

QHP Medication Formulary (List of Covered Medications)

This Florida Health Care Plans medication list (formulary) was updated **12/13/2016**. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours of operation are 7 days a week, 8 am – 8 pm, or visit www.fhcp.com

Note to Members: Please review this document to make sure that it contains the medications you take. When this medication list refers to “we,” “us”, or “our,” it means Florida Health Care Plans (FHCP). When it refers to “plan” or “our plan,” it means Florida Health Care Plans (FHCP). This document includes a list of the medications covered by FHCP which is current as of **12/14/2016**. Medication list begins on page **6**. For an updated formulary, please contact us. Our contact information appears on the front cover page.

Disclaimers:

- You must use network pharmacies to receive your prescription medication benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change upon renewal of your plan.
- This information is available for free in other languages. Please contact our Member Services number at 1-877-615-4022 for additional information. (TTY users should call TRS Relay 711). Hours are 8 am to 8 pm, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
- Esta informacion esta disponible gratis en otros lenguajes. Por favor pongase en contacto con nuestro Servicios de Miembros a 1-877-615-4022 para informacion adicional. Usuarios de TTY deben de llamar TRS Relay 711. Horas son de 8 am hasta 8 pm, 7 dias de la semana. Servicios de Miembros tambien tiene servicios de interpretacion de lenguajes gratis disponible para personas que no hablan ingles.

FORMULARY INTRODUCTION

The Florida Health Care Plans formulary is an extensive list of FDA approved brand and generic medications used to treat the most common medical conditions.

The FHCP Formulary is developed by FHCP's Pharmacy and Therapeutics Committee (P&T). The committee consists of physicians, pharmacists, and nurses who review medications on the basis of safety, efficacy, tolerability, and cost. The P&T Committee reviews and updates the medication list quarterly. New medications and newly available generics are added as needed, and medications that are deemed unsafe by the Food and Drug Administration (FDA) are immediately removed.

Your prescription medication benefit provides coverage for medications listed in each of the therapeutic classes of the FHCP Formulary. The FHCP Formulary represents the major therapeutic classes and should serve as a quick reference to you, your physician, or pharmacist for those covered medications within the classes listed. Information on medication coverage for a non-listed therapeutic medication class should be directed to a FHCP pharmacist or physician. If your physician prescribes a medication that is not covered, show your physician this list, and ask the physician to prescribe a medication from within the FHCP Formulary.

The brand name for generically available medications is listed in capital letters and in parentheses for ease of searching. For example, (CLEOCIN) is the brand name for clindamycin capsules. **Any medication not listed in the FHCP Formulary is considered a non-covered medication and is subject to a higher out of pocket costs.**

Are there any restrictions on my coverage?

Some covered medications may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** FHCP requires you or your physician to get prior authorization for certain medications. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the medication. **Prior Authorization medications must be obtained from FHCP pharmacies.**
- **Preventive Medications (PREV)*:** The Affordable Care Act requires coverage of certain preventive medications without any patient cost-sharing.
- **Quantity Limits (QL):** For certain medications, FHCP limits the amount of the medication that FHCP will cover. For example, FHCP provides 4 ounces per prescription for cough syrups. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, FHCP requires you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if Medication A and Medication B both treat your medical condition, FHCP may not cover Medication B unless you try Medication A first. If Medication A does not work for you, FHCP will then cover Medication B. **Step therapy medications must be obtained from FHCP pharmacies.**
- **75% Usage Rule** – Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).
- **90% Usage Rule** – Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

You can find out if your medication has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered medications by visiting our Web site

www.fhcp.com. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

You can ask FHCP to make an exception to these restrictions or limits or for a list of other, similar medications that may treat your health condition. See the section, “How do I request an exception to the FHCP’s formulary?” for information about how to request an exception.

What if my medication is not on the Formulary?

If your medication is not included in this formulary (list of covered medications), you should first contact Member Services and ask if your medication is covered.

If you learn that FHCP does not cover your medication, you have two options:

- You can ask Member Services for a list of similar medications that are covered by FHCP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar medication that is covered by FHCP.
- You can ask FHCP to make an exception and cover your medication. See below for information about how to request an exception.

How do I request an exception to the Formulary?

You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a medication even if it is not on our formulary. If approved, this medication will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the medication at a lower cost-sharing level.
- You can ask us to cover a formulary medication at a lower cost-sharing level if this medication is not on the specialty tier. If approved, this would lower the amount you must pay for your medication.
- You can ask us to waive coverage restrictions or limits on your medication. For example, for certain medications, FHCP limits the amount of the medication that we will cover. If your medication has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, FHCP will only approve your request for an exception if the alternative medication is included on the plan’s formulary, the lower cost-sharing medication 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, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you must submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 14 days of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 14 days for a decision. If your request to expedite is granted, we must give you a decision no later than 24 to 72 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing Member in our plan you may be taking medications that are not on our formulary. Or, you may be taking a medication 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 medication that we cover or request a formulary exception so that we will cover the medication you take. While you talk to your doctor to determine the right course of action for you, we may cover your medication in certain cases during the first 90 days you are a Member of

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

Medication Transition Program for new FHCP Members.

In your “Enrollment Packet,” you will be provided with a “Medication Transition” Form. The completed Form will include the names of the medications, dosage, and prescribing physician’s name as well as specific Member information and an “Authorization to Release Protected Health Information” Section that will allow FHCP’s Clinical Pharmacist to obtain any necessary medical records from the prescribing physician. Once complete, the form is reviewed by a Clinical Pharmacist who will coordinate care with you and the physician(s) as needed. FHCP pharmacies will dispense a one-time 31 day supply of the current transition medication to allow you and our physician(s) to discuss possible “Medication Formulary” alternatives, request a prior authorization, or, in the event the physician(s) deems the non-formulary medication to be medically necessary, request a Formulary Exception.

How much will my prescriptions Cost?

Your pharmacy benefit and the medications listed in the formulary are assigned a “TIER.” There are seven (7) Tiers in the Formulary.

- Tier 1 (1) – Formulary Preferred Generic
- Tier 2 (2) – Formulary Non-Preferred Generic
- Tier 3 (3) – Formulary Preferred Brand
- Tier 4 (4) – Formulary Non-Preferred Brand
- Tier 5 (5) – Specialty Medications
- Tier 6 (6) – Formulary Self-Injected Medications
- Tier 7 (7) – Formulary Preventive OTC Medications

The Formulary will indicate the “Tier” each medication is in. Generally, the higher the “Tier,” the higher your cost will be. Carefully review your Summary of Benefits Coverage to ascertain if you have a pharmacy benefit and/or any pharmacy benefit limitations.

The Formulary lists medical pharmacy medications under the Medical Benefit heading. These medications are administered in a physician’s office or FHCP infusion center by a licensed healthcare professional. Medications listed as medical benefits are subject to the applicable medical pharmacy coinsurance. **Non Self-Injected medications are not covered.**

For more information

For more detailed information about your FHCP prescription medication coverage, please review your Certificate of Coverage, your Summary of Benefits Coverage and other plan materials for your cost sharing and any benefit limitations (such as “Generic Only option). If you have questions, please contact us.

Note: FHCP’s Formulary can also be found on our website at www.fhcp.com. If you are unable to find a certain medication within this booklet, please check out our website.

KEY FOR REQUIREMENTS/LIMITS COLUMN

- AGE:** Age Limit - Medication is covered only if member satisfies age requirements for coverage.
- F:** Female Only – Medication is covered for women only.
- M:** Male Only – Medication is covered for men only.
- PA:** Prior Authorization – Medication requires FHCP prior approval.
- PREV:** Preventive - \$0 Cost sharing
- QL:** Quantity Limit –
- RO:** Retail Only – Available only through a retail pharmacy. Medication cannot be mailed.
- SP:** Specialty – Medications can only be obtained from FHCP network specialty pharmacies and clinics.
- ST:** Step Therapy – Medication requires use of another medication before it is covered.

HOW TO SEARCH FOR A MEDICATION IN THE FLORIDA HEALTH CARE PLAN PREFERRED MEDICATION LIST (FORMULARY)



On the FHCP Website, click on the Members tab, click on “Formulary”

<http://www.fhcp.com/members/formulary/formulary.htm>

Click on QHP Formulary

http://fm.formularynavigator.com/MemberPages/pdf/2016ExchangeFormulary_7485_Full_2045.pdf

When the PDF file comes up, press Control F. A pop-up search text box will appear at the top of the page. Type the medication name for which you are searching and click the right arrow in the pop-up search text box to begin the search.

To close the pop-up search text box, click on the “x” in the pop-up search text box.

**2016 QHP MEDICATION FORMULARY
(LIST OF COVERED MEDICATIONS)**

Effective 1/1/2016

		Requirements/Limits
		F = Female Only
		M = Male Only
		MED = Medical
		PREV = Preventive
		RO = Retail Only
		SP = Specialty Pharmacy
lowercase = Generic drugs		
UPPERCASE = Brand name drugs	Medication Tier	

Medication Name	Medication Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg	2	PA; (INTUNIV); QL (31 EA per 31 days)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
*Amphetamine Mixtures***		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	2	QL (31 EA per 31 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	2	QL (62 EA per 31 days)
*Amphetamines***		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	(DEXEDRINE CR)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	(DEXTROSTAT)
methamphetamine hcl oral tablet 5 mg	2	

Medication Name	Medication Tier	Requirements/Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
*Stimulants - Misc.***		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	2	PA; (NUVIGIL)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	ST; (FOCALIN)
METADATE ER ORAL TABLET EXTENDEDRELEASE* 20 MG	2	(RITALIN SR)
methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	(METADATE CD); QL (31 EA per 31 days)
methylphenidate hcl er oral tablet extendedrelease* 18 mg, 27 mg, 54 mg	2	(CONCERTA); QL (31 EA per 31 days)
methylphenidate hcl er oral tablet extendedrelease* 36 mg	2	(CONCERTA); QL (62 EA per 31 days)
methylphenidate hcl oral solution 10 mg/5ml	2	(METHYLIN); QL (500 ML per 3 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	(RITALIN)
modafinil oral tablet 100 mg, 200 mg	2	PA; (PROVIGIL); QL (31 EA per 31 days)
AMINOGLYCOSIDES		
*Aminoglycosides***		
amikacin sulfate injection solution 500 mg/2ml	6	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	6	
neomycin sulfate oral tablet 500 mg	2	(SERZONE)
paromomycin sulfate oral capsule 250 mg	3	(HUMATIN)
tobramycin inhalation nebulization solution 300 mg/5ml	5	PA; (TOBI)
tobramycin sulfate injection solution 80 mg/2ml	6	
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
XELJANZ ORAL TABLET 5 MG	5	PA; RO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR* 11 MG	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA SUBCUTANEOUS* 10 MG/0.2ML	5	PA
SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML	5	PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	4	PA
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	PA; (CELEBREX)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	5	PA
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG	5	PA
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS* 100 MG/0.67ML	6	PA
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA INTRAVENOUS* SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA; SP
ACTEMRA SUBCUTANEOUS* 162 MG/0.9ML	5	PA
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
diclofenac sodium er oral tablet extended release 24 hr* 100 mg	2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	(VOLTAREN)
etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg	2	(LODINE XL)
etodolac oral capsule 200 mg, 300 mg	2	(LODINE)
etodolac oral tablet 400 mg, 500 mg	2	(LODINE)
fenoprofen calcium oral tablet 600 mg	2	(NALFON)
flurbiprofen oral tablet 100 mg	2	(ANSAID)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	(MOTRIN)

Medication Name	Medication Tier	Requirements/Limits
indomethacin er oral capsule extended release* 75 mg	2	(INDOCIN SR)
indomethacin oral capsule 25 mg, 50 mg	2	(INDOCIN)
ketoprofen oral capsule 50 mg, 75 mg	2	(ORUDIS)
ketorolac tromethamine oral tablet 10 mg	2	(TORADOL); QL (20 EA per 30 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	2	(MECLOMEN)
mefenamic acid oral capsule 250 mg	2	PA
meloxicam oral suspension 7.5 mg/5ml	2	(MOBIC)
meloxicam oral tablet 15 mg, 7.5 mg	1	(MOBIC)
nabumetone oral tablet 500 mg, 750 mg	2	(RELAFEN)
naproxen oral tablet 250 mg	2	(NAPROSYN)
naproxen oral tablet 375 mg, 500 mg	1	(NAPROSYN)
oxaprozin oral tablet 600 mg	2	(DAYPRO)
piroxicam oral capsule 10 mg, 20 mg	2	(FELDENE)
PONSTEL ORAL CAPSULE 250 MG	4	
sulindac oral tablet 150 mg, 200 mg	2	(CLINORIL)
tolmetin sodium oral capsule 400 mg	2	
tolmetin sodium oral tablet 200 mg, 600 mg	2	
*Pyrimidine Synthesis Inhibitors***		
leflunomide oral tablet 10 mg, 20 mg	2	(ARAVA)
*Selective Costimulation Modulators***		
ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG	5	PA
ORENCIA SUBCUTANEOUS* 125 MG/ML	5	PA
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL SUBCUTANEOUS* 25 MG/0.5ML	5	PA; RO
ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED 25 MG	5	PA; RO
ENBREL SURECLICK SUBCUTANEOUS* 50 MG/ML	5	PA
ANALGESICS - NONNARCOTIC		
*Analgesics-Sedatives***		
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	(FIORICET)

Medication Name	Medication Tier	Requirements/Limits
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	(FIORINAL)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	2	(FIORINAL)
*Salicylates***		
aspirin ec oral tablet delayed release 81 mg	7	(\$0 preventive for women 55-79 and men 45-79); QL (62 EA per 31 days)
aspirin oral tablet chewable 81 mg	7	(\$0 preventive for women 55-79 and men 45-79); QL (62 EA per 31 days)
diflunisal oral tablet 500 mg	2	(DOLOBID)
salsalate oral tablet 500 mg, 750 mg	2	(DISALCID)
ANALGESICS - OPIOID		
*Codeine Combinations***		
acetaminophen-codeine #2 oral tablet 300-15 mg	2	(TYLENOL W/COD)
acetaminophen-codeine #3 oral tablet 300-30 mg	2	(TYLENOL W/COD)
acetaminophen-codeine #4 oral tablet 300-60 mg	2	(TYLENOL W/COD)
acetaminophen-codeine oral solution 120-12 mg/5ml	2	(TYLENOL W/COD); QL (473 ML per 3 days)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	2	(FIORINAL W/CODEINE)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	2	(FIORINAL W/ COD)
*Hydrocodone Combinations***		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	(NORCO)
*Opioid Agonists***		
codeine sulfate oral tablet 15 mg, 30 mg	2	
DEMEROL INJECTION SOLUTION 50 MG/ML	6	
fentanyl citrate buccal lollipop 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA
fentanyl citrate injection solution 0.05 mg/ml	6	

Medication Name	Medication Tier	Requirements/Limits
fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; (DURAGESIC)
hydromorphone hcl er oral 12 mg, 16 mg, 32 mg, 8 mg	2	PA; (EXALGO)
hydromorphone hcl oral liquid† 1 mg/ml	2	(DILAUDID)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	(DILAUDID)
levorphanol tartrate oral tablet 2 mg	2	PA
meperidine hcl injection solution 50 mg/ml	6	
meperidine hcl oral tablet 100 mg, 50 mg	2	(DEMEROL)
methadone hcl oral solution 5 mg/5ml	2	(DOLOPHINE); QL (500 ML per 3 days)
methadone hcl oral tablet 10 mg, 5 mg	2	(DOLOPHINE)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	(ROXANOL)
morphine sulfate er oral tablet extended release* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	(MS CONTIN)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	(ROXANOL)
morphine sulfate oral tablet 15 mg, 30 mg	2	(MSIR)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
oxycodone hcl er oral 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	PA; (OXYCONTIN)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	(OXY IR)
oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	2	PA; (OPANA)
tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 200 mg	2	PA; (ULTRAM ER)
tramadol hcl er oral tablet extended release 24 hr* 300 mg	2	PA; (ULTRAM ER)
tramadol hcl oral tablet 50 mg	2	(ULTRAM)
*Opioid Combinations***		
oxycodone-acetaminophen oral solution 5-325 mg/5ml	2	(ROXICET)
oxycodone-acetaminophen oral tablet 5-325 mg	2	(PERCOCET)

Medication Name	Medication Tier	Requirements/Limits
oxycodone-ibuprofen oral tablet 5-400 mg	2	
XARTEMIS XR ORAL TABLET EXTENDEDRELEASE* 7.5-325 MG	4	PA
*Opioid Partial Agonists***		
buprenorphine hcl injection solution 0.3 mg/ml	6	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	PA; (SUBUTEX)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	PA; (SUBOXONE)
butorphanol tartrate injection solution 1 mg/ml	6	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 20 MCG/HR, 5 MCG/HR	4	PA
nalbuphine hcl injection solution 20 mg/ml	6	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA
TALWIN INJECTION SOLUTION 30 MG/ML	6	
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	4	PA
oxandrolone oral tablet 2.5 mg	2	PA; (OXANDRIN)
*Androgens***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	M; QL (150 GM per 30 days)
ANDROID ORAL CAPSULE 10 MG	5	PA
ANDROXY ORAL TABLET 10 MG	2	(HALOTESTIN)
danazol oral capsule 100 mg, 200 mg, 50 mg	2	(DANOCRINE)
DEPO-TESTOSTERONE INTRAMUSCULAR* SOLUTION 100 MG/ML	6	
testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml	6	
testosterone enanthate intramuscular* solution 200 mg/ml	6	
testosterone transdermal gel 50 mg/5gm (1%)	2	(TESTIM); QL (300 GM per 30 days)

