

Choice plan

**Express Scripts Medicare™ (PDP)
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.

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 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: **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 Express Scripts Medicare formulary?

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

Can the formulary change?

Generally, if you are taking a drug on our 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 August 20, 2012.

To get updated information about the drugs covered by Express Scripts Medicare, please visit our website at <http://www.Express-Scripts.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 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 37. 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?

Express Scripts Medicare 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:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don't get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare 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, Express Scripts Medicare 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, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare 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 <http://www.Express-Scripts.com>.

You can ask Express Scripts Medicare to make an exception to these restrictions or limits. See the section "How do I request an exception to the Express Scripts Medicare formulary?" below 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 Express Scripts Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Express Scripts Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Express Scripts Medicare.
- You can ask Express Scripts Medicare 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 Express Scripts Medicare formulary?

You can ask Express Scripts Medicare 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, Express Scripts Medicare 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, Express Scripts Medicare 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 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.

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 Express Scripts Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Express Scripts Medicare, 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 users should call **1-800-716-3231**. Or visit <http://www.Express-Scripts.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 users should call 1-877-486-2048. Or visit www.medicare.gov.

Express Scripts Medicare’s formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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 Express Scripts Medicare 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.** Express Scripts Medicare 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 four drug tiers. Each tier may have a different copayment 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 copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments 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: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest copayments.
Tier 2: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 3: 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 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
Tier 4: Specialty Tier Drugs	This tier includes very high-cost drugs.	To learn more about medications in this tier, you may contact a 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 doctor 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 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>	1	GC PA MO
ANCOBON	2	MO
<i>clotrimazole troc</i>	1	GC MO
ERAXIS INJ 100MG	2	
<i>fluconazole in dextrose inj</i> <i>56mg/ml; 400mg/200ml</i>	1	GC
<i>fluconazole susr</i>	1	GC MO
<i>fluconazole tabs</i>	1	GC MO
<i>flucytosine</i>	1	GC MO
GRIS-PEG	3	MO
<i>griseofulvin microsize</i>	1	GC MO
<i>itraconazole</i>	1	GC MO
<i>ketoconazole</i>	1	GC MO
NOXAFIL	2	MO
<i>nystatin susp</i>	1	GC MO
<i>nystatin tabs</i>	1	GC MO
SPORANOX ORAL SOLN	2	MO
<i>terbinafine tabs</i>	1	GC MO
VFEND IV	2	MO
VFEND SUSR	2	MO
<i>voriconazole tabs</i>	1	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>	1	GC MO
APTIVUS CAPS	4	QL(360 per 90 days) MO
APTIVUS ORAL SOLN	4	QL(950 per 90 days)
ATRIPLA	4	QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE ORAL SOLN	2	QL(1890 per 90 days) MO
BARACLUDE TABS	2	QL(90 per 90 days) MO
COMPLERA	4	QL(90 per 90 days) MO
CRIXIVAN	2	MO
<i>didanosine</i>	1	GC QL(90 per 90 days) MO
EDURANT	4	QL(90 per 90 days) MO
EMTRIVA CAPS	2	QL(90 per 90 days) MO
EMTRIVA ORAL SOLN	2	QL(2210 per 90 days) MO
EPIVIR HBV	2	MO
EPIVIR ORAL SOLN	2	QL(2880 per 90 days) MO
EPZICOM	4	QL(90 per 90 days) MO
<i>famciclovir</i>	1	GC MO
<i>foscarnet sodium</i>	1	GC PA MO
FUZEON	4	QL(180 per 90 days) MO
<i>ganciclovir caps</i>	1	GC MO
HEPSERA	4	QL(90 per 90 days) MO
INCIVEK	4	PA QL(504 per 84 days) MO
INTELENCE TABS 200MG	4	QL(180 per 90 days) MO
INTELENCE TABS 100MG	4	QL(360 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPS	3	QL(900 per 90 days) MO	PREZISTA TABS 75MG	2	QL(900 per 90 days) MO
INVIRASE TABS	4	QL(360 per 90 days) MO	PREZISTA TABS 400MG, 600MG	4	QL(180 per 90 days) MO
ISENTRESS	4	QL(360 per 90 days) MO	REBETOL ORAL SOLN	2	PA MO
KALETRA ORAL SOLN	4	QL(1280 per 90 days) MO	RELENZA DISKHALER	2	QL(300 per 365 days) MO
KALETRA TABS 200MG; 50MG	4	QL(360 per 90 days) MO	RESCRIPTOR TABS 200MG	3	QL(540 per 90 days) MO
KALETRA TABS 100MG; 25MG	2	QL(900 per 90 days) MO	RESCRIPTOR TABS 100MG	3	QL(1080 per 90 days) MO
<i>lamivudine tabs 300mg</i>	1	GC QL(90 per 90 days) MO	RETROVIR IV INFUSION	2	MO
<i>lamivudine tabs 150mg</i>	1	GC QL(180 per 90 days) MO	REYATAZ CAPS 300MG	2	QL(90 per 90 days) MO
<i>lamivudine/zidovudine</i>	1	GC QL(180 per 90 days) MO	REYATAZ CAPS 150MG, 200MG	2	QL(180 per 90 days) MO
LEXIVA SUSP	2	QL(5175 per 90 days) MO	REYATAZ CAPS 100MG	2	QL(360 per 90 days) MO
LEXIVA TABS	4	QL(360 per 90 days) MO	<i>ribapak tabs</i>	4	PA MO
<i>nevirapine tabs</i>	1	GC QL(180 per 90 days) MO	<i>ribasphere caps</i>	1	GC PA MO
NORVIR CAPS	2	QL(1080 per 90 days) MO	<i>ribasphere tabs 400mg</i>	1	GC PA
NORVIR ORAL SOLN	2	QL(1440 per 90 days) MO	<i>ribasphere tabs 200mg</i>	1	GC PA MO
NORVIR TABS	2	QL(1080 per 90 days) MO	<i>ribasphere tabs 600mg</i>	4	PA MO
PREZISTA TABS 150MG	2	QL(540 per 90 days)	<i>ribavirin</i>	1	GC PA
			<i>rimantadine hcl</i>	1	GC MO
			SELZENTRY TABS 150MG	4	QL(180 per 90 days) MO
			SELZENTRY TABS 300MG	4	QL(360 per 90 days) MO
			<i>stavudine caps</i>	1	GC QL(180 per 90 days) MO
			SUSTIVA CAPS 200MG	2	QL(360 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA CAPS 50MG	2	QL(630 per 90 days) MO	VIREAD POWD	2	QL(720 per 90 days) MO
SUSTIVA TABS	2	QL(90 per 90 days) MO	VIREAD TABS	2	QL(90 per 90 days) MO
TAMIFLU CAPS 45MG, 75MG	2	QL(60 per 365 days) MO	ZERIT ORAL SOLN	3	QL(7200 per 90 days) MO
TAMIFLU CAPS 30MG	2	QL(120 per 365 days) MO	ZIAGEN ORAL SOLN	2	QL(2880 per 90 days) MO
TAMIFLU SUSR	2	QL(720 per 365 days) MO	ZIAGEN TABS	2	QL(180 per 90 days) MO
TRIZIVIR	4	QL(180 per 90 days) MO	<i>zidovudine caps</i>	1	GC QL(540 per 90 days) MO
TRUVADA	4	QL(90 per 90 days) MO	<i>zidovudine syrp</i>	1	GC QL(5520 per 90 days) MO
TYZEKA	4	MO	<i>zidovudine tabs</i>	1	GC QL(180 per 90 days) MO
<i>valacyclovir hcl tabs 1000mg</i>	1	GC QL(100 per 90 days) MO	CEPHALOSPORINS		
<i>valacyclovir hcl tabs 500mg</i>	1	GC QL(200 per 90 days) MO	<i>cefaclor</i>	1	GC MO
VALCYTE ORAL SOLN	4	MO	<i>cefadroxil</i>	1	GC MO
VALCYTE TABS	4	MO	<i>cefazolin inj 10gm, 1gm; 5%, 500mg</i>	1	GC
VICTRELIS	4	PA QL(1008 per 84 days) MO	<i>cefazolin inj 1gm</i>	1	GC MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	QL(3600 per 90 days) MO	<i>cefdinir</i>	1	GC MO
VIRACEPT TABS 625MG	4	QL(360 per 90 days) MO	<i>cefepime inj 2gm</i>	1	GC
VIRACEPT TABS 250MG	4	QL(900 per 90 days) MO	<i>cefepime inj 1gm</i>	1	GC MO
VIRAMUNE SUSP	2	QL(3600 per 90 days) MO	<i>cefotaxime sodium inj 10gm, 1gm</i>	1	GC
			<i>cefotaxime sodium inj 2gm</i>	1	GC MO
			<i>cefoxitin sodium inj 10gm, 2gm</i>	1	GC
			<i>cefoxitin sodium inj 1gm</i>	1	GC MO
			<i>cefpodoxime proxetil</i>	1	GC MO
			<i>ceftazidime inj 1gm, 6gm</i>	1	GC
			<i>ceftazidime inj 2gm</i>	1	GC MO
			<i>ceftriaxone sodium inj 10gm</i>	1	GC
			<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	1	GC MO
			<i>cefuroxime axetil tabs</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime sodium inj 7.5gm</i>	1	GC	BILTRICIDE	2	MO
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	GC MO	CAPASTAT SULFATE	3	
<i>cephalexin</i>	1	GC MO	CAYSTON	4	LA
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2		<i>chloroquine</i>	1	GC MO
SUPRAX SUSR	3	MO	CLEOCIN GALAXY	2	
SUPRAX TABS	3		CLEOCIN IN D5W	2	
TEFLARO	2		<i>clindamycin hcl caps 150mg, 300mg</i>	1	GC MO
ZINACEF IN ISO-OSMOTIC DEXTROSE	2		<i>clindamycin phosphate advantage</i>	1	GC MO
ZINACEF IN ISO-OSMOTIC DILUENT	2		COARTEM	2	MO
ERYTHROMYCINS / OTHER MACROLIDES			<i>colistimethate sodium</i>	1	GC MO
<i>azithromycin inj 500mg</i>	1	GC MO	CUBICIN	2	PA MO
<i>azithromycin susr</i>	1	GC MO	DAPSONE	2	MO
<i>azithromycin tabs</i>	1	GC MO	DARAPRIM	2	MO
<i>clarithromycin</i>	1	GC MO	<i>ethambutol tabs 400mg</i>	1	GC
<i>clarithromycin er</i>	1	GC MO	<i>ethambutol tabs 100mg</i>	1	GC MO
DIFICID	2	QL(60 per 90 days) MO	<i>gentamicin sulfate inj 10mg/ml</i>	1	GC
<i>e.e.s. 400</i>	1	GC MO	<i>gentamicin sulfate inj 40mg/ml</i>	1	GC MO
E.E.S. GRANULES	2	MO	<i>gentamicin sulfate/0.9% sodium chloride</i>	1	GC
ERY-TAB TBEC 500MG	2	MO	<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	1	GC MO
<i>ery-tab tbec 250mg, 333mg</i>	1	GC MO	<i>hydroxychloroquine</i>	1	GC MO
ERYTHROCIN	2		<i>imipenem/cilastatin</i>	1	GC MO
LACTOBIONATE INJ 500MG			ISONIAZID SYRP	2	MO
<i>erythrocin stearate</i>	1	GC MO	<i>isoniazid tabs</i>	1	GC MO
ERYTHROMYCIN BASE	2	MO	<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	GC
