venlafaxine hcl er</i>	14		
VENTOLIN HFA.....	32		

<i>zaleplon</i>	14	<i>zolpidem</i>	14
ZANOSAR	7	<i>zolpidem tartrate er</i>	14
ZANTAC.....	26	ZOMETA	24
ZAVESCA	24	ZONALON	18
<i>zazole</i>	29	<i>zonisamide</i>	8
ZELAPAR.....	8	ZORTRESS.....	7
ZEMPLAR	24	ZOSTAVAX.....	27
ZENPEP	25	ZOSYN	4
<i>zeosa</i>	29	<i>zovia 1/35e</i>	29
<i>zerlor</i>	10	<i>zovia 1/50e</i>	29
ZETIA	18	ZOVIRAX.....	19
ZIAGEN	2	ZUPLENZ.....	25
<i>zidovudine</i>	2	ZYFLO CR	33
ZINACEF	2	ZYLET	31
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	ZYMAR	30
ZINACEF IN ISO-OSMOTIC DILUENT	2	ZYMAXID.....	30
ZINECARD.....	5	ZYPREXA	14
ZIRGAN.....	30	ZYPREXA ZYDIS	14
ZMAX	2	ZYTIGA.....	7
ZOLINZA.....	7	ZYVOX.....	3

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