Medication Name	Medication Tier	Requirements/Limits
ANORECTAL AGENTS		
*Intrarectal Steroids***		
COLOCORT ENEMA 100 MG/60ML	2	(CORTENEMA); QL (420 ML per 7 days)
hydrocortisone enema 100 mg/60ml	2	(CORTENEMA); QL (420 ML per 7 days)
*Nitrate Vasodilating Agents***		
RECTIV OINTMENT 0.4 %	4	PA; QL (30 GM per 3 days)
*Rectal Steroids***		
anucort-hc suppository 25 mg	2	(ANUSOL HC); QL (12 EA per 3 days)
hydrocortisone acetate suppository 25 mg	2	(ANUSOL-HC); QL (12 EA per 3 days)
PROCTOZONE-HC CREAM 2.5 %	2	(ANUSOL-HC); QL (30 GM per 3 days)
ANTHELMINTICS		
*Anthelmintics***		
ALBENZA ORAL TABLET 200 MG	4	QL (6 EA Max Qty Per Fill Retail)
BILTRICIDE ORAL TABLET 600 MG	4	
ivermectin oral tablet 3 mg	2	(STROMEKTOL)
STROMEKTOL ORAL TABLET 3 MG	3	
ANTIANGINAL AGENTS		
*Antianginals-Other***		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG	3	PA
*Nitrates***		
isosorbide dinitrate er oral tablet extended release* 40 mg	2	(ISORDIL)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	(ISORDIL)
isosorbide dinitrate sublingual tablet sublingual 2.5 mg	2	(ISORDIL)
isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg	2	(IMDUR)
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	QL (30 GM per 3 days)
nitroglycerin er oral capsule extended release* 2.5 mg, 6.5 mg, 9 mg	2	

Medication Name	Medication Tier	Requirements/Limits
nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	(MINITRAN)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	3	
ANTIANSXIETY AGENTS		
*Antianxiety Agents - Misc.***		
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	2	(BUSPAR)
hydroxyzine hcl intramuscular* solution 50 mg/ml	6	(ATARAX)
hydroxyzine hcl oral syrup 10 mg/5ml	2	(ATARAX); QL (120 ML per 3 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	(ATARAX)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	(VISTARIL)
meprobamate oral tablet 200 mg, 400 mg	2	(EQUANIL)
*Benzodiazepines***		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	(XANAX)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	(LIBRIUM)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	(TRANXENE)
diazepam oral solution 1 mg/ml	2	(VALIUM)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	(VALIUM)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	(ATIVAN)
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
disopyramide phosphate oral capsule 100 mg, 150 mg	2	(NORPACE)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	
procainamide hcl injection solution 500 mg/ml	6	
quinidine gluconate er oral tablet extendedrelease* 324 mg	2	(QUINAGLUTE)
quinidine sulfate oral tablet 200 mg, 300 mg	2	

Medication Name	Medication Tier	Requirements/Limits
*Antiarrhythmics Type I-B***		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	(MEXITIL)
*Antiarrhythmics Type I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	(TAMBOCOR)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	(RYTHMOL)
*Antiarrhythmics Type Iii***		
amiodarone hcl intravenous* solution 150 mg/3ml	6	
amiodarone hcl oral tablet 200 mg	2	(CORDARONE)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	(TIKOSYN)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG	4	PA
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	QL (60 EA per 3 days)
ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	QL (12 GM per 3 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5-25 MCG/INH	3	
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (13 GM per 3 days)
SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	QL (10.2 GM per 3 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG	5	PA

Medication Name	Medication Tier	Requirements/Limits
*Anti-Inflammatory Agents***		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	(INTAL)
*Beta Adrenergics***		
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	(VENTOLIN); QL (75 ML per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	2	(VENTOLIN)
albuterol sulfate inhalation nebulization solution 1.25 mg/3ml	2	(ACCUNEB); QL (90 ML per 30 days); Age (Max 2 Years)
albuterol sulfate oral syrup 2 mg/5ml	2	(VENTOLIN)
albuterol sulfate oral tablet 2 mg, 4 mg	2	(VENTOLIN)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	PA
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	
MAXAIR AUTOHALER INHALATION AEROSOL, BREATH ACTIVATED 200 MCG/INH	4	QL (14 GM per 3 days)
metaproterenol sulfate oral tablet 10 mg, 20 mg	2	(ALUPENT)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	4	
SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 3 days)
STRIVERDI RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	3	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	(BRETHINE)
VENTOLIN HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT	3	QL (18 GM per 3 days)
XOPENEX HFA INHALATION AEROSOL† 45 MCG/ACT	4	QL (15 GM per 3 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT	3	QL (12.9 GM per 3 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5 MCG/INH	3	

Medication Name	Medication Tier	Requirements/Limits
ipratropium bromide inhalation solution 0.02 %	2	(ATROVENT); QL (50 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	4	PA
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	4	PA
*Leukotriene Receptor Antagonists***		
montelukast sodium oral packet 4 mg	2	(SINGULAIR)
montelukast sodium oral tablet 10 mg	2	(SINGULAIR)
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	(SINGULAIR)
zafirlukast oral tablet 10 mg, 20 mg	2	(ACCOLATE)
*Mixed Adrenergics***		
epinephrine hcl injection 0.1 mg/ml	6	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 500 MCG	5	PA
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 3 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 3 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 3 days)
ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	PA; (PULMICORT)
FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	

Medication Name	Medication Tier	Requirements/Limits
FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT	4	PA; QL (8.7 GM per 3 days)
*Xanthines***		
aminophylline intravenous* solution 25 mg/ml	6	
LUFYLLIN ORAL TABLET 400 MG	4	
theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg, 450 mg	2	(THEO-DUR)
theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg	2	(UNIPHYL)
theophylline oral solution 80 mg/15ml	2	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 3 MG, 4 MG, 5 MG	1	(COUMADIN)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	(COUMADIN)
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO STARTER PACK ORAL 15 & 20 MG	3	
*Heparins And Heparinoid-Like Agents***		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	6	
*Low Molecular Weight Heparins***		
enoxaparin sodium subcutaneous* solution 100 mg/ml, 150 mg/ml	6	(LOVENOX); QL (28 ML per 14 days)
enoxaparin sodium subcutaneous* solution 120 mg/0.8ml, 80 mg/0.8ml	6	(LOVENOX); QL (22.4 ML per 14 days)
enoxaparin sodium subcutaneous* solution 30 mg/0.3ml	6	(LOVENOX); QL (8.4 ML per 14 days)
enoxaparin sodium subcutaneous* solution 40 mg/0.4ml	6	(LOVENOX); QL (11.2 ML per 14 days)

Medication Name	Medication Tier	Requirements/Limits
enoxaparin sodium subcutaneous* solution 60 mg/0.6ml	6	(LOVENOX); QL (16.8 ML per 14 days)
*Synthetic Heparinoid-Like Agents***		
fondaparinux sodium subcutaneous* solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	6	PA; (ARIXTRA)
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
*Anticonvulsants - Benzodiazepines***		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	(KLONOPIN)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg	2	(KLONOPIN)
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA
ONFI ORAL TABLET 10 MG, 20 MG	4	PA
*Anticonvulsants - Misc.***		
BANZEL ORAL SUSPENSION 40 MG/ML	4	PA
BANZEL ORAL TABLET 400 MG	4	PA
carbamazepine oral suspension 100 mg/5ml	2	(TEGRETOL)
carbamazepine oral tablet 200 mg	2	(TEGRETOL)
carbamazepine oral tablet chewable 100 mg	2	(TEGRETOL)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	(NEURONTIN)
gabapentin oral solution 250 mg/5ml	2	(NEURONTIN)
gabapentin oral tablet 600 mg, 800 mg	2	(NEURONTIN)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	(LAMICTAL)
lamotrigine oral tablet chewable 25 mg, 5 mg	2	(LAMICTAL)
levetiracetam er oral tablet extended release 24 hr* 500 mg	2	(KEPPRA XR)
levetiracetam oral solution 100 mg/ml	2	(KEPPRA)
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	(KEPPRA)

Medication Name	Medication Tier	Requirements/Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	ST; QL (93 EA per 31 days)
oxcarbazepine oral suspension 300 mg/5ml	2	(TRILEPTAL)
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	(TRILEPTAL)
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	4	
primidone oral tablet 250 mg, 50 mg	2	(MYSOLINE)
topiramate oral capsule sprinkle 15 mg, 25 mg	2	(TOPAMAX)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	(TOPAMAX)
VIMPAT INTRAVENOUS* SOLUTION 200 MG/20ML	6	PA
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	(ZONEGRAN)
*Carbamates***		
felbamate oral suspension 600 mg/5ml	2	(FELBATOL)
felbamate oral tablet 400 mg, 600 mg	2	(FELBATOL)
*Gaba Modulators***		
SABRIL ORAL PACKET 500 MG	4	PA; SP
SABRIL ORAL TABLET 500 MG	4	PA; SP
tiagabine hcl oral tablet 2 mg, 4 mg	2	(GABITRIL)
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	3	
PEGANONE ORAL TABLET 250 MG	4	
phenytoin oral suspension 125 mg/5ml	2	(DILANTIN)
phenytoin oral tablet chewable 50 mg	2	(DILANTIN)
phenytoin sodium extended oral capsule 100 mg	2	(DILANTIN)
phenytoin sodium injection solution 50 mg/ml	6	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	4	
ethosuximide oral capsule 250 mg	2	(ZARONTIN)
ethosuximide oral solution 250 mg/5ml	2	(ZARONTIN)

Medication Name	Medication Tier	Requirements/Limits
*Valproic Acid***		
divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg	2	(DEPAKOTE)
divalproex sodium oral 125 mg	2	(Depakote Sprinkles)
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	(DEPAKOTE)
valproate sodium intravenous* solution 100 mg/ml	6	
valproate sodium oral syrup 250 mg/5ml	2	(DEPAKENE)
valproic acid oral capsule 250 mg	2	(DEPAKENE)
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	(REMERON)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	(REMERON)
*Antidepressants - Misc.***		
bupropion hcl er (sr) oral tablet extended release 12 hr* 100 mg, 150 mg	2	(WELLBUTRIN)
bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg, 300 mg	2	(WELLBUTRIN XL)
bupropion hcl oral tablet 100 mg, 75 mg	2	(WELLBUTRIN)
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	2	(LUDIOMIL)
*Modified Cyclics***		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	(SERZONE)
trazodone hcl oral tablet 100 mg, 50 mg	1	(DESYREL)
trazodone hcl oral tablet 150 mg	2	(DESYREL)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HR 6 MG/24HR, 9 MG/24HR	4	PA
MARPLAN ORAL TABLET 10 MG	4	

Medication Name	Medication Tier	Requirements/Limits
phenelzine sulfate oral tablet 15 mg	2	(NARDIL)
tranylcypromine sulfate oral tablet 10 mg	2	(PARNATE)
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
citalopram hydrobromide oral solution 10 mg/5ml	1	(CELEXA)
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	(CELEXA)
escitalopram oxalate oral solution 5 mg/5ml	2	(LEXAPRO)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2	(LEXAPRO)
fluoxetine hcl oral capsule 10 mg, 20 mg	1	(PROZAC)
fluoxetine hcl oral solution 20 mg/5ml	2	(PROZAC)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	(LUVOX)
paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg, 25 mg, 37.5 mg	2	(PAXIL CR)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	(PAXIL)
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
sertraline hcl oral concentrate 20 mg/ml	2	(ZOLOFT)
sertraline hcl oral tablet 100 mg, 25 mg	2	(ZOLOFT)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	(CYMBALTA)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 25 MG, 50 MG	3	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	(EFFEXOR XR)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	(EFFEXOR)
*Tricyclic Agents***		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	(ELAVIL)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	(ASENDIN)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	2	(ANAFRANIL)

Medication Name	Medication Tier	Requirements/Limits
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	(NORPRAMIN)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	(SINEQUAN)
doxepin hcl oral concentrate 10 mg/ml	2	(SINEQUAN)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	(TOFRANIL)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	(PAMELOR)
nortriptyline hcl oral capsule 50 mg, 75 mg	2	(PAMELOR)
nortriptyline hcl oral solution 10 mg/5ml	2	(PAMELOR)
protriptyline hcl oral tablet 10 mg, 5 mg	2	(VIVACTIL)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	(PRECOSE)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	4	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML	3	PA
SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML	3	PA
*Biguanides***		
metformin hcl er oral tablet extended release 24 hr* 500 mg, 750 mg	2	(GLUCOPHAGE XR)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	(GLUCOPHAGE)
*Diabetic Other***		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	6	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	QL (1 EA per 3 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA
ONGLYZA ORAL TABLET 2.5 MG	4	PA; QL (31 EA per 31 days)

Medication Name	Medication Tier	Requirements/Limits
ONGLYZA ORAL TABLET 5 MG	4	PA
TRADJENTA ORAL TABLET 5 MG	3	ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG	3	ST
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	4	PA
*Human Insulin***		
APIDRA INJECTION SOLUTION 100 UNIT/ML	4	PA
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML	3	(u-500 only)
LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML	4	(no pens)
LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.; QL (10 ML per 3 days)
LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML	3	QL (10 ML per 3 days)
NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	3	(no pens); QL (10 ML per 3 days)
NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML	3	(no pens); QL (10 ML per 3 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(no pens)
NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.; QL (10 ML per 3 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.; QL (10 ML per 3 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	3	QL (10 ML per 3 days)
NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML	3	QL (10 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML	3	Available ONLY at FHCP Pharmacies.; QL (10 ML per 3 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON SUBCUTANEOUS* 2 MG	4	PA
BYDUREON SUBCUTANEOUS* 2 MG	4	PA; RO
BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML	4	PA
BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML	4	PA
TANZEUM SUBCUTANEOUS* 30 MG, 50 MG	3	ST
VICTOZA SUBCUTANEOUS* 18 MG/3ML	5	PA
*Meglitinide Analogues***		
nateglinide oral tablet 120 mg, 60 mg	2	(STARLIX)
PRANDIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST
*Sulfonylureas***		
chlorpropamide oral tablet 100 mg, 250 mg	2	(DIABINESE)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	(AMARYL)
glipizide oral tablet 10 mg, 5 mg	1	(GLUCOTROL)
glyburide micronized oral tablet 3 mg	2	(GLYNASE)
glyburide oral tablet 1.25 mg	2	(DIABETA)
glyburide oral tablet 2.5 mg, 5 mg	1	(DIABETA)
tolazamide oral tablet 250 mg, 500 mg	2	(TOLINASE)
tolbutamide oral tablet 500 mg	2	(ORINASE)
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	ST; (ACTOS)

Medication Name	Medication Tier	Requirements/Limits
ANTIDIARRHEALS		
*Antiperistaltic Agents***		
diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml	2	(LOMOTIL)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	(LOMOTIL)
loperamide hcl oral capsule 2 mg	2	(IMODIUM)
MOTOFEN ORAL TABLET 1-0.025 MG	4	
ANTIDOTES		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5	PA; SP
FERRIPROX ORAL TABLET 500 MG	4	PA
*Opioid Antagonists***		
naltrexone hcl oral tablet 50 mg	2	(REVIA)
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML	6	PA; (inj only)
ANZEMET INTRAVENOUS* SOLUTION 20 MG/ML	6	
granisetron hcl intravenous* solution 1 mg/ml, 4 mg/4ml	6	
ondansetron hcl injection solution 4 mg/2ml	6	(ZOFRAN)
ondansetron hcl oral solution 4 mg/5ml	2	(ZOFRAN); QL (50 ML per 3 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	(ZOFRAN); QL (9 EA per 3 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	(ZOFRAN ODT); QL (10 EA per 3 days)
*Antiemetics - Anticholinergic***		
trimethobenzamide hcl oral capsule 300 mg	2	(TIGAN)
*Antiemetics - Miscellaneous***		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	PA; (MARINOL)

Medication Name	Medication Tier	Requirements/Limits
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	4	PA
ANTIFUNGALS		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***		
CANCIDAS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	6	
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	6	
*Antifungals***		
amphotericin b injection solution reconstituted 50 mg	6	
flucytosine oral capsule 250 mg, 500 mg	2	(ANCOBON)
griseofulvin microsize oral suspension 125 mg/5ml	2	(GRIFULVIN V)
nystatin oral tablet 500000 unit	2	(not pwd)
terbinafine hcl oral tablet 250 mg	2	(LAMISIL)
*Imidazoles***		
ketoconazole oral tablet 200 mg	2	(NIZORAL)
*Triazoles***		
fluconazole in dextrose intravenous* solution 200 mg/100ml	6	
fluconazole oral suspension reconstituted 40 mg/ml	2	(DIFLUCAN)
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	(DIFLUCAN)
itraconazole oral capsule 100 mg	2	PA; (SPORONOX)
SPORANOX ORAL SOLUTION 10 MG/ML	4	
voriconazole oral suspension reconstituted 40 mg/ml	2	(VFEND)
voriconazole oral tablet 200 mg, 50 mg	5	(VFEND)
ANTI HISTAMINES		
*Antihistamines - Ethanolamines***		
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral syrup 0.67 mg/5ml	2	(TAVIST); QL (120 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
diphenhydramine hcl injection solution 50 mg/ml	6	
*Antihistamines - Non-Sedating***		
levocetirizine dihydrochloride oral tablet 5 mg	2	(XYZAL)
*Antihistamines - Phenothiazines***		
promethazine hcl oral syrup 6.25 mg/5ml	2	(PHENERGAN); QL (120 ML per 3 days)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	(PHENERGAN)
promethazine hcl suppository 12.5 mg	2	(PHENERGAN); QL (12 EA per 3 days)
PROMETHEGAN SUPPOSITORY 25 MG, 50 MG	2	(PHENERGAN); QL (12 EA per 3 days)
*Antihistamines - Piperidines***		
cyproheptadine hcl oral syrup 2 mg/5ml	2	(PERIACTIN); QL (120 ML per 3 days)
cyproheptadine hcl oral tablet 4 mg	2	(PERIACTIN)
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
LOVAZA ORAL CAPSULE 1 GM	4	
omega-3-acid ethyl esters oral capsule 1 gm	2	(LOVAZA)
*Bile Acid Sequestrants***		
cholestyramine light oral packet 4 gm	2	(QUESTRAN LIGHT)
cholestyramine light oral powder 4 gm/dose	2	(QUESTRAN LIGHT)
cholestyramine oral packet 4 gm	2	(QUESTRAN)
cholestyramine oral powder 4 gm/dose	2	(QUESTRAN)
colestipol hcl oral tablet 1 gm	2	(COLESTID)
WELCHOL ORAL TABLET 625 MG	4	PA
*Fibric Acid Derivatives***		
fenofibrate oral tablet 145 mg, 48 mg	2	(TRICOR)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	(TRILIPIX)
gemfibrozil oral tablet 600 mg	2	(LOPID)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	3	
*Hmg Coa Reductase Inhibitors***		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	(LIPITOR)