<i>erythromycin ethylsuccinate</i>	1	GC MO	KETEK	2	QL(20 per 30 days) MO
ZMAX	2	MO	MALARONE	2	MO
MISCELLANEOUS ANTIINFECTIVES			<i>mefloquine hcl</i>	1	GC MO
ALBENZA	2	MO	MEPRON	4	MO
ALINIA	2	MO	<i>meropenem inj 500mg</i>	1	GC MO
<i>amikacin sulfate inj 500mg/2ml, 50mg/ml</i>	1	GC MO	<i>metronidazole</i>	1	GC MO
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	1	GC MO	<i>metronidazole in nacl 0.79%</i>	1	GC MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	2		MYCOBUTIN	2	MO
AZACTAM INJ 2GM	2	MO	NEBUPENT	2	PA MO
<i>aztreonam inj 1gm</i>	1	GC MO	<i>neomycin sulfate</i>	1	GC MO
			<i>paromomycin</i>	1	GC MO
			PASER	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE	2	MO	<i>nafcillin sodium inj 1gm</i>	1	GC MO
QUALAQUIN	2	MO	NALLPEN/DEXTROSE INJ 0;	2	
<i>rifampin</i>	1	GC MO	1GM/50ML		
SEROMYCIN	2	MO	PENICILLIN G POTASSIUM IN	2	
STREPTOMYCIN SULFATE	2	MO	ISO-OSMOTIC DEXTROSE		
STROMEKTOL	2	MO	<i>penicillin g potassium inj 5mu</i>	1	GC
TOBI	4	PA MO	PENICILLIN G PROCAINE	2	MO
<i>tobramycin inj 10mg/ml,</i>	1	GC MO	PENICILLIN G SODIUM	2	
<i>80mg/2ml</i>			<i>penicillin v potassium</i>	1	GC MO
TOBRAMYCIN SULFATE /	2		<i>pfizerpen-g inj 20mu</i>	1	GC
SODIUM CHLORIDE			<i>piperacillin sodium/tazobactam</i>	1	GC
TRECTOR	2	MO	<i>sodium inj 4gm; 0.5gm</i>		
TYGACIL	2	MO	<i>piperacillin sodium/tazobactam</i>	1	GC MO
XIFAXAN TABS 200MG	2	QL(9 per 30 days) MO	<i>sodium inj 3gm; 0.375gm</i>		
XIFAXAN TABS 550MG	2	QL(180 per 90 days) MO	ZOSYN INJ 5%; 2GM/50ML;	2	
			0.25GM/50ML, 5%; 3GM/50ML;		
			0.375GM/50ML		
ZYVOX INJ	2	MO	QUINOLONES		
ZYVOX SUSR	2	QL(1800 per 30 days) MO	AVELOX ABC PACK	2	MO
			AVELOX INJ	2	
ZYVOX TABS	2	QL(56 per 30 days) MO	AVELOX TABS	2	MO
			CIPRO I.V.-IN D5W INJ	2	MO
			200MG/100ML; 5%		
			<i>ciprofloxacin inj 400mg/40ml</i>	1	GC
			<i>ciprofloxacin tabs</i>	1	GC MO
			<i>levofloxacin</i>	1	GC MO
			<i>levofloxacin in d5w inj 5%;</i>	1	GC
			<i>500mg/100ml</i>		
			NOROXIN	3	MO
			<i>ofloxacin</i>	1	GC MO
PENICILLINS			SULFA'S / RELATED AGENTS		
<i>amoxicillin</i>	1	GC MO	<i>sulfadiazine</i>	1	GC MO
<i>amoxicillin/clavulanate potassium</i>	1	GC MO	<i>sulfamethoxazole/trimethoprim</i>	1	GC MO
<i>amoxicillin/clavulanate potassium er</i>	1	GC MO	<i>sulfamethoxazole/trimethoprim ds</i>	1	GC MO
<i>amoxicillin/potassium clavulanate tabs</i>	1	GC MO	TETRACYCLINES		
<i>ampicillin caps</i>	1	GC MO	<i>demeclocycline hcl</i>	2	MO
<i>ampicillin inj 125mg, 1gm</i>	1	GC	<i>doxycycline caps 75mg</i>	1	GC MO
<i>ampicillin inj 10gm</i>	1	GC MO	<i>doxycycline hyclate caps</i>	1	GC MO
<i>ampicillin susr</i>	1	GC MO	<i>doxycycline hyclate inj</i>	1	GC MO
<i>ampicillin-sulbactam inj 10gm;</i>	1	GC	<i>doxycycline hyclate tabs</i>	1	GC MO
<i>5gm</i>			<i>doxycycline hyclate tbec</i>	1	GC MO
<i>ampicillin-sulbactam inj 2gm;</i>	1	GC MO	<i>doxycycline monohydrate tabs</i>	1	GC MO
<i>1gm</i>			<i>150mg, 50mg, 75mg</i>		
BICILLIN C-R	2	MO			
BICILLIN L-A	2	MO			
<i>dicloxacillin sodium</i>	1	GC MO			
<i>nafcillin sodium inj 10gm</i>	1	GC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl</i>	1	GC MO	AFINITOR TABS 10MG, 7.5MG	4	PA QL(180 per 90 days)
<i>minocycline hcl er</i>	1	GC MO			MO
<i>tetracycline hcl</i>	1	GC MO	AFINITOR TABS 2.5MG, 5MG	4	PA QL(270 per 90 days)
VIBRAMYCIN SUSR	2	MO			MO
VIBRAMYCIN SYRP	2	MO			MO
URINARY TRACT AGENTS					
MACRODANTIN CAPS 25MG	2	MO	ALIMTA INJ 500MG	3	MO
<i>methenamine hippurate</i>	1	GC MO	ALKERAN INJ	3	
<i>nitrofurantoin</i>	1	GC MO	<i>anastrozole</i>	1	GC MO
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	GC MO	ARRANON	3	
<i>nitrofurantoin monohydrate</i>	1	GC MO	ARZERRA	2	MO
PRIMSOL	3	MO	AVASTIN INJ 100MG/4ML	3	MO
<i>trimethoprim</i>	1	GC MO	<i>azathioprine</i>	1	GC PA MO
VANCOMYCIN			<i>azathioprine sodium</i>	1	GC MO
<i>vancomycin caps</i>	1	GC MO	<i>bicalutamide</i>	1	GC MO
<i>vancomycin inj 10gm, 500mg</i>	1	GC PA	BICNU	3	MO
<i>vancomycin inj 1000mg</i>	1	GC PA MO	<i>bleomycin sulfate inj 30unit</i>	1	GC MO
VIBATIV INJ 250MG	2		BUSULFEX	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			CAMPATH	3	MO
ADJUNCTIVE AGENTS			CAPRELSA TABS 300MG	4	QL(90 per 90 days)
<i>amifostine</i>	4	MO	CAPRELSA TABS 100MG	4	QL(180 per 90 days)
<i>dexrazoxane inj 500mg</i>	1	GC MO	<i>carboplatin inj 150mg/15ml</i>	1	GC MO
ELITEK INJ 1.5MG	4		CEENU	2	MO
FUSILEV	4		CELLCEPT INTRAVENOUS	2	
<i>leucovorin calcium inj 100mg, 350mg</i>	1	GC MO	CELLCEPT SUSR	2	PA MO
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	GC MO	<i>cisplatin inj 100mg/100ml</i>	1	GC MO
LEUCOVORIN CALCIUM TABS 10MG, 15MG	2	MO	<i>cladribine</i>	1	GC MO
<i>mesna</i>	1	GC MO	CLOLAR	3	MO
MESNEX TABS	2	MO	COSMEGEN	3	MO
XGEVA	4	PA QL(5.1 per 90 days)	<i>cyclophosphamide tabs</i>	1	GC PA MO
ZINECARD INJ 250MG	2	MO	<i>cyclosporine caps 100mg, 25mg</i>	1	GC PA MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			CYCLOSPORINE CAPS 50MG	2	PA MO
ABRAXANE	3	MO	<i>cyclosporine inj</i>	1	GC
<i>adriamycin inj 2mg/ml</i>	1	GC	<i>cyclosporine oral soln</i>	1	GC PA MO
			CYTARABINE AQUEOUS INJ 100MG/ML	2	MO
			<i>cytarabine aqueous inj 20mg/ml</i>	1	GC MO
			<i>cytarabine inj 500mg</i>	1	GC MO
			<i>dacarbazine inj 200mg</i>	1	GC MO
			DACOGEN	2	MO
			<i>daunorubicin hcl inj 5mg/ml</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DOCEFREZ	4		JAKAFI	4	PA QL(180 per 90 days)
<i>docetaxel inj 80mg/4ml</i>	1	GC			MO
DOCETAXEL INJ 80MG/8ML	2		JEVTANA	4	MO
DOXIL	2	MO	<i>letrozole</i>	1	GC MO
<i>doxorubicin hcl inj 2mg/ml</i>	1	GC MO	LEUKERAN	2	MO
DROXIA	2	MO	<i>leuprolide acetate</i>	1	GC MO
ELLENCE INJ 200MG/100ML	3	MO	LUPRON DEPOT INJ 3.75MG	2	MO
ELOXATIN INJ 100MG/20ML	3	MO	LUPRON DEPOT INJ 22.5MG,	4	MO
ELSPAR	3	MO	30MG, 45MG, 7.5MG		
EMCYT	2	MO	LUPRON DEPOT-PED INJ	4	MO
<i>epirubicin hcl inj 50mg/25ml</i>	1	GC	11.25MG, 15MG		
ERBITUX INJ 100MG/50ML	3	MO	LYSODREN	2	MO
ERIVEDGE	4	PA MO	MATULANE	4	MO
ETOPOPHOS	3	MO	MEGACE ES	2	QL(150 per 30 days)
<i>etoposide inj</i>	1	GC MO			MO
<i>exemestane</i>	1	GC MO	<i>megestrol acetate</i>	1	GC MO
FARESTON	3	MO	<i>melfalan hydrochloride</i>	1	GC
FASLODEX	4	MO	<i>mercaptopurine</i>	1	GC MO
FIRMAGON INJ 120MG	4	QL(240 per 84 days)	<i>methotrexate</i>	1	GC PA MO
		MO	<i>methotrexate sodium inj 25mg/ml</i>	1	GC MO
FIRMAGON INJ 80MG	2	QL(240 per 84 days)	METHOTREXATE SODIUM	3	
		MO	INJ 1GM		
<i>fludarabine phosphate inj 50mg</i>	1	GC MO	<i>mitomycin inj 20mg</i>	1	GC MO
<i>fluorouracil inj 500mg/10ml</i>	1	GC MO	<i>mitoxantrone hcl</i>	1	GC MO
<i>flutamide</i>	1	GC MO	MUSTARGEN	3	MO
<i>gemcitabine hcl inj 1gm</i>	4	MO	<i>mycophenolate mofetil</i>	1	GC PA MO
<i>gengraf</i>	1	GC PA MO	MYFORTIC	2	PA MO
GLEEVEC	4	MO	NEORAL	2	PA MO
HALAVEN	4	MO	NEXAVAR	4	LA PA
HERCEPTIN	3	MO			QL(360 per 90 days)
HEXALEN	4	MO			MO
<i>hydroxyurea</i>	1	GC MO	NILANDRON	3	QL(120 per 90 days)
<i>idarubicin hcl inj 10mg/10ml</i>	1	GC			MO
IFEX INJ 3GM	3	MO	NIPENT	3	MO
<i>ifosfamide inj 1gm</i>	1	GC MO	NULOJIX	4	MO
INLYTA	4	PA MO	<i>octreotide inj 1000mcg/ml,</i>	4	MO
<i>irinotecan inj 100mg/5ml</i>	4	MO	<i>500mcg/ml</i>		
ISTODAX	2	MO	<i>octreotide inj 100mcg/ml,</i>	1	GC MO
IXEMPRA KIT INJ 45MG	4	MO	<i>200mcg/ml, 50mcg/ml</i>		
			ONTAK	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin inj 100mg/20ml</i>	4		<i>toposar</i>	1	GC MO
<i>paclitaxel inj 300mg/50ml</i>	1	GC MO	<i>topotecan hcl inj 4mg</i>	1	GC MO
<i>pentostatin</i>	1	GC MO	TORISEL	4	PA MO
PROGRAF INJ	2		TREANDA INJ 100MG	4	MO
RAPAMUNE	2	PA MO	TRELSTAR DEPOT MIXJECT	3	MO
REVLIMID CAPS 15MG, 25MG	4	LA QL(21 per 28 days) MO	TRELSTAR LA MIXJECT	3	MO
REVLIMID CAPS 10MG, 5MG	4	LA QL(30 per 30 days) MO	<i>tretinoin</i>	1	GC MO
RHEUMATREX	3	PA MO	TRISENOX	2	MO
RITUXAN	2	PA MO	TYKERB	4	LA QL(540 per 90 days) MO
SANDIMMUNE CAPS	2	PA MO	VECTIBIX INJ 100MG/5ML	4	MO
SANDIMMUNE INJ	2		VELCADE	3	MO
SANDIMMUNE ORAL SOLN	2	PA MO	VIDAZA	4	QL(4200 per 90 days) MO
SANDOSTATIN LAR DEPOT	3	MO	<i>vinblastine sulfate inj 10mg</i>	1	GC
SIMULECT INJ 20MG	2	MO	<i>vincasar pfs</i>	1	GC MO
SOMATULINE DEPOT	4	MO	<i>vincristine sulfate</i>	1	GC MO
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	4	QL(90 per 90 days) MO	<i>vinorelbine tartrate inj 50mg/5ml</i>	1	GC MO
SPRYCEL TABS 20MG	4	QL(180 per 90 days) MO	VOTRIENT	4	QL(360 per 90 days) MO
SUTENT	4	PA QL(90 per 90 days) MO	XALKORI	4	PA QL(180 per 90 days) MO
TABLOID	2	MO	YERVOY INJ 50MG/10ML	4	PA MO
<i>tacrolimus</i>	1	GC PA MO	ZANOSAR	3	MO
<i>tamoxifen citrate</i>	1	GC MO	ZELBORAF	4	PA QL(720 per 90 days) MO
TARCEVA TABS 100MG, 150MG	4	PA QL(90 per 90 days) MO	ZOLINZA	4	QL(360 per 90 days) MO
TARCEVA TABS 25MG	4	PA QL(180 per 90 days) MO	ZORTRESS TABS 0.5MG, 0.75MG	4	PA MO
TARGRETIN	2	MO	ZORTRESS TABS 0.25MG	2	PA MO
TASIGNA	4	QL(336 per 84 days) MO	ZYTIGA	4	PA QL(360 per 90 days) MO
TAXOTERE INJ 80MG/4ML	4	MO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
THALOMID	4	PA MO	ANTICONVULSANTS		
<i>thiotepa</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BANZEL	2	MO	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	2	QL(270 per 90 days)
<i>carbamazepine</i>	1	GC MO			MO
<i>carbamazepine er cp12</i>	1	GC MO	ONFI	2	MO
CARBATROL	2	MO	<i>oxcarbazepine</i>	1	GC MO
CELONTIN	2	MO	PEGANONE	2	MO
<i>clonazepam</i>	1	GC MO	<i>phenobarbital elix</i>	1	GC PA MO
<i>clonazepam odt</i>	1	GC MO	<i>phenobarbital tabs 30mg</i>	1	GC PA
<i>diazepam gel</i>	1	GC MO	<i>phenobarbital tabs 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	GC PA MO
DILANTIN CAPS 30MG	2	MO	<i>phenytoin</i>	1	GC MO
DILANTIN INFATABS	2	MO	PHENYTOIN SODIUM	2	
<i>divalproex sodium</i>	1	GC MO	<i>phenytoin sodium extended</i>	1	GC MO
<i>divalproex sodium dr</i>	1	GC MO	POTIGA	3	MO
<i>divalproex sodium er</i>	1	GC MO	<i>primidone</i>	1	GC MO
<i>epitol</i>	1	GC MO	SABRIL	2	MO
<i>ethosuximide</i>	1	GC MO	TEGRETOL-XR TB12 100MG	2	MO
<i>felbamate</i>	1	GC MO	<i>topiramate</i>	1	GC MO
FELBATOL	2	MO	TRILEPTAL SUSP	3	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	GC MO	<i>valproate sodium</i>	1	GC MO
<i>gabapentin</i>	1	GC MO	<i>valproic acid</i>	1	GC MO
GABITRIL	2	MO	VIMPAT INJ	2	
LAMICTAL ODT TBDP	2	MO	VIMPAT ORAL SOLN	2	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	MO	VIMPAT TABS	2	MO
LAMICTAL	2	MO	<i>zonisamide</i>	1	GC MO
STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE			ANTIPARKINSONISM AGENTS		
LAMICTAL	2	MO	APOKYN	2	LA MO
STARTER/TAKING VALPROATE			AZILECT	2	MO
LAMICTAL XR KIT	2	MO	<i>benztropine mesylate inj</i>	1	GC
LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	2	MO	<i>benztropine mesylate tabs</i>	1	GC MO
<i>lamotrigine</i>	1	GC MO	<i>bromocriptine mesylate</i>	1	GC MO
<i>levetiracetam er</i>	1	GC MO	<i>carbidopa / levodopa</i>	1	GC MO
<i>levetiracetam inj 500mg/5ml</i>	1	GC	<i>carbidopa / levodopa er</i>	1	GC MO
<i>levetiracetam oral soln</i>	1	GC MO	<i>carbidopa/levodopa odt</i>	1	GC MO
<i>levetiracetam tabs</i>	1	GC MO	COMTAN	2	MO
LYRICA CAPS 225MG, 300MG	2	QL(180 per 90 days) MO	LODOSYN	2	MO
			MIRAPEX ER	2	MO
			<i>pramipexole dihydrochloride</i>	1	GC MO
			<i>ropinirole</i>	1	GC MO
			<i>ropinirole er</i>	1	GC MO
			<i>selegiline</i>	1	GC MO
			STALEVO 100	2	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STALEVO 125	2	MO	EXELON PT24	2	QL(90 per 90 days)
STALEVO 150	2	MO			MO
STALEVO 200	2	MO	<i>galantamine hydrobromide cp24</i>	1	GC QL(90 per 90 days)
STALEVO 50	2	MO			MO
STALEVO 75	2	MO	<i>galantamine hydrobromide oral soln</i>	1	GC MO
<i>trihexyphenidyl</i>	1	GC MO	<i>galantamine hydrobromide tabs</i>	1	GC QL(180 per 90 days)
ZELAPAR	2	MO			MO
MIGRAINE / CLUSTER HEADACHE THERAPY					
<i>dihydroergotamine mesylate</i>	2	MO	GILENYA	4	PA QL(28 per 28 days)
<i>ergotamine tartrate / caffeine</i>	1	GC MO			MO
<i>migergot</i>	1	GC MO	MYTELASE	2	MO
MIGRANAL	3	QL(24 per 90 days)	NAMENDA ORAL SOLN	2	MO
		MO	NAMENDA TABS 10MG	2	QL(180 per 90 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	GC QL(24 per 90 days)			MO
		MO	NAMENDA TABS 5MG	2	QL(270 per 90 days)
<i>naratriptan hcl tabs 1mg</i>	1	GC QL(36 per 90 days)			MO
		MO	NAMENDA TITRATION PAK	2	MO
RELPAK	2	QL(36 per 90 days)	NUEDEXTA	2	QL(180 per 90 days)
		MO			MO
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	GC QL(12 per 90 days)	<i>rivastigmine tartrate</i>	1	GC QL(180 per 90 days)
		MO			MO
<i>sumatriptan succinate tabs 100mg</i>	1	GC QL(27 per 90 days)	XENAZINE	4	LA MO
		MO	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	GC QL(54 per 90 days)	<i>baclofen</i>	1	GC MO
		MO	<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	GC MO
MISCELLANEOUS NEUROLOGICAL THERAPY					
ARICEPT TABS 23MG	2	QL(90 per 90 days)	<i>dantrolene sodium caps</i>	1	GC MO
		MO	LIORESAL INTRATHECAL INJ 0.05MG/ML	2	PA
COPAXONE	4	PA QL(90 per 90 days)	LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	2	PA MO
		MO	MESTINON SYRP	2	MO
<i>donepezil hcl</i>	1	GC QL(90 per 90 days)	MESTINON TIMESPAN	2	MO
		MO	<i>pyridostigmine bromide</i>	1	GC MO
EXELON ORAL SOLN	2	MO	<i>regonol</i>	1	GC
			<i>tizanidine hcl</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NARCOTIC ANALGESICS			<i>hydrocodone/acetaminophen oral soln</i>	1	GC QL(3600 per 30 days) MO
<i>acetaminophen / codeine</i>	1	GC MO	<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	1	GC QL(450 per 90 days) MO
<i>acetaminophen/codeine #3</i>	1	GC MO	<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	1	GC QL(540 per 90 days) MO
<i>ascomp/codeine</i>	1	GC MO	<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	1	GC QL(720 per 90 days) MO
BUPRENEX	2	MO	<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	GC QL(1080 per 90 days) MO
<i>buprenorphine hcl inj</i>	1	GC	<i>hydrocodone/ibuprofen</i>	1	GC MO
<i>buprenorphine hcl sublingual</i>	1	GC MO	<i>hydromorphone hcl inj 500mg/50ml</i>	2	
<i>codeine sulfate tabs</i>	1	GC MO	<i>hydromorphone hcl tabs</i>	1	GC MO
DILAUDID INJ	2	MO	<i>levorphanol tartrate</i>	1	GC MO
DILAUDID-5	2	MO	<i>methadone hcl conc</i>	1	GC MO
DILAUDID-HP INJ 10MG/ML	2	MO	<i>methadone hcl inj</i>	1	GC
<i>duramorph</i>	1	GC MO	<i>methadone hcl oral soln</i>	1	GC MO
<i>endocet tabs 650mg; 10mg</i>	1	GC QL(540 per 90 days) MO	<i>methadone hcl tabs</i>	1	GC MO
<i>endocet tabs 500mg; 7.5mg</i>	1	GC QL(720 per 90 days) MO	<i>methadose tabs</i>	1	GC MO
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	GC QL(1080 per 90 days) MO	<i>morphine sulfate er</i>	1	GC MO
EXALGO	2	MO	<i>morphine sulfate oral soln</i>	1	GC MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	GC PA QL(360 per 90 days) MO	<i>morphine sulfate tabs</i>	1	GC MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA QL(360 per 90 days) MO	ONSOLIS FILM 1200MCG, 400MCG, 600MCG, 800MCG	2	PA QL(360 per 90 days)
<i>fentanyl patches</i>	1	GC QL(30 per 90 days) MO	ONSOLIS FILM 200MCG	2	PA QL(720 per 90 days)
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	1	GC QL(5550 per 30 days) MO	OPANA ER (CRUSH RESISTANT)	2	QL(540 per 90 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	GC QL(450 per 90 days) MO	<i>oxycodone / acetaminophen caps</i>	1	GC QL(720 per 90 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	1	GC QL(1080 per 90 days) MO	<i>oxycodone / acetaminophen tabs 650mg; 10mg</i>	1	GC QL(540 per 90 days) MO
			<i>oxycodone / acetaminophen tabs 500mg; 7.5mg</i>	1	GC QL(720 per 90 days) MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone / acetaminophen tabs</i> 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	GC QL(1080 per 90 days) MO	<i>etodolac caps 200mg</i>	1	GC MO
<i>oxycodone hcl caps</i>	1	GC QL(1080 per 90 days) MO	<i>etodolac tabs</i>	1	GC MO
<i>oxycodone hcl conc</i>	1	GC QL(1800 per 90 days) MO	<i>etodolac tb24</i>	1	GC MO
<i>oxycodone hcl tabs 15mg, 30mg</i>	1	GC QL(540 per 90 days) MO	<i>fenoprofen calcium</i>	1	GC MO
<i>oxycodone hcl tabs 5mg</i>	1	GC QL(1080 per 90 days) MO	FLECTOR	3	MO
<i>oxycodone/aspirin</i> OXYCONTIN	1 2	GC MO QL(540 per 90 days) MO	<i>flurbiprofen</i>	1	GC MO
<i>oxymorphone hydrochloride</i>	1	GC MO	<i>ibuprofen susp</i>	1	GC MO
<i>oxymorphone hydrochloride er</i>	1	GC MO	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC MO
<i>reprexain tabs 10mg; 200mg</i>	1	GC MO	<i>indomethacin caps</i>	1	GC MO
ROXICET ORAL SOLN	2	QL(5580 per 90 days) MO	<i>indomethacin er</i>	1	GC MO
<i>stagesic</i>	1	GC QL(720 per 90 days) MO	<i>ketoprofen</i>	1	GC MO
NON-NARCOTIC ANALGESICS			<i>ketoprofen er</i>	1	GC MO
ARTHROTEC 50	3	MO	<i>meclofenamate sodium</i>	1	GC MO
ARTHROTEC 75	3	MO	<i>mefenamic acid</i>	1	GC MO
<i>butorphanol tartrate nasal soln</i>	1	GC PA QL(30 per 90 days) MO	<i>meloxicam</i>	1	GC MO
CELEBREX	2	PA QL(180 per 90 days) MO	<i>nabumetone</i>	1	GC MO
<i>diclofenac potassium</i>	1	GC MO	<i>naloxone inj 1mg/ml</i>	1	GC
<i>diclofenac sodium dr</i>	1	GC MO	<i>naltrexone</i>	1	GC MO
<i>diclofenac sodium er</i>	1	GC MO	<i>naproxen</i>	1	GC MO
<i>diflunisal</i>	1	GC MO	<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC MO
			NUCYNTA	2	QL(541 per 90 days) MO
			NUCYNTA ER	2	QL(180 per 90 days) MO
			<i>oxaprozin</i>	1	GC MO
			PENNSAID	2	MO
			<i>piroxicam</i>	1	GC MO
			SUBOXONE	2	MO
			<i>sulindac</i>	1	GC MO
			<i>tolmetin sodium</i>	1	GC MO
			<i>tramadol</i>	1	GC QL(720 per 90 days) MO
			<i>tramadol hcl er tb24 300mg</i>	2	QL(90 per 90 days)
			<i>tramadol hcl er tb24 100mg, 200mg</i>	2	QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMOVO	2	QL(180 per 90 days) MO	<i>citalopram tabs 20mg</i>	1	GC QL(270 per 90 days) MO
VOLTAREN GEL	2	MO	<i>clomipramine</i>	1	GC MO
PSYCHOTHERAPEUTIC DRUGS			<i>clorazepate dipotassium</i>	1	GC MO
ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	GC
ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO	CLOZAPINE TABS 200MG	2	
ABILIFY INJ	3	MO	CYMBALTA CPEP 60MG	2	QL(180 per 90 days) MO
ABILIFY ORAL SOLN	3	MO	CYMBALTA CPEP 30MG	2	QL(360 per 90 days) MO
ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) MO	CYMBALTA CPEP 20MG	2	QL(540 per 90 days) MO
ABILIFY TABS 15MG	3	QL(180 per 90 days) MO	<i>desipramine</i>	1	GC MO
ABILIFY TABS 10MG	3	QL(270 per 90 days) MO	<i>dextroamphetamine sulfate</i>	1	GC PA MO
<i>amitriptyline</i>	1	GC MO	<i>dextroamphetamine sulfate er</i>	1	GC PA MO
<i>amoxapine</i>	1	GC MO	<i>diazepam intensol</i>	1	GC MO
<i>budeprion sr</i>	1	GC QL(180 per 90 days) MO	<i>diazepam oral soln</i>	1	GC MO
<i>budeprion xl tb24 300mg</i>	1	GC QL(90 per 90 days) MO	<i>diazepam tabs</i>	1	GC MO
<i>budeprion xl tb24 150mg</i>	1	GC QL(270 per 90 days)	<i>doxepin</i>	1	GC MO
<i>bupropion hcl</i>	1	GC MO	EMSAM	3	QL(90 per 90 days) MO
<i>bupropion hcl sr</i>	1	GC QL(180 per 90 days) MO	<i>escitalopram oxalate oral soln</i>	1	GC QL(1920 per 90 days) MO
<i>buspirone hcl</i>	1	GC MO	<i>escitalopram oxalate tabs</i>	1	GC QL(90 per 90 days) MO
<i>chlordiazepoxide/amitriptyline</i>	1	GC MO	FANAPT TABS 1MG, 2MG, 4MG	3	QL(90 per 90 days) MO
<i>chlorpromazine</i>	1	GC MO	FANAPT TABS 10MG, 12MG, 6MG, 8MG	3	QL(180 per 90 days) MO
<i>citalopram oral soln</i>	1	GC MO	FANAPT TITRATION PACK	3	MO
<i>citalopram tabs 40mg</i>	1	GC QL(90 per 90 days) MO	FAZACLO	3	
<i>citalopram tabs 10mg</i>	1	GC QL(180 per 90 days) MO	<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 156MG/ML	2	QL(3 per 90 days) MO
<i>fluoxetine caps 10mg</i>	1	GC QL(720 per 90 days) MO	INVEGA SUSTENNA INJ 234MG/1.5ML	2	QL(4.5 per 90 days) MO
<i>fluoxetine dr</i>	1	GC QL(12 per 90 days) MO	INVEGA TB24 1.5MG, 3MG, 9MG	3	QL(90 per 90 days) MO
<i>fluoxetine oral soln</i>	1	GC MO	INVEGA TB24 6MG	3	QL(180 per 90 days) MO
<i>fluoxetine tabs 20mg</i>	1	GC QL(360 per 90 days) MO	LATUDA TABS 80MG	2	QL(90 per 90 days) MO
<i>fluoxetine tabs 10mg</i>	1	GC QL(720 per 90 days) MO	LATUDA TABS 40MG	2	QL(180 per 90 days) MO
<i>fluphenazine conc</i>	1	GC	LATUDA TABS 20MG	2	QL(360 per 90 days) MO
<i>fluphenazine decanoate inj</i>	1	GC MO			
<i>fluphenazine elix</i>	1	GC MO			
<i>fluphenazine inj</i>	1	GC MO			
<i>fluphenazine tabs</i>	1	GC MO	<i>lithium carbonate</i>	1	GC MO
<i>fluvoxamine</i>	1	GC QL(270 per 90 days) MO	<i>lithium carbonate er</i>	1	GC MO
			<i>lithium citrate</i>	1	GC MO