Medication Name	Medication Tier	Requirements/Limits
fluvastatin sodium oral capsule 20 mg, 40 mg	2	(LESCOL)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	(MEVACOR)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	(PRAVACHOL)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	(CRESTOR)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	2	(ZOCOR)
*Intestinal Cholesterol Absorption Inhibitors***		
ZETIA ORAL TABLET 10 MG	2	
*Nicotinic Acid Derivatives***		
niacin er (antihyperlipidemic) oral tablet extended release* 1000 mg, 500 mg, 750 mg	2	(NIASPAN)
NIACOR ORAL TABLET 500 MG	2	
ANTIHYPERTENSIVES		
*Ace Inhibitors & Thiazide/Thiazide-Like***		
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	(ZESTORETIC)
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	(LOTENSIN)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	(CAPOTEN)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	(VASOTEC)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	2	(MONOPRIL)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	1	(ZESTRIL)
lisinopril oral tablet 30 mg	2	(ZESTRIL)
moexipril hcl oral tablet 15 mg, 7.5 mg	2	(UNIVASC)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	(ACEON)
quinapril hcl oral tablet 5 mg	2	(ACCUPRIL)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	2	(ALTACE)

Medication Name	Medication Tier	Requirements/Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	2	(MAVIK)
*Agents For Pheochromocytoma***		
phenoxybenzamine hcl oral capsule 10 mg	5	PA
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	2	(HYZAAR)
*Angiotensin Ii Receptor Antagonists***		
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	4	ST
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	(ATACAND)
EDARBI ORAL TABLET 40 MG, 80 MG	4	ST
eprosartan mesylate oral tablet 600 mg	2	(TEVETEN)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	2	(AVAPRO)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	2	(COZAAR)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	(MICARDIS)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	(DIOVAN)
*Antiadrenergics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1	(CATAPRES)
clonidine hcl oral tablet 0.3 mg	2	(CATAPRES)
guanfacine hcl oral tablet 1 mg, 2 mg	2	(TENEX)
methyldopa oral tablet 250 mg, 500 mg	2	(ALDOMET)
*Antiadrenergics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	(CARDURA)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	(MINIPRESS)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	(HYTRIN)
*Direct Renin Inhibitors***		
TEKTURNAL ORAL TABLET 150 MG, 300 MG	4	ST
*Reserpine***		
reserpine oral tablet 0.1 mg, 0.25 mg	2	

Medication Name	Medication Tier	Requirements/Limits
*Selective Aldosterone Receptor Antagonists (Saras)***		
eplerenone oral tablet 25 mg, 50 mg	2	(INSPRA)
*Vasodilators***		
hydralazine hcl injection solution 20 mg/ml	6	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	(APRESOLINE)
minoxidil oral tablet 10 mg, 2.5 mg	2	(LONITEN)
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
bacitracin intramuscular* solution reconstituted 50000 unit	6	
metronidazole in nacl intravenous* solution 5-0.79 mg/ml-%	6	
metronidazole oral tablet 250 mg, 500 mg	2	(FLAGYL)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	6	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	6	
trimethoprim oral tablet 100 mg	2	(TRIMPEX)
vancomycin hcl intravenous* solution reconstituted 1000 mg, 500 mg	6	(VANCOCIN)
*Anti-Infective Misc. - Combinations***		
E.S.P. ORAL SUSPENSION RECONSTITUTED 200-600 MG/5ML	3	(PEDIAZOLE)
sulfamethoxazole-trimethoprim intravenous* solution 400-80 mg/5ml	6	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	(SEPTRA)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	2	(SEPTRA)
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	2	(SEPTRA DS)
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	3	
atovaquone oral suspension 750 mg/5ml	2	(MEPRON)

Medication Name	Medication Tier	Requirements/Limits
*Carbapenems***		
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	6	
*Chloramphenicals***		
chloramphenicol sod succinate intravenous* solution reconstituted 1 gm	6	
*Cyclic Lipopeptides***		
CUBICIN INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	6	PA
*Ketolides***		
KETEK ORAL TABLET 300 MG, 400 MG	4	
*Leprostatics***		
dapsone oral tablet 100 mg, 25 mg	4	
*Lincosamides***		
CLEOCIN PHOSPHATE INTRAVENOUS* SOLUTION 900 MG/6ML	6	
clindamycin hcl oral capsule 150 mg	2	(CLEOCIN)
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml	6	
clindamycin phosphate intravenous* solution 600 mg/4ml	6	
*Oxazolidinones***		
linezolid oral suspension reconstituted 100 mg/5ml	2	
linezolid oral tablet 600 mg	2	
*Polymyxins***		
polymyxin b sulfate injection solution reconstituted 500000 unit	6	
ANTIMALARIALS		
*Antimalarial Combinations***		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	(MALARONE)
COARTEM ORAL TABLET 20-120 MG	4	PA
*Antimalarials***		
chloroquine phosphate oral tablet 250 mg, 500 mg	2	(ARALEN)
DARAPRIM ORAL TABLET 25 MG	4	
hydroxychloroquine sulfate oral tablet 200 mg	2	(PLAQUENIL)

Medication Name	Medication Tier	Requirements/Limits
mefloquine hcl oral tablet 250 mg	2	(LARIAM)
primaquine phosphate oral tablet 26.3 mg	4	
quinine sulfate oral capsule 324 mg	2	(QUALAQUIN)
ANTIMYASTHENIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
guanidine hcl oral tablet 125 mg	4	
MESTINON ORAL SYRUP 60 MG/5ML	3	
MESTINON ORAL TABLET EXTENDEDRELEASE* 180 MG	3	
MYTELASE ORAL TABLET 10 MG	4	
pyridostigmine bromide oral tablet 60 mg	2	(MESTINON)
REGONOL INTRAVENOUS* SOLUTION 10 MG/2ML	6	
ANTIMYCOBACTERIAL AGENTS		
*Anti Tb Combinations***		
RIFATER ORAL TABLET 50-120-300 MG	4	
*Antimycobacterial Agents***		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	6	
ethambutol hcl oral tablet 100 mg, 400 mg	2	(MYAMBUTAL)
isoniazid oral tablet 100 mg, 300 mg	2	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	(RIFATER)
rifabutin oral capsule 150 mg	2	(MYCOBUTIN)
rifampin intravenous* solution reconstituted 600 mg	6	
rifampin oral capsule 150 mg, 300 mg	2	(RIFADIN)
TRECTOR ORAL TABLET 250 MG	4	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL 10 & 50 & 100 MG	5	PA

Medication Name	Medication Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
BUSULFEX INTRAVENOUS* SOLUTION 6 MG/ML	6	
HEXALEN ORAL CAPSULE 50 MG	3	
MYLERAN ORAL TABLET 2 MG	5	
*Androgen Biosynthesis Inhibitors***		
ZYTIGA ORAL TABLET 250 MG	5	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	3	
*Antiandrogens***		
bicalutamide oral tablet 50 mg	2	(CASODEX)
flutamide oral capsule 125 mg	2	(EULEXIN)
NILANDRON ORAL TABLET 150 MG	3	
XTANDI ORAL CAPSULE 40 MG	5	PA
*Antiestrogens***		
FARESTON ORAL TABLET 60 MG	3	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	2	(NOLVADEX)
*Antimetabolites***		
azacitidine injection suspension reconstituted 100 mg	6	(VIDAZA)
capecitabine oral tablet 150 mg, 500 mg	6	(XELODA)
fludarabine phosphate intravenous* solution reconstituted 50 mg	6	
fluorouracil intravenous* solution 1 gm/20ml, 500 mg/10ml	6	
fluorouracil intravenous* solution 2.5 gm/50ml	6	QL (50 ML per 3 days)
mercaptopurine oral tablet 50 mg	2	(EQUANIL)
methotrexate oral tablet 2.5 mg	2	(TREXALL)
methotrexate sodium (pf) injection solution 1 gm/40ml	6	(inj)
methotrexate sodium injection solution 50 mg/2ml	6	
*Antineoplastic - Braf Kinase Inhibitors***		
ZELBORAF ORAL TABLET 240 MG	5	PA; SP

Medication Name	Medication Tier	Requirements/Limits
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
*Antineoplastic - Monoclonal Antibodies***		
RITUXAN INTRAVENOUS* SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	RO
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	5	SP
STIVARGA ORAL TABLET 40 MG	5	SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	
*Antineoplastic - Tyrosine Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA
imatinib mesylate oral tablet 100 mg, 400 mg	5	RO; (GLEEVEC)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	SP
LENVIMA 10 MG DAILY DOSE ORAL 10 MG	5	PA
LENVIMA 14 MG DAILY DOSE ORAL 10 & 4 MG	5	PA
LENVIMA 20 MG DAILY DOSE ORAL 10 (2) MG	5	PA
LENVIMA 24 MG DAILY DOSE ORAL 10 (2) & 4 MG	5	PA

Medication Name	Medication Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA
TYKERB ORAL TABLET 250 MG	5	PA; SP
VOTRIENT ORAL TABLET 200 MG	5	SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP
*Antineoplastic Antibiotics***		
mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml	6	
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML	5	PA; SP
hydroxyurea oral capsule 500 mg	2	(HYDREA)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	6	SP
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	6	SP
MATULANE ORAL CAPSULE 50 MG	3	
*Aromatase Inhibitors***		
anastrozole oral tablet 1 mg	2	(ARIMIDEX)
ARIMIDEX ORAL TABLET 1 MG	3	
exemestane oral tablet 25 mg	2	(AROMASIN)
letrozole oral tablet 2.5 mg	2	(FEMARA)
*Chemotherapy Adjuncts - Hyperuricemia Agents***		
ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG	5	PA
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***		
KEPIVANCE INTRAVENOUS* SOLUTION RECONSTITUTED 6.25 MG	5	PA
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	3	

Medication Name	Medication Tier	Requirements/Limits
*Folic Acid Antagonists Rescue Agents***		
leucovorin calcium injection solution reconstituted 100 mg, 200 mg	6	
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2	(WELLCOVORIN)
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 120 MG	5	
FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 80 MG	4	
*Imidazotetrazines***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	5	(TEMODAR)
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
*Lhrh Analogs***		
leuprolide acetate injection kit 1 mg/0.2ml	6	
LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 3.75 MG, 7.5 MG	6	
TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 3.75 MG	6	SP
*Mitotic Inhibitors***		
etoposide intravenous* solution 100 mg/5ml	6	
*Nitrogen Mustards***		
ALKERAN ORAL TABLET 2 MG	5	
cyclophosphamide oral capsule 25 mg, 50 mg	2	(CYTOXAN)
LEUKERAN ORAL TABLET 2 MG	3	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
*Progestins-Antineoplastic***		
megestrol acetate oral suspension 40 mg/ml	2	(MEGACE)
megestrol acetate oral tablet 20 mg, 40 mg	2	(MEGACE)

Medication Name	Medication Tier	Requirements/Limits
*Retinoids***		
tretinoin oral capsule 10 mg	5	PA; (VESANOID)
*Selective Retinoid X Receptor Agonists***		
TARGRETIN ORAL CAPSULE 75 MG	5	PA
*Urinary Tract Protective Agents***		
amifostine intravenous* solution reconstituted 500 mg	6	
ANTIPARKINSON AGENTS		
*Antiparkinson Anticholinergics***		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	(COGENTIN)
trihexyphenidyl hcl oral elixir 0.4 mg/ml	2	(ARTANE)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	(ARTANE)
*Antiparkinson Dopaminergics***		
amantadine hcl oral capsule 100 mg	2	(SYMMETREL)
amantadine hcl oral syrup 50 mg/5ml	2	(SYMMETREL)
amantadine hcl oral tablet 100 mg	2	(SYMMETREL)
bromocriptine mesylate oral capsule 5 mg	2	(PARLODEL)
bromocriptine mesylate oral tablet 2.5 mg	2	(PARLODEL)
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	PA
selegiline hcl oral capsule 5 mg	2	(ELDEPRYL)
selegiline hcl oral tablet 5 mg	2	(ELDEPRYL)
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	5	PA
*Decarboxylase Inhibitors***		
carbidopa oral tablet 25 mg	5	
LODOSYN ORAL TABLET 25 MG	5	
*Levodopa Combinations***		
carbidopa-levodopa er oral tablet extendedrelease* 25-100 mg, 50-200 mg	2	(SINEMET CR)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	(SINEMET)

Medication Name	Medication Tier	Requirements/Limits
*Nonergoline Dopamine Receptor Agonists***		
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	(MIRAPEX)
ropinirole hcl er oral tablet extended release 24 hr* 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	(REQUIP XL)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	(REQUIP)
*Peripheral Comt Inhibitors***		
entacapone oral tablet 200 mg	3	(COMTAN)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
lithium carbonate er oral tablet extendedrelease* 300 mg	2	(LITHOBID)
lithium carbonate er oral tablet extendedrelease* 450 mg	2	(ESKALITH CR)
lithium carbonate oral capsule 150 mg	2	(ESKALITH)
lithium carbonate oral capsule 300 mg	1	(ESKALITH)
lithium oral solution 8 meq/5ml	2	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	(GEODON)
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* 3 MG, 6 MG, 9 MG	3	
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 39 MG/0.25ML	6	
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG	2	(RISPERDAL-M)
risperidone oral solution 1 mg/ml	2	(RISPERDAL)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	(RISPERDAL)

Medication Name	Medication Tier	Requirements/Limits
*Butyrophenones***		
haloperidol decanoate intramuscular* solution 50 mg/ml	6	
haloperidol lactate injection solution 5 mg/ml	6	
haloperidol lactate oral concentrate 2 mg/ml	2	(HALDOL)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	(HALDOL)
*Dibenzodiazepines***		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	(CLOZARIL)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	2	(FAZACLO)
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	PA
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hr* 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	PA; (SEROQUEL XR)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	(SEROQUEL)
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	(LOXITANE)
*Phenothiazines***		
chlorpromazine hcl injection solution 50 mg/2ml	6	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	(THORAZINE)
COMPRO SUPPOSITORY 25 MG	2	QL (12 EA per 3 days)
fluphenazine hcl injection solution 2.5 mg/ml	6	
fluphenazine hcl oral concentrate 5 mg/ml	2	(PROLIXIN)
fluphenazine hcl oral elixir 2.5 mg/5ml	2	(PROLIXIN)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	(PROLIXIN)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	(TRILAFON)
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	(COMPAZINE)

Medication Name	Medication Tier	Requirements/Limits
prochlorperazine suppository 25 mg	2	(COMPAZINE); QL (12 EA per 3 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	(MELLARIL)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	(STELAZINE)
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 300 MG, 400 MG	6	PA
aripiprazole oral solution 1 mg/ml	2	PA; (ABILIFY)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	PA; (ABILIFY)
aripiprazole oral tablet dispersible 10 mg	2	PA; (ABILIFY)
aripiprazole oral tablet dispersible 15 mg	2	PA; (ABILIFY)
*Thienbenzodiazepines***		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	(ZYPREXA)
olanzapine oral tablet dispersible 10 mg	2	(ZYPREXA ODT)
olanzapine oral tablet dispersible 5 mg	2	PA; (ZYPREXA ODT)
*Thioxanthenes***		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	(NAVANE)
ANTIVIRALS		
*Antiretroviral Combinations***		
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	2	(TRIZIVIR)
ATRIPLA ORAL TABLET 600-200-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
EVOTAZ ORAL TABLET 300-150 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
lamivudine-zidovudine oral tablet 150-300 mg	2	(COMBIVIR)
ODEFSEY ORAL TABLET 200-25-25 MG	3	

Medication Name	Medication Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG	3	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
TRUVADA ORAL TABLET 200-300 MG	3	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG	3	
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	
TIVICAY ORAL TABLET 50 MG	3	
VITEKTA ORAL TABLET 150 MG, 85 MG	3	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	3	
APTIVUS ORAL SOLUTION 100 MG/ML	3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
INVIRASE ORAL CAPSULE 200 MG	3	
INVIRASE ORAL TABLET 500 MG	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	3	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL PACKET 50 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	