			<i>lorazepam intensol</i>	1	GC MO
FOCALIN XR	2	PA MO	<i>lorazepam tabs</i>	1	GC MO
GEODON INJ	3	MO	<i>loxapine</i>	1	GC MO
HALDOL	2	MO	LUNESTA	3	QL(90 per 90 days) MO
HALDOL DECANOATE 100	2	MO			
HALDOL DECANOATE 50	2	MO	<i>maprotiline</i>	1	GC MO
<i>haloperidol</i>	1	GC MO	MARPLAN	2	MO
<i>haloperidol decanoate inj</i>	1	GC MO	METADATE CD CPCR 20MG, 30MG, 40MG, 50MG, 60MG	3	PA MO
<i>haloperidol lactate inj</i>	1	GC MO	<i>methylphenidate hcl</i>	1	GC PA MO
<i>imipramine</i>	1	GC MO	<i>methylphenidate hcl er cp24</i>	1	GC PA MO
<i>imipramine pamoate</i>	2	MO	<i>methylphenidate hydrochloride</i>	1	GC PA MO
INTUNIV	3	MO	<i>mirtazapine</i>	1	GC QL(90 per 90 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML	2	QL(0.75 per 90 days) MO	<i>mirtazapine odt tbdp 30mg, 45mg</i>	1	GC QL(90 per 90 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	2	QL(1.5 per 90 days) MO			
INVEGA SUSTENNA INJ 117MG/0.75ML	2	QL(2.25 per 90 days) MO	<i>nefazodone</i>	1	GC QL(180 per 90 days) MO
			<i>nortriptyline</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine inj</i>	1	GC MO	RITALIN LA	3	PA MO
<i>olanzapine odt</i>	1	GC QL(90 per 90 days) MO	SAPHRIS	2	QL(180 per 90 days) MO
<i>olanzapine tabs</i>	1	GC QL(90 per 90 days) MO	SEROQUEL XR TB24 150MG, 300MG, 400MG	2	QL(180 per 90 days) MO
ORAP	2	MO	SEROQUEL XR TB24 200MG, 50MG	2	QL(270 per 90 days) MO
<i>paroxetine er tb24 12.5mg, 37.5mg</i>	1	GC QL(180 per 90 days) MO	<i>sertraline conc</i>	1	GC MO
<i>paroxetine er tb24 25mg</i>	1	GC QL(270 per 90 days) MO	<i>sertraline tabs 100mg, 25mg</i>	1	GC QL(180 per 90 days) MO
<i>paroxetine tabs 20mg, 40mg</i>	1	GC QL(90 per 90 days) MO	<i>sertraline tabs 50mg</i>	1	GC QL(270 per 90 days) MO
<i>paroxetine tabs 10mg, 30mg</i>	1	GC QL(180 per 90 days) MO	SILENOR	3	QL(90 per 90 days) MO
PAXIL SUSP	2	MO	STRATTERA	2	MO
<i>perphenazine</i>	1	GC MO	SYMBYAX	3	QL(90 per 90 days) MO
<i>phenelzine sulfate</i>	1	GC MO	<i>temazepam</i>	1	GC MO
PRISTIQ	2	QL(90 per 90 days) MO	<i>thioridazine</i>	1	GC MO
<i>protriptyline hcl</i>	1	GC MO	<i>thiothixene</i>	1	GC MO
PROVIGIL	2	PA QL(90 per 90 days) MO	<i>tranlycypromine</i>	1	GC MO
<i>quetiapine fumarate tabs 25mg, 300mg, 400mg</i>	1	GC QL(180 per 90 days) MO	<i>trazodone</i>	1	GC MO
<i>quetiapine fumarate tabs 100mg, 200mg, 50mg</i>	1	GC QL(270 per 90 days) MO	<i>trifluoperazine</i>	1	GC MO
RISPERDAL CONSTA	2	QL(12 per 84 days) MO	<i>trimipramine maleate</i>	1	GC MO
<i>risperidone odt</i>	1	GC QL(180 per 90 days) MO	<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	GC QL(90 per 90 days) MO
<i>risperidone oral soln</i>	1	GC MO	<i>venlafaxine hcl er cp24 75mg</i>	1	GC QL(270 per 90 days) MO
<i>risperidone tabs</i>	1	GC QL(180 per 90 days) MO	<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg</i>	1	GC QL(270 per 90 days) MO
			<i>venlafaxine hcl tabs 75mg</i>	1	GC QL(450 per 90 days) MO
			<i>venlafaxine hcl tabs 50mg</i>	1	GC QL(675 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD KIT	2	QL(30 per 365 days) MO	ANTIHYPERTENSIVE THERAPY		
VIIBRYD TABS	2	QL(90 per 90 days) MO	<i>acebutolol</i>	1	GC MO
XYREM	4	PA	<i>afeditab cr</i>	1	GC MO
<i>zaleplon caps 5mg</i>	1	GC QL(90 per 90 days) MO	<i>amiloride</i>	1	GC MO
<i>zaleplon caps 10mg</i>	1	GC QL(180 per 90 days) MO	<i>amiloride/hydrochlorothiazide</i>	1	GC MO
<i>ziprasidone hcl</i>	1	GC QL(180 per 90 days) MO	<i>amlodipine</i>	1	GC MO
<i>zolpidem</i>	1	GC QL(90 per 90 days) MO	<i>amlodipine / benazepril</i>	1	GC QL(90 per 90 days) MO
<i>zolpidem tartrate er</i>	1	GC QL(90 per 90 days) MO	AMTURNIDE	2	QL(90 per 90 days) MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS			<i>atenolol</i>	1	GC MO
ANTIARRHYTHMIC AGENTS			<i>atenolol / chlorthalidone</i>	1	GC MO
<i>amiodarone inj 50mg/ml</i>	1	GC	AZOR	2	QL(90 per 90 days) MO
<i>amiodarone tabs</i>	1	GC MO	<i>benazepril</i>	1	GC MO
<i>disopyramide phosphate</i>	1	GC MO	<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	1	GC QL(360 per 90 days) MO
<i>flecainide acetate</i>	1	GC MO	<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	GC QL(720 per 90 days) MO
<i>mexiletine</i>	1	GC MO	<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	GC
MULTAQ	2	MO	BENICAR HCT	2	QL(90 per 90 days) MO
NORPACE CR	2	MO	BENICAR TABS 20MG, 40MG	2	QL(90 per 90 days) MO
PACERONE TABS 100MG	2	MO	BENICAR TABS 5MG	2	QL(180 per 90 days) MO
<i>pacерone tabs 200mg</i>	1	GC MO	<i>betaxolol hcl tabs 20mg</i>	1	GC MO
<i>propranolol</i>	1	GC	<i>bisoprolol fumarate</i>	1	GC MO
<i>propafenone hcl</i>	1	GC MO	<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	GC MO
<i>propafenone hcl er</i>	1	GC MO	<i>bumetanide</i>	1	GC MO
<i>quinidine gluconate er</i>	1	GC MO	BYSTOLIC	2	MO
<i>quinidine sulfate</i>	1	GC MO	<i>captopril</i>	1	GC MO
<i>quinidine sulfate er</i>	1	GC MO			
<i>sorine tabs 240mg</i>	1	GC			
<i>sorine tabs 120mg, 160mg, 80mg</i>	1	GC MO			
<i>sotalol</i>	1	GC MO			
TIKOSYN	3	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	GC QL(360 per 90 days) MO	<i>nifedipine</i>	1	GC MO
<i>losartan potassium tabs 100mg</i>	1	GC QL(90 per 90 days) MO	<i>nifedipine er tb24 30mg, 60mg</i>	1	GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	GC QL(180 per 90 days) MO	<i>nifedipine er tb24 90mg</i>	1	GC MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	GC QL(90 per 90 days) MO	<i>nimodipine</i>	1	GC MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	GC QL(180 per 90 days) MO	<i>nisoldipine</i>	1	GC MO
<i>matzim la</i>	1	GC MO	<i>nisoldipine er</i>	1	GC MO
<i>methyclothiazide</i>	1	GC MO	<i>perindopril erbumine</i>	1	GC MO
<i>metolazone</i>	1	GC MO	<i>pindolol</i>	1	GC MO
<i>metoprolol succinate er</i>	1	GC	<i>prazosin</i>	1	GC QL(360 per 90 days) MO
<i>metoprolol tartrate inj</i>	1	GC	<i>propranolol hcl er</i>	1	GC MO
<i>metoprolol tartrate tabs</i>	1	GC MO	<i>propranolol hcl inj</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	1	GC MO	<i>propranolol hcl oral soln</i>	1	GC MO
MICARDIS HCT	2	QL(90 per 90 days) MO	<i>propranolol hcl tabs</i>	1	GC MO
MICARDIS TABS 20MG, 40MG	2	QL(90 per 90 days) MO	<i>propranolol/hydrochlorothiazide</i>	1	GC MO
MICARDIS TABS 80MG	2	QL(180 per 90 days) MO	<i>quinapril</i>	1	GC MO
<i>minoxidil tabs</i>	1	GC MO	<i>quinapril/hydrochlorothiazide</i>	1	GC QL(90 per 90 days) MO
<i>moexipril</i>	1	GC MO	<i>ramipril</i>	1	GC MO
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	1	GC QL(90 per 90 days) MO	REMODYLIN	4	PA MO
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	GC QL(180 per 90 days) MO	<i>reserpine</i>	1	GC MO
<i>nadolol</i>	1	GC MO	<i>spironolactone</i>	1	GC MO
<i>nadolol/bendroflumethiazide</i>	1	GC MO	<i>spironolactone/hydrochlorothiazide</i>	1	GC MO
<i>nicardipine caps</i>	1	GC MO	<i>de</i>		
<i>nifediac cc tb24 90mg</i>	1	GC MO	<i>taztia xt</i>	1	GC MO
<i>nifedical xl</i>	1	GC MO	TEKAMLO	2	QL(90 per 90 days) MO
			TEKTURNA	2	QL(90 per 90 days) MO
			TEKTURNA HCT	2	QL(90 per 90 days) MO
			<i>terazosin hcl</i>	1	GC QL(180 per 90 days) MO
			<i>timolol maleate</i>	1	GC MO
			<i>toremide tabs</i>	1	GC MO
			<i>trandolapril</i>	1	GC MO
			<i>triamterene/hydrochlorothiazide</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR	2	QL(90 per 90 days) MO	PROMACTA	4	LA PA QL(90 per 90 days) MO
TWYNSTA	2	QL(90 per 90 days) MO	<i>ticlopidine hcl</i>	1	GC MO
<i>verapamil er</i>	1	GC MO	<i>warfarin</i>	1	GC MO
<i>verapamil inj</i>	1	GC	XARELTO	3	MO
<i>verapamil tabs</i>	1	GC MO	LIPID/CHOLESTEROL LOWERING AGENTS		
CARDIAC GLYCOSIDES			<i>atorvastatin calcium</i>	1	GC QL(90 per 90 days) MO
<i>digoxin inj</i>	1	GC	<i>cholestyramine light pack</i>	1	GC MO
<i>digoxin oral soln</i>	1	GC MO	<i>colestipol</i>	1	GC MO
<i>digoxin tabs</i>	1	GC MO	CRESTOR	2	QL(90 per 90 days) MO
LANOXIN INJ	2		<i>fenofibrate</i>	1	GC MO
LANOXIN TABS	2	MO	<i>fenofibrate micronized</i>	1	GC MO
COAGULATION THERAPY			<i>fluvastatin</i>	1	GC QL(90 per 90 days) MO
AGGRENOX	2	MO	<i>gemfibrozil</i>	1	GC MO
BRILINTA	2	MO	LIPOFEN	2	MO
<i>cilostazol</i>	1	GC MO	<i>lovastatin tabs 10mg</i>	1	GC QL(90 per 90 days) MO
<i>clopidogrel</i>	1	GC MO	<i>lovastatin tabs 20mg, 40mg</i>	1	GC QL(180 per 90 days) MO
CYKLOKAPRON	2	MO	LOVAZA	2	MO
EFFIENT	2	MO	NIASPAN	2	MO
<i>enoxaparin sodium inj</i>	1	GC MO	<i>pravastatin tabs 10mg, 20mg, 80mg</i>	1	GC QL(90 per 90 days) MO
<i>30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>			<i>pravastatin tabs 40mg</i>	1	GC QL(180 per 90 days) MO
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	4	MO	<i>prevalite powd</i>	1	GC MO
<i>fondaparinux sodium</i>	1	GC MO	SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	2	QL(90 per 90 days) MO
FRAGMIN	2	MO	SIMCOR TB24 500MG; 20MG, 750MG; 20MG	2	QL(180 per 90 days) MO
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	GC MO			
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	GC			
HEPARIN SODIUM/NACL 0.45%	2				
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	GC			
<i>jantoven</i>	1	GC MO			
LOVENOX INJ 300MG/3ML	2	MO			
<i>pentoxifylline er</i>	1	GC MO			
PRADAXA	2	MO			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine / prilocaine crea</i>	1	GC MO	<i>amcinonide</i>	1	GC MO
<i>lidocaine external soln</i>	1	GC MO	<i>augmented betamethasone dipropionate crea</i>	1	GC MO
<i>lidocaine gel</i>	1	GC MO	<i>augmented betamethasone dipropionate lotn</i>	1	GC MO
<i>lidocaine inj 0.5%, 1%</i>	1	GC	<i>augmented betamethasone dipropionate oint</i>	1	GC MO
<i>lidocaine oint</i>	1	GC MO	<i>betamethasone dipropionate</i>	1	GC MO
<i>lidocaine viscous</i>	1	GC MO	<i>betamethasone valerate</i>	1	GC MO
LIDODERM	2	PA MO	CAPEX	2	MO
TOPICAL ANTIBACTERIALS			<i>clobetasol propionate crea</i>	1	GC MO
ALTABAX	2	MO	<i>clobetasol propionate external soln</i>	1	GC
BACTROBAN CREA	2	MO	<i>clobetasol propionate foam</i>	1	GC
<i>gentamicin sulfate crea</i>	1	GC MO	<i>clobetasol propionate gel</i>	1	GC MO
<i>gentamicin sulfate oint 0.1%</i>	1	GC MO	<i>clobetasol propionate lotn</i>	1	GC MO
<i>mupirocin</i>	1	GC MO	<i>clobetasol propionate oint</i>	1	GC MO
PHISOHEX	2	MO	<i>clobetasol propionate sham</i>	1	GC MO
<i>sulfacetamide sodium susp</i>	1	GC MO	CORDRAN TAPE	2	MO
SULFAMYLON	2	MO	DERMA-SMOOTH / FS BODY OIL	2	MO
TOPICAL ANTIFUNGALS			<i>desonide</i>	1	GC MO
<i>ciclopirox</i>	1	GC MO	<i>desoximetasone crea</i>	1	GC MO
<i>ciclopirox nail lacquer</i>	1	GC MO	<i>desoximetasone gel</i>	1	GC MO
<i>ciclopirox olamine</i>	1	GC MO	<i>desoximetasone oint 0.25%</i>	1	GC MO
<i>clotrimazole / betamethasone</i>	1	GC MO	<i>diflorasone diacetate</i>	1	GC MO
<i>clotrimazole external crea</i>	1	GC MO	<i>fluocinolone acetonide</i>	1	GC MO
<i>clotrimazole external soln</i>	1	GC MO	<i>fluocinolone acetonide body</i>	1	GC MO
<i>econazole nitrate</i>	1	GC MO	<i>fluocinonide external soln</i>	1	GC MO
<i>ketoconazole</i>	1	GC MO	<i>fluocinonide gel</i>	1	GC MO
NAFTIN CREA 1%	2	MO	<i>fluocinonide oint</i>	1	GC MO
NAFTIN GEL	2	MO	<i>fluocinonide-e</i>	1	GC MO
<i>nyamyc</i>	1	GC MO	<i>fluticasone propionate</i>	1	GC MO
<i>nystatin / triamcinolone</i>	1	GC MO	<i>halobetasol propionate</i>	1	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>	1	GC MO
<i>pedi-dri</i>	1	GC MO	LOCOID LOTN	2	MO
TOPICAL ANTIVIRALS			LUXIQ	2	MO
DENAVIR	2	MO	<i>mometasone furoate</i>	1	GC MO
ZOVIRAX CREA	3	MO	PANDEL	2	MO
ZOVIRAX OINT	3	MO	<i>prednicarbate</i>	1	GC MO
TOPICAL CORTICOSTEROIDS					
<i>ala-cort</i>	1	GC MO			
<i>alclometasone dipropionate</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide crea</i>	1	GC MO	<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>triamcinolone acetonide lotn</i>	1	GC MO	<i>dextrose 5%/nacl 0.225%</i>	1	GC
<i>triamcinolone acetonide oint</i>	1	GC MO	DEXTROSE 5%/NACL 0.33%	2	
<i>triderm</i>	1	GC MO	<i>dextrose 5%/nacl 0.45%</i>	1	GC MO
TOPICAL ENZYMES			<i>dextrose 5%/nacl 0.9%</i>	1	GC MO
SANTYL	2	MO	<i>disulfiram</i>	1	GC MO
TOPICAL SCABICIDES / PEDICULICIDES			<i>etidronate disodium</i>	1	GC MO
EURAX	2	MO	EVOXAC	2	MO
<i>lindane</i>	1	GC QL(1800 per 365 days) MO	EXJADE TBSO 125MG	2	LA MO
<i>malathion</i>	1	GC MO	EXJADE TBSO 250MG, 500MG	4	LA MO
<i>permethrin crea</i>	1	GC MO	FOSRENOL	2	MO
ULESFIA	3	MO	INCRELEX	4	LA PA MO
DIAGNOSTICS / MISCELLANEOUS AGENTS			<i>kionex powd</i>	1	GC MO
MISCELLANEOUS AGENTS			<i>levocarnitine oral soln</i>	1	GC PA MO
ACTONEL TABS 30MG	3	PA QL(60 per 120 days) MO	<i>levocarnitine tabs</i>	1	GC PA MO
ADAGEN	4	LA MO	<i>midodrine</i>	1	GC MO
<i>alendronate sodium tabs 40mg</i>	1	GC QL(180 per 365 days) MO	ORFADIN	4	LA MO
<i>anagrelide hydrochloride</i>	1	GC MO	<i>pilocarpine hcl tabs</i>	1	GC MO
ANTABUSE TABS 250MG	2	MO	PROLASTIN-C	4	LA
ARALAST NP INJ 400MG	4	LA MO	RECLAST	3	MO
BUPHENYL	2	MO	REVELA	2	MO
CAMPRAL	2	QL(540 per 90 days) MO	RILUTEK	4	MO
CARBAGLU	4	LA MO	SKELID	3	PA QL(180 per 90 days) MO
CHEMET	2	MO	<i>sodium chloride 0.9%</i>	1	GC MO
CLINIMIX 4.25%/DEXTROSE 5%	2		<i>sodium chloride inj 0.9%</i>	1	GC MO
DEXTROSE 10%/NACL 0.45% <i>dextrose 10% flex container</i>	2 1	GC	<i>sodium polystyrene sulfonate susp</i>	1	GC MO
DEXTROSE 10%/NACL 0.2% <i>dextrose 2.5%/sodium chloride 0.45%</i>	2 1	GC	SYPRINE	2	MO
<i>dextrose 5%</i>	1	GC MO	SMOKING DETERRENTS		
<i>dextrose 5%/lactated ringers</i>	1	GC	<i>buproban</i>	1	GC PA QL(180 per 90 days) MO
			CHANTIX	2	PA QL(168 per 90 days) MO
			CHANTIX STARTING MONTH PAK	2	PA MO
			NICOTROL INHALER	3	PA QL(1008 per 90 days) MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTROL NASAL	3	PA QL(120 per 90 days) MO	DEXAMETHASONE TABS 1MG, 2MG	2	MO
EAR, NOSE / THROAT MEDICATIONS			<i>fludrocortisone acetate</i>	1	GC MO
MISCELLANEOUS AGENTS			<i>hydrocortisone tabs</i>	1	GC MO
ASTEPRO	2	MO	<i>methylprednisolone acetate</i>	1	GC MO
<i>azelastine hcl</i>	1	GC MO	<i>methylprednisolone dose pack</i>	1	GC MO
BACTROBAN NASAL	2	MO	METHYLPREDNISOLONE	2	MO
<i>chlorhexidine gluconate oral rinse</i>	1	GC MO	SODIUMSUCCINATE INJ 1GM		
<i>ipratropium bromide nasal soln</i>	1	GC MO	<i>methylprednisolone tabs 32mg</i>	1	GC PA
<i>perio gard</i>	1	GC MO	<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	GC PA MO
<i>triamcinolone in orabase</i>	1	GC MO	<i>prednisolone sodium phosphate oral soln</i>	1	GC PA MO
TYZINE	2	MO	<i>prednisone</i>	1	GC PA MO
TYZINE PEDIATRIC NASAL DROPS	2		PREDNISONE INTENSOL	2	PA MO
MISCELLANEOUS OTIC PREPARATIONS			SOLU-CORTEF INJ 100MG, 250MG	2	MO
<i>acetazol hc</i>	1	GC MO	SOLU-MEDROL INJ 2GM	2	
<i>acetic acid</i>	1	GC MO	SOLU-MEDROL INJ 125MG, 40MG, 500MG	2	MO
DERMOTIC	2	MO	ANTITHYROID AGENTS		
<i>fluocinolone acetonide</i>	1	GC MO	<i>methimazole</i>	1	GC MO
<i>hydrocortisone/acetic acid</i>	1	GC MO	<i>propylthiouracil</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO	DIABETES THERAPY		
OTIC STEROID / ANTIBIOTIC			<i>acarbose</i>	1	GC QL(270 per 90 days) MO
CIPRO HC	3	MO	ACTOPLUS MET	2	QL(270 per 90 days) MO
CIPRODEX	2	MO	ACTOS	2	QL(90 per 90 days) MO
COLY-MYCIN S	2	MO	ALCOHOL PREPS PADS	2	
CORTISPORIN-TC	2	MO	AVANDAMET	2	QL(180 per 90 days) MO
<i>neomycin/polymyxin/hc</i>	1	GC MO	AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	2	QL(90 per 90 days) MO
ENDOCRINE/DIABETES			AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	2	QL(180 per 90 days) MO
ADRENAL HORMONES					
<i>a-hydrocort</i>	1	GC MO			
<i>cortisone acetate</i>	1	GC MO			
DEPO-MEDROL	2	MO			
<i>dexamethasone elix</i>	1	GC MO			
<i>dexamethasone inj 4mg/ml</i>	1	GC MO			
DEXAMETHASONE INTENSOL	2	MO			
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVANDIA TABS 8MG	2	QL(90 per 90 days) MO	<i>glyburide tabs 1.25mg, 2.5mg</i>	1	GC QL(180 per 90 days) MO
AVANDIA TABS 2MG, 4MG	2	QL(180 per 90 days) MO	<i>glyburide tabs 5mg</i>	1	GC QL(360 per 90 days) MO
BYDUREON	2	MO	HUMALOG	2	QL(60 per 30 days) MO
BYETTA	2	QL(7.2 per 90 days) MO	HUMALOG KWIKPEN	2	QL(60 per 30 days) MO
DUETACT	2	QL(90 per 90 days) MO	HUMALOG MIX 50/50	2	QL(60 per 30 days) MO
GAUZE PADS 2"X2"	2	MO	HUMALOG MIX 50/50 KWIKPEN	2	QL(60 per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	GC QL(90 per 90 days) MO	HUMALOG MIX 75/25	2	QL(60 per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	GC QL(180 per 90 days) MO	HUMALOG MIX 75/25 KWIKPEN	2	QL(60 per 30 days) MO
<i>glipizide / metformin</i>	1	GC QL(360 per 90 days) MO	HUMALOG MIX 75/25 KWIKPEN	2	QL(60 per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	GC QL(90 per 90 days) MO	HUMULIN 70/30	2	QL(60 per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	GC QL(180 per 90 days) MO	HUMULIN 70/30 PEN	2	QL(60 per 30 days) MO
<i>glipizide tabs 10mg</i>	1	GC QL(360 per 90 days) MO	HUMULIN N	2	QL(60 per 30 days) MO
<i>glipizide tabs 5mg</i>	1	GC QL(720 per 90 days) MO	HUMULIN N U-100 PEN	2	QL(60 per 30 days) MO
GLUCAGEN HYPOKIT	2	MO	HUMULIN R	2	QL(60 per 30 days) MO
GLUCAGON EMERGENCY KIT	2	MO	HUMULIN R U-500 (CONCENTRATED)	2	QL(60 per 30 days) MO
<i>glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	1	GC QL(180 per 90 days) MO	INSULIN PEN NEEDLE	2	MO
<i>glyburide / metformin tabs 5mg; 500mg</i>	1	GC QL(360 per 90 days) MO	INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
<i>glyburide micronized</i>	1	GC QL(180 per 90 days) MO	INSULIN SYRINGE (DISP) U-100 1 ML	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO	NEEDLES, INSULIN DISP., SAFETY	2	MO
JANUMET	2	QL(180 per 90 days) MO	NOVOLOG	2	QL(60 per 30 days) MO
JANUVIA	2	QL(90 per 90 days) MO	NOVOLOG FLEXPEN	2	QL(60 per 30 days) MO
JENTADUETO	2	QL(180 per 90 days) MO	NOVOLOG MIX 70/30	2	QL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL(90 per 90 days) MO	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	QL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL(180 per 90 days) MO	ONGLYZA	2	QL(90 per 90 days) MO
LANTUS	2	QL(30 per 30 days) MO	PRANDIN TABS 0.5MG, 1MG	2	QL(360 per 90 days) MO
LANTUS SOLOSTAR	2	QL(30 per 30 days) MO	PRANDIN TABS 2MG	2	QL(720 per 90 days) MO
LEVEMIR	2	QL(90 per 90 days) MO	PROGLYCEM	2	MO
LEVEMIR FLEXPEN	2	QL(90 per 90 days) MO	SYMLINPEN 120	3	QL(33 per 90 days) MO
<i>metformin hcl er tb24 750mg</i>	1	GC QL(270 per 90 days) MO	<i>tolazamide</i>	1	GC MO
<i>metformin hcl er tb24 500mg</i>	1	GC QL(450 per 90 days) MO	<i>tolbutamide</i>	1	GC MO
<i>metformin hcl tabs 1000mg</i>	1	GC QL(180 per 90 days) MO	TRADJENTA	2	QL(90 per 90 days) MO
<i>metformin hcl tabs 850mg</i>	1	GC QL(270 per 90 days) MO	MISCELLANEOUS HORMONES		
<i>metformin hcl tabs 500mg</i>	1	GC QL(450 per 90 days) MO	ALDURAZYME	4	LA MO
<i>nateglinide</i>	1	GC QL(270 per 90 days) MO	ANDROGEL GEL 50MG/5GM	2	PA MO
			ANDROGEL PUMP GEL 1.62%	2	PA MO
			<i>androxy</i>	2	PA MO
			AXIRON	3	PA MO
			<i>cabergoline</i>	1	GC MO
			<i>calcitonin-salmon</i>	1	GC QL(12 per 90 days) MO
			<i>calcitriol caps</i>	1	GC PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol inj</i>	1	GC PA MO	<i>atropine sulfate inj 0.1mg/ml</i>	1	GC
<i>calcitriol oral soln</i>	1	GC PA MO	ATROPINE SULFATE INJ	2	
CEREZYME INJ 200UNIT	4	LA MO	0.05MG/ML		
<i>danazol</i>	1	GC MO	<i>dicyclomine hcl caps</i>	1	GC MO
<i>desmopressin acetate</i>	1	GC MO	<i>dicyclomine hcl oral soln</i>	1	GC MO
FABRAZYME INJ 35MG	4	LA MO	<i>glycopyrrolate</i>	1	GC MO
FORTESTA	3	PA MO	<i>loperamide hcl caps</i>	1	GC MO
<i>fortical</i>	1	GC QL(12 per 90 days) MO	<i>propantheline bromide</i>	1	GC MO
KUVAN	4	LA MO	MISCELLANEOUS GASTROINTESTINAL AGENTS		
NAGLAZYME	4	LA MO	AMITIZA	2	MO
<i>oxandrolone tabs 10mg</i>	4	PA MO	APRISO	2	MO
<i>oxandrolone tabs 2.5mg</i>	2	PA MO	ASACOL	2	MO
SAMSCA TABS 30MG	4	QL(730 per 365 days) MO	ASACOL HD	2	MO
SAMSCA TABS 15MG	4	QL(1460 per 365 days) MO	<i>balsalazide</i>	1	GC MO
SENSIPAR TABS 60MG, 90MG	4	MO	<i>budesonide cp24</i>	1	GC MO
SENSIPAR TABS 30MG	2	MO	CANASA	2	MO
SOMAVERT	2	PA MO	CIMZIA	4	PA QL(6 per 28 days) MO
STIMATE	2	MO	<i>compro</i>	1	GC MO
SYNAREL	3	MO	CORTIFOAM	2	MO
TESTIM	3	PA MO	CREON	2	MO
<i>testosterone cypionate</i>	1	GC PA MO	<i>cromolyn sodium conc</i>	1	GC MO
<i>testosterone enanthate</i>	1	GC PA MO	CYSTADANE	2	MO
ZAVESCA	2	LA	DIPENTUM	3	MO