Medication Name	Medication Tier	Requirements/Limits
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
nevirapine er oral tablet extended release 24 hr* 400 mg	2	(VIRAMUNE XR)
nevirapine oral suspension 50 mg/5ml	2	(VIRAMUNE)
nevirapine oral tablet 200 mg	2	(VIRAMUNE)
RESCRIPTOR ORAL TABLET 100 MG	3	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG	3	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
abacavir sulfate oral tablet 300 mg	2	(ZIAGEN)
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	2	(VIDEX)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
lamivudine oral solution 10 mg/ml	2	(EPIVIR)
lamivudine oral tablet 150 mg, 300 mg	2	(EPIVIR)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR INTRAVENOUS* SOLUTION 10 MG/ML	6	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	(ZERIT)
stavudine oral solution reconstituted 1 mg/ml	2	(ZERIT)
zidovudine oral capsule 100 mg	2	(RETROVIR)
zidovudine oral syrup 50 mg/5ml	2	(RETROVIR)
zidovudine oral tablet 300 mg	2	(RETROVIR)

Medication Name	Medication Tier	Requirements/Limits
*Antiretrovirals - Rti-Nucleotide Analogues***		
VIREAD ORAL POWDER 40 MG/GM	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	3	
*Cmv Agents***		
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	3	
valganciclovir hcl oral tablet 450 mg	2	(VALCYTE)
*Hepatitis B Agents***		
adefovir dipivoxil oral tablet 10 mg	2	PA; (HEPSERA)
entecavir oral tablet 0.5 mg, 1 mg	2	(BARACLUDGE)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
HEPSERA ORAL TABLET 10 MG	3	PA
lamivudine oral tablet 100 mg	2	(EPIVIR HBV)
TYZEKA ORAL TABLET 600 MG	4	PA
*Hepatitis C Agents***		
INFERGEN SUBCUTANEOUS* INJECTABLE 15 MCG/0.5ML, 9 MCG/0.3ML	5	PA
PEGASYS SUBCUTANEOUS* KIT 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML	5	PA
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	5	PA; RO
PEG-INTRON REDIPEN SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	5	PA; RO
PEG-INTRON SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	5	PA; RO
ribavirin oral capsule 200 mg	6	(REBETOL)
SOVALDI ORAL TABLET 400 MG	5	PA
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg	2	(ZOVIRAX)
acyclovir oral suspension 200 mg/5ml	2	(ZOVIRAX)
acyclovir oral tablet 400 mg, 800 mg	2	(ZOVIRAX)

Medication Name	Medication Tier	Requirements/Limits
acyclovir sodium intravenous* solution 50 mg/ml	6	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	(VALTREX)
*Herpes Agents - Thymidine Analogues***		
famciclovir oral tablet 125 mg, 250 mg	2	
famciclovir oral tablet 500 mg	2	(FAMVIR)
*Influenza Agents***		
rimantadine hcl oral tablet 100 mg	2	(FLUMADINE)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER	4	QL (20 EA per 3 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	4	Age (Max 2 Years)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	4	Age (Max 2 Years)
*Rsv Agents - Nucleoside Analogues***		
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	5	PA
ASSORTED CLASSES		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	3	
SYPRINE ORAL CAPSULE 250 MG	5	PA
*Cyclosporine Analogs***		
cyclosporine modified oral capsule 25 mg, 50 mg	2	(NEORAL)
cyclosporine modified oral solution 100 mg/ml	2	(NEORAL); QL (50 ML per 3 days)
*Immune Globulin Immunosuppressants***		
THYMOGLOBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 25 MG	6	PA

Medication Name	Medication Tier	Requirements/Limits
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
*Inosine Monophosphate Dehydrogenase Inhibitors***		
mycophenolate mofetil oral capsule 250 mg	2	(CELLCEPT)
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	2	(CELLCEPT)
mycophenolate mofetil oral tablet 500 mg	2	(CELLCEPT)
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	(MYFORTIC)
*Irrigation Solutions***		
sterile water for irrigation irrigation solution	6	
*Macrolide Immunosuppressants***		
RAPAMUNE ORAL SOLUTION 1 MG/ML	6	
sirolimus oral tablet 0.5 mg	6	(PROGRAF)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	(PROGRAF)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	
*Potassium Removing Resins***		
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	(KAYEXALATE)
*Purine Analogs***		
azathioprine oral tablet 50 mg	2	(IMURAN)
azathioprine sodium injection solution reconstituted 100 mg	6	
*Selective T-Cell Costimulation Blockers***		
NULOJIX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG	5	PA
BETA BLOCKERS		
*Alpha-Beta Blockers***		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	(COREG)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	3	

Medication Name	Medication Tier	Requirements/Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	(TRANDATE)
*Beta Blockers Cardio-Selective***		
acebutolol hcl oral capsule 200 mg, 400 mg	2	(SECTRAL)
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	(TENORMIN)
betaxolol hcl oral tablet 10 mg, 20 mg	2	(KERLONE)
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	(ZEBETA)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	PA
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	(LOPRESSOR)
*Beta Blockers Non-Selective***		
LEVATOL ORAL TABLET 20 MG	4	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	(CORCARD)
pindolol oral tablet 10 mg, 5 mg	2	
propranolol hcl intravenous* solution 1 mg/ml	6	(INDERAL)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	(INDERAL)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	(INDERAL)
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	(BETAPACE)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	(BLOCADREN)
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HR* 30 MG, 60 MG	2	(ADALAT CC)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	(NORVASC)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	(CARDIZEM CD)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	(CARDIZEM)
felodipine er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg	2	(PLENDIL)
isradipine oral capsule 2.5 mg, 5 mg	2	(DYNACIRC)
nicardipine hcl oral capsule 20 mg, 30 mg	2	(CARDENE)

Medication Name	Medication Tier	Requirements/Limits
nifedipine er oral tablet extended release 24 hr* 30 mg, 60 mg, 90 mg	2	(ADALAT CC)
nifedipine oral capsule 10 mg, 20 mg	2	(PROCARDIA)
nimodipine oral capsule 30 mg	4	(NIMOTOP)
nisoldipine er oral tablet extended release 24 hr* 20 mg, 30 mg, 34 mg, 40 mg	2	PA; (SULAR)
verapamil hcl er oral tablet extended release* 120 mg, 180 mg, 240 mg	2	(CALAN SR)
verapamil hcl intravenous* solution 2.5 mg/ml	6	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	2	(CALAN)
CARDIOTONICS		
*Cardiac Glycosides***		
DIGOX ORAL TABLET 125 MCG, 250 MCG	2	(LANOXIN)
digoxin injection solution 0.25 mg/ml	6	
digoxin oral solution 0.05 mg/ml	2	(LANOXIN)
digoxin oral tablet 125 mcg, 250 mcg	2	(LANOXIN)
CARDIOVASCULAR AGENTS - MISC.		
*Prostaglandin Vasodilators***		
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	6	PA; SP
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; SP
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET 20 MG	5	PA
sildenafil citrate oral tablet 20 mg	2	PA; (REVATIO)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	(DURICEF)
cefazolin sodium injection solution reconstituted 1 gm	6	
cephalexin oral capsule 250 mg, 500 mg	2	(KEFLEX)

Medication Name	Medication Tier	Requirements/Limits
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	(KEFLEX)
*Cephalosporins - 2Nd Generation***		
cefaclor oral capsule 250 mg, 500 mg	2	(CECLCOR)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	(CEFZIL)
cefprozil oral tablet 250 mg, 500 mg	2	(CEFZIL)
cefuroxime axetil oral tablet 250 mg, 500 mg	2	(CEFTIN)
cefuroxime sodium injection solution reconstituted 1.5 gm	6	
*Cephalosporins - 3Rd Generation***		
cefdinir oral capsule 300 mg	2	(OMNICEF)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	(OMNICEF)
cefixime oral suspension reconstituted 100 mg/5ml	2	(SUPRAX); QL (50 ML per 3 days)
cefixime oral suspension reconstituted 200 mg/5ml	2	(SUPRAX)
ceftriaxone sodium injection solution reconstituted 1 gm	6	(ROCEPHIN)
ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg	6	
SUPRAX ORAL CAPSULE 400 MG	4	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	6	
*Cephalosporins - 4Th Generation***		
cefepime hcl injection solution reconstituted 1 gm	6	
CHEMICALS		
*Solids***		
menthol crystals	2	
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
NECON 10/11 (28) ORAL TABLET 35 MCG	2	(ORTHO-NOVUM)
*Combination Contraceptives - Oral***		
APRI ORAL TABLET 0.15-30 MG-MCG	2	(DESOGEN)
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL)

Medication Name	Medication Tier	Requirements/Limits
GIANVI ORAL TABLET 3-0.02 MG	2	(YAZ); PREV
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe); PREV
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	2	(LOESTRIN Fe); PREV
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	(LOESTRIN-Fe)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	(DEMULEN)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	(NORDETTE)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL)
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	(ALESSE)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN-Fe); PREV
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	(LOESTRIN-Fe); PREV
MONONESSA ORAL TABLET 0.25-35 MG-MCG	2	(ORTHO CYCLEN); PREV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	(ORTHO-NOVUM)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO-NOVUM)
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	2	(ORTHO-NOVUM)
NIKKI ORAL TABLET 3-0.02 MG	2	(YAZ); PREV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	(MODICON)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO NOVUM)
OGESTREL ORAL TABLET 0.5-50 MG-MCG	2	(OVRAL)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	2	(ALESSE)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	(NORDETTE)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	2	(ORTHO CYCLEN); PREV

Medication Name	Medication Tier	Requirements/Limits
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	(DESOGEN)
SOLIA ORAL TABLET 0.15-30 MG-MCG	2	(DESOGEN)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	(ORTHO CYCLEN)
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	(ALESSE)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	(DEMULEN)
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	2	(DEMULEN)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG	4	
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	2	(MICRONOR)
ERRIN ORAL TABLET 0.35 MG	2	(MICRONOR)
JOLIVETTE ORAL TABLET 0.35 MG	2	(MICRONOR)
NORA-BE ORAL TABLET 0.35 MG	2	(MICRONOR)
*Triphasic Contraceptives - Oral***		
ENPRESSE-28 ORAL TABLET	2	(TRIPHASIL)
MYZILRA ORAL TABLET	2	(TRIPHASIL); PREV
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	(ORTHO TRICYCLEN)
TRIVORA (28) ORAL TABLET	2	(TRIPHASIL)
CORTICOSTEROIDS		
*Glucocorticosteroids***		
A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG	6	
budesonide oral capsule delayed release particles 3 mg	2	PA; (ENTOCORT EC)
cortisone acetate oral tablet 25 mg	2	(CORTONE)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	(DECADRON)
dexamethasone oral elixir 0.5 mg/5ml	2	(DECADRON)
dexamethasone oral solution 0.5 mg/5ml	2	(DECADRON)
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg	2	(DECADRON)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	(CORTEF)
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	6	