ZEMPLAR	2	PA MO	<i>dronabinol</i>	1	GC PA MO
ZOMETA INJ 4MG/5ML	4	QL(30 per 90 days) MO	EMEND CAPS 40MG	2	PA QL(3 per 90 days) MO
THYROID HORMONES			EMEND CAPS 125MG	2	PA QL(6 per 90 days) MO
<i>levothyroxine tabs</i>	1	GC	EMEND CAPS	2	PA QL(18 per 90 days) MO
<i>levoxyl</i>	1	GC MO	EMEND CAPS 80MG	2	PA QL(24 per 90 days) MO
<i>liothyronine sodium tabs</i>	1	GC MO	ENTOCORT EC	2	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	GC MO	<i>enulose</i>	1	GC MO
GASTROENTEROLOGY			GASTROCROM	2	MO
ANTIDIARRHEALS / ANTISPASMODICS					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gavilyte-c</i>	1	GC QL(4000 per 30 days)	<i>prochlorperazine</i>	1	GC
		MO	<i>prochlorperazine edisylate</i>	1	GC MO
<i>gavilyte-g</i>	1	GC QL(4000 per 30 days)	<i>prochlorperazine maleate</i>	1	GC MO
		MO	RELISTOR INJ 12MG/0.6ML	2	MO
<i>gavilyte-n/ flavor pack</i>	1	GC QL(4000 per 30 days)	REMICADE	4	PA MO
		MO	SANCUSO	2	QL(6 per 90 days) MO
<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	1	GC QL(42 per 90 days)	SUCRAID	4	
		MO	<i>sulfasalazine tabs</i>	1	GC MO
<i>granisetron tabs</i>	1	GC PA QL(180 per 90 days)	<i>sulfazine ec</i>	1	GC
		MO	<i>trilyte</i>	1	GC QL(4000 per 30 days)
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	QL(6 per 90 days) MO	<i>ursodiol</i>	1	GC MO
<i>hydrocortisone enem</i>	1	GC	ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
<i>lactulose</i>	1	GC MO	ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	2	MO
LIALDA	2	MO	ULCER THERAPY		
LOTRONEX	2	QL(180 per 90 days)	CARAFATE SUSP	2	MO
		MO	DEXILANT	3	QL(90 per 90 days) ST
<i>meclizine hcl</i>	1	GC MO			MO
<i>metoclopramide</i>	1	GC MO	<i>famotidine inj</i>	1	GC MO
MOVIPREP	3	QL(6 per 90 days) MO	<i>famotidine premixed</i>	1	GC
<i>ondansetron hcl inj 4mg/2ml</i>	1	GC MO	<i>famotidine susr</i>	1	GC MO
<i>ondansetron hcl oral soln</i>	1	GC PA MO	<i>famotidine tabs 20mg, 40mg</i>	1	GC MO
<i>ondansetron hcl tabs 24mg</i>	1	GC PA QL(21 per 90 days)	<i>lansoprazole</i>	1	GC QL(180 per 90 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	GC PA QL(135 per 90 days)			MO
		MO	<i>misoprostol tabs 200mcg</i>	1	GC MO
<i>ondansetron odt</i>	1	GC PA QL(135 per 90 days)	NEXIUM	2	QL(90 per 90 days)
		MO			MO
PENTASA	2	MO	NEXIUM I.V. INJ 20MG	2	
<i>polyethylene glycol 3350 powd</i>	1	GC	NEXIUM I.V. INJ 40MG	2	MO
			<i>nizatidine</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole cpdr 40mg</i>	1	GC QL(90 per 90 days) MO	ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	2	PA QL(12 per 90 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	GC QL(180 per 90 days) MO	ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	2	PA QL(24 per 90 days) MO
<i>omeprazole/sodium bicarbonate</i>	1	GC QL(90 per 90 days) MO	ARCALYST AVONEX	4 4	LA MO PA QL(12 per 90 days) MO
<i>pantoprazole</i>	1	GC QL(180 per 90 days) MO	BETASERON	4	PA QL(45 per 90 days) MO
PREVPAC	3	MO			PA QL(36 per 90 days) MO
PYLERA	2	MO	EPOGEN INJ 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(72 per 90 days) MO
<i>ranitidine hcl caps</i>	1	GC MO	EPOGEN INJ 10000UNIT/ML	3	PA QL(72 per 90 days) MO
<i>ranitidine hcl syrup</i>	1	GC MO			MO
<i>ranitidine hcl tabs</i>	1	GC MO			MO
<i>sucralfate</i>	1	GC MO			MO
ZANTAC INJ 50MG/50ML; 0.45%	2	MO	INTRON-A INJ 10MU/0.2ML	3	PA
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			INTRON-A INJ 3MU/0.2ML	2	PA
BIOTECHNOLOGY DRUGS			INTRON-A INJ 6000000UNIT/ML	2	PA MO
ACTIMMUNE	4	LA PA MO	INTRON-A INJ 5MU/0.2ML	4	PA
ARANESP INJ 500MCG/ML	2	PA QL(3 per 90 days) MO	INTRON-A WITH DILUENT INJ 10MU	4	PA MO
ARANESP INJ 150MCG/0.3ML	2	PA QL(3.6 per 90 days) MO	LEUKINE	4	PA MO
ARANESP INJ 200MCG/0.4ML	2	PA QL(4.8 per 90 days) MO	MOZOBIL	4	QL(4.8 per 90 days) MO
ARANESP INJ 100MCG/0.5ML	2	PA QL(6 per 90 days) MO	NEULASTA	3	PA QL(3.6 per 90 days) MO
ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	2	PA QL(7.2 per 90 days) MO	NEUMEGA	4	PA QL(63 per 90 days) MO
ARANESP INJ 40MCG/0.4ML	2	PA QL(9.6 per 90 days) MO	NEUPOGEN INJ 300MCG/0.5ML	4	PA QL(21 per 90 days) MO
ARANESP INJ 25MCG/0.42ML	2	PA QL(10.08 per 90 days) MO	NEUPOGEN INJ 480MCG/0.8ML	4	PA QL(33.6 per 90 days) MO
			NEUPOGEN INJ 480MCG/1.6ML	4	PA QL(67.2 per 90 days) MO
			NORDITROPIN FLEXPPO	4	PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN NORDIFLEX PEN	4	PA MO	ENGERIX-B INJ 20MCG/ML	2	PA MO
OMNITROPE INJ 5MG/1.5ML	3	PA MO	GARDASIL	2	PA MO
PEG-INTRON INJ 50MCG/0.5ML	4	PA QL(12 per 90 days)	HAVRIX INJ 720ELU/0.5ML	2	MO
PEG-INTRON REDIPEN	4	PA QL(12 per 90 days)	HAVRIX INJ 1440ELU/ML	2	MO
PEGASYS INJ 180MCG/0.5ML	4	PA QL(6 per 90 days)	HIZENTRA INJ 1GM/5ML	4	PA MO
PEGASYS INJ 180MCG/ML	4	PA QL(12 per 90 days)	INFANRIX	2	MO
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA QL(12 per 90 days)	IPOL INACTIVATED IPV	2	MO
PROCRIT INJ 40000UNIT/ML	2	PA QL(18 per 90 days)	IXIARO	2	MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA QL(36 per 90 days)	M-M-R II W/DILUENT 10 DOSE	2	MO
PROLEUKIN	4	MO	MENACTRA	2	MO
REBIF	4	PA QL(18 per 90 days)	MENOMUNE-A/C/Y/W-135	2	MO
REBIF TITRATION PACK	4	PA MO	MENVEO	2	MO
SYLATRON INJ 888MCG	4	PA QL(8 per 90 days)	PEDVAX HIB	2	MO
SYLATRON INJ 296MCG, 444MCG	4	PA QL(12 per 90 days)	PRIVIGEN INJ 20GM/200ML	4	PA MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			PROQUAD	2	
ACTHIB	2		RABAVERT	2	MO
ADACEL	2	MO	RECOMBIVAX HB INJ 40MCG/ML	2	PA
BOOSTRIX INJ	2		RECOMBIVAX HB INJ 10MCG/ML	2	PA MO
BOOSTRIX INJ	2	MO	ROTATEQ	2	
CERVARIX	2	PA	TETANUS / DIPHTHERIA	2	MO
COMVAX	2	MO	TOXOIDS-ADSORBED ADULT		
DAPTACEL	2	MO	THYMOGLOBULIN	2	
DECAVAC	2	MO	TWINRIX	2	MO
ENGERIX-B INJ 10MCG/0.5ML	2	PA	TYPHIM VI	2	
			VAQTA	2	MO
			VARIVAX	2	
			YF-VAX	2	
			ZOSTAVAX	2	PA
			MUSCULOSKELETAL / RHEUMATOLOGY		
			GOUT THERAPY		
			<i>allopurinol tabs</i>	1	GC MO
			COLCRYS	2	QL(360 per 90 days)
					MO
			<i>probenecid</i>	1	GC MO
			<i>probenecid / colchicine</i>	1	GC MO
			ULORIC	3	PA MO
			OSTEOPOROSIS THERAPY		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 150MG	2	QL(3 per 90 days) MO	SAVELLA	2	QL(180 per 90 days) MO
ACTONEL TABS 35MG	2	QL(12 per 90 days) MO	SAVELLA TITRATION PACK	2	MO
ACTONEL TABS 5MG	2	QL(90 per 90 days) MO	SIMPONI	4	PA QL(1 per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	GC QL(12 per 90 days) MO	OBSTETRICS / GYNECOLOGY		
<i>alendronate sodium tabs 10mg, 5mg</i>	1	GC QL(90 per 90 days) MO	ESTROGENS / PROGESTINS		
AELVIA	2	QL(12 per 90 days) MO	ALORA	2	MO
EVISTA	2	QL(90 per 90 days) MO	<i>camila</i>	1	GC MO
FORTEO	2	QL(7.2 per 90 days) MO	CLIMARA PRO	2	MO
FOSAMAX PLUS D	3	ST MO	COMBIPATCH	2	MO
<i>ibandronate sodium</i>	1	GC PA MO	CRINONE GEL 4%	2	MO
PROLIA	3	ST MO	CRINONE GEL 8%	2	PA MO
OTHER RHEUMATOLOGICALS			DELESTROGEN INJ 10MG/ML	3	MO
DEPEN TITRATABS	2	MO	DEPO-PROVERA	2	MO
ENBREL	4	PA QL(600 per 90 days) MO	DEPO-SUBQ PROVERA 104	3	MO
HUMIRA INJ 20MG/0.4ML	4	PA QL(2.4 per 90 days) MO	DIVIGEL GEL 1MG/GM	2	MO
HUMIRA INJ 40MG/0.8ML	4	PA QL(4.8 per 90 days) MO	<i>errin</i>	1	GC MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO	ESTRACE CREA	2	MO
<i>leflunomide</i>	1	GC QL(90 per 90 days) MO	<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	1	GC MO
ORENCIA INJ 125MG/1ML	4	PA QL(12 per 90 days) MO	<i>estradiol ptwk</i>	1	GC
RIDAURA	3	MO	<i>estradiol tabs</i>	1	GC MO
			<i>estradiol valerate</i>	1	GC MO
			ESTRING	3	QL(1 per 90 days) MO
			<i>estropipate</i>	1	GC MO
			<i>jinteli</i>	1	GC MO
			<i>jolivette</i>	1	GC MO
			<i>medroxyprogesterone acetate</i>	1	GC MO
			MENEST	3	MO
			<i>nora-be</i>	1	GC MO
			<i>norethindrone tabs 5mg</i>	1	GC MO
			PREFEST	3	MO
			PREMARIN CREA	2	MO
			PREMARIN TABS	2	MO
			PREMPHASE	2	MO
			PREMPRO	2	MO
			<i>progesterone caps</i>	1	GC MO
			VAGIFEM	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT	2	MO	<i>microgestin 1/20</i>	1	GC MO
MISCELLANEOUS OB/GYN			<i>microgestin fe</i>	1	GC MO
CLEOCIN SUPP	2	MO	<i>microgestin fe 1.5/30</i>	1	GC MO
<i>clindamycin phosphate crea</i>	1	GC MO	<i>mononessa</i>	1	GC MO
<i>metronidazole vaginal</i>	1	GC MO	<i>necon 0.5/35-28</i>	1	GC MO
<i>miconazole 3</i>	1	GC MO	<i>necon 1/35-28</i>	1	GC MO
NUVARING	3	MO	<i>necon 10/11-28</i>	1	GC MO
ORTHO EVRA	3	MO	<i>necon 7/7/7</i>	1	GC MO
<i>terconazole crea 0.4%</i>	1	GC MO	<i>next choice</i>	1	GC
<i>terconazole supp</i>	1	GC MO	<i>nortrel 0.5/35 (28)</i>	1	GC MO
<i>vandazole</i>	1	GC MO	<i>nortrel 1/35 (21)</i>	1	GC MO
<i>zazole crea 0.4%</i>	1	GC MO	<i>nortrel 1/35 (28)</i>	1	GC MO
ORAL CONTRACEPTIVES / RELATED AGENTS			<i>nortrel 7/7/7</i>	1	GC MO
<i>amethia</i>	1	GC MO	<i>ocella</i>	1	GC MO
<i>amethyst</i>	1	GC MO	<i>ogestrel</i>	1	GC MO
<i>apri</i>	1	GC MO	<i>orsythia</i>	1	GC MO
<i>aranelle</i>	1	GC MO	<i>portia-28</i>	1	GC MO
<i>aviane</i>	1	GC MO	<i>previfem</i>	1	GC MO
<i>balziva</i>	1	GC MO	<i>quasense</i>	1	GC MO
<i>briellyn</i>	1	GC MO	<i>reclipsen</i>	1	GC MO
<i>cryselle-28</i>	1	GC MO	<i>sprintec 28</i>	1	GC MO
<i>cyclafem 1/35</i>	1	GC MO	<i>sronyx</i>	1	GC MO
<i>cyclafem 7/7/7</i>	1	GC MO	<i>tri-legest fe</i>	1	GC MO
ELLA	2		<i>tri-previfem</i>	1	GC MO
<i>emoquette</i>	1	GC MO	<i>tri-sprintec</i>	1	GC MO
<i>enpresse-28</i>	1	GC MO	<i>trinessa</i>	1	GC MO
<i>gianvi</i>	1	GC MO	<i>trivora-28</i>	1	GC MO
<i>introvale</i>	1	GC MO	<i>velivet</i>	1	GC MO
<i>junel</i>	1	GC MO	<i>vestura</i>	1	GC MO
<i>junel fe 1.5/30</i>	1	GC MO	<i>zeosa</i>	1	GC MO
<i>junel fe 1/20</i>	1	GC MO	<i>zovia 1/35e</i>	1	GC MO
<i>kariva</i>	1	GC MO	<i>zovia 1/50e</i>	1	GC MO
<i>kelnor 1/35</i>	1	GC MO	OXYTOCICS		
<i>leena</i>	1	GC MO	METHERGINE	2	
<i>lessina-28</i>	1	GC MO	<i>methylergonovine maleate tabs</i>	1	GC
<i>levora</i>	1	GC MO	OPHTHALMOLOGY		
<i>low-ogestrel</i>	1	GC MO	ANTIBIOTICS		
<i>lutera</i>	1	GC MO	AZASITE	2	MO
<i>marlissa</i>	1	GC MO	<i>bacitracin / polymyxin b</i>	1	GC MO
<i>microgestin 1.5/30</i>	1	GC MO	<i>bacitracin ophthalmic oint</i>	1	GC MO
			BESIVANCE	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT	2	MO	<i>epinastine hcl</i>	1	GC MO
<i>ciprofloxacin ophthalmic soln</i>	1	GC MO	PATADAY	2	MO