Medication Name	Medication Tier	Requirements/Limits
methylprednisolone oral 4 mg	2	(MEDROL PAK)
methylprednisolone oral tablet 16 mg, 4 mg	2	(MEDROL)
methylprednisolone sodium succ injection solution reconstituted 125 mg	6	(SOLU-MEDROL)
MILLIPRED DP 12-DAY ORAL 5 MG (48)	4	PA
prednisolone oral solution 15 mg/5ml	2	(PRELONE)
prednisolone sodium phosphate oral solution 15 mg/5ml	2	(ORAPRED)
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	2	(PEDIAPRED)
prednisone oral solution 5 mg/5ml	2	(DELTASONE)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	(DELTASONE)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG	6	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG	6	
*Mineralocorticoids***		
fludrocortisone acetate oral tablet 0.1 mg	2	(FLORINEF)
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
benzonatate oral capsule 100 mg, 200 mg	2	(TESSALON PERLES)
*Antitussive - Opioid***		
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	2	(HYCODAN); QL (120 ML per 3 days)
hydromet oral syrup 5-1.5 mg/5ml	2	(HYCODAN); QL (120 ML per 3 days)
*Antitussive-Expectorant***		
cheratussin ac oral syrup 100-10 mg/5ml	2	(ROBITUSSIN AC); QL (120 ML per 3 days)
guaifenesin-codeine oral solution 100-10 mg/5ml	2	(ROBITUSSIN AC); QL (120 ML per 3 days)
*Antitussive-Expectorants-Decongestant***		
guaifenesin dac oral solution 30-10-100 mg/5ml	2	(ROBITUSSIN DAC); QL (120 ML per 3 days)
*Decongestant & Antihistamine***		
promethazine vc plain oral syrup 6.25-5 mg/5ml	2	(PHENERGAN); QL (120 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Mucolytics***		
acetylcysteine inhalation solution 10 %, 20 %	2	(MUCOMYST)
*Non-Narc Antitussive-Antihistamine***		
promethazine-dm oral syrup 6.25-15 mg/5ml	2	(PHENERGAN); QL (120 ML per 3 days)
*Opioid Antitussive-Antihistamine***		
promethazine-codeine oral syrup 6.25-10 mg/5ml	2	(PHENERGAN); QL (120 ML per 3 days)
*Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	2	(PHENERGAN); QL (120 ML per 3 days)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP
DERMATOLOGICALS		
*Acne Antibiotics***		
clindamycin phosphate external lotion 1 %	2	(CLEOCIN T); QL (60 ML per 3 days)
clindamycin phosphate external swab 1 %	2	QL (60 EA per 30 days)
erythromycin external solution 2 %	3	(A/T/S); QL (60 ML per 3 days)
sulfacetamide sodium (acne) external lotion 10 %	2	QL (118 ML per 3 days)
*Acne Combinations***		
EPIDUO EXTERNAL GEL 0.1-2.5 %	4	PA; QL (30 GM per 3 days)
*Acne Products***		
adapalene external gel 0.1 %	2	
AMNESTEEM ORAL CAPSULE 10 MG	5	PA; (AC CUTANE)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA; (RETIN-A); QL (30 GM per 3 days)
tretinoin external gel 0.01 %, 0.025 %	2	PA; (RETIN-A); QL (30 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3	QL (7.5 GM per 3 days)
CORTISPORIN EXTERNAL OINTMENT 1 %	3	QL (30 GM per 3 days)
*Antibiotics - Topical***		
gentamicin sulfate external cream 0.1 %	2	(GARAMYCIN); QL (30 GM per 3 days)
gentamicin sulfate external ointment 0.1 %	2	(GARAMYCIN); QL (30 GM per 3 days)
mupirocin calcium external cream 2 %	2	(BACTROBAN); QL (30 GM per 3 days)
mupirocin external ointment 2 %	2	(BACTROBAN); QL (30 GM per 3 days)
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream 1-0.05 %	2	(LOTRISONE); QL (120 GM per 3 days)
clotrimazole-betamethasone external lotion 1-0.05 %	2	(LOTRISONE); QL (30 ML per 3 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	(MYCOLOG); QL (120 GM per 3 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	(MYCOLOG); QL (120 GM per 3 days)
*Antifungals - Topical***		
ciclopirox external gel 0.77 %	2	(LOPROX); QL (120 GM per 3 days)
ciclopirox external solution 8 %	2	(PENLAC); QL (6.6 ML per 3 days)
ciclopirox olamine external cream 0.77 %	2	(LOPROX); QL (120 GM per 3 days)
ciclopirox olamine external suspension 0.77 %	2	(LOPROX); QL (30 ML per 3 days)
MENTAX EXTERNAL CREAM 1 %	4	PA; QL (120 GM per 3 days)
naftifine hcl external cream 1 %, 2 %	2	QL (120 GM per 3 days)
NAFTIN EXTERNAL GEL 1 %, 2 %	4	QL (120 GM per 3 days)
nystatin external cream 100000 unit/gm	2	QL (120 GM per 3 days)
nystatin external ointment 100000 unit/gm	2	QL (120 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Anti-Inflammatory Agents - Topical***		
diclofenac sodium transdermal gel 1 %	2	PA; RO; (VOLTAREN); QL (100 GM per 30 days)
FLECTOR TRANSDERMAL PATCH 1.3 %	4	PA
*Antineoplastic Antimetabolites - Topical***		
fluorouracil external cream 5 %	2	(EFUDEX); QL (30 GM per 3 days)
fluorouracil external solution 2 %, 5 %	2	(EFUDEX); QL (10 ML per 3 days)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
diclofenac sodium transdermal gel 3 %	2	PA; (SOLARAZE); QL (100 GM per 30 days)
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	3	QL (30 GM per 3 days)
*Antipruritics - Topical***		
PRUDOXIN EXTERNAL CREAM 5 %	4	QL (30 GM per 3 days)
*Antipsoriatics - Systemic***		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	5	PA; (SORIATANE)
OXSORALEN ULTRA ORAL CAPSULE 10 MG	3	
SORIATANE ORAL CAPSULE 25 MG	5	PA
STELARA SUBCUTANEOUS* 45 MG/0.5ML	6	PA; SP
*Antipsoriatics***		
calcipotriene external cream 0.005 %	2	(DOVONEX); QL (30 GM per 3 days)
calcipotriene external ointment 0.005 %	2	(DOVONEX); QL (30 GM per 3 days)
calcipotriene external solution 0.005 %	2	(DOVONEX); QL (60 ML per 3 days)
calcitriol external ointment 3 mcg/gm	2	PA; (VECTICAL); QL (30 GM per 3 days)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	4	PA; QL (30 GM per 3 days)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; QL (30 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Antiseborrheic Combinations***		
selenium sulf-pyrithione-urea external shampoo 2.25 %	2	
*Antiseborrheic Products***		
selenium sulfide external lotion 2.5 %	2	(SELSUN); QL (120 ML per 3 days)
*Antivirals - Topical***		
acyclovir external ointment 5 %	2	(ZOVIRAX); QL (30 GM per 3 days)
DENAVIR EXTERNAL CREAM 1 %	4	QL (1 GM per 30 days)
*Burn Products***		
silver sulfadiazine external cream 1 %	2	(SILVADENE)
SSD EXTERNAL CREAM 1 %	2	(SILVADENE); QL (30 GM per 3 days)
*Corticosteroids - Topical***		
alclometasone dipropionate external cream 0.05 %	2	(ACLOVATE); QL (120 GM per 3 days)
alclometasone dipropionate external ointment 0.05 %	2	(ACLOVATE); QL (120 GM per 3 days)
amcinonide external cream 0.1 %	2	
amcinonide external lotion 0.1 %	2	
amcinonide external ointment 0.1 %	2	
betamethasone dipropionate external cream 0.05 %	2	(DIPROSONE); QL (120 GM per 3 days)
betamethasone dipropionate external lotion 0.05 %	2	(DIPROSONE); QL (60 ML per 3 days)
betamethasone dipropionate external ointment 0.05 %	2	(DIPROSONE); QL (120 GM per 3 days)
betamethasone valerate external cream 0.1 %	2	(VALISONE); QL (120 GM per 3 days)
betamethasone valerate external lotion 0.1 %	2	(VALISONE); QL (60 ML per 3 days)
betamethasone valerate external ointment 0.1 %	2	(VALISONE); QL (120 GM per 3 days)
clobetasol propionate e external cream 0.05 %	2	(TEMOVATE E); QL (120 GM per 3 days)
clobetasol propionate external cream 0.05 %	2	(TEMOVATE); QL (120 GM per 3 days)
clobetasol propionate external gel 0.05 %	2	(TEMOVATE); QL (120 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
clobetasol propionate external lotion 0.05 %	2	(CLOBEX); QL (60 ML per 3 days)
clobetasol propionate external ointment 0.05 %	2	(TEMOVATE); QL (120 GM per 3 days)
clobetasol propionate external solution 0.05 %	2	(TEMOVATE); QL (50 ML per 3 days)
clocortolone pivalate external cream 0.1 %	2	ST; (CLODERM)
CLODERM EXTERNAL CREAM 0.1 %	4	PA
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3	
desonide external cream 0.05 %	2	(TRIDESILON); QL (120 GM per 3 days)
desonide external lotion 0.05 %	2	(TRIDESILON); QL (60 ML per 3 days)
desonide external ointment 0.05 %	2	(TRIDESILON); QL (120 GM per 3 days)
desoximetasone external cream 0.05 %, 0.25 %	2	(TOPICORT); QL (120 GM per 3 days)
desoximetasone external gel 0.05 %	2	(TOPICORT); QL (120 GM per 3 days)
desoximetasone external ointment 0.05 %, 0.25 %	2	(TOPICORT); QL (120 GM per 3 days)
diflorasone diacetate external cream 0.05 %	2	(MAXIFLOR); QL (120 GM per 3 days)
diflorasone diacetate external ointment 0.05 %	2	(MAXIFLOR); QL (120 GM per 3 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	(SYNALAR); QL (120 GM per 3 days)
fluocinolone acetonide external ointment 0.025 %	2	(SYNALAR); QL (120 GM per 3 days)
fluocinolone acetonide external solution 0.01 %	2	(SYNALAR); QL (60 ML per 3 days)
fluocinonide external cream 0.05 %	2	(LIDEX); QL (120 GM per 3 days)
fluocinonide external gel 0.05 %	2	(LIDEX); QL (120 GM per 3 days)
fluocinonide external ointment 0.05 %	2	(LIDEX); QL (120 GM per 3 days)
fluocinonide external solution 0.05 %	2	(LIDEX); QL (60 ML per 3 days)
fluocinonide-e external cream 0.05 %	2	(LIDEX-E); QL (120 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
fluticasone propionate external cream 0.05 %	2	(CUTIVATE); QL (120 GM per 3 days)
fluticasone propionate external lotion 0.05 %	2	(CUTIVATE); QL (60 ML per 3 days)
fluticasone propionate external ointment 0.005 %	2	(CUTIVATE); QL (120 GM per 3 days)
HALOG EXTERNAL CREAM 0.1 %	4	PA
hydrocortisone butyrate external cream 0.1 %	2	(LOCOID); QL (120 GM per 3 days)
hydrocortisone butyrate external ointment 0.1 %	2	(LOCOID); QL (120 GM per 3 days)
hydrocortisone butyrate external solution 0.1 %	2	(LOCOID); QL (60 ML per 3 days)
hydrocortisone external cream 2.5 %	2	(HYTONE); QL (120 GM per 3 days)
hydrocortisone external lotion 2.5 %	2	(HYTONE); QL (60 ML per 3 days)
hydrocortisone external ointment 2.5 %	2	(HYTONE); QL (120 GM per 3 days)
mometasone furoate external cream 0.1 %	2	(ELOCON); QL (120 GM per 3 days)
mometasone furoate external ointment 0.1 %	2	(ELOCON); QL (120 GM per 3 days)
mometasone furoate external solution 0.1 %	2	(ELOCON); QL (60 ML per 3 days)
prednicarbate external cream 0.1 %	2	(DERMATOP); QL (120 GM per 3 days)
prednicarbate external ointment 0.1 %	2	QL (120 GM per 3 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	2	(ARISTOCORT); QL (120 GM per 3 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	(ARISTOCORT); QL (60 ML per 3 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	(ARISTOCORT); QL (120 GM per 3 days)
*Emollient/Keratolytic Agents***		
REA LO 40 EXTERNAL LOTION 40 %	2	(CARMOL); QL (237 ML per 3 days)
urea external cream 40 %	2	(CARMOL); QL (30 GM per 3 days)
*Emollients***		
ammonium lactate external cream 12 %	2	QL (30 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (30 GM per 3 days)
*Imidazole-Related Antifungals - Topical***		
econazole nitrate external cream 1 %	2	(SPECTAZOLE); QL (120 GM per 3 days)
EXELDERM EXTERNAL CREAM 1 %	4	PA; QL (120 GM per 3 days)
ketoconazole external cream 2 %	2	(NIZORAL); QL (120 GM per 3 days)
oxiconazole nitrate external cream 1 %	2	QL (120 GM per 3 days)
OXISTAT EXTERNAL LOTION 1 %	3	QL (60 ML per 3 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
imiquimod external cream 5 %	2	(ALDARA); QL (12 EA per 3 days)
*Keratolytic/Antimitotic Agents***		
podofilox external solution 0.5 %	2	(CONDYLOX)
*Local Anesthetics - Topical***		
lidocaine external patch 5 %	2	PA; (LIDODERM)
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	4	QL (30 GM per 3 days)
PROTOPIC EXTERNAL OINTMENT 0.03 %	4	QL (30 GM per 3 days)
tacrolimus external ointment 0.03 %, 0.1 %	4	(PROTOPIC); QL (30 GM per 3 days)
*Pigmenting Agents***		
OXSORALEN EXTERNAL LOTION 1 %	3	QL (30 ML per 3 days)
*Rosacea Agents***		
FINACEA EXTERNAL GEL 15 %	4	PA; QL (30 GM per 3 days)
METROGEL EXTERNAL GEL 1 %	3	QL (30 GM per 3 days)
metronidazole external cream 0.75 %	2	(METROCREAM); QL (30 GM per 3 days)
metronidazole external gel 0.75 %, 1 %	2	(METROGEL); QL (30 GM per 3 days)
metronidazole external lotion 0.75 %	2	(METROLOTION); QL (60 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 %	4	QL (60 GM per 3 days)
EURAX EXTERNAL LOTION 10 %	4	QL (60 GM per 3 days)
lindane external shampoo 1 %	2	QL (60 ML per 3 days)
malathion external lotion 0.5 %	2	(OVIDE); QL (60 ML per 3 days)
permethrin external cream 5 %	2	(ELIMITE); QL (60 GM per 3 days)
SKLICE EXTERNAL LOTION 0.5 %	4	ST; QL (117 GM per 3 days)
spinosad external suspension 0.9 %	4	QL (120 ML per 3 days)
ULESFIA EXTERNAL LOTION 5 %	4	QL (227 GM per 3 days)
*Topical Anesthetic Combinations***		
lidocaine-prilocaine external cream 2.5-2.5 %	2	(EMLA); QL (30 GM per 3 days)
SYNERA EXTERNAL PATCH 70-70 MG	4	PA
*Topical Selective Retinoid X Receptor Agonists***		
TARGRETIN EXTERNAL GEL 1 %	5	QL (30 GM per 3 days)
*Topical Steroid Combinations***		
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	5	PA; QL (60 GM per 3 days)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	PA
ACCU-CHEK COMFORT CURVE IN VITRO STRIP	2	PA
BAYER BREEZE 2 TEST IN VITRO DISK	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	
BAYER CONTOUR TEST IN VITRO STRIP	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	PA
FREESTYLE TEST IN VITRO STRIP	2	PA
ONETOUCH ULTRA BLUE IN VITRO STRIP	2	PA
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	2	PA

Medication Name	Medication Tier	Requirements/Limits
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 21000 UNIT	3	(ZENPEP)
pancrelipase (lip-prot-amyl) oral capsule delayed release particles 5000 unit	2	(ZENPEP)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 5000 UNIT	4	
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	(DIAMOX SEQUELS)
acetazolamide oral tablet 125 mg, 250 mg	2	(DIAMOX)
methazolamide oral tablet 25 mg, 50 mg	2	(NEPTAZANE)
*Diuretic Combinations***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	(MODURETIC)
spironolactone-hctz oral tablet 25-25 mg	2	(ALDACTAZIDE)
triamterene-hctz oral capsule 37.5-25 mg	2	(DYAZIDE)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	(MAXZIDE)
*Loop Diuretics***		
bumetanide injection solution 0.25 mg/ml	6	
bumetanide oral tablet 0.5 mg, 1 mg	1	(BUMEX)
bumetanide oral tablet 2 mg	2	(BUMEX)
EDECIN ORAL TABLET 25 MG	3	(sulfa allergic pts only)
furosemide injection solution 10 mg/ml	6	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	(LASIX)
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	(LASIX)
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	(DEMADEX)
*Potassium Sparing Diuretics***		
amiloride hcl oral tablet 5 mg	2	(MIDAMOR)

Medication Name	Medication Tier	Requirements/Limits
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
spironolactone oral tablet 25 mg, 50 mg	2	(ALDACTONE)
*Thiazides And Thiazide-Like Diuretics***		
chlorothiazide oral tablet 250 mg, 500 mg	2	(DIURIL)
chlorthalidone oral tablet 25 mg, 50 mg	2	(HYGROTON)
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	(HYDRODIURIL)
indapamide oral tablet 1.25 mg, 2.5 mg	2	(LOZOL)
methyclothiazide oral tablet 5 mg	2	(ENDURON)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	(ZAROXOLYN)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	2	(FOSAMAX)
alendronate sodium oral tablet 70 mg	1	(FOSAMAX)
BONIVA INTRAVENOUS* SOLUTION 3 MG/3ML	6	PA
etidronate disodium oral tablet 200 mg, 400 mg	2	(DIDRONEL)
ibandronate sodium intravenous* solution 3 mg/3ml	6	PA; (BONIVA)
pamidronate disodium intravenous* solution 30 mg/10ml, 90 mg/10ml	6	
zoledronic acid intravenous* concentrate 4 mg/5ml	6	
ZOMETA INTRAVENOUS* CONCENTRATE 4 MG/5ML	6	
*Calcimimetic Agents***		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
*Calcitonins***		
calcitonin (salmon) nasal solution 200 unit/act	2	(MIACALCIN)
*Dopamine Receptor Agonists***		
cabergoline oral tablet 0.5 mg	2	(DOSTINEX)

Medication Name	Medication Tier	Requirements/Limits
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 20 MG	5	SP
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 15 MG/1.5ML	5	PA
NUTROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG	5	PA
OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	6	PA
OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG	6	PA
TEV-TROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG	6	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
ORFADIN ORAL CAPSULE 10 MG	5	PA
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	4	
*Hyperparathyroid Treatment - Vitamin D Analogs***		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	(ROCALTROL)
calcitriol oral solution 1 mcg/ml	2	(ROCALTROL); QL (15 ML per 3 days)
HECTOROL INTRAVENOUS* SOLUTION 2 MCG/ML, 4 MCG/2ML	6	
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG	5	
paricalcitol intravenous* solution 2 mcg/ml	6	PA; (ZEMPLAR)
paricalcitol intravenous* solution 5 mcg/ml	6	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	PA; (ZEMPLAR)
ZEMPLAR INTRAVENOUS* SOLUTION 2 MCG/ML	6	
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG	6	

Medication Name	Medication Tier	Requirements/Limits
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***		
ELAPRASE INTRAVENOUS* SOLUTION 6 MG/3ML	5	PA
*Ovulation Stimulants-Gonadotropins***		
chorionic gonadotropin intramuscular* solution reconstituted 10000 unit	6	
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	5	PA
*Phenylketonuria Treatment - Agents***		
KUVAN ORAL PACKET 100 MG, 500 MG	5	PA; SP
KUVAN ORAL TABLET SOLUBLE 100 MG	5	PA; SP
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML	6	PA
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA ORAL TABLET 60 MG	4	
raloxifene hcl oral tablet 60 mg	2	(EVISTA)
*Selective Vasopressin V2-Receptor Antagonists***		
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA
*Somatostatic Agents***		
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	6	(SANDOSTATIN)
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	(SANDOSTATIN)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT 20 MG, 30 MG	5	
*Urea Cycle Disorder - Agents***		
BUPHENYL ORAL TABLET 500 MG	4	PA

Medication Name	Medication Tier	Requirements/Limits
*Vasopressin***		
desmopressin ace spray refrig nasal solution 0.01 %	2	(DDAVP); QL (5 ML per 3 days)
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	(DDAVP)
ESTROGENS		
*Estrogen & Androgen***		
EEMT ORAL TABLET 1.25-2.5 MG	2	(ESTRATEST)
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	2	(ESTRATEST HS)
est estrogens-methyltest oral tablet 1.25-2.5 mg	2	(ESTRATEST)
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
*Estrogens***		
CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	PA
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	6	
DEPO-ESTRADIOL INTRAMUSCULAR* OIL 5 MG/ML	6	
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	ST
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	(ESTRACE)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	(CLIMARA)
estradiol valerate intramuscular* oil 20 mg/ml	6	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	2	(OGEN)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	3	

Medication Name	Medication Tier	Requirements/Limits
FLUOROQUINOLONES		
*Fluoroquinolones***		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	(CIPRO)
FACTIVE ORAL TABLET 320 MG	5	
levofloxacin oral solution 25 mg/ml	2	(LEVAQUIN)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	(LEVAQUIN)
moxifloxacin hcl oral tablet 400 mg	2	PA; (AVELOX)
NOROXIN ORAL TABLET 400 MG	4	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
ursodiol oral capsule 300 mg	2	(ACTIGALL)
*Gastrointestinal Antiallergy Agents***		
cromolyn sodium oral concentrate 100 mg/5ml	2	(GASTROCROM)
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA
*Gastrointestinal Stimulants***		
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg	1	(REGLAN)
metoclopramide hcl oral tablet 5 mg	2	(REGLAN)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	PA; (LOTRONEX)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	PA
*Inflammatory Bowel Agents***		
balsalazide disodium oral capsule 750 mg	2	(COLAZAL)
CANASA SUPPOSITORY 1000 MG	3	QL (30 EA per 3 days)
DIPENTUM ORAL CAPSULE 250 MG	4	

Medication Name	Medication Tier	Requirements/Limits
mesalamine enema 4 gm	2	(ROWASA); QL (420 ML per 7 days)
mesalamine oral tablet delayed release 800 mg	2	(ASACOL HD)
sulfasalazine oral tablet 500 mg	2	(AZULFIDINE)
SULFAZINE ORAL TABLET 500 MG	2	(AZULFIDINE)
*Intestinal Acidifiers***		
enulose oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
generlac oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
lactulose encephalopathy oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	6	PA
*Phosphate Binder Agents***		
calcium acetate (phos binder) oral capsule 667 mg	2	(PHOSLO)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	4	PA
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	5	PA
RENVELA ORAL TABLET 800 MG	5	
*Tumor Necrosis Factor Alpha Blockers***		
REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	5	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
AVODART ORAL CAPSULE 0.5 MG	3	
finasteride oral tablet 5 mg	2	(PROPECIA)
*Alpha 1-Adrenoceptor Antagonists***		
alfuzosin hcl er oral tablet extended release 24 hr* 10 mg	2	(UROXATRAL)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	PA

Medication Name	Medication Tier	Requirements/Limits
tamsulosin hcl oral capsule 0.4 mg	2	(FLOMAX)
*Citrates***		
cytra-k oral solution 1100-334 mg/5ml	2	QL (473 ML per 3 days)
potassium citrate er oral tablet extendedrelease* 10 meq (1080 mg), 5 meq (540 mg)	2	(UROCIT-K)
UROCIT-K 15 ORAL TABLET EXTENDEDRELEASE* 15 MEQ (1620 MG)	4	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	4	PA
GOUT AGENTS		
*Gout Agent Combinations***		
colchicine-probenecid oral tablet 0.5-500 mg	2	(COLBENEMID)
*Gout Agents***		
allopurinol oral tablet 100 mg, 300 mg	1	(ZYLOPRIM)
allopurinol sodium intravenous* solution reconstituted 500 mg	6	
colchicine oral tablet 0.6 mg	2	(COLCRYS); QL (120 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	4	
*Uricosurics***		
probenecid oral tablet 500 mg	2	(BENEMID)
HEMATOLOGICAL AGENTS - MISC.		
*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***		
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
*Hematorheologic Agents***		
pentoxifylline er oral tablet extendedrelease* 400 mg	2	(TRENAL)
*Phosphodiesterase Iii Inhibitors***		
cilostazol oral tablet 100 mg, 50 mg	2	(PLETAL)
*Platelet Aggregation Inhibitor Combinations***		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG	3	

Medication Name	Medication Tier	Requirements/Limits
*Platelet Aggregation Inhibitors***		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	(PERSANTINE)
*Quinazoline Agents***		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	(AGRYLIN)
*Thienopyridine Derivatives***		
clopidogrel bisulfate oral tablet 75 mg	2	(PLAVIX)
ticlopidine hcl oral tablet 250 mg	2	(TICLID)
HEMATOPOIETIC AGENTS		
*Agents For Gaucher Disease***		
ZAVESCA ORAL CAPSULE 100 MG	5	PA
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG	3	
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION 100 MCG/0.5ML, 25 MCG/0.42ML	6	PA
ARANESP (ALBUMIN FREE) INJECTION 300 MCG/0.6ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	6	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	5	PA
OMONTYS INJECTION SOLUTION 10 MG/ML, 20 MG/2ML	6	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	6	PA
*Folic Acid/Folates***		
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	7	
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
NEULASTA SUBCUTANEOUS* 6 MG/0.6ML	5	SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	

Medication Name	Medication Tier	Requirements/Limits
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION 500 MCG/ML	5	PA
*Interleukins***		
NEUMEGA SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG	5	
*Iron Combinations***		
ferottrinsic oral capsule	2	
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
aminocaproic acid oral syrup 25 %	2	(AMICAR)
aminocaproic acid oral tablet 1000 mg, 500 mg	2	(AMICAR)
tranexamic acid intravenous* solution 100 mg/ml	6	
*HEPATITIS C AGENT - COMBINATIONS***		
*Hepatitis C Agent - Combinations***		
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA
VIEKIRA PAK ORAL 12.5-75-50	5	PA
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR * 200-8.33-50- 33.33 MG	5	PA
HYPNOTICS		
*Barbiturate Hypnotics***		
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral solution 20 mg/5ml	2	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	
*Benzodiazepine Hypnotics***		
flurazepam hcl oral capsule 15 mg, 30 mg	2	(DALMANE)
temazepam oral capsule 15 mg, 30 mg	2	(RESTORIL)

Medication Name	Medication Tier	Requirements/Limits
*Hypnotics - Tricyclic Agents***		
SILENOR ORAL TABLET 3 MG, 6 MG	4	PA
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
eszopiclone oral tablet 1 mg, 2 mg	2	(LUNESTA)
eszopiclone oral tablet 3 mg	2	ST; (LUNESTA)
zaleplon oral capsule 10 mg, 5 mg	2	(SONATA)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	(AMBIEN)
*Selective Melatonin Receptor Agonists***		
ROZEREM ORAL TABLET 8 MG	4	PA
LAXATIVES		
*Bowel Evacuant Combinations***		
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL (1 EA per 3 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	2	QL (4000 ML per 3 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	4	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	4	
SUPREP BOWEL PREP ORAL SOLUTION	4	
*Laxatives - Miscellaneous***		
lactulose oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	PA
VISICOL ORAL TABLET 1.102-0.398 GM	4	
LOCAL ANESTHETICS-PARENTERAL		
*Local Anesthetics - Amides***		
lidocaine hcl injection solution 1 %	6	
MACROLIDES		
*Azithromycin***		
azithromycin hydrogencitrate intravenous* solution reconstituted 2.5 gm	6	

Medication Name	Medication Tier	Requirements/Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	(ZITHROMAX)
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	(ZITHROMAX)
*Clarithromycin***		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	(BIAXIN)
clarithromycin oral tablet 250 mg, 500 mg	2	(BIAXIN)
*Erythromycins***		
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	6	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
erythromycin base oral capsule delayed release particles 250 mg	3	(ERYC)
erythromycin ethylsuccinate oral tablet 400 mg	3	(E.E.S)
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG	5	PA
MEDICAL DEVICES		
*Glucose Monitoring Test Supplies***		
lancets thin	2	
*Needles & Syringes***		
pen needles 31g x 6 mm	3	
pen needles 5/16" 31g x 8 mm	3	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	
MIGRAINE PRODUCTS		
*Migraine Combinations***		
isometheptene-dichloral-apap oral capsule 65-100-325 mg	2	(MIDRIN)
*Migraine Products***		
dihydroergotamine mesylate injection solution 1 mg/ml	6	

Medication Name	Medication Tier	Requirements/Limits
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	4	PA
*Selective Serotonin Agonists 5-Ht(1)***		
AXERT ORAL TABLET 12.5 MG	4	ST; QL (12 EA per 30 days)
AXERT ORAL TABLET 6.25 MG	4	ST; QL (6 EA per 30 days)
frovatriptan succinate oral tablet 2.5 mg	2	ST; (FROVA); QL (9 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	(AMERGE); QL (9 EA per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG	4	ST; QL (6 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	(MAXALT); QL (18 EA per 31 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	(MAXALT MLT); QL (18 EA per 31 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	(IMITREX); QL (6 EA per 31 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	(IMITREX); QL (12 EA per 31 days)
sumatriptan succinate refill subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml	2	(IMITREX); QL (4 ML per 31 days)
sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml	2	(IMITREX); QL (4 ML per 31 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	ST; (ZOMIG); QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	4	ST; QL (6 EA per 30 days)
MINERALS & ELECTROLYTES		
*Chloride***		
ammonium chloride intravenous* solution 5 meq/ml	6	
*Electrolytes Parenteral***		
NORMOSOL-R INTRAVENOUS* SOLUTION	6	
*Fluoride***		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	2	QL (50 ML per 3 days)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 2.2 (1 f) mg	2	
*Magnesium***		
magnesium sulfate injection solution 50 %	6	

Medication Name	Medication Tier	Requirements/Limits
*Phosphate***		
K-PHOS ORAL TABLET 500 MG	4	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	2	
*Potassium***		
k-effervescent oral tablet effervescent 25 meq	2	(K-LYTE)
KLOR-CON 10 ORAL TABLET EXTENDEDRELEASE* 10 MEQ	2	(K-TAB)
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDEDRELEASE* 8 MEQ	2	(K-TAB)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	2	
k-vescent oral tablet effervescent 25 meq	2	(K-LYTE)
potassium chloride er oral tablet extendedrelease* 10 meq, 8 meq	2	(K-TAB)
potassium chloride intravenous* solution 2 meq/ml	6	
potassium chloride oral solution 20 meq/15ml (10%)	2	QL (473 ML per 3 days)
potassium chloride oral solution 40 meq/15ml (20%)	2	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
lidocaine viscous mouth/throat solution 2 %	2	(XYLOCAINE)
*Anti-Infectives - Throat***		
clotrimazole mouth/throat lozenge 10 mg	2	PA; (MYCELEX TROCHES)
clotrimazole mouth/throat troche 10 mg	2	PA; (MYCELEX)
nystatin mouth/throat suspension 100000 unit/ml	2	(not pwd)
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate mouth/throat solution 0.12 %	2	(PERIDEX); QL (473 ML per 3 days)
PAROEX MOUTH/THROAT SOLUTION 0.12 %	2	(PERIDEX); QL (473 ML per 3 days)
*Fluoride Dental Products***		
PHOS-FLUR DENTAL GEL 1.1 %	2	QL (51 GM per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Saliva Stimulants***		
cevimeline hcl oral capsule 30 mg	2	ST
pilocarpine hcl oral tablet 5 mg	2	(SALAGEN)
*Steroids - Mouth/Throat***		
triamcinolone acetonide mouth/throat paste 0.1 %	2	(KENALOG ORABASE)
MULTIVITAMINS		
*Ped Multi Vitamins W/Fl & Fe***		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	2	QL (50 ML per 30 days)
*Ped Mv W/ Fluoride***		
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	2	(\$0 preventive for 6mo - 6yrs old); QL (50 ML per 30 days)
*Ped Mv W/ Iron***		
poly-vitamin/iron oral solution 10 mg/ml	2	QL (50 ML per 30 days)
*Ped Vitamins Acid Fluoride & Iron***		
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml	2	(TRI-VI-FLOR W/IRON); QL (50 ML per 30 days)
*Ped Vitamins Acid W/ Fluoride***		
tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	2	(TRI-VI-FLOR); QL (50 ML per 30 days); Age (Min 6 Months and Max 6 Years)
*Prenatal Mv & Min W/Fe-Fa***		
prenatal plus oral tablet 27-1 mg	2	(STUARTNATAL PLUS)
TRINATE ORAL TABLET	2	(STUARTNATAL PLUS-3)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
baclofen oral tablet 10 mg, 20 mg	2	(LIORESAL)
carisoprodol oral tablet 350 mg	2	(SOMA)
chlorzoxazone oral tablet 500 mg	2	(PARAFON FORTE)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	(FLEXERIL)
metaxalone oral tablet 800 mg	2	(SKELAXIN)
methocarbamol oral tablet 500 mg, 750 mg	2	(ROBAXIN)
orphenadrine citrate er oral tablet extended release 12 hr* 100 mg	2	(NORFLEX)
orphenadrine citrate injection solution 30 mg/ml	6	(NORFLEX)

Medication Name	Medication Tier	Requirements/Limits
tizanidine hcl oral tablet 2 mg, 4 mg	2	(ZANAFLEX)
*Direct Muscle Relaxants***		
dantrolene sodium oral capsule 50 mg	2	(DANTRIUM)
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR* 20 MG/2ML	6	PA
SYNVISC INTRA-ARTICULAR* 16 MG/2ML	6	
SYNVISC ONE INTRA-ARTICULAR* 48 MG/6ML	6	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %	2	(ATROVENT); QL (30 ML per 3 days)
ipratropium bromide nasal solution 0.06 %	2	(ATROVENT); QL (15 ML per 3 days)
*Nasal Antihistamines***		
azelastine hcl nasal solution 0.1 %	2	(ASTELIN); QL (30 ML per 30 days)
olopatadine hcl nasal solution 0.6 %	2	(PATANASE); QL (30.5 GM per 30 days)
*Nasal Steroids***		
flunisolide nasal solution 25 mcg/act (0.025%)	2	(NASALIDE); QL (25 ML per 3 days)
fluticasone propionate nasal suspension 50 mcg/act	2	(FLONASE); QL (16 GM per 3 days)
QNASL NASAL AEROSOL, SOLUTION 80 MCG/ACT	4	PA; QL (8.7 GM per 3 days)
ZETONNA NASAL AEROSOL, SOLUTION 37 MCG/ACT	4	
*Topical Decongestants***		
TYZINE NASAL SOLUTION 0.05 %	4	QL (15 ML per 3 days)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
riluzole oral tablet 50 mg	2	PA; (RILUTEK)

Medication Name	Medication Tier	Requirements/Limits
NUTRIENTS		
*Carbohydrates***		
dextrose intravenous* solution 10 %, 5 %	6	
OPHTHALMIC AGENTS		
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	QL (10 ML per 3 days)
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	(COSOPT); QL (10 ML per 3 days)
*Beta-Blockers - Ophthalmic***		
betaxolol hcl ophthalmic solution 0.5 %	2	(BETOPTIC); QL (10 ML per 3 days)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 3 days)
carteolol hcl ophthalmic solution 1 %	2	(OCUPRESS); QL (5 ML per 3 days)
levobunolol hcl ophthalmic solution 0.5 %	1	(BETAGAN); QL (5 ML per 3 days)
metipranolol ophthalmic solution 0.3 %	2	(OPTIPRANOLOL); QL (5 ML per 3 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	(TIMOPTIC); QL (5 ML per 3 days)
*Cycloplegic Mydriatics***		
atropine sulfate ophthalmic ointment 1 %	2	QL (3.5 GM per 3 days)
atropine sulfate ophthalmic solution 1 %	2	QL (5 ML per 3 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	3	QL (15 ML per 3 days)
cyclopentolate hcl ophthalmic solution 1 %	2	(CYCLOGYL); QL (15 ML per 3 days)
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	(ISOPTO HOMATROPINE)
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 2 %	3	QL (5 ML per 3 days)
tropicamide ophthalmic solution 0.5 %, 1 %	2	(MYDRIACYL); QL (15 ML per 3 days)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	QL (5 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
*Miotics - Direct Acting***		
PILOPINE HS OPHTHALMIC GEL 4 %	3	QL (4 GM per 3 days)
*Ophthalmic Antiallergic***		
ALOCRILOPHTHALMIC SOLUTION 2 %	4	QL (5 ML per 3 days)
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	QL (10 ML per 3 days)
azelastine hcl ophthalmic solution 0.05 %	2	(OPTIVAR); QL (6 ML per 3 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	QL (5 ML per 3 days)
cromolyn sodium ophthalmic solution 4 %	2	(CROLOM); QL (10 ML per 3 days)
EMADINE OPHTHALMIC SOLUTION 0.05 %	4	QL (5 ML per 3 days)
epinastine hcl ophthalmic solution 0.05 %	2	(ELESTAT); QL (5 ML per 3 days)
LASTACAFTOPHTHALMIC SOLUTION 0.25 %	4	QL (3 ML per 3 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	4	QL (2.5 ML per 3 days)
*Ophthalmic Antibiotics***		
bacitracin ophthalmic ointment 500 unit/gm	2	QL (3.5 GM per 3 days)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	PA; QL (5 ML per 3 days)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 3 days)
ciprofloxacin hcl ophthalmic solution 0.3 %	2	(CILOXAN); QL (2.5 ML per 3 days)
erythromycin ophthalmic ointment 5 mg/gm	2	(ILOTYCIN); QL (3.5 GM per 3 days)
gatifloxacin ophthalmic solution 0.5 %	2	QL (2.5 ML per 3 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	(GARAMYCIN); QL (3.5 GM per 1 day)
gentamicin sulfate ophthalmic solution 0.3 %	2	(GARAMYCIN); QL (5 ML per 3 days)
levofloxacin ophthalmic solution 0.5 %	2	(QUIXIN); QL (5 ML per 3 days)
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	QL (3 ML per 3 days)
ofloxacin ophthalmic solution 0.3 %	2	(OCUFLOX); QL (5 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
tobramycin ophthalmic solution 0.3 %	2	(TOBREX); QL (5 ML per 3 days)
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 3 days)
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	3	QL (3 ML per 3 days)
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	3	QL (15 ML per 3 days)
*Ophthalmic Anti-Infective Combinations***		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	(POLYSPORIN); QL (3.5 GM per 3 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	(NEOSPORIN); QL (3.5 GM per 3 days)
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	(NEOSPORIN); QL (10 ML per 3 days)
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	2	(NEOSPORIN OPHTH); QL (3.5 GM per 3 days)
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	2	QL (3.5 GM per 3 days)
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	(POLYTRIM); QL (10 ML per 3 days)
*Ophthalmic Antivirals***		
trifluridine ophthalmic solution 1 %	2	(VIROPTIC); QL (7.5 ML per 3 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	QL (5 GM per 3 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	4	QL (10 ML per 3 days)
dorzolamide hcl ophthalmic solution 2 %	2	(TRUSOPT); QL (10 ML per 3 days)
*Ophthalmic Immunomodulators***		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (30 EA per 3 days)
*Ophthalmic Local Anesthetics***		
proparacaine hcl ophthalmic solution 0.5 %	2	(ALCAINE); QL (15 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
tetracaine hcl ophthalmic solution 0.5 %	2	(Tetcaine)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
bromfenac sodium ophthalmic solution 0.09 %	2	PA; (BROMDAY); QL (5 ML per 3 days)
diclofenac sodium ophthalmic solution 0.1 %	2	(VOLTAREN); QL (5 ML per 3 days)
flurbiprofen sodium ophthalmic solution 0.03 %	2	(OCUFEN); QL (2.5 ML per 3 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (1.7 ML per 3 days)
ketorolac tromethamine ophthalmic solution 0.4 %	2	(ACULAR LS); QL (5 ML per 3 days)
ketorolac tromethamine ophthalmic solution 0.5 %	2	(ACULAR); QL (5 ML per 3 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3	QL (3 ML per 3 days)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
apraclonidine hcl ophthalmic solution 0.5 %	2	(IOPIDINE); QL (5 ML per 3 days)
brimonidine tartrate ophthalmic solution 0.2 %	2	(ALPHAGAN); QL (5 ML per 3 days)
*Ophthalmic Steroid Combinations***		
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	QL (5 ML per 3 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	QL (3.5 GM per 3 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	(MAXITROL); QL (3.5 GM per 3 days)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	(MAXITROL); QL (5 ML per 3 days)
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	2	(CORTISPORIN); QL (3.5 GM per 3 days)
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3	QL (5 ML per 3 days)
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	3	QL (3.5 GM per 3 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	(VASOCIDIN); QL (5 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	QL (3.5 GM per 3 days)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	(TOBRADEX); QL (5 ML per 3 days)
*Ophthalmic Steroids***		
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	QL (5 ML per 3 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	(DECADRON); QL (5 ML per 3 days)
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	
fluorometholone ophthalmic suspension 0.1 %	2	(FML); QL (10 ML per 3 days)
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 3 days)
FML OPHTHALMIC OINTMENT 0.1 %	3	QL (3.5 GM per 3 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	4	QL (5 GM per 3 days)
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	4	QL (5 ML per 3 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	QL (5 ML per 3 days)
prednisolone acetate ophthalmic suspension 1 %	2	(PRED-FORTE); QL (5 ML per 3 days)
prednisolone sodium phosphate ophthalmic solution 1 %	2	(INFLAMASE FORTE); QL (10 ML per 3 days)
VEXOL OPHTHALMIC SUSPENSION 1 %	4	QL (5 ML per 3 days)
*Ophthalmic Sulfonamides***		
sulfacetamide sodium ophthalmic ointment 10 %	2	(BLEPH-10); QL (3.5 GM per 3 days)
sulfacetamide sodium ophthalmic solution 10 %	2	(BLEPH-10); QL (15 ML per 3 days)
*Prostaglandins - Ophthalmic***		
latanoprost ophthalmic solution 0.005 %	2	(XALATAN); QL (2.5 ML per 3 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	QL (5 ML per 3 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	QL (2.5 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
acetic acid otic solution 2 %	2	(VOSOL); QL (15 ML per 3 days)
acetic acid-aluminum acetate otic solution 2 %	2	(DOMEBORO OTIC); QL (60 ML per 3 days)
*Otic Analgesic Combinations***		
antipyrine-benzocaine otic solution 5.4-1.4 %	2	(AURALGAN); QL (10 ML per 3 days)
*Otic Anti-Infectives***		
ofloxacin otic solution 0.3 %	2	(FLOXIN); QL (5 ML per 3 days)
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	QL (10 ML per 3 days)
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	QL (7.5 ML per 3 days)
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
neomycin-polymyxin-hc otic solution 1 %	2	(CORTISPORIN); QL (10 ML per 3 days)
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	(CORTISPORIN); QL (10 ML per 3 days)
*Otic Steroids***		
ACETASOL HC OTIC SOLUTION 2-1 %	2	QL (10 ML per 3 days)
fluocinolone acetonide otic oil 0.01 %	2	(DERMOTIC)
hydrocortisone-acetic acid otic solution 1-2 %	2	PA
PASSIVE IMMUNIZING AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR* SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	6	PA
HIZENTRA SUBCUTANEOUS* SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	6	PA