<i>erythromycin oint</i>	1	GC MO	PATANOL	2	MO
<i>gentak oint</i>	1	GC MO	RESTASIS	2	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	GC MO	NON-STEROIDAL ANTIINFLAMMATORY AGENTS		
<i>levofloxacin</i>	1	GC MO	ACUVAIL	2	MO
MOXEZA	2	MO	BROMDAY	2	MO
NATACYN	2	MO	<i>bromfenac</i>	1	GC MO
<i>neomycin/bacitracin/polymyxin</i>	1	GC MO	<i>diclofenac sodium</i>	1	GC MO
<i>neomycin/polymyxin/gramicidin</i>	1	GC MO	<i>flurbiprofen sodium</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO	<i>ketorolac tromethamine ophthalmic soln</i>	1	GC MO
<i>tobramycin ophthalmic soln</i>	1	GC MO	NEVANAC	2	MO
TOBREX OINT	2	MO	ORAL DRUGS FOR GLAUCOMA		
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC MO	<i>acetazolamide</i>	1	GC MO
VIGAMOX	2	MO	<i>acetazolamide er</i>	1	GC MO
ZYMAXID	2	MO	<i>acetazolamide sodium</i>	1	GC
ANTIVIRALS			<i>methazolamide</i>	1	GC MO
<i>trifluridine</i>	1	GC MO	OTHER GLAUCOMA DRUGS		
ZIRGAN	3	MO	AZOPT	2	MO
BETA-BLOCKERS			COMBIGAN	2	MO
<i>betaxolol hcl ophthalmic soln</i>	1	GC MO	<i>dorzolamide hcl</i>	1	GC MO
BETOPTIC-S	2	MO	<i>dorzolamide hcl/timolol maleate</i>	1	GC MO
<i>carteolol hcl</i>	1	GC MO	<i>latanoprost</i>	1	GC MO
ISTALOL	2	MO	LUMIGAN	2	MO
<i>levobunolol hcl ophthalmic soln 0.5%</i>	1	GC MO	TRAVATAN Z	2	MO
<i>metipranolol</i>	1	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	2	MO	<i>neomycin/polymyxin/hc</i>	1	GC MO
CYCLOPLEGIC MYDRIATICS			TOBRADEX OINT	2	MO
<i>tropicamide</i>	1	GC MO	TOBRADEX ST	2	MO
DIRECT ACTING MIOTICS			<i>tobramycin/dexamethasone</i>	1	GC MO
PILOPINE HS	2	MO	ZYLET	2	MO
MISCELLANEOUS OPHTHALMOLOGICS			STEROID-SULFONAMIDE COMBINATIONS		
ALOCRIAL	3	MO	BLEPHAMIDE	3	MO
<i>azelastine hcl</i>	1	GC MO	BLEPHAMIDE S.O.P.	3	MO
BEPREVE	2	MO			
<i>cromolyn sodium ophthalmic soln</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	GC MO	<i>phenadoz supp 12.5mg</i>	1	GC
STERIODS			<i>phenadoz supp 25mg</i>	1	GC MO
ALREX	2	MO	<i>promethazine hcl inj 25mg/ml</i>	1	GC
<i>dexamethasone ophthalmic soln</i>	1	GC MO	<i>promethazine hcl inj 50mg/ml</i>	1	GC MO
DUREZOL	2	MO	<i>promethazine hcl supp</i>	1	GC MO
FML	2	MO	<i>promethazine hcl syrp</i>	1	GC MO
FML FORTE	2	MO	<i>promethazine hcl tabs</i>	1	GC MO
LOTEMAX	2	MO	<i>promethegan supp 25mg, 50mg</i>	1	GC MO
<i>prednisolone acetate</i>	1	GC MO	TWINJECT	2	MO
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	GC MO	PULMONARY AGENTS		
SULFONAMIDES			<i>acetylcysteine</i>	1	GC PA MO
BLEPH-10	2	MO	ADVAIR DISKUS	2	QL(180 per 90 days) MO
<i>sodium sulfacetamide ophthalmic soln</i>	1	GC MO	ADVAIR HFA	2	QL(36 per 90 days) MO
<i>sulfacetamide sodium oint</i>	1	GC	<i>albuterol sulfate er</i>	1	GC MO
SYMPATHOMIMETICS			<i>albuterol sulfate nebu</i>	1	GC PA MO
ALPHAGAN P	2	MO	<i>albuterol sulfate syrp</i>	1	GC MO
<i>apraclonidine</i>	1	GC MO	<i>albuterol sulfate tabs</i>	1	GC MO
<i>brimonidine tartrate</i>	1	GC MO	ALVESCO	3	QL(37 per 90 days) MO
IOPIDINE OPHTHALMIC SOLN 1%	3	MO	ARCAPTA NEOHALER	3	QL(90 per 90 days) MO
VASOCONSTRICTOR DECONGESTANTS			ASMANEX 120 METERED DOSES	2	QL(3 per 90 days) MO
<i>ak-con</i>	1	GC MO	ASMANEX 14 METERED DOSES	2	QL(3 per 90 days) MO
RESPIRATORY AND ALLERGY			ASMANEX 30 METERED DOSES	2	QL(3 per 90 days) MO
ANTI HISTAMINE / ANTIALLERGENIC AGENTS			ASMANEX 60 METERED DOSES	2	QL(3 per 90 days) MO
<i>carbinoxamine maleate</i>	1	GC MO	ATROVENT HFA	2	QL(77.4 per 90 days) MO
<i>cetirizine hcl syrp</i>	1	GC MO	<i>budesonide susp</i>	1	GC PA MO
<i>clemastine fumarate syrp</i>	1	GC MO	CINRYZE	4	LA PA QL(60 per 90 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	1	GC MO	COMBIVENT	2	QL(88.2 per 90 days) MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1	GC			
EPIPEN	2	MO			
EPIPEN-JR	2	MO			
<i>hydroxyzine hcl</i>	1	GC MO			
<i>levocetirizine dihydrochloride oral soln</i>	1	GC MO			
<i>levocetirizine dihydrochloride tabs</i>	1	GC QL(90 per 90 days) MO			
<i>palgic liqd</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu</i>	1	GC PA MO	REVATIO INJ	4	QL(3375 per 90 days) MO
DALIRESP	2	QL(90 per 90 days) MO	REVATIO TABS	4	PA QL(270 per 90 days) MO
DULERA	3	QL(39 per 90 days) MO	RHINOCORT AQUA	3	ST MO
ELIXOPHYLLIN	3	MO	SEREVENT DISKUS	2	QL(180 per 90 days) MO
FIRAZYR	4	MO	SINGULAIR	2	QL(90 per 90 days) MO
FLOVENT DISKUS	2	QL(360 per 90 days) MO	SPIRIVA HANDIHALER	2	QL(90 per 90 days) MO
FLOVENT HFA	2	QL(72 per 90 days) MO	SYMBICORT AERO	2	QL(30.6 per 90 days)
<i>flunisolide nasal soln 0.025%</i>	1	GC MO	80MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days)
<i>fluticasone propionate</i>	1	GC MO	SYMBICORT AERO	2	QL(30.6 per 90 days) MO
FORADIL AEROLIZER	2	QL(180 per 90 days) MO	<i>terbutaline sulfate</i>	1	GC MO
<i>ipratropium bromide inhalation soln</i>	1	GC PA MO	<i>theophylline cr</i>	1	GC MO
<i>ipratropium bromide/albuterol sulfate</i>	1	GC PA MO	<i>theophylline er tb12 300mg, 450mg</i>	1	GC MO
KALYDECO	4	PA QL(180 per 90 days) MO	<i>theophylline er tb24</i>	1	GC MO
LETAIRIS	4	LA PA QL(90 per 90 days) MO	TRACLEER	4	LA PA QL(180 per 90 days) MO
<i>metaproterenol sulfate</i>	1	GC MO	<i>triamcinolone acetonide inha</i>	1	GC MO
NASONEX	2	MO	VERAMYST	2	MO
PERFOROMIST	2	PA MO	XOLAIR	4	PA QL(7.2 per 30 days) MO
PROAIR HFA	2	QL(51 per 90 days) MO	XOPENEX HFA	3	QL(90 per 90 days) MO
PULMICORT FLEXHALER	3	QL(6 per 90 days) MO	<i>zafirlukast</i>	1	GC QL(180 per 90 days) MO
PULMICORT SUSP 1MG/2ML	2	PA MO	ZYFLO	3	QL(360 per 90 days) MO
PULMOZYME	4	PA MO	ZYFLO CR	3	QL(360 per 90 days) MO
QVAR	2	QL(53 per 90 days) MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UROLOGICALS			UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS			ANTICHOLINERGICS / ANTISPASMODICS		
DETROL LA	2	QL(90 per 90 days) MO	<i>finasteride</i>	1	GC QL(90 per 90 days) MO
ENABLEX	2	QL(90 per 90 days) MO	JALYN	2	QL(90 per 90 days) MO
<i>flavoxate hcl</i>	1	GC MO	RAPAFLO	2	QL(90 per 90 days) MO
GELNIQUE GEL 10%	2	QL(90 per 90 days) MO	<i>tamsulosin hcl</i>	1	GC QL(180 per 90 days) MO
<i>oxybutynin er tb24 5mg</i>	1	GC QL(90 per 90 days) MO	UROXATRAL	2	QL(90 per 90 days) MO
<i>oxybutynin er tb24 10mg, 15mg</i>	1	GC QL(180 per 90 days) MO	CHOLINERGIC STIMULANTS		
<i>oxybutynin syrp</i>	1	GC MO	<i>bethanechol chloride</i>	1	GC MO
<i>oxybutynin tabs</i>	1	GC QL(360 per 90 days) MO	MISCELLANEOUS UROLOGICALS		
OXYTROL	2	QL(32 per 90 days) MO	CYSTAGON	2	LA
SANCTURA XR	3	QL(90 per 90 days) ST MO	ELMIRON	2	MO
TOVIAZ	2	QL(90 per 90 days) MO	VITAMINS, HEMATINICS / ELECTROLYTES		
<i>trospium chloride</i>	1	GC QL(180 per 90 days) MO	ELECTROLYTES		
VESICARE	2	QL(90 per 90 days) MO	<i>calcium acetate caps</i>	1	GC MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY			DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	2	
<i>alfuzosin hcl er</i>	1	GC QL(90 per 90 days) MO	<i>eliphos</i>	1	GC MO
AVODART	2	QL(90 per 90 days) MO	K-TABS	3	MO
			<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	GC
			<i>kcl 0.15%/d5w/lr</i>	1	GC
			KCL 0.15%/D5W/NACL 0.2%	2	
			KCL 0.15%/D5W/NACL 0.225%	2	
			<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	GC
			<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	GC
			<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	GC
			<i>klor-con 10</i>	1	GC MO
			<i>klor-con 8</i>	1	GC MO
			KLOR-CON M15	3	MO
			<i>klor-con m20</i>	1	GC MO
			LACTATED RINGERS	2	MO
			MAGNESIUM SULFATE INJ 50%	2	
			NORMOSOL-R IN D5W	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA	2	MO	CLINIMIX 5%/DEXTROSE 25%	2	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2		CLINISOL SF 15%	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	GC	FREAMINE III	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	GC MO	HEPATAMINE	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	GC	HEPATASOL	2	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2		INTRALIPID INJ 1.7%; 30%	2	
<i>potassium chloride 0.224%/dextrose 5% viaflex</i>	1	GC	<i>intralipid inj 2.25%; 20%</i>	1	GC
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	2		IONOSOL	2	
<i>potassium chloride 0.3%/d5w/viaflex</i>	1	GC	ISOLYTE	2	
<i>potassium chloride er cpcr</i>	1	GC MO	LIPOSYN III INJ 1.2%; 2.5%; 10%	2	
<i>potassium chloride er tbc 10meq</i>	1	GC	NEPHRAMINE	2	
<i>potassium chloride er tbc 20meq</i>	1	GC MO	NORMOSOL-R	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	1	GC	PLASMA-LYTE	2	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 30MEQ/100ML	2		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	2	
<i>ringers injection</i>	1	GC	<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	GC
<i>sodium chloride 0.45% viaflex</i>	1	GC MO	<i>travasol</i>	2	
<i>sodium chloride inj 3%, 5%</i>	1	GC	TROPHAMINE	2	
<i>sodium chloride inj 2.5meq/ml</i>	1	GC MO			
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AMINOSYN II	2		<i>prenatal vitamins (generic)</i>	1	GC
AMINOSYN-HBC	2		<i>sodium fluoride</i>	1	GC MO
AMINOSYN-PF	2				
AMINOSYN-PF 7%	2				
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CLINIMIX 4.25%/DEXTROSE 10%	2				
CLINIMIX 4.25%/DEXTROSE 20%	2				
CLINIMIX 4.25%/DEXTROSE 25%	2				
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<i>fondaparinux sodium</i>	19
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<i>fosinopril</i>	17
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<i>gavilyte-n/ flavor pack</i>	27
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<i>gemcitabine hcl</i>	7
<i>gemfibrozil</i>	19
<i>gengraf</i>	7
<i>gentak</i>	32
<i>gentamicin sulfate</i>	4, 21, 32
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<i>gentamicin sulfate/sodium chloride</i>	4
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<i>gianvi</i>	31
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<i>glipizide</i>	24
<i>glipizide / metformin</i>	24
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<i>glyburide / metformin</i>	24
<i>glyburide micronized</i>	24
<i>glycopyrrolate</i>	26
<i>granisetron</i>	27
<i>griseofulvin microsize</i>	1
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<i>guanfacine hcl</i>	17