Medication Name	Medication Tier	Requirements/Limits
PENICILLINS		
*Aminopenicillins***		
amoxicillin oral capsule 250 mg, 500 mg	2	(AMOXIL)
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	(AMOXIL)
amoxicillin oral tablet 875 mg	2	(AMOXIL)
amoxicillin oral tablet chewable 125 mg, 250 mg	2	(AMOXIL)
ampicillin oral capsule 250 mg, 500 mg	2	(PRINCIPEN)
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	(PRINCIPEN)
ampicillin sodium injection solution reconstituted 2 gm	6	
*Natural Penicillins***		
penicillin v potassium oral solution reconstituted 125 mg/5ml	2	(PEN-VEE K); QL (200 ML per 3 days)
penicillin v potassium oral tablet 250 mg, 500 mg	2	(PEN-VEE K)
*Penicillin Combinations***		
amoxicillin-pot clavulanate er oral tablet extended release 12 hr* 1000-62.5 mg	2	(AUGMENTIN XR)
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	(AUGMENTIN)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	(AUGMENTIN)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	(AUGMENTIN)
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm	6	
*Penicillinase-Resistant Penicillins***		
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	(DYCILL)
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA

Medication Name	Medication Tier	Requirements/Limits
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	(KAYEXALATE)
PROGESTINS		
*Progestins***		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	(PROVERA)
norethindrone acetate oral tablet 5 mg	2	(AYGESTIN)
progesterone micronized oral capsule 100 mg, 200 mg	2	(PROMETRIUM)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
acamprosate calcium oral tablet delayed release 333 mg	2	(CAMPRAL)
disulfiram oral tablet 250 mg, 500 mg	2	(ANTABUSE)
*Anti-Cataplectic Agents***		
XYREM ORAL SOLUTION 500 MG/ML	5	PA
*Cholinomimetics - Ache Inhibitors***		
donepezil hcl oral tablet 10 mg, 5 mg	2	(ARICEPT)
donepezil hcl oral tablet dispersible 10 mg, 5 mg	2	(ARICEPT ODT)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	(RAZADYNE ER)
galantamine hydrobromide oral solution 4 mg/ml	2	(RAZADYNE)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	(RAZADYNE)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg	2	(EXELON)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	

Medication Name	Medication Tier	Requirements/Limits
*Movement Disorder Drug Therapy***		
XENAZINE ORAL TABLET 25 MG	5	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR* KIT 30 MCG	5	
AVONEX PEN INTRAMUSCULAR* 30 MCG/0.5ML	5	
AVONEX PREFILLED INTRAMUSCULAR* 30 MCG/0.5ML	5	
BETASERON SUBCUTANEOUS* KIT 0.3 MG	5	
REBIF REBIDOSE SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	5	
REBIF SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	5	
REBIF TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	5	
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML	5	PA; ST; SP
*Multiple Sclerosis Agents***		
GLATOPA SUBCUTANEOUS* 20 MG/ML	5	(COPAXONE)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
memantine hcl oral solution 2 mg/ml	2	(NAMENDA)
memantine hcl oral tablet 10 mg, 5 (28)-10 (21) mg, 5 mg	2	(NAMENDA)
*Postherpetic Neuralgia (Phn) Agents***		
GRALISE ORAL TABLET 300 MG, 600 MG	4	ST
GRALISE STARTER ORAL 300 & 600 MG	4	ST
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA

Medication Name	Medication Tier	Requirements/Limits
*Psychotherapeutic And Neurological Agents - Misc.***		
ergoloid mesylates oral tablet 1 mg	2	(HYDERGINE)
ORAP ORAL TABLET 1 MG, 2 MG	4	
*Smoking Deterrents***		
bupropion hcl er (smoking det) oral tablet extended release 12 hr* 150 mg	2	(ZYBAN)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
NICOTROL INHALATION INHALER 10 MG	3	PA
RESPIRATORY AGENTS - MISC.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG, 800 MG	6	
PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG	5	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST
SULFONAMIDES		
*Sulfonamides***		
sulfadiazine oral tablet 500 mg	2	
TETRACYCLINES		
*Tetracyclines***		
demeclocycline hcl oral tablet 150 mg	2	PA; (DECLOMYCIN)
doxycycline hyclate intravenous* solution reconstituted 100 mg	6	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	(VIBRAMYCIN)
doxycycline hyclate oral tablet 100 mg	2	(VIBRA-TABS)
doxycycline hyclate oral tablet 20 mg	2	(PERIOSTAT)
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	(MONODOX)
minocycline hcl oral capsule 100 mg, 50 mg	2	(MINOCIN)

Medication Name	Medication Tier	Requirements/Limits
THYROID AGENTS		
*Antithyroid Agents***		
methimazole oral tablet 10 mg, 5 mg	2	(TAPAZOLE)
propylthiouracil oral tablet 50 mg	2	(PTU)
*Thyroid Hormones***		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	(SYNTHROID)
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	(CYTOMEL)
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	4	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	4	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	4	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	4	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	4	
TOXOIDS		
*Toxoid Combinations***		
QUADRACEL INTRAMUSCULAR* SUSPENSION	6	
TENIVAC INTRAMUSCULAR* INJECTABLE 5-2 LFU	6	
*Toxoids***		
tetanus toxoid adsorbed intramuscular* solution 5 lfu	6	
ULCER DRUGS		
*Anticholinergic Combinations***		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	2	(LIBRAX)
*Antispasmodics***		
dicyclomine hcl oral capsule 10 mg	2	(BENTYL)
dicyclomine hcl oral solution 10 mg/5ml	2	(BENTYL); QL (473 ML per 3 days)
dicyclomine hcl oral tablet 20 mg	2	(BENTYL)

Medication Name	Medication Tier	Requirements/Limits
*Belladonna Alkaloids***		
atropine sulfate injection solution 0.1 mg/ml, 0.4 mg/ml	6	
hyoscyamine sulfate er oral tablet extended release 12 hr* 0.375 mg	2	(LEVBID)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	2	(LEVSIN)
hyoscyamine sulfate oral solution 0.125 mg/ml	2	(LEVSIN); QL (15 ML per 3 days)
hyoscyamine sulfate oral tablet 0.125 mg	2	(LEVSIN)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	2	(LEVSIN)
*H-2 Antagonists***		
cimetidine hcl oral solution 300 mg/5ml	2	(TAGAMET)
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	(TAGAMET)
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	2	(PEPCID)
nizatidine oral capsule 150 mg, 300 mg	2	(AXID)
ranitidine hcl injection solution 150 mg/6ml	6	
ranitidine hcl oral syrup 15 mg/ml	2	(ZANTAC)
ranitidine hcl oral tablet 150 mg, 300 mg	1	(ZANTAC)
*Misc. Anti-Ulcer***		
CARAFATE ORAL SUSPENSION 1 GM/10ML	3	
sucralfate oral tablet 1 gm	2	(CARAFATE)
*Proton Pump Inhibitors***		
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	(PREVACID)
NEXIUM I.V. INTRAVENOUS* SOLUTION RECONSTITUTED 40 MG	6	
omeprazole oral capsule delayed release 10 mg, 20 mg	2	(PRILOSEC)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	(PROTONIX)
PROTONIX ORAL PACKET 40 MG	3	
*Quaternary Anticholinergics***		
CANTIL ORAL TABLET 25 MG	4	PA
glycopyrrolate injection solution 1 mg/5ml	6	(ROBINUL)
glycopyrrolate oral tablet 1 mg, 2 mg	2	(ROBINUL)

Medication Name	Medication Tier	Requirements/Limits
methscopolamine bromide oral tablet 2.5 mg	2	PA
propantheline bromide oral tablet 15 mg	2	(PRO-BANTHINE)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	2	(CYTOTEC)
URINARY ANTI-INFECTIVES		
*Methenamine Combos***		
UROQID #2 ORAL TABLET 500-500 MG	3	
*Urinary Anti-Infectives***		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	(MACRODANTIN)
nitrofurantoin monohyd macro oral capsule 100 mg	2	(MACROBID)
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
me/naphos/mb/hyo1 oral tablet 81.6 mg	2	(UROGESIC BLUE)
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 7.5 MG	4	PA; ST
oxybutynin chloride oral syrup 5 mg/5ml	2	(DITROPAN)
oxybutynin chloride oral tablet 5 mg	2	(DITROPAN)
tolterodine tartrate oral tablet 1 mg	2	ST; (DETROL)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG	3	
tropium chloride er oral capsule extended release 24 hour 60 mg	2	(SANCTURA XR)
tropium chloride oral tablet 20 mg	2	
VESICARE ORAL TABLET 5 MG	4	PA
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	(URECHOLINE)
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)		
flavoxate hcl oral tablet 100 mg	2	(URISPAS)

Medication Name	Medication Tier	Requirements/Limits
VACCINES		
*Bacterial Vaccines***		
BEXSERO INTRAMUSCULAR*	6	
PEDVAX HIB INTRAMUSCULAR* SUSPENSION 7.5 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR* SOLUTION 25 MCG/0.5ML	6	
*Viral Vaccine Combinations***		
PROQUAD SUBCUTANEOUS* INJECTABLE	6	
*Viral Vaccines***		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	6	
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	4	QL (120 GM per 3 days)
terconazole vaginal cream 0.4 %	2	(TERAZOL); QL (45 GM per 3 days)
terconazole vaginal cream 0.8 %	2	(TERAZOL); QL (20 GM per 3 days)
terconazole vaginal suppository 80 mg	2	(TERAZOL); QL (3 EA per 3 days)
*Vaginal Anti-Infectives***		
clindamycin phosphate vaginal cream 2 %	2	(CLEOCIN); QL (30 GM per 3 days)
metronidazole vaginal gel 0.75 %	2	(METROGEL); QL (70 GM per 3 days)
VANDAZOLE VAGINAL GEL 0.75 %	2	(METROGEL); QL (70 GM per 3 days)
*Vaginal Estrogens***		
ESTRACE VAGINAL CREAM 0.1 MG/GM	4	QL (42.5 GM per 3 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	QL (30 GM per 3 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
epinephrine injection 0.15 mg/0.15ml	6	(EpiPen Jr); QL (2 EA per 30 days)
epinephrine injection 0.3 mg/0.3ml	6	(EpiPen); QL (2 EA per 30 days)

Medication Name	Medication Tier	Requirements/Limits
*Vasopressors***		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	(PRO-AMATINE)
VITAMINS		
*Vitamin D***		
vitamin d (ergocalciferol) oral capsule 50000 unit	2	
vitamin d high potency oral capsule 1000 unit	7	
vitamin d3 oral capsule 400 unit	7	

Medical Benefit

Medication Name	Medication Tier	Requirements/Limits
esomeprazole sodium intravenous* solution reconstituted 20 mg	6	(NEXIUM)
GEODON INTRAMUSCULAR* SOLUTION RECONSTITUTED 20 MG	6	PA
imipenem-cilastatin intravenous* solution reconstituted 500 mg	6	
ketorolac tromethamine injection solution 30 mg/ml	6	(TORADOL)
ketorolac tromethamine intramuscular* solution 60 mg/2ml	6	(TORADOL)
LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG	5	PA; SP
levofloxacin in d5w intravenous* solution 500 mg/100ml	6	SP
linezolid intravenous* solution 600 mg/300ml	6	(ZYVOX)
medroxyprogesterone acetate intramuscular* suspension 150 mg/ml	6	(DEPO-PROVERA); PREV
metoclopramide hcl injection solution 5 mg/ml	6	
morphine sulfate (pf) injection solution 0.5 mg/ml	6	(ASTRAMORPH-PF)
morphine sulfate (pf) injection solution 1 mg/ml	6	(ASTROMORPH)
MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML	6	SP
olanzapine intramuscular* solution reconstituted 10 mg	6	
prochlorperazine edisylate injection solution 5 mg/ml	6	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	6	(PHENERGAN)
PROTONIX INTRAVENOUS* SOLUTION RECONSTITUTED 40 MG	6	
PULMOZYME INHALATION SOLUTION 1 MG/ML	6	PA; SP
RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 25 MG, 50 MG	6	RO
TECENTRIQ INTRAVENOUS* SOLUTION 1200 MG/20ML	5	PA

Medication Name	Medication Tier	Requirements/Limits
YERVOY INTRAVENOUS* SOLUTION 50 MG/10ML	5	PA; SP
ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG	6	PA; SP

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galantamine hydrobromide er	84	hydrocortisone butyrate	KALETRA	41
GAMMAGARD	82	hydrocortisone-acetic acid	k-effervescent	74
gatifloxacin	78	hydromet	KELNOR 1/35	50
gemfibrozil	28	hydromorphone hcl	KEPIVANCE	36
generlac	67	hydromorphone hcl er	KETEK	32
GENTAK	78	hydroxychloroquine sulfate	ketoconazole	27, 59
gentamicin sulfate	7, 54, 78	hydroxyurea	ketoprofen	9
GEODON	92	hydroxyzine hcl	ketorolac tromethamine	9, 80, 92
GIANVI	50	hydroxyzine pamoate	KINERET	8
GILDESS FE 1.5/30	50	hyoscyamine sulfate	KLOR-CON	74
GILDESS FE 1/20	50	hyoscyamine sulfate er	KLOR-CON 10	74
GLATOPA	85	ibandronate sodium	KLOR-CON/EF	74
GLEOSTINE	37	IBRANCE	K-PHOS	74
glimepiride	25	ibuprofen	KUVAN	64
glipizide	25	ICLUSIG	k-vescent	74
GLUCAGEN HYPOKIT	23	ILEVRO	labetalol hcl	47
GLUCAGON EMERGENCY	23	imatinib mesylate	lactulose	71
		IMBRUVICA	lactulose encephalopathy	67
glyburide	25	imipenem-cilastatin	lamivudine	43, 44
glyburide micronized	25	imipramine hcl	lamivudine-zidovudine	41
glycopyrrolate	88	imiquimod	lamotrigine	19
GLYSET	23	INCRUSE ELLIPTA	lancets thin	72
GOLYTELY	71	indapamide	lansoprazole	88
GRALISE	85	indomethacin	LANTUS	24
GRALISE STARTER	85	indomethacin er	LASTACAPT	78
granisetron hcl	26	INFERGEN	latanoprost	81
griseofulvin microsize	27	INLYTA	LATUDA	39
guaifenesin dac	52	INTELENCE	leflunomide	9
guaifenesin-codeine	52	INTRON A	LENVIMA 10 MG DAILY	35
guanfacine hcl	30	INVANZ	DOSE	35
guanfacine hcl er	6	INVEGA	LENVIMA 14 MG DAILY	35
guanidine hcl	33	INVEGA SUSTENNA	DOSE	35
GYNAZOLE-1	90	INVIRASE	LENVIMA 20 MG DAILY	35
HALOG	58	ipratropium bromide	DOSE	35
haloperidol	40	irbesartan	LENVIMA 24 MG DAILY	35
haloperidol decanoate	40	ISENTRESS	DOSE	35
haloperidol lactate	40	isometheptene-dichloral-apap	LETAIRIS	48
HECTOROL	63		letrozole	36
heparin sodium (porcine)	18	isoniazid	leucovorin calcium	37
HEPSERA	44	ISOPTO HOMATROPINE	LEUKERAN	37
HEXALEN	34	isosorbide dinitrate	LEUKINE	70, 92
HIZENTRA	82	isosorbide dinitrate er	leuprolide acetate	37
HOMATROPAIRE	77	isosorbide mononitrate er	LEVATOL	47
HUMIRA	8	isradipine	LEVEMIR	24
HUMULIN R U-500		itraconazole	LEVEMIR FLEXTOUCH	24
(CONCENTRATED)	24	ivermectin	levetiracetam	19
hydralazine hcl	31	JAKAFI	levetiracetam er	19
hydrochlorothiazide	62	JANTOVEN	levobunolol hcl	77
		JANUVIA		
		JARDIANCE		

levocetirizine dihydrochloride		memantine hcl	85	morphine sulfate (concentrate)	
	28	MENEST	65		11
levofloxacin	66, 78	MENTAX	54	morphine sulfate (pf)	92
levofloxacin in d5w	92	menthol	49	morphine sulfate er	11
LEVORA 0.15/30 (28)	50	meperidine hcl	11	MOTOFEN	26
levorphanol tartrate	11	meprobamate	14	MOVANTIK	67
levothyroxine sodium	87	mercaptopurine	34	MOVIPREP	71
LEXIVA	42	mesalamine	67	MOXEZA	78
lidocaine	59	MESTINON	33	moxifloxacin hcl	66
lidocaine hcl	71	METADATE ER	7	MOZOBIL	92
lidocaine viscous	74	metaproterenol sulfate	16	multi-vit/fluoride	75
lidocaine-prilocaine	60	metaxalone	75	multi-vit/fluoride/iron	75
lindane	60	metformin hcl	23	mupirocin	54
linezolid	32, 92	metformin hcl er	23	mupirocin calcium	54
LINZESS	66	methadone hcl	11	MYCOBUTIN	33
liothyronine sodium	87	methamphetamine hcl	6	mycophenolate mofetil	46
lisinopril	29	methazolamide	61	mycophenolate sodium	46
lisinopril-hydrochlorothiazide		methimazole	87	MYLERAN	34
	29	methocarbamol	75	MYTELASE	33
lithium	39	methotrexate	34	MYZILRA	51
lithium carbonate	39	methotrexate sodium	34	nabumetone	9
lithium carbonate er	39	methotrexate sodium (pf)	34	nadolol	47
LIVALO	29	methscopolamine bromide	89	naftifine hcl	54
LODOSYN	38	methyclothiazide	62	NAFTIN	54
loperamide hcl	26	methyl dopa	30	nalbuphine hcl	12
lorazepam	14	methylphenidate hcl	7	naltrexone hcl	26
losartan potassium	30	methylphenidate hcl er	7	naproxen	9
losartan potassium-hctz	30	methylphenidate hcl er (cd)	7	naratriptan hcl	73
LOTEMAX	81	methylprednisolone	52	NATACYN	79
LOTRONEX	66	methylprednisolone acetate	51	nateglinide	25
lovastatin	29	methylprednisolone sodium succ		NEBUPENT	31
LOVAZA	28		52	NECON 0.5/35 (28)	50
LOW-OGESTREL	50	metipranolol	77	NECON 1/35 (28)	50
loxapine succinate	40	metoclopramide hcl	66, 92	NECON 1/50 (28)	50
LUFYLLIN	18	metolazone	62	NECON 10/11 (28)	49
LUMIGAN	81	metoprolol tartrate	47	nefazodone hcl	21
LUPRON DEPOT	37	METROGEL	59	neomycin sulfate	7
LUPRON DEPOT-PED	63	metronidazole	31, 59, 90	neomycin-bacitracin zn-polymyx	
LUTERA	50	metronidazole in nacl	31		79
LYRICA	20	mexiletine hcl	15	neomycin-polymyxin-dexameth	
LYSODREN	34	MICROGESTIN FE 1.5/30	50		80
magnesium sulfate	73	MICROGESTIN FE 1/20	50	neomycin-polymyxin-gramicidin	
malathion	60	midodrine hcl	91		79
maprotiline hcl	21	MILLIPRED DP 12-DAY	52	neomycin-polymyxin-hc	82
MARPLAN	21	minocycline hcl	86	NEO-POLYCIN	79
MATULANE	36	minoxidil	31	NEO-POLYCIN HC	80
MAXAIR AUTOHALER	16	mirtazapine	21	NEULASTA	69
me/naphos/mb/hyol	89	misoprostol	89	NEUMEGA	70
meclofenamate sodium	9	mitoxantrone hcl	36	NEUPOGEN	69
medroxyprogesterone acetate		modafinil	7	NEVANAC	80
	84, 92	moexipril hcl	29	nevirapine	43
mefenamic acid	9	mometasone furoate	58	nevirapine er	43
mefloquine hcl	33	MONONESSA	50	NEXAVAR	35
megestrol acetate	37	montelukast sodium	17	NEXIUM I.V.	88
meloxicam	9	morphine sulfate	11		

niacin er (antihyperlipidemic)	29	ondansetron hcl	26	phenobarbital	70
NIACOR	29	ONETOUCH ULTRA BLUE	60	phenoxybenzamine hcl	30
nicardipine hcl	47	ONFI	19	phenytoin	20
NICOTROL	86	ONGLYZA	23, 24	phenytoin sodium	20
nifedipine	48	ORAP	86	phenytoin sodium extended	20
nifedipine er	48	ORENCIA	9	PHOS-FLUR	74
NIKKI	50	ORFADIN	63	PHOSPHA 250 NEUTRAL	74
NILANDRON	34	orphenadrine citrate	75	PHOSPHOLINE IODIDE	77
nimodipine	48	orphenadrine citrate er	75	pilocarpine hcl	75
nisoldipine er	48	ORSYTHIA	50	PILOPINE HS	78
NITRO-BID	13	OSMOPREP	71	pindolol	47
nitrofurantoin macrocrystal	89	oxandrolone	12	pioglitazone hcl	25
nitrofurantoin monohyd macro	89	oxaprozin	9	piroxicam	9
nitroglycerin	14	oxcarbazepine	20	podofilox	59
nitroglycerin er	13	oxiconazole nitrate	59	POLYCIN	79
NITROSTAT	14	OXISTAT	59	polymyxin b sulfate	32
nizatidine	88	OXSORALEN	59	polymyxin b-trimethoprim	79
NORA-BE	51	OXSORALEN ULTRA	55	poly-vitamin/iron	75
NORDITROPIN FLEXPRO	63	oxybutynin chloride	89	PONSTEL	9
norethindrone acetate	84	oxycodone hcl	11	PORTIA-28	50
NORMOSOL-R	73	oxycodone hcl er	11	potassium chloride	74
NOROXIN	66	oxycodone-acetaminophen	11	potassium chloride er	74
NORPACE CR	14	oxycodone-ibuprofen	12	potassium citrate er	68
NORTREL 0.5/35 (28)	50	oxymorphone hcl er	11	POTIGA	20
NORTREL 1/35 (28)	50	pamidronate disodium	62	PRADAXA	19
nortriptyline hcl	23	PANCREAZE	61	pramipexole dihydrochloride	39
NORVIR	42	pancrelipase (lip-prot-amyl)	61	PRANDIN	25
NOVOLIN 70/30	24	PANRETIN	55	pravastatin sodium	29
NOVOLIN N	24	pantoprazole sodium	88	prazosin hcl	30
NOVOLIN R	24	paricalcitol	63	PRED MILD	81
NOVOLOG	24	PAROEX	74	PRED-G	80
NOVOLOG FLEXPEN	24	paromomycin sulfate	7	PRED-G S.O.P.	80
NOVOLOG MIX 70/30	24	paroxetine hcl	22	prednicarbate	58
NOVOLOG MIX 70/30 FLEXPEN	24	paroxetine hcl er	22	prednisolone	52
NUCYNTA ER	11	PASER	33	prednisolone acetate	81
NUEDEXTA	85	PATADAY	78	prednisolone sodium phosphate	52, 81
NULOJIX	46	PAXIL	22	prednisone	52
NUTROPIN	63	PEDVAX HIB	90	PREMARIN	65, 90
nystatin	27, 54, 74	PEGANONE	20	PREMPHASE	65
nystatin-triamcinolone	54	PEGASYS	44	PREMPRO	65
octreotide acetate	64	PEG-INTRON	44	prenatal plus	75
ODEFSEY	41	PEG-INTRON REDIPEN	44	PREPOPIK	71
ofloxacin	78, 82	PEG-INTRON REDIPEN PAK	44	PREVIFEM	50
OGESTREL	50	4	44	PREZCOBIX	42
olanzapine	41, 92	pen needles	72	PREZISTA	42
olopatadine hcl	76	pen needles 5/16"	72	PRIFTIN	33
omega-3-acid ethyl esters	28	penicillin v potassium	83	primaquine phosphate	33
omeprazole	88	PENTAM	31	primidone	20
OMNITROPE	63	pentoxifylline er	68	PRISTIQ	22
OMONTYS	69	PERFOROMIST	16	probenecid	68
ondansetron	26	perindopril erbumine	29	procainamide hcl	14
		permethrin	60	prochlorperazine	41
		perphenazine	40	prochlorperazine edisylate	92
		phenelzine sulfate	22	prochlorperazine maleate	40

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PROCTOZONE-HC.....	13	RELPAX.....	73	SOLIA.....	51
PRODIGY NO CODING		REMICADE.....	67	SOLU-CORTEF.....	52
BLOOD GLUC.....	60	REMODULIN.....	48	SOLU-MEDROL.....	52
progesterone micronized.....	84	RENVELA.....	67	SOMAVERT.....	63
PROGLYCEM.....	23	RESCRIPTOR.....	43	SORIATANE.....	55
PROLASTIN-C.....	86	reserpine.....	30	sotalol hcl.....	47
PROLIA.....	64	RESTASIS.....	79	SOVALDI.....	44
PROMACTA.....	70	RETROVIR.....	43	spinosad.....	60
promethazine hcl.....	28, 92	REVLIMID.....	46	SPIRIVA HANDIHALER.....	17
promethazine vc plain.....	52	REYATAZ.....	42	SPIRIVA RESPIMAT.....	17
promethazine vc/codeine.....	53	ribavirin.....	44	spironolactone.....	62
promethazine-codeine.....	53	RIDAURA.....	8	spironolactone-hctz.....	61
promethazine-dm.....	53	rifabutin.....	33	SPORANOX.....	27
PROMETHEGAN.....	28	rifampin.....	33	SPRINTEC 28.....	51
propafenone hcl.....	15	RIFATER.....	33	SPRYCEL.....	36
proprantheline bromide.....	89	riluzole.....	76	SRONYX.....	51
proparacaine hcl.....	79	rimantadine hcl.....	45	SSD.....	56
propranolol hcl.....	47	RISPERDAL CONSTA.....	92	stavudine.....	43
propylthiouracil.....	87	risperidone.....	39	STELARA.....	55
PROQUAD.....	90	RISPERIDONE M-TAB.....	39	sterile water for irrigation.....	46
PROTONIX.....	88, 92	RITUXAN.....	35	STIVARGA.....	35
PROTOPIC.....	59	rivastigmine tartrate.....	84	STRATTERA.....	6
protriptyline hcl.....	23	rizatriptan benzoate.....	73	STRIBILD.....	42
PRUDOXIN.....	55	ropinirole hcl.....	39	STRIVERDI RESPIMAT.....	16
PULMOZYME.....	92	ropinirole hcl er.....	39	STROMECTOL.....	13
pyrazinamide.....	33	rosuvastatin calcium.....	29	SUBOXONE.....	12
pyridostigmine bromide.....	33	ROZEREM.....	71	sucralfate.....	88
QNASL.....	76	SABRIL.....	20	sulfacetamide sodium.....	81
QUADRACEL.....	87	salsalate.....	10	sulfacetamide sodium (acne).....	53
quetiapine fumarate.....	40	SAMSCA.....	64	sulfacetamide-prednisolone.....	80
quetiapine fumarate er.....	40	SANDOSTATIN LAR DEPOT	64	sulfadiazine.....	86
quinapril hcl.....	29	SANTYL.....	59	sulfamethoxazole-trimethoprim	31
quinidine gluconate er.....	14	SAPHRIS.....	40	.....	67
quinidine sulfate.....	14	SAVELLA.....	84	sulfasalazine.....	67
quinine sulfate.....	33	SAVELLA TITRATION PACK	84	SULFAZINE.....	67
QVAR.....	18	.....	84	sulindac.....	9
raloxifene hcl.....	64	selegiline hcl.....	38	sumatriptan.....	73
ramipril.....	29	selenium sulfide.....	56	sumatriptan succinate.....	73
RANEXA.....	13	selenium sulf-pyriithione-urea	56	sumatriptan succinate refill.....	73
ranitidine hcl.....	88	.....	56	SUPRAX.....	49
RAPAFLO.....	67	SELZENTRY.....	42	SUPREP BOWEL PREP.....	71
RAPAMUNE.....	46	SENSIPAR.....	62	SURMONTIL.....	23
REA LO 40.....	58	SEREVENT DISKUS.....	16	SUSTIVA.....	43
REBIF.....	85	sertraline hcl.....	22	SUTENT.....	35
REBIF REBIDOSE.....	85	sildenafil citrate.....	48	SYMBICORT.....	15
REBIF REBIDOSE		SILENOR.....	71	SYMLINPEN 120.....	23
TITRATION PACK.....	85	silver sulfadiazine.....	56	SYMLINPEN 60.....	23
REBIF TITRATION PACK		SIMPONI.....	8	SYNAGIS.....	82
.....	85	simvastatin.....	29	SYNAREL.....	64
RECLIPSEN.....	51	sirolimus.....	46	SYNERA.....	60
RECOMBIVAX HB.....	90	SKLICE.....	60	SYNJARDY.....	86
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SYPRINE	45	tolterodine tartrate	89	valproic acid	21
TACLONEX	60	topiramate	20	valsartan	30
tacrolimus	46, 59	torsemide	61	vancomycin hcl	31
TALWIN	12	TOVIAZ	89	VANDAZOLE	90
TAMIFLU	45	TRACLEER	48	VENCLEXTA	33
tamoxifen citrate	34	TRADJENTA	24	VENCLEXTA STARTING PACK	33
tamsulosin hcl	68	tramadol hcl	11	venlafaxine hcl	22
TANZEUM	25	tramadol hcl er	11	venlafaxine hcl er	22
TARCEVA	36	tramadol hcl er (biphasic)	11	VENTOLIN HFA	16
TARGRETIN	38, 60	trandolapril	30	verapamil hcl	48
TASIGNA	36	tranexamic acid	70	verapamil hcl er	48
TASMAR	38	tranylcypromine sulfate	22	VESICARE	89
TAZICEF	49	TRAVATAN Z	81	VEXOL	81
TAZORAC	55	trazodone hcl	21	VICTOZA	25
TECENTRIQ	92	TRECATOR	33	VIDEX	43
TECHNIVIE	70	TRELSTAR MIXJECT	37	VIEKIRA PAK	70
TEKTURNA	30	TRESIBA FLEXTOUCH	25	VIEKIRA XR	70
telmisartan	30	tretinoin	38, 53	VIGAMOX	79
temazepam	70	triamcinolone acetonide	58, 75	VIIBRYD	21
temozolomide	37	triamterene-hctz	61	VIIBRYD STARTER PACK	21
TENIVAC	87	trifluoperazine hcl	41	VIMPAT	20
terazosin hcl	30	trifluridine	79	VIRACEPT	42
terbinafine hcl	27	trihexyphenidyl hcl	38	VIRAMUNE XR	43
terbutaline sulfate	16	TRILIPIX	28	VIRAZOLE	45
terconazole	90	trimethobenzamide hcl	26	VIREAD	44
testosterone	12	trimethoprim	31	VISICOL	71
testosterone cypionate	12	TRINATE	75	vitamin d (ergocalciferol)	91
testosterone enanthate	12	TRINTELLIX	21	vitamin d high potency	91
tetanus toxoid adsorbed	87	TRI-SPRINTEC	51	vitamin d3	91
tetracaine hcl	80	tri-vit/fluoride	75	VITEKTA	42
TEV-TROPIN	63	tri-vit/fluoride/iron	75	voriconazole	27
THALOMID	45	TRIVORA (28)	51	VOTRIENT	36
theophylline	18	tropicamide	77	VYVANSE	7
theophylline er	18	tropium chloride	89	warfarin sodium	18
thioridazine hcl	41	tropium chloride er	89	WELCHOL	28
thiothixene	41	TRUVADA	42	XALKORI	36
THYMOGLOBULIN	45	TYKERB	36	XARELTO	18
THYROLAR-1	87	TYPHIM VI	90	XARELTO STARTER PACK	18
THYROLAR-1/2	87	TYSABRI	85	XARTEMIS XR	12
THYROLAR-1/4	87	TYZEKA	44	XELJANZ	7
THYROLAR-2	87	TYZINE	76	XELJANZ XR	7
THYROLAR-3	87	ULESFIA	60	XENAZINE	85
tiagabine hcl	20	ULORIC	68	XOLAIR	15
ticlopidine hcl	69	ULTRA-THIN II INS SYR SHORT	72	XOPENEX HFA	16
timolol maleate	47, 77	ULTRA-THIN II INSULIN	72	XTANDI	34
TIVICAY	42	SYRINGE	72	XYREM	84
tizanidine hcl	76	urea	58	YERVOY	93
TOBRADEX	81	UROCIT-K 15	68	zafirlukast	17
tobramycin	7, 79	UROQID #2	89	zaleplon	71
tobramycin sulfate	7	ursodiol	66	ZAVESCA	69
tobramycin-dexamethasone	81	valacyclovir hcl	45	ZELBORAF	34
TOBREX	79	VALCYTE	44	ZEMAIRA	93
tolazamide	25	valganciclovir hcl	44		
tolbutamide	25	valproate sodium	21		
tolmetin sodium	9				

ZEMPLAR	63
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ZETIA	29
ZETONNA	76
ZIAGEN	43
zidovudine	43
ziprasidone hcl	39
ZIRGAN	79
zoledronic acid	62
ZOLINZA	35
zolmitriptan	73
zolpidem tartrate	71
ZOMETA	62
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zonisamide	20
ZORTRESS	46
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ZOVIA 1/50E (28)	51
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ZYFLO CR	15
ZYMAXID	79
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