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HALDOL	14
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<i>haloperidol</i>	14
<i>haloperidol decanoate inj</i>	14
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<i>heparin sodium/d5w</i>	19
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<i>heparin sodium/sodium chloride 0.9% premix</i>	19
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<i>hydrochlorothiazide</i>	17
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<i>hydrocodone/acetaminophen</i>	11
<i>hydrocodone/ibuprofen</i>	11
<i>hydrocortisone</i>	21, 23, 27
<i>hydrocortisone valerate</i>	21
<i>hydrocortisone/acetic acid</i>	23
<i>hydromorphone hcl</i>	11
<i>hydroxychloroquine</i>	4
<i>hydroxyurea</i>	7

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kcl 0.15%/d5w/lr 35

KCL 0.15%/D5W/NACL 0.2% 35

KCL 0.15%/D5W/NACL 0.225% 35

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<i>klor-con m20</i>	35	<i>levocetirizine dihydrochloride</i>	33
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<i>laclotion</i>	20	<i>levoxyl</i>	26
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<i>lactulose</i>	27	LIALDA	27
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<i>lamotrigine</i>	9	<i>lithium carbonate</i>	14
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<i>leena</i>	31	<i>lorazepam intensol</i>	14
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<i>malathion</i>	22	<i>methylphenidate hydrochloride</i>	14
<i>maprotiline</i>	14	<i>methylprednisolone</i>	23
<i>marlissa</i>	31	<i>methylprednisolone acetate</i>	23
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<i>meclofenamate sodium</i>	12	<i>metoclopramide</i>	27
<i>medroxyprogesterone acetate</i>	30	<i>metolazone</i>	18
<i>mefenamic acid</i>	12	<i>metoprolol succinate er</i>	18
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<i>metformin hcl er</i>	25	<i>minoxidil</i>	18
<i>methadone hcl</i>	11	MIRAPEX ER	9
<i>methadose</i>	11	<i>mirtazapine</i>	14
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<i>naltrexone</i>	12	<i>nimodipine</i>	18
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<i>naproxen</i>	12	<i>nisoldipine er</i>	18
<i>naproxen sodium</i>	12	<i>nitro-bid</i>	20
<i>naratriptan hcl</i>	10	<i>nitrofurantoin</i>	6
NASONEX.....	34	<i>nitrofurantoin macrocrystalline</i>	6
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<i>nateglinide</i>	25	<i>nitroglycerin</i>	20
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<i>necon 1/35-28</i>	31	NITROSTAT.....	20
<i>necon 10/11-28</i>	31	<i>nizatidine</i>	27
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<i>nortrel 1/35 (28)</i>	31	<i>oxandrolone</i>	26
<i>nortrel 7/7/7</i>	31	<i>oxaprozin</i>	12
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<i>pindolol</i>	18	PRIMSOL.....	6